Chelsea and Westminster Hospital NHS
NHS Foundation Trust

6 December 2013

Dear Governors,

Council of Governors Meeting
Friday, 13 December 2013

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

The arrangements for the day are as follows:

- Council of Governors Private Meeting, 3.00– 3.45pm in the Hospital Boardroom, lower ground floor;
- Council of Governors General Meeting, 3.45 – 5.30pm in the Hospital Boardroom. lower ground floor;

Yours sincerely,

Vida Djelic
Board Governance Manager

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting
Hospital Boardroom
Chair: Prof. Sir Christopher Edwards
Date: 13 December 2013

Council of Governors Private Meeting Agenda

		Lead	Time
1.	Appointment of a new Chairman – Recommendation by the Nominations Committee (to be tabled)	JB	3.00

Council of Governors General Meeting Agenda

		Lead	Time
1	**GENERAL BUSINESS**		
1.1	Welcome & Apologies	CE	3.40
1.2	Announcement of results of election (to be tabled due to results being published on 9 December 2013)	CE	
1.3	Declaration of Interests	CE	
1.4	Minutes of Previous Meeting held on 19 September 2013 (attached)	CE	
1.5	Matters Arising (attached)	CE	
1.6	Chairman's Report (oral)	CE	
1.7	Chief Executive's Report (oral)	APB	
1.8	Feedback from Board (oral)	CE	
2	**ITEMS FOR DECISION/APPROVAL**		
2.1	Council of Governors performance evaluation – proposed questionnaire (attached)	CE	4.05
3	**ITEMS FOR DISCUSSION/UPDATE**		
3.1	Feedback from 17 October 2013 Away Day (oral)	CE	4.15
3.2	Council of Governors Quality Awards presentation (attached)	EM	4.25
3.3	Governors' Questions - May the Council of Governors be informed of how and how quickly the correction to Chelsea and Westminster Hospital erroneous danger rating be placed in front of all media (ACad) (oral) - Guys and Tommy's have recruited an extra 25 nurses to help deal with the expected increase in work over the winter. Have we done anything similar? (CBir) (attached)		4.35
3.4	Governors Visits to Clinical Areas (oral)	HA	4.45
3.5	Council of Governors Funding Report – update (attached)	FH	5.50
3.6	Quality Sub-Committee report (draft minutes of 19 November 2013 meeting attached)	EM	5.05
3.7	Membership Sub-Committee report (draft minutes of 14 November 2013 meeting attached)	WB	5.10
3.8	Membership Engagement and Communication – update (attached)	KD-D	5.15
3.9	Membership Report (attached)	SN	5.25

4	**ITEMS FOR INFORMATION**	
4.1	A copy of the Finance and Performance Reports are available via Board papers from the website at the following link: http://www.chelwest.nhs.uk/about-us/organisation/trust-meetings and a hard copy of the board pack in the governors' room	
4.2	Council of Governors meeting dates for 2014 (attached)	
5	**ANY OTHER BUSINESS**	
6	**DATE OF THE NEXT MEETING – 6 March 2014**	
	CLOSE	5.30

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 13 December 2013

AGENDA ITEM NO.	1.2/Dec/13 - TABLED
PAPER	Announcement of Council of Governors election results
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Prof. Sir Christopher Edwards, Chairman
EXECUTIVE SUMMARY	This paper provides the Council of Governors election results
DECISION/ ACTION	To note.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors election results
December 2013

Patient Governors

- Dr Anthony Cadman (re-elected) (84 votes)
- Angela Henderson (elected) (134 votes)

Public Governors

- Westminster Area 2 – Melvyn Jeremiah (re-elected unopposed)
- Westminster Area 1 – Martin Lewis (re-elected unopposed)
- Wandsworth Area 1 – Tom Pollak (elected) (27 votes)

Staff Governors

- Allied Health Professionals, Scientific and Technical – Caroline Fenwick (elected unopposed)
- Contracted – Rochelle Gee (elected unopposed)
- Nursing and Midwifery – Kathryn Mangold (re-elected) (49 votes)

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 13 December 2013

AGENDA ITEM NO.	1.4/Dec/13
PAPER	Draft Minutes of Council of Governors Meeting – 19 September 2013
AUTHOR	Vida Djelic, Board Governance Manager
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, 19 September 2013

Draft

Prof Sir Christopher	Edwards	Chairman		CE
Walter	Balmford	Patient		WB
Chris	Birch	Patient		CBir
Christine	Blewett	Public	Hammersmith and Fulham 2	CBle
Nicky	Browne	Appointed	The Royal Marsden NHS Foundation Trust	NB
Anthony	Cadman	Patient		ACa
Tom	Church	Patient		TC
Edward	Coolen	Public	Kensington and Chelsea 1	EC
Jenny	Higham	Appointed		JH
Prof Brian	Gazzard	Staff	Medical	BG
Anna	Hodson-Pressinger	Patient		AH-P
Melvyn	Jeremiah	Public	Westminster 2	MJ
Martin	Lewis	Public	Westminster 1	ML
Kathryn	Mangold	Staff	Nursing and Midwifery	KM
William	Marrash	Patient		WM
Susan	Maxwell	Patient		SM
Wendie	McWatters	Patient		WMW
Sandra	Smith-Gordon	Public	Kensington and Chelsea 2	SS-G
Charles	Steel	Patient		CS
Frances	Taylor	Appointed	Royal Borough of Kensington and Chelsea	FT
Maddy	Than	Staff	Support, Admin & Clerical	MT
Alison	While	Appointed	Kings College	AW
Steve	Worrall	Public	Wandsworth 2	SW

IN ATTENDANCE:

Sir John Baker	Non-executive Director	JB
Jeremy Loyd	Non-executive Director	JL
Sir Geoffrey Mulcahy	Non-executive Director	GM
Karin Norman	Non-executive Director	KN
Tony Bell	Chief Executive	APB
Lorraine Bewes	Chief Financial Officer	LB
Elizabeth (Libby) McManus	Executive Director of Nursing and Quality	LM
Zoe Penn	Medical Director	ZP
David Radbourne	Chief Operating Officer	DR
Susan Young	Director of Human Resources and Organisational Development	SY
Rakesh Patel	Director of Finance	RP
Catherine Mooney	Director of Quality Assurance	CM
Fleur Hansen	Interim Director of Corporate Affairs and Company Secretary	FH
Patricia Gani	Healthwatch representative	PG
Holly Ashforth	Divisional Nurse, Medicine and Surgery	HA
Sian Nelson	Membership and Engagement Manager	SN
Vida Djelic	Board Governance Manager	VD

1 GENERAL BUSINESS

1.1 Welcome & Apologies — CE

CE welcomed Patricia Gani to the meeting.

CE welcomed Elizabeth (Libby) McManus, Chief Nurse and Director of Quality and Susan Young, Director of Human Resources and Organisational Development.

CE noted that James Dennis is leaving the Trust and therefore the Council of Governors.

Apologies were received from Cyril Nemeth and Dominic Clarke.

CE reminded governors that a joint Board and Council of Governors Away Day will be held on 17 October at the Queen's Club from 9.30 – 5pm. Governors noted that the discussion will focus on significant transactions. BG queried the timing of the decision on an acquisition West Middlesex University Hospital NHS Trust and asked if this would happen before the Away Day. CE responded that the due diligence was on-going and that as it would represent a significant transaction, approval by the Council of Governors would be required. CE suggested a special Council of Governors meeting may need to be convened to ensure the Governors had sufficient time to consider the proposal but that some of the detail would be discussed at the Away Day.

1.2 Declaration of Interests — CE

None.

1.3 Minutes of Previous Meeting held on 18 July 2013 — CE

The minutes of the previous meeting were accepted as a true and accurate record of the meeting.

CE addressed some main points from the minutes of the previous meeting.

Mary Seacole plaque
FH noted that she understands that the plaque is with Hospital Arts.

Ron Johnson Ward
FH said she was seeking an update from Hospital Arts and the Ward as to the progress with Jim's Kitchen.

BG confirmed that Annie Lennox has agreed to open the Ron Johnson Ward.
(Please note Annie Lennox regretfully can no longer undertake this – APB has approached an alternative – FH)

CQC report on working together with governors
FH responded that a meeting will be arranged soon. Those governors interested in attending the meeting to let VD know. **All interested governors to let VD know.** — **All**

Memorial service for Tera Younger
CE noted that a memorial service for Tera Younger, a patient governor, was held earlier in the day and that it was a very moving event.

CBle queried if dates are available for involvement in the A&E redevelopment. FH responded that this will be checked with Dominic Clarke.

Governor presentation at the Annual Members' Meeting – 19 September 2013
CE confirmed that due to the fact that James Dennis has resigned BG will present at the Annual Members' Meeting on behalf of the Council of Governors.

Quality Awards
ML noted that the quality awards should be called the Council of Governors Quality Awards as they are initiated, supported and funded by the Council of Governors.

FTGA/NHS Confederation joint event – NEDs and Governors: How to build effective working relationships – 22 April 2013
SM drew attention to the FTGA/NHS Confederation event held earlier in the year and suggested it would be useful for governors and NEDs to look at this as a group.

1.4 Matters Arising **CE**

Cost Improvement Programme (CIP) Clinical Quality Risk Assessment and Mitigation
FH noted that the CIP Clinical Quality Risk Assessment and Mitigation template is available and was planned to be circulated at the recent Quality Sub-Committee meeting. However in part due to the meeting overrunning, and the fact that FH thought this would be of interest to all governors, a copy will be circulated following this meeting.

In response to a question from BG whether the template would be populated, FH responded that it was aimed to provide governors with the template so that they can understand what was considered in CIP planning and that due to the content, it would not necessarily be appropriate to provide a populated version.

CBle commented that the focus for governors should be assurance that an appropriate process is in place and that all relevant risks have been considered. FH agreed and said she would add detail of the process involved to the email.
FH to circulate email re CIP Quality Risk Assessment template. **FH**

APB noted that at this stage the template is useful to see what elements have been considered and proposed that governors are taken through a worked example at the end of the financial year. **VD to add worked CIP quality risk assessment to the agenda for the first meeting following the end of FY 2013/14 (15.05.14).** **VD**

CE reassured governors that the CIP has not had any adverse effect on patient care.

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

Nothing to report on.

1.7 Chief Executive's Report (oral) DR

Shaping a Healthier Future (SAHF) update
APB noted that the Independent Reconfiguration Panel is expected to announce their decision later this month. C&W is proceeding with the capital redevelopment of the A&E department worth £10m.

West Middlesex University Hospital NHS Trust (WMUH) update
APB noted that considerable analysis is on-going in relation to a potential partnership with West Middlesex and that updates would continue to be provided regularly.

Royal Brompton Hospital (RBH) update
APB noted that a Steering Group met earlier in the day to consider the timescales and the aim of what is to be achieved i.e how we shape children cardiac services for the future. Updates will be provided to the Council of Governors as this vision develops.

Estates update
It was noted that the hospital drainage system has been a problem in both the car park and other areas and apologised to any governors who had been subject to this. APB noted the problem is mostly due to inappropriate items being flushed and that the Trust was looking to introduce dissolvable hand towels and would be undertaking a communications campaign with staff and patients.

Adult and children burns refurbishment is proceeding on schedule.

The Dean Street Express development is underway and completion is planned at the end of November with the new service fully up and running in the new year.

We are working on keeping the signage of where the facilities are located up to date as well as ensuring reception staff are kept fully informed of any moves.

DR noted that there has been discussions with NHS England regarding winter planning and the final plan is about to be finalised. He highlighted that some additional investment is needed and that it was expected this would come from the CCG.

It was noted that work has been undertaken and some improvements still to be made in relation to discharge.

APB congratulated staff who were shortlisted for the Health Service Journal Award

- Acute care innovation: Development of the Chelsea Critical Care Physical Assessment Tool (Eve Corner, Physiotherapy)
- Improving Care with Technology: Dean Street @ Home (56 Dean Street team)

The winners will be announced at the awards ceremony on 19 November.

APB also congratulated the 56 Dean Street staff finalists in the Best Use of Social Media in Healthcare category of the 2013 eHealth Insider Awards, which will take place on 10 October.

In response to a question from WB regarding discussions with the Royal Brompton Hospital, APB said that they are focusing on working together to accommodate paediatric services only.

SS-G noted the importance of involving governors at an early stage in any strategic planning, so that they have sufficient knowledge about any possible merger, acquisition or significant transaction. She suggested a meeting is arranged other than the ordinary Council of Governors meeting designed to update governors on the strategy. CE responded that the Board will discuss the strategy first and then a special meeting could be organised to update governors but that updates would be given at the Away Day.

1.8 Feedback from Board **CE**

CE noted that the public Board meetings present an opportunity for governors to interface with the Board particularly the Non-executive Directors.

CE outlined the Non-executive Directors area of interest and specialities and that it would be useful to provide updates on these in this section of the meeting. CE asked GM to provide an update on the Accountable Care Organisation (ACO) model which is being considered.

GM noted that a small team of commissioners, Trust executives and community partners had visited Valencia in Spain to look at their successful ACO model.

GM said the model works as it has one hospital at its centre and IT is fully integrated across all parts of the system. GPs have access to patient records and real time information is available. The Valencia model has been up and running for three years and GM noted that the cost of having this system is lower compared with the rest of Spain. The system deliver incentivises GPs to keep patients out of hospital where possible.

Since the visit there have been several meetings with local GPs and care organisations and a set of principles including objectives have been agreed to explore an ACO model further.

SW expressed a concern about patient records to be shared between GP and hospital and felt that patients should be consulted. CE commented that this is one example of involving and empowering patients to own their own records.

GM highlighted that the main focus is on improving quality for patients and currently it is at the development stage. Governors will be updated regularly on developments.

ML said that the update from GM was very useful. He noted that when attending the FTGA events he gathered that governors from other Foundation Trusts meet

regularly with their Non-executive Directors and queried if Chelsea and Westminster governors can meet the Non-executive Directors regularly. CE responded that this could be arranged. **FH to follow up on this.** **FH**

2 ITEMS FOR DECISION/APPROVAL

2.1 Council of Governors Standing Orders - Report of the Task & Finish Group **MJ**

MJ noted that following on from the last meeting of the Council of Governors a Task and Finish Group was set up to complete the drafting of Standing Orders for the conduct of Council of Governors meetings. A final draft of the Standing Orders agreed by the Standing Orders Task and Finish Group was outlined.

It was highlighted that once the constitution has been revised the Standing Orders will be attached to it as an annex. Meanwhile, the Standing Orders will form a working basis for the future meetings.

MJ moved a motion and CBir seconded. **With the exception of one governor all governors agreed.**

CE queried section 1.2 and what the word 'terms' mean. It was agreed that word 'terms' be removed.

CE queried section 8.2 and noted this could conflict with the suggested quorum and potentially result in one public governor holding a right of veto. MJ responded that it was based on the wording in the current constitution and this will be considered as part of reviewing the constitution. CE said that this will require further discussion and it needs to ensure that a situation could not arise where a decision could be taken by a single person.

CE commented on section 8.1 regarding a written poll of the governors present. MJ responded that this should be done at the Chair discretion.

NB noted that a situation could arise where some (or a number) or appointed governors may need to remove themselves from the discussion due to a potential conflict of interest.

CE highlighted that a decision on who chairs the Council of Governors meetings when the Chair is not available and quoracy will be part of the review of constitution.

CBir made a point that the content of written paper should not be repeated and the author should give a brief introduction only and any updates. This should enable meetings to be productive and shorter.

2.2 Update on election of a new governor **CE**

CE noted that a vacancy was created in the patient constituency following a resignation of Alan Cleary and that in line with the constitution the Council could consider the candidate who had the next highest polling in the last election who was Dr Andrew Lomas.

It was noted that governors who met Dr Lomas as part of the last election process for nominated candidates to meet governors felt that he was very impressive and supported the proposal that he joins the Council of Governors.

The Council of Governors unanimously agreed that Dr Andrew Lomas fills the vacant patient seat.

3 ITEMS FOR DISCUSSION/UPDATE

3.1 Nominations Committee – update CE

CE updated the Council of Governors on the recruitment process and noted that the Nominations Committee had met to select a recruitment firm to facilitate the selection of a Non-executive Director and the Chairman. Saxton Bampfylde was selected following on a competitive procurement process. BG commented that there was unanimous agreement on the recruitment firm.

It was clarified that Sir John Baker, the Vice Chairman of the Board of Directors will chair the Nominations Committee for the appointment of the Chairman.

JB noted that the Nominations Committee also discussed in which order appointments will be made.

3.2 Governors' Questions

The Council of Governors noted responses provided.

SM conveyed her thanks to Alison Heeralall, Deputy Director of HR for her email and comments in relation to the Whistleblowing Policy and said that a revised wording had been agreed. SS-G queried if governors have access to the Trust's Intranet. CM responded that they do not and confirmed that the fact that the revised Whistleblowing Policy is on the intranet is assurance for governors that staff have access to it. FH noted that she is looking into governors having access to the Trust's Intranet.

SS-G said in relation to her question regarding the senior medical staff working out of office hours she clarified that she felt it would be beneficial to both patients and the hospital if it services were available 24/7. CE responded that this would require a significant investment in training given there was just not the doctors available to provide 24/7 consultant-led care for all services.

PG reported on a patient who was having chemotherapy and transferred here and there was no senior consultant available to sign it off and she had to wait until Monday. The issue had been followed up by Tony Pritchard, Deputy Chief Nurse.

APB noted that the Shaping a Healthier Future programme aims to improve the way healthcare services are operated and that a full 24/7 model could only be provided if there are fewer hospitals, due to the staffing issues highlighted by CE. APB said this presupposes integrated care, hence why the Trust is looking at an ACO model to try and ensure only the patients who really require it are treated in hospital. APB said given this model is not currently available the Trust

would invent it.

3.3 Senior Team Visits to Clinical Areas **HA**

HA outlined the paper and noted that governors have recently been invited to join the visits to wards which should help improve patient experience and patient care. She invited those governors who have not yet joined the visits to let her know.

As a result of feedback on visits the some improvements have been made one of which is a staff photo board on wards so that patients and family know who looks after them. Patients are also being involved in the staff handover process.

Another positive improvement is a 'good night' project which aims to help reducing level of noise from both staff and patients. Tony Pritchard, Deputy Chief Nurse is the project lead. Staff and governors are also involved in the project.

JL pointed out that the level of noise impacts on satisfaction with the clinical services and the statistics show that the noise level has doubled in the last 20 years. Some actions are to be taken to reduce the trend.

Other positive improvements were noted and these include:

- Better management of patient pain
- Work on reducing proportion of agency staff

CBir said that in addition to his palliative care ward rounds he had visited the Ron Johnson ward, where he had had a useful discussion with the matron and staff, but it had not been possible to speak to any patients on that occasion.

CBir queried the point regarding governors refraining from visiting clinical areas by themselves without making the nurse in charge know. The chairman said in principle governors should let the nurse in charge know but they should be able to meet with patients in private. FH noted this should be subject to DBS clearance. CBir so queried the progress with the DBS checks and whether governors would get a clearance certificate. VD said that she processes applications and that she will check with TP if governors are issued with DBS certificates. **VD to check with TP.** **VD**

CBle suggested that word 'refrain' should be changed to 'you must not' in the Guidance for Governors Visits to Clinical Areas. **TP to change this in the guidance.** **TP**

SW noted that he expressed interest in visiting the Ron Johnson ward and has not been contacted yet. **HA to organise.** **HA**

3.4 Council of Governors Funding Report – update

The Council of Governors noted the funding report.

It was noted that in future proposals for funding would be the subject of a specific motion, which would be submitted through the Agenda Sub-Committee

for consideration at the next Council meeting.

3.5 Quality Sub-Committee report (oral) **CM**

CM noted that the sub-committee received an update on complaints in Q1. Appointment arrangements were discussed and it was agreed to invite Mike Delahunty, Head of Booking and Outpatient Services to the next meeting to address the issue of patient appointment letters.

An update on the position at Q1 for the Quality Account priorities and quality indicators was noted by the sub-committee.

The sub-committee received an update on discharge planning and medications.

3.6 Membership Sub-Committee – update **CBir**

CBir said that the Membership subcommittee was a particularly important and interesting committee, that it had been severely weaken by recent resignations, that it urgently needed strengthening and that it also needed a new chair to replace ML. He recognised that some governors had full-time jobs and others had other commitments, but he appealed to the other governors to consider if they are able to help strengthen the subcommittee by joining it.

CBir invited interested governors who would like to join the sub-committee to let him or VD know. **All interested governors to let VD know.** **All**

3.7 Membership engagement and communication – update (oral) **FH**

FH noted that the preparations for the upcoming elections are under way and the key focus is on encouraging members to nominate themselves for election and at the later stage encouraging members to vote. FH asked governors to encourage people to put themselves forward for election and to let her and VD know. **All governors to encourage people to put themselves forward for election and to let her and VD know.** **All**

FH noted that we will undertake proactive campaigning with governors and the communications department will assist those interested candidates with writing a more detailed candidate statement.

FH highlighted that there is a plan to provide the public and the patient members to vote electronically. A meeting with the Returning Officer to discuss this provision was arranged for the following week.

Those members who do not have an email address will receive the ballot pack via post.

A copy of election timetable was tabled.

CBir noted that the election timetable was helpful but asked that dates be included – FH said this would happen once the Returning Officer had been appointed. CBir also suggested that those members interested in putting a nomination forward should have the opportunity to meet governors beforehand. **VD**

VD to adjust the election timetable accordingly.

SS-G said that potential governors need to be made aware that they will be expected to commit and attend more than five meetings per a year. Their involvement in sub-committees and committees is very important.

3.8 Membership Report **SN**

SN noted that Equality Act 2010 requires all CCGs to comply with the Public Sector Equality Duty and that going forward they would be asking trusts to provide data for a number of different components of the diversity agenda, including sexual orientation and religious belief. FH added that given this it would seem appropriate to collect this data for the membership given it was likely we would be asked to do this in the future.

FH noted that the membership application form will be updated accordingly in consultation with the Membership Sub-Committee but that we would use up the forms we have in stock first.

CBir queried why the Trust focuses on recruiting members when the membership number is high and suggested that the focus should be more on engaging better with existing members. CE commented that the membership figures are steady and we aim to have a more active membership.

WMW noted that one of ways of engaging with members is via 'meet a governor' session but otherwise it is difficult to achieve it in practice.

SN noted that the Trust is going to work closely with Heathwatch and Clinical Commissioning Groups moving forward.

SN noted that a listening event will be organised to engage with the community in order to identify their needs and expectations from the Trust which should inform the Council.

FH noted that the communications department is being asked to explore the opportunities for governors to update members on their activities electronically.

4 ITEMS FOR INFORMATION

Noted.

5 ANY OTHER BUSINESS **CE**

CBir thanked both FH and VD for sending though a lighter pack of papers for the meeting.

6 DATE OF THE NEXT MEETING

The next meeting of the Council of Governors will be held on 12 December 2013.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

STANDING ORDERS FOR PROCEEDINGS AT MEETINGS OF THE COUNCIL OF GOVERNORS

DRAFT 20.08.13

Agenda

1.1 Meetings of the Council of Governors properly convened under clause 11.16.2 of the constitution shall be notified to all Governors at least fourteen days in advance. The notice shall include an agenda specifying the business to be conducted at the meeting. No other business may be conducted at the meeting except at the discretion of the chairman.

1.2 The Agenda Sub-committee of the Council of Governors shall meet with the chairman and chief executive of the Trust to agree the terms of the agenda before it is sent out.

1.3 Individual items on the agenda should be described briefly and clearly. A notional time for dealing with each item should be indicated in the margin, to assist in the timely conduct of the meeting which should not last more than two hours in total. For the same reason items should be listed in two groups, those requiring discussion and decision and those which are for information only.

Chairmanship

2.1 In accordance with s12 of Schedule 7 to the National Health Service Act 2006 the Chairman of the Trust shall chair any meeting of the Council of Governors properly convened under clause 11.16.2 of the constitution. If he is unable or unwilling to do so the Deputy Chairman of the Council shall chair the meeting. If he is also unable or unwilling, the Governors present at the meeting shall appoint one of their number to chair the meeting.

Quorum

3.1 A meeting will only proceed to business if a quorum is present within fifteen minutes of the time fixed for the start of the meeting. A quorum shall consist of ten Governors including not fewer than four public and/or patient Governors, not fewer than one Staff Governor, and not fewer than two appointed Governors. If a quorum ceases to be present during the meeting so that no decisions can be taken the chairman must adjourn the meeting to the same day in two weeks' time.

3.2 If no quorum is present within half an hour of the time fixed for the adjourned meeting, the number of Governors present shall be the quorum.

Presentation of papers

4.1 Wherever possible papers for a meeting should be sent out with the notice and agenda. They may be prepared by Trust staff or Governors. If the paper is for discussion and/or decision, not simply for information, the author should give a brief introduction, not repeating the content of the paper. The author should not contribute further to the discussion until the end, when a response may be required to points made in the discussion.

Form of debate

5.1 Anyone wishing to speak should raise their hand and will be called by the chairman. Their contribution should be brief and to the point, avoiding personal reminiscences. They should not be interrupted except by the chairman if they speak for too long or off the point, when he should call them to order.

5.2 Whilst a person is speaking others present must not make a running commentary on their remarks or hold private conversations. In the case of persistent disregard of the authority of the chair in this respect the offender should be required to leave the meeting.

5.3 If a Governor believes that a speech is contrary to the provisions of these Standing Orders he or she may stand and declare "Point of Order". Discussion shall then immediately stop, whilst the objector explains the objection and the chairman gives his ruling. *See also* **Procedural Motions** *below.*

Ordinary Motions

6.1 All motions should be submitted to the Agenda Sub-committee in writing by the mover and seconded by another Governor.

6.2 A motion:

(a) should begin with the word *That* and be generally affirmative and not negative in form.

(b) must be within the powers of the meeting.

6.3 Amendments to motions can be moved without previous notice provided they are seconded by another Governor, they are relevant to the motion, within the scope of the agenda, and do not involve such a substantial alteration of the motion as to make it a new motion. No-one can move more than one amendment to a single motion.

Procedural motions

7.1 The discussion of an ordinary motion which has been properly proposed and seconded may be interrupted by any one of the following procedural motions, no notice of which is required, need not be in writing, and need not be seconded:

(a) to proceed to next business

(b) to move the closure

(c) to adjourn the debate.

7.2 A "next business" motion if carried has the effect of getting rid of the substantive ordinary motion under discussion without putting it to the vote: If carried, the meeting will proceed to the next item on the agenda. It does not prevent the ordinary motion being proposed again at the next meeting.

7.3 A "closure" motion takes the form "That the question be now put". If carried, the ordinary motion under discussion must be put to the vote immediately.

7.4 A motion to adjourn may be appropriate where discussion has become heated. The adjournment may be to later in the same meeting or to a future meeting. The mover of the original motion is allowed a right of reply to this motion but no further debate is permitted. If the procedural motion is successfully carried the proposer shall have the right to re-open the debate when it is resumed after the adjournment.

Decisions

8.1 Decisions shall normally be reached by simple majority on a show of hands by the Governors present. If the chairman rules that the result is too close to determine there may be a second show of hands. In the case of an equality of votes the chairman shall have a casting vote. The chairman or any other member of the Council may require a written poll of the Governors present. Such a demand must be made immediately after the determination of the show of hands.

8.2 No decision shall be valid if it is opposed by all the Public Governors present.

8.3 Approval of a proposal which requires funding by the Council of Governors shall be dependent on an ordinary motion to approve the expenditure, tabled in accordance with section 5.1 of these Standing Orders.

Minutes of meetings

9.1 The minutes of a meeting must record the decisions taken and the precise wording of any motions considered or passed. There may need to be an explanation of the reasoning for some decisions, but if so it should be brief and concise. The aim should be that a member who was absent from the meeting can fully understand what was done at it.

9.2 Minutes should be circulated as soon as possible after the meeting to which they relate and in any case within 14 days.

9.3 Minutes should record accurately whatever was decided at the meeting, be approved at the next following meeting, and be signed by the chairman after corrections of any inaccuracy are made.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Guidance for Governors Visits to Clinical Areas

We welcome you to the wards and departments of the hospital. The following provides some guidance for Governors when undertaking visits to clinical areas. If you have any questions or need more information, please feel free to discuss this with the senior nurse / midwife that you are linked with.

ON ENTERING /LEAVING THE UNIT OR WARD

- Wear a visible name badge and trust security badge
- Follow our 'bare below the elbows' policy when visiting clinical areas. Jackets should be removed, sleeves rolled above the elbow and any wrist watch removed
- Gel your hands when entering and leaving the ward or department, and between individual patients
- Introduce yourself and explain your role to the nurse in charge of the unit/ward
- Seek advice from staff about any patients in the area that may not be appropriate to meet with

WHILE ON THE WARD

- Introduce yourself and explain your role to patients and families
- Maintain patient's confidentiality at all times
- Respect and maintain patient's privacy and dignity at all times – knock before entering single rooms and respect privacy when curtains are drawn around cubicles / beds, and seek the patient's agreement to any discussion.
- Be sensitive to any emergency situations that arise during your visit and the need of staff to deal with this, and the possible need to leave the area.
- Discuss experience with patients and families and raise any issues or concern with the staff in the area
- Provide any feedback on your visit to the staff working in the area

PLEASE NOTE

You must not:

- Visiting clinical areas by yourself without making yourself known to the nurse in charge
- Visiting an area if you are ill yourself (such as a cough, cold, diarrhoea or vomiting)
- Providing direct assistance to patients such as repositioning, mobilising or feeding
- Accessing patients clinical care records
- Entering rooms where patients are isolated for infection unless discussed with staff first
- Offering advice to patients about their clinical treatment
- Disclosing confidential information to others

Thank you for taking the time in visiting the wards / departments of Chelsea and Westminster Hospital.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 13 December 2013

AGENDA ITEM NO.	1.5/Dec/13
PAPER	Matters Arising from the meeting of the Council of Governors meetings held on 19 September 2013
AUTHOR	Vida Djelic, Board Governance Manager
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: 19 September 2013
Time: 3:00 – 5:15 pm

Ref	Description	Lead	Subsequent Actions or Outcomes
1.3/Sep/13	**Minutes of Previous Meeting held on 18 July 2013**		
	CQC report on working together with governors FH responded that a meeting will be arranged soon. Those governors interested in attending the meeting to let VD know. **All interested governors to let VD know.**	**All**	Completed.
1.4/Sep/13	**Matters Arising**		
	CBle commented that the focus for governors should be assurance that an appropriate process is in place and that all relevant risks have been considered. FH agreed and said she would add detail of the process involved to the email. **FH to circulate email re CIP Quality Risk Assessment template.**	**FH**	
	VD to add worked CIP quality risk assessment to the agenda for the first meeting following the end of FY 2013/14 (15.05.14).	**VD**	Completed.
	ML said that the update from GM was very useful. He noted that when attending the FTGA events he gathered that governors from other Foundation Trusts meet regularly with their Non-executive Directors and queried if Chelsea and Westminster governors can meet the Non-executive Directors regularly. CE responded that this could be arranged. **FH to follow up on this.**	**FH**	A meeting will be organised in January 2014.

3.3/Sep/13	**Senior Team Visits to Clinical Areas**		
	VD said that she processes applications and that she will check with TP if governors are issued with DBS certificates. **VD to check with TP.**	**VD**	TP confirmed that once the check is completed DBS will send a certificate to the applicant.
	CBle suggested that word 'refrain' should be changed to 'you must not' in the Guidance for Governors Visits to Clinical Areas. **TP to change this in the guidance.**	**TP**	Completed and the Guidance for Governors Visits to Clinical Areas is attached to the minutes.
	SW noted that he expressed interest in visiting the Ron Johnson ward and has not been contacted yet. **HA to organise.**	**HA**	Completed.
3.6/Sep/13	**Membership Sub-Committee – update**		
	CBir invited interested governors who would like to join the sub-committee to let him or VD know. **All interested governors to let VD know.**	**All**	No interest from governors received so far.
3.7/Sep/13	**Membership engagement and communication – update (oral)**		
	FH asked governors to encourage people to put themselves forward and to let her and VD know. **All governors to encourage people to put themselves forward and to let her and VD know.**	**All**	Completed.
	CBir also suggested that those members interested in putting a nomination forward should have the opportunity to meet governors beforehand. **VD to adjust the election timetable accordingly.**	**VD**	Completed.

Council of Governors Meeting, 13 December 2013

AGENDA ITEM NO.	2.1/Dec/13
PAPER	Council of Governors Performance Evaluation – proposed questionnaire
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Prof. Sir Christopher Edwards, Chairman
EXECUTIVE SUMMARY	Monitor's *Code of Governance* sets out the provision: 'D.2.2 *Led by the chairman, the Council of Governors should periodically assess their collective performance and they should regularly communicate to members details on how they have discharged their responsibilities, including their impact and effectiveness on:* ■ *advising the board on the forward plans of the NHS foundation trust; and* ■ *communicating with their member constituencies and transmitting their views to the board of directors.* *The Council of Governors should use this process to review its roles, structure, composition and procedures, taking into account emerging best practice.'* The aim of the questionnaire is to evaluate and improve the performance of the Council of Governors. It was based on Monitor's national survey of NHS Foundation Trusts, which allows us to benchmark ourselves against the Monitor survey results. This would fulfill the requirement to assess the performance of the Council of Governors periodically. The questionnaire has essentially remained the same last year. There were no particular actions raised by the Council of Governors to be taken forward following the last year evaluation. The following process is suggested: • Questionnaire to be agreed at the Council of Governors

	meeting on 13 December 2013 • Questionnaires to be distributed to Governors by e-mail on 15 December 2013 • Questionnaires to be completed and returned to the Board Governance Manager by 24 January 2014 The summary report, including any recommended developmental actions, will be prepared and presented by the Chair to the Council of Governors meeting on 6 March 2014.
DECISION/ ACTION	The Council of Governors is asked to agree the questions and the process.

Council of Governors
Performance Evaluation

1. Please read the questions and tick the most appropriate box by inserting √

2. Please answer all questions using knowledge gained as a governor

3. Please add any appropriate comments

4. Please return the questionnaire to Vida Djelic, Board Governance Manager (vida.djelic@chelwest.nhs.uk) by 24 January 2014.

Governor Survey 2013

About you

1. What type of governor are you?

☐ Public/Constituency Governor (elected by the Trust Membership)

☐ Patient/Carer Governor (elected by Trust membership)

☐ Staff Governor (elected by staff)

☐ Stakeholder Governor (appointed to represent local authority, partnership organisation, appointing organisation, university or voluntary service etc.)

2. How long have you been a governor?

☐ Less than 3 months

☐ Between 3 months and 6 months

☐ Between 6 months and 1 year

☐ Between 1 year and 2 years

☐ Longer than 2 years

☐ Since the Trust was first authorized (please also tick this if relevant, in addition to one of the above)

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

☐ Every or almost every meeting

☐ At least one in two meetings

☐ At least one in three meetings

☐ At least one in four meetings

☐ Less than one in four meetings, but do attend some meetings

☐ Never attended any meetings

☐ Don't know

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

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

Comments:

About your role as a governor

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

		Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	No opinion	Not applicable
5.1	Overall, I am clear about my roles and responsibilities as a governor	☐	☐	☐	☐	☐	☐	☐
5.2	I am clear about what the local healthcare priorities are for my Trust	☐	☐	☐	☐	☐	☐	☐
5.3	I am clear about what the priorities are for my Trust's patients/service users	☐	☐	☐	☐	☐	☐	☐
5.4	The governors at my Trust are good at communicating what the Trust is doing for the local community	☐	☐	☐	☐	☐	☐	☐
5.5	The governors at my Trust are good at communicating what the Trust is doing for patients services	☐	☐	☐	☐	☐	☐	☐
5.6	The governors at my Trust are good at communicating what the Trust is doing for the Trust membership	☐	☐	☐	☐	☐	☐	☐

5.7	I understand what it means to hold my Trust's Board to account (to be replaced with NEDs in 2013)	☐	☐	☐	☐	☐	☐	☐
5.8	I feel I have the power as a governor to hold my Trust's Board to account (to be replaced with NEDs in 2013)	☐	☐	☐	☐	☐	☐	☐

Comments:

About how you work with your Trust

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

☐ Very well informed

☐ Fairly well informed

☐ Not very informed

☐ Not at all informed

☐ Don't know

Comments:

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

☐ Very confident

☐ Fairly confident

☐ Not very confident

☐ Not at all confident

☐ Don't know

Comments:

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

	Executive Director	Non-executive Directors
Very satisfied	☐	☐
Fairly satisfied	☐	☐
Neither Satisfied nor dissatisfied	☐	☐
Fairly Dissatisfied	☐	☐
Very Dissatisfied	☐	☐
Don't know	☐	☐

Comments:

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

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

Comments:

Training and briefings

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

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

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

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

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

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

Please add any comments you have on this training.

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

☐ Yes

☐ No

☐ Don't know

Comments:

Final Question

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

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 13 December 2013

AGENDA ITEM NO.	3.2/Dec/13
PAPER	Council of Governors Quality Awards Autumn 2013
AUTHOR	Melanie van Limborgh, Head of Quality and Assurance
LEAD	Elizabeth McManus, Director of Nursing and Quality
EXECUTIVE SUMMARY	The Council of Governors' Quality Awards are awarded for Patient Safety, Patient Experience, Clinical Effectiveness and the Trust Values. For Autumn 2013 there were 4 winners and 1 commendation. Following introductions by the relevant lead governors these awards will be presented by the Chairman during the December 2013 Council of Governors Meeting. (Further details of any of these awards are available from the Head of Quality and Assurance - Melanie.vanlimborgh@chelwest.nhs.uk)
DECISION/ ACTION	For the Council of Governors' members to note for information and for a briefing prior to the presentation of winners at the December Council of Governors meeting.

Council of Governors' Quality Awards
Winners - Autumn 2013

1.0 Introduction

The aim of the Trust's Quality Award is to recognise and reward contributions to quality initiatives in the Trust from an individual or team who have made a contribution to quality for patients under four categories, (Patient Safety, Patient Experience and Clinical Effectiveness and the Trust Values). This award is open to Chelsea and Westminster Trust employees who all have the potential to directly or indirectly improve quality through improving the patient's experience. The award can be received for a project, an initiative, or a change in the work of staff that as a result provide benefit to quality care.

A part of the award the winners have the opportunity to meet with key Directors and governors of the Council of Governors Quality Sub-Committee to discuss their initiatives and highlight the value of their achievements. The winners also receive £250 to benefit the work of their department. The Council of Governors Quality Awards are supported, directed and awarded by the Council of Governors Quality Sub-Committee. The Quality Awards are held twice yearly and awarding is led by the Director of Governance and Corporate Affairs on behalf of the Council of Governors Quality Sub-Committee and a Lead Governor. Award applications are required to meet set criteria. The Autumn applications continue the trend of numbers of good quality as with previous awards. This autumn there were 4 teams in the winning category and one commended application.

2.0 The Quality Award winners

2.1 HIV Testing in Non–Traditional Settings, making it work in our Emergency Department (ED) - Lead Governor, Melvyn Jerimiah

This award was presented by Dr Sarah Finlay, ED Consultant. The team who undertake HIV testing in the departments were nominated. This includes John Hunter Clinical advisors and the main HIV testing steering group (Dr Ann Sullivan, Caroline Rae, Dr Sarah Finlay, Dr Kris Pillay, Fazeemah Ghooloo and Gareth Zammitt, Jamie Hardie)

The Trust is situated in an area of very high prevalence of HIV (8.83 per 1000). It is estimated that 24% of people with HIV are undiagnosed - but excellent HIV-specific patient care is available for people who have had the diagnosis made. Early diagnosis of HIV means reduced transmission, early instigation of therapy and therefore increased life expectancy and reduced levels of HIV related complications, and reduced cost to the health service.

Current European guidelines indicate the vast majority of age eligible patients attending the Trust across most departments should be offered an HIV test; noted as not the case. A significant number individuals newly diagnosed (via this programme and within the Genito Urinary clinics in the Trust) have recently attended the Trust and not been offered a test. By routinely screening all patients between the ages of 16-65 who present to the ED, the team has in the past 12 months made 26 new diagnosis of HIV in patients who otherwise would not have been tested. This has enabled appropriate support and treatment for the individuals, and contact tracing

and advice to be given aiming to limit further transmission.

The main actions in this work were to instigate a screening programme for all adults (aged 16-65) having blood tests in the ED.
Results are followed up by the HIV team, who instigated further care as necessary. Over the past 12 months it has proven that testing in the ED is sustainable, and successful in diagnosing HIV in patients who otherwise would not have been tested.

This programme of work has received positive feedback from patients and has several tangible aspects that have enhanced teamwork, multidisciplinary working of the whole team, use of IT, incentive schemes, handovers, education and training and Emergency Department HIV champions.

2.2 Screening for and stopping inappropriate medicines in older patients - Lead Governor, Susan Maxwell

The nomination was forwarded by Professor Barry Jubraj on behalf of the Ellesmere House medical/pharmacy Rehabilitation and 'STOPIT' teams for this project.

Two-thirds of patients over 70 years of age admitted to the Acute Assessment Unit (AAU) are taking 6 or more medicines. It has been demonstrated that adverse drug reactions are an increasing cause of hospital admissions, accounting for around 75,000 (1.1% of admissions) in England per annum. Department of Health Hospital Episode Statistics estimate that 4.68% of emergency admissions are due to preventable adverse drug events (ADEs), with distress for patients and a significant cost to the service.

Focus group workshops with key stakeholders identified potential problems relating to medicines management in older people and the STOPIT project allows pharmacists and doctors to systematically review continuing medication in individuals who come into hospital with medicines-related problems. It provides an opportunity to stop inappropriate medicines in the elderly and prevent further medicines being prescribed to combat current ADEs. Medication review is already a part of routine clinical work for many healthcare professionals. STOPIT formalises this existing process. Reviewing medicines during an acute admission to the hospital will capture a large number of patients who may otherwise not have presented to GPs or community pharmacies.

STOPIT objectives fit into Trust strategic objectives, government criteria to reduce adverse events from medicines resulting in readmissions and several other initiatives and have been shown to improve quality of care as well as a reduction in cost to the NHS as a natural consequence of optimising medication use. The project involved several streams of work such as using a dedicated Medication Review Tool, a pocket tool designed for doctors to carry in their ID card holder and act as a bedside reminder to the type of medications contributing to illness that needs reviewing and there have been training and awareness sessions for all groups of staff. There have been also several tools embedded in the Electronic Prescribing System (Lastword) to include a Medication passport. Patient empowerment has also been considered such as tools to aid the provision of counselling patients on medicines at discharge, regular patient events called "Managing Your Medicines"

Other initiatives include working with Ellesmere House Care Home, who use the STOPIT tool to review medications for their residents and the Integrated Care Pilot. This is
another success of the STOPIT project is that the tool is incorporated into the North

West London Integrated Care Pilot (ICP) to which the Trust is a key partner.

2.3 The Burns Outreach Therapy Service - Lead Governor, Susan Maxwell

This award was presented by Alexa Szladowska of the burns Outreach Therapy Service Team on behalf of the team. The team provides care for patients with burn injuries for physical and psychological treatment particularly after discharge.

Outpatient Burn Therapy (Occupational Therapy, Physiotherapy and Scar Management) can also last for years as a patient's scars mature and new and different problems present themselves. Many Burn patients find attending regular therapy appointments difficult for a variety of reasons; travelling the long distance required to attend a regional unit can be too physically demanding for some while others may find the time spend at appointments detrimental to their progression Burn patients are often discharged to other inpatient facilities, which all create boundaries to accessing appropriate follow up specialist care. The impact of missing these specialist appointments to monitor and treat scars has a huge detrimental effect of a patient's ability to function, live independently and their quality of life. The opportunity to detect other physical or psychological problems and refer to appropriate services is also lost.

In July 2011 a Service Proposal was produced for the provision of a Burns Outreach Therapy Service to support the work done in the Trust. This proposal was made as a result of findings from the National Burn Care Review published in 2005 by the British Association of Plastic Surgeons and also from suggestions from the Department of Health in 2002, both highlighted shortcomings in the care given to Burn patients on discharge from hospital and recommended the creation of multi-disciplinary Outreach Services to support these patients. The Service Proposal was accepted by the London and South East Burn Network and funding was provided to create the service. Whilst the delivery of Burn Care Nursing has been operational in the Community for some time no Burn Service had also provided Outreach Therapy until this point.

In February 2013 the Burns Therapy Outreach Service had been recruited to and was ready to start. This is a completely new service; no other regional Burns Service has Outreach Therapy and no operational model to work from. There is currently a service from the Trust which has a Physiotherapist and an Occupational Therapist and provides Burn Therapy in the community for all appropriate patients who have received their acute care in the hospital.

The service delivers all aspects of Burn Therapy to those patients unable to get to the hospital for their follow up treatment and the Therapists travel long distances in order to be able to deliver this excellence of care. It also has provision to educate professionals in other hospitals, schools, nursing homes and prisons into scar care and the treatment needing to be delivered. Work for community reintegration after a burn and regaining the function and independence of patients is also undertaken and planning around returning to work or school and the necessary adjustments or provisions needing to be made to facilitate is included. The team state the centre of the ethos is the goal to deliver care which would be unavailable within the walls of the hospital to enhance a patient's recovery and regain a lifestyle they can chose and enjoy.

2.4 Medical Records Improvement - Lead Governor, Walter Balmford

This nomination was presented by Zelda Vermaak, Medical Records Manager for the Medical Records Team. This team has completed a number of projects to improve

patient safety and experience to provide clinicians with high quality documentation to enable effective and safe patient care.

The Medical Records Team completed projects in the Medical Records libraries where they re-tracked all the current records and removed all inactive patient records to offsite facilities which are managed by off-site storage facility. There have been an increasing number of temporary records created as a result of poor tracking of these that have been amalgamated into the original patient files with work to archive these were required and also all loose documentation that previously failed to meet Medical Record standards.

A system of auditing has improved and a database in the data warehouse has been developed to provide better access to medical records information. This has enabled the team to create new medical records tracking report using the Trusts reporting systems rather than relying on manual audits to extract the required data. This has in turn prevented patient appointments and treatment being postponed if medical notes are not immediately available. Significant improvements were also reached in managing several volumes of patients' notes and with support from the IT department the team has redeveloped all Medical Record screens in the LastWord IT system. This has provided monitoring for staff and visibility to permit Medical Records service to see where there is failure to adhere to good practice and policy. There have been developments in the IT system Lastword to permit label production and we modified commands for the printing of patient's labels and medical records labels for better auditing and tracking and to lower risk.

This department has created new Lastword IT training for all staff groups so when new staff joins the Trust they will understand the importance of tracking records correctly and patients have the appropriate care by having medical records available for each episode they attend. The department is also involved with the developing Electronic Document Management system which will act as a single and secure, repository of clinical information for every patient.

To add to the notable achievements of this department they provided a comprehensive management and improvement system for health records during the preparation for the NHSLA (NHS Litigation Authority) accreditation process. This involved department teams manually working in clinical areas with clinical staff and maintain and update the patients' medical notes to the required standard. This has improved accessibility and accuracy of the patient's medical notes to a high standard. This work took place within a tight timescale and followed an extensive system of audit of the standard of medical notes. This team provided an unprecedented improvement to Medical Records standards. During October 2013 the NHSLA awarded NHSLA Level 3 status to the Trust. The work of the Medical Records department by the improvements they delivered was an integral part of this success for high quality improvement.

3.0 The Commended Winner - The Emergency Surgery Firm

The commended winner was the Emergency Surgery Firm led by Mr Nebil Behar and nominated by Maria Armstrong, Emergency Surgery Clinical Nurse Specialist (CNS). This was awarded for a system of specialist review for all emergency surgical patients admitted by a dedicated emergency surgeon within a twelve hour timeframe of admission.

This practice also allows for continuing care if patient requires a second or third

emergency surgical admission to the hospital so that they return to the care of the emergency surgeon they had originally seen during their initial emergency admission and follow up clinic appointment. This allows for continuity of care as the patient repeatedly is reviewed by the same medical clinician and the CNS forming therapeutic relationships. Also included is a system of 'Emergency Surgical hot clinics'. Implementing hot clinics has improved access for patients. The clinic ensures patients achieve best clinical outcomes as the clinic function is to diagnose and treat patients by providing specialist assessment.

The clinic can prevent a hospital admission as they aim to reduce multiple visits to hospital by providing a one stop medical, diagnostic and multidisciplinary assessment led by the consultant surgeon. Clinics also aim to improve patient satisfaction by avoiding unnecessary hospital admission whilst the patient is planned to receive the same care as an inpatient. A final initiative from this team is the production of a set of information leaflets. Each leaflet gives the reader a view of their condition with treatment and discharge advice.
A new development is the direct access in some cases to the surgical registrar's on call mobile number to ask for dedicated advice if required.

4.0 Summary

The Quality Awards led by the Council of Governors' Quality Sub-Committee are awarded for Patient Safety, Patient Experience, Clinical Effectiveness and the Trust Values. There were 4 winners and 1 commendation. Following introductions by the Quality Sub Committee Governors these awards will be presented by the Chairman during the December 2013 Council of Governors Meeting.

Further details of any of these awards are available from the Head of Quality and Assurance (melanie.vanlimborgh@chelwest.nhs.uk)

Melanie van Limborgh
Head of Quality and Assurance, December 2013

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 13 December 2013

AGENDA ITEM NO.	3.3/Dec/13
PAPER	Governors' Questions
AUTHOR	Fleur Hansen, Interim Director of Corporate Affairs and Company Secretary
LEAD	Tony Bell, Chief Executive
EXECUTIVE SUMMARY	1. The question raised by Dr Anthony Cadman: May the Council of Governors be informed of how and how quickly the correction to Chelsea and Westminster Hospital erroneous danger rating be placed in front of all media? Response will be provided at the meeting. 2. The question raised by Chris Birch: Guys and Tommy's have recruited an extra 25 nurses to help deal with the expected increase in work over the winter. Have we done anything similar? Response: Libby McManus, Director of Nursing and Quality/David Radbourne, Chief Operating Officer The Director of Nursing and Quality is undertaking a review of nursing levels across all clinical departments to make sure that we have the right establishments to meet all patient's needs. As part of this work we also have a Nursing and Midwifery Group who are working closely with HR colleagues focussing on recruitment, retention and temporary staffing. This is not limited to winter pressures but instead making sure that at all times of the year we have the right clinical staff in place to care for patients. We have worked with partner organisations to identify and implement specific initiatives to support pressures over winter. This includes: • A step up/step down 20 bed Winter Planning Unit at the Charing Cross Hospital site (Ravenscourt Ward) which opened Mon 9 Dec. These are intermediate care beds managed by Central London Community Healthcare for patients who are medically fit but need ongoing rehabilitation or short term social packages of care. The beds will also provide GPs with the ability to refer patients that require support but not in an acute hospital. • An increase of staffing for 6 months (nursing and medical) to

	support the use of ambulatory care services to a wider condition base • Short term increased nursing and medical staffing in ED to support expected increase in activity This month is Discharge December, this forms part of our emergency care transformation programme which seeks to improve our pathways for the management of emergency patients, acting in partnership with community services. Overall our goal is to prevent 5% of admissions compared to last year, reduce length of stay and support better discharge and transition into the community or home setting. We have discovered that if we were to achieve more (40%) discharges before midday this would equate to us having an additional 7 beds available. There are already existing initiatives including MediHome, in-reach and ambulatory care.
DECISION/ ACTION	To note.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

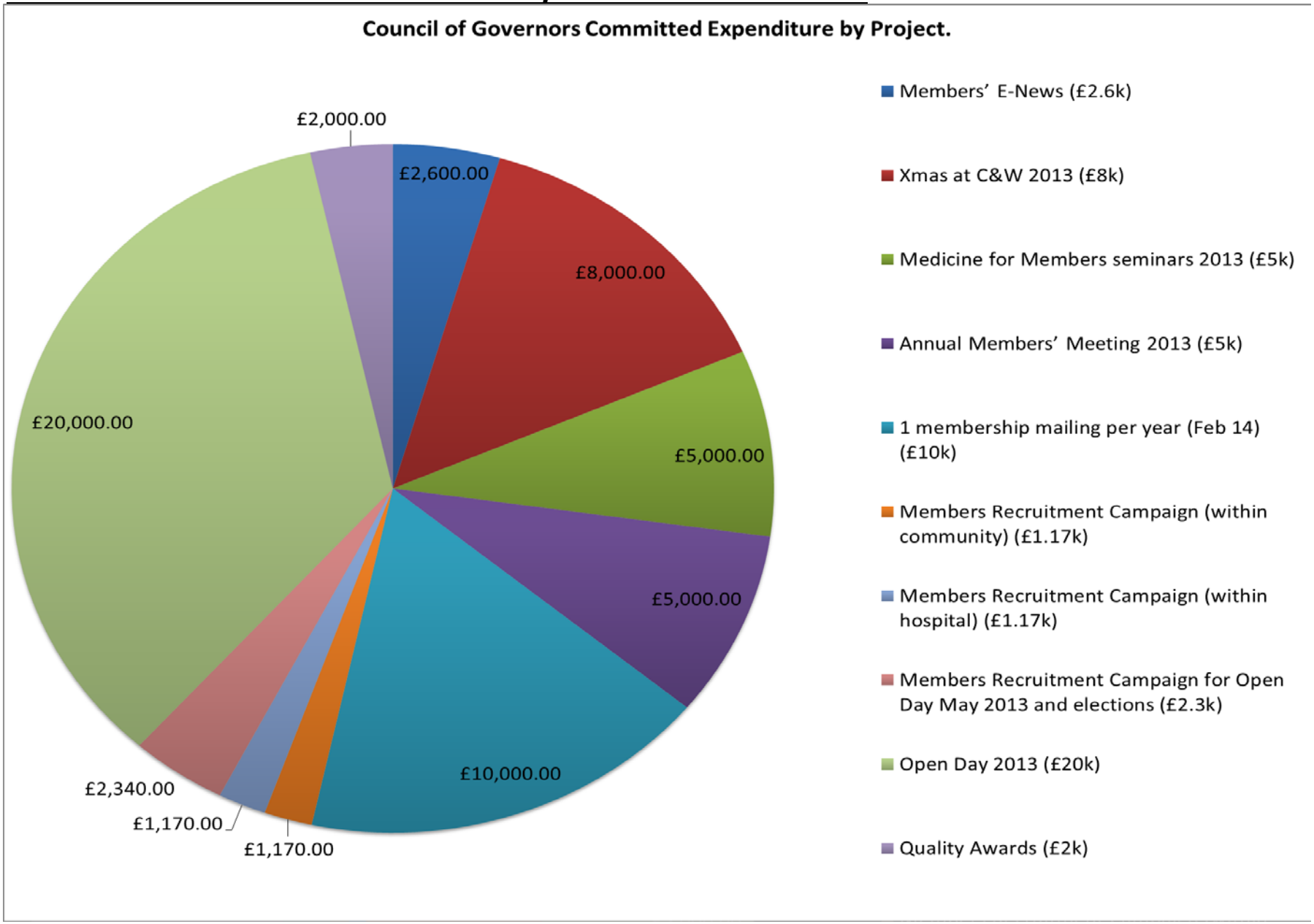
Council of Governors Meeting, 13 December 2013

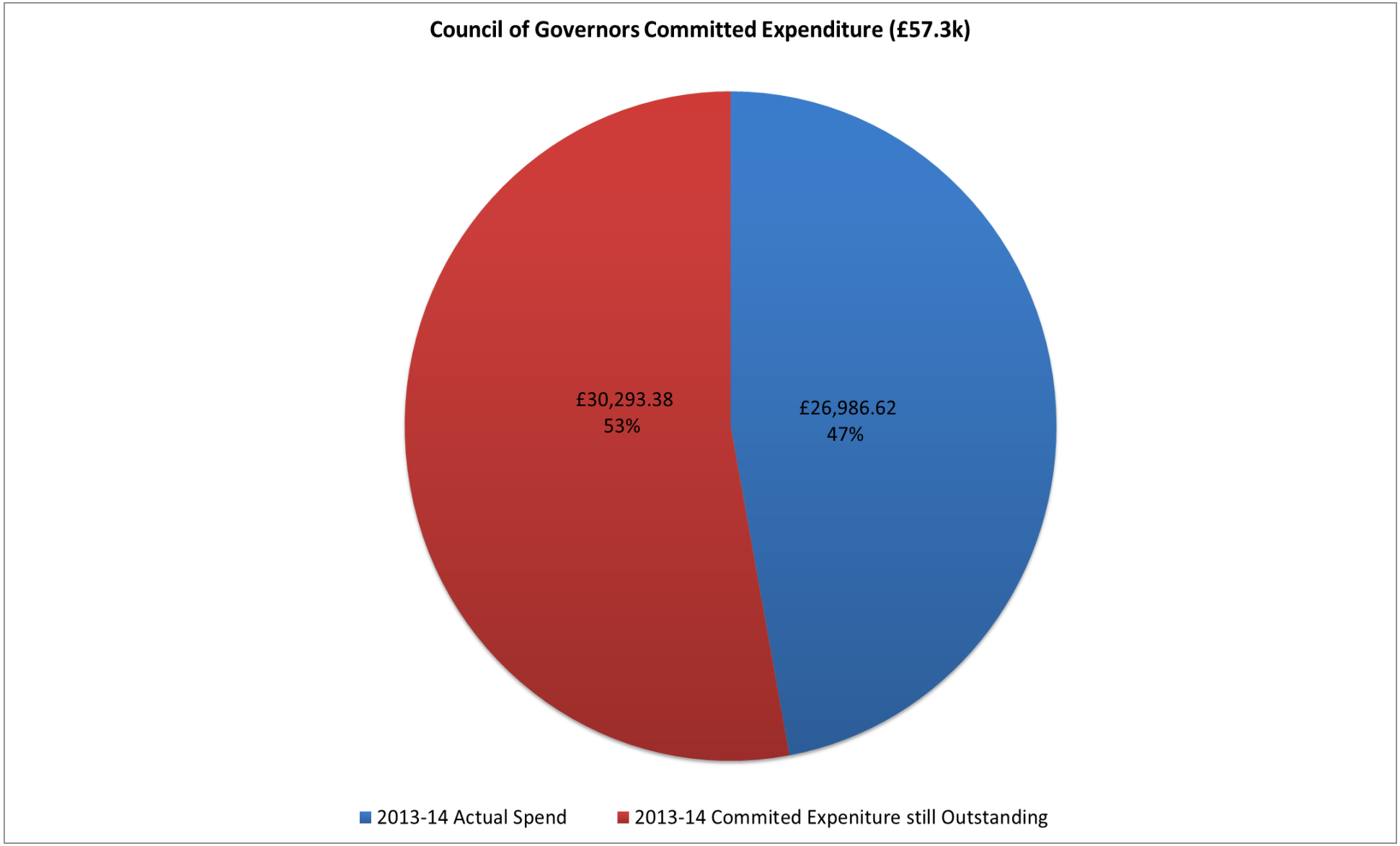
AGENDA ITEM NO.	3.5/Dec/13
PAPER	Council of Governors Funding Report
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Fleur Hansen, Interim Director of Corporate Affairs and Company Secretary
EXECUTIVE SUMMARY	We have worked with the finance department on reformatting the funding report. As a pilot it is now presented in a new format and the plan is that this format is used within the Trust. This report provides an update on the Council of Governors budget for the FY 2013/14. Of the £80k circa £57k has been committed to the activities listed in the table below which were approved by the Council of Governors. It leaves circa £23k available for the reminder of the year 2013/14.
DECISION/ ACTION	To note.

November 2013 Financials for Projects

Project Name	Amount Committed	Actual Spend to Date	Expenditure Completed	Expected Expenditure Period	Lead
Members' E-News	£ 2,600.00	£ 1,728.00		Monthly	Katie Drummond-Dunn
Xmas at C&W 2013	£ 8,000.00	£ 276.95		Nov/Dec-13	Katie Drummond-Dunn
Medicine for Members seminars 2013	£ 5,000.00	£ -		Quarterly	Katie Drummond-Dunn
Annual Members' Meeting 2013	£ 5,000.00	£ 520.33		Aug/Sep-13	Katie Drummond-Dunn
1 membership mailing per year (Feb 14)	£ 10,000.00	£ -		Jan/Feb-14	Katie Drummond-Dunn
Members Recruitment Campaign (within community)	£ 1,170.00	£ -		Oct/Nov-13	Sian Nelson
Members Recruitment Campaign (within hospital)	£ 1,170.00	£ 1,300.00	√	Sep-13	Sian Nelson
Members Recruitment Campaign for Open Day May 2013 and elections	£ 2,340.00	£ 2,175.00	√	May-13	Sian Nelson
Open Day 2013	£ 20,000.00	£ 19,736.34	√	Mar/Apr/May-13	Katie Drummond-Dunn
Quality Awards	£ 2,000.00	£ 1,250.00		Jul/Dec-13 & Mar-14	Melanie Van Limborgh
	£ 57,280.00	**£ 26,986.62**			

Council of Governors Committed Expenditure as at Nov13




Council of Governors Committed Expenditure (£57.3k)
£30,293.38
53%
£26,986.62
47%
2013-14 Actual Spend
2013-14 Commited Expeniture still Outstanding

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 13 December 2013

AGENDA ITEM NO.	3.6/Dec/13
PAPER	Draft Minutes of the Council of Governors Quality Sub-Committee meeting held on 19 November 2013
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Elizabeth McManus, Chair
EXECUTIVE SUMMARY	Draft minutes are enclosed.
ACTION	To note.

Council of Governors Quality Sub-Committee, 19 November 2013
Draft

Attendees	Elizabeth McManus	EM	Director of Nursing and Quality (Chair)
	Walter Balmford	WB	Patient Governor
	Anna Hodson-Pressinger	AH-P	Patient Governor
	Melvyn Jeremiah	MJ	Public Governor - Westminster Area 2
	Martin Lewis	ML	Public Governor - Westminster Area 1
	Susan Maxwell	SM	Patient Governor
	Wendie McWatters	WMW	Patient Governor
In attendance			
	Cathy Mooney	CM	Director of Quality Assurance
	Tony Pritchard	TP	Deputy Chief Nurse
	Melanie van Limborgh	MvL	Head of Quality and Assurance
	Sonia Richardson	SR	Patient representative on North West London CCG
	Sharon Connell	SC	Chaplaincy
	Barry Quinn (in part)	BQ	Macmillan Lead Nurse for Cancer & Palliative Care
	Jennifer Parr (in part)	JP	Outpatients Services Improvement Lead
	Vida Djelic	VD	Board Governance Manager

1. Welcome & Apologies

Apologies were received from Maddy Than and Patricia Gani.

2. Minutes of previous meeting held on 12 September 2013 — EM

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

- p.2, item 5, 3rd para, 1st line replace 'SS-G' with 'WMW'
- p.2 change first sentence, third paragraph to 'MJ commented on the appointments letters not taking account of what is held on the patient record'.
- p.3, item 8, 1st para, 1st line insert 'on' between focus and pressure ulcers
- p5 item 15, Alan Kaye's title to be added.

MJ made a general point re including staff job title rather than just names in minutes.

3 Matters Arising — EM

Ref. A&E reception staff training
This is still outstanding.

ML said that two issues need to be addressed, staff appearance and attitude.
HA to update at next meeting the position on general reception staff training and in particular A&E reception training. — **HA**
Comments about outpatients were also considered and it was reported that the McKinsey work has started but it would take time to have an impact. ML reported

that ophthalmology was particularly concerning.
It was also noted by some members that gowns in use did not provide enough dignity and were difficult to tie and the ones in use at the Royal Marsden Hospital (RMH) were recommended.
To look into gowns in use here and at RMH **EM**

Ref. Values
TP noted that Carol Dale had produced draft guidance to assist governors when receiving a complaint via a meet a governor session. The draft guidance will be circulated to governors for comments. **CD to circulate.** **CD**

Ref. Abridged Quality Report as part of the Annual Review
A copy of the Annual Review was tabled. There was a preference expressed for this to be published as an A4 publication This is available on-line.

VD to get from GV number of people visiting the online version of the Quality Report and of the Annual Review. **VD**

MvL outlined plans for distributing the Quality Report. She invited suggestions as to where they should be distributed. EM queried if GP surgeries are included on the distribution list. MvL responded that they are not, due to cost.
To enquire of PG if Healthwatch would like copies **MvL**

Ref. Lower Ground floor heating - TP noted that this is an ongoing issue and David Butcher, Head of Estates is working on improving the heating system across the hospital.

SS-G queried if the Signage Group still exists as formed four years ago and the status of the temporary signage. TP responded that this type of signage is suitable as it can be changed around quickly when required and there are number of changes currently. He noted that the Estates Project Manager plans to have a one day feedback session to seek the views of patients, relatives, family/visitors on hospital signage and also on opening of one set of stairwells to the public.

4 Complaints Report Q2 **TP**

TP outlined the main points.

WB queried the top 3 complaints and asked what the rest consist of. TP responded that there are many different categories and sub-categories under this and suggested that a top 5 complaints could be included next time.

SR commented on the type of complaints the CCG receive and that dissatisfaction with the hospital may be linked to problems elsewhere. WMW noted that sometimes patients are frightened of making a complaint.

5 PALS Report Q2 **TP**

TP outlined the main points. It was suggested that compliments should get more attention perhaps via the daily noticeboard.

6 Appointment letters **JP**

Jennifer Parr, Outpatients Services Improvement Lead addressed the issues with appointment letters and noted the restrictions caused by the IT system LastWord around the template non-flexibility. There were also some issues around mail delivery by TNT. We are in the process of testing the Synatech system which provides more flexibility in terms of content and delivery is done via Royal Mail. It has been planned that a new letter is launched in urology, dermatology and

ophthalmology before the end of December.

MJ said he received a complaint from a patient who received the appointment letter the day after the appointment.

JP clarified that in a day clinic an appointment is made for a patient while in the clinic and the date is mutually agreed. An appointment letter is subsequently sent to the patient confirming the appointment. For any new appointments patients can call and arrange an appointment and the appointment letter is then sent to patient.

MJ suggested that under the new system there needs to be a link between the letters and notes. JP clarified that C&W cannot amend the appointment date set up via Choose and Book which is done by the GP while seeing the patient.

The new system allows a much more customer service approach and we have surveyed 30 patients in dermatology to find out what content they expect to find in an appointment letter.

WMW said she would prefer to see the information contained in bullet points instead of letter type. JP said she would raise this when they are reviewing the letters again

EM thanked JP for attending and presenting to the sub-committee.

7 CQC update **EM**

EM noted that the CQC conducted an unannounced inspection on 24 September and the final report is available on the Trust's website. The outcome is very positive and C&W passed all standards of care assessed.

EM outlined the new CQC hospital inspection regime. She highlighted 7 out 81 areas from the CQC Intelligence Monitoring Report where potential risk exists. These are:
- Elective C-Section
- Whistleblowing
- Never events
- Data quality
- Staff Turnover
- % severe harm events
- In-Patient Survey

It was noted that C&W have a higher than average C-section rate and an action plan is in place to address this. This is an area where we will challenge CQC due to variation in practice. Obstetricians have been invited to advise if C-section rate can be reduced.
WMW queried if having a higher than average C-section rate is related to particular culture. EM responded that patients are presented with balanced information on risk and patient choice is respected. The total figures include private patients and C&W have a large private maternity practice.

MJ said he would be more concerned about the emergency C-section rate.

In response to a question from WMW if C-section is offered to NHS patients, LM responded that it is.

WB said that as it is optional there is not much C&W can do.

In was noted that the CQC had one whistleblowing incident in the period August 12 – August 13 and the assumption is that it is the one we are aware of as the CQC have not provided any details.

It was highlighted that C&W will challenge the CQC on the use of data re potential under reporting safety events causing severe harm and death as this is a positive indicator and we have a low mortality rates to support the accuracy of this.

It was noted that C&W did not score well in the In-Patient Survey - trust and confidence in the staff treating patients. There are a number of actions in place following the results of the national in-patient survey.

In response to a question from SS-G, EM responded that accurate data is necessary to have in order to make the right clinical judgments.

It was noted that nearly 60% of staff are under 40 and a high turnover may indicate the employer may not adequately support workers, which could have an impact on the quality of care. HR are looking into this.

In summary the CQC will continue with the same regime and C&W need to understand the indictors and how they are applied.

A meeting with the CQC will be held later in the week to discuss their Intelligence Monitoring Report.

MJ said that CQC intelligence unit should be encouraged to communicate to other parts of the organisation as it is confusing.

8 Quality Account 2013/14 planning overview **MvL**

MvL noted that the next year Quality Account is at the planning stage.

9 Quality Report 2013/14 themes **EM**

A list of themes and topics for the Quality Account 13/14 as suggested at the September meeting was noted.

A suggested addition was a focus on cancer and all awards to be included, perhaps with the awarding bodies' logo.

10 Report on Quality Priorities Progress Q2 **CM/TP**

CM outlined the main points re progress for each objective.

It was suggested that prescribing of medication should be put on the list to consider for inclusion for the quality account.

EM noted that the Trust has a low number of incidents re prescribing medication and this is due to having e-prescribing.

SS-G raised a concern re medication being placed in a container by a patient's bed.
To include medication on the list for the quality account. **CM**

11 Quality indicators – monthly September 2013 **CM**

The sub-committee noted the monthly report and red areas and actions being taken as reported in the paper.

12 McMillan Cancer Survey – action plan **BQ**

The sub-committee noted that Barry Quinn has recently been appointed as Macmillan Lead Nurse for Cancer and Palliative Care.

BQ noted that the cancer survey results in London generally are not good. We have an action plan in place and a user group has been established.

BQ outlined the action plan circulated to governors and noted that the key to the action plan success is that all Trust staff need to be engaged.

BQ invited governors' views on the action plan.

ML said the action plan was excellent and that he was very supportive of a 24h service.

SS-G said that a profile of C&W providing cancer services should be raised. BQ responded that the action plan covers raising the profile of Chelwest cancer and also branding.

There are also plans to have specialist clinical nurses in A&E. C&W have resources to provide this service and we will work on promoting this.

SM raised the issue of members of the family and their importance. BQ said that at his previous hospital he had set up a user forum and this looked at support to families. He noted that it is the clinical nurse who should support both patient and family member/carer.

SM asked whether the location and refurbishment of the McMillan Cancer will be considered. BQ said that there is a plan to look into this.

WWM said that cancer would be an interesting topic for a Medicine for Members event.

13 Council of Governors Quality Awards Autumn 2013 **MvL**

MvL noted that eight applications were received for the autumn quality awards.

The Quality Award Panel members met earlier in the morning and approved the winners. These are:

- HIV testing in Emergency Department
- Screening for and stopping inappropriate medicine in our older patients
- Burns outreach therapy service
- Medical records improvement
- Highly commanded - emergency surgery firm

We are looking at branding the quality awards and providing support to applicants with completing the application form in future.

14 Council of Governors Funding Report – for information **VD**

This paper was noted. AH-P queried if governors could receive a breakdown of cost for the Christmas Event as discussed at the Membership Sub-Committee on 14 November. VD said that this will be provided by the communications team. SM and WMW said that they are aware of the expenditure to date and are happy,

15 Feedback from governors on patient experience

SM reported on feedback received from a patient who could not be seen by the

consultant of her choice while in A&E. Patient also brought an issue of paying for x-ray upfront. TP responded that he is aware of the case and understands that the patient's view is that the whole system has potential for improvements.

16 Any other business

EM noted that it was last Tony Pritchard's Quality Sub-Committee meeting as he was starting a new job at Central London Community Healthcare NHS Trust.

TP thanked the sub-committee and the challenges which have always been with a focus on quality of services for patients.

The sub-committee expressed their gratitude for all he had done and that it was the greatest privilege to work together.

17 Date of next meeting – January 2014 TBC

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 13 December 2013

AGENDA ITEM NO.	3.7/Dec/13
PAPER	Draft Minutes of the Council of Governors Membership Sub-Committee meeting held on 14 November 2013
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Walter Balmford, Chairman
EXECUTIVE SUMMARY	Draft minutes are enclosed.
DECISION/ ACTION	For information.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Membership Sub-Committee, 14 November 2013
Draft

Attendees	Walter Balmford	WB	Chairman
	Chris Birch	CB	Patient Governor
	Anna Hodson-Pressinger	AH-P	Patient Governor
	Melvyn Jeremiah	MJ	Public Governor - Westminster Area 2
	Wendie McWatters	WMW	Patient Governor
In attendance	Fleur Hansen	FH	Interim Director of Corporate Affairs and Company Secretary
	Layla Hawkins	LH	Head of Marketing and Communications
	Vida Djelic	VD	Board Governance Manager

1. Welcome & Apologies **WB**

Apologies were received from Priti Bhatt, Katie Drummond-Dunn, Sian Nelson and Maddy Than.

2. Minutes of previous meeting held on 24 September 2013 **WB**

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

- Item 12, 4th para, 4th line remove ‘patients’ and insert ‘it is very difficult for patient governors to contact the patient members of the Trust’
- 2nd par, line 1 remove 'quires' and insert 'queries'

General comments included:

WMW said that she never gave out her old countryside house address to the Trust and has not used it for 15 years. WMW to get a redirection form from the Post Office and to notify them of her situation.

WMW said that she had some quires from members as to why the Trust is collating sexual and religious information from its members. FH responded that the Trust is required by the local Clinical Commissioning Group to collate this information.

CB made a number of comments. These are:

a) Nature of minutes and whether they should be verbatim or condensed. It was agreed by the sub-committee that verbatim minutes are not required, although important points should be reported in full.

b) Whenever possible minutes should be made available shortly after the meeting.

c) A last minute change of venue is not desirable and should be noted in the previous minutes.

d) The late arrival of one governor due to the change of venue was deplored as it might have influenced the outcome of the election.

FH commented that the change of meeting room was to accommodate the CQC unannounced inspection feedback meeting which required a room of that size.

FH noted that all governors are given the opportunity to comment on the minutes and governors should notify her in advance if the minutes are distributed late or if any important points are not captured. **All governors to ensure timely feedback on the minutes is provided.** **All**

3. Matters arising **WB**

Ref matters arising – VD noted the update as provided via email by SN and said that Capita confirmed that they would re-send a welcome letter to a member.

Ref Council of Governors election update – It was noted that it takes a minimum of 24hrs to register online and therefore members cannot get registered and vote at the same time.

Ref election members email addresses – 2,266 patients, 114 public Wandsworth Area 1, 89 Public Westminster Area 1, 102 Westminster Area 2, all staff members have an email address.

Ref constitution – MJ noted that the present constitution does not allow for electronic voting and this will be considered as part of constitution review which will be done in due course. FH clarified that in addition to postal voting the Trust will offer to members to vote via website for the first time.

Ref Information Zone – It was noted that the touch screen is reported to IT each time it is not working.

Ref Chairs for Information Zone – It was noted that chairs have been sought but currently there are no spare chairs in the Trust. However, the Information Zone space will be refurbished together with the main reception and it is not cost effective to purchase new chairs at present as new furniture will be supplied in due course.

CB commented that it has been 7 weeks since the last meeting and 7 matters arising were not complete or responses provided with the papers for the meeting. FH responded that responses are recorded in the paper in advance of the meeting if timely and that a verbal response is usually provided in the meeting on matters arising.

CB commented that there should have been matter arising regarding the redesign of the hospital reception area and the Trust is seeking governors to join the project group. He noted that he would like to join the project group.

4 Council of Governors election - update **FH**

An updated communications plan for election to Council of Governors was tabled.

LH highlighted that the Trust has had the highest number of candidates standing for election. There are 12 patient nominations, 2 public nominations in Wandsworth Area 1 and 2 staff nominations in Nursing and Midwifery. Elected unopposed are Martin Lewis – Westminster Area 1, Melvyn Jeremiah – Westminster Area 2, Caroline Fenwick, Staff: Allied Health Professionals Scientific & Technical and Rochelle Gee, Staff: Contracted.

It noted that LH offered help to all candidates with writing their statement.

It was highlighted that ballot papers will be distributed on 18 November.

AH-P queried who is entitled to vote for whom. VD responded that members can vote for candidates in their constituencies.

5 Membership Engagement and communication calendar of events **LH**

The sub-committee noted the updated calendar of events.

LH highlighted that the edition of e-news to members scheduled for December will be moved to the end of November due to the election.

In response to a question from CB regarding the Medicine for Members event previously planned for December, LH said that the Communications Team are in the process of securing a date. The event is currently listed in the calendar of events in January 2014 and the topic is on slips, trips and falls and winter pressures in A&E; it has been planned to hold it jointly with A&E and there will be two clinicians leading, one on slips, trips and falls and the other on winter pressures in A&E.

In response to WB's query relating to £8,000 budget for Christmas Event LH said that the event was approved by the Council of Governors in December 2012 and the money needed for that event was approved at that time.

AH-P queried if the Christmas Event will require less money than budgeted considering that it overlaps with Friends Christmas Event and asked for a breakdown of the cost. LH responded that some savings will be made on the equipment as the cost will be shared with Friends. **KD-D to provide a breakdown of cost of Christmas Event to the sub-committee for information.** **KD-D**

It was clarified that Friends Christmas event will be held between 10am and 2pm and the Trust's Christmas Event will be held between 4 and 6pm. LH noted that the Friends plan to remove their equipment earlier to release the space for the Trust to prepare.

AH-P queried if Friends and Trust events are concentrating on targeting a certain group of people. FH said that from conversation she had with Friends it is likely that Friends event will attract mothers whose children are in school whereas the Trust's event is likely to attract all audiences. AH-P said it would be good to have one event for older people or those people who previously used the Trust's services. FH said it

was a good idea for the future.

CB said that he understands that the purpose of the two events is very different, Friends Christmas is a charitable event and the Trust Christmas event will focus on engaging with members.

CB said Susan Maxwell, a former member of the Membership Sub-Committee who has been heavily involved in organising the event asked him to read her email with some facts to the sub-committee for the purpose of minuting. It reads: 'I wanted the fact minuted that the Membership Sub-Committee (who initiate funding for the Christmas Event) were not asked for their opinion on the two events happening on the same day. Courtesy dictates both the Membership Sub-Committee and the Christmas Events committee members should have been consulted and able to give their views. The decision should not have been taken away from committee level.

The Governors' Christmas Event had the 10th December date first (with the Friends having allocated 11th for their event). It is a governor-funded engagement process with the members and for this reason it should be our day, not a tag on at the end of Friends' event.

The fact that the packing away of items from the Friends' stands and the movement of tables in order for governors' event stands to be set up will take some time does not seem to have occurred to anyone.

What are the members who have decided to stay for both events to do in the meantime? Surely they will get in the way striking of one event and building of another and ask lots of questions. It also looks as if the Governors organisers are the ones who look disorganised and not ready on time – notwithstanding that we cannot get started until the Friends event has been struck.'

FH responded that the Trust was not aware that the Friends decided to hold their Christmas event on the same day as the Trust until the decision was made.

FH said that she spoke with the Chair of Friends and he apologised on behalf of Friends for any inconvenience. The importance of having better communication and transparency as to what events Friends have on their schedule was noted.

LH said that both Wendie McWatters and Susan Maxwell are involved in the organisation of C&W Christmas event and asked when Susan Maxwell email was dated as this could have been before Susan Maxwell's current involvement and support of the event.

The sub-committee discussed benefits and disadvantages of both events happening on the same date.

It was agreed that in the future it would be useful to evaluate feedback from this year's event in order to determine how future Christmas events are organised. This is only the second Christmas event held by the Trust.

6 Christmas Event **LH**

This item was discussed under the membership engagement and communication calendar of events as it forms part of calendar of events.

7 Membership Recruitment – update **FH**

WB commented that information presented in table 1 and table 2 seems similar and felt that table 1 should be removed from the future membership reports. Information presented in table 2 was more comprehensive and understandable. FH said that this will be arranged and should this information be required at any point SN should be able to provide information. **The sub-committee agreed.**
SN to remove table 1 from the future membership recruitment reports. **SN**

CB said he is worried that if patient and public numbers keep increasing the Trust will have more members to service and suggested that money is rather used for engaging with members. MJ commented that recruiting members is necessary in order to keep the membership number broadly around 15,000 to 15,500.

MJ commented that patient member numbers are likely to continue to grow due to the Trust being unable to enforce 3 year eligibility criteria for patients as stipulated in the constitution. VD said that this was discussed some time ago in light of election to the Council of Governors ensuring the appropriate eligibility for patients standing for election. It was noted that there are no means for Trusts to check this other than doing it via patient electronic system. This cannot be done due to data protection. FH suggested that it would be useful to find out what practice other Foundation Trusts have. **VD to check with other Foundation Trusts.** **VD**

LH said considering the plans to deliver care more in community setting and keeping people out of hospital could impact on 3 year eligibility criteria for patients.

The sub-committee discussed the report and the following points were noted:

- Section 3.1 re graph 'Members Ethnicity Compared with Local Population' should read 'Public Members Ethnicity Compared with Local Population';
- Section 4 Membership Age was noted – talks have been held re encouraging children to become members and setting up youth forums; **SN to look at graph re public membership age and ensure the numbers reflect the public population only.** **SN**
- Repeating a lecture and having a stand for young people career at future Open Day was suggested as the one organised in 2012 was very successful
- Members age to be analysed by age and sex; **SN to look into this.** **SN**
- Re socio-economic groupings FH to check with SN why there are none for grade D (working class)
- Section 6.1 re the Membership Development Committee' to be corrected to read 'Membership Sub-Committee'; **SN to correct this.** **SN**
- Section 6.3 insert 'A few' before 'Governors' as most governors do not take part
- Section 6.7 CB queried aim to recruit 900 new members throughout 2013/14

8 Recruitment and engagement of BME members **FH**

This item could not be discussed in full as PB was not in attendance. However, this

topic was touched on as part of the membership recruitment.

FH said that she received an expensive proposal for funding a Healthwatch event which would attract BME. She noted that there was no urgency to do it as the Trust is reasonably representative of its local population. **FH to discuss the proposal further with SN.** **FH**

9 Membership application form **FH**

FH noted that currently there is sufficient number of the membership application forms still available.

10 Council of Governors Funding Report for the Membership Sub-Committee **VD**

This paper was noted.

11 Information Zone – update **FH**

This item could not be discussed as the time allocated for the meeting expired and the boardroom was needed for another meeting.

12 Any other business

Terms of Reference

WB noted that he would like to review the Terms of Reference at the next meeting as the new Chairman of the sub-committee. **VD to put on next Membership Sub-Committee agenda and to remove it from the December Council of Governors agenda.** **VD**

13 Date of next meeting – February 2014 TBC

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 13 December 2013

AGENDA ITEM NO.	3.8/Dec/13
PAPER	Membership Engagement and Communications calendar of events
AUTHOR	Katie Drummond-Dunn, Communications Manager
LEAD	Fleur Hansen, Interim Director of Corporate Affairs and Company Secretary
EXECUTIVE SUMMARY	This is the programme of membership engagement and communications activity following the approval of funding at the Council of Governors meeting on 14 February 2013.
DECISION/ ACTION	To note.

Membership Engagement & Communications Calendar of Events December 2013/March 2014

Date/Month	Event/Activity	Lead	Cost/Funding source
December 2013			
Friday 6 Dec	Members' News Issue 9	Head of Communications	£216 (Council of Governors)
Tuesday 10 December	Christmas at Chelsea and Westminster event (mini Open Day)	Communications Dept	£8,000 (Council of Governors)
January 2014			
Friday 3 Jan	Members' News Issue 10	Head of Communications	£216 (Council of Governors)
TBC	Membership mailing for all public and patient members (including covering letter from Chairman, Trust News and A5 flyers about details of 'Medicine for Members' seminar and other future events)	Communications Manager	£10,000 (Council of Governors)
TBC	Launch of Star Awards nominations – Patient Choice category and Council of Governors Special Award	Communications Manager	Not from Council of Governors budget (Star Awards funded by Chelsea and Westminster Health Charity)
TBC	Medicine for Members seminar (Slips, trips and fall, (treatment, avoiding etc) and winter pressures in A&E with Patrick Roberts, Clinical Lead for A&E)	Communications Manager	£700 (Council of Governors)
February 2014			
Friday 7 Feb	Members' News Issue 11	Communications Manager	£216 (Council of Governors)
TBC	Closing date for Star Awards nominations – Patient Choice category and Council of Governors Special Award	Communications Manager	Not from Council of Governors budget (Star Awards funded by Chelsea and Westminster Health Charity)
March 2014			
Friday 7 Mar	Members' News Issue 12	Head of Communications	£216 (Council of Governors)
TBC	Medicine for Members seminar (Palliative Care with Barry Quinn, Lead Nurse for Cancer and Palliative Care)	Communications Manager	£700 (Council of Governors)

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 13 December 2013

AGENDA ITEM NO.	3.9/Dec/13
PAPER	Council of Governors Q2 Membership Report
AUTHOR	Sian Nelson, Membership and Engagement Manager
LEAD	Fleur Hanson, Interim Director of Corporate Affairs and Company Secretary
EXECUTIVE SUMMARY	The paper outlines a current membership figures and plans for recruitment during 2013/14.
DECISION/ ACTION	For information

1.0 Membership Joiners and Leavers July to September 2013 (Q2)

Between April and September 2013 – Quarter Two (Q2), there were 285 members who left and 413 who joined membership. This results in a surplus of 128 new members.

Membership numbers are broken down (below) to reflect patient, public and staff membership representation.

Start Period	01/04/2012	01/07/2013	01/08/2013	31/08/2013
End Period	31/03/2013	31/07/2013	30/08/2013	30/09/2013

Totals	**Last Year 1 Apr 12-31 Mar 13**	**Jul**	**Aug**	**Sep**
Period Start	**14, 858**	**15,438**	**15,429**	**15,415**
Joiners	1,811	10	3	8
Leavers	1,401	19	17	27
Period End	**15,268**	**15,429**	**15,415**	**15,396**

Public		**Jul**	**Aug**	**Sep**
Period Start	**5,942**	**5,799**	**5,799**	**5,795**
Joiners	225	3	3	4
Leavers	317	3	7	20
Period End	**5,850**	**5,799**	**5,795**	**5,779**

Patient		**Jul**	**Aug**	**Sep**
Period Start	**5,685**	**6,219**	**6,210**	**6,200**
Joiners	573	7	0	4
Leavers	264	16	10	7
Period End	**5,994**	**6,210**	**6,200**	**6,197**

Staff		**Jul**	**Aug**	**Sep**
Period Start	**3,231**	**3,420**	**3,420**	**3,420**
Joiners	1,013	0	0	0
Leavers	820	0	0	0
Period End	**3,424**	**3,420**	**3,420**	**3,420**

2.0 Public Membership Ethnicity

Figure 1 shows public membership ethnicity. At the end of Quarter 2, 2013/14, the highest proportion of ethnicity is within the white category, and the lowest representation remains in the 'mixed' group.

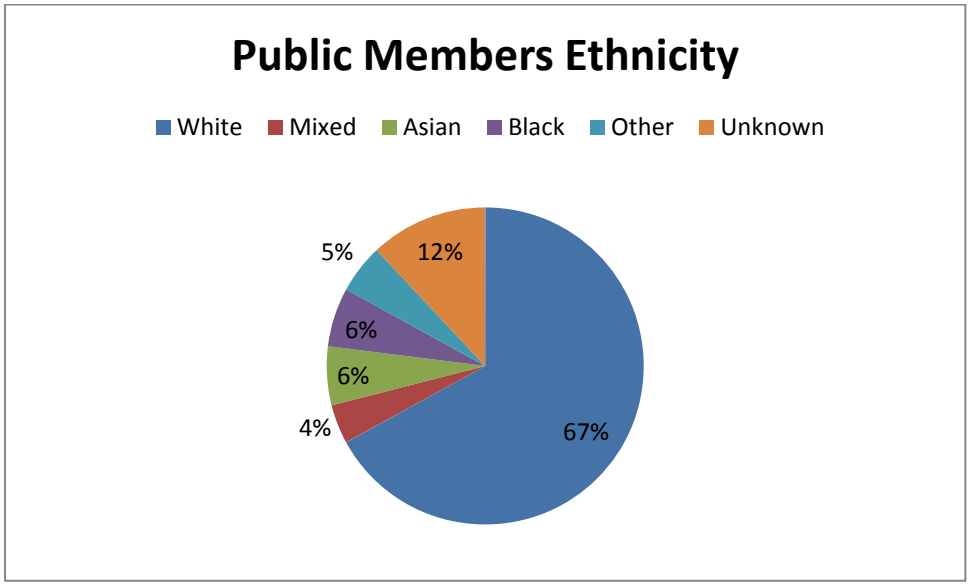
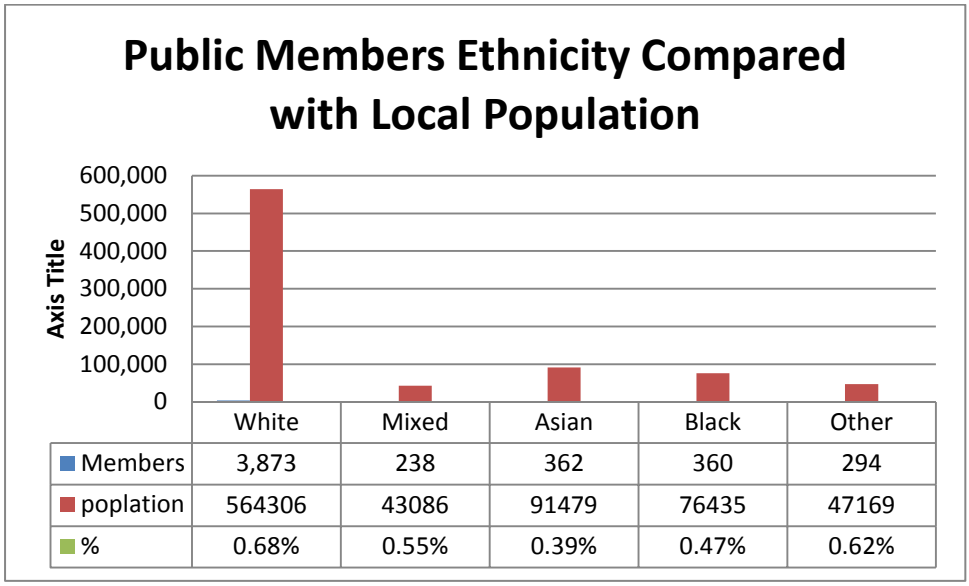


Figure 1. Public Membership Ethnicity end of September 2013 (Q2 2013/14)

2.1. Public Membership Ethnicity – comparison against local eligible population

Figure 2 shows the public membership comparison against the local eligible population. Here representation is highest in the White population, and lowest in the Black and Asian population.

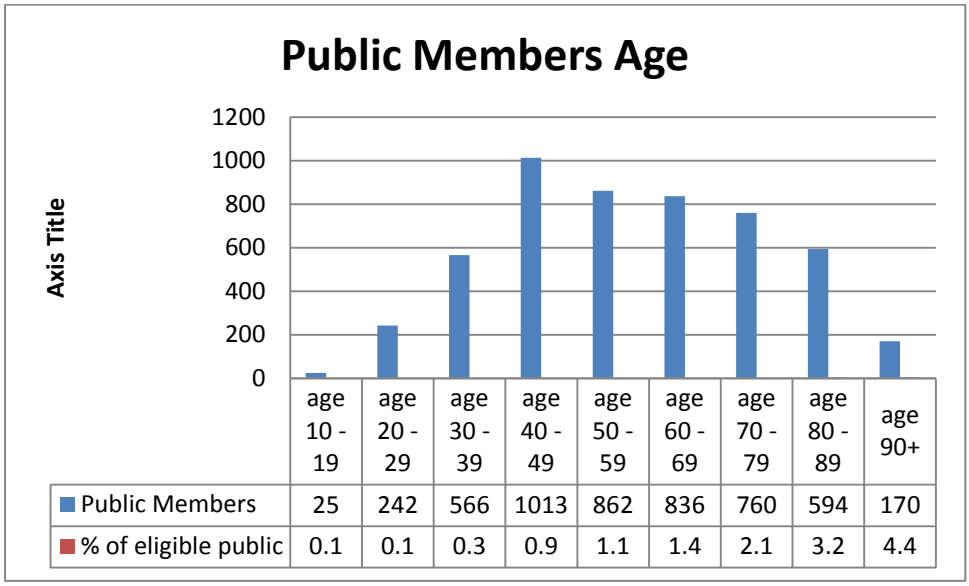


	White	Mixed	Asian	Black	Other
Members	3,873	238	362	360	294
poplation	564306	43086	91479	76435	47169
%	0.68%	0.55%	0.39%	0.47%	0.62%

Figure 2. Public Membership Ethnicity - comparison against local eligible population. End of September 2013 (Q2 2013/14).

3.0 Public Membership Age

Figure 3 shows a profile of public membership by age. Public membership representation peaks at age group 40-49 years whereas the lowest age group is those within the 16-19 age group. However, when compared to the local population, the highest representation is within the age groups 90+years and 80-89 years.



	age 10 - 19	age 20 - 29	age 30 - 39	age 40 - 49	age 50 - 59	age 60 - 69	age 70 - 79	age 80 - 89	age 90+
Public Members	25	242	566	1013	862	836	760	594	170
% of eligible public	0.1	0.1	0.3	0.9	1.1	1.4	2.1	3.2	4.4

Figure 3. Public Membership Age
In the youngest age group the trust only represents from 16years+ however, the local population figures start at 10 years therefore this is guidance only

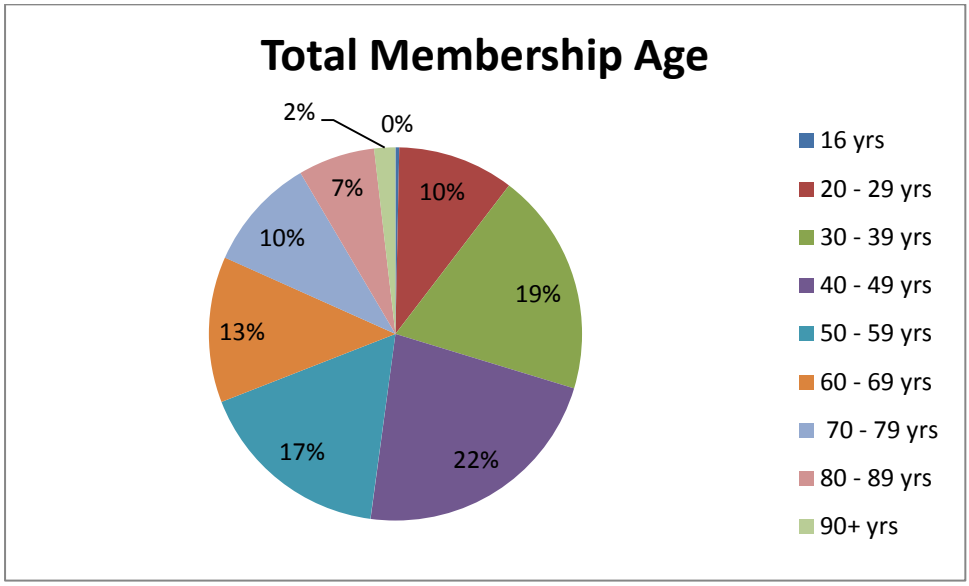


Figure 3.1 Total Membership Age
The chart shows percentage (%) representation of all members' constituencies which again shows the highest representation in the age group 40-49 years and lowest in the 16-19 years.

4.0 Public Membership - Socio-economic grouping

Figure 4. below shows public membership by socio-economic groups. At end of September 2013 (Q2 2013/14) the highest representation remains in the ABC1 category* followed by category E*. There is no representation in the other categories.

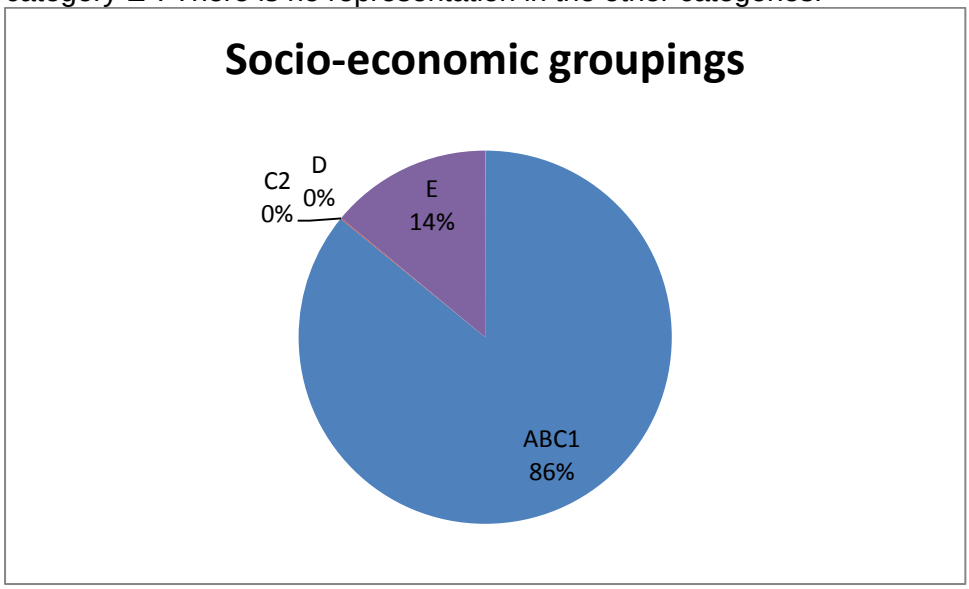


Figure 4 Public Membership - Socio-Economic Groups*

*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).

5.0 Membership Recruitment

Between April and September 2013 – Quarter Two (Q2), there were 285 members who left and 413 who joined membership. This results in a surplus of 128 new members.
This was achieved by a combination of recruitment activities from the Governors who recruited at Open Day and 'Meet a Governor' session and a recruitment campaign outsourced to Capita recruitment services.
A data cleanse is performed each quarter by Capita recruitment before member mailing which removes those not at the same address or who have been registered deceased. In addition Capita is notified monthly for requests of members' removal from the database

5.1. The Membership Development Sub-Committee of the Council of Governors develops and reviews the Membership recruitment strategy. Recruitment activity is focused on both maintaining our membership numbers whilst also enabling a diverse and representative membership.

5.2. Governors continue to host 'Meet a Governor' session at the Ground floor Information Zone. Patients, public, staff and members have the opportunity to meet a Governor to discuss issues important to them. This is publicised on the Trust website, and a banner positioned at the hospital's main entrance.

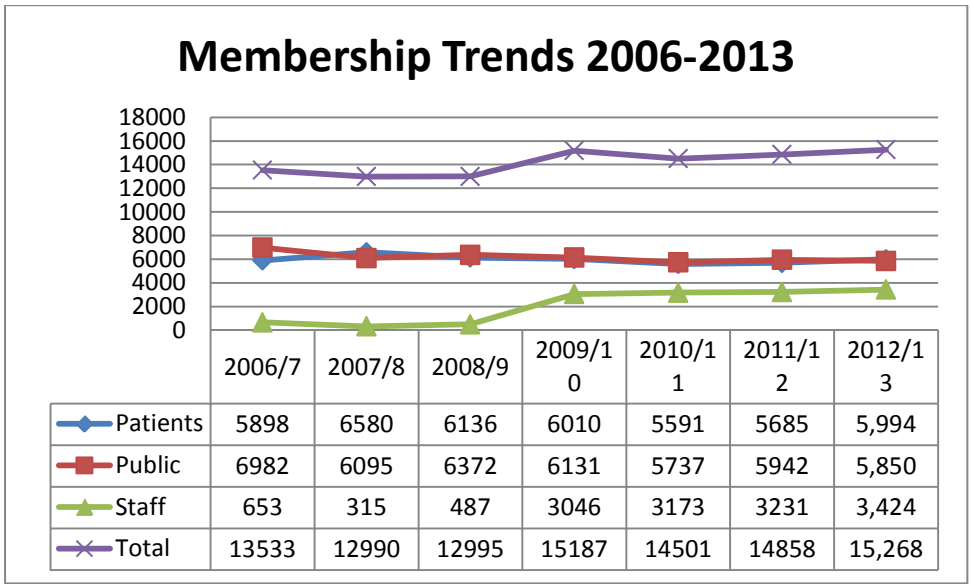
5.3 The Patient Advice and Information Service support membership promotion. Visitors to the PALS office, when appropriate are offered a membership application form. Application forms are sent with patient response letters and the team will continue to actively promote membership.

5.4 The Communications team concentrate on Membership engagement and a plan for membership events has been agreed for 2013/14.

5.5 Membership recruitment campaigns are planned for 2013/14 – the first took place in May 2013, including Open Day and we exceeded the aim to recruit 300 new members (total 355). The second began 15th October – this campaign aims to recruit 200 patients whilst promoting the Governor November Elections. The recruiters are encouraging a diverse range of patients and public residents to nominate oneself as a Governor.

5.6 It is important to recruit throughout the year to ensure membership numbers are maintained. We aim to recruit 900 new members throughout 2013/14.

5.7 Figure 6 shows the trends in Trust membership from 2006-2013.



	2006/7	2007/8	2008/9	2009/10	2010/11	2011/12	2012/13
Patients	5898	6580	6136	6010	5591	5685	5,994
Public	6982	6095	6372	6131	5737	5942	5,850
Staff	653	315	487	3046	3173	3231	3,424
Total	13533	12990	12995	15187	14501	14858	15,268

Figure 6. Membership trends 2006-2013

6.0 Developing a Representative Membership

6.1 Analysis of the membership database by age, gender and ethnicity ensures we work towards representative memberships within the communities we serve.

6.2 To create equal representation, It is recognised that membership recruitment should focus on recruitment and engagement with Black, Ethnic and Minority groups. Our recruitment strategy will continue to focus on activities which can encourage wider representation within our membership.

6.3 Table 3.1 highlights that although trust membership figures are higher in the white category; ethnic groups are more balanced when compared to the local eligible population.

7.0 Summary

7.1. The hospital gained Foundation Trust status in 2006 and at year end 2006/07 totalled 13, 533 members. Membership numbers peaked in 2009 when staff members' status changed from 'opt in' to 'opt out'.

7.2. We need to continue our focus on recruitment to maintain our membership numbers whilst also seeking a representative membership. Beyond this, we have introduced initiatives such as 'Medicine for members' to actively encourage the engagement of members in the work of our hospital.

8.0. Membership Recruitment 2013/14

The below table summarises key recruitment events scheduled for 2013/14

Month	Event	Total Recruited	Report	Funds Approved
May 2013	Members Recruitment Campaign Promotion for Open Day May 2013 And Governor Elections	300 members Achieved	Q1 2013/14	£2,340
October/November 2013	Members Recruitment Campaign including promotion of Governor Elections and promotion of elections voting Main hospital and Dean Street Clinic	300 members	Q3 2013/14	£2,340

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 13 December 2013

AGENDA ITEM NO.	4.2/Dec/13
PAPER	Council of Governors meeting dates for 2014
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Prof. Sir Christopher Edwards, Chairman
EXECUTIVE SUMMARY	This paper lists 2014 Council of Governors meeting dates.
DECISION/ ACTION	The Council is asked to note these dates.

Council of Governors meeting dates for 2014

- 6 March, 4-6.00pm
- 15 May, 4-6.00pm
- 17 July, 4-6.00pm
- 18 September, 3-5pm and will be followed by Annual Members' Meeting at 5.30pm
- 4 December, 4-6.00pm

All meetings will be held in the Hospital Boardroom, lower ground floor.