Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting

President Room, Queen's Club, Palliser Road, West Kensington, London W14 9EQ
Chair: Prof. Sir Christopher Edwards
Date: 2 December 2010
Time: 9.30am

Agenda

		Lead	Time
1	**GENERAL BUSINESS**		
1.1	Welcome & Apologies	CE	9.30
1.2	Announcement of results of elections (oral)	CE	
1.3	Declaration of Interests	CE	
1.4	Minutes of Previous Meeting held on 16 September 2010 (attached)	CE	
1.5	Matters Arising (attached)	CE	
1.6	Chairman's Report (oral)	CE	
2	**ITEMS FOR DISCUSSION/DECISION/APPROVAL**		
	GOVERNANCE		
2.1	Appointment of new Non-Executive Directors recommended from the Nominations Committee (attached)	CE	9.45
2.2	Appointment of the Auditor (attached)	AH	9.55
2.3	Terms of Reference of the Membership Sub-Committee* (attached)	CB	
	STRATEGY		
2.4	Strategy Paper (attached)	HL	10.00
	COUNCIL OF GOVERNORS & OTHER		
2.5	Council of Governors Funding Report (attached)	CM	
2.6	FTGA National Development Day 6 October 2010 – feedback* (attached)	CC-H	
2.7	FTGA Staff Governor Event 28 October 2010 – feedback* (attached)	CMC	
	QUALITY		
2.8	Quality Sub-Committee report* (draft minutes of 17 November 2010 meeting attached)	CM	
	MEMBERSHIP		
2.9	Membership Sub-Committee report* (draft minutes of 11 November 2010 meeting attached)	CB	
2.10	Membership Development Action Plan – Update* (attached)	SN	
2.11	Enhancing engagement of Patient and Public Foundation Trust Governors (attached)	TD/ML	10.20
2.12	Teddy Bear Picnic – 27 September 2010 – feedback* (attached)	SN	
2.13	Membership Report * (attached)	SN	

3	**ITEMS FOR INFORMATION**	
3.1	Finance Report – October 2010 (attached)	LB
3.2	Performance Report – October 2010 (attached)	AP
3.3	Annual Members' Meeting 2010 – feedback report (attached)	MA
3.4	Council of Governors' Handbook (tabled)	MA
4	**ANY OTHER BUSINESS**	
5	**DATE OF THE NEXT MEETING – 17 February 2011**	

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 2 December 2010

AGENDA ITEM NO.	1.4/Dec/10
PAPER	Draft minutes of the meeting of the Council of Governors meeting held on 16 September 2010
AUTHOR	Vida Djelic, Interim Foundation Trust Secretary
LEAD	Prof. Sir Christopher Edwards, Chairman
EXECUTIVE SUMMARY	This paper outlines a record of proceedings at the previous meeting.
DECISION/ ACTION	1. To agree the minutes as a correct record. 2. The Chairman to sign the minutes.

Council of Governors Meeting Minutes, 16 September 2010
DRAFT

Prof. Sir Christopher	Edwards	Chairman		CE
Eddie	Adams	Public	Kensington and Chelsea 1	EA
Walter	Balmford	Patient		WB
Chris	Birch	Patient		CBir
Christine	Blewett	Public	Hammersmith and Fulham 2	CBle
Cass	Cass-Horne	Patient		CC-H
Alan	Cleary	Patient		AC
Edward	Coolen	Patient		EC
Samantha	Culhane	Public	Hammersmith and Fulham 1	SC
Carol	Dale	Staff	Management	CD
David	Finch	Appointed	NHS Wandsworth	DF
Brian	Gazzard	Staff	Medical and Dental	BG
Del	Hosain	Public	Wandsworth 2	DH
Jacinto	Jesus	Staff	Contracted	JJ
Martin	Lewis	Public	Westminster 1	ML
Catherine	Longworth	Appointed	Westminster PCT	CL
Susan	Maxwell	Patient		SM
Charlotte	MacKenzie Crooks	Staff	Support, Administrative & Clerical	CMC
Wendie	McWatters	Patient		WMW
Sandra	Smith-Gordon	Public	Kensington and Chelsea 2	SS-G
Frances	Taylor	Appointed	Royal Borough of Kensington and Chelsea	FT
Alison	While	Major Education Provider	King's College	AW

IN ATTENDANCE:

Heather Lawrence	Chief Executive	HL
Mike Anderson	Medical Director	MA
Lorraine Bewes	Director of Finance	LB
Heather Bygrave	Auditor, Deloitte	HB
Therese Davis	Interim Director of Nursing	TD
Vida Djelic	Interim FT Secretary	VD
Catherine Mooney	Director of Governance and Corporate Affairs	CM
Sian Nelson	Membership and Engagement Manager	SN
Charlie Wilson	Non-Executive Director	CW

1 GENERAL BUSINESS

1.1 Welcome & Apologies — CE

CE welcomed Del Hosain, a newly elected public governor for Wandsworth Area 2 to his first meeting of the Council of Governors.

Apologies were received from Nicky Brown, Lucy Ball, Rosie Glazebrook, Duncan Macrae, Sue Smith and Taryn Youngstein.

1.2 Declaration of Interests — CE

None.

1.3 Minutes of Previous Meeting held on 21 July 2010 — CE

CBle said that as a point of order, the Council were being asked to confirm that accuracy of the minutes at this stage.

Minutes were accepted as a true and accurate record of previous meeting with the following changes:
- p.2, item 1.1, 2nd line remove 'the new HIV ward' and insert 'cafe'
- p.10, item 2.11, 3rd para, insert 'for a total of £2,158.48'
- p.12, item 2.16, 5th para re move 'environmental'
- p.13, item 4, 4th para, 3rd line remove 'CE' and insert 'CM'

VD to amend minutes in line with comments received. — **VD**

1.4 Matters Arising — CE

CE said that AC had expressed concern about being 'gagged' and he wished to make a general point that there is no question of anyone being gagged.

CE noted that there are constraints to all meetings, otherwise they are unmanageable. He invited any governors who feel they do not get a chance to raise any points they wished to, to write to him.

CL said that she would like to express her support of what CE had said, she had never felt 'gagged'. ML also confirmed that he felt everyone had an opportunity to express their views.

CE confirmed that matters arising from the previous meeting were completed.

AC said there was a particular paper he had wanted the Council of Governors to see. CE replied that this had been discussed by the Agenda Sub-Committee, which was a committee of governors, set up so that the governors controlled the agenda, and not managers. The sub-committee had agreed that this paper had been superseded by the White Paper.

DH asked about high cost drugs and said that there was a period when patients used to get cancer drugs and they are now not available. CM said this was the issue raised by SM previously and this will be taken to the Quality Committee for discussion. Information on Payment by Results (PbR/ the tariff) and medicines was tabled at the meeting. CM suggested that if DH has any further questions after reading this, that he contacts her.

In response to a query from DH, CE said that there had been a lot of discussion on this. The Board of Directors and the Council of Governors are mutually independent. They have different tasks and the role of the Council of Governors

is not to manage the Trust. One of the reasons for the Away Day is an opportunity for personal interaction between the governors and the Board.

1.5 Chairman's Report (oral) **CE**

Any other business

CE said that there was a suggestion by a governor that we identify any other business at the beginning of the meeting and invited governors to raise any items.

Elections

CE informed the Council that there are six governor seats coming up for re-election. In addition to one public seat which was not filled at the previous election, there are two governors who have stepped down.

The letters of notification will go out on 1 October to the members of the Patient, Public - Westminster Area 2 & Wandsworth Area 1 and Staff - Nursing and Midwifery constituencies. The nominations must be received by 19 October. The polls will close on 26 November. The results of the elections will be announced shortly thereafter. CE encouraged governors to support elections and promote these to the constituencies in which elections will be held.

Meeting times

CE said that VD surveyed governors and according to the responses received (20) the most popular was a start time at 4pm and a finish time at 6.30pm.

AC said he strongly supports that meetings go on until the business is finished. Other governors disagreed with AC's view. CL said that in her experience it is possible to finish Council business within 2h30mins.

ML emphasised that over the last three years the Council of Governors has got through an enormous amount of work with length of meetings of 2h30mins and sees no purpose in extending it.

CE explained that we need to understand the composition of the Council. There are some governors who have to work and cannot sign up to long meetings. He reminded governors that we had been through this exercise before due to concerns CB had previously over some governors being unable to attend meetings because of the start time. Meetings running over had also created a problem in the past with meetings not being quorate

BG said that he strongly supports that the way to get business done is one item to be discussed at one time; the meeting to be brisk and straight to the point.

The Council of Governors agreed to the revised start and finish times.

Events

CE informed the Council that CBle attended the Experienced Governor event on 14 September.

CC-H is attending the FTGA's National Development Day which will be held on 6 October in Manchester. One more governor is welcome to attend.

Board of Directors/Council of Governors Away Day

CE confirmed that the Council/Board Away Day will be held on 2 December and invited governors to suggest possible venues.

Governors to suggest possible venues to VD. **All**

VD to identify how many people will be attending. **VD**

2 ITEMS FOR DISCUSSION/DECISION/APPROVAL

2.1 Presentation of Annual Report & Accounts 2009/10 LB

LB outlined the Annual Report and Accounts for 2009/10 and noted that it is for the Council of Governors to adopt.

She said that the report had been approved by the Board in May and laid before Parliament in June this year. She highlighted p.63 – p.83 which was the full set of accounts, and p.68 which shows a surplus of just under £7m.

LB highlighted the financial performance of the Trust in 2009/10 which included:

- A surplus of £6.9m
- A financial risk rating from Monitor of 4 out of 5, where 5 is low risk and the top rating that an FT can achieve. A rating of 4 was what we had planned.

One item to highlight is the significant improvement on fixed assets e.g. property, plant and equipment which relates to a 5 year revaluation of property. The property index has come down since the last valuation was done and this also reflects spending on the infrastructure which has not expanded the footprint and therefore not added financial value.

We have moved to International Financial Reporting Standards (IFRS) disclosure rather than United Kingdom Generally Accepted Accounting Principles (UK GAAP). This means that we report the value of fixed assets at the cost of replacement rather than the cost incurred. This is a function of price changes over the years and the type of expenditure included will be treated as an exceptional item by Monitor and therefore would not impact the Financial Risk Rating (FRR).

CBle asked if this is the real money or notional money and, if so, if it has an effect on quality. LB said that it will impact on the value of our balance sheet and when we want to borrow money but will not affect quality.

CE invited LB to give a brief explanation about the revaluation of the property which was done a few years ago.

LB said we had had a recurrent deficit of £9m and when doing benchmarking we noted that our capital charges were very high at 14% compared with an average 7-8% for other Trusts. We challenged the district valuer and it was discovered that there was an error in the basis of our valuation. The professional valuers we consulted had thought the life of the building was longer compared with the view of the district valuer which significantly reduced the carrying value and capital charges. CE pointed out that getting it right led to a complete change in our finances.

LB introduced Heather Bygrave, Auditor from Deloitte and said that the Accounts were signed by Deloitte.

ML asked if we could roll over surplus and LB responded that we can, and we use the surplus to invest.

ML asked if Monitor was going to remove the cap from private patient income. LB responded that it is government's decision not Monitor and that that was the case.

WB praised the team involved in producing the Annual Report and said that it is

one of the best annual reports he had seen.
AC asked who was above us in the Dr Foster guide mentioned on p.7 and what they assessed as part of their rating. CM responded that Dr Foster survey results and further details are available on their website.

2.2 External Auditors' Report **HB**

HB introduced the External Auditor's Report and said that it consists of two parts. The auditors have given an unqualified opinion on the accounts. The first part of the report provides an audit of the financial statement and the second part provides a dry-run review of external assurance on the 2009/10 Quality Report. This is a private report to the Board and Council of Governors.

The Quality Report audit focused on Monitor's requirement to have some form of assurance on governance and leadership, policies, systems and processes, people and skills and data use and reporting.

The detailed testing of the three mandated indicators has indicated significant gaps or errors in information to support the sample being tested. In order for the auditor to give an unqualified opinion in 2010/11, the Trust will need to improve the audit trail and accuracy of the information that feeds into the indicators included in the Quality Report.

The Auditor concluded that that Trust has good systems and processes in place regarding data collection but there was not always information to substantiate the data. There were some errors, some of which improved our position, The results from this Trust were very much within the norm for other foundation trusts.

Financial auditing has developed over many years and Quality Account auditing is not developed in the same way.

HB said that the Monitor approved the 2010 -11 Annual Plan and has awarded the Trust:

- Financial risk rating – 4 out of 5 (with 5 being the lowest risk)
- Governance risk rating– Green
- Mandatory goods and services – Green

AC queried p. 9 para 4 and said that some governors would not have seen the 'Briefing on audit matters' referred to in the report and asked if there are any specific audit matters governors need to be aware of. HB responded that Deloitte is independent from the Trust and this is a standard paragraph.

The Council of Governors noted the report.

2.3 Report of the Audit Committee **CW**

CW introduced the Audit Committee report and invited any questions.

The Council of Governors noted the report.

2.4 Re-appointment of the External Auditor **AH**

LB said that the report regarding the re-appointment of the external auditor is very brief and reminded governors that last year the Council of Governors agreed to tender the external auditors contract from 2010/11. There is no issue of competence of the current auditor but we have to ensure we regularly test the market.

The Council of Governors will be requested to formally appoint the auditors at its December meeting. This will be based on the recommendation of a panel of the Audit Committee which will be supplemented with a governor following evaluation of the tender submissions in November 2010.

SS-G asked if governors could be on the panel for selecting the auditor. CE confirmed that this can be arranged and invited any interested governors to let VD know.

Governors to advise VD of interest in joining the panel to select the external auditors. **All**

2.5 Report on the external assurance dry run audit of the Quality Report year ended 31/03/2010 **HB**

HB said that this item was discussed earlier in the meeting under item 2.2.

DH asked if there were any concerns about quality and safety. HB replied that this was not was not in the scope which was very specific.

CE said that the European Working Time Directive (EWTD) is very important. Sir John Temple had reviewed this and the impact on training in a report published recently. It noted that it is possible to train doctors within a 48-hour week, if consultants are prepared to cover adequately. We need to move to a consultant delivered service rather than consultant led service. There is a concern that junior staff are left in charge at weekends and the Council of Governors should want to reassure themselves.

BG said that this report is very important and there is now much more emphasis on quality. He suggested we should discuss this at the Away Day including how we measure quality and the importance of accurate information.

CL noted the conclusion on p.3 which outlined the need for the Trust to improve the audit trail and accuracy of information and said that the Council needed to be assured that this will be done.

The Council of Governors noted the report.

2.6 Appointment of a new Non-Executive Director recommended from the Nominations Committee **CE**

CE outlined the paper and updated the Council of Governors on the current position of the Nominations Committee.

The Nominations Committee selected seven candidates to be interviewed and the first panel interviews were held on 15 September. The second panel interviews for the remaining three candidates will be held on 20 October. Governors noted that one candidate decided to withdraw prior to 15 September.

CE said that there is currently one vacancy on the Board. He wanted to propose that we consider a proleptic appointment which would help us save some money and give us a chance to consider some good candidates we have identified and have the possibility of selecting 2 candidates for the vacancies we anticipate in the future.

BG said in his view there were some extraordinary candidates, they all live locally and some of them have some good ideas. It is a wonderful opportunity to improve the Board.

AC said that all senior appointments and interviewing candidates should be done with the whole Council of Governors. CE responded that it would not be manageable and practical to have the whole Council involved in interviewing candidates. CBle pointed out that we currently have a clear procedure and this is that it is the Nominations Committee who select the candidates for approval by the Council.

The Council of Governors agreed with the proposed plan.

2.7 Re-appointment of Non-Executive Directors **CE**

CW departed the room for the part of discussion on re-appointment of Non-Executive Directors.

CE outlined the paper and the appraisal process and said we have the report of CW's, AH's and RK's appraisal. He said the process was to benefit the individual and it was private document and inappropriate to reproduce it. However, specific points have been included in this report.

WB commented on the comprehensive review provided for CW and AH and queried DK's appraisal not being as comprehensive.

CE responded that the Code makes a particular point on those non-executive directors who are over a six year term and therefore more information was needed to be included for those NEDs. RK is a valuable Board member and he has expertise in IT and when we had major problems with IT he was very helpful. He is an employee of Imperial College, and he acts as a link between us and Imperial College. He has also made some other valuable contributions. CE recommends that RK's term of office is extended for two years.

CE said that CW has been outstanding in terms of his contribution. He is the Senior Independent Director and the Vice Chair of the Board and plays a key role in the Trust. The advantage of extending his term of office for another year is that after CW's term expires at the end of October 2011 one of the new appointments may take over as deputy and CW will provide continuity until then.

CE said that AH has strong finance knowledge, chairs the Audit Committee and is also a member of the Finance and Investment Committee. We are thinking about his replacement once his term of office expires at the end of October next year.

AC suggested it may be helpful to add his academic papers to RK's appraisal

ML queried remuneration for the NEDs. CE confirmed that it remains at the same level as last year and it was previously agreed by the Council that there would not be an increase due to the efficiency savings.

The Council of Governors agreed to extension of term of office for CW, for 1 year, for AH for 1 year and RK for 2 years.

2.8 Re-appointment of the Chairman **CW**

The Chairman left the room for this part of the meeting.

CW outlined the paper and recommended that the Chairman is re-appointed for another 3 years term.

AC said that all senior appointments need to be done by all governors, he has previously said this. He raised the issue of the Chairman's appraisal being based on this past performance without anticipating his future performance as requested in the White Paper. AC said he objects to the process conducted and said if there was a judicial review the hospital would lose. He is reluctant to put his concerns in writing because of his concern about being sued.

HL responded to AC's concerns and pointed out that the Chairman's appraisal is based on past performance and the process is in accordance with our constitution. She added that the White Paper does not make reference to changes applying to FTs and that the freedom Foundation Trusts have will remain, and there are no proposed changes around governance.

CBle reminded the Council that at the last meeting it was made absolutely clear that we had an established and agreed process.

BG said he had thought about how to conduct the chairman's appraisal and considered whether it should be done as a meeting or via e-mail. He felt that the last appraisal which was done as a meeting was not very satisfactory due to a low number of governors attending and he felt people were inhibited. SS-G said she would prefer a meeting to an e-mail communication or a teleconference.

BG said that all the feedback he had received from governors was positive.

In response to CL's question if we complied with the Code, CM responded that we did and that there is no specific requirement as to the way an appraisal is conducted. CM said that the process of the Chairman's appraisal is in accordance with our constitution and the reason for delaying the process until after the Council meeting on 21 July was that the process had to be approved by the Board at its meeting on 29 July as defined in the constitution.

CW proposed the Chairman is re-appointed for another 3 years term. The Council of Governors approved.

2.9 Review of constitution **CE**

CE reminded the Council that there were previous discussions regarding a need to review the constitution.

CE said we are planning to review the constitution and invited governors to send their expression of interest to join the task group to Vida Djelic by 22 October.

Governors to e-mail VD re interest in joining the Constitution Review Task Group. **All**

AC suggested that we should have a shorter constitution, better definition of governors and written in brief, plain English.

CE supported the idea of a clear and brief constitution and said this will be considered by the Task Group.

2.10.1 Patient Governors: their role, duties and constituents **EC**

CE thanked EC for writing a paper on the role of patient governors.

EC referred in his paper to Trust News and suggested that the term 'a critical friend' should be reworded to 'a constructively critical friend'.

EC said that governors should communicate with their member constituents and there seems to be confusion as there are some patients who are members and other patients who are not members. He saw this as a problem and felt that it does not help governors with fulfilling their statutory duties re communication.

EC also raised the point of governors' visits to wards and referred to minutes of previous meeting on p.13. SS-G said that it was not agreed and this needs to be considered and agreed. EC said he cannot see how he can fulfil his role unless he communicated with patients. There is no substitute for the personal touch and it would be a huge boost to patients.

CE said that in order to arrange this we need to put some sensible arrangements in place.

Therese Davis, Interim Director of Nursing, introduced herself. TD proposed to consider the arrangements other trusts have regarding governor visits to wards and to meet with governors to take it forward. SS-G suggested that this goes to the Membership Sub-Committee for discussion.

CBir said he thought that visiting patients is not the responsibility of governors and he also thought that members do not perceive them in that role. He pointed out that nobody prevents governors from visiting patients on wards.

SN said that there are various opportunities for governors to get involved and that meet a governor session in the Information Zone, which is designated for governors, is an opportunity for involvement and interaction with the members.

ML outlined some opportunities for governors to get involved. These included: meet a governor session in the information Zone, via PEAT, etc. He said from his experience while working on a ward there needs to be a structure if this is to be organised, otherwise it would cause inconvenience to both staff and patients.

FT asked if the governors need to be CRB checked and SS-G confirmed that Friends are CRB checked.

WMW thinks that the meet governor sessions are very good and stressed the importance of more governors being involved.

JJ pointed out that some governors already visit wards and that he and SM are members of the PEAT and regularly inspect wards. SM talks to patients on wards and could feed this information back to us.

CBir said TD has come up with a sensible way forward.

CE confirmed that TD will look at a good practice of other trusts and make some practical suggestions.

TD to prepare a proposal for governors to visit wards. **TD**

2.10.2 Governors' involvement in various sub-committees and activities **CE**

CE outlined the purpose of the paper and invited governors to join the sub-committees. CBle pointed out that she is not listed under the Assurance Committee.

The Maternity Services Liaison Committee want to get more governor input.

2.10.3 Proposed Audit of Governors' Skills and Experience **SS-G**

SS-G said that this idea stems from the Monitor publication. She felt that the Trust could do something to identify experience available on the Council of Governors and if there are any gaps. CM had suggested that when we produce the governor handbook we will include skills and experience. SS-G agreed with this and saw it as a first step forward and felt that more can be done on this at a later stage, if necessary.

Skills and experience to be included in governors' handbook. **MAk**

2.10.4 Meeting time **CE**

This item was discussed earlier in the meeting.

2.11 FTGA/FTN Development Day 23 July 2010 – feedback **CD**

CD outlined the paper and said that the event was very useful and she recommended it to other governors.

CD invited governors to e-mail VD if they are interested in any of points outlined in her report to be discussed at a future meeting. CE pointed out that we have covered some ideas already and others could be brought up at the Away Day.

Governors to e-mail VD if interested in any points from CD's report to be discussed at a future meeting. **All**

2.12 Council of Governors Funding Report **VD**

CM said that the part A of the funding report is self-explanatory and provides an overview of the use of the Council of Governors budget to date.

CM said that the part B outlines a proposal from the Quality Sub-Committee that some money should go towards a communications campaign to publicise the Trust's four priorities for quality improvement to key audiences including staff and patients. CM asked the Council of Governors to support funding of the communication campaign for £4,000. The Council approved the funding.

SN said that the Membership sub-committee supported the idea of purchasing an awning for the Mobile Health Clinic to ensure Governor's engagement activities are conducted in a comfortable and weather proof area. The Council agreed to support the funding of the awning for the amount of £5,875.

CL asked about future visit dates of the Mobile Health Clinic. SN responded that the Mobile Steering Group has been set up and that dates need to be arranged.

2.13 Quality Sub-Committee report (draft minutes of 3 September 2010 meeting) **CM**

CE said that the minutes of the Quality Sub-Committee are self-explanatory and invited any questions.

CM said that the updated terms of reference of the Whole System Planning and Delivery Group will be circulated to the Council of Governors requesting volunteers to notify Scott Bennett if they are interested in joining either group.

Terms of reference to be circulated. **VD**

Governors to send their expressions of interest to VD regarding joining the Whole Systems Delivery Group and the Discharge Task Force Group. **All**

2.14 Membership Sub-Committee report (draft minutes of 2 September 2010 meeting) **CB**

CBir said that the last meeting of the Membership Sub-Committee was very interesting and there were some different views on a couple of issues and the sub-committee had to vote twice. He said that he as the Chairman of the membership sub-committee was in a defeated minority.

CE thanked CBir for the chairmanship of the Membership Sub-Committee.

2.14.1 Signage – Redevelopment of the hospital **CB**

CBir said that MLn attended the sub-committee meeting in part and presented the current situation regarding the hospital signage which needs to be changed. MLn had talked about the temporary signage which is out of date and the option for more advanced electronic signage.

It was agreed to have two governors on a project group to help with signage and governors are invited to send their responses to VD.

Governors to send their expressions of interest to VD regarding the signage group. **All**

2.14.2 StartHere – Piloting Patient Information System

StartHere project had been approved by the Board who agreed to pilot it and the Membership Sub-Committee endorsed it.

CBir invited governors to join the project steering group and send their expressions of interest to VD. **All**

VD said that one more governor is needed as SM has already volunteered.

2.15 Membership Development Action Plan update **SN**

SN briefly outlined the work plan and raised the points of importance.

SN invited governors to attend the Seasonal Working Conference on 12 October. Those interested should e-mail SN.

Governors interested in attending the Seasonal Working Conference on 12 October to e-mail SN. **All**

SN said the Trust will hold elections to the Council of Governors which close on 26 November and that together with Capita she will arrange the recruitment campaign.

SN said that she had invited governors to be represented on the Mobile Health Clinic Steering Group. WMW has joined. Governors can attend appropriate events with the clinic and lists will be sent to governors when events in the community arise.

The Westminster School will be exhibiting at the Annual Members' Meeting.

WMW helped to promote an event, the Teddy Bear Picnic at the Royal Hospital Chelsea. It will be held in Burton Court, Royal Hospital Road, on 27 September from 3.30pm - 6.30pm.

DH expressed his thanks to SN, VD and RMB for their support to the Council of Governors, and in particular new governors.

2.16 Membership Report **SN**

CB said that the figures in Sian Nelson's report give an interesting and useful picture of the Trust's membership at 15 July 2010, highlighting the facts that:

- We have very few members below the age of 21 and a significantly lower membership in the under - 40 age group
- The ethnicity of our membership is overwhelmingly white
- Our members are overwhelmingly in the ABC1 socio-economic group
- Our public membership in the Wandsworth Area 1 constituency, as a percentage of the local population, is well below that in the other public constituencies

However, in order to get a more complete picture of what is happening to our membership one needs to compare the figures in Sian's report with the figures in earlier membership reports presented to the Council.

Such a comparison shows that since March 2009 there has been a steady decline in patient members, a steady decline in public members and a steady decline in total membership. Happily, staff membership has gone up from 2930 to 3091. However, we have had a net loss of 161 patient members and a net loss of 397 public members and total membership is down by 397.

He said that it was not helpful to say (3.1.1, page 2) that "Membership recruitment is managing to maintain numbers" as this could lead to complacency. What recruitment is doing is to slow the rate of loss and we still have quite a large total membership. He said the Council and the Membership sub-committee need to take note of a slightly worrying situation.

2.17 Highlights of the White Paper **HL**

HL introduced the paper and said that the White Paper would be implemented in 2011.

The aim of the White Paper is clear and Andrew Lansley wants to improve patient outcomes, have robust quality regulation, clinically led commissioning and informed patient choice. The core principles, quality, innovation, productivity and prevention have not changed.

HL emphasised that we need to focus attention on what we are going to do and how the White Paper impacts on us. Andrew Lansley's motto is 'no decision about me without me'.

There are some significant changes and we are looking at working closely with others. We are developing an outpatient information strategy which is much more patient focused.

Commissioning will be done by GPs. We recognise that there are things we need to improve. Our strategy needs to look at polysystems and working in the community. Regarding all Trusts being FTs, we may need to talk about making an acquisition and we are exploring this possibility. We cannot do it on our own and will also have to explore how our strategy fits around this. We are planning 10% savings and looking at how we can be more efficient.

CE concluded that there will be more discussion on this subject at a future

meeting.

3 ITEMS FOR INFORMATION

3.1 Finance Report – July 2010 **LB**

This item was taken as read.

3.2 Performance Report – July 2010 **MG**

This item was taken as read.

3.3 FTGA's Questions are the Answer – to be tabled **CM**

FTGA's Questions are the Answer was tabled at the meeting.

4 ANY OTHER BUSINESS **CE**

None.

5 DATE OF THE NEXT MEETING

The next meeting of the Council of Governors will be held on 2 December 2010.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 2 December 2010

AGENDA ITEM NO.	1.5/Dec/10
PAPER	Matters Arising from the meeting of the Council of Governors meetings held on 16 September 2010
AUTHOR	Vida Djelic, Interim FT 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.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

MATTERS ARISING
Council of Governors Meeting
Hospital Boardroom
Chair: Prof. Sir Christopher Edwards
Date: 16 September 2010
Time: 3:00 – 5:30 pm

Ref	Description	Lead	Subsequent Actions or Outcomes
1.3/Sep10	**Minutes of Previous Meeting held on 21 July 2010**		
	VD to amend minutes in line with comments received.	**VD**	Completed
1.5/Sep/10	**Chairman's Report**		
	Board of Directors/Council of Governors Away Day CE confirmed that the Council/Board Away Day will be held on 2 December and invited governors to suggest possible venues.		
	Governors to suggest possible venues to VD.	**All**	Completed
	VD to identify how many people will be attending.	**VD**	Completed
2.4/Sep/10	**Re-appointment of the Auditor**		
	SS-G asked if governors could be on the panel for selecting the auditor. CE confirmed that this can be arranged and invited any interested governors to let VD know. **Governors to advise VD.**	**All**	Walter Balmford and Del Hosain expressed interest. Walter Balmford was selected for the External Auditor evaluation.
2.9/Sep/10	**Review of constitution**		
	Governors to e-mail VD re interest in joining the Constitution Review Task Force.	**All**	Walter Balmford, Paul Baverstock Chris Birch, Martin Lewis and Del Hosain expressed interest in joining the Constitution Review Task Force A first meeting has been arranged for 11 January 2011.

2.10.1/Sep/10	**Patient Governors: their role, duties and constituents** **TD to prepare a proposal for governors to visit wards.**	**TD**	On agenda
2.10.3/Sep/10	**Proposed Audit of Governors' Skills and Experience** **Skills and experience to be included in governors' handbook.**	**MAk**	In progress
2.11/Sep/10	**FTGA/FTN Development Day 23 July 2010 – feedback** **Governors to e-mail VD if interested in any points from CD's report to be discussed at a future meeting.**	**All**	None received
2.13/Sep/10	**Quality Sub-Committee report (draft minutes of 3 September 2010 meeting)** CM said that the updated terms of reference of the Whole Systems Delivery Group and the Discharge Task Force Group will be circulated to the Council of Governors requesting volunteers to notify Scott Bennett if they are interested in joining either group. **Terms of reference to be circulated.** **Governors to send their expressions of interest to VD regarding joining the Whole Systems Delivery Group and the Discharge Task Force Group.**	**VD** **All**	Completed In progress, deadline 30 November. It was subsequently considered that the Discharge Task Force Group was not appropriate for governors at the stage as it was relatively new, was very operational and met weekly. This will be kept under review.
2.14.1/Sep/10	**Signage – Redevelopment of the hospital** It was agreed to have 2 governors on a project group to help with signage and governors are invited to send their responses to VD. **Governors to send their expressions of interest to VD regarding the signage group.**	**All**	Walter Balmford, Jacinto Jesus, Chris Birch, Sandra Smith-Gordon. Carol Dale, Charlotte Mackenzie Crooks and Susan Maxwell expressed interest.

			Mark Lynn is in the process of setting up a group and he will shortly let governors know the outcome of selecting governors for the membership of the signage project group.
2.14.2/Sep/10	**StartHere – Piloting Patient Information System**		
	CBir invited governors to join the project steering group and send their expressions of interest to VD.	**All**	Susan Maxwell attended the first meeting of the StartHere project group.
2.15/Sep/10	**Membership Development Action Plan update**		
	Governors interested in attending the Seasonal Working Conference on 12 October to e-mail SN.	**All**	Completed

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 2 December 2010

AGENDA ITEM NO.	2.1/Dec/10
PAPER	Appointment of a new Non-Executive Director – Recommendation from the Nominations Committee
AUTHOR	Vida Djelic, Interim FT Secretary
LEAD	Prof. Sir Christopher Edwards, Chairman
EXECUTIVE SUMMARY	This paper outlines the process the Nominations Committee Interview Panel undertook when selecting Non-Executive Directors.
DECISION/ ACTION	The Council of Governors is asked to consider the following: 1. Agree to three Non-executive Directors Designate appointments 2. Confirm the recommendation from the Nominations Committee Interview Panel

1.0 Introduction

The Nominations Committee is a Standing Committee of the Council of Governors which facilitates the appointment of Non-executive Directors by the Council of Governors.

2.0 Background

The Nominations Committee has identified appropriate candidates through a process of open competition which took account of the policy maintained by the Council of Governors and the skills and experience identified by the Board of Directors, in accordance with the constitution and Code of Governance. Further detail has been provided in earlier papers to the Council of Governors.

3.0 Non-executive Director Designate proposal

The Council of Governors at its meeting on 16 September agreed to appoint one candidate now to fill a vacancy and make two proleptic appointments who would become substantive in October 2011 when two further Non-executive Director posts become vacant, if there were appropriate candidates.

Subsequently the Nominations Committee reconsidered this and the disadvantage of having to chose one to be substantive at this stage. It is now proposed that we appoint three Non-executive Directors to be *Non-executive Directors Designate.* They would be regarded as full Non-executive Directors in every way except that they will not have the right to vote. This is not likely to be a problem as voting is rarely required. This would increase the number of Non-executive Directors on the Board to seven, excluding the Chairman. This would be in place until October 2011 when the period of office of two current Non-executive Directors expires and the Board would revert to five Non-executive Directors.

The Non-executive Director Designates would be paid as for the other Directors i.e. £12,000 per annum. This would cost approximately £24,000 extra. This should be compared with the cost of recruitment which for the current posts was £34,885.75. With an extra £8,000 if we do appoint three candidates. The Council will also note the significant time resource of the recruitment process for the governors and Chairman in assessing the overall cost of recruitment.

4. Decision

The Council of Governors are asked to agree to the principle of the appointment of three Non-executive Directors Designates.

5.0 Nominations Committee Interview Panel and process

The Nominations Committee Interview Panel consisted of Prof. Brian Gazzard, Dr. Cyril Nemeth and Lady Sandra Smith-Gordon, Prof. Sir Christopher Edwards and Mrs. Jenny Hill, the independent assessor, who is a Non-executive Director of the Royal Brompton Hospital.

The Nominations Committee Interview Panel interviewed 5 candidates in September and October 2010.

6. Outcome of interviews

As a result of the interviews the Nominations Committee agreed to make a provisional offer to the following candidates which is subject to approval by the Council of Governors:

- Sir John Baker, Chairman of the Maersk Company Limited
- Sir Geoff Mulcahy, Chairman, Javelin Group
- Jeremy Loyd, Non-Executive Director, Marine Management Organisation

Further information on the candidates is enclosed in Appendix 1.

7.0 Decision/Action required

The Council of Governors is asked to confirm the recommendation from the Nominations Committee.

Appendix 1 – extract from candidates CVs

SIR JOHN BAKER Chairman, The Maersk Company Limited

Career
1989 – 1995 Chief Executive, National Power
1980 – 1989 Joint Managing Director, Central Electricity Generating Board
1974 – 1979 Deputy Chief Executive, The Housing Corporation
1972 – 1974 Assistant Secretary, Housing Policy, Department of the Environment
1970 – 1972 Private Secretary to the Permanent Secretary, Department of the Environment
1969 Civil Service Commission
1961 – 1969 Principal, Ministry of Transport

Non-executive
2009 – date Non-Executive Director, Kingston Theatre Trust
2005 – date Chairman, Renewable Energy Holdings
2000 – date Chairman, Motac Holdings
1998 – date Chairman, Holland Park School
1995 – date Chairman, The Maersk Company Limited
2007 – 2009 Chairman, The Oxford Philomusica Trust
2001 – 2008 Chairman, Senior Salaries Review Body
1997 – 2001 Member, Education Standards Task Force
1998 – 2001 Member, New Deal Task Force
1995 – 2000 Chairman, English National Opera
2000 – 2006 Chairman, Associated Board of the Royal Schools of Music
1990 – 1998 Director, SANE
1992 – 1998 Governor, London Business School
1995 – 1999 Member, CBI President's Council
1995 – 1998 Chairman, World Energy Council
1995 – 1999 Chairman, Groundwork Foundation
1994 – 1995 Director, Community Service Volunteers
2003 – 2006 Chairman, Globeleq Bermuda
1996 – 2003 Deputy Chairman, Royal and Sun Alliance Insurance Group
2000 – 2003 Deputy Chairman, Celltech Group
1996 – 2000 Chairman, Medeva
1995 – 1997 Chairman, National Power

Education
MA, English, University of Oxford (1956)

JEREMY LOYD
Non-Executive Director, Marine Management Organisation

Career
1992 – 1997 Carlton Communications
95 – 97 Chief Executive, Carlton Home Entertainment
92 – 96 General Manager, Carlton Television
1979 – 1992 Capital Radio
89 – 92 Managing Director
79 – 89 Various roles
1974 – 1979 Account Executive, Michael Rice and Company
1970 – 1974 Management Trainee, Associated Television Group

Non-executive
2010 – date Non-Executive Director, Marine Management Organisation
2009 – date UCL Cancer Institute Research Trust
1979 – 2007 Non-Executive Director, Project Art
1999 – 2005 Non-Executive Director, Authentium
1997 – 2002 Non-Executive Director, various subsidiaries of Carlton Communications
1997 – 2000 Group Deputy Chairman, Blackwell Group
1989 – 2002 Non-Executive Director, First Oxfordshire Radio Company

SIR GEOFFREY MULCAHY
Chairman, Javelin Group

Career
1993 – 2003 Kingfisher plc
95 – 02 Chief Executive
90 – 95 Chairman
86 – 93 Chief Executive
84 – 86 Group Managing Director
1977 – 1983 Finance Director, British Sugar
1974 – 1977 Finance Director Northern Europe, Norton Abrasives
1964 – 1974 Various roles, Esso Petroleum

Non-executive
2004 – date Chairman, Javelin Group
2006 – 2009 Chairman, British Retail Consortium
1989 – 1992 Non-Executive Director, Six Continents

Education
MBA, Harvard University
BSc, Chemistry, Manchester University (1964)

Council of Governors Meeting, 2 December 2010

AGENDA ITEM NO.	2.2/Dec/10
PAPER	Ratification document for External Audit Service
AUTHOR	Kelda Alleyne, Deputy Director of Finance
LEAD	Lorraine Bewes, Director of Finance
SUMMARY	Recommendation of contract for the supply of External Audit service to the Trust for a period of 3 years plus the option to extend for a further 2 years in 12 month periods to be awarded to Deloitte. Value of contract £285,000 over 3 years. This represents an annual discount of £15,000 from the current contract price (£11,000 for Financial Audit, £4,000 for Quality Accounts)
DECISION/ ACTION	The Council of Governors is asked to ratify the enclosed award recommendation to Deloitte. (Refer Appendix A), and to delegate authority to the Director of Finance to sign the subsequent contract. This ratification to be evidenced by signature of page 10 and then return of this document to the Author.

RATIFICATION DOCUMENT

SUMMARY

Recommendation of contract for the supply of External Audit service to the Trust for a period of 3 years plus the option to extend for a further 2 years in 12 month periods to be awarded to Deloitte.

Value of contract, excluding VAT, **£285,000** over 3 years (Representing annual £15,000 discount in relation to the existing contract).

This will deliver an annual under spend against budget of **£11,000** in each of the 3 years for the Annual Financial Statements and **£4,000** for Quality Accounts.

3 bidder, all appointable, although Deloitte, the incumbent and Pricewaterhouse Coopers were clearly stronger than the Audit Commission.

Deloitte was the preferred choice of the panel of the Trust. In making its decision the panel noted that Deloitte's offering included a discount in audit fees, to demonstrate their commitment to the Trust, the view of the panel was that the quality of the offering was very focused in addressing the questions of the panel and provided great assurance that the offering delivers the core service requirements, as well as positioning the Trust to deal with the forward looking agenda of the NHS environment.

In addition, the panel was further assured as to the continued independence of Deloitte, despite the long term service-provider relationship the Trust has with them, as our existing External Audit supplier. This assurance was given through both the internal quality assurance process that is adopted by Deloitte, which involves Independent Partner Peer review of Heather Bygrave, Lead Partner of the current contract and the appointment of a new lead partner after 10 years and by drafting new senior manager to the team at once. In addition a new Audit Team Manager has been appointed who will bring a fresh perspective to the Audit. The National Audit Inspection Unit who rates Audit Firms, has rated the firm in the top of the big 4 performance with no significant findings.

This document details the fully compliant tendering processes deployed. Details of the evaluation criteria and assessment methodology are also enclosed for information.

Contract	Supply of External Audit Services – to Chelsea and Westminster Hospital NHS Foundation Trust
Contract Period	1st January 2011 to 31st March 2014 + option to extend for a further period of 24 months
Contract Value	£285,000 **over 3 years (excluding VAT)**
Contract Benefits	1. Contractual cover for 3 years, plus an option to extend for further 24 month period. 2. Additional services/functionality 3. Prices fixed annually for duration of contract (no inflation has been highlighted in the contract) 4. Continuity of Service, but with new team manager to provide the fresh perspective and independence required

1) Introduction

Chelsea and Westminster Hospital Foundation Trust (C&W) has had a long term appointment with the incumbent external auditor: Deloitte. In line with good practice, the Council of Governors supported the resolution to tender the audit for External Audit for 2010/11.

A full tender procedure was undertaken to ensure the Trust achieves best value in the procurement of its external audit services.

2) Procedure Adopted

The procurement procedure adopted is in accordance with the Trust's Standing Orders and EU Regulations (OJEU).

Following the publication of the OJEU tender advertisement 4 suppliers requested to participate in the tender process. Following the Pre-Qualification Questionnaire all suppliers were invited to submit offers. KPMG did not proceed to the tender stage. Sealed bids were received into the electronic online vault from the following 3 companies only. See below:

Sealed Bids Received From	
1	The Audit Commission
2	Deloitte
3	Pricewaterhouse Coopers

3) Tender Appraisal & Evaluation

The Panel members listed below independently evaluated the Presentations the 3 suppliers, a subset (The Project Team) evaluated the written offers, average score of the panel member / project team was used across the board.

Name	Designation	Role
Walter Balmford	Governor	Panel Member
Andrew Havery	Chair of Audit Committee	Panel Member
Heather Lawrence	Chief Executive	Panel Member
Lorraine Bewes	Director of Finance	Project Team Panel Member
Kelda Alleyne	Deputy Director of Finance	Project Team Panel Member
Carol McLaughlin	Financial Controller	Project Team Panel Member
Vince Pross	Director of Procurement	Procurement (non-scoring)

4) Evaluation Criteria

The tenders were evaluated against the following evaluation criteria (as stated in the tender document). The scores for these factual and contractually binding offers represents 78% of the marks available (including 20% for price). The presentation marks represent the remaining 22% of the marks.

Chelsea and Westminster Hospital NHS Foundation Trust

	External Audit Services Evaluation - Score Sheet						
	Maximum Scores						
Criteria	ITT	Pres	Points		ITT	Pres	%
A	B	C	D	E	F	G	H
1.0 Summary							
1. Experience , professional standing and presentation	49	41	90		20%	16%	36%
2. Planning and Reporting	32	8	40		13%	3%	16%
3. Quality and performance	45	5	50		18%	2%	20%
4. Financial Standing	20	0	20		8%	0%	8%
Total	**146**	**54**	**200**		**58%**	**22%**	**80%**
5. Price Schedule £	50	0	50		20%	0%	20%
6. Total man-days							
7. Daily Rate							
Score for Price	**50**	**0**	**50**		**20%**	**0%**	**20%**
Overall Score	**196**	**54**	**250**		**78%**	**22%**	**100%**
RANK							

5) Detailed Evaluation Headings

The detailed headings, used for the evaluation are shown below:

1.1 Experience, professional standing and presentation (Max 90 pts)
Adequacy of Summary and benefits to Trusts
Awareness of NHS external audit or counter fraud requirements
Experience with NHS Foundation Trust work
Availability and strength of references and clients
Assessment of CV of Audit Manager and teams
Assessment of use of CAATs and applicability to audits
Quality of presentation
1.2 Planning and reporting (Max 40 pts)
Three year audit plan produced
Adequate reflection of key risk areas or priorities
Adequacy of proposed reporting
Adequacy of reports to audit committee
1.3 Quality and Performance (Max 50 pts)
Approach to risk based auditing

Holds recognised quality standard
Quality assurance methods satisfactory
Adequacy of insurance arrangements
1.4 Financial Standing (Max 20 pts)
Financial Strength
Risk indicator
Total out of 200

6) Financial Evaluation

The annual cost of the contract for the 3 suppliers was as follows:

Audit / Supplier	**Deloitte**	**Price Waterhouse Coopers**	**The Audit Commission**
	£	**£**	**£**
Financial Audit	79,000	89,000	66,000
Quality Accounts	16,000	15,000	16,850
Total	95,000	104,000	82,850
Max of 50 pts	44	40	50

Points awarded were based on 50 for the lowest cost, all others pro-rated against the lowest value (e.g. Deloitte = 50 x 82,850 / 95,000)

7) Executive Summary

Following the tender and subsequent evaluation for the supply of External Audit Services through the award of contract as detailed in **Appendix A,** the total estimated cost of the service is £285,000 excluding VAT, based on a 3 year contract period, the option to extend for 24 months is built into the contract.

The preferred bidder is Deloitte, as this offer represents the optimisation of quality, cost and risk.

8) Timeline for Awarding Contract

Following the cooling off period, the Contract is scheduled to start December 2010 / January 2011

9) Recommendations

It is recommended that the contract is awarded to the supplier; Deloitte, as per Appendix A for the supply of external audit services for a period of 3 years, with the option to extend for a further period of 24 months.

10) Approval Sought

In line with Trust Standing Orders approval is hereby sought to proceed with this contract, with an award to the following supplier as detailed in **Appendix A.** as follows

Proposed Contract award to supplier: Deloitte

Such approval to be demonstrated by signing a copy of this Council of Governors Paper and returning to the originator of this document please. This will be accepted as demonstration of Council of Governors authorisation and due delegation of powers to the Finance Director to offer, award and sign a contract.

Board Approval to Proceed given

Sign…… Date……..……

Printed Name ……Designation...……

Appendix A

Chelsea and Westminster Hospital NHS Foundation Trust

External Audit Services Evaluation - Score Sheet

	Maximum Scores							The Audit Commission				Deloitte				PricewaterhouseCoopers			
Criteria	ITT	Pres	Points		ITT	Pres	%	ITT	Pres	Scored	Scored %	ITT	Pres	Scored	Scored %	ITT	Pres	Scored	Scored %
A	B	C	D	E	F	G	H	F	G	H		F	G	H		F	G	H	
1.0 Summary																			
1. Experience , professional standing and presentation	49	41	90		20%	16%	36%	24	26	50	20%	47	37	84	33%	35	36	71	28%
2. Planning and Reporting	32	8	40		13%	3%	16%	14	3	17	7%	29	6	36	14%	30	6	35	14%
3. Quality and performance	45	5	50		18%	2%	20%	31	3	34	14%	41	5	46	18%	37	4	41	16%
4. Financial Standing	20	0	20		8%	0%	8%	10	0	10	4%	20	0	20	8%	20	0	20	8%
Total	**146**	**54**	**200**		**58%**	**22%**	**80%**	**79**	**32**	**111**	**44%**	**137**	**48**	**185**	**74%**	**122**	**45**	**167**	**67%**
5. Price Schedule £	50	0	50		20%	0%	20%	50	0	50	20%	44	0	44	18%	40	0	40	16%
6. Total man-days																			
7. Daily Rate																			
Score for Price	**50**	**0**	**50**		**20%**	**0%**	**20%**	**50**	**0**	**50**	**20%**	**44**	**0**	**44**	**18%**	**40**	**0**	**40**	**16%**
Overall Score	**196**	**54**	**250**		**78%**	**22%**	**100%**	**129**	**32**	**161**	**64%**	**181**	**48**	**229**	**92%**	**162**	**45**	**207**	**83%**
RANK										**3**				**1**				**2**	

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 2 December 2010

AGENDA ITEM NO.	2.3/Dec/10
PAPER	Membership Sub-Committee Terms of Reference*
AUTHOR	Catherine Mooney, Director of Governance and Corporate Affairs
LEAD	Chris Birch, Chairman of the Membership Sub-Committee
EXECUTIVE SUMMARY	The Membership Sub-Committee Terms of Reference have been updated by the Membership Sub-Committee at its meeting on 11 November 2010.
DECISION/ ACTION	The Council is asked to agree the revisions to the terms of reference of the Membership Sub-Committee. If governors have any queries they should raise these with Chris Birch prior to the meeting.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Membership Sub-Committee

Terms of Reference

1.0 Authority

1.1 The Council of Governors Membership Sub-Committee is constituted as a Sub-Committee of the Council of Governors to assist the Council of Governors to implement and develop the Trust's Membership Strategy as decided by the Council of Governors and to facilitate communication between the Trust's members and the Council of Governors and between the Trust and the public.

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 Role

2.1 The Council of Governors Membership Sub-Committee shall be responsible for advice and support on:

a) the production of material to recruit new members for the Trust and to engage members in the work of the Trust
b) the content of the material on the hospital's website and on the LCD screen and touch terminals in the Information Zone and alongside the M-PALS office
c) using the Council of Governors budget in the implementation and development of the Trust's Membership Development and Communications Strategy and Membership Development Action Plan
d) ensuring that hospital and Trust material is issued in plain English, free of jargon and unexplained sets of initials.

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2.2 The Council of Governors shall not delegate any of its powers to the Sub-Committee and the Sub-Committee shall not exercise any of the powers of the Council of Governors.

3.0 Membership of the Sub-Committee

3.1 The Sub-Committee shall comprise elected Governors from the public, patient and staff constituencies who are concerned with the implementation and development of the Trust's Membership Development and Communications Strategy.

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3.2 The following members of the Trust's staff are invited to attend:

a) The Membership & Engagement Manager
b) The Head of Communications
c) Equality & Diversity Manager
d) GP liaison Manager (as required)
e) The FT Secretary
f) The Director of Nursing
g) The Director of Governance and Corporate Affairs
h) In addition, the Sub-Committee may invite other people to attend including those from an external organisation

4.0 Quorum

4.1 A Quorum shall comprise:
(1) 3 Governors
(2) 3 Trust staff:
One of either Director of Nursing or Acting Assistant Director of Nursing or Membership & Engagement Manager;
One of either Head of Communications or Communications Manager; and
One of either FT Secretary or Director of Governance and Corporate Affairs

5.0 Frequency of Meetings

5.1 The Sub-Committee shall meet bi-monthly and report regularly to the Council of Governors after each meeting.

6.0 Planning and Administration of Meetings

6.1 Yearly the Sub-Committee shall elect from its membership, a Governor to serve as Chairman who will be eligible for re-election after the term has expired.

6.2 The Sub-Committee shall elect from its membership, a Governor to serve as a Deputy Chairman who will be appointed at the same time as the Chairman.

6.3 The Membership and Engagement Manager will support the planning of the Sub-Committee.

6.4 The Foundation Trust Secretary will act as secretary to the Sub-Committee.

6.5 The Membership Development Action Plan will be agreed by the Sub-Committee and ratified by the Council of Governors.

7.0 Review

7.1 The terms of reference of the Sub-Committee shall be reviewed by the Council of Governors bi-annually.

Revised by the Membership Sub-Committee 11 November 2010

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Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 2 December 2010

AGENDA ITEM NO.	2.4/Dec/10
PAPER	Annual Business Plan 2011/12 – Review of Corporate Objectives and Overview of Planning Assumptions and Process for the Council of Governors
AUTHOR	Lucy Hadfield, Interim Director of Strategy
LEAD	Heather Lawrence, Chief Executive
SUMMARY	This paper sets out the context and potential outcomes and process for the Trust's annual 2011/12 business plan. The annual plan is both an internal document, which encapsulates and communicates for all interested parties why and how we deliver our services and do our business, and is also an external requirement of Monitor. In April 2010, the Board approved the Monitor annual plan return setting out the three year corporate plan until 2012/13. The 2011/12 plan will be therefore the second year of that plan, with any changes or adjustments to be made in the light of changing circumstances. We also need to project forward by a further two years to be in line with commissioners' four year planning timescale.
DECISION/ ACTION	The Council is asked to: • note developments in the external environment and in commissioning intentions, in relation to our current performance, • note and comment on the Trust's planning process • consider, and comment on, the decision taken by the Board to re-set the existing corporate objectives • to contribute to a discussion about key elements of priorities and planning guidance to be issued to the Trust's operating divisions

Annual Business Plan 2011/12 – Review of Corporate Objectives and Overview of Planning Assumptions and Process for the Council of Governors

1. Update to the Planning Context

1.1 Strategic Context

The Trust Board and Council of Governors have been informed of recent changes in NHS policy i.e. the change in Government (particularly Department of Health (DH) Revisions to the Operating Framework 2010/11 and the white paper, Liberating the NHS), worsening public sector finances and challenges to NHS London's Healthcare for London strategy.

The Board endorsed in July 2010 the continuation of Chelsea and Westminster Hospital Foundation Trust's plural roles as a high quality provider of:

- local acute services
- some specialist services
- community services in a variety of settings, e.g. polyclinics
- clinical education, research and innovation.

It also endorsed taking an opportunistic approach to a variety of methods of growth as a more competitive healthcare market opens up.

Last year we expected plans to reconfigure acute services based on Healthcare for London/KPMG's analysis of changes in demand and delivery models for four key specialties. These plans have not progressed, though the drivers for change (both clinical and financial) if anything, have intensified.

Our main current commissioners, the NW London Commissioning Partnership, are drawing up a menu of improvement opportunities to ensure the financial health and clinical quality of health services are sustained for the population for which they are responsible. Eight priorities have been agreed amongst providers and commissioners:

1	**Reducing variation in life expectancy**
2	**Improving patients' perceptions of our services (especially GP and maternity)**
3	**Improving care for patients with long term conditions (especially diabetes)**
4	**Improving primary care (access and outcomes)**
5	**Improving quality of hospital care (specialisation and decreasing length of stay)**
6	**Listening and responding to our staff (staff satisfaction)**
7	**Making better use of our buildings**
8	**Achieving £1bn of savings (productivity, pathway redesign, management costs)**

There is currently consultation with providers on 'improvement opportunities' which will reduce hospitalisation in pathways of care and will also enable savings towards £1 billion (objective 8). For example, intentions to reduce outpatient attendances by up to 70% are being considered. Such measures will clearly impact negatively on our income over the coming years particularly for the emergency department (A&E and Urgent Care), outpatients and in-patients.

Due to our track record of prudent financial planning and understanding of the commissioners' intentions last year, we are reasonably confident that we have broadly anticipated the impact on the Trust of the financial consequences of North West London Commissioning Partnership's position for next year. There is no room for complacency though as the impact on all providers is likely to increase in severity over the coming years. In addition, the financial impacts on other NHS providers in the sector are likely to be more immediately severe, in some cases resulting in non-viable organisations. This will require bilateral or collective action for organisational mergers, acquisitions or dissolutions.

1.2 Emerging Commissioning Intentions

Some new guidance came from the Revised Operating Framework 2010/11, in June. A significant message was that the payment mechanism will be an increasingly vital means of supporting quality and efficiency. To achieve this, payments for performance must be structured around outcomes and must incentivise providers for quality.

We are gathering indicative commissioning intentions from our main commissioners and tracking the likely Payments by Results (PBR) tariff changes next year, set by the Department of Health. The overall intention is to drive providers to become more efficient and to change their models of care. When we know the actual PBR changes and other firm commissioning intentions, our planning assumptions may have to change.

Providers are expected to enable the NHS as a whole to deliver its quality and efficiency commitments through a greater focus on quality, innovation, productivity and prevention (QIPP). This will allow the NHS to drive up quality whilst improving productivity - a challenge which means harnessing and spreading innovation and new ideas. We have already been following the QIPP philosophy since becoming a Foundation Trust.

We also have to anticipate the impact on the Trust of a new target reduction of 15% in junior doctors over 3 years, as a consequence of the policy to Modernise Medical Careers.

1.3 Sources of Demand and our Market Position

Over 80% of our patient referrals, and their associated income, come from the Inner NW London PCT Cluster (Kensington and Chelsea, 40%, Westminster, 26%, Hammersmith and Fulham, 12%) and from Wandsworth PCT, 9%. For planned work (e.g. outpatients, day cases, elective admissions and diagnostics), the key driver is patients choosing with their GPs to be referred to Chelsea and Westminster Hospital NHS Foundation Trust. For some specialties, patients refer themselves, e.g. urgent care and sexual health, and GPs may have little influence on these flows. For some specialties, other health professionals are also significant referrers, e.g. consultants to consultants, or London Ambulance Service (which usually takes patients to the nearest hospital).

Because of the close proximity to Chelsea and Westminster Hospital NHS Foundation Trust of a large number of NHS providers offering similar services, we are in a complex, competitive environment. Patients and GPs can choose to go to our main competitors, Imperial NHS Trust, which runs Charing Cross, Hammersmith and St. Mary's hospitals, and St. Georges to our south. Also, University College Hospital and Guys and St Thomas' NHS Foundation Trusts attract some patients who could come to us. However, each specialty has its own unique market profile which may be different from the general picture. As the public understand more about the choices they can make for their healthcare and as general practice becomes more sophisticated in combining referral and commissioning decisions with reduced public funding, it will be risky for Chelsea and Westminster Hospital NHS Foundation Trust to assume that historical patterns of referral will continue unchanged. We will need to increase our focus and capacity to understand in more detail demand for our services and how to make our services even more attractive to patients and commissioners, both to maintain our market share and where possible, to increase it whilst increasing our capacity.

2. Summary of 2010/11 Performance to date

The Board receives quarterly assurance reports and closely monitors performance against last year's objectives and plan. Risks are identified promptly and avoidance or mitigation actions put in place. Performance against the plan is also monitored in many other complementary ways across the organisation. Overall performance to date has not varied significantly from plan, though some underperformance in Cost Improvement Programmes has been off-set by over-performance of clinical activity (which has brought in slightly more income than expected). Planning for the major strategic developments this year, i.e. the Urgent Care Centre, new Outpatients and the Netherton Grove development is progressing and largely on track.

3. Proposed Corporate Objectives

In May 2010, the Board approved the following vision statement for the next three years:

'**To provide high quality patient-centred care for our local population and those using our specialist services, delivered by a modern workforce in a range of settings along integrated pathways of care.**'

Our plan continues:

The agreed corporate objectives set out in this plan reflect a balance between the interests of patients, the local community and other stakeholders, and are used as the basis for the Trust's decision making and forward planning. The corporate objectives have been developed in conjunction with our Council of Governors:

1. **Improve patient safety and clinical effectiveness**

2. **Improve the patient experience**

3. **Deliver excellence in teaching and research**

4. **Ensure financial and environment sustainability**

Each objective is supported by a total of 16 sub-objectives. These high level objectives are serving the Trust well at present and it would not be necessary to change them or the vision statement. However, with guidance from the Board and Council, the executive will refresh the sub-objectives and separate those that should be generic and those that are differentially specific to divisions and services.

4. High level planning assumptions

This is a preliminary list based on current knowledge. It will be continuously refined during the next four months in the light of emerging definitive commissioning intentions and market intelligence. Where appropriate, these will be translated into specific objectives and targets either corporately or for individual specialties and services. The general direction follows on from last years' assumptions and objectives.

NHS Planning Assumptions:

- Expect a tariff reduction of - 1% at minimum. Any growth assumptions will be in line with the National Operational Plan. It is anticipated that this will be 'flat cash' for 2011-12.
- National and London clinical and quality priorities will continue, enhanced by new models of care for London cancer, cardiac and burns services.
- Demand management strategies by commissioners to move planned and unplanned care out of hospital into the community will continue and strengthen. Commissioners will increasingly specify restrictions to specific clinical procedures of low priority.
- There will be an average reduction of 15% of doctors in training over the strategic period, but applied differentially across specialties (to be advised). The funding we receive for education and training will be revised downwards.

Trust Planning Assumptions:

- Although markets for secondary care may be shrinking, we can expand by moving even further into the community market, into the private healthcare market and by expanding market share in certain specialties.
- There is an indicative corporate cost improvement (CIP) target of 10%. The proportions that will be divisional/directorate targets are to be determined, and will be informed by relative effectiveness, efficiency and competitiveness.

- QIPP methodology will continue to drive CIPs by continuing to scrutinise and streamline staff spend, clinical processes, drugs and devices, overheads
- Service teams should become more aware of the sources and drivers of their patient referrals (e.g. GP, self or third party) and the increasing risks to them by not effectively matching demand and capacity as the healthcare local environment becomes more volatile and competitive.
- Service teams should set their own measurable objectives aligned to planning guidance and to mitigate the risks of demand and capacity which do not match. They should develop the capability to use planning and monitoring tools such as monthly service line reporting to enable strategic modelling and 'what ifs'.
- The Executive will set targets and clarify assumptions, wherever possible in dialogue with divisional teams. Corporate departments will facilitate planning and learning support and provide tools.
- Bilateral dialogue between the Executive and service management teams will continue to underpin the process.

5. Outline Business Planning Process and Timetable

A project managed process has been agreed by the Executive. This follows the process of previous years, informed and improved by review of lessons learned. It is summarised in the chart at the end of this document but will be subject to variation if the external timetable changes for any reason.

6. How will the Council of Governors be Engaged?

It is essential that all key stakeholders feel fully informed about the business planning context and constraints and are supported to initiate actions that will serve the corporate objectives of the Trust.

The key stakeholders are:

- All staff
- Service management teams
- Divisional and directorates management teams
- Corporate directors and teams:
    - Clinical directors
    - Finance
    - Strategy
    - Performance
    - HR
    - IT
    - Communications
    - Governance
- Board
- Council of Governors/users
- GPs
- Social services/voluntary sector as appropriate

The Council of Governors will have a unique contribution in particular to the Trust's plans to implement the Government's 'information revolution' for users, and the associated impact on extending patient choice. This will continue to be through engagement with the patient experience strategy and other quality initiatives and

processes. Governors will also be invited to trust-wide business planning workshops to be held in January. In addition, regular updates on business planning will be brought to the Governors' regular meetings.

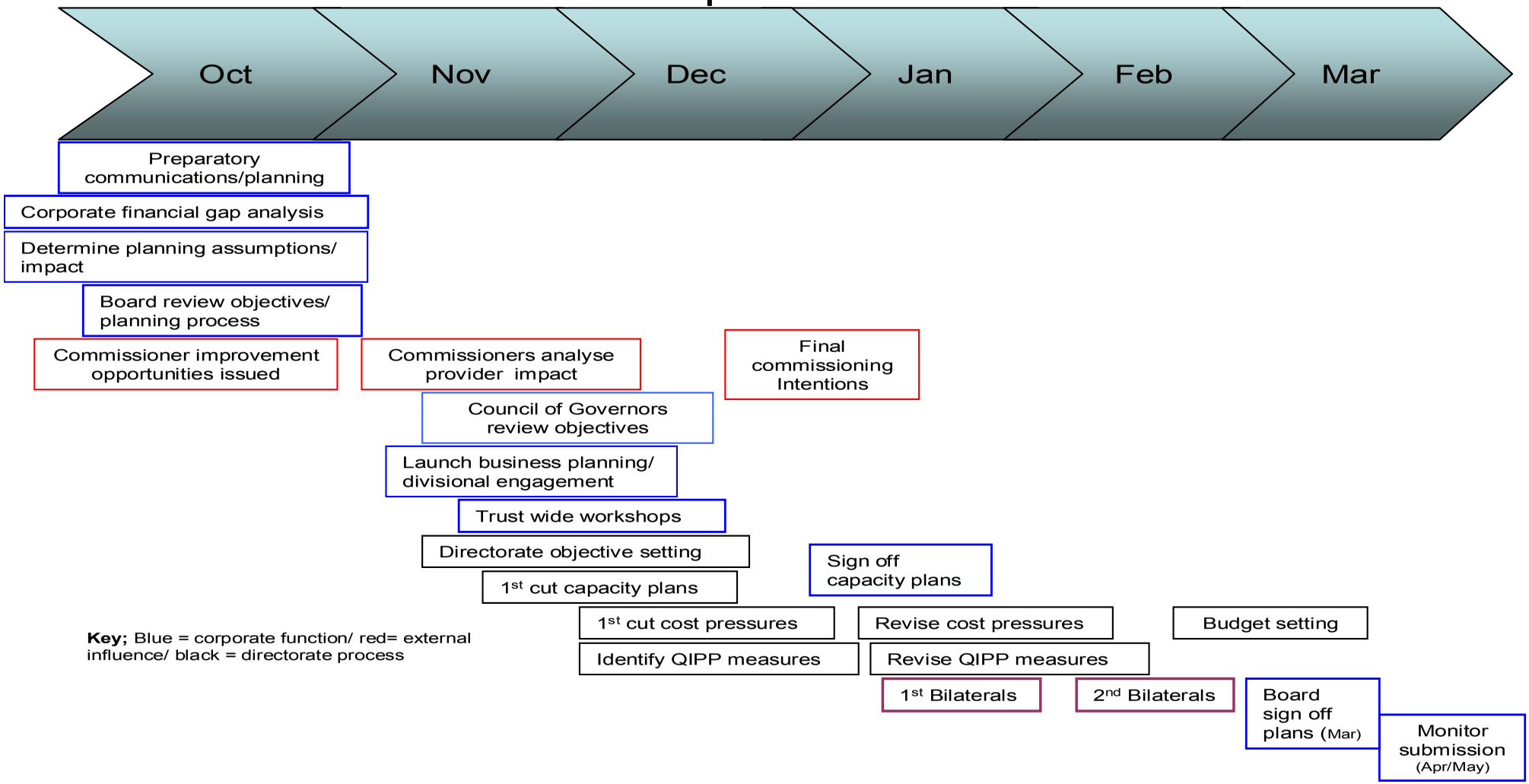
7. Recommendations

The Council of Governors is recommended to:

1. Endorse the Trust vision and corporate objectives
2. Endorse the provisional planning assumptions
3. Note and comment on the process and timetable

Lucy Hadfield
Interim Director of Strategy
25.11.10

Overview of timeline of planning process for 2011-12 period



Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 2 December 2010

AGENDA ITEM NO.	2.5/Dec/10
PAPER	Council of Governors Funding Report
AUTHOR	Part A: Vida Djelic, Interim FT Secretary Part B: Matt Akid, Head of Communications Part C: Sian Nelson, Membership and Engagement Manager Part D: Lucy Hadfield, Interim Director of Strategy and Service Planning Part E: Renae McBride, Communications Manager
LEAD	Cathy Mooney, Director of Governance and Corporate Affairs
EXECUTIVE SUMMARY	Part A: The report provides an overview of the use of the Council of Governors budget to Month 6 of FY 10/11. Part B: This is a proposal for the Trust to participate in a Community Roadshow in Westfield Shopping Centre in March 2011 with the aim of recruiting Foundation Trust members and enhancing the reputation of the Trust's patient services. Part C: The paper outlines a proposal for a banner to promote 'Meet a Governor' Session. Part D: The paper outlines a proposal for the first phase of the StartHere project. Part E: This paper outlines a proposal for the Trust Open Day 2011. This relates to next year's budget
DECISION/ ACTION	The Council of Governors is asked to note the report and to approve the proposals for funding outlined.

Council of Governors Funding Report

Part A

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.

The recurring budget was adjusted in the following financial year (2010/11) for the effect of inflation which is estimated at £500 bringing the total budget available in 2010/11 to £100,500.

2.0 Update

At the last meeting of the Council of Governors it was agreed that £4,000 will be spent on a communications campaign to publicise the Trust's 4 priorities for quality improvement. The Council of Governors also agreed to support funding of the Mobile Health Clinic awning for £5,875.

3.0 Funding Overview

Of the £100,500 circa £66k has been accrued for the activities listed in the table below which were approved by the Council of Governors. It leaves circa £34k in the budget to be spent for the remainder of the 2010/11 FY.

4.0 Use of funds FY 10/11

TABLE 1

Activity 10/11	Estimate
Trust Open Day 2010	£15,000
Recruitment of new members via Campaign for pre-election	£2,000
Recruitment campaign for the Annual Members' Meeting	£2,000
Directory of Services	£19,817
Discharge Leaflets	£8,200
Learning Disability Membership Leaflet	£1,304
Membership recruitment via Mobile Health Clinic	£3, 539.10
Improvements to the Information Zone	£2,158.48
Quality Award including the staff survey	£2, 400
Communications campaign to publicise the Trust's 4 priorities for quality improvement	£4,000
Mobile Health Clinic awning	£5,875
TOTAL:	**£66, 293.58**

5.0 Summary of Requests for funding

5.1 The Membership Sub-Committee supports the request for funding of £17,219.625 community road shows. (part B)

5.2 The Membership Sub-Committee supports the request for funding of £205.63 for a banner to promote 'Meet a Governor' Sessions. (Part C)

5.3 A new request which was unable to be presented at the Membership Committee for £5,500 for funding of the first phase of the StartHere project. (Part D)

5.4 Request for funding for 2011/12
The Membership Sub-Committee supports the request for funding of £15,000 for funding of the Open Day 2011. (Part E)

Part B

WESTFIELD SHOPPING CENTRE COMMUNITY ROADSHOW - PROPOSAL

1. Introduction

The Trust has been approached by LBV TV who run community roadshows in shopping centres in partnership with public and voluntary sector organisations.

This proposal outlines the potential benefits to the Trust of participating in a community roadshow at the Westfield Shopping Centre, Shepherd's Bush in March 2011 with the twin aims of recruiting Foundation Trust members and enhancing the reputation of the Trust's patient services.

It also outlines an estimated budget for the Trust's participation in the roadshow.

Governors are invited to comment on the proposal and to support a request for funding, as recommended by the Membership Sub-Committee on 11 November.

2. About community roadshows

LBV TV are staging a community roadshow for 6 days in the Westfield Shopping Centre, Hammersmith, from Monday 28 March to Saturday 2 April 2011 – the shopping centre has a weekly footfall of 500,000 people.

The focal point of the roadshows is a multi-screen high definition plasma videowall showing commercials produced by LBV TV for the organisations taking part in the roadshow – each commercial is shown a minimum of 500 times during the roadshow.

These commercials can be used to promote particular clinical services, Foundation Trust membership or anything else. They can vary in length from 30 seconds to 3 minutes and LBV TV make the commercial available for unlimited future use by public and voluntary sector organisations – for example, on YouTube, websites, in GP surgeries, at open days and other public events.

Staff from LBV TV can undertake market research, distribute leaflets and information packs on behalf of the public and voluntary sector organisations that participate in the community roadshows – for example, to promote the Open Day in May 2011.

Organisations are also invited to send their own staff and Foundation Trust Governors to join LBV TV at the roadshows.

An added benefit of the Trust's potential involvement is that LBV TV have confirmed that we would be able to take the community health clinic (the 'Bus') to Westfield for the duration of the roadshow – the bus would be located in the car park outside the shopping centre and could be utilised for health advice, tests and screening as well as Foundation Trust membership recruitment.

3. Government policy context - *An Information Revolution*

A key principle of the Government's Health White Paper published in July 2010 is that patients need more comprehensive and transparent information to enable them to make informed choices about their treatment.

On 18 October the Government launched its public consultation on *An Information Revolution*, one of a series of documents published subsequent to the White Paper.

Secretary of State for Health Andrew Lansley says in his introduction to *An Information Revolution*: "The world we live in today is full of information to help people control their lives and make informed choices. We now need an information

revolution so we can use it better in healthcare. We need more openness and transparency.

"Different people and groups in society access information differently and need it presented in different ways. We must ensure the right information is available and presented in a relevant way to those who could be excluded.

"We need information about health and care services to be more innovative. Information cannot be just another bureaucratic process within the care system."

The community roadshow project would help the Trust to meet this challenge by making information available in an innovative way in a non-traditional health setting.

4. Aims

The Westfield Shopping Centre Community Roadshow opportunity could be used to:

- Recruit Foundation Trust members
- Promote the Trust's clinical services in line with our corporate objectives and business plan – for example, sexual health services based at West London Centre for Sexual Health
- Use the community health clinic to provide health advice and generate income by carrying out tests

Other potential benefits of participation in the roadshow include:

- It would enable the Trust to communicate with our local community in an innovative way, potentially reaching people who may not otherwise access our services or consider becoming Foundation Trust members
- The commercials produced for the roadshow could be used in future to reach these audiences via our website or at public events
- Use of the community health clinic would enable the Trust to take services – for example, sexual health testing – into the community
- It could be used to promote the Open Day in May 2011

5. Foundation Trust membership recruitment at previous LBV TV roadshows

LBV TV staff has recruited members for a number of NHS Foundation Trusts (you may find it useful to compare the weekly footfall for shopping centres listed below with Westfield which has a weekly footfall of 500,000 people):

- 2gether NHS Foundation Trust (mental health trust in Gloucestershire)
  853 members recruited - weekly footfall of 351,000

- Birmingham Children's Hospital NHS Foundation Trust
  341 members recruited – weekly footfall of 500,000

- Manchester Mental Health and Social Care Trust
  1,763 members recruited - weekly footfall of 500,000

- Royal Bolton Hospital NHS Foundation Trust
  808 members recruited – weekly footfall of 150,000

6. Proposal

The costs vary depending on how many commercials and of which duration (between 30 seconds and 3 minutes) we wish to produce.

Commercials can be translated into any language, signed, subtitled, or audio-described for the hard of hearing using fully accredited translation services and signers.

100 DVD copies of each commercial are provided by LBV TV for future use and the commercial is also supplied in a format suitable for use on websites.

The following use of commercials is proposed:

- 3 minutes duration in total comprising:-
    - 2 minutes 'virtual tour' to showcase our facilities both on the main hospital site and at 56 Dean Street etc, including an introduction from Heather Lawrence and potentially a number of other 'talking heads' – this could be used as an introduction to the Trust on the Homepage of our website and in corporate induction for new Trust staff
    - 30 seconds commercial for sexual health services
    - 30 seconds commercial for Foundation Trust membership

7. Communicating with GPs – the Life Channel

The Life Channel is a company with a network of plasma screens displaying information in GP surgeries throughout Hammersmith & Fulham.

The commercials produced by LBV TV could be broadcast on these plasma screens to improve our communication with patients in primary care and GPs.

Although this would not be essential to the success of the project, it is an 'optional extra' that could provide added value and extend the useful life of the project.

8. Budget

The costs of the project are as follows:

8.1 LBV TV (community roadshow including production of commercials)

3-minute commercial	£9,995.00
Copyright (£595.00 per commercial)	£1,785.00
Total cost (excluding VAT)	£11,780
Total cost (including VAT)	**£13,841.50**

8.2 Life Channel (plasma screens in GP surgeries in Hammersmith & Fulham)

The Life Channel has plasma screens in 23 GP surgeries in Hammersmith & Fulham – the cost of showing a commercial is £125 per GP surgery for 2 months which means that the cost would be as follows:

Total cost (excluding VAT)	£2,875
Total cost (including VAT)	**£3,378.125**

8.3 Total cost of project

The total cost – if the option of publicising the commercials to patients in GP surgeries through the Life Channel is included – is £17,219.625.

8. Action for Governors

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

Matt Akid
Head of Communications
November 2010

Part C

Promotional banner and leaflets for 'Meet a Governor' Session

1. Introduction

1.1 Governors host 'Meet a Governor' Sessions at the Information Zone at Chelsea and Westminster Hospital Foundation Trust. Since June 2010 there have been 20 sessions hosted by six Governors.

1.2 Governors feedback of the sessions is mostly positive and says it provides a good opportunity for patients and the public. However, attendance from patients and the public can be poor and Governors feel more promotional work should be in place.

1.3 An electronic text board will be erected in the Information Zone in November 2010 to publicise 'Meet a Governor'. The sessions are also promoted on the hospital external website, and through the internal communications notice board.

1.4 A pop up banner will further promote the Governor Sessions and can be taken to additional areas within or outside of the Trust. For example, it could be taken to a specialist clinic or event.
Leaflets can be given to patients in out-patients, the main foyer and at the M-PALS office.

2. Funding

2.1 Funding is requested from the Council of Governors for a total of £175.00 plus VAT@ 17.5% = £205.63.

3. Action for the Council of Governors

The Council of Governors is invited to comment on the proposal and is asked to agree the request for funding for a banner to promote 'Meet a Governor' Session.

Sian Nelson
Membership and Engagement Manager
November 2010

Part D

Request for Funding for Phase 1 of the StartHere Project

1. Introduction

1.1 The StartHere Project was introduced to the Council of Governors Membership Sub-Committee at its meeting on 2nd September.

1.2 StartHere (run by the StartHere charity) is an innovative way to get good quality information about public and third sector services to people who otherwise would struggle to access it, particularly in times of crisis, distress or important life decisions. They provide simple information screens which people can navigate through to answer questions like 'Where can my mother get support for Alzheimer's in Somerset?' They sign-post sources of information but do not give personal advice. They do not advertise private services. These screens are available on devices in a variety of places, e.g. kiosks in GP surgeries, hospitals, libraries, Citizen's Advice Bureau, mobile phones, computers and the web. The potential available access points and technical applications is growing.

1.3 Our steering group (with Susan Maxwell as Governor representative) is ready to start the first phase, which is to make the system available on the two member-sponsored kiosks in the hospital main entrance and to locally promote its availability and benefits. Its usage will be evaluated. The kiosks have been recently overhauled to address some recurring operating problems.

2. Funding

2.1 The licences for StartHere will be given at no cost for a period of 3 months. The costs of StartHere installing and maintaining the system software, and analysing the usage will be £5,500.

2.2 The plan for the second phase has not yet been developed, as it depends on a view of the success of the first phase. Our intention is to roll out the system to the urgent care centre, A & E, outpatients, ante-natal clinic, medical day unit etc, in the first instance. We are discussing with NW London CLAHRC the question of ongoing financial and development support in subsequent phases.

3. Action for the Council of Governors

The Council is requested to fund £5,500 the first phase of this project.

Lucy Hadfield
Interim Director of Strategy and Service Planning
November 2010

Part E

Open Day 2011 – Proposal

1. Introduction

1.1 The annual Chelsea and Westminster Hospital Open Day has grown in popularity in recent years and is now considered a flagship event in the hospital's public and patient engagement programme. 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.

1.2 This year's Open Day on Saturday 8 May 2010 attracted more than 1,500 visitors, VIPs including local MPs Sir Malcolm Rifkind and Greg Hands and BBC journalist and presenter Sophie Raworth who opened the newly refurbished Assisted Conception Unit.

1.3 Visitors to this year's Open Day were invited to give their feedback by using the new Patient Experience Tracker, with 97% of respondents rating the event as either 'Excellent' or 'Good'.

1.4 The 2009 and 2010 Open Days were made possible thanks to funding of £15,000 each year from the Council of Governors.

2. Aims

2.1 Open Day 2011 will be held from 11am-3pm on Saturday 7 May (subject to confirmation of availability of key Trust Directors).

2.2 Aims of Open Day 2011 are to:

- Market the Trust to Foundation Trust members and local residents
- Develop communication between Members' Council representatives and Foundation Trust members
- Promote health and wellbeing
- Address issues of public concern, for example the impact of the government's NHS White Paper / the hospital's new outpatient development
- Foster partnership working
- Improve staff morale

2.3 It would also be of interest to patients and could provide an opportunity for collaborative working in terms of using the Open Day to recruit Foundation Trust members and demonstrate the benefits of Foundation Trust status.

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 both the 2009 and 2010 Open Days.

We would like to ask the Council to consider funding Open Day 2011 at the same cost of £15,000.

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.

Renae McBride
Communications Manager
November 2010

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 2 December 2010

AGENDA ITEM NO.	2.6/Dec/10
PAPER	FTGA/FTN Development Day 6 October 2010 – feedback*
AUTHOR	Cass Cass-Horne – Patient Governor
LEAD	Cass Cass-Horne – Patient Governor
EXECUTIVE SUMMARY	This paper provides feedback from the FTGA/FTN Development Day held on 6 October 2010.
DECISION/ ACTION	The Council is asked to note the paper.

FTGA/FTN Development Day 6 October 2010

The Development Day was organised jointly by the Foundation Trust Governors' Association (FTGA) and the Foundation Trust Network (FTN) and was attended by Cass Cass-Horne, Patient Governor at Chelsea and Westminster Hospital Foundation Trust.

The keynote speech was delivered by Sir David Nicholson, Chief Executive of the NHS, an excellent speaker. He talked about the Powers of Governors and purpose, Governors Constitution, Focusing on Quality, How governors can keep the focus on quality for patient services.

The Welcome and Introduction speech was made by: Sharon Carr-Brown, Chair FTGA The Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust.

Four workshops were run twice during the day. The debate panel consisted of an FT chair, a CEO, a NED and a lead governor from different trusts around the country.

Workshop A – HealthWatch
Mary Simpson, Department of Health

Workshop B – Lead governors, an interactive workshop
Nora Whitham, Lead Governor - Bradford Teaching Hospitals NHS Foundation Trust
Jason Dorsett – Monitor

Workshop C – Effective Governors; not letting the urgent crowd out the important
Avoiding the urgent operational detail and focusing on the important strategic implications for your FT.
Andy Willis, NED - Taunton and Somerset NHS Foundation Trust

Workshop D - Monitor and the Care Quality Commission - our roles and relationships with governing bodies
Toby Lambert, Policy Director - Monitor
Lucy Hamer, Dot Metcalf and Keith Lowe - Care Quality Commission

The workshop I attended on 'Equality & Excellence: Liberating the NHS-proposal for HealthWatch generated many questions, which lead to lively debate. After Lunch several other workshops were held. During lunch everyone had the Opportunities to Network.

Debate Panel consisted of:
John Carvell, Lead Governor - Salisbury NHS Foundation Trust
Mary St Aubyn, chair - North Essex Partnership NHS Foundation Trust
Ian Renwick, CEO - Gateshead Health NHS Foundation Trust
Paul Ward, NED - Oxleas NHS Foundation Trust

The following were also discussed. The Foundation Trust Governors' Association launched the Making a Difference research at the FTN conference on 15 September in London, and also the recently published: Headline Brief on the White Paper which is available on FTGA website. This document supports the next Essential Brief on the Liberal Conservative Coalition Health policy.

The Final Plenary discussion – "What will you take back to your FT from today" were well received.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 2 December 2010

AGENDA ITEM NO.	2.7/Dec/10
PAPER	FTGA/FTN Development Day for Foundation Trust Staff Governors 28 October 2010 – feedback*
AUTHOR	Charlotte Mackenzie Crooks – Staff Governor
LEAD	Charlotte Mackenzie Crooks – Staff Governor
EXECUTIVE SUMMARY	This paper provides feedback from the FTGA/FTN Development Day for Foundation Trust Staff Governors 28 October 2010.
DECISION/ ACTION	The Council is asked to note the paper.

Development Day for Foundation Trust Staff Governors 28 October 2010

The Development Day was organised jointly by the Foundation Trust Governors' Association (FTGA) and the Foundation Trust Network (FTN) and was attended by Charlotte Mackenzie Crooks, Staff Governor at Chelsea and Westminster Hospital Foundation Trust.

Overall the day was extremely useful as a forum to discuss practices across other Trusts and network with other Staff Governors.

The following subjects were covered in the morning in the form of interactive presentations:

What's going on in Foundation Trusts today?
Barriers and opportunities for Staff Governors
Staff Governor Communication and engaging others in governance

These two sessions were presented by IPA consulting.
IPA is a registered charity that specialises in consultation on how to deliver partnership working and employee engagement. The IPA carried out research on behalf of the FTGA around Foundation Trusts and the role of Staff Governors. (A full copy of this research is available on request from the FT Secretary).

Key messages / discussion topics:

Clarity of role
There is not any clear and consistent definition of what a staff governor's role is within the Trust. Various definitions were discussed at the FTGA event and it would be useful for us as a governor group to work with the Chairman to clarify what are role is precisely:

- Staff Governors are a 'representative' staff member and their role is to give a generic staff perspective on Trust activities
- Staff Governors are representative of their constituencies
    - They must engage with their constituencies and 'take the temperature' of the Trust and feed this information back to the board
    - They scrutinise the activity of the board on behalf of staff
    - They must feedback to staff about Trust activities in relation to the effect that these activities may have on staff

In the light of these definitions, the following questions arise:

- How do we engage with our constituents?
  For example: Articles in Trust news, drop in 'surgeries', questionnaires, email address etc
- How do ensure that topics that come up in Board papers that effect staff are raised at meetings? For example: Board pre-meet to discuss any issues that come out of board papers so that they can be raised in a concise, coherent and systematic way at the meeting.
- How do we communicate issues that come from our constituents to the Board?
  For example; quarterly meetings / regular communication with the Chairman
- How do we feedback to our constituents on actions that have been taken on their behalf or actions that will have an impact on them.

There was considerable discussion about communication and what sort of information was communicated in order for staff and staff governors to make informed decisions.

- If Staff Governors are informed about what strategic decisions have been made, what the other options were and why they were not chosen then.
- Staff Governors can inform their constituency
- Their constituency can make informed comments about strategic decisions
- Staff Governors can inform the Trust Board.

This 'virtuous circle' starts off by Staff Governors being well informed.

The following wider issues around the role of staff governor were also discussed:

- How can we make a difference and be seen to make a difference to our constituents?
- Are we seen as credible by other Governors or merely part of the 'company' acting as yes men?
- How can we separate our Governor role from our work role and feel confident that speaking our mind or raising objections will not affect our careers?
- Does the Trust invest in its Staff Governors by providing them with the time to read papers / attend meetings etc?
- Is the lack of this sort of support limiting the sort of person who would apply to be a governor? Ie we only attract people who have some sort of autonomy over their own work schedule and not those who work shifts / part of a team etc.

The afternoon session was a networking event.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 2 December 2010

AGENDA ITEM NO.	2.8/Dec/10
PAPER	Draft Minutes of the Council of Governors Quality Sub-Committee meeting held on 17 November 2010
AUTHOR	Vida Djelic, Interim Foundation Trust Secretary
LEAD	Mike Anderson, Medical Director
EXECUTIVE SUMMARY	Draft minutes are enclosed.
ACTION	To note.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Quality Sub-Committee meeting, 17 November 2010

Draft Minutes

Attendees	Carol Dale	CD	Staff Governor – Management
	Martin Lewis	ML	Public Governor – Westminster 2
	Susan Maxwell	SM	Patient Governor
	Wendie McWatters	WMW	Patient Governor
	Sandra Smith-Gordon	SS-G	Public Governor – Kensington & Chelsea 2
	Mike Anderson	MA	Medical Director, Chairman
		TD	Interim Director of Nursing
	Catherine Mooney	CM	Director of Governance and corporate Affairs
	Jane Tippett	JT	Acting Assistant Director of Nursing
	Vida Djelic	VD	Interim Foundation Trust Secretary
	Rachel Matthews (in part)	RM	Programme Lead for Patient and Public Involvement, NIHR CLAHRC for Northwest London

1 Welcome and Apologies **MA**

Apologies were received from Rosie Glazebrook and Therese Davis.

2 Minutes of previous meeting 3 September 2010 **MA**

The minutes were approved as a true and accurate record of the previous meeting with the following change:
- page 2 SS-G suggested that all governors should be invited to join this group, to add on *rather than just members of this committee*
- section 7, 4th para insert as matter arising 'TD to contact a mother who complained about the breastfeeding'.

Post meeting note: It was not possible for TD to contact the mother as WMW did not have the contact details.

3 Matters arising **MA**

New gowns
MA said that new gowns are scheduled to arrive in February/March 2011. JT will let us know when they are on trial. She explained that they have Velcro ties, can wrap around easily and are available in different sizes.

The Whole System Planning and Delivery Group
CM said that Scott Bennett had discussed this further with Amanda Pritchard and she agreed that it is a good idea to involve the governors in identifying performance indicators.
CM to follow up. **CM**

SS-G said she was concerned how much input governors will have. MA said that the group need to ensure it addresses the issues raised by governors.

WMW said that she had a friend who had a serious issue re discharge. MA suggested that the friend is asked to send an e-mail or letter to one of the Executive Directors. WMW to forward the e-mail to the Executive Directors.

Leaving hospital booklet

CM said that the Council of Governors had funded the leaving hospital booklet. She reported that Scott Bennett had an idea about formatting it as a checklist for patients and the hospital.

CM said that the booklet should be available shortly. MA asked who should review it. SS-G suggested that the Council of Governors as a whole have a chance to express their views. This was agreed by the sub-committee.

VD to circulate the booklet to the Council of Governors once available and ask them to consider both content and style. **VD**

CM noted that we need to consider how we measure that it has been given to patients.

CD said it is important to focus on the stay in hospital. CM thought that the emphasis would be on planning to leave as soon as arrival, so as to minimise the length of stay.

4 Business planning - quality 2011/12 and Quality Accounts 2010/11 **CM**

CM explained that that the paper outlines the proposed quality account schedule and the framework for quality objectives.

JT said that the Patient Experience Steering Group meeting on 12 November is not happening. Another date is to be arranged and it will look at identifying what the priorities are. JT said she is reviewing sources of patient of patient feedback and highlighting themes. She is also looking at what we have done and will decide whether it continues and what we change. Part of the process is about how we collect information. CM asked who identifies priorities. JT said that she will, based on reviewing all sources of information. CM suggested governors are involved to test out that the priorities are correct. JT said that the paper will go to the Trust Executive in a couple of weeks.

SS-G queried the meaning of bi-laterals. MA replied that they are meetings between the department and members of the executive team (two sides), in this case to discuss business planning.

CM said that the business plan column on the schedule shows the timetable for the Trust business plan and how it links with consultation on the quality objectives.

MA referred to point 2 on p.3 which gives a taste of how complex the framework for quality objectives is.

MA highlighted the main points in the framework and explained that with Commissioning for Quality and Innovation (CQUINs) we get paid for

achieving certain targets.
He said that a big issue is that care will be delivered more in the community. ML asked for more information about community services. MA responded that we provide community gynaecology and dermatology. If we are successful in bidding for community services we can protect income. It is predicted that 70% of patient care in hospital will disappear in 5 years.

SS-G asked where the community care will be provided. MA responded it will be St Charles, other local places, polyclinics and hopefully it is provided by our staff. SM felt that it is much more convenient for patients to have care provided in the hospital.

CM said that the CQC Quality and Risk Profile is a helpful document as it considers a number of external data sources and provides an analysis. CD asked if the sub-committee can see this document. CM responded that she has identified areas where we are worse than expected and that this will be discussed with the Executive. That paper might be more useful that the full QRP.

To circulate summary from review of the QRP. **CM**

She explained that in the paper we are looking to explain the poorer performance and/or to agree actions. Some of it can be contradicted by our own data e.g. 60% of staff might report having appraisals and our internal data shows 80% of staff are having appraisals. She confirmed that the CQC can visit unannounced for any of the standards. They also undertake speciality reviews.

MA said that the NICE Quality Standards are around stroke, dementia, VTE and specialist neonatal care services. There will be a lot more coming each year with 150 expected in total.

ML asked about falls. CM responded that there is no NICE guidance on falls. JT said that falls is a quality objective as well as one of the 'High Impact Changes for Nursing and Midwifes'. SS-G said that the Friends had donated some money to pay for falls alarms and asked for an update. JT explained how they worked and the progress so far.

CM said that the Quality Account will focus on progress we made this year and what we do next year.

In relation to the patient experience strategy ML asked if we will add information we get from visits. JT responded that it is not necessarily specific to the strategy but it is another opportunity to get feedback.

MA said that in addition to Trust objectives we have division based objectives.

CM suggested that we discuss the CLAHRC item before we discuss part 3 of the paper as this will provide more information to help with this section.

5 Collaboration for Leadership in Applied Health Research and Care (CLAHRC) and Quality Account **RM**

Rachel Matthews (RM) introduced herself and the work of CLAHRC. The CLAHRC was established 2 years ago and was designed to support

the NHS deliver the latest evidence based research into practice more effectively. It is trying to improve care for patients and to anticipate changes. RM ensures that patients influence the programme as a whole and commented that there is a huge population to involve. There are 9 CLAHRCs in England and 1 in London.

RM tabled slides on CLAHRC work . With regard to the Quality Accounts, it was thought that CLAHRC could help with this by taking into account local views about quality, give a clear, accurate and representative account of the quality of services and provide mechanisms for the local community to account for their performance. Quality Accounts are comprehensive documents and getting them right will help with setting the objectives.

RM said that they are organising an event on 13 December on how to engage people in this process, but it will also address content and presentation of Quality Accounts. The event is about interaction with patients and how we learn together from experience. We recognise that there are things we cannot negotiate and influence, but there are some which can be influenced. RM invited questions from the sub-committee.

ML suggested that we invite RM to present to the Council of Governors. MA said it is important to understand the work of CLAHRC and the public need to understand what is happening in the health sector. RM said that it is important to create the right environment to do it and as it is new it is a learning opportunity for us.

RM said that the event is aimed at LINKS and new GP commissioners to share views and perspectives with patients. The day will be facilitated by two experienced facilitators.

MA asked if there will be any representatives from social care. RM responded that she is unsure currently.

CM said that our Quality Account will be used on the day for people to comment and suggested that the governors on the Quality Sub-Committee attend as they contributed to the Quality Account 2009/10 and it would be useful for them to listen to the feedback. SS-G and SM said they will attend.

RM sees this as an opportunity for governors to talk to other people they would not otherwise have the opportunity to meet.

4 Business planning - quality 2011/12 and Quality Accounts 2010/11 CM

CM continued with the paper, addressing item 3.

She outlined the priorities in the current Quality account and explained that stakeholders will be asked to comment on the priorities. As there are four already and the maximum suggested is five there is little room for change.

She explained that the priority on VTE is likely to continue as it will remain a national priority and we will need to continue until we have achieved our objective. The patient experience priority was selected as it was a national CQUIN priority but we may wish to change the emphasis based on the patient experience strategy or another CQUIN target. We are likely to want to continue the focus on women and children

Regarding our objective on NCEPOD targets, the data we have is limited so at this stage we are not sure if we have met the target. Regarding falls we have made some progress but there is more to be done. JT supported the emphasis on falls noting that it is not just an injury but confidence and quality of life after the injury which is important. .

CM said p 14 and 15 relate to indicators we have selected and would welcome governors input into additional indicators.

ML said that re falls we need to encourage reporting and staff need to feel confident about this. JT responded that all falls are recorded as a clinical incident. CM said we have a high rate of reporting compared with our peers but it is something we should continue to work on.

CM said that governors may raise issues which are difficult to measure and an example of this is the delay to outpatient letters.

ML asked if medication errors would fall under this. CM responded that they could do and suggested that we arrange a meeting with some governors and pharmacy to understand what the medication issues might be.

SS-G queried the 8% target for incident reporting rate. CM responded that it is per 1000 admissions as defined in the national guidance and agreed that this should have been defined in the Quality Account as well as explaining that a high rate is good. Definitions of the indicators will be expanded in this year's Quality Account.

WMW said that loss of notes is a major issue. MA responded that the solution is to make all records electronic and a project is underway to look at this. We will scan all notes and this costs a lot but it will lead to greater efficiency. MA said we are aware of the issue of lost records and it is a challenge.

CD said that it is difficult to comment on the priorities when governors did not know how the Trust had done so far. CM said this was a good point and the executive and the Board had received a detailed report recently but not the governors. She thought it would be very helpful to ask each of the leads to prepare an update on progress for the governors. This would help with preparing for writing this year's document.

MA noted that said there is an opportunity on 13 December to see how other hospitals do it.

CM suggested that governors to let her know any other issues under section 3. She added that 3.5 will be covered next time.

CM to co-ordinate an update on quality objectives for the governors. **CM**

6 Update on Discharge **CM**

CM said that this has already been discussed under matters arising.

7 Feedback from governors on patient experience **All**

SM said that taking a medical history from patient each time patient goes to a different clinic and sees a different doctor can be annoying. She

suggested one page of patient history which can be shared between various clinics. MA responded that there are some benefits in taking a medical history from patients on more than one occasion but acknowledged that it can be unnecessary. JT said sometimes the patient history is not thorough enough.

WMW reported on a case in cardiology where a patient was sent from C&W to the Royal Brompton Hospital (RBH) and her notes were lost between the two hospitals. She had written to the hospital and PALS and finally the notes were found.

WMW said she had a friend who went to cardiology to have a valve operation and the same problem happened. MA responded that C&W does not send its patient notes to the RBH for the reason that patients go there for an operation and they get followed up at the C&W. WMW said that overall the cardiology department was very good and they sent a marvellous letter to the GP with a copy to the patient.

WMW reported on a further case where notes were lost for a patient with a broken leg.

MA said that there is a communication problem and it requires relentless attention to enforce policies.

MA suggested that those who travel extensively should take copies of letters with them.

SS-G said that A&E and AAU are very good. She said that her mother went to Edgar Horne Ward and when she was discharged the GP denied that the hospital had sent them anything.

She reported from a friend who had come to visit a patient and was told by the reception staff that patient had gone home but that was not the case.

She had feedback from a patient that a nurse was not pleasant to talk to.

SS-G said that discharge of her mother took a long time. She suggested that patients should be told how long it takes to get discharged.

The telephone system in the AAU seems to be a problem.

CD asked what happens to the feedback reported at this meeting. CM said that where there are enough details these are followed up and resolution if possible e.g. the comment about being cold while waiting for X rays had been resolved by having blankets available. Otherwise it was to give a sense of what are the issues for patients.

ML said he spent an evening in the Information Zone and nobody came to him.

8 Any other business

Quality Awards update

CM said that she has received some nominations. She though she might be an observer rather than a judge which would allow her to help people with their applications.

CM said the real benefit is the publicity as we will report on the winners and their initiatives at the Council and at the Board. We have also launched the quality objectives communication strategy to promote awareness amongst staff members.

9 Date of next meeting – 28 January 2011 at 3pm

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 2 December 2010

AGENDA ITEM NO.	2.9/Dec/10
PAPER	Draft Minutes of the Council of Governors Membership Sub-Committee meeting held on 11 November 2010
AUTHOR	Vida Djelic, Interim FT Secretary
LEAD	Chris Birch, Chairman
EXECUTIVE SUMMARY	Draft minutes are enclosed.
DECISION/ ACTION	To note.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Membership Sub-Committee, 11 November 2010

Draft Minutes

Attendees	Chris Birch	CB	Chairman
	Martin Lewis	ML	Public Governor – Westminster 1
	Susan Maxwell	SM	Patient Governor
	Wendie McWatters	WMW	Patient Governor
	Sandra Smith-Gordon	SS-G	Public Governor – Kensington & Chelsea 2
	Del Hosain	DH	Public Governor – Wandsworth 2
In attendance	Matt Akid	MA	Head of Communications
	Priti Bhatt	PB	
	Sian Nelson	SN	Membership and Engagement Manager
	Therese Davis	TD	Interim Director of Nursing
	Renae McBride	RMB	Communications Manager
	Cathy Mooney	CM	Director of Governance and Corporate Affairs
	Jane Tippett	JT	Acting Assistant Director of Nursing
	Amber Payne (in part)	AP	Employee Benefit Officer, HR
	Vida Djelic	VD	Interim FT Secretary

CB said that it has been suggested that we pilot a recording of the Membership Sub-Committee meetings for the purpose of checking the accuracy of draft minutes. He reassured the sub-committee that once the minutes have been approved the tape will be erased. This was agreed by the sub-committee.

1 Welcome and Apologies **CB**

Apologies were received from Charlotte Mackenzie Crooks and Sam Culhane.

2 Minutes of previous meeting held on 2 September 2010 **CB**

Minutes of the previous meeting were accepted as a true and accurate record of the meeting with the following changes:
- p.1 add MLn (in part) in attendance
- p.2 remove ‘send’ and insert ‘had sent’

VD to amend the draft minutes as per comments received. **VD**

3 Matters Arising **CB**

CB confirmed that all actions have been completed.

VD said that she had a response from MLn that he is in the process of setting up a group and he will shortly let governors know the outcome of selecting governors for the membership of the signage project group.

4. Enhancing engagement of Patient and Public Foundation Trust Governors **TD**

JT outlined the background to the paper and said that she has produced a summary of the current involvement of governors in the Trust and noted an increasing number of attendance at the Trust committees.

There is a proposal to increase the profile of the 'Meet the Governor' session and the awareness of these sessions in the hospital. SN has produced a proposal paper for a promotional banner to which she will speak later.

The sessions have achieved a successful recruitment of new members, and offering a comment card enabled governors to escalate patients' concerns appropriately. She pointed out that we do not have a formal way of finding out how many members we recruit via these sessions.

ML commented that he is not a member of the Patient Environment and Action Team (PEAT). CM noted that the Whole System Planning and Delivery Group should be added to 3.3.3.

JT said that another proposal is around greater patient contact and proposed that a governor has the opportunity to visit a ward or department with a Senior Nurse once a month. The purpose will be to engage with patients and obtain feedback by using Patient Experience Tracker (PET). This would help us to address any issues quickly and appropriately. The Senior Nurse would be responsible for any agreed actions and the feedback and experience will be presented to the Council of Governors meeting and/or Trust Board.

JT said in order to facilitate these visits there is a requirement to have all the relevant e.g. CRB checks done in the way that apply to volunteers.

TD added that the proposal is to arrange 1h visit to wards once a month and if there is a need to extend the time to 2h we can arrange it.

CB said he noted under point 3.2.1 that that Christine Longworth attended meet the governor session and was happy that she got involved. However, he was concerned that only 7 governors got involved so far out of 31 governors.

CB pointed out that point 3.2.2 of the paper talks about the achievement of these sessions and was concerned having done 3 sessions it was not the most effective use of governor's time. He said he feels that we have not achieved the objective.

SS-G said that the aim should be that not only members of the Foundation Trust talk to governors but also members of the public.

CB congratulated WMW for being proactive and approaching people while in the hospital to talk to patients about the membership of the Trust

and their experience and any concerns they may have.

SM said that the reason for some governors not yet having a chance to do meet the governor session is as they have a day job which does not allow them time during the day but might be able to do an evening session.

JT said that CMC surveyed 120 Trusts re governors volunteering and had 50 Trusts responding and found out that only 2 Trusts require volunteering under the governor role. CB pointed out that we do not require that.

SS-G commented on the PET and said that it should ask the most important questions we need. She felt that patients may not feel at ease answering questions if there is a member of staff around.

TD said we need to encourage patients to use PET.

In relation to SS-G's concern about not many patients giving their feedback via PET, JT said that when the PET was introduced the staff were asked to use guidance that accompanied it and to offer it to patients on discharge and let them answer the question without the staff present and also to ask patients if they have any comments/concerns which were not covered in the PET.

ML said he felt that the proposal about governors visit to wards is excellent. He also felt that training should be provided to governors before undertaking the visit to wards. TD suggested that it might be a good idea to have 2 governors and a Senior Nurse visit to wards.

TD suggested that a Senior Nurse and 2 governors give a feedback to the Council. We can be flexible and do the evening hours.

CM said that we will need clarity on the relevant checks and that it would be a pity if this delayed the initiative starting. We may want to offer visit to wards to those governors who already have had a check. JT said that any CRB checks for other organisations are not allowed to be considered; we must do our own. TD said she will talk to the HR about the process.

TD to contact HR. **TD**

ML suggested that the Trust produces procedures to cover the visit.

In response to SS-G's question TD said that if there are any particular issues following governor visit to wards we will inform the governor.

TD concluded that the proposal about governors visit to wards should be jointly presented by herself/JT and one governor. ML volunteered.

Present a paper to the December Council of Governors meeting on governors visit to wards. **TD/JT/ML**

5. Membership Development Action Plan – Update

SN outlined the Membership Development Action Plan and focused on the highlighted sections of the paper which presented the most recent

update.

1. Information Zone
- Dates of governors' sessions in the Info Zone for November and December have been advertised.
- Electronic text board for the Information Zone is arriving in November.
- An order has been placed with Norlands for a picture board. We need to collect pictures of Governors and also to include their contact details providing they agree.
- Funding request to Membership Sub-Committee for a pop-up banner and leaflets to promote the sessions

CB suggested governors sessions get arranged via an appointment system where we advertise on the website/Trust News/ in the hospital that anybody interested in meeting a governor should contact the hospital and we organise it according to their availability rather than restricting it to time that suits us. SS-G suggested that this can be organised in addition to the sessions that have already been planned but not instead of it. CB agreed with this. TD suggested that if a matter is of concern there is an option is to contact PALS.

2. Seasonal Working Conference for Hospital Staff
- Staff Governor, Carol Dale presented at the Seasonal Working Conference in October. Next Seasonal Working Conference will be held on 24 March 2011. SN said that we did not have the Council of Governors stand as it was not necessary.

CB said that, although he had asked if he might join the HIV patients forum in August, he was still waiting for a reply. TD asked CB to forward the relevant emails to her.

7. Website
- Gregory Hewitt from IT is looking at ways to create an on-line membership application form to reflect the hard copy form.

8. Council of Governor Elections
- The Campaign Company worked the week prior to close of nominations and recruited 200 members and one person nominated himself as a result of this interaction.

10. Reaching underrepresented groups in the Membership
- The mobile community clinic future dates: Chelsea FC 19 December 10 and 2 January 11; Queens Park Rangers 12 March 11; Shepherds Bush Market to reach Black and Ethnic Minority Groups, 3rd Friday every month and 19th November.

SN invited governors to attend these events and said that she will send an invitation to all governors.

E-mail the Council of Governors to invite them to attend the future recruitment sessions which are linked to the mobile community clinic. **SN**

CB queried the lack of a report on the Teddy Bear Picnic event held in September. WMW said that a lot of work was involved in organising it. We canvassed local schools both state and private. Approx 200 pupils and mothers enjoyed the event. SS-G did face painting and the whole

event was very impressive. WMW felt that children will remember it. SN said she gave out a lot of membership leaflets.

WMW suggested that next time we organise a similar event we should link it to the charity as she saw this as an excellent opportunity to raise funds.

SN said that the event had worked better than we expected and added that it was funded by a pharmaceutical company Gilead and St Stephen's Centre. Some of Imperial and hospital students attended and there were some community stalls, A&E and paediatric staff contributed. The Mayor of Kensington & Chelsea attended. The whole event was very interactive and there was lots of engagement.

CB suggested that SN and WMW produce a paper on the event for the Council of Governors. **Produce a paper for the Council of Governors meeting on 2 December 2010.** **SN**

CB also suggested a thank-you letter to the paediatric staff. **Write a letter to the paediatric staff.** **SN**

TD said the event went very well and next time we organise an event we need to plan it and also consider inviting the CEO and the Chairman and the Executive Directors to attend. Also the Executive Directors need to be aware of events we organise. TD asked if we should organise another similar event next year. DH said he quite enjoyed the event and felt that other governors should be encouraged to attend.

The sub-committee thanked WMW for her contribution in organising the event.

PB said that the minority groups need to be involved in the membership. ML said some time ago he raised the need of greater involvement from the black minority and we need to work hard on this.

11. Young Persons Membership Group

SN said she has received a response from Monitor and they advised her that we can change the membership group by changing it in the constitution. Cm said that no-one under 16 can be a governor, so young people would not be represented. She said we might do this via having an advocate who will take on children's views and pass them to the Council of Governors.

Update from Westminster School Project – Amber Payne (HR)

SN introduced Amber Payne, Employee Benefit Officer, HR.

AP said we were approached by Jeremy Campbell of the Westminster School re engaging students in the hospital. He visited the hospital and felt that students might be interested in medical careers. Students were split into two groups.

The first group was tasked to visit the childrens' outpatients and observe what happens there. The second group looked at engaging with older people and the outcome was presented at the Annual Members

Meeting. They came up with some excellent ideas and these have been taken to the Paediatric Action Group.

AP said she will organise work experience for some of the students who contributed to the project and confirmed that they are all over 16 years old.

WMW said that it would be good to publicise this and encourage other schools to join. AP said that we are considering opening this to other local schools.

SS-G suggested that we offer the project to the new Chelsea Academy.

13. Learning Disability Strategy
SN said that a joint working protocol with K&C LINKs was approved at Quality Committee on 2 November. CM said that there was one outstanding issue, which was to clarify the role of LINKS and the Council of Governors.

CM suggested inviting LINKS to the sub-committee meeting to understand their role and how they and the governors can complement each other.

5.3 Hammersmith Community Roadshow March/April 2011 – proposal

MA said we have been approached by LBV TV who run community roadshows in shopping centres featuring public and voluntary sector organisations. We see this as an opportunity to recruit more members and enhance the reputation of the Trust's patient services.

The main point of the roadshows is a multi-screen high definition plasma videowall showing commercials produced by LBV TV. This can be used to promote particular clinical services, membership, etc. Videos produced by LBV TV can be used later on the website, at the Open Day, etc.

MA said that if we are interested in doing this it could extend the campaign to the Fulham Road.

MA gave a short DVD demo.

SS-G said this is an excellent idea. SN said that it would cost less than the paediatric DVD produced a couple of years ago.

MA said we would be able to take the community health clinic to Westfield Shopping Centre for the duration of the roadshow. Our Mobile clinic would be located in the car park outside the shopping centre and could be used for health advice, tests and screening as well as membership recruitment.

CB asked the sub-committee if they would recommend to the Council the funding of the Community Roadshow project of £17,219.625. The Membership Sub-Committee agreed.

6. Council of Governors' Handbook **MA**

MA tabled a first draft of Council of Governors' Handbook.

MA said that some governors felt that it would be useful to produce the Council of Governors handbook and invited comments from the governors. CM said that the handbook will be for governors use only.

ML suggested that we include date when governors were elected.

It was suggested that also NEDs and EDs brief profiles should be included, tel numbers and a list of committees governors sat on including the future meeting dates. It was also suggested to include the appointed governors profiles.

MA confirmed that the updated version of the handbook will be presented at the Council of Governors meeting on 2 December. CB thanked MA for producing the draft handbook.

7. Funding: Promotional banner and leaflets for 'Meet a Governor' Sessions **SN**

SN outlined a proposal for a banner and leaflets to promote meet a governor sessions and said that an electronic board will be installed in the Information Zone detailing information about governors sessions, their contact details and how to meet a governor.

CB asked about breakdown cost for the banner and leaflets. SN responded that leaflets are done internally and therefore there is no cost, however, to purchase a banner costs £205.63. The Membership Sub-Committee agreed to recommend this.

8. Get Involved (FT) section of website **MA**

MA thanked governors who were involved in the FT section of the Website Task Force and said that the updated 'Get involved' section is up and running. We have a new section on governors' achievements and the election section has been updated. MA thanked those governors who will be checking the website regularly to ensure it is up to date. It was agreed that this needed to be scheduled into the meeting.

In response to ML's question MA said that 40,000 people visit the trusts website on a monthly basis.

JT suggested the Teddy Bear Picnic event is published on the website.

9. Open Day May 2011 **RMB**

RMB said that the Council of Governors kindly supported funding of the Open Day in the last couple of years and put a proposal to the sub-committee for funding of Open Day 2011 which, if agreed, will be presented at the full Council meeting on 2 December.

CB asked if we can have a stand which will address issues of wider public concern on the White Paper and invite 2 Executive directors to answer questions. TD responded that this might be possible to arrange

and have each director attend the stand for 30 mins.

TD suggested we talk about things we do e.g. outpatients, technology, etc.

DH raised a question of the cost efficiency and how severe this will be and also that some public members may think that we agree with it. TD responded that we have demonstrated how we spend money.

CM noted HL's comments about the time of day and recommended that this is clarified and confirmed with her.

10 Annual Members' Meeting 2010 – feedback **MA**

MA thanked SS-G for presenting. He also thanked JT for inviting attendees to give their instant feedback on the event through the Patient Experience Tracker (PET) devices. He invited governors to give their views on the event.

TD said that some trusts do Open Day and Annual Members Meeting on the same day.

JT suggested that the next year at the AGM we present a DVD on services that have happened at the hospital, possibly something relating to elderly people.

11 Terms of Reference of the Council of Governors Membership Sub-Committee – revised **VD**

CB said that the Terms of Reference appeared on the agenda for the reason that they need to be revised and any proposed revisions agreed by the sub-committee before taking them to 2 December meeting of the Council of Governors for approval.

The sub-committee discussed proposed changes and the following were agreed:
- section 2.1 b) add and alongside the M-PALS office
- section 2.2 change the Membership Strategy to Membership Development and Communications Strategy and Membership Development Action Plan
- section 3.1 change the Membership Strategy to Membership Development and Communications Strategy and Membership Development Action Plan
- section 3.2 insert 'h) In addition, the Sub-Committee may invite other people to attend including those from an external organisation'
- insert section 4 Quorum to define a quorum
- clarify election of the Chairman and role of the Deputy Chairman
- change work plan under section 6.5 to 'Membership Development Action Plan
- section 7.1 remove annually and insert bi-annually

It was agreed that VD will update the Terms of Reference and circulate to the sub-committee before sending out to the Council of Governors.
VD to update and circulate the revised Terms of Reference. **VD**

12 Any Other Business

None.

13 Date of next meeting

The next meeting will be held on 3 February 2011 at 4pm.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 2 December 2010

AGENDA ITEM NO.	2.10/Dec/10
PAPER	Membership Development Action Plan – Update*
AUTHOR	Sian Nelson, Membership and Engagement Manager
LEAD	Sian Nelson, Membership and Engagement Manager
SUMMARY	The Membership Development Action Plan has been updated by the Membership Sub-Committee.
DECISION/ ACTION	The Council of Governors is asked to note the Action Plan.

Chelsea and Westminster Hospital NHS Foundation Trust

MEMBERSHIP DEVELOPMENT ACTION PLAN

2010 – 2011
Updated November 2010

This action plan is based on the Membership Development and Communications Strategy that is designed to ensure the Trust has a vibrant and representative membership. The action plan outlines key actions for the forthcoming year to deliver the strategy and will provide a frame work for the Membership Sub-committee to monitor membership development activity and to report to the Council of Governors.

ISSUE	OBJECTIVE	ACTION	LEAD	DATE DUE/ COMPLETION STATUS	NOTES
1. Information Zone	To improve communication between Members and Governors and to recruit new members to the	• Develop open, drop in sessions for members and potential members to meet Governors • Develop a roster for Governors to be present in the zone to perform question and answer sessions • Advertise/give notice to patients, public and staff of such events • Erect pictures of Governors in the Information Zone with contact details of each Governor.	CB SN SN/ Norlands	Completed In progress In progress	25 sessions completed by end Oct 2010. Dates advertised for November and December 2010. 02.11.10 To review notice of sessions to wards and departments Electronic text board for the Information Zone arriving November 2010. 02.11.10 Order for picture board with Norlands. To collect pictures of Governors (liaise with Communications department). 02.11.10 Funding request to Membership Sub-Committee approved (final approval request 02 Dec 10 at COG meeting) for pop-up banner to promote the sessions. 19..11.10
2. Seasonal Working Conference for Hospital Staff	To create a forum through which Governors can communicate with Members on key	• Governor presentation at the Seasonal Working Conference • Governor stand at the Seasonal Working Conference • Invite a group of Members to the	SN	In progress	Carol Dale presented at the Seasonal working Conference in October 2010. Next Seasonal Working Conference 24 March 2011

ISSUE	OBJECTIVE	ACTION	LEAD	DATE DUE/ COMPLETION STATUS	NOTES
	issues of patient care.	Seasonal Working Conference through the bi-annual mailings or email.			02.10.11
3. Patient Forums	To actively participate in patient forums to receive direct feedback from patients users.	• Governors to participate in chosen patient forum • Governors to feedback important messages to the -appropriate Council of Governors Sub-Committee and action plan as appropriate • Governors to sign to forum to acknowledge participation • Establish relationship with local LINks	SN	In progress	HIV Forum – CB Families and Young Children's forum –WMcW Maternity Services Liaison Committee – Christine Blewett and Francis Taylor
4. Recruitment Campaigns	To recruit new members to all constituencies and aim for a representative membership.	• Membership Sub-Committee to review membership bi-monthly and identify opportunities for recruitment and agree a recruitment plan and funding for 2010/11 with the Council of Governors.	CB	In progress	
5. Bi-annual membership mailings	To effectively use the bi-annual membership mailings to inform the membership of key issues and explore how the Trust can elicit feedback from members	• Sub-committee to agree the purpose and content of each mail shot • Trust News to be sent to all members bi-annually. The content of the member's Trust News should target patients and the public as well as staff. • Ensure Membership engagement is a priority in membership mailings. Requests to members for their feedback on specific issues or invitations to the Trust should be integrated in each mail shot.	SM SN RMcB SN RMcB	In progress Completed In progress	Last Trust News sent in August/September with two page feature of Governors

ISSUE	OBJECTIVE	ACTION	LEAD	DATE DUE/ COMPLETION STATUS	NOTES
		• Update members on developments of the hospital and consult with members on key Trust issues for example the hospital extension.			
6. Email communication with Members	Establish an effective use of email communication with Members	• Sub Committee to agree purpose and content of email communication • Update Members email details and encourage use of email in membership literature • Send regular and targeted emails (inc. Trust News link) with Trust updates • Send requests for patient involvement as requested by Trust committees, for example, PEAT, or other patient panels	SN SN	April 2010	First members email circulation sent June 2010 requesting members to support the abolition of the congestion zone charge. Members' emails updated June 2010. Approximately 3,200 members email addressed. (updated September 2010) This method has previously recruited members to PEAT.
7. Website	To utilise the C&W Hospital website to promote membership involvement and the Council of Governors To ensure Members feel involved in Trust activities.	• Membership Sub-Committee to work with the in house team to refresh web pages, e.g. Clear identification of Governors and the constituencies they represent; Explanation of the role of the Governor; Clear process for contacting Governors • Members feedback box for Governors	SN	IN PROGRESS	In progress – Patient Experience Web Page. Sian Nelson has met with George Vasilopoulos and finalising content.

ISSUE	OBJECTIVE	ACTION	LEAD	DATE DUE/ COMPLETION STATUS	NOTES
		response • On-line Members application form content to reflect the new paper application form • Develop a Members page to provide information regarding Members events and other Trust invites or activities.	SN/GH	In progress Within Foundation Trust Section of the website.	Gregory Hewitt (Head of IT) is looking at ways to do this 02.11.10
8. Council of Governor Elections	To ensure members have the information they need to confidently stand for elections	• Agree through the Membership Sub-Committee types of events to support members with the election application process	CB SN	November 2010	The Campaign Company worked the week prior to close of nominations and recruited 200 members. One person nominated himself as a result of this interaction. 02.11.10
9. Staff Constituency	Encourage staff representatives to agree an annual program of events with staff members including meetings.	• Agree annual program of events e.g. meetings, column in Trust News. .	CD, LB, JJ, BG, SS	Commence April 2010	Carol Dale, Staff Governor for the management constituency has established this approach in her constituency and her method can be applied to the other staff constituencies.
10. Reaching underrepresented groups in the Membership	To improve representation of under-represented groups	• Membership Sub-Committee to review membership bi-monthly and identify underrepresented groups and agree plans for recruitment and engagement in these groups. • Target ethnic minority groups in the community and seek ways of engagement with these groups.	ALL ML SN		A community event 'Teddy Bear Picnic' was hosted in September 2010 with positive feedback The mobile community clinic at Chelsea Football Club reaching the male population. Similar project at Queen Park Rangers

ISSUE	OBJECTIVE	ACTION	LEAD	DATE DUE/ COMPLETION STATUS	NOTES
		• Governors to link with the Mobile Health Clinic Steering group to reach groups in the local community			confirmed. Future dates: • Chelsea FC 19/12/10 and 02/01/10 • Queens Park Rangers 12/03/11 and more to be confirmed. • Shepherds Bush Market (reaching Black and Ethnic Minority Groups), 3rd Friday every month.. An invitation to Governors to attend these events will be circulated by email. 02.11.10
11. Young Persons Membership Group	To create a Young Persons Membership Group to strengthen the membership of young people	• Membership Sub-Committee to agree a proposed 'terms of reference for the group' • Propose the idea of a Young Persons Membership at the next Annual Members Meeting. • Identify a Young Persons 'Champion' to lead the membership group. • Work with the existing children's forums to understand how we can gain insight into the needs of this group, reach this group and offer membership for their	ML SN SM	In progress In progress	Presentation by Westminster School Pupils of their project at the Annual Members Meeting 16th September 2010. Monitor has informed Membership Sub-Committee the trust can apply for change to the constitution to create a Young Persons Membership 02.11.10

ISSUE	OBJECTIVE	ACTION	LEAD	DATE DUE/ COMPLETION STATUS	NOTES
		benefit • Visit to schools to provide education sessions for young people and link with membership. For example, providing first aid classes or sexual health awareness.			Stephanie McMillan, Out-Reach Nurse Practitioner is taking membership leaflets to sixth form college sexual health out-reach screening sessions in Hammersmith and Fulham. 02.11.10
12. Quality Accounts	To engage members and seek feedback of the Quality Accounts	• Governors to seek the views of members regarding the Trusts Quality Accounts through engagement activities: mail shots, email/website, seasonal working conference and the Governors session in the Information Zone	SN		To discuss with LINks who provide similar training for LINks members to review Quality Accounts.
13. Learning Disability Strategy	To involve members with the implementation of the Learning Disability Strategy	• To create a learning disability patient forum to seek feedback from members with a learning disability with regards to support services, information including leaflets and signage • Share the forum with external agencies (for example, LINks) in the community to gain feedback from the local community of the expectations of the Trust	SN	In progress	LD Steering Group now meeting monthly. Sian Nelson to develop a Learning Disability forum. Joint working protocol with K&C LINKs approved at Quality Committee 2nd November 2010 02.11.10
14. Service Development	To consult members on service development activities	• Consult with members on service development within the Trust, for example the extension and	SN	In progress	Seven Governors have held 25 Meet the Governor Sessions since July 2010.

ISSUE	OBJECTIVE	ACTION	LEAD	DATE DUE/ COMPLETION STATUS	NOTES
		redevelopment of the hospital. Request feedback through mail shots, email/website seasonal working conference and Governors sessions in the Information Zone			

Updated November 2010

Named Personnel:

TD	Therese Davis	Interim Director of Nursing, Chelsea and Westminster
CM	Cathy Mooney	Director of Governance and Corporate Affairs
SN	Sian Nelson	Membership and Engagement Manager/MPALS
VD	Vida Djelić	Foundation Trust Secretary
MA	Matthew Akid	Communications Manager
JT	Jane Tippett	Acting Assistant Director of Nursing
CB	Chris Birch	Patient Governor and Chairman of the Membership Sub-Committee
SM	Susan Maxwell	Patient Governor
SSG	Sandra Smith Gordon	Public Governor, Kensington and Chelsea Area 2
ML	Martin Lewis	Public Governor Westminster Area 1
BG	Brian Gazzard	Staff Governor, Medical and Dentistry
CD	Carol Dale	Staff Governor, Management
JJ	Jacinto Jesus	Staff Governor, Contracted
LB	Lucy Ball	Staff Governor, Allied Health Professional, Scientific and Technical Staff
SS	Sue Smith	Staff Governor, Nursing and Midwifery
RMcB	Renae McBride	Communications Manager
WMcW	Wendy McWatters	Patient Governor

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 2 December 2010

AGENDA ITEM NO.	2.11/Dec/10
PAPER	Enhancing Engagement of Patient and Public Foundation Trust Governors
AUTHORS	Jane Tippett, Acting Assistant Director of Nursing Martin Lewis, Public Governor
LEAD	Therese Davis, Interim Director of Nursing
EXECUTIVE SUMMARY	Building and maintaining a vibrant membership is a key aim for Chelsea and Westminster Hospital Foundation Trust. This paper outlines the current involvement of Governors with Trust activities and outlines how Governors might increase their engagement. Governors currently have the opportunity to engage in a number of activities both within, and external to the Trust. These include Meet the Governor sessions; Representation on Trust Committees and Patient Forums; Trust events. To enhance engagement of Governors two proposals are outlined: 1) Raise the profile of the 'Meet the Governor' session 2) Senior Nurse/Governor Rounds- for one hour each month a Governor has the opportunity to visit a ward or department with a Senior Nurse
DECISION/ ACTION	The Council of Governors is asked to approve the proposals.

Enhancing Engagement of
Patient and Public Foundation Trust Governors

1.0 Introduction

1.1 Building and maintaining a vibrant membership is a key aim for Chelsea and Westminster Hospital Foundation Trust. This paper outlines the current involvement of Governors with Trust activities and outlines how Governors might increase their engagement.

2.0 Background

2.1 The Membership Development and Communication Strategy outlines how the Trust encourages engagement with its membership. In July 2009, Sian Nelson, Membership and Engagement Manager, was recruited to the Trust with responsibility for supporting the Council of Governors, and developing approaches to engaging and working with the Membership. In addition to this the 'Membership – Patient Advice and Liaison Services' (M-PALS) support membership promotion and provide any visitors to the M-PALS office will membership application forms.

2.2 To support the delivery of the strategy a Membership Action Plan 2010-11 has been developed which provides direction and action for Governors to increase membership for the forthcoming year. This is reviewed bi-monthly at the Membership Sub-Committee meeting. The following is a summary of some of the activities in which current Governors have been involved.

3.0 Engagement Activities

3.1 Governors currently have the opportunity to engage in a number of activities both within, and external to the Trust.

3.2 'Meet a Governor' Sessions

3.2.1 Every week patients, staff and the public have the opportunity to 'Meet a Governor' in the Information Zone of the Hospital. Since July 2010 twenty-two sessions have been hosted by the following Governors:

Chris Birch	Sandra Smith-Gordon
Susan Maxwell	Wendie McWatters
Martin Lewis	Paul Baverstock
Catherine Longworth	

3.2.2 These sessions have achieved the following:

- Successful recruitment of new Members.
- Concerns raised by patients have enabled Governors to escalate or manage locally by offering comment cards.
- Governors have had the opportunity to explain what they do, tell people about hospital services and engagement on committees.

3.3 **Representation on Trust Committees and Patient Forums**

3.3.1 There are seven patient support group/forums in the Trust which are open to patient Members and Governors. In addition we currently have Governor representation on the following Committees:

• PATIENT ENVIRONMENT AND ACTION TEAM (PEAT)	Susan Maxwell
• WEBSITE STEERING GROUP	Chris Birch and Susan Maxwell
• ASSURANCE COMMITTEE	Christine Blewett and Edgar Moyo
• MOBILE HEALTH STEERING GROUP	Wendie McWatters
• SIGNAGE COMMITTEE	TBC
• MATERNITY LIAISON SERVICE COMMITTEE	Christine Blewett and Councillor Frances Taylor
• PAEDIATRIC IMPROVEMENT GROUP	Wendie McWatters
• STARTHERE PROJECT	Susan Maxwell
• WHOLE SYSTEMS PLANNING AND DISCHARGE GROUP	TBC

3.3.2 All of these Committees provide opportunities for Governors to contribute to the development of the service as well as link with Trust activities in the Community, including recruiting members from underrepresented groups.

3.3.3 We are currently looking to recruit a Governor to the Learning Disabilities Steering Group and, following a review of the Patient Experience Steering Group will be inviting Governor representation to the new Committee.

3.4 **Events**

3.4.1 A number of events have been held over the last year which has provided opportunity for Governors to recruit new Members and engage with both patient and public Members. Events include the Open Day; Annual Members Meeting; Teddy Bear's Picnic and the Mobile Health Clinic at Chelsea Football Club.

4.0 Engagement of Governors in other Foundation Trusts

4.1 Communication with other Trusts in London has highlighted that current Governor activity within the Trust is representative of other organisations. In addition to this our Volunteer Services and Work Experience Manager surveyed 120 Trusts with respect to Governors volunteering. Out of 50 respondents only 2 Trusts confirmed that Governors volunteered as a requirement of their role.

5.0 Developing Opportunities for Governors to Engage with Patients

5.1 A review of engagement activities has highlighted the extent to which Governors are actively involved with the Trust in addition to attendance at Council of Governor meetings and affiliated committees. The following two proposals outline further opportunities that the Governors are asked to consider as way of increasing engagement with patients and promoting membership:

5.2 **Proposal A- Raise the profile of the 'Meet the Governor' session**

5.2.1 From Governors' feedback both Membership recruitment and opportunities to hear from patients about their experiences have shown most of the sessions to be very

positive. Further promotion of these sessions could be advertised in wards and departments using posters highlighting the opportunity to discuss issues and recruit new members. We would also propose to look at evaluating these sessions formally. This could include recording the number of new members recruited and comments received.

5.2.2 In addition to the above, the posters will include contact details of the M-PALS office if patients/public members would like the opportunity to speak to a Governor out-side of the scheduled times.

5.3 **Proposal B – Senior Nurse/Governor 'Rounds'**

5.3.1 The Trust has invested in a number of ways to obtain patient feedback. This currently includes the Patient Experience Tracker (PET), a hand-held device to obtain real-time patient feedback on issues that have been of concern to patients. We currently have over 30 devices in various wards and departments that are helping us raise awareness and improve care for patients and their relatives/carers.

5.3.2 We are proposing that for an hour, once a month two Governors have the opportunity to visit a ward or department with a Senior Nurse. This visit would have two purposes:

a) With the Senior Nurse engage with patients, obtaining feedback using the PET. In practice this will involve:
   - Identifying a patient who will be discharged home on the day
   - Offer the patient the PET device and allow them time to complete it alone
   - With the senior nurse have the opportunity to discuss the feedback with the patient(s) and discuss their experiences and potential questions that the patient feels should be asked in the future

5.3.3 Following the Senior Nurse/Governor round the Senior Nurse would take responsibility for any agreed actions. We propose that the Governors and Senior Nurse(s) should present the feedback and experience at a Council of Governors meeting and/or a Trust Board meeting.

5.3.4 As this proposal involves contact with patients Governors who would be interested to take part in this proposal would be required to complete the following forms/ provide the following documentation:

- Application form
- Occupational health declaration
- One reference
- Proof of identification

Once this paperwork was completed the Governor would be issued with a honorary contract to sign and return.
In addition a CRB risk assessment form would be completed for each Governor by the Membership and Engagement Manager

6.0 Summary

6.1 This paper has outlined the current involvement of Governors in Trust engagement and membership activities. Two proposals have also been presented to encourage further engagement with patients and the public. The Membership Sub-Committee is asked to consider the proposals and make recommendations to the Council of Governor's Board in November.

Council of Governors Meeting, 2 December 2010

AGENDA ITEM NO.	2.12/Dec/10
PAPER	Teddy Bears Picnic – Feedback*
AUTHOR	Sian Nelson, Membership and Engagement Manager
LEAD	Sian Nelson, Membership and Engagement Manager
SUMMARY	The Membership Sub-Committee hosted a community engagement event 'Teddy Bear's Picnic'.
DECISION/ ACTION	Information for the Council of Governors

Membership Sub-Committee Engagement Event

1.0 Teddy Bears Picnic Feedback

1.1 Wendie McWatters, Patient Governor, suggested through the Membership Sub-Committee to host a 'Teddy Bear Picnic' in the borough of Kensington and Chelsea, to raise awareness of the paediatrics services and expansion of its services.

1.2 Sian Nelson and Wendie McWatters coordinated the event with the dedicated help of the paediatrics team: Melanie Guinan (Matron), Rachael Stray (Services Manager) Sarah Hamilton (Community Liaison Children's Health visitor), and Governor Sandra Smith-Gordon.

1.3 The event was held at Burton Court, Royal Hospital Road (Chelsea Royal Hospital) on 27th September.

1.4 Invitations were sent to schools in the Boroughs of Kensington and Chelsea, and Hammersmith and Fulham. Posters were displayed throughout the hospital, at M-PALS, and flyers were given out to passers by in the hospital.

1.5 Kensington and Chelsea News reported the event. It was posted on the Trust Daily Communications board and the Trust's external website. After the event it was mentioned in Richard Kay's Daily Mail's social column.

1.6 Information stands included Paediatric development plans, paediatric emergency department, children's dentistry and parenting support groups from Kensington and Chelsea.

1.7 The Imperial Medical School students hosted a 'Teddy Bear's Hospital'. Fifteen students attended and interacted with the children and their teddies.

1.8 The Mayor of Kensington and Chelsea and his wife attended. They were met by Jane Tippett (Acting Assistant Director of Nursing) and Debbie Richards (Divisional Operational Director for Women's, Children's, HIV and Dermatology services).

1.9 Catering which included healthy snacks and fruit by the hospital's caterers ISS.

1.10 Also provided on the day:

- A bouncy castle was hired.
- A marquee was hired for warmth and shelter from the possibility of rain.
- A Magician was hired.
- Pudsey Bear and two more costume bears were in attendance.
- The mobile Health Clinic was parked and finger plastering was done here.
- Face Painting of many children by Governor Sandra Smith-Gordon.
- Children's disco in the Pavillion.

2.0 Costs

2.1 Sponsorship money was raised from:

- St Stephens Aids Trust
- Gilead Pharmaceuticals
- Sophie Oakes.

- Fiona McAlpine.
- Wendie McWatters.
- Godfrey Smith.
- Penny McDuff supplied cupcakes.
- The Royal Hospital waived the hire fee of the Pavilion grounds (normally £2,000).
- Rex International donated children's gifts.
- Christopher Coleridge supplied health drinks.

3.0 Feedback

3.1 An estimated number of close to three hundred children attended the event after school hours (4-6.30 pm).

3.2 Feedback from parents was extremely positive; the event was fun for the children but also informative for the parents.

3.3 Thank you emails were sent expressing parent's appreciation of the event.

3.4 The Mayor was very impressed and hopes that Chelsea and Westminster Hospital builds on the event annually.

3.5 Parents were attempting to give money but there was no mechanism to receive this, therefore this could be something to consider in the future.

3.6 Staff on the stalls positively engaged with parents about the paediatric services and parents were interested to hear the plans.

4.0 Planning for future events

4.1 The Teddy Bear Picnic was first suggested in the Membership Sub-Committee by Wendie McWatters. Due to the timing of Committee meetings and the drive and enthusiasm to hold the event before the autumn/winter weather took hold, a significant amount of the planning and co-ordination was borne by Wendie McWatters and the Engagement and Membership Manager. This included organisation of the disco; delivery of leaflets and posters to local schools and securing sponsorship for the event.

4.2 The success of the event was undoubtedly due to the hard work and commitment of everyone involved however the amount of planning and coordination for future events will be led by a working group of the Membership Sub-Committee such that roles and responsibilities can be clearly defined to avoid the burden of responsibility being placed on one or two individuals.

5.0 Summary

5.1 The Teddy Bear Picnic was an extremely successful event, with thanks to Governor Wendie McWatters, Governor Sandra Smith-Gordon, the paediatric services team and all sponsors. The attendance of children and parents was far higher than expected and all feedback was positive.

5.2 Membership application leaflets were handed out but it was difficult to assess uptake as the forms were taken away with guests.

5.3 The Membership Sub-Committee are currently considering a second Teddy Bear Picnic in 2011, with planning to be discussed at the next meeting in January 2011.

Sian Nelson
Membership and Engagement Manager
November 2010

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 2 December 2010

AGENDA ITEM NO.	2.13/Dec/10
PAPER	Membership Report*
AUTHOR	Sian Nelson, Membership and Engagement Manager
LEAD	Sian Nelson, Membership and Engagement Manager
SUMMARY	The Council of Governors Membership Sub-Committee aims to maintain membership, represent members' equality and diversity and focus on engagement activities in 2010/11.
DECISION/ ACTION	Update the Council of Governors on its membership numbers and engagement activities.

Council of Governors Membership Report

1.0 Introduction

1.1 This paper sets out the present membership of Chelsea and Westminster Hospital Foundation Trust.

2.0 Background

2.1 Member Constituencies

2.1.1 There are three Member Constituencies, Patient, Public and Staff. Membership for each constituency is illustrated in Table 1. The information in this report was updated on 29 October 2010.

	MEMBERS	PERCENTAGE
Staff	3,126	22%
Patient	5,573	38%
Public	5,755	40%
Total	14,454	

Table 1: Membership

2.1.2 Monitor currently require different levels of analysis for each constituency and this is reflected in the report.

2.2 Patient Constituency

2.2.1 Patient members for 2010/11 are currently at 5,573. The number of patient members who have left from 1st April 2010 currently stands at 709. The reason for members leaving is generally either because of movement of address outside of the eligible constituency, or the member has died. A total of 272 new members have joined since April 2010.

2.2.2 Analysis of current patient membership requires us to report only on age. These figures are reflected in Table 2 below.

Age (Years)	
0-16	0
17-21	49
22+	2,995
Unknown	2,529

Table 2: Patient membership by age range

2.3 Public Constituency

2.3.1 The Trust's target is to maintain the size of membership in the public constituency in 2010/11. Currently we have 5,755 public members, against 6,131 in 2009/10. To date there have been 128 new members since April 2010, with 504 members leaving membership.

2.3.2 Ethnicity in this constituency demonstrates the highest proportion of membership within the Caucasian category and gender distribution remains higher in females than males. Analysis of the public constituency is represented in Table 3.

PUBLIC CONSTITUENCY	NUMBER OF MEMBERS	ELIGIBLE POPULATION
Age (years)		
0-16	0	6,154
17-21	57	40,632
22+	4,947	709,475
Unknown	752	
Ethnicity		
White	4,046	581,753
Mixed	233	28,772
Asian	323	48,323
Black	278	67,208
Other	287	29,947
Unknown	588	
***Socio-economic groupings**		
ABC1	4,937	431,344
C2	4	40,531
D	0	63,223
E	762	87,991
Unknown	52	
Gender analysis		
Male	2,250	362,544
Female	3,422	393,249
Unknown	83	

Table 3: Analysis of Public membership

*Social economic grade: A-upper middle class (higher managerial, administrative or professional occupation, B-middle class (intermediate managerial, administrative or professional occupation), C1-lower middle class (supervisory or clerical, junior managerial, administrative or professional occupation), C2-skilled working class (skilled manual workers), D-working class (semi and unskilled manual workers) and E-those at the lowest level of sustenance (state pensioners or widows (no other earner), casual or lowest grade workers).

2.4 Staff Constituency

2.4.1 Staff membership has been updated to include all staff

STAFF CONSTITUENCY	
1 April 2010	3.046
New Members	892
Members leaving including (Opt Out)	812
August 2010	3,126

Table 4: Staff constituency figures.

3.0 Content

3.1 Membership Recruitment and Engagement

3.1.1 Since April 2010 a total of 2,025 members have left membership and 1,292 have joined. 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.

3.1.2 The Membership Development Sub-Committee of the Council of Governors develops and reviews the Membership Development and Communications Strategy.

3.1.3 A Membership Action Plan 2010-11 has been circulated to the Council of Governors. This provides direction and feasible actions for Governors to increase membership for the forthcoming year. The Action Plan 2010-11 emphasises engagement between the Governors and Trust with Members. This is reviewed bi-monthly at the Membership Sub-Committee meeting.

3.1.4 The Membership – Patient Advice and Liaison Services support membership promotion and any visitor to the M-PALS office will receive a membership application form. The forms are sent with all patient response letters from M-PALS.

3.1.5 A member's email database has been updated with over 3,000 emails registered. This will be used for low cost, rapid response membership consultation.

3.1.6 A discharge booklet, funded by the Council of Governors is given to patients on admission and includes a membership application form.

3.2 Developing a Representative Membership

3.2.1 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:

3.2.2 The Trust has purchased a community mobile health clinic. This was set up with the aim of membership development and engagement in the community. The services from the mobile health clinic aim to target 'hard to reach' groups in the community. Dates for community activities for November and December have been circulated to all Governors and the Membership and Engagement Manager has encouraged Governor Participation.

3.2.3 The Membership and Engagement Manager attends 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.

3.2.4 Membership under-representation continues in the following areas:

- Low penetration in the Public: Wandsworth 1 constituency
- Significantly lower membership in the under-40 age group
- Lower membership in the Black ethnic group.

3.2.5 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 and posters are displayed throughout the hospital.

3.2.6 The Equality and Diversity Manager has developed an action plan which addresses the need for recruitment of a more ethnic diverse membership. This will be discussed at the Equality and Diversity Steering Group with the Membership and Engagement Manager.

3.2.7 The community event 'Teddy Bear Picnic' was held on 27th September 2010 and proved to be a successful engagement opportunity. Near to three hundred children with their parents or carers attended and feedback was positive. Paediatric services held stands to demonstrate the new paediatric expansion plans, the paediatric emergency team attended and community parenting groups.

3.3 Election Plan

3.3.1 Chelsea and Westminster Hospital Foundation Trust Governor elections have been held in the following constituencies. Results will be available end of November 2010.

PATIENT GOVERNORS SEATS	PUBLIC GOVERNOR SEATS	STAFF GOVERNOR SEATS
2 seats	Westminster 1	Nursing & Midwifery
	Westminster 2	
	Wandsworth 1	

Table 5: Election seats for nomination

3.3.2 **Key election dates:**
Publication of notice of election: 1st October 2010
Deadline for nominations: 19th October 2010
Close of Poll: 26th November 2010
Election results: 29th November 2010

3.3.3 The Campaign Company supported elections promotions and a recruitment campaign in the Trust during the week of 11th October 2010. New public and patients members were recruited during this week and the numbers will apply to the December membership report.

3.3.4 Kathryn Mangold. Clinical Nurse Lead for Gynaecology and Dermatology was successful for the Nursing and Midwifery seat, which was uncontested.

4.0 Summary

4.1 Membership engagement is a priority for 2010-11. The Membership and Engagement Manager encourages Governors to engage further and more meaningfully with their constituencies. Increasing representation in all areas is important, and encouraging growth in hard to reach communities. The Membership Work Plan 2010-11 outlines direction for development.

5.0 Decision/Action Required

5.1 For information for the Council of Governors.

Council of Governors Meeting, 2 December 2010

AGENDA ITEM NO.	3.1/Dec/10
PAPER	Finance Report – October 2010
AUTHOR	Mike Fox, Head of Financial Management
LEAD	Lorraine Bewes, Executive Director of Finance
SUMMARY	Year-to-date the Trust has recorded a surplus of £8.7m, £1.1m (14%) ahead of budget. The position includes £1.0m prior year over-performance meaning that net of this the Trust is currently meeting its financial plan for 2010/11. Clinical Contract income has over–performed by £1.9m for the seven months to October (including £1.2m prior year over-performance) due to higher levels of Out-Patient and Elective activity than originally planned. Pay is currently on plan when taking into account costs relating to Research & Development and salary costs which are recharged to external organisations. Non-Pay costs are £2.5m higher than against budget year-to-date. £1.7m of this is due to increased provisions for potential Bad Debt as a result of high levels of data challenges from PCTs. The Executive is focussed on addressing the challenges of unidentified CIPS (£0.7m), slippage in pathology demand management schemes (£0.6m), Prosthetics (£0.3m) and MSSE (£0.1m) which have been partially offset by under spends on the costs for Drugs and high cost devices which are under spent by £1m year to date. The Trust has identified and achieved 90% of its £22.6m CIP target (99% recurrently) representing a considerable achievement. The Trust is currently forecasting an adverse variance of £0.5m against our planned surplus of £12.4m. EBITDA is forecast at £29.1m, £1.8m behind plan. The Trust is continuing the work of identifying further CIP and Income opportunities to ensure it meets it's financial plans in order to generate sufficient funding for it's capital investment plan.

DECISION/ ACTION	The Council is asked to note the financial position for the financial year to date ended 31st October 2010 and the updates in this report.

Glossary of Terms

CIP: Cost Improvement Programme

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

Point of Delivery: Type of care, eg inpatient, outpatient or daycase.

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

Excess Bed Day Income: Income earned when patients stay in hospital longer than average for a particular procedure.

Elective: Planned Care (non emergency)

Non Elective: Emergency Care, e.g. ITU, Burns.

NICU: Neonatal Intensive Care Unit

SCBU: Special Care Baby Unit

Conversion Rate: The normal % of Outpatient or A&E attendances that become inpatient admissions.

Tariff: Nationally agreed price for a particular procedure.

PASA: NHS Purchasing and Supply Agency

Accrual: Accounting provision for liability where the goods or services have been received but the invoice has not yet been accounted for.

Acuity: Seriousness of a patient's condition

Locum: Temporary doctor covering vacancy or staff absence.

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

BPPC: Better Payment Practice Code

Deferred Income: Income received relating to a future period which is carried forward on the balance sheet.

IM&T: Information Management and Technology

Monitor: Regulatory body for NHS Foundation Trusts.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 2 December 2010

AGENDA ITEM NO.	3.2/Dec/10
PAPER	Performance Report relating to period April - October 2010
AUTHOR	Sherryn Elsworth – Head of Performance Improvement
LEAD	Amanda Pritchard – Deputy Chief Executive
PURPOSE	The purpose of this report is to update the Council of Governors on the Foundation Trust's performance for the period ending 30th October 2010 (the latest period to have been reported to the Foundation Trust Board) and to highlight performance risks going forward. This paper comprises the summary performance report and the Trust Dashboard which highlights key performance, finance, workforce and quality risks.

Introduction

Chelsea & Westminster's performance is monitored by the Care Quality Commission (CQC) who are responsible for assuring the quality of healthcare services in England, Monitor who are responsible for regulating Foundation Trusts and commissioners who contract with Chelsea & Westminster for the provision of a range of services at a defined level of quality. There is significant overlap in the metrics tracked by the CQC, Monitor and health service commissioners but despite this fact Chelsea & Westminster still needs to track around 70 metrics to ensure the Trust is adequately measuring the metrics which are of importance to our key stakeholders. Performance against these metrics is reported monthly to the Foundation Trust Board and summarised via a high level Performance Dashboard, attached at Appendix 1.

The recent announcement of a policy shift away from national targets, and a renewed emphasis on locally defined requirements outlined within service contracts, has led to little real change in performance monitoring requirements for Chelsea & Westminster in 2010/11. It is of note that the Care Quality Commission will no longer be publishing ratings (Chelsea & Westminster was previously rated Excellent for both financial management and the quality of our services) but will instead publish benchmarking data against a range of quality indicators.

The performance metrics measured include access targets such as the proportion of patients treated within 18 weeks of referral, A&E attendees seen within 4 hours of arrival and Cancer referrals seen within two weeks of referral. Quality metrics include emergency readmissions and the provision of discharge summaries. Efficiency metrics include day case rates and the average number of follow up appointments which a patient attends following referral to a hospital consultant.

Overall Performance

Chelsea and Westminster performed well year to date, achieving the required level in the majority of the indicators which are monitored by the Care Quality Commission and Monitor, including access targets such as 18 weeks referral to treatment and the A&E 4 hour wait target and reducing last minute operation cancellations.

Areas of concern

There are some areas where the Trust is not achieving the required performance level and the Foundation Trust management team is seeking the support of colleagues to help improve performance in future months.

<u>Infection Control</u>
As at the end of October there had been 5 reportable MRSA cases against an annual target of 3 cases. The cases reported were entirely avoidable and occurred as a result of failure to follow Trust infection control policy (samples for blood culture/screening). Support from all staff is required to avoid future cases. The introduction of a much more sensitive test than the one previously used has increased the number of Chelsea and Westminster's reportable Clostridium Difficile (C Diff) cases in 2010/11 with 39 cases reported over the first seven months of the year compared to 32 cases for the whole of 2009/10. This is putting the Foundation Trust at risk of incurring financial penalties and losing additional monies gained last year for achieving low C Diff numbers. The Trust is in discussions with commissioners to ensure that the Trust is not penalised for agreeing to the introduction of the new test which is recognised as best practice.

Delivering Same Sex Accommodation (DSSA)

The Department of Health has recently announced tighter rules for the segregation of male and female patients effective from 1st December 2010. The Deputy Chief Executive is leading a review of all clinical areas to check our readiness to meet the DSSA criteria. Action plans are being developed to address areas where the Trust is at risk of breaching the DSSA rules and incurring financial penalties.

A&E 4 hour target

In month A&E performance was 98.63% which is above target; however there have been several particularly challenging days where performance has been well below 98%. A working group has met to review the reasons for the spikes in breach numbers and co-ordinate actions to minimise performance risk going forward.

Real Time Patient Feedback

Satisfaction rates as reported by patients using the Patient Experience Tracker (PET) are high however less than half our patients are using the PET so it is unclear whether the results are representative of the patient population. Staff in all areas have been asked to encourage patients to use the PET on their day of discharge to give valuable feedback on their experience in the hospital.

Discharge Summaries

80% of patients' discharge summaries have been sent to their GPs within 24 hours against a target of 100%. Ward teams have been asked to make sure that discharge summaries are completed for all patients within the required time period.

Diagnostic 6 week wait

39 Endoscopy patients and 22 patients requiring non-obstetric ultrasound waited more than six weeks for their diagnostic procedure in October. Additional capacity has been organised which has resolved the ultrasound issue and helped to minimise Endoscopy breaches in November. Longer term capacity planning is underway to ensure that Endoscopy has a sustainable ongoing plan for meeting demand levels.

Daycase rate

The Trust is not achieving the 95% target for the range of procedures outlined as suitable to be treated as day cases by the Audit Commission. It has been identified that some day cases have been recorded as inpatient episodes and this data entry error is being corrected. Clinical directorates are also reviewing which simple cases are being treated as inpatients and what can be done to improve performance.

Outpatient Attendance and Outcome Recording

Year to date attendance was not recorded for 3.82% of outpatient appointments and 10.7% of outpatient attendances were not flagged with whether the patient had been treated. There is a small risk that PCTs will withhold payment for outpatients with no attendance recorded, but the bigger performance risk is in relation to 18 week pathway management where it is essential to have a record of whether patients in outpatients have started treatment.

Action

The Council is asked to note the report. Feedback on the format and content of this report to the Head of Performance Improvement will be welcomed and used to tailor future reports to the requirements of the Council.

Council of Governors Meeting, 2 December 2010

AGENDA ITEM NO.	3.3/Dec/10
PAPER	Annual Members' Meeting 2010 feedback report*
AUTHOR	Matt Akid, Head of Communications
LEAD	Matt Akid, Head of Communications
EXECUTIVE SUMMARY	This is a summary of feedback on the Annual Members' Meeting held on Thursday 16 September 2010.
DECISION/ ACTION	Governors are invited to note the report and provide further feedback to inform planning of the next Annual Members' Meeting on Thursday 15 September 2011.

ANNUAL MEMBERS' MEETING 2010 FEEDBACK REPORT

1. Background

The Annual Members' Meeting was held at **5.30pm** on **Thursday 16 September** in the Restaurant on the lower ground floor of the hospital.

It was a well-attended event with several hundred Foundation Trust members and hospital staff in attendance.

In line with the requirements for the meeting set out in our Foundation Trust constitution, there were presentations by:

- The Board of Directors including the Chairman, Chief Executive and Finance Director who presented formally the annual report and accounts, report of the external financial auditor (included in the annual report and accounts), and forward planning information for the 2010/11 financial year
- Sandra Smith-Gordon on behalf of the Council of Governors who presented a report on steps taken to ensure that the membership of the Trust is representative of those eligible for membership of the public, patients and staff constituencies, progress on the membership strategy, and results of Council of Governors elections during the 2009/10 financial year

In addition, the meeting included an excerpt from a Channel 5 documentary about the work of the charity Facing the World which was introduced by craniofacial surgeons Simon Eccles and Niall Kirkpatrick who featured in the film.

The meeting concluded with a lively Q&A session which gave Foundation Trust members an opportunity to quiz the Board of Directors about a wide range of issues.

2. Formal feedback

Attendees at the meeting were invited to give their instant feedback on the event through the Patient Experience Tracker (PET) devices. Assistant Director of Nursing, Jane Tippett and a team of staff carried out this exercise – a total of 78 people took advantage of the opportunity to give feedback which was largely positive:

- 92% rated the meeting overall as 'Excellent' or 'Good'
- 92% said the content of the presentations as 'Excellent' or 'Good'
- 88% rated the excerpt from the documentary as 'Excellent' or 'Good'
- 95% said there was sufficient opportunity for questions
- 83% said the meeting had improved their opinion of the hospital

Anecdotal feedback suggested that at least a proportion of the 17% of people who said the meeting had not improved their opinion of the hospital answered 'No' to this question because they already had a very high opinion of the hospital.

Therefore this question should be changed or replaced with a different question at next year's meeting.

3. Informal feedback

3.1 Feedback from Governors

Chris Birch
"I thought the meeting was good. The video almost had me in tears, and it was good to have the two surgeons with us. The questions were more sensible than at recent meetings but I don't think the Chairman should have allowed questioners to reply to his reply. I think we had at least four 'final' questions."

Del Hosain
"May I say how much I enjoyed the annual meeting. The video presentation was fascinating and clearly showed all our clinicians' commitment and devotion to the cause. It was truly inspiring."

Wendie McWatters
"Well done to the team. Marvellous results from the PET survey."

3.2 Feedback from the Trust Chairman and Chief Executive

Professor Sir Christopher Edwards
"*I think that all who attended will have gone away with a good impression of the hospital. We do not try to suggest that we are perfect. I think that our approach is sensible. The questions which were critical were balanced by those which expressed gratitude and praise. We should learn from both."*

Heather Lawrence
"The annual meeting went well with very good clear slides for the presentation and a well clipped DVD to showcase our specialist cranial facial work. The sound was also good which is important. However, I think we score 'own goals' for two reasons:

1. I think we should show DVDs after the presentations so we end on an upbeat message which may influence the discussion that follows

2. We need to address the issue that 50% of our service is about client groups who do not attend the annual meeting because of the time of day that we hold the meeting.

4. Action for Governors

Next year's Annual Members' Meeting will be held at **5.30pm** on **Thursday 15 September 2011**.

Further feedback from Governors to inform planning of this event would be welcomed, in particular relating to the following issues:

- Potential subject matter of a DVD to be shown – for example focusing on care of older people as they make up the majority of attendees at the annual meeting and issues relating to nursing care of older people are often raised in this forum
- A separate but linked event for those groups who do not attend the annual meeting – for example mothers with young children – that could potentially be associated with the ongoing redevelopment of the Trust's paediatric services

Matt Akid
Head of Communications
November 2010