

27 November 2014

Dear Governors,

Council of Governors Meeting
Thursday, 4 December 2014

Please find enclosed the Agenda and Papers for next week's Council of Governors Meeting. Unfortunately we have not been able to hold the meeting in the Gleeson Lecture Theatre on this occasion but please bear with us, as we are trying to secure the venue as much as possible for the Council of Governors meetings scheduled for 2015.

The arrangements for the day are as follows:

- 3.00 – 3.40pm: Council of Governors informal meeting with the Lead Governor over tea/coffee (Hospital Boardroom, lower ground floor, lift bank C)
- 3.45 – 4.00pm: Governor group photo shot (Academic Atrium which is opposite the Hospital Boardroom, lower ground floor, lift bank C)
- 4.00 – 6.00pm: Council of Governors Meeting, (Hospital Boardroom, lower ground floor, lift bank C)

We look forward to seeing you all.

Yours sincerely,

Vida Djelic
Board Governance Manager

Council of Governors Meeting

Hospital Boardroom

Chair: Sir Tom Hughes-Hallett

Date: 4 December 2014 Time: 4.00pm

Agenda

Council of Governors General Meeting

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

		Lead	Time
	Council of Governors Quality Awards presentation	TH-H	4.00
1	GENERAL BUSINESS		
1.1	Welcome & Apologies	TH-H	4.15
1.2	Announcement of results of election (to be tabled due to the results being published on Friday, 28 November)	TH-H	
1.3	Declaration of Interests	TH-H	
1.4	Draft Minutes of Previous Meeting held on 18 September 2014 (attached)	TH-H	
1.5	Matters Arising (attached)	TH-H	
1.6	Chairman's Report (attached)	TH-H	
1.7	Interim Chief Executive's Report (attached)	EM	
1.8	CW+ Update (formerly known as Chelsea and Westminster Hospital Charity) (attached)	MN	
2	CORE ITEMS		
2.1	Care Quality Commission (CQC) announced inspection results and action plan (oral and action plan to be tabled due to deadline for submission to CQC)	EM	
2.2	Governors' Questions (attached)	EM	
2.3	West Middlesex update (oral)	EM/DC	
2.4	Re-appointment of Non-Executive Directors (to follow)	TH-H	
2.5	Council of Governors performance evaluation – proposed questionnaire (attached)	TH-H	
3	UPDATES		
3.1	Christmas at Chelsea and Westminster 11 December 2014 – update (attached)	KD-D	
3.2	Open Day 2015 Proposal (attached)	KD-D	
3.3	Council of Governors Funding Report – update (attached)	SY	
3.4	Membership Engagement and Communications calendar of events – update (attached)	SY	
3.5	Membership Report Q2 (attached)	SY	
4	REPORTS FOR INFORMATION		
4.1	*Quality Sub-Committee report (attached) (draft minutes of 13 November 2014 meeting)	EM	
4.2	*Membership Sub-Committee report (attached) (draft minutes of 13 November 2014 meeting attached)	WB	
4.3	*A copy of the Finance and Performance Reports are available via Board papers which are available on the website at the following link: http://www.chelwest.nhs.uk/about-us/organisation/trust-meetings and a hard copy of the board pack in the governors' room	EM	

4.4 *Council of Governors meeting dates for 2015 (attached)

TH-H

5 ANY OTHER BUSINESS

6 DATE OF THE NEXT MEETING – 5 March 2015

CLOSE

6.00

Council of Governors Meeting, 4 December 2014

AGENDA ITEM NO.	1.4/Dec/14
PAPER	Draft Minutes of Previous Meeting held on 18 September 2014
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Sir Tom Hughes-Hallett, Chairman
EXECUTIVE SUMMARY	This paper outlines a record of proceedings at the previous meeting.
DECISION/ ACTION	<ol style="list-style-type: none"> 1. To agree the minutes as a correct record. 2. The Chairman to sign the minutes.

Council of Governors Meeting Minutes, 18 September 2014 Draft

Attendees:

Sir Tom	Hughes-Hallett	Chairman		TH-H
Walter	Balmford	Patient		WB
Chris	Birch	Patient		CBir
Christine	Blewett	Public	Hammersmith and Fulham 2	CBLe
Nicky	Browne	Appointed	The Royal Marsden NHS Foundation Trust	NB
Dr Anthony	Cadman	Patient		ACa
Catherine	Faulks	Appointed	Royal Borough of Kensington and Chelsea	CF
Prof Brian	Gazzard	Staff	Medical	BG
Angela	Henderson	Patient		AH
Anna	Hodson-Pressinger	Patient		AH-P
Jenny	Higham	Appointed	Imperial College	JH
Melvyn	Jeremiah	Public	Westminster 2	MJ
Martin	Lewis	Public	Westminster 1	ML
Kathryn	Mangold	Staff	Nursing and Midwifery	KM
Susan	Maxwell	Patient		SM
Wendie	McWatters	Patient		WMW
Tom	Pollak	Public	Wandsworth 1	TP
Sandra	Smith-Gordon	Public	Kensington and Chelsea 2	SS-G
Charles	Steel	Patient		CS
Steve	Worrall	Public	Wandsworth 2	SW

IN ATTENDANCE:

Sir John Baker	Non-executive Director	JB
Professor Richard Kitney	Non-executive Director	RK
Jeremy Loyd	Non-executive Director	JL
Karin Norman	Non-executive Director	KN
Nilkunj Dodhia	Non-executive Director	ND
Jeremy Jensen	Non-executive Director	JJ
Eliza Hermann	Non-executive Director	EH
Dr Andrew Jones	Non-executive Director	AJ
Tony Bell	Chief Executive	APB
Lorraine Bewes	Chief Financial Officer	LB
Elizabeth (Libby) McManus	Chief Nurse and Director of Quality	EM
Zoe Penn	Medical Director	ZP
Rakesh Patel	Director of Finance	RP
David Radbourne	Chief Operating Officer	DR
Susan Young	Chief People Officer and Director of Corporate Affairs	SY
Robert Hodgkiss	Divisional Director of Operations, Division of Womens, Neonates, Childrens and Young People, HIV/GUM and Dermatology Services	RH

Patricia Gani
Vida Djelic

Healthwatch representative
Board Governance Manager

PG
VD

1 GENERAL BUSINESS

1.1 Welcome & Apologies

TH-H

The Chairman welcomed members of the public and Patricia Gani from Healthwatch to the meeting.

Apologies were received from Edward Coolen.

Apologies were also received from Non-executive Director Liz Shanahan.

1.2 Declaration of Interests

TH-H

There were no declarations of interests received.

1.3 Minutes of Previous Meeting held on 17 July 2014

TH-H

The Chairman apologised for the late circulation of draft minutes to governors which was due to the holiday period. He thanked governors for providing comments on the draft minutes.

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

1.4 Matters Arising

TH-H

The governors noted that the two actions relating to governors' committees are in progress and that other two actions have been complete.

Governors Committees

The Chairman thanked those governors who submitted their comments in relation to review of committees and said that a proposal will be sent to governors in October. The Chairman also thanked Chris Birch and Melvyn Jeremiah on their very considerable suggestions. He welcomed further comments.

Trust News mailing

The Chairman noted that there was a delay caused by Capita in distributing the latest Trust News. The Trust is reviewing its ongoing relationship with Capita both in respect of the membership database and newsletter distribution. Governors on the membership sub-committee have been invited to be involved in the procurement process of selecting the membership service provider.

Annual Members' Meeting advert

The Chairman noted that in addition to the Trust News and flyer the Annual Members' meeting has also been advertised in the Gazette Newspaper Series (Ealing, Uxbridge, Harrow, Hounslow and Hammersmith and Fulham), social media, through members enews and through the internal communications

channels.

1.5 Chairman's Report

TH-H

The Chairman noted the resignation of Dr Andrew Lomas, who was unable to continue in his role as governor for time commitment reasons but that he remains a councillor of the Royal Borough of Kensington and Chelsea.

Chris Birch noted that it is important to carefully consider publicising the upcoming election due to a low turn-out at the previous election.

In response to a question from Martin Lewis, the Chairman confirmed that Tony Bell will follow up with the Wandsworth CCG regarding their representative on the Council of Governors. He also confirmed that he will follow up with Westminster City Council regarding their representative. **Action: Tony Bell to follow up with Wandsworth CCG regarding their representative on the Council of Governors.**

APB

The Chairman noted that he very much enjoyed all visits to the West Middlesex University Hospital (WМУH) with governors.

The Chairman noted that the Trust has organised an evening meeting for the Chelsea and Westminster Board and the Board of the Royal Brompton and Harefield Hospital with a view to building relationships with them.

The Chairman thanked David Radbourne, Chief Operating Officer, for his valuable contributions over the past few years. David is leaving to take up a new post in Hertfordshire.

1.6 Chief Executive's Report

APB

In addition to his written report, Tony Bell noted that the Board informally discussed the progress on the potential acquisition of the West Middlesex University Hospital (WМУH). The Board will determine whether to proceed to a full business case. The final decision to proceed will have to be made by the Secretary of State.

Tony Bell noted that the *Shaping a Healthier Future* (SaHF) continues and due to the closure of A&E departments at Central Middlesex Hospital and Hammersmith Hospital Chelsea and Westminster has seen an increase in A&E attendances.

An implementation business case will be submitted to NHS England and HM Treasury in autumn.

Tony Bell noted that the redevelopment of the Emergency Department will move forward irrespective of SAHF due to the increasing number of patients to be seen in the A&E in the coming years.

In response to a question from Walter Balmford regarding charging patients who use A&E, Tony Bell responded that there is a system for obtaining funds from non-EU patients eligible for NHS treatment.

Tony Bell noted that a bid for winter pressure funding will be submitted to the Department of Health.

Tony Bell noted that the SystemOne EPR Core is going live by end September in the Emergency Department which will enable our consultants to view patient record electronically.

Martin Lewis asked if consideration was given to carrying out burns research elsewhere in the country. Tony Bell responded that this has been considered.

The Chairman noted that he has invited chairs of all of hospital charities to dinner. This invitation has been warmly welcomed by the Chairman of the All Party Parliamentary Group.

1.7 Chelsea and Westminster Hospital Charity – update MN

This item was deferred to the next Council of Governors meeting.

2 ITEMS FOR DECISION/APPROVAL

2.1 Care Quality Commission (CQC) announced inspection update (oral) APB

Tony Bell noted that the Trust had received a draft CQC report. The Trust is given 10 days to check the report for factual accuracy and once we have submitted comments to the CQC we will discuss these with the Board and Council of Governors. There will be a quality summit held by the CQC where the results will be shared at a public meeting and governors will be informed of the date.

2.2 Governors' Questions SY

Chris Birch commented on the response provided in the paper and felt that it misses the point. He said that it relates to when a paper or a presentation is given to governors and governors ask questions they are sometimes not clear what decision has been taken.

Anna Hodson-Pressinger said that her question related to when an agreement is made in a meeting or action taken forward from a meeting an update on the agreement or progress with action needs to be reported to governors. The feeling was that this does not always happen. The Chairman agreed that this should happen.

2.3 West Middlesex update (oral) APB

Tony Bell noted that this item was discussed earlier in the meeting under the Chief Executive's report.

The Chairman noted that the governors would wish the Board to consider moving forward to a full business case. A number of questions remain to be answered including cultural integration, whether Information Management and Technology (IM&T) expenditure expressed in the transaction is sufficient and rescheduling the PFI debt. Governors also wish to receive advice about the health and wellbeing of

the population of the Boroughs covered by both Chelsea and Westminster and the WMUH. **Action: Dominic Conlin to incorporate health and wellbeing into future discussions with governors.**

DC

The Board will meet next week and will advise governors on their decision whether to proceed to the full business case.

The Chairman congratulated the Chief Executive and the Executive Team for their work on taking forward on the WMUH acquisition.

2.4 Re-appointment of Non-Executive Directors (oral)

TH-H

The Chairman noted that two Non-executive Director appraisals were due to be carried out and suggested that the decision to extend their term of office is instead delegated to the Council of Governors Nominations Committee.

Some governors indicated that sub-committees of the Council of Governors do not have delegated powers. They can make a recommendation to the Council of Governors (s.11.16.10 of the Trust Constitution).

The Chairman asked Susan Young to check if the recommendation can be made to governors via email and the decision to be communicated to governors before the December meeting.

Action: SY to check if the recommendation can be made to governors via email and the decision to be communicated to governors before the December meeting.

SY

The Chairman noted that Karin Norman's term of office was coming to an end on 31 October. He congratulated Karin for chairing the Assurance Committee and giving up a considerable amount of time to carry out her role. The Trust is grateful to her commitment and service to the hospital. The Trust is also grateful to Professor Richard Kitney for his services to the Board as a Non-executive Director, and the Chairman will discuss the possibility of Professor Kitney continuing to work with the Board in an advisory capacity.

3 UPDATES

3.1 Council of Governors Funding Report – update

SY

The Council of Governors discussed the report and the following points were made:

Chris Birch said that considering the financial circumstances the Council of Governors election should be funded from the Council of Governors budget. The Council of Governors agreed. **Action: Susan Young to schedule the Council of Governors election cost on the report and inform governors of the cost.**

SY

Chris Birch said that the title 'amount committed' did not seem appropriate as some information was omitted. Susan Young clarified that these figures were estimated.

Action: Susan Young to change the presentation of the report to ensure greater clarity.

SY

	<p>He said that the FTN/FTGA membership for 15/16 did not seem appropriate to appear in the 14/15 financial year and if it is to remain on the list it needs to read 14/15 and the figure nil should be assigned to it if there is no cost for this financial year. Action: Vida Djelic to move the FTN/FTGA membership cost to the next financial year budget.</p>	VD
	<p>Susan Maxwell queried why the cost of the FTGA/FTN membership should be funded from the Council of Governors budget. Some governors felt that their training should be funded from the governors' budget and felt the FTGA development days and FTN courses are very helpful. The Chairman suggested that the training courses available should be provided to governors. Action: Vida Djelic to provide a list of training courses available to governors.</p>	VD
	<p>Chris Birch said that the expenditure for 6 Medicine for Members seminars needs to be adjusted. Wendie McWatters asked for the cost breakdown. Action: Layla Hawkins to adjust the cost of membership seminars and provide cost breakdown.</p>	LH
	<p>Tom Pollak said that the decision was made by the Membership Sub-Committee that there is no need for further membership recruitment and that the focus should be on communicating and engaging with the members and asked if any money has been assigned to this on the funding report. Susan Young responded that she will look into the above suggestions. Action: Susan Young to discuss with the communications team.</p>	SY
3.2	*Membership Engagement and Communication – update	SY
	Noted.	
3.3	*Membership Report Q1	SY
	Noted.	
	<p>Steve Worrall referred to p.4 of the report and queried how the socio-economic grouping is defined.</p> <p>Action: Sian Nelson to provide an explanation to governors on how the socio-economic grouping is defined.</p>	SN
4	ITEMS FOR INFORMATION	
4.1	Quality Sub-Committee report (draft minutes of 11 September 2014 meeting attached)	EM
	Noted.	
4.2	*Membership Sub-Committee report (draft minutes of 4 September 2014 meeting attached)	WB
	Noted.	

- 4.3** *A copy of the Finance and Performance Reports are available via Board papers which are available on the website at the following link: <http://www.chelwest.nhs.uk/about-us/organisation/trust-meetings> and a hard copy of the board pack in the governors' room **APB**

Noted.

5 ANY OTHER BUSINESS

The Chairman noted that he received a thank you (to Sir Tom) for the get-well-soon card to Edward Coolen.

Martin Lewis noted that there is a governors' stand at the Annual Members' Meeting and invited fellow governors to help with the stand.

Martin Lewis wished well to Public Governor Tom Pollak who was presenting at the Annual Members' Meeting on behalf of the Council of Governors.

6 DATE OF THE NEXT MEETING

The next meeting of the Council of Governors will be held on 4 December 2014.

Council of Governors Meeting, 4 December 2014

AGENDA ITEM NO.	1.5/Dec/14
PAPER	Matters Arising from the meeting of the Council of Governors meetings held on 18 September 2014
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Sir Tom Hughes-Hallett, Chairman
EXECUTIVE SUMMARY	This paper lists matters arising from the previous meeting and any action taken or subsequent outcomes.
DECISION/ ACTION	The Council of Governors is asked to note the matters arising and updates.

MATTERS ARISING

Council of Governors Meeting

Hospital Boardroom

Chair: Sir Tom Hughes-Hallett

Date: 18 September 2014

Time: 3:00 – 5:00 pm

Ref	Description	Lead	Subsequent Actions or Outcomes
1.5/Sep/14	<p>Chairman's Report</p> <p>Action: Tony Bell to follow up with Wandsworth CCG regarding their representative on the Council of Governors.</p>	APB	
2.3/Sep/14	<p>West Middlesex update</p> <p>Action: Dominic Conlin to incorporate health and wellbeing into future discussions with governors.</p>	DC	
2.4/Sep/14	<p>Re-appointment of Non-Executive Directors (oral)</p> <p>Action: SY to check if the recommendation can be made to governors via email and the decision to be communicated to governors before the December meeting.</p>	SY	This has been checked and it can be done via email. The paper regarding the re-appointment of Non-Executive Directors is on the agenda.
3.1/Sep/14	<p>Council of Governors Funding Report – update</p> <p>Action: Susan Young to schedule the Council of Governors election cost on the report and inform governors of the cost.</p>	SY	This was scheduled on the Council of Governors Funding Report presented to the Membership and Quality Sub-Committees and is included in the Funding Report enclosed (agenda item 3.3).

Action: Susan Young to change the presentation of the report to ensure greater clarity. SY Revised Funding Report is enclosed (agenda item 3.3).

Action: Vida Djelic to move the FTGA/FTN membership to the next financial year and insert nil for 14/15. VD Completed.

Action: VD to provide a list of training courses available to governors. VD This is attached as an appendix. Governors are encouraged to let Vida Djelic know if interested in attending.

Chris Birch said that the expenditure for 6 Medicine for Members seminars needs to be adjusted. Wendie McWatters asked for cost breakdown.

Action: Layla Hawkins to adjust the cost of Membership Seminars and provide cost breakdown. LH Completed.

Tom Pollak said that the decision was made by the Membership Sub-Committee that there is no need for further membership recruitment and that the focus should be on communicating and engaging with the members and asked if any money has been assigned to this on the funding report. Susan Young responded that she will look into the above suggestions. **Action: Susan Young to discuss with the communications team.**

Funding request included in the funding report.

3.3/Sep/14 Membership Report Q1

Action: Sian Nelson to provide an explanation to governors on how the socio-economic grouping is defined. SN 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).

The Membership database uses the Acorn Social Classification to understand the social-economic status of its members. Acorn segments postcodes and neighbourhoods and by analysing significant social factors and population behaviour, it provides precise information and in-depth understanding of the local populations. This is based on data collected by Government and commercial companies that collect data on service use, health and wellbeing, finance, consumer and lifestyle.

GovernWell course dates 2014/15

- **Core Skills**

Tuesday 2 December 2014 London
Wednesday 18 February 2015 TBC
Tuesday 17 March 2015 London
Thursday 30 April 2015 Sheffield
Tuesday 9 June 2015 London
Tuesday 9 July 2015 Cambridge

- **Member and Public Engagement**

Wednesday 3 December 2014 London
Thursday 19 February 2015 TBC
Wednesday 18 March 2015 London
Friday 1 May 2015 Sheffield
Wednesday 10 June 2015 London
Wednesday 10 July 2015 Cambridge

- **Accountability**

Tuesday 3 February 2015 Birmingham
Thursday 14 May 2015 TBC
Thursday 25 June 2015 Southampton

- **Effective Questioning and Challenge**

Wednesday 4 February 2015 Birmingham
Wednesday 15 April 2015 Manchester

- **NHS Finance and Business Skills**

Friday 10 October 2015 London
Thursday 16 April 2015 Manchester

- **The governor role in non-executive appointments**

Thursday 4 December 2014 London
Wednesday 11 March 2015 London
Wednesday 13 May 2015 Birmingham

Council of Governors Meeting, 4 December 2014

AGENDA ITEM NO.	1.6/Dec/14
PAPER	Chairman's Report
AUTHOR	Sir Tom Hughes-Hallett, Chairman
LEAD	Sir Tom Hughes-Hallett, Chairman
EXECUTIVE SUMMARY	This report updates the Council of Governors on a number of key developments and news items that have occurred since the last meeting.
DECISION/ ACTION	For information.

Chairman's Report

1.0 Tony Bell OBE and interim arrangements

You will be aware of this month's announcement that Tony Bell is stepping down as our Chief Executive. Tony has been a committed and professional CEO who has made a significant contribution to the future of the Trust. We have achieved a great deal under his leadership. We have opened a new Children's Hospital, won a number of prestigious awards for the high quality of care we provide to patients and families and begun the very important work in North West London of integrating our hospital care with the care that is provided in the community. I am grateful to Tony for his great contribution that has benefited our patients, staff, and volunteers alike.

Following that announcement, I know you will all be keen to know what is happening next. I am pleased to announce that Elizabeth McManus becomes Interim Chief Executive.

Elizabeth, or Libby, as many of us know her, became our Chief Nurse & Director of Quality in September 2013. She has worked in the NHS for nearly 30 years and has been both a Director of Operations and Director of Nursing. Most recently Libby was Director of Nursing at York Teaching Hospitals NHS FT (YTHFT) where she spent more than ten years, and was part of the Board that was made NHS Board of the Year in 2012.

Libby has also worked nationally on programmes related to patient safety, governance and assurance.

Whilst at YTHFT, she played a key role in the acquisition and successful integration of YTHFT with Scarborough and North East Yorkshire NHS Healthcare Trust.

The Board has asked Zoe Penn, our Medical Director, to take responsibility for Quality, including our assurance systems and processes

I know that you will want to join me in wishing Libby every success and offer your support to her as she takes on the role of Interim Chief Executive of Chelsea and Westminster Hospital NHS Foundation Trust.

2.0 Review of Board committee structures

Governance was an area highlighted by the Care Quality Commission in their report on the Trust and I am pleased to note that significant work has been underway since the summer to review and develop our clinical and corporate governance arrangements. Non-Executive Director Nilkunj Dohia, who has extensive experience of governance structures in his professional career, has been working with Chief People Officer and Director of Corporate Affairs Susan Young to review and streamline our Board Committee structure so that decisions can be made quickly, decisively and effectively. Part of this work has already reached fruition with a new Quality Committee in place, chaired by Non-Executive Director Eliza Hermann with governor input, which will oversee all assurance relating to the quality of our services including the delivery of our CQC action plan. Meetings that fall underneath the Board Committee structure are being reviewed in line with these changes.

3.0 Christmas events

One of the things that makes Chelsea and Westminster special is the efforts we make to hold events open to the public that helps the hospital connect with the local community. I am proud to announce the following events taking place this December.

'Christmas at Chelsea and Westminster' is taking place on Thursday 11 December from 4–6pm on the Ground Floor of the hospital. The event will begin with Chelsea Pensioners from the Royal Hospital Chelsea switching on our Christmas tree lights at 4pm.

The Friends of Chelsea and Westminster Hospital have sponsored this year's staff Christmas Cheer Awards and Best Decorated Ward competitions—nominations are now open with forms available online and in Trust News. The Friends Christmas Cheer Awards are an opportunity to nominate a colleague who has a happy, positive approach to their work and encompasses our values every day. They are a chance to recognise a member of staff, team or volunteer who always goes the extra mile and makes a real contribution to hospital life and patient care.

The Best Decorated Ward judging will take place on Thursday 11 December and the winners will be presented with their prizes on Thursday 18 December from 10:30–11am on the wards. The Friends Christmas Cheer Awards will be presented on Thursday 18 December from 11am–12 noon in the main atrium on the Ground Floor.

This year we are holding an additional Christmas event on Monday 22 December at 5pm called Light Up A Life—an event for the public, staff and patients to remember loved ones and patients who are no longer with us. Light Up A Life will be taking place in the hospital garden, beside the hospital car park entrance. The ceremony will include a minute's silence plus turning on fairy lights in the garden, music, hot drinks and mince pies.

Council of Governors Meeting, 4 December 2014

AGENDA ITEM NO.	1.7/Dec/14
PAPER	Interim Chief Executive's report
AUTHOR	Elizabeth McManus, Interim Chief Executive
LEAD	Elizabeth McManus, Interim Chief Executive
EXECUTIVE SUMMARY	This report updates the Council of Governors on a number of key developments and news items that have occurred since the last meeting.
DECISION/ ACTION	For information.

Interim Chief Executive's report

1.0 Care Quality Commission announced inspection and action plan

The Care Quality Commission (CQC), in their first announced inspection of Chelsea and Westminster Hospital under their new monitoring regime gave the Trust an overall rating of 'requires improvement'. While this is the first time any information has been brought to the Council of Governors meeting, Governors have been fully briefed on all processes relating to the draft report, announcement and action plan.

The report reflects the findings of the CQC inspection held in July this year and highlights 13 areas of excellence including:

- Research activity that has actively improved care for patients in service areas including A&E, physiotherapy and burns
- Nationally recognised female genital mutilation service
- Staff being actively involved in quality initiatives to improve the care they provide to their patients
- The neonatal palliative care team having developed standards on caring for very young babies with life limiting conditions who need palliative or end of life care on neonatal units, which have been shared with medical royal colleges and other hospitals for national use

However some of the CQC's review shows a need for improvement and consistency in themes including:

- Risks and pressures around managing demand, staffing and improving safety processes
- More support for dementia care and learning disability
- Better governance arrangements

The Trust has already been taking action on feedback outlined in the report including agency staff having access to IT patient records and care plans, robust medicines management led by matrons and supported by pharmacy, improving access to a specific area of outpatients highlighted in the report and recruiting 85 permanent nurses and midwives since July. We are investing in a multi-million pound scheme to refurbish and extend our emergency department. This will mean more space, more staff and more state of the art equipment to treat patients in an emergency.

Media coverage remained regional and key stakeholders were briefed as part of our plans to publicise the announcement.

To ensure that we meet all recommendations highlighted, the Trust had to submit an action plan to the CQC by Friday 28 November. In addition to this list of actions I will be signalling to the organisation and to the CQC that we have really absorbed the wider content and meaning of the report and know that it tells us so much more than the actions we are required to act upon. We should consider it one of the richest sources of feedback from our staff and our patients and I am committed to taking the right actions to address this. We will target leadership development to ensure that we have clinical and managerial leaders who can affect local change and hold others to account appropriately in addressing these fundamental cultural issues. We will take action to ensure that leaders at every level are visible and that staff are both heard and listened to.

Actions to complete all key recommendations have been developed and endorsed by front line staff with a commitment to being rated 'good' or 'outstanding' across all services by March 2015. The Trust has engaged key external stakeholders during the development of this plan, particularly for recommendations that relate to system-wide issues which will require additional support. Progress against the overall action plan will be monitored by the Board Quality Committee who will provide teams with support on achieving these goals where required. Due to the date of submission the action plan will be tabled at the Council of Governors meeting.

2.0 Industrial action Monday 24 November 2014

On Monday 24 November some staff, including midwives, radiographers and staff in theatres, took part in a national strike from 7am-12pm. Essential, emergency services were not reduced or compromised. The safety of our patients remained the highest priority during the duration of the industrial action.

To make sure that we have the right staff in place to diagnose and treat emergency patients, some non-urgent appointments in these areas were rescheduled. Each patient with a rescheduled appointment was personally written to in order to explain the situation, apologise for any inconvenience caused by this national action and how they can re-book, which we will treat as a priority.

I would like to thank staff in affected services for providing excellent care to their patients for the duration of the strike despite having a lower workforce number. I would also like to thank the operations and HR teams for their forward contingency planning which ensured that we could provide strong emergency services on the day.

3.0 Getting the right treatment this winter

Our A&E department, at the time of the Care Quality Commission inspection in July, was extremely busy which had an impact on how quickly we could see patients in an emergency. While we continue to meet and often exceed the national four hour target, A&E departments across the country are seeing increases in attendances and this gets even worse in winter.

You should only use A&E in an emergency. This will ensure that our doctors and nurses can focus their efforts, quite rightly, on those with life threatening symptoms, which is what an A&E is there to do. For less serious issues you can use your GP, pharmacist, Urgent Care Centres or call the NHS 111 advice line. A booklet is going to all homes across North West London that details which services you should access for what conditions, which I hope will help you make the right choice in where to access care.

4.0 National awards for services

I would like to congratulate the following teams for winning national awards since the last Council of Governors meeting:

- The Trust has been benchmarked and awarded Top 30 Employers for Working Families by Working Families, an organisation which gives advice to working parents and carers.
- Two HSJ Value in Healthcare Awards - The team at 56 Dean Street won the Value and Improvement in the Use of Diagnostics for their new rapid access clinic Dean Street Express and the Emergency Care Pathway Programme

team won the Value and Improvement in Acute Pathway Redesign category for their work to improve patient flow between services.

- CliniQ at 56 Dean Street won the Enhancing Patient Dignity category at the Nursing Times Awards on Wednesday 29 October. CliniQ is a holistic sexual health and well-being service for all trans* people, partners and friends.

5.0 New appointments

- Welcome to the 85 nurses and midwives who have joined us over the last couple of months
- Welcome to Karl Munslow Ong who has been appointed Chief Operating Officer—Karl is currently COO at the Hillingdon Hospitals NHS Foundation Trust. Karl will join the Trust on Monday 2 March 2015.
- Congratulations to Vanessa Sloane (currently Directorate Nurse for Neonates, Children & Young People) who has begun in the post of Deputy Chief Nurse
- Congratulations to David Asboe who has been appointed as Clinical Director for HIV, GUM and Dermatology Directorate.

Council of Governors Meeting, 4 December 2014

AGENDA ITEM NO.	1.8/Dec/14
PAPER	CW+ Update (formerly known as Chelsea and Westminster Hospital Charity)
AUTHOR	Mark Norbury, Chief Executive , CW+
LEAD	Mark Norbury, Chief Executive, CW+
EXECUTIVE SUMMARY	This report provides an update on CW+
DECISION/ ACTION	To note.



Governors' Overview and Update: Autumn 2014

A new brand: CW+, The Art + Science of Patient Care

We have created a new identity for the charity with the support of our generous partner, Brandhouse. This was launched publicly on Monday 17 November. In the last few years we have dramatically expanded our impact and reach, helping even more people through research, innovation, art and design.

We wanted our brand to more fully reflect our purpose as a charity, the value we seek to bring to the hospital and the fact that patient care is at the heart of what we do.

About CW+

We exist to make care better for patients and their families. From our base at Chelsea and Westminster Hospital we bring together pioneering research, innovation, art and design to transform the experience and outcomes for thousands of people every day – in our hospital, in the wider community and all around the world. See: www.cwplus.org.uk

We achieve our impact through:

- Raising funds for ground-breaking research which identifies new life saving treatments and prevention for babies, children and adults
- Delivering an award-winning art and design programme to transform the hospital environment and experience for patients, families, volunteers and staff
- Investing in clinical innovations, facilities and technologies which improve clinical outcomes for patients and are financially sustainable

Highlights from 2013/2014 include:

- revitalising the art in the hospital with new installations and restorations of key pieces
- raising over £1.75 million for Borne – our flagship research initiative, which aims to prevent disability and death in childbirth and create lifelong health for mothers and babies
- concluding our £1.35 million appeal for Chelsea Children's Hospital and MediCinema
- launching a new social investment initiative, Enterprising Health, to support clinical innovations which benefit patients.

Arts

This year, we are focusing on supporting the hospital's redevelopment of its Accident and Emergency Department with a £600,000 appeal. We have raised over 50% of the required funding in six months. Working in partnership with the hospital and bringing in leading artists including Brian Eno, Mischa Kuball, Richard Woods and Yinka Shonibare, we will be able to transform the environment for patients, families and staff. We held a launch of the appeal at the House of Commons on 14 July. We also held a gala dinner with Harrodian School, at Mansion House, on 20 November, raising £165,000 for our paediatric A&E.

We will also be upgrading and increasing our arts programme in other clinical spaces in the hospital to improve patient outcomes eg, acoustic and environmental improvements in the Intensive Care Unit.

We are progressing with design plans on Edgar Horne as part of our Care of the Elderly Project. We will be introducing rigorous evaluation on the clinical impact of art and design in the hospital.

Borne

Borne was created in response to a real need. In the UK alone, more than 1 in 10 babies are born too soon – that's nearly 80,000 every year. Premature birth is responsible for 70% of disability and death in newborn babies. In Borne's first two years we raised over £3 million.

We are now in the process of raising a further £3.5 million to support a three year programme of research and education. If this programme is a success we will:

1. Trial a new treatment combination which will reduce the risk of preterm labour from 24% to 10-12%. 60,000 babies are currently born too soon each year in the UK.
2. Look to devise new therapeutic approaches to pre-eclampsia based on understanding how this life threatening condition develops. Severe pre-eclampsia affects 1-2% of pregnancies.
3. Understand how to better treat and prevent necrotising enterocolitis (NEC). Each year in the UK, up to 3,000 babies develop NEC, which is like gangrene of the gut: up to 35% die.
4. Establish the benefits of maternal nutrition and health to reduce obesity and ill health in children, with the potential to reduce diabetes, heart disease and stroke in later life.
5. Trial a catheter's ability to reduce the risk of fistula development after obstructed labour. There are 2 million women living with fistula around the world.

Enterprising Health

Following the launch of our Enterprising Health initiative we have now joined with the hospital to launch the Enterprising Health Partnership. This will allow us to double the ambition and investment to £250,000. The launch of this partnership took place with James Caan (Dragon's Den) in September. We will also extend the charity's programme to reach beyond the hospital into the community to develop preventative, or early intervention, projects using a social investment model where commissioners pay us for achieving agreed clinical objectives.

Burns Research and Care

We are continuing to support a research project which will create a centre of excellence for burns research at the hospital. The project is in its second year and will significantly advance research into the three key areas of inflammation, pain management and lung injury. This will enable us to provide the same excellent standards of clinical care that this vulnerable set of patients deserve. The initial proof of concept was budgeted at £387,000, and the charity has now successfully concluded its fundraising.

Chelsea Children's Hospital and MediCinema

The conclusion of our Chelsea Children's Hospital Appeal included £350,000 from the Hans K Rausing Trust to support the hospital in its plans to install a MediCinema. This 41 seat, four wheelchair, four bed capacity auditorium will screen the latest film releases, free of charge to patients, their families and carers. It will also serve as a paediatric teaching space and hub for our music, dance and theatre projects. The hospital and charity have now appointed a contractor and will complete the MediCinema before the year end (March 2015).

In the last financial year we saw a dramatic increase in the impact of our fundraising activities with income in 2013/2014 growing to £2,314,000 (2013: £786,000). In 2014/2015 we anticipate that fundraising income will continue to grow well.

For further information, please contact Mark Norbury on 020 3315 6612 or email mark.norbury@chelwest.nhs.uk.

Council of Governors Meeting, 4 December 2014

AGENDA ITEM NO.	2.2/Dec/14
PAPER	Governors' Questions
AUTHOR	Various
LEAD	Elizabeth McManus, Interim Chief Executive
EXECUTIVE SUMMARY	<p>1. The question raised by Angela Henderson: Re Ebola what the hospital's plans are should there be a major outbreak in London which I think we now have to consider is a real possibility?</p> <p>Response from Elizabeth McManus, Interim Chief Executive</p> <p>We have a fully developed Ebola plan which meets all guidance from the Department of Health. We are training staff to ensure they have correct equipment and procedures to help them manage should anyone present with potential symptoms. The likelihood of a major outbreak is small and we are preparing for cases rather than numbers of cases – as directed by the Public Health England. Our DipC is keeping in touch every day with national and international issues or progress and communicating frequently with all staff as appropriate.</p>
	<p>2. The question raised by Chris Birch: At the December 2013 meeting of the Council of Governors I asked a question about nursing staff levels and was told by the Chief Nurse and the Chief Operating Officer that a review was taking place of nursing levels across all clinical departments "to make sure that we have the right establishments to meet all patients' needs". We know that there are difficulties in recruiting nurses in London and that their pay is a factor but can we please be told how it is that seven months later the Care Quality Commission can say that "some wards were below establishment" and that "some areas, including the acute assessment unit and children's services did not always have staffing levels"?</p> <p>Response from Elizabeth McManus, Interim Chief Executive</p> <p>A review of staffing levels for all adult inpatient areas has been undertaken and presented to the Board in October 2014, this review included a review of existing establishments, finance and human resource available, case mix of patients and benchmarking where this exists. A recruitment campaign throughout the summer has led to a reduced vacancy position for registered nurses and therefore less</p>

	<p>reliance on temporary workforce and agency staffing for these areas.</p> <p>The review highlighted a need for further investment particularly in relation to ensuring ward sisters have adequate supervisory time and a professional review of registered nurse staffing levels at night, the business case for this is currently being developed.</p> <p>With regards to the children's staffing levels:</p> <p>Guidance was published by the Royal College of Nursing in July 2013. This maintained the staffing ratios of 1:4 nurses to children, or 1:3 nurses to children under the age of 2 years. Where previously HCA's were included in the numbers of staff to patients, the new guidance only relates to registered nurses thus changing our staffing from being compliant to non-compliant. This also raises the issue of the role of HCA's within children's services. It does not appear that anywhere in the country has yet managed to meet the new guidance.</p> <p>A review of staffing levels was undertaken last year, and will be repeated this year to ensure staffing remains at safe levels for patients. In order to achieve this, open beds within children's services are flexed.</p> <p>As for adults there is a need for further investment with supervisory ward managers, and increased registered nurses if we are to meet this guidance. A gap analysis is being updated for the Board of Directors.</p>
	<p>3. The question raised by Chris Birch: We were told by Fleur Hansen last December that a Front-of-House Development Steering Group was being set up. Can we please be told what is planned and how far the work has progressed?</p> <p>Response from Elizabeth McManus, Interim Chief Executive</p> <p>The Front of House Development Group has decided that in the light of the significant financial issues it is highly unlikely that we will be able to fund any redevelopment – however we will continue to make change as we move forward with a different patient experience team.</p>
	<p>4. The question raised by Wendie McWatters: Blood tests requested by GPs, taken at C&W, are not visible nor accessible to doctors at C&W on the computer system (called LastWord). I have had many problems re my private cardiologist accessing my results. On the last count, my Chelwest records showed that my last blood test was in 2013. In fact it was in June 2014. As I was admitted to the hospital last week with acute anaemia, this was unfortunate. This often causes a problem for doctors & patients seen at C&W; and can result in tests being duplicated with un-necessary cost. This has been flagged up as a problem for several years and yet nothing has been done.</p> <p>Response from Bill Gordon, Director of Information Management and Technology</p> <p>Thank you for your question outlining your concern regarding access</p>

	<p>to blood results by clinicians from different medical settings.</p> <p>The reason why your GP is unable to access hospital blood results and vice versa is due to the fact different NHS organisations have different Electronic Patient Record (EPR) systems, this is common across the whole of the NHS. As this has been a long standing issue across the nation the NHS Commissioning for Quality and Innovation CQUINS have introduced two new targets whereby all NHS organisations work towards sharing diagnostic results (which includes radiology and blood test results).</p> <p>The first CQUIN target relates to the NHS Trust implanting a GP system which allows the hospital clinicians to view patient diagnostic tests undertaken by the GP and other patient information relevant to their treatment and it will also allow GPs to access relevant hospital information for their patient including any diagnostic results. This is currently live and available to our local GPs.</p> <p>The second CQUIN target is for all North West London (NWL) providers to place the diagnostic results into one place via “cloud technology” which will allow all providers within NWL to be able to access patient diagnostic results irrelevant of which hospital or GP they attended.</p> <p>I hope this addresses your concerns and also on a positive note that this is being addressed nationally.</p>
	<p>5. The question raised by Edward Coolen: Given that COG Meeting Agenda Time Tables are seldom if ever adhered to, can time limits be placed on the time allowed for the following items?</p> <ol style="list-style-type: none"> 1. Reports - particularly when these have already been well covered in the meeting papers and 2. Comments made and questions asked either during or after each presentation or during each meeting and, further to points 1 and 2 above, 3. Will proper time be allowed for ‘Any Other Business’ at the end of each meeting? <p>Response from Sir Tom Hughes-Hallett, Chairman will be provided at the meeting.</p>
	<p>6. The question raised by Edward Coolen: Bearing in mind that staff and executives have their time, computer expenses and overheads (including maintenance) and incidental expenses paid for from Trust/Hospital funds:</p> <ol style="list-style-type: none"> 1. Will unpaid Governors’ expenses be considered? And, 2. Are any Governors currently being paid expenses? <p>Response from Susan Young, Chief People Officer and Director of Corporate Affairs</p> <ol style="list-style-type: none"> 1. We are not aware of any outstanding expenses payments. 2. Governors are entitled to be reimbursed for travelling and other costs and expenses incurred in carrying out their duties at such rates as the Board of Directors decides (Ref. constitution section 111.15.1).

	<p>Some governors do claim expenses in accordance with the entitlement. Others choose not to in the current financial climate.</p>
	<p>7. The question raised by Edward Coolen: Given that Chelsea & Westminster NHS Foundation Trust Hospital (C&W) is widely regarded as a leader in sexual health matters:</p> <ol style="list-style-type: none"> 1. Will C&W be commenting on the numerous press reports that the Brook, 'Traffic Light', recommendations regarding the sexual behaviour of 13 year olds, including, "... penetrative and/or oral sex with contemporaries of the same or opposite gender is normal and healthy." The above recommendation, <u>as claimed</u> in at least one National newspaper, has been endorsed by the Department of Education in. "<i>Guidance for Teachers</i>". <p>Response from Professor Brian Gazzard will be provided at the meeting.</p>
	<p>8. The question raised by Edward Coolen: <i>NB This is a repeat of the writer's question included in the papers for the COG meeting 15 May 2014 Agenda Item No. 3.1/May/14, Page 4 of 4 (Side 38 of 153).</i></p> <p><i>The answer then given included no figures whatsoever and the question is repeated for that reason and because that meeting over-ran the allotted time which prevented any query at that time.</i></p> <p>Having regard for the need to economise and what must be a substantial expenditure on printing PR and Membership News Letters and Papers will Governors be advised of:</p> <ul style="list-style-type: none"> • Staff numbers employed in the Print Shop and • Relevant expenditure on: <ol style="list-style-type: none"> 1. Paper 2. Postage 3. Photography and 4. Fixed, Variable and Semi Variable costs associated with publications? <p>Response from Suzanne Scannell, Head of Procurement will be provided at the meeting.</p>
DECISION/ ACTION	To note.

Council of Governors Meeting, 4 December 2014

AGENDA ITEM NO.	2.5/Dec/14
PAPER	Council of Governors Performance Evaluation – proposed questionnaire
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Sir Tom Hughes-Hallett, Chairman
EXECUTIVE SUMMARY	<p>Monitor's <i>Code of Governance</i> sets out the provision:</p> <p><i>'B.6.5. Led by the chairperson, the council of governors should periodically assess their collective performance and they should regularly communicate to members and the public details on how they have discharged their responsibilities, including their impact and effectiveness on:</i></p> <ul style="list-style-type: none"> ■ <i>holding the non-executive directors individually and collectively to account for the performance of the board of directors.</i> ■ <i>communicating with their member constituencies and the public and transmitting their views to the board of directors; and</i> ■ <i>contributing to the development of forward plans of NHS foundation trusts.</i> <p><i>The Council of Governors should use this process to review its roles, structure, composition and procedures, taking into account emerging best practice.'</i></p> <p>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.</p> <p>The questionnaire has essentially remained the same last year.</p> <p>There were no particular actions raised by the Council of Governors to be taken forward following the last year evaluation.</p>

	<p>The following process is suggested:</p> <ul style="list-style-type: none"> • Questionnaire to be agreed at the Council of Governors meeting on Thursday 4 December 2014 • Questionnaires to be distributed to Governors by e-mail on Friday 5 December 2014 • Questionnaires to be completed and returned to the Board Governance Manager by Friday 23 January 2015 <p>The summary report, including any recommended developmental actions, will be prepared and presented by the Chairman to the Council of Governors meeting on Thursday 5 March 2015.</p>
<p>DECISION/ ACTION</p>	<p>The Council of Governors is asked to agree the questions and the process.</p>

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 23 January 2015.

Governor Survey 2014

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2 Minutes are circulated after every governors meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3 Minutes of the meeting are circulated in good time for the next meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4 Action points are followed up by the governors responsible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.5 The Chair follows up the action points for which he or she is responsible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.6 The attending executive board members follow up the action points for which they are responsible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.7 Governor meetings are productive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

About your role as a governor

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

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

5.7 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	<input type="checkbox"/>	<input type="checkbox"/>
Fairly satisfied	<input type="checkbox"/>	<input type="checkbox"/>
Neither Satisfied nor dissatisfied	<input type="checkbox"/>	<input type="checkbox"/>
Fairly Dissatisfied	<input type="checkbox"/>	<input type="checkbox"/>
Very Dissatisfied	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

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

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

Comments:

Training and briefings

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

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

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

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

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

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

Please add any comments you have on this training.

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

Yes

No

Don't know

Comments:

Final Question

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

Council of Governors Meeting, 4 December 2014

AGENDA ITEM NO.	3.1/Dec/14
PAPER	Christmas at Chelsea and Westminster 11 December 2014 – update
AUTHOR	Katie Drummond-Dunn, Senior Communications Manager and Caroline Pooley, Executive Assistant
LEAD	Layla Hawkins, Head of Communications and Marketing
EXECUTIVE SUMMARY	This paper updates Governors on the progress of the Christmas at Chelsea and Westminster on Thursday 11 December.
DECISION/ ACTION	Governors are invited to give their feedback on progress, promote the event locally in their constituency and volunteer to help at the event.

CHRISTMAS AT CHELSEA AND WESTMINSTER EVENT

1.0 Background

The Council of Governors has agreed to provide £8,000 of funding for the Christmas event for members, staff and the local community, particularly local families. It will begin with turning on the Christmas tree lights by the Chelsea Pensioners, followed by mini open day event with stalls, Santa's grotto, music and refreshments.

2.0 Confirmed Itinerary

Date: Thursday 11 December, 4-6pm, Ground floor of the main hospital

5pm-Chelsea Pensioners turn on the Christmas tree lights.

4.10 (for around 45mins); Dick Laurie's elastic band

5.10 (for around 45 minutes); Music to be confirmed

6pm-Event ends

Following feedback the event is being held separately from the Friends Christmas Fair (Wednesday 10 December) and the Friends Christmas Cheer Awards (Thursday 18 December).

3.0 Planning

The event is being organised by the Events Assistant with the support of the Senior Communications Manager. The communications team are being supported by Governors Susan Maxwell and Sam Culhane as well as representatives from ISS, Norland and Estates and Facilities.

4.0 Advertising

4.1 External

The front page of December's Trust News is dedicated to the Christmas event, advertising the entertainment and activities taking place.

The event will be advertised in the Chelsea and Kensington Chronicle series of newspapers with two quarter page adverts in the lead up to the event.

We will also be delivering postcards to advertise the event to 12,500 residents who live near the hospital.

We will be writing to around 50 local schools to ask them to advertise the event in their newsletter and sending them posters to put up in their schools.

We will also be producing posters and a banner for the front of the hospital as well as advertising the event through hospital radio so that patients are aware that the event is taking place.

4.2 Internal

There will be an advert on the desktop, a notice in November and December Team Briefing and messages in the Daily Noticeboard.

4.3 Members

There will be a message about the Christmas event in the November and December members' e-bulletin, inviting our Foundation Trust members to come along to the event.

5.0 Entertainment

5.1 Music

Dick Laurie's Elastic Band have been booked by CW+ and Queen's Gate School Choir will also be performing. Inbetween the performances hospital radio will be playing Christmas songs.

5.2 Santa's Grotto

Head of Security Trevor Post has agreed to be Santa for the event. Norland will be building a grotto in the Governors information area and there will be a post box for children to send their letters to Santa. Susan Maxwell has already begun buying and wrapping gifts for the grotto.

5.3 Stalls

We are inviting our charities and a handful of departments to have stalls at the Christmas event. The stands are:

- Children's Hospital Trust Fund
- The Friends of Chelsea and Westminster
- Macmillan
- Hospital radio
- Paediatrics
- Teddy Bear Hospital
- St Stephen's Aids Trust
- Volunteers
- St Stephen's volunteers
- St Nicholas Fund
- Giggle Doctors – (NO STALL REQUIRED)
- Gingerbread decorating
- Face painting
- Hospital School
- Health and safety and fire brigade
- Wellbeing
- A&E redevelopment
- Refreshments

6.0 Switching on the Christmas Tree Lights

The Chelsea Pensioners have agreed to turn on the Christmas tree lights at 4pm.

7.0 Refreshments

ISS are organising some light refreshments for the event. We have requested tea, coffee and mince pies for the adults and fruit punch, mini chocolate rolls, biscuits, shortbread and clementines for children.

8.0 Volunteers

Governors are invited to volunteer to help on the night – please let Caroline Pooley or Katie Drummond-Dunn know if you are available. Voluntary services are providing two volunteers to help on the welcome desk.

Council of Governors Meeting, 4 December 2014

AGENDA ITEM NO.	3.2/Dec/14
PAPER	Open Day 2015 Proposal
AUTHOR	Katie Drummond-Dunn, Senior Communications Manager
LEAD	Layla Hawkins, Head of Communications and Marketing
EXECUTIVE SUMMARY	This paper outlines a proposal for the Trust Open Day 2015 (Saturday 9 May, 11am–3pm).
DECISION/ ACTION	The Council of Governors is asked to discuss the proposal including aims and objectives. Governors are asked to attend the Open Day.

Open Day 2015 Proposal

1. Introduction

- 1.1 The annual Chelsea and Westminster Hospital Open Day is the flagship event in the Trust's public and patient engagement programme. It is known within the healthcare sector as one of the most successful hospital open days.
- 1.2 The event is an opportunity for the Trust to place itself at the heart of its community by opening its doors to local people and giving them a chance to become more involved in their local hospital.
- 1.3 Last year's Open Day on Saturday 14 June 2014 attracted 1,950 people and was opened by actress Joanna Lumley.
- 1.4 Visitors to last year's Open Day were invited to give their feedback on the day:
 - 100% rated the Open Day as 'Excellent' or 'Good'
 - 100% would definitely recommend the Open Day to friends and family
 - 100% said staff at the Open Day were friendly and approachable
- 1.5 Governors recruited 112 new Foundation Trust members on the day.

2. Proposal

- 2.1 It is proposed that Open Day 2015 will take place from 11am-3pm on Saturday 9 May.
- 2.2 The aims of Open Day 2015 are to:
 - Market the Trust to current and potential Foundation Trust members, patients and local residents
 - Promote the Trust values, this year focussing on Safe to demonstrate actions taken following the CQC report
 - Promote the achievements of the hospital
 - Develop communication between Council of Governor's representatives and Foundation Trust members
 - Encourage Open Day visitors to become Foundation Trust members
 - Promote health, fitness and wellbeing
 - Showcase developments such as the new A&E
 - Bring staff from different departments together
 - Engage with local stakeholders
 - Utilise the day as a fundraising opportunity for the Chelsea and Westminster Health Charity and other associated charities

3. Implementation

- 3.1 As in previous years there will be a small operational group to implement the project:
 - Operational Group – to manage planning and implementation of the Open Day. Membership to include a Council of Governors representative, as well as representatives of Trust charities, directorates and departments in the Trust, and contractors including ISS.

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

4. Funding

The funding request for £20,000 for the 2015 Open Day was approved at the July 2014 Council of Governors. The Trust would like to thank the Council of Governors for their ongoing support for this important engagement event.

5. Programme

5.1 Early discussions are taking place in order to plan the major attractions and events which will take place during the Open Day. A number of ideas have been proposed including:

- An area celebrating the Safe value
- Use of the lower ground floor outpatients to provide health checks (for example diabetes, blood pressure, BMI) for members of the public
- Teddy Bear Hospital in paediatrics outpatients
- Live music organised by Hospital Arts to run all day
- Focus on key services offered by the hospital including burns, paediatrics, diabetes, stroke and HIV/Sexual Health
- Careers zone aimed at the 14-17 age group
- Tours – various areas but this could include the new Birth Centre, pharmacy, the boiler room, simulation centre, Chelsea Children's Hospital
- A stand to show the A&E redevelopment project
- Governors stand for membership recruitment and promoting the work of the Council of Governors

6. VIP attendance

6.1 Early discussions have taken place regarding a VIP to open the event.

Katie Drummond-Dunn
Senior Communications Manager
November 2014

Council of Governors Meeting, 4 December 2014

AGENDA ITEM NO.	3.3/Dec/14
PAPER	Council of Governors Funding Report
AUTHOR	Vida Djelic, Board Governance Manager Layla Hawkins, Head of Communications and Marketing (Part A)
LEAD	Susan Young, Chief People Officer and Director of Corporate Affairs
EXECUTIVE SUMMARY	This report provides an update on the Council of Governors budget. Of the £69k, circa £23.5k has been spent to date on the projects approved by the Council of Governors. Funding requests are enclosed in part A and B.
DECISION/ ACTION	The Council of Governors is asked: <ul style="list-style-type: none"> • To note the report • To approve Governor engagement proposal (Part A)

2014/15 Financials for Projects

Project Name	Estimated Spend	Actual Spend to Date	Expected Expenditure Period	Lead	Approved by the Council of Governors
Open Day 2014	£ 20,000.00	£ 18,434.33	May/June 14	Katie Drummond-Dunn	17 July 2013
12 Members' E-News	£ 2,600.00	£ 1,512.00	Monthly	Katie Drummond-Dunn	17 July 2014
Xmas at C&W 2014	£ 8,000.00		Nov/Dec14	Katie Drummond-Dunn	17 July 2014
5 Medicine for Members seminars 2014/15	£ 4,167.00	£ 171.00	Quarterly	Katie Drummond-Dunn	17 July 2014
Annual Members' Meeting 2014	£ 5,000.00	£ 1,967.24	Aug/Sep14	Katie Drummond-Dunn	17 July 2014
1 membership mailing per year (Feb 15)	£ 10,000.00		Jan/Feb15	Katie Drummond-Dunn	17 July 2014
Membership Recruitment Campaign for Open Day	£ 1,500.00	£ 1,500.00	June 14	Sian Nelson	17 July 2013
Quality Awards	£ 3,000.00		Jul/Dec 14	Susan Young	17 July 2014
Council of Governors election	£ 7,177.00		Dec 14	Susan Young	18 September 2014
TOTAL FOR 14/15	£ 62,277.00	£ 23,584.57			

2015/16 Financials for Projects

Project Name	Estimated Spend	Actual Spend to Date	Expected Expenditure Period	Lead	Approved by the Council of Governors
Open Day 2015	£ 20,000.00			Katie Drummond-Dunn	17 July 2014
FTN/FTGA Membership Subscription 2015	£ TBC			Susan Young	A portion of the membership subscription to be approved when the cost becomes available in 2015
TOTAL FOR 15/16	£ 20,000.00				

Part A

Governor engagement proposal

In line with changes set out in the Health and Social Care Act 2012, Governors are required to effectively engage with their members and the community the hospital serves to ensure that their views and feedback is taken on board when the Council of Governors is required to make decisions.

The Membership Sub Committee, chaired by Governor Balmford, has responsibility for ensuring that membership numbers are stable and reflect the demographics of the community we serve. It was agreed at the July Sub Committee and approved at the July Council of Governors meeting that, as our membership base has remained stable over the past few years and favourable in number compared to other Foundation Trusts, the focus of the subcommittee would be on effective engagement with existing members. This is reflected in the Membership Strategy.

Governors already play a vital role in effective public engagement, namely through the Medicine for Members seminars, Meet a Governor sessions and their continued support at Trust events such as Open Day.

We would like to support Governors better in engaging at community events and so the funding request asks the Council to agree to fund a suite of materials and equipment that will allow Governors to hold stands at external events.

Costing £800, this would pay for:

- 2 pop up banner stands
- Fold up lightweight table
- Leaflets.

Council of Governors Meeting, 4 December 2014

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

Membership Engagement & Communications Calendar of Events 2014/15

Date/Month	Event/Activity	Lead	Cost/Funding source
December 2014			
Thursday 4 December	Members' News Issue 9	Communications Manager	£216 (Council of Governors)
Thursday 11 December	Christmas at Chelsea and Westminster	Communications Manager	£8000 (Council of Governors)
Thursday 18 December	Christmas Cheer Awards	Communications Manager	Not from Council of Governors budget (Funded by the Friends)
January 2015			
Friday 16 January	Members' News Issue 10	Communications Manager	£216 (Council of Governors)
TBC	Star Awards launch	Communications Manager	Not from Council of Governors budget (Funded by CW+)
February 2015			
Friday 13 February	Members' News Issue 11	Communications Manager	£216 (Council of Governors)
TBC	Medicine for Members seminar	Communications Manager	£700 (Council of Governors)
March 2015			
Friday 13 March	Members' News Issue 12	Communications Manager	£216 (Council of Governors)

Council of Governors Meeting, 4 December 2014

AGENDA ITEM NO.	3.5/Dec/14
PAPER	Membership Report Q2
AUTHOR	Sian Nelson, Membership and Engagement Manager
LEAD	Susan Young, Chief People Officer and Director of Corporate Affairs
EXECUTIVE SUMMARY	The paper outlines a current membership figures for end of September (Q2 2014/15)
DECISION/ ACTION	For information

Membership Report

1.0 Membership joiners and leavers July-September 2014 (Q1 2014/15)

During Q2 2014/15 156 members joined and 336 left the Trust membership. A data cleanse was performed during October to prepare for the November Governor Elections. This would affect leavers to cleanse names of members who have moved from eligible Borough areas or sadly have deceased.

Membership numbers are broken down (below) to reflect patient, public and staff membership representation for Q2 2014/15.

Table 1.0 Joiners and Leavers, Q2 2014/15

Start Period	01/07/2014	01/08/2014	01/09/2014
End Period	31/07/2014	31/08/2014	30/09/2014

Totals	Jul	Aug	Sep
Period Start	15,294	15,378	15,137
Joiners	84	36	36
Leavers	0	277	59
Period End	15,378	15,137	15,114

Public	Jul	Aug	Sep
Period Start	5,658	5,669	5,544
Joiners	11	0	8
Leavers	0	125	9
Period End	5,669	5,544	5,543

Patient	Jul	Aug	Sep
Period Start	6,241	6,313	6,198
Joiners	72	36	27
Leavers	0	151	48
Period End	6,313	6,198	6,177

Staff	Jul	Aug	Sep
Period Start	3,395	3,396	3,395
Joiners	1	0	1
Leavers	0	1	2
Period End	3,396	3,395	3,394

2. Membership ethnicity

2.1 Figure 1 shows overall members ethnicity. At the end of Q2 2014/15, 39% did not state their ethnicity (unknown) and out of those who are known the highest proportion of representation is within the White category. The lowest representation remains in the 'Mixed' group and 'Other' group, which means ethnicity, is not that of the criteria options. The representation is further presented in the public member's ethnicity table (figure 2) where comparisons are made to the local population that the Trust serves.

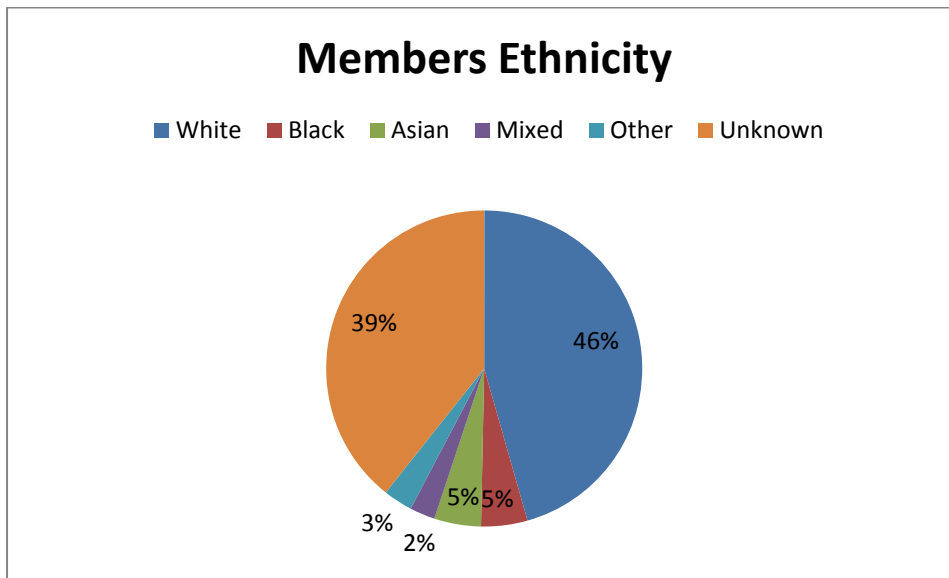


Figure 1.0 Overall Members Ethnicity Q2 2014/15

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

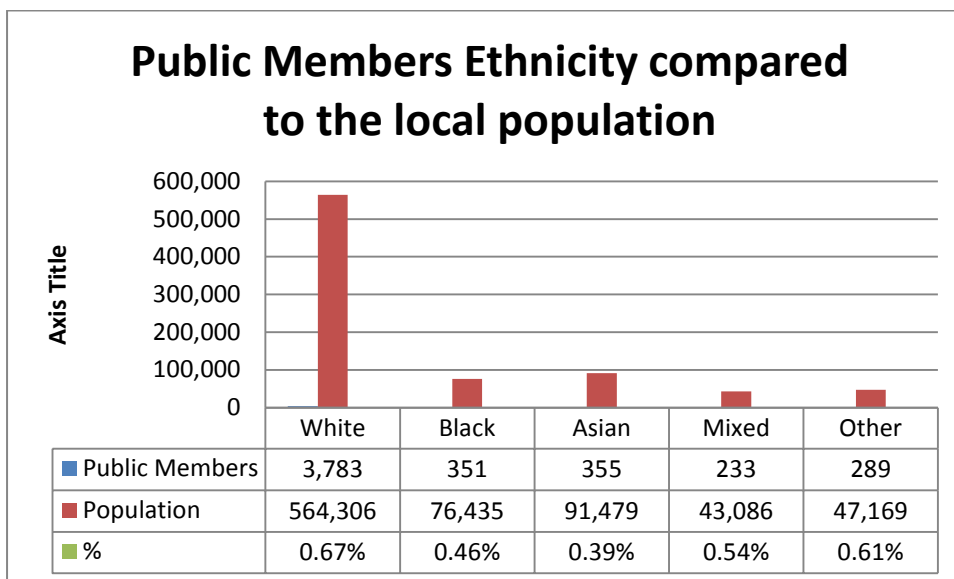


Figure 2.0 Public Membership Comparisons to the Local Population Q2 2014 15

3.0 Public Membership Age

Figure 3 shows a profile of public membership by age. Public membership representation rises at age group 40-49 years whereas the lowest age group is those within the 16-19 age groups. However, when compared to the local population, the highest representation starts from the age group 70-79 onwards to 90+

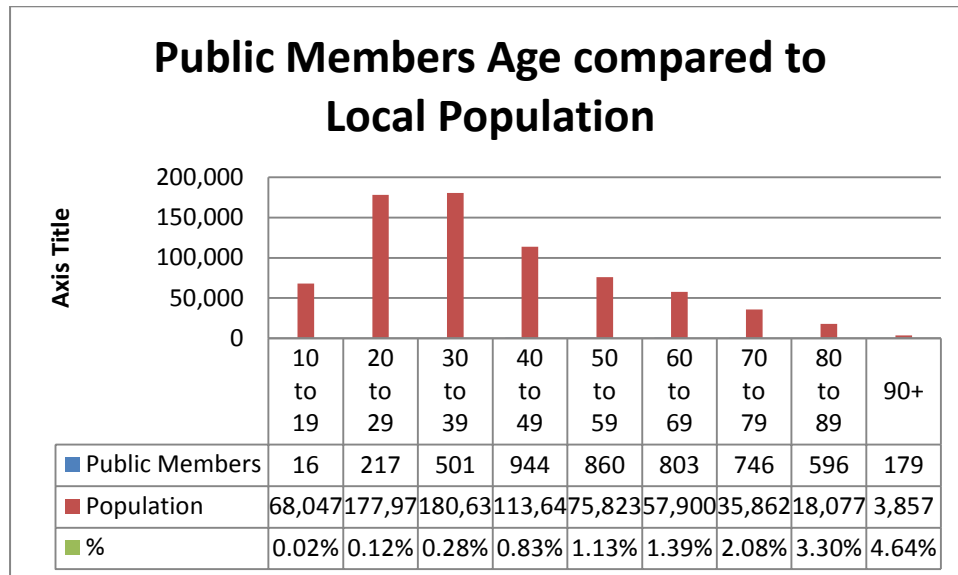


Figure 3.0 Public Membership Age Q2 2014/15

In the youngest age group that Monitor accepts as valid membership is from 16years+ however, the local population figures start at 10 years therefore this is guidance only.

3.1 The chart below shows percentage (%) representation of all members' constituencies which again shows that 18% is unknown and out of those who are known the highest representation is in the age group 40-49 years and lowest in the group 16-19 years.

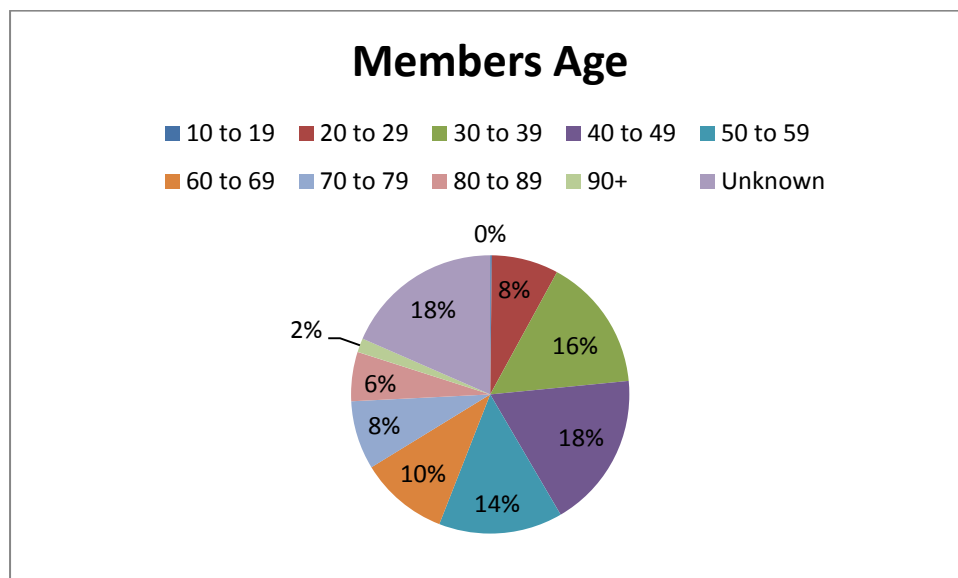


Figure 3.1 Overall Membership Age Groups. Q2 2014 15

*Age 10-19 indicates 16-19 years

5.0 Public Membership - Socio-economic Grouping

5.1 Figure 4 shows the socio-economic profile of all groups of membership. At end of June 2014 (Q2 2014 15) the main representation is in the ABC1 and DE classification.

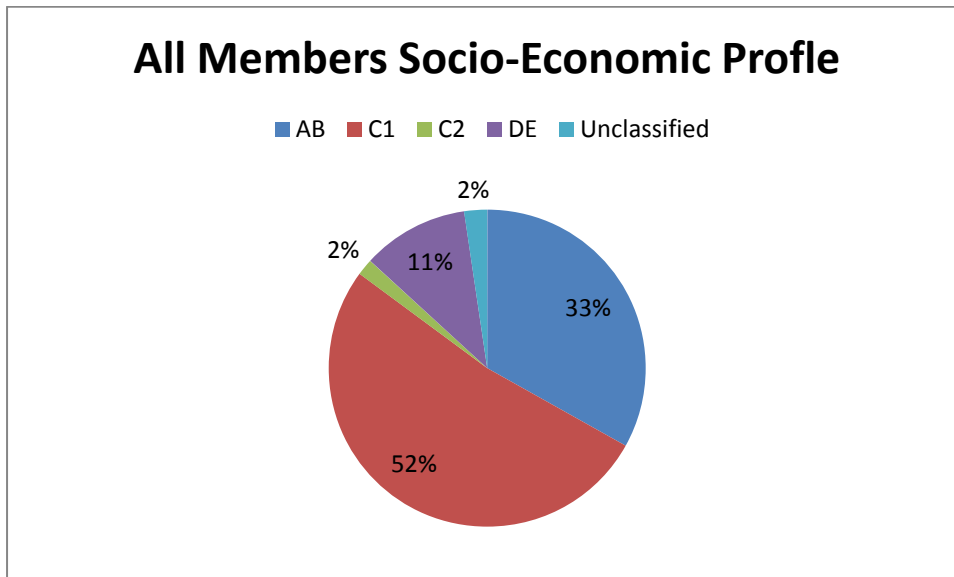


Figure 4.0 Overall Membership - Socio-Economic Groups*

*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).

6.0 Membership Recruitment

During Q2 2014/15 156 members joined and 336 left the Trust membership.

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. The most recent data cleanse was performed during October to prepare for the November Governor Elections. In addition Capita is notified monthly for requests of members' removal from the database

6.1. The Membership Sub-Committee of the Council of Governors develops and reviews the Membership recruitment strategy. The membership figures will be reviewed at each Membership Sub-Committee meeting with a decision made whether to commission recruitment activities.

6.2.1 A team of Governors continue to host 'Meet a Governor' sessions on a regular basis which recruits new members whilst engaging with constituents. They are held 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.

- 6.3. 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. The Communications team concentrate on Membership engagement.
- 6.4. Figure 6 shows the trends in Trust membership from 2007-2014.

Membership Trends	Public	Patient	Staff	Total
2007 (as of 01/04/2007)	6,933	5,785	653	13,373
2008 (as of 01/04/2008)	6,580	6,095	465	13,156
2009 (as of 01/04/2009)	6,372	6,136	487	13,101
2010 (as of 01/04/2010)	6,131	6,010	3,046	15,433
2011 (as of 01/04/2011)	5,738	5,591	3,173	14,816
2012 (as of 01/04/2012)	5,942	5,685	3,231	15,289
2013 (as of 01/04/2013)	5,850	5,994	3,424	15,824
2014 (as of 01/04/2014)	5,650	6,232	3,395	15,875

Figure 6. Membership trends 2007-2014

Council of Governors Meeting, 4 December 2014

AGENDA ITEM NO.	4.1/Dec/14
PAPER	*Council of Governors Quality Sub-Committee Minutes – 13 November 2014
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Zoe Penn, Medical Director
EXECUTIVE SUMMARY	Draft minutes are enclosed.
DECISION / ACTION	For information.

Council of Governors Quality Sub-Committee meeting 13 November 2014 Draft Minutes

Attendees

Elizabeth McManus	EM	Chair
Melvyn Jeremiah	MJ	Public Governor - Westminster Area 2
Martin Lewis	ML	Public Governor - Westminster Area 1
Susan Maxwell	SM	Patient Governor

In attendance

Vanessa Sloane	VS	Head of Paediatrics and Neonatal Nursing
Patricia Gani	PG	Healthwatch representative
Sonia Richardson	SR	Patient Representative on the West London CCG
Vida Djelic	VD	Board Governance Manager

1 Welcome and Apologies for Absence EM

EM welcomed Vanessa Sloane, newly appointed the Deputy Chief Nurse to the meeting.

Apologies were received from Zoe Penn, Wendie McWatters and Sharon Connell.

2 Draft Minutes of the Council of Governors Quality Sub-Committee Meeting held on 11 September 2014 EM

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

- comments received from MJ
- insert semi colon after noisy and remove 'and there is'

3 Matters Arising EM

Ref. Guide on comments/complaints escalation

EM noted that Carol Davis will circulate this to the sub-committee. **Action: EM to ask Carol Davis to circulate.** EM

Ref. Quality Strategy and plan update

EM noted that the update will be provided later in the meeting.

Ref. Complaints upheld by Parliamentary and Health Service Ombudsmen

It was noted that the relevant correspondence is shared with CCGs.

Ref. Restructure of the main hospital reception desk

EM noted that Holly Ashforth will provide an update later in the meeting.

Ref. Feedback from governors on patient Experience

VD noted that MD is due to provide response. **Action: VD to email MD's response to the sub-committee.** VD/MD

Ref. Disney/Customer Service Training

ML noted that he has not been invited to the training which he wanted to attend an observer. **Action: VD to ensure ML gets invited to a future training.**

VD

4 Council of Governors Quality Awards

SM

SM noted that there are three group winners:

- Dementia Care Initiatives
- Nuclear Medicine Department
- Maternity Baby Friendly Award

One single winner is Jane-Marie Hamill for initiative for after care.

One highly commended category is the Survivors of Torture Specialist (pain clinic) for victims of torture; this is in recognition that we are the only Trust that provides this type of service.

It was noted that all three winners will be invited to receive their quality award at the Council of Governors meeting on 4 December.

It was highlighted that the Council of Governors awards are primarily aimed at teams who have done something remarkable in their area of work and needed to be recognised. Governors highly value their work and this also improves governor recognition in the Trust.

ML thanked SM for the hard work on the quality awards.

5 Feedback from governors on patient experience

All

ML noted that he will speak with the matron of Edgar Horne ward in relation to an elderly patient who suffered a fall.

ML reported on a patient who had received excellent care on David Evans ward.

SR reported on a report received from a patient representative on the End of Life Care Committee whose relative was admitted to hospital and the patient had given a friend's name as the next of kin. Family members found out late that the person was in the hospital. This brings up a question of close family members contact and patient prerogative.

PG raised a question of information older people should carry with themselves when going out and should any medical need arise whether paramedics and medical staff would search patients property to find out the necessary information about patient. VS confirmed that it would be advisable for older people to carry any medical information that might be vital to any treatment should any medical need arise. The patient's GP would also be contacted.

PG reported on behaviour of appointments' staff when a patient called to cancel a hospital appointment.

PG also reported on a positive experience when she called to rearrange her hospital

appointment.

EM noted that improvement work on booking appointments at Chelsea and Westminster is progressing.

SR noted that the whole system approach will address people living in area over 75 and things will be streamlined and this combines with the work of Chelsea and Westminster on the appointments system.

AH-P reported on her visit to hospital on Sunday. The usual feedback she gets from patients is that food is great and staff helpful, however, on the last occasion comments included lack of nurses and lack of leadership.

5.1 Pressure Ulcer – update

HA

HA noted that the paper provides an overview of practice at Chelsea and Westminster re pressure ulcers. We are trying to reduce the hospital acquired and working on community acquired pressure ulcers. Performance on prevalence of pressure ulcers is reported externally and forms part of our CQUIN agreement.

Attention was drawn to the figure 1 presented the total number of pressure ulcers identified during prevalence audits.

The incidents of hospital acquired pressure ulcers are also included in monitoring process and this helps us understand where we need to focus and whether the initiatives taken are having impact on pressure ulcer reduction. Year to date there we have had 50 grade 2, 11 grade 3 and 1 grade 4 pressure ulcers.

AH-P queried if a comfort round is an opportunity to check patients for pressure ulcers. EM responded that it is. Chelsea and Westminster is improving at identifying this earlier and getting better at recognising, standardising, monitoring and preventing pressure ulcers.

AH-P and SM expressed interest in attending the Preventing Harm Committee.

Action: HA to speak with Catherine Wilkinson and get AH-P and SM on the group.

HA

A number of initiatives undertaken on reducing pressure ulcers by Chelsea and Westminster were noted; these included:

- Implementing learning from McKinsey project to AAU and Lord Wigram;
- Monitoring medical devices related ulcers due to equipment such as oxygen tubing
- Monitor all actions from PU incident reports which is reviewed by the Preventing Harm Committee
- Working collaboratively with north West London

Rolled out pressure ulcer bundle

ML thanked HA on excellent work on preventing pressure ulcers.

6 Complaints Report Q2 and PALS Report Q2

HA

HA noted that the report tabled provides a summary of the feedback and trends identified by the Complaints Service in Q2. The key highlights include:

- 71 type 2 and 1 type 3 complaints in Q2 compared with 76 type 2 and 1 type 3 in the Q1
- Top three subjects remain the same as in previous quarters – aspects of clinical care, staff attitude or behaviour and information
- Type 2 complaints should have been responded to within 25 working days and the performance against the Trust target of 90% of type 2 complaints was disappointing; performance for Q2 was 65%
- This identified an issue with the complaints process and the Trust has invited Niche Patient Safety to undertake an external review of the complaints and concerns process. The review identified some excellent practice in complaints handling however there were several key areas requiring improvements.
- One complaint was graded as type 3 in Q2 and related to aspects of care
- Parliamentary and Health Service Ombudsmen have withheld 1 complaint to consider
- A range of changes in practices and developments have been initiated as a result of complaints received

HA highlighted the key points from the PALS report Q2; these are:

- The PALS received 291 type 1 complaints compared to 245 in Q1
- Top 3 complaints related to appointments delay/cancellation (outpatients), communication/information to patients and Staff attitude
- 145 compliments have been received in Q2 same number and in the Q1

SM queried if there is staffing issue at the PALS office as on a number of occasions during the day the office was closed. HA responded that there is no staffing issue with PALS and this will be looked into.

7 Care Quality Commission Report

EM

EM noted that the QCQ Report has been published and this was shared with governors. The CQC's findings show a need for improvement and consistency in themes. Where action is required a specific action plans are being developed with staff. We are expected to submit the action plan to the CQC by 28 November 2014.

The importance of recognising positive and areas for improvements were noted.

8 Quality Account briefing – update

EM

EM noted that a member of staff who will be responsible for writing the Quality Account 14/15 will be appointed soon. The plan is that the Trust's Quality Strategy

is aligned to work on the Quality Account and patient experience.

PG noted that the hard copy of the current Quality Account does not look as flashy as the previous year copy. MJ said that according to the outcome of the QA survey the members would very rarely be interested in reading the Quality Account as prepared for submission to Parliament and therefore a condensed easy to read version has been produced, Abridged Quality Report/Annual Review.

9 Quality Priorities Q2 EM

EM noted that the Quality Priorities Q2 update will be emailed to the sub-committee.

10 Council of Governors Funding Report – for information VD

This paper was noted.

11 Any Other Business All

None.

12 Date of next meeting

This will be confirmed.

CLOSE 3.00pm

Council of Governors Meeting, 4 December 2014

AGENDA ITEM NO.	4.2/Dec/14
PAPER	*Draft Minutes of the Council of Governors Membership Sub-Committee meeting held on 13 November 2014
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Walter Balmford, Chairman
EXECUTIVE SUMMARY	Draft minutes are enclosed.
DECISION/ ACTION	For information.

**Council of Governors Membership Sub-Committee meeting, 13 November 2014
 Draft Minutes**

Attendees	Walter Balmford	WB	Chairman
	Chris Birch	CB	Patient Governor
	Anna Hodson-Pressinger	AH-P	Patient Governor
	Martin Lewis	ML	Public Governor - Westminster Area 1
In attendance	Layla Hawkins	LH	Head of Communications and Marketing
	Vida Djelic	VD	Board Governance Manager

1 Welcome and Apologies WB

WB welcomed all to the meeting.

Apologies were received from Sian Nelson and Sam Culhane.

CB noted that Steve Worrall was attending another meeting and if the time permits he will come to the sub-committee meeting.

2 Draft Minutes of the Meeting held on 4 September 2014 WB

Draft minutes of the previous meeting were approved as a true and accurate record of the meeting.

3 Matters Arising WB

CB commented that with reference to the matters arising regarding the cost of reprinting the membership application form it would have been useful if the outcome recorded that the cost of reprinting was £170.

WB queried if the web form for GP email was launched. LH responded that it was.

Ref. Feedback from local authority

LH noted that due to time pressure feedback on this item will be provided at the next sub-committee meeting.

Ref. Feedback from members

VD noted that all governors will be expected to provide feedback on their direct engagement with the members with the aim that it informs the work of the Membership Engagement and Communication Strategy.

Ref. Christmas at Chelsea and Westminster

LH noted that the Christmas cheer event will be held on 19 December and a governor has volunteered to judge and present the awards. **Action: LH to email the sub-committee with the name of governor interested in judging and presenting the awards.** LH

WB queried p.5 para 3 regarding a suggestion that some money could be invested in presents for patients. AH-P clarified that it was her suggestion to invest some money from governors' budget to buy presents for older patients who she felt are always overlooked at the Christmas time. It was noted that a governor needs to lead on this and a funding request will need to be submitted to the Council of Governors for approval. **Action: AH-P agreed to lead on this and to provide a funding request for the December Council of Governors meeting with help of VD to draft the request.** AH-P

Ref. Membership report – update

LH noted that she will submit a funding request for a banner, folding table and some promotional leaflets for engagement purposes and some leaflets which governors can take to external events when attending. **Action: LH to submit the funding proposal to the December Council of Governors meeting.** LH

Ref. Impact of FTN/FTGA merger on governor training

VD noted that this is under review as part of the new FTN governor strategy. The GovernWell learning programme is for new and mid-term governors and they understand that there is a need for training courses to be available for more experienced governors. Any ideas for training courses can be passed to VD who will then pass ideas onto the FTN/FTGA. **Action: Governors to let VD know.** All

LH noted that the Trust's governor induction programme will be reviewed in early January and as part of this process the FTN/FTGA training courses can be actively promoted. She suggested that the sub-committee could get involved in the review of the governor induction programme. **Action: Interested governors to let VD know.** All

The sub-committee noted that all other actions have been completed.

4 Council of Governors elections – update LH

LH noted that the Council of Governors election is in progress and that the communication plan is on track. The Trust has had a high number of candidates standing for election.

VD highlighted that the election will take place on 27 November and the election results will be published on 28 November 2014.

5 Membership Engagement and Communications calendar of events LH
6 Christmas at Chelsea and Westminster event LH

The sub-committee noted the programme of membership engagement and communication activities.

LH noted that the procurement department is in the process of getting the new membership services provider in place and thanked governors that have been involved in the process. A new provider will share the members' email address with the Trust which will enable us to communicate with the members as frequently as required at no cost incurred.

The sub-committee noted the following:

- Star Awards will be launched in January; it is aimed to be held in March however no date has been set up yet.
- November Medicine for Members seminar is being chaired by Walter Balmford.
- Christmas at Chelsea and Westminster event publicising needed to be moved to the November Members' News in the calendar of events (ref. 4.1). **Action: LH to move Christmas event publicising to the November Members' News.** LH
- George Vasilopoulos has produced a leaflet for the Christmas event and Susan Maxwell is involved in organising presents.
- Caroline Pooley, Executive Assistant has been helping the communications team with organising the Christmas event and she has made good progress.
- CB offered to help with organising the Christmas event providing it can be done while being seated
- WB asked for dates and timing of the engagement events; **Action: LH to provide to WB.** LH
- It was noted that the event will be advertised in the Chelsea and Kensington Chronicle series; LH noted that she will check the cost of the advertising with KD-D. **Action: LH to check with KD-D and to email the sub-committee with the cost of advertising.** LH/KD-D
- Postcard delivery and cost of delivery to be checked with KD-D and will be shared with the sub-committee. **Action: LH to check with KD-D and to email the sub-committee with the cost of postcards delivery.** LH/KD-D
- LH noted that external advertising is important and has produced very good turnout in the past.

7 Membership report Q2 LH

The sub-committee noted the membership report Q2 and LH suggested that in Sian Nelson's absence she takes any questions.

WB noted that in the Q2, compared with Q1, there have been 180 actual members loss. LH suggested that Capita provides more detailed information as to the reason for the change in membership numbers and to query whether there are any significant issues. WB suggested that the age of the members who have left could be provided. **Action: LH to ask SN to obtain the required information from Capita and to forward to the sub-committee.** LH

CB commented on the p.3 para 2 regarding the overall members ethnicity Q2 chart. As this is the optional filed to complete on the membership form it shows ethnicity of members as far as we know and not all members declare their ethnicity and therefore it would be more accurate to state in the analysis that 39% did not state their ethnicity (unknown) and out of those who are known the highest proportion of representation is within the White category.

Also the analysis of the overall membership age Q2 at para 3.1 needs to be reworded to state that 18% is unknown and out of those who are known the highest representation is in the age group 40-49 years and lowest in the group 16-19 years. **Action: SN to amend the membership report in line with the above comments and to rename title of the charts for the December Council of Governors meeting.** SN

CB proposed we leave this out as it is misleading or completely change the wording of the chart. VD said this information is required to be collated by Foundation Trusts therefore we should keep it on the membership report.

8 Information Zone

CB

Responsibility for information on Touch Screen Terminal

CB noted that there had been differences of opinion about responsibility for the information on the touch screen terminal. WB said that a staff member should be responsible and suggested that governors should submit ideas. LH confirmed that it was the responsibility of her department and that George Vasilopoulos had assigned time in his diary to keep the terminal up to date. She would invite suggestions from governors on information to be included via the regular corporate affairs update. **Action: LH to invite suggestions from governors.**

LH

ML noted that the same information is available on the touch screen terminal in the outpatients waiting area.

Information Zone Suggestions Box

CB noted that as part of doing a meet a governor session he noticed that the suggestions box was overflowing and he subsequently emailed VD, LH and SN to query asking who held the key to the box and how often it was emptied. Since he had not received a response he asked VD to put on agenda scandal of lost key. SN subsequently replied that upon her return from maternity leave she learnt that the interim Membership Manager handed the key to an unnamed governor. CB said he had asked all members of the Membership sub-committee who had been governors at the time and none were given the key. He noted that SN said in her email of 5 November that she would ask Norland, Maintenance Company to provide response. He said he is still waiting to hear from SN on Norland's response.

WB queried whose responsibility was to empty the suggestions box and how often. LH responded that it was the Membership Manager's responsibility.

ML noted that some time ago it was agreed by the sub-committee that the PALS office would regularly check the Information Zone, touch screen terminal and suggestions box.

The following motion was proposed by CB, seconded by ML and passed *nem con*: Be it resolved that the Membership subcommittee notes that the keys to the suggestions box in the Information Zone have been lost, considers that, if the Interim Membership Manager handed the keys to an unnamed governor when Sian Nelson was on maternity leave, this should have been reported to the committee, accepts the generous offer of a governor, who wants to remain anonymous, of a new suggestions box and decides that one key will be held by the Membership Manager and that the other key kept in the governors' room.

After the motion on the suggestions box was agreed, there was a short discussion about how often it should be opened, and it was agreed that it should be opened

and emptied once a week.

LH noted that she will provide the sub-committee with information as to who will cover for SN while on maternity leave. **Action: LH to email the sub-committee.**

LH

9 Feedback from members

All

CB noted that he had nothing to report back. ML noted that he had nothing to report back. He said he hopes that new governors would want to be involved in the membership sub-committee.

VD highlighted that this is a governor statutory responsibility under the Health and Social Care Act 2012 to represent their members' interests providing two way communication with the Trust on issues emerging from their constituency.

10 Council of Governors Funding Report – update

LH

LH noted that the funding report has been provided for information.

CB said that it seemed to him that the report did not take account of what was said at the last council meeting, when he had pointed out that the October Medicine for Members seminar had been cancelled and that therefore its cost had been saved. VD responded that she has implemented CB's comments as provided at the September Council of Governors meeting where possible. LH noted that at the beginning of developing the engagement and communication calendar of events it was planned to hold 6 events and therefore the cost remains as agreed by the sub-committee. WB agreed.

CB said that the funding report requires a different look and it needs to be clear how much money is left in the budget and if any of the projects have been cancelled it should be reflected in the estimate column. CB said it would be useful to have a column indicating when each project was agreed as presented in the past. **Action: VD to reinstate the date of approval column.**

VD

VD said that as per CB's suggestion she has added the Council of Governors election to the funding report. The figure is for information and if the cost is to be funded from the Council of Governors budget this will have to be agreed at the December Council of Governors meeting. The sub-committee endorsed the proposal.

11 Any other business

WB noted that AH-P was standing for re-election and that, if she was re-elected, we hoped that she would continue as a member of the subcommittee.

12 Date of next meeting

This will be confirmed.

4.32pm Close

Council of Governors Meeting, 4 December 2014

AGENDA ITEM NO.	4.4/Dec/14
PAPER	*Council of Governors meeting dates for 2015
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Sir Tom Hughes-Hallett, Chairman
EXECUTIVE SUMMARY	This paper lists the 2015 Council of Governors meeting dates.
DECISION/ ACTION	The Council is asked to note these dates.

Council of Governors meeting dates for 2015

- 5 March, 4.00–6.00pm, in the Gleeson Lecture Theatre
- 14 May, 4.00–6.00pm, in the Gleeson Lecture Theatre
- 16 July, 4.00–6.00pm, in the Hospital Boardroom
- 17 September, 4.00–6.00pm, in the Hospital Boardroom
- 3 December, 4.00–6.00pm, in the Hospital Boardroom