

10 February 2011

Dear Governors,

Council of Governors Meeting
Thursday, 17 February 2011

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

The items for decision/approval and information which have been 'starred' will not be discussed unless an advance request is made to the Chairman.

The Council of Governors meeting begins at 4pm in the Hospital Boardroom.

Yours sincerely,

Vida Djelic
Interim FT Secretary

Council of Governors Meeting

Hospital Boardroom

Chair: Prof. Sir Christopher Edwards

Date: 17 February 2011

Time: 4pm

Agenda

			Lead
1	GENERAL BUSINESS		
1.1	Welcome & Apologies	CE	4.00
1.2	Declaration of Interests	CE	
1.3	Minutes of Previous Meeting held on 2 December 2010 (attached)	CE	
1.4	Matters Arising (attached)	CE	
1.5	Chairman's Report (oral)	CE	4.15
2	ITEMS FOR DISCUSSION/DECISION/APPROVAL		
	STRATEGY		
2.1	Business planning update (attached)	AP/AH	4.25
	GOVERNANCE		
2.2	Infection Control – presentation	TD/BA	4.40
2.3	Constitution Review – feedback (attached)	CM	4.50
2.4	Terms of Reference of the Quality Sub-Committee* (attached)	CM	4.55
	COUNCIL OF GOVERNORS		
2.5	Open Day 2011 – update (attached)	RMB	4.55
2.6	Council of Governors Funding Report (attached)	VD	5.05
2.7	Chelsea and Westminster Health Charity (oral)	CB	5.10
2.8	Focus group on IT Strategy (oral)	CE	5.20
	QUALITY		
2.9	Quality Sub-Committee report (draft minutes of 28 January 2011 meeting attached)	CM	5.25
2.10	Quality Account – Update (attached)	CM	5.30
2.11	Kensington and Chelsea Local Involvement Network (K&C LINK) (oral)	TD	5.40
	MEMBERSHIP		
2.12	Membership Sub-Committee report (draft minutes of 4 February 2011 meeting attached)	ML	5.50
2.13	Membership Development Action Plan – Update (attached)	SN	5.55
2.14	Membership Report (attached)	SN	6.00
2.15	Trust Media Policy (attached)	MAk	6.05
2.16	Enhancing Engagement of Patient and Public Foundation Trust Governors – revised paper (attached)	TD	6.10

3	ITEMS FOR INFORMATION	
3.1	Finance Report – December 2010 (attached)	LB
3.2	Performance Report – December 2010 (attached)	AP
3.3	Website development annual report 2010 (attached)	MAk
3.4	Website optimisation project update (attached)	MAk
3.5	Data Protection (attached)	LB
4	ANY OTHER BUSINESS	6.20
5	DATE OF THE NEXT MEETING – 5 May 2011	

Council of Governors Meeting, 17 February 2011

AGENDA ITEM NO.	1.4/Feb/11
PAPER	Matters Arising from the meeting of the Council of Governors meetings held on 2 December 2010
AUTHOR	Vida Djelic, Interim FT Secretary
LEAD	Prof. Sir Christopher Edwards, Chairman
EXECUTIVE SUMMARY	This paper lists matters arising from previous meeting and the action taken or subsequent outcomes.
DECISION/ ACTION	The Council of Governors is asked to note the matters arising and the updates.

MATTERS ARISING

Council of Governors Meeting

President Room, Queen's Club

Chair: Prof. Sir Christopher Edwards

Date: 2 December 2010

Time: 9:30 – 11:00am

Ref	Description	Lead	Subsequent Actions or Outcomes
1.4/Dec/10	Minutes of Previous Meeting held on 16 September 2010 VD to amend minutes in line with comments received.	VD	Completed
1.5/Dec/10	Matters Arising 2.14.1/Sep/10 Signage – Redevelopment of the hospital Correct signage for Edgar Horne Ward	TD	
1.6/Dec/10	Chairman's Report Governors interested in joining the Agenda Sub-Committee should send their expression of interest to VD.	All	None received yet.
2.5/Dec/10	Council of Governors Funding Report <u>Part B – Community Roadshow</u> The project will be funded for one year and at the end of the project we will assess how successful it has been. We need to try and establish success criteria. Establish success criteria. <u>Part D – StartHere project</u> Provide further information to the Council of Governors at a future meeting.	MA LH	

Council of Governors Meeting, 17 February 2011

AGENDA ITEM NO.	2.1/Feb/11
PAPER	Business Planning Update
AUTHOR	Axel Heitmueller, Director of Strategy & Business Development
LEAD	Amanda Pritchard, Deputy Chief Executive Heather Lawrence, Chief Executive
EXECUTIVE SUMMARY	<p>The purpose of this paper is to update the Council of Governors on the Trust's business planning process, building on the paper from the 2 December 2010 and the discussions at the Away Day. Since then the Governors have had a number of opportunities to discuss some of the issues in more detail at various business planning workshops. In the meantime, further detail on policy and fiscal changes has emerged.</p> <p>Chelsea and Westminster's business planning needs to be seen in the wider context of a tighter fiscal environment and significant policy changes announced by the coalition government.</p> <p>These changes, and the reduction in available funding, need to be reflected in our business planning. The Board has re-assessed its corporate objectives in the light of this and of earlier drafts of the NWL strategy and decided that they should remain unchanged:</p> <ul style="list-style-type: none"> ➤ improve patient safety and clinical effectiveness ➤ improve the patient experience ➤ deliver excellence in teaching and research ➤ ensure financial and environment sustainability <p>A number of key financial, service specific and quality priorities are set out in the paper as well as a number of strategic medium to long-term challenges.</p>
DECISION/ ACTION	The Council of Governors is asked to consider whether any further consultation or involvement would be beneficial prior to the Board of Directors agreeing the Trust's Business Plan for 2011/12.

Annual Business Planning - wider policy context and update on progress

The purpose of this paper is to update the Council of Governors on the Trust's business planning process, building on the paper from the 2nd December 2010 and the discussions at the Away Day. Since then the Governors have had a number of opportunities to discuss some of the issues in more detail at various business planning workshops. In the meantime, further detail on policy and fiscal changes has emerged.

1. Wider Policy Context

Chelsea and Westminster's business planning needs to be seen in the wider context of a tighter fiscal environment and significant policy changes announced by the coalition government.

1.1 Fiscal Environment

The NHS is committed to efficiency savings of around £20bn over four years. This translates to around £1bn savings by 2014/15 for the NHS North West London (NWL) out of its current annual budget of around £3bn. Around £700m of the £1bn will come from primary care, while around £300m will be expected from secondary care.

The NHS NWL is proising to focus on a number of specific priority areas to achieve these savings:

- **Urgent care:** preferred model for urgent care has primary care-led Urgent Care Centres (UCC) at the front door of all A&Es (effectively GPs in A&E, already the case at C&W). Specific pilots and service changes are envisaged in 2011/12 under the umbrella of Integrated Care, focusing on care of the elderly and diabetes. In addition, there are London wide reviews on emergency surgery and acute medicine currently taking place.
- **Planned care:** preferred model will deliver care closer to home for minor procedures. Pilots for 2011/12 will include care pathway redesign, improved referral management for secondary care outpatients, changes to the need thresholds for certain planned procedures, and improved and integrated care pathways for diabetes (again see ICO below).
- **End of life care:** preferred model is patient centred and based on best practice care pathways.
- **Prescribing:** reduce projected growth in costs by 2% by sorting out incentives, care pathways and IT systems.
- **Specialist services:** implement a number of specific changes to cancer, cardiac services, and tertiary paediatrics.
- **Move services into the community:** One of the key underlying principles of the strategy is the vision to move more services away from hospital settings into the community, though hospital staff may provide these services in the future. In particular, the strategy introduces community health networks. Networks may, for example, be co-located with hospitals or free standing, co-located or merged practices depending on the local circumstances.

1.2 Policy changes

In addition to these fiscal challenges, the coalition government has also set out a number of fundamental structural and policy changes for the NHS as a whole and introduced the Health and Social Care Bill in Parliament in early January. The most important changes include:

- Putting patients first: 'No decision about me without me' principle (e.g. more control of patient records); More choice for patients e.g. over hospital or GP; information revolution to empower patients.
- Improving healthcare outcomes: Moving from targets to outcomes framework, with over 100 specific outcomes.
- Commissioning for patients: GPs become budget holders for £100bn health spending; GP consortia commission primary and secondary care; any willing provider principle i.e. any provider can enter the market.
- Local democratic legitimacy: Statutory Health and Wellbeing Boards; A Director of Public Health in every local authority; Enhanced joint strategic needs assessment.
- Regulating healthcare providers: A new economic regulator to monitor competition.

Both the fiscal challenges as well as the structural and policy changes are reflected in the latest commissioning intentions that the Trust received from its commissioners.

2. Impact on our Business Planning

These changes, and the reduction in available funding, need to be reflected in our business planning. The Board has re-assessed its corporate objectives in the light of this and of earlier drafts of the NWL strategy and decided that they should remain unchanged:

- improve patient safety and clinical effectiveness
- improve the patient experience
- deliver excellence in teaching and research
- ensure financial and environment sustainability

With these objectives in mind, we are currently having a series of bilateral meetings to agree capacity and strategic priorities for each of the three divisions and wider services within the hospital (see annex A for a detailed time table). This will inform the detail of the Trust's business plan as well as our contract offer to the commissioners in late February.

2.1 Main issues for business planning - financial and service specific

The main trust wide issues for this year's business planning are:

- Progress on Cost Improvement Programme (CIP): we have modelled the likely impact of commissioner demand management intentions (i.e. reduction in funding of certain activities as a result of the £20bn challenge) and to ensure that we have reviewed our recurrent Income CIPs and that none are at risk through new initiatives in the commissioner intentions. The new intentions do not materially change our financial plan. The outstanding work remains to reassess our forward capital requirements, to model the final tariff which will be published this month and to reflect the final contract agreement with commissioners.

- Impact of planned increase in services provided in the community: the intention is to reduce outpatient follow-up visits by around 70% by 2014/15. We have previously made allowances for increased community activity in our financial planning and believe that the more detailed proposals will not fundamentally affect us beyond what has already been taken into consideration.
- Reduced tariffs for certain services: commissioning intentions have set out a number of services that will either no longer be paid for, or will attract lower tariffs.
- Services we have been given notice on: we have been given notice that the burns service will be out for re-tendering though the exact details and timelines are not yet known. We also know that tertiary paediatrics is likely to be re-tendered and there are conversations about more centralised provision of cancer services.

2.2 Main issues for business planning – quality

While the issues outlined above mostly relate to the financial objectives of the trust, there are also a number of specific priority areas related to quality, which are covered in more detail in paper 2.10: Update on Quality Account. Some of the priority quality issues that we would particularly like the Governors support and involvement with are:

- New outpatient area: some services have already migrated to the lower ground floor and more will be transferred to the new area in April
- Signage project: we are working on a wider project to improve the signage in the main hospital building
- Netherton Grove Extension: the programme of work to build 4 new paediatric theatres, a paediatric high dependency unit and new HIV facilities is due for completion in 2011/12
- Patient experience tracker: we are continuing our patient experience tracker and will also aim to publish results more transparently on our website
- Reducing delays for non-elective surgery: we have been focusing on meeting agreed targets based on National Confidential Enquiry into Patient Outcome and Death (NCEPOD) recommendations for emergency surgery over the past year but we would like to go further in 2011/12.

3. Key medium to long-term strategic challenges

In addition to the immediate business planning needs, there are also a number of strategic medium to long-term challenges that need to be considered. Specific medium to long-term challenges include:

- Integrated care organisations or pathways (ICO or ICP) – though not yet tested in terms of cost-effectiveness – are being discussed widely and considered in various parts of London to better manage long-term conditions such as frail elderly or diabetes. There is an immediate question for the trust whether to join or cooperate with the ICO set up by Imperial and a number of GPs in its catchment area or develop its own ICO e.g. in diabetes
- NWL has approached the trust to put a speculative bid for the challenged West Middlesex University Hospital forward. If successful, this would increase the size of the trust to around £500m turnover a year but carries significant risks, especially given the uncertainty around paediatrics and burns services

- 56 Dean Street is a hugely successful community sexual health clinic. Formalising this model would offer significant potential to franchise or expand in other areas of London and beyond
- Developing a private patient strategy following the removal of the private patient cap in the new legislation currently debated in Parliament

4. Governors Involvement

Governors will be aware, the Monitor Code of Governance stipulates that:

- Governors should canvass the opinion of their members, and for appointed governors the body they represent, on the NHS foundation trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the board of directors.
- The board of directors should consider and take account of the views of the board of governors on the NHS foundation trust's forward plan. Where appropriate, the board of directors should communicate to the board of governors where their views have been incorporated in the NHS foundation trust's plans, and, if not, the reasons for this

Following the extensive discussion on the Trust's future strategic direction at the Away Day in December, Governors have been invited to attend the Trust's business planning workshops. There is an opportunity for further discussion on the issues summarised in this paper today.

The Council of Governors is asked to consider whether any further consultation or involvement would be beneficial prior to the Board of Directors agreeing the Trust's Business Plan for 2011/12.

Council of Governors Meeting, 17 February 2011

AGENDA ITEM NO.	2.3/Feb/11
PAPER	Constitution Review feedback
AUTHOR	Cathy Mooney, Director of Governance and Corporate Affairs
LEAD	Cathy Mooney, Director of Governance and Corporate Affairs
EXECUTIVE SUMMARY	This paper provides feedback from the constitution review task group meeting held on 24 January 2011.
DECISION/ ACTION	The Council of Governors is asked to note the paper.

Constitution Review feedback

1.0 Introduction

This paper outlines the key issues discussed at the first meeting of the task group to review the constitution.

2.0 Background

Several issues have been raised relating to the constitution and some have been addressed. However there is a need to consider the changes in the NHS and how the constitution needs to reflect these changes e.g. the abolition of PCTs. This is also an opportunity to consider other elements of the constitution which have caused concern e.g. differences to Monitor's Code of Governance and which would benefit from a review e.g. the composition of the staff constituency. There are also some errors which need correcting e.g. the wards listed in the Boroughs.

3.0 Issues raised

It was agreed that the constitution should be as short and as simple as possible.

In addition to those mentioned above the following areas were identified for further discussion:

- Changes to legislative framework and the increasing role of governors in holding the Board to account
- Minimum numbers of members in each constituency
- Policing the patient constituency (i.e. how to determine if patients are still patients within previous 3 years)
- Final authority for proposal to changes to the constitution
- Changing the requirement to have changes approved at a members meeting
- Removal of sections that are not required by the model constitution and include these in Standing Orders in order to build in more flexibility.
- The election rules need revision and a decision made on sections in square brackets.

4.0 Next steps

A meeting to be arranged with members of the Board to highlight areas for change and a plan for a more detailed review to be agreed.

Council of Governors Meeting, 17 February 2011

AGENDA ITEM NO.	2.4/Feb/11
PAPER	Terms of Reference of the Council of Governors Quality Sub-Committee*
AUTHOR	Vida Djelic, Interim Foundation Trust Secretary
LEAD	Dr Mike Anderson, Chair of the Quality Sub-Committee
EXECUTIVE SUMMARY	The Terms of Reference have been updated by the Quality Sub-Committee at its meeting on 28 January 2011.
DECISION/ ACTION	The Council is asked to agree the revisions to the Terms of Reference of the Quality Sub-Committee.

Council of Governors Quality Sub-Committee

Terms of Reference

1.0 Authority

- 1.1 The Council of Governors Quality Sub-Committee is constituted as a Sub-Committee of the Council of Governors to assist the Trust to develop and implement the Trust's quality programme.
- 1.2 Its terms of reference shall be as set out below and shall not be amended, revoked or replaced except by a resolution passed at a general meeting of the Council of Governors.
- 1.3 The Council of Governors shall not delegate any of its powers to the Sub-Committee and the Sub-Committee shall not exercise any of the powers of the Council of Governors.

2.0 Aim

This sub-committee will provide key stakeholder input into the development and implementation of the Trust's quality programme, including safety, effectiveness and patient experience.

3.0 Role

- 3.1 To identify priorities for quality improvement in line with national and local initiatives
- 3.2 To contribute to the structure and content of the Quality Account, within the required framework, to ensure it is clearly and well presented and can be understood by all stakeholders, including developing agreed metrics.
- 3.3 To advise on communication of the Quality Account, and quality initiatives including meeting the needs of a range of patients.
- 3.4 To identify ways in which stakeholders can be involved in the quality programme e.g. safety walkabouts, advising on leaflets.
- 3.5 To champion the patient's experience and encourage and advise on patient involvement.
- 3.6 To identify areas where there is particular added value from stakeholders.
- 3.7 To ensure that there is input from, and feedback to, all member constituencies.
- 3.8 To obtain the lay perspective on assurance of quality.

3.9 To link in to work of the Assurance Committee with respect to assurance on progress.

4.0 Membership of the Sub-Committee

4.1 The Sub-Committee shall comprise both elected and appointed governors with representatives from patients, the public, staff and PCTs.

4.2 Trust staff to include

- a) The Director of Nursing
- b) The Medical Director
- c) The Director of Governance and Corporate Affairs

In attendance (when relevant):

- Assistant Director of Nursing
- Membership and Engagement Manager
- Equality and Diversity Manager
- Head of Clinical Governance
- Other attendees by invitation

5.0 Quorum

5.1 A quorum shall comprise at least one of the Director of Governance and Corporate Affairs, Medical Director or Director of Nursing and three Governors.

6.0 Frequency of Meetings

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

7.0 Administration of the Meeting

7.1 This will be undertaken by the Foundation Trust Secretary.

8.0 Review

8.1 The terms of reference of the sub-committee shall be reviewed by the Council of Governors every two years.

Deleted: at least annually

Approved by the Council of Governors 03 December 2009

Update approved by the Quality Sub-Committee 28 January 2011 to be approved by the Council of Governors on 17 February 2011

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Council of Governors Meeting, 17 February 2011

AGENDA ITEM NO.	2.5/Feb/11
PAPER	Open Day 2011 – Update
AUTHOR	Renae McBride, Communications Manager
LEAD	Renae McBride, Communications Manager
EXECUTIVE SUMMARY	This paper provides an update on planning for the Trust Open Day 2011.
DECISION/ ACTION	The Council of Governors is invited to note the update and provide comment.

Open Day 2011 – Update

1.0 Introduction

- 1.1 The annual Chelsea and Westminster Hospital Open Day has grown in popularity in recent years and is now considered a flagship event in the hospital's public and patient engagement programme. The event is an opportunity for the Trust to place itself at the heart of its community by opening its doors to local people and giving them a chance to become more involved in their local hospital.
- 1.2 Last year's Open Day on Saturday 8 May 2010 attracted more than 1,500 visitors, VIPs including local MPs Sir Malcolm Rifkind and Greg Hands and BBC journalist and presenter Sophie Raworth who opened the newly refurbished Assisted Conception Unit.
- 1.3 Visitors to the event were invited to give their feedback by using the new Patient Experience Tracker, with 97% of respondents rating the event as either 'Excellent' or 'Good'.
- 1.4 The Council of Governors approved £15,000 funding to pay for all costs associated with the Open Day at its meeting on 2 December 2010. We are grateful for this financial support which helps make the Open Day possible.
- 1.5 Open Day 2011 will be held from 11am–3pm on Saturday 7 May.
- 1.6 Planning for the Open Day has begun and initial discussions have been held with the Chief Executive and a paper was circulated to Board Members for feedback.
- 1.7 A paper was presented to the Membership Sub-Committee on 4 February and feedback from the discussion has been incorporated into this paper.

2.0 Aims

- 2.1 Broad aims of Open Day 2011 are to:
 - Market the Trust to Foundation Trust members and local residents
 - Promote the achievements of the hospital
 - Develop communication between Council of Governor representatives and Foundation Trust members
 - Promote health, fitness and wellbeing
 - Address issues of public concern, for example the impact of the Health and Social Care Bill and how the hospital will manage any impact from proposed changes
 - Showcase developments such as the hospital's new outpatient development
 - Foster partnership working
 - Improve staff morale
 - Utilise the day as a fundraising opportunity for the Chelsea and Westminster Health Charity and other associated charities
- 2.2 It would also be of interest to patients and could provide an opportunity for collaborative working in terms of using the Open Day to recruit Foundation Trust members and demonstrate the benefits of Foundation Trust status.

- 2.3 The Membership Sub-Committee highlighted the importance of making the Council of Governors stand as interesting as possible to attract visitors and facilitate the best possible opportunity to enrol new members. A separate paper is being presented to request funding for branded giveaways, such as canvas bags and pens, which will be handed out during the day.

3.0 Implementation

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

4.0 Programme

- 4.1 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:
- Official opening of the new Outpatients area on the Lower Ground Floor
 - Use of mobile health clinic to provide health checks (for example diabetes, blood pressure, BMI) for members of the public
 - Teddy Bear Hospital in Paediatrics area
 - Live music organised by Hospital Arts to run all day
 - Focus on key services offered by the hospital including bariatrics, elderly care, diabetes, stroke and paediatric surgery
 - Careers in the NHS event aimed at 14-17 age group
 - Showcasing the Trust as an employer of choice and helping to attract people interested in working for the hospital
 - Tours – various areas but this could include Paediatric Theatres, Antenatal, Assisted Conception Unit, as well as those linked to specific care pathways
 - Launching the hospital's involvement in the Olympic Challenge
 - Promote Integrated Care Pathways

5.0 Branding

- 5.1 The 2009 and 2010 Open Days have been branded with the Choose Chelsea and Westminster concept and the slogan 'Your hospital, your health, your say'.
- 5.2 Changing the branding was discussed at the Membership Sub-Committee, however it was felt that the existing branding should be maintained.

7.0 Publicity

- 7.1 As in previous years the event will be promoted through several methods including:
- Posters will be placed around the hospital and along the Fulham Road in local businesses
 - Flyers will be placed around the hospital, in local businesses and mailed to local schools and colleges and also GP practices
 - The event will be added to the hospital's website and also Tweeted
 - A press release will be developed and distributed to relevant media
 - The event will be highlighted in the April/May edition of *Trust News* which is mailed to all Foundation Trust members

6.0 VIP attendance

- 6.1 VIP attendance at last year's Open Day included local MPs Sir Malcolm Rifkind and Greg Hands and BBC journalist and presenter Sophie Raworth who opened the newly refurbished Assisted Conception Unit.
- 6.2 The hospital has recently assisted with filming for the Channel 4 *Embarrassing Bodies* programme and this may provide a good opportunity to approach one of the show's hosts, Dr Christian Jessen to play a part in the day. He has been a patient of the hospital and is known to be a great supporter of Chelsea and Westminster.
- 6.3 Other VIP involvement will require further discussion and the Board of Directors has been asked to provide comments.

Renae McBride
Communications Manager
February 2011

Council of Governors Meeting, 17 February 2011

AGENDA ITEM NO.	2.6/Feb/11
PAPER	Council of Governors Funding Report
AUTHOR	Part A: Vida Djelic, Interim FT Secretary Part B: Sian Nelson, Membership and Engagement Manager Part C: Sian Nelson, Membership and Engagement Manager
LEAD	Cathy Mooney, Director of Governance and Corporate Affairs
EXECUTIVE SUMMARY	Part A: The report provides an overview of the use of the Council of Governors budget to Month 7 of FY 10/11. Part B: This paper outlines a proposal for a leaflet stand and letter box for membership application forms display in the Information Zone. Part C: This paper outlines a proposal for cotton bags, pens and a prize draw.
DECISION/ ACTION	Part: A The Council of Governors is asked to note the report and to approve the proposals for funding outlined. Part B: The Council of Governors is invited to comment on the proposal and is asked to agree the request for funding for a leaflet stand and letter box. Part C: The Council of Governors is invited to comment on the proposal and is asked to agree the request for funding for cotton bags, pens and a prize draw.

Council of Governors Funding Report

Part A

1.0 Background

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

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

2.0 Update

At the last meeting of the Council of Governors it was agreed that £17,219.625 will be spent on Community Roadshow. The Council of Governors also agreed to support funding of a banner to promote 'Meet a Governor' Sessions for £205.63.

The Council of Governors agreed to support funding of the Open Day 2011 for £15,000 and the budget will be allocated for the FY 2011/12.

3.0 Funding Overview

Of the £100,500 circa £84k has been accrued for the activities listed in the table below which were approved by the Council of Governors. It leaves circa £17k in the budget to be spent for the remainder of the 2010/11 FY.

4.0 Use of funds FY 10/11

TABLE 1

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

Community Roadshow	£17,219.625
Banner to promote 'Meet a Governor' Sessions	£205.63
TOTAL:	£83,718.84

5.0 Summary of Requests for funding

- 5.1 The Membership Sub-Committee supports the request for funding of £110.58 for a leaflet stand and letter box for governors feedback at the Information Zone. (part B)
- 5.2 The Membership Sub-Committee supports the request for funding of £707.87 for cotton bags, pens and a prize draw which will be handed out during the Open Day. (Part C)

Part B

Leaflet Stand and letter box for Governors feedback at the Information Zone

1. Introduction

- 1.1 Governors host 'Meet a Governor' Sessions at the Information Zone at Chelsea and Westminster Hospital Foundation Trust.
- 1.2 Governors feedback of the sessions is mostly positive and says it provides a good opportunity for patients and the public to meet Governors and address issues.
- 1.3 An electronic text board has been erected in the Information Zone in February 2011 to publicise 'Meet a Governor'. The sessions are also promoted on the hospital external website, and through the internal communications notice board.
- 1.4 The new pop up banner will further promote the Governor Sessions and can be taken to additional areas within or outside of the Trust. For example, it could be taken to a specialist clinic or event.
Leaflets are given to patients in out-patients, the main foyer and at the M-PALS office.

2. Funding

A leaflet stand for display of membership application forms and a collection box to receive the forms. The forms will be collected daily by the M-PALS team.

- 2.1 Funding is requested from the Council of Governors for a total of £110.58.

3. Actions for the Council of Governors

The Council of Governors is invited to comment on the proposal and is asked to agree the request for funding of £110.58 for a leaflet stand and letter box.

Sian Nelson
Membership and Engagement Manager
February 2011

Part C

Membership branded gifts for Open Day May 2011

1. Introduction

- 1.1 Chelsea and Westminster Hospital Foundation Trust Open Day continues to be a success with members, patients, staff and visitors from the community and is scheduled for Saturday 7th May 2011.
- 1.2 In 2010 the Council of Governors held a stand at the Open Day demonstrating membership activities.
- 1.3 The Membership Sub-Committee highlighted the importance of making the Council of Governors stand as interesting as possible to attract visitors and facilitate the best possible opportunity to enrol new members.
- 1.4 It was agreed that additional funding would be requested from the Council of Governors for the Chelsea and Westminster Hospital NHS Foundation Trust branded giveaways, including cotton bags and pens, which will be handed out during the day. It was also suggested that the Council fund the cost of running a prize draw for anyone who completes a membership application form on the Open Day at the Governor stand.

2. Funding

- 2.1 The costs for these items are as follows:
 - 500 x branded cotton bags – £438.27 ex VAT
 - 500 x branded pens – £219.60 ex VAT
 - prize draw – £50
- 2.2 Funding is requested from the Council of Governors for a total of £707.87

3. Actions for the Council of Governors

The Council of Governors is invited to comment on the proposal and is asked to agree the request for funding of £707.87 for small membership branded gifts.

Sian Nelson
Membership and Engagement Manager

Council of Governors Meeting, 17 February 2011

AGENDA ITEM NO.	2.9/Feb/11
PAPER	Draft Minutes of the Council of Governors Quality Sub-Committee meeting held on 28 January 2011
AUTHOR	Vida Djelic, Interim Foundation Trust Secretary
LEAD	Mike Anderson, Chairman of the Quality Sub-Committee
EXECUTIVE SUMMARY	Draft minutes are enclosed.
ACTION	To note.

Council of Governors Quality Sub-Committee meeting, 28 January 2011

Draft Minutes

Attendees	Carol Dale	CD	Staff Governor – Management
	Melvyn Jeremiah	MJ	Public Governor – Westminster 2
	Susan Maxwell	SM	Patient Governor
	Sandra Smith-Gordon	SS-G	Public Governor – Kensington & Chelsea 2
	Mike Anderson	MA	Medical Director, Chairman
	Therese Davis	TD	Interim Director of Nursing
	Catherine Mooney	CM	Director of Governance and Corporate Affairs
	Christine Vigers	CV	LINK
	Vida Djelic	VD	Interim Foundation Trust Secretary

1 Welcome and Apologies

MA

Apologies were received from Martin Lewis, Wendie McWatters, Sian Nelson and Jane Tippet.

MA welcomed Melvyn Jeremiah, a newly elected public governor to his first meeting of the Quality sub-committee.

MA welcomed Christine Vigers, Chair of LINK to the Quality sub-committee meeting.

CM said LINK as a key stakeholder comments on the Quality Account and we publish their statement. We have invited Ms Christine Vigers, Chair of the LINK to attend the sub-committee meeting so that the sub-committee find out about their work and we can develop a future ongoing relationship between LINKs and the Trust.

2 Minutes of previous meeting 17 November 2010

MA

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

SS-G commented on the length of the sub-committee minutes and suggested that they are briefer and more action focused. The sub-committee agreed.

3 Matters arising

MA

New gowns

MA said that there were some queries previously from patients re gowns which were not fit for the purpose. The proposal for new hospital gowns is still on track and we will report in April/May.

[Update on gowns in April/May 2011](#)

TD

The Whole System Planning and Delivery Group (WSPDG)

CM said that a meeting about the future of WSPDG was held recently and terms of reference are being revised. The importance of governors' involvement was noted.

Leaving hospital booklet

CM said the booklet is a comprehensive document and now has approximately 45 pages. It will be edited but is still potentially a large document. Circulation to all patients would be very costly at the current size.

The sub-committee discussed the content of the booklet and the design options. CM said that a suggestion was that it was attached to a patient bed and a shorter leaflet made available to patients on arrival and on discharge. The full document could be distributed electronically.

The sub-committee thought that the booklet should be shorter and that most of the information would be helpful before patients come to the hospital and so it should be sent to all patients. TD felt that this would be a good opportunity for patients to prepare questions in advance of discharge

It was agreed that the size should be reduced so that it can be sent to all patients via post.

CV noted that K&C Link have a reading group if help is needed on readability. .

CN and MJ asked if they could have a copy of the current discharge booklet. **CM to provide.**

CM

CM to provide feedback to Paul Morris and Matt Akid on the discussions.

CM

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

CM said that she will arrange a meeting with governors and pharmacy to understand what the medication issues might be.

CM to organise a meeting with governors and pharmacy.

CM

4 Update on Quality Objectives

CM

CM said that the paper provides an update on the Trust quality objectives and is based on the 09/10 Quality Account.

Section 1 presents the Trust's priorities for quality improvement in 2010/11 and contains an update to the four priorities.

Priority 1: Patient safety

To reduce hospital acquired preventable venous thromboembolism (VTE) by 20%.

We have identified 3 preventable VTEs in the Trust last year and need to confirm the number this year.

Priority 2: Patient Experience

To achieve a progressive improvement in issues identified in the annual national inpatient survey relating to communication, information and responsiveness to the personal needs of patients.

The national survey results are due next month and this is when we will know if we have been successful in this objective.

CV asked if the patient experience survey covers both outpatients and inpatients. CM responded that it covers inpatients only.

CM said that the national CQUIN relating to patient experience is the same as last year.

CM pointed out that women and children form a big part of what we do and we have a specific objective to improve the patient experience for women using our maternity services and for children and young people. An update on this objective specifically relating to children was tabled.

CM said overall we have not achieved our objective in the patient experience areas and we will continue to focus on this for next year.

Priority 3: Clinical effectiveness

To meet agreed targets based on National Confidential Enquiry into Patient Outcome & Death (NCEPOD) recommendations for emergency surgery.

CM said that the quality of data now is much more extensive and therefore assuring.

MA said that the reason this was an objective in 2010 was we knew that patients were waiting for emergency surgery.

CN asked if this is affected by the PCT arrangements. MA responded that it is not and that it is mainly affected by theatre capacity.

Priority 4: Patient Safety

To reduce the incidence of falls resulting in moderate or major harm by at least 25% in 2010/11.

CM said that the standing panel was not supported by TD who felt that falls should be investigated within the directorate in which they occurred. TD said we have designed a risk assessment implementation tool to encourage staff to think about simple things that would prevent patients from falling. We are on target for a 25% reduction and we have introduced falls alarms which will be rolled out to 10 other areas of the Trust. Falls are related to staff handover, footwear, clutter, etc.

This should continue to be a priority for next year.

SM queried if figures provided relate to inpatients only or visitors and staff are also included. TD responded that the figures relate to inpatients only. TD said that this will need to be clarified in the Quality Account for next year.

TD said the Falls Group will look at themes and trends and she will invite a governor to join the group.

SM queried if we are going to have discharge as a priority. CM responded that it is on a list of possible objectives and she is aware that we agreed to consider it this year.

Reduce in-hospital mortality through earlier recognition and treatment of the deteriorating patient.

CM said that one of the initiatives was the introduction of the Bedside Emergency Assessment Course for Healthcare Assistants (BEACH) course to provide support workers with essential skills. This had been well received.

With regard to reducing the risk of selected high risk medicines these indicators were included in the table which was discussed later in the meeting.

MA left the meeting.

Reduce the number of complaints relating to appointments and admissions

CM said that we have moved from quarterly to monthly monitoring of complaints and data accuracy is being checked. The figures demonstrate a reduction however.

SS-G said that appointments have been a running issue of concern for many years. TD said it would be good to have input from patients as to what needs to be changed in this area.

TD said that a focus on outpatients will remain as an objective.

Reduce Hospital Standardised Mortality Ratio (HSMR) by 5%

CM said that we have introduced a number of initiatives that have made a contribution to the reduction of our HSMR. However, there is still more work to be done.

CM said a new indicator will be introduced in April and we need to decide whether we continue to use Dr Foster as a measure of deaths.

To be at or below the national average of patients with an indwelling urinary catheter and to reduce the number of urinary catheter days, excluding patients who need a lifelong urinary catheter

TD said the Trust undertook an audit of all adult wards in 2009 and found an 11% reduction compared with our last audit in 2008. However, it is still higher than the national average of 12.5% of patients being catheterised. CM highlighted that collecting urinary catheter days was time consuming and we need to consider the benefit vs. work involved. It is not a national indicator. SM said that if this is linked to an infection then days are important. SS-G asked why it was difficult to get the forms completed. TD agreed that this should occur and she would review the situation. She is looking at making data collection electronic and so easier.

TD said that there will be some new indicators soon regarding urinary catheters.

TD said there were 4 areas we needed to focus on (falls, pressure sores, urinary catheters and infection control).

Performance indicators

Section 3 contains an update on performance of the local quality indicators included in the Quality Account.

MRSA is the nationally set target objective. TD said we had met our target for this year already.

CM noted the improvement in the hand hygiene scores although we have not yet met our targets.

TD said re ulcer prevalence we should see better figures when we repeat the point prevalence study in February.

TD confirmed that PEAT scores are positive.

CM said that some of data is covered in our objectives and some are in the quality indicators.

CN queried if infection incident is due to technique. TD responded that it does relate to technique.

5 Kensington and Chelsea Local Involvement Network (K&C LINK)

CV introduced the Kensington and Chelsea Local Involvement Network (K&C LINK) and said that it is statutory body which is independent from the NHS.

CV said that in the K&C LINK there is a management group and a number of subgroups (e.g. mental health, cancer and disability).

CV said that most of their work is around these sub-groups and they meet bimonthly. K&C LINK currently consists of 700 members. Each sub-group has a project and research is carried out and this feeds into the commissioning strategy. The reports go to the Overview and Scrutiny Committee of the K&C Borough.

In the last two and a half years LINK has been looking at nutrition for older people at Chelsea and Westminster Hospital.

Some other areas LINK are involved in include:

- mental health scheme
- dignity
- people with disability – helping to develop patient groups
- cancer screening
- Quality Account and preparation of the quality account

There are six Trusts in the K&C Borough and six LINK representatives are involved.

LINK have a website and a blog and it include some comments about hospital care.

With regard to Chelsea and Westminster Hospital LINK is concerned with the patient experience and discharge planning.

CV said that LINK will become HealthWatch as of April 2012 and will have the same functions and also some additional functions.

CD asked if LINK is connected to the CQC. CV responded that they have contact with the CQC but there is no official link.

6	LINK statement on Chelsea and Westminster Hospital NHS Foundation Trust Quality Account	
	<p>CM outlined the statement from LINK on the Quality Account and invited comments. She noted that we had covered most concerns in the meeting but asked about what the concern was regarding medicines management. CV replied that she could not answer her question and will get back to her.</p> <p>CV to respond to CM regarding concerns about medicines management.</p>	CV
7	CQC Quality and Risk Profile	CM
	<p>CM introduced the paper and said that CQC monitor compliance against the essential standards of quality and safety. They provide up-to-date relevant information about each registered provider on a monthly basis.</p> <p>The Quality and Risk Profile (QRP) enables the CQC to assess where risks lie and prompt any front line regulatory activity, such as an inspection. QRPs support the CQC to make robust judgments about the quality of services.</p> <p>MJ said that it is difficult to comment on the QRP without having figures provided.</p> <p>CM said that the CQC will consider other information and gave an example of different feedback relating to food. The national in-patient survey noted a lower satisfaction rate than the ISS survey and the PEAT scores.</p> <p>CM demonstrated the full profile and noted that this includes comments from NHS choices, inpatient survey, the DH toolkit, NHS indicators, etc.</p> <p>She said it is a very helpful document which analyses data and identifies areas of concern.</p>	
8	Terms of Reference of the Quality Sub-Committee	CM
	<p>Proposed changes to the Terms of Reference of the Quality Sub-Committee were accepted.</p> <p>CM invited the sub-committee to consider whether each item has been addressed in the last year as part of a review of the effectiveness of the sub-committee for the next meeting.</p> <p>Provide comments on the effectiveness of the sub-committee to CM.</p> <p>The Terms of Reference will be sent to the Council of Governors meeting on 17 February for approval.</p>	All CM
9	Feedback from governors on patient experience	All
	<p>SM said that her neighbour was admitted with a dislocated hip and she commented that the nurses not very responsive to the patient needs. TD asked SM to provide her with the name of the ward so that she can look into it. SM to provide the name of ward to TD.</p> <p>SS-G felt that nurses need to show kindness and courtesy and some</p>	SM

customer care and this will be remembered by patients. TD agreed with the comments and said that the care is not perfect all the time on all wards.

SM recognised that it is difficult to keep staff morale high at busy times. CD suggested having a role model and someone who can challenge when the care is not right.

SS-G raised a concern that the Rapid Response Team does not work after 5pm. **TD to find out who they are.**

TD

CD raised a concern about a building on Fulham Road that fell down recently. She said this was having an impact on staff getting to and from work. **TD to raise this at Monday Executive meeting and find out what can be done.**

TD

SS-G commented that it is often difficult to recognise who is who in the hospital and this relates to what staff wear. TD responded that we are looking for uniforms for doctors and in the outpatients at new uniforms for staff.

10 Any other business

CM invited governors to stay on for the Quality Award scoring.

11 Date of next meeting – 18 April 2011 at 3.30pm

Council of Governors Meeting, 17 February 2011

AGENDA ITEM NO.	2.10/Feb/11
PAPER	Quality Account - Update
AUTHOR	Catherine Mooney, Director of Governance and Corporate Affairs
LEAD	Catherine Mooney, Director of Governance and Corporate Affairs/Mike Anderson, Medical Director/ Therese Davis Director of Nursing
EXECUTIVE SUMMARY	This paper outlines progress with developing the Quality Account for next year and outlines next steps.
DECISION/ ACTION	The Council of Governors is asked to note the progress to date and plans for further consultation.

Quality Accounts Update

1. Introduction

This paper outlines progress with developing the Quality Account for next year and outlines next steps.

2. Background

The Quality Account will consist of an account of performance for 2010/11 and plans for 2011/12.

2.1 Quality Accounts– what are they and what are they for?

The following is an extract from the Department of Health Quality Accounts toolkit 2010/11

‘Quality Accounts:

- aim to improve organisational accountability to the public and engage boards (or their equivalents) in the quality improvement agenda for your organisation.
- enable you, the provider, to review your services, decide and show where you are doing well, but also where improvement is required;
- enable you to demonstrate what improvements you plan to make;
- provide information on the quality of your services to patients and the public; and
- demonstrate how you involve and respond to feedback from patients and the public, as well as other stakeholders (including governors of Foundation Trusts).

2.2 Content of Quality Accounts

‘The content of a Quality Account should not be decided by the Board (or equivalent) alone. The information presented and the decisions taken on improvement as a result, need to be decided by involving all interested parties; for example, patients and their carers, including those from equality target groups; staff and clinical teams; commissioners and regulators’.

3. Engagement with stakeholders to date

3.1 Council of Governors

The main means of engagement has been through the Council of Governors Quality sub-committee although governors have been invited to and have attended internal sessions on quality and business planning.

In addition two governors attended a workshop run by the National Institute for Health Research (NIHR) Collaboration for Leadership and Applied Health Research and Care (CLAHRC) for Northwest London on 13 December 2010. This focused on how to engage patients and the public

3.2 External stakeholders

Kensington and Chelsea Local Involvement Network (LINK) attended the Council of Governors Quality sub-committee meeting in January 2011 when the current objectives and quality indicators were reviewed. The statement from them which is included in the Quality Account last year was reviewed to ensure issues raised then have been or are being addressed. There is an outstanding area requiring clarification which is medicines management. The K&C LINK also attended the Council of Governors Membership sub-committee and will be attending the Council of Governors meeting in February 2011. The aim is to build relationships to facilitate feedback. The situation regarding the

commissioners is unclear at this stage and there needs to be an approach to the relevant Borough Overview and Scrutiny Committee.

3.3 Staff

Divisions have been discussing business plans including quality objectives with their teams and have all completed a first round of bilaterals with the Chief Executive, Finance Director and Deputy Chief Executive supported by the strategy team. The guidance for business planning included an outline of the national and local drivers for quality.

A series of open sessions were held for all staff and governors where the national and local drivers were discussed and comments invited. Although some governors attended, the sessions were poorly attended by staff. This is possibly related to the timing as they took place just after the very busy time in the Trust when Gold Control was instigated.

4. Determining the content of the Quality Account

4.1 Specified content (Department of Health)

Quality Accounts must cover the following (extract from the Department of Health Quality Accounts toolkit 2010/11):

Part 1

- a statement on quality from the Chief Executive of the organisation and a statement from the senior employee outlining that to the best of that person's knowledge the information in the document is accurate (in regulations);

Part 2

- priorities for improvement (in regulations) – the forward looking section of the report is your opportunity to show clearly your plans for quality improvement within your organisation and why you have chosen those priorities for improvement. You should also demonstrate how the organisation is developing quality improvement capacity and capability to deliver these priorities;
- statements relating to quality of NHS services provided (in regulations) – content common to all providers which makes the accounts comparable between organisations and provides assurance that the Board has reviewed and engaged in cross-cutting initiatives which link strongly to quality improvement;

Part 3

- review of quality performance (for provider determination) – report on the previous year's quality performance offering the reader the opportunity to understand the quality of services in areas specific to your organisation;
- an explanation of who you have involved (for provider determination) and engaged with to determine the content and priorities contained in your Quality Account (in line with current equality legislation and the Health Act 2009); and
- any statements provided from your commissioning PCT, LINKs or OSCs (in regulations) including an explanation of any changes you made to the final version of your Quality Account after receiving these statements.

4.2 Provider determination section

Work to date has focused on views on the current objectives and whether they have been completed or should be carried over, in the same or a revised form. The current performance indicators have also been reviewed and stakeholders asked for views on additions. Other Trusts' Quality accounts are being reviewed.

As for last year, a list of suggestions for inclusion in the Quality Account has been compiled from the engagement process described above. This will be compared against agreed criteria (e.g. CQUIN related objectives have a priority as they are associated with funding, indicators/priorities relate to where we have knowledge of areas requiring improvement e.g. through incidents, claims and complaints, there are evidence based methods for improving care e.g. Patient safety First Initiatives, care bundles and there are policy drivers e.g. High Impact Changes for Nursing).

5. Next steps

Each of the areas identified for possible inclusion in the Quality Account needs to be reviewed against the criteria and then further consultation undertaken on the final selection. A plan for how this will be achieved will be agreed next week.

6. Timescales – key dates

Trust Board 3 March 2011. Provisional agreement on content (e.g. priorities, objectives, indicators)

Council of Governors Quality sub-committee 18th April 2011

Trust Board 21st April – Final version for circulation to the PCT/LINKs and OSC

Council of Governors 5th May 2011

External auditors 15th May for 17th May review

Monitor as part of the annual report 8th June

7. Action

The Council of Governors is asked to note the progress to date and plans for further consultation.

Council of Governors Meeting, 17 February 2011

AGENDA ITEM NO.	2.12/Feb/11
PAPER	Draft Minutes of the Council of Governors Membership Sub-Committee meeting held on 4 February 2011
AUTHOR	Vida Djelic, Interim FT Secretary
LEAD	Chris Birch, Chairman
EXECUTIVE SUMMARY	Draft minutes are enclosed.
DECISION/ ACTION	To note.

Council of Governors Membership Sub-Committee, 4 February 2011

Draft Minutes

Attendees	Chris Birch	CB	Patient Governor
	Melvyn Jeremiah	MJ	Public Governor – Westminster 2
	Martin Lewis	ML	Chairman Public Governor – Westminster 1
	Susan Maxwell	SM	Patient Governor
	Wendie McWatters	WMW	Patient Governor
	Del Hosain	DH	Public Governor – Wandsworth 2
In attendance	Matt Akid	MA	Head of Communications
	Renae McBride	RMB	Communications Manager
	Cathy Mooney	CM	Director of Governance and Corporate Affairs
	Jane Tippet	JT	Acting Assistant Director of Nursing
	Vida Djelic	VD	Interim FT Secretary
	Sue Mastriforte	SueM	LINK member and Dignity Champion
	Paula Murphy	PM	LINK Co-ordinator

1.	Welcome and Apologies	CB
	ML thanked CB for the stewardship of the Membership Sub-Committee and was delighted to take the chairmanship of the sub-committee. VD to draft a thank you letter for ML to sign off.	VD
	ML informed the sub-committee that Sandra Smith-Gordon left the sub-committee and noted her valuable contributions. VD to draft a thank you letter for ML to sing off.	VD
	ML welcomed Melvin Jeremiah, a newly elected public governor in the Westminster Area 2, to his first meeting of the sub-committee.	
	ML welcomed LINK representatives Paula Murphy and Sue Mastriforte to their first Membership Sub-Committee meeting.	
	Apologies were received from Charlotte Mackenzie Crooks, and Sam Culhane, Priti Bhatt, Sian Nelson and Therese Davis.	
	ML announced that Therese Davis, Interim Director of Nursing, has been appointed substantively as Chief Nurse and Director of Patient Flow and Patient Experience	
2.	Minutes of previous meeting held on 11 November 2010	CB
	Minutes of the previous meeting were accepted as a true and accurate	

	<p>record of the meeting.</p> <p>WMW asked for clarification on a governor visit to patients as to how many governors will be accompanied by a nurse.</p> <p>CB suggested that the sentence reading 'CM noted HL's comments' gets moved to item 10 Annual Members' Meeting 2010 – feedback as it fitted into context.</p>	
3.	Matters Arising	CB
	<p>4/Nov/10 Enhancing engagement of Patient and Public Foundation Trust Governors</p> <p>This item was discussed under AOB.</p>	
	<p>5/Nov/10 Membership Development Action Plan – Update</p> <p>The sub-committee noted that SN drafted a thank you letter to the paediatric staff involved in organising the Teddy Bear Picnic and the Chairman of the sub-committee will sign it off. ML to sign off the letters.</p> <p>SN will also produce a thank you letter to sponsors involved and other people who helped with the project. SN to produce a letter for ML to sign off.</p>	<p>ML</p> <p>SN</p>
	The sub-committee noted that all other actions have been completed.	
	<p>11/Nov/10 Terms of Reference of the Council of Governors Membership Sub-Committee – revised</p> <p>CB said that a track changed version of the Terms of Reference of the Membership Sub-Committee was presented at the last meeting and subsequently sent to the Council of Governors on 2 December. He suggested that VD circulate a clean copy to the sub-committee. VD to circulate a clean copy of the Terms of Reference to the sub-committee.</p>	VD
4.	Membership Development Action Plan – Update	JT
	<p>JT introduced the Membership Development Action Plan and highlighted the main changes.</p> <p>1. Information Zone</p> <p>Meet a Governor sessions has been organised and published on the website for January, February and March. Governors pictures have now been put up in the Information Zone.</p> <p>CB queried if the governors photos will include their email addresses. JT responded that she will check with SN what is to be included and how members can contact governors. JT to check with SN.</p> <p>CB said that welcome to Chelsea and Westminster appeared on the screen all the time and suggested the following text: 'Welcome to the Information Zone, where you can learn about the hospital and its plans. During February the following governors will be</p>	JT

	<p>here at the following times to meet you and answer your questions: During March the dates and times are: If none of these dates and times is convenient for you, please phone 020 8846 6727 and we will try to arrange for a governor to meet you at a time that suits you. Leaflets about getting involved and making your voice heard are in the leaflet racks here and alongside the M-PALS office opposite the escalators.’ The sub-committee agreed with CB’s suggested text for the electronic text board. VD to ask SN to download the text suggested by CB.</p> <p>CB commented on the bullet point 4 of the action Info Zone and said that we should give potential members the opportunity to meet a governor by making an appointment via M-PALS. SM suggested that governors inform SN of possible dates they can do. Governors to advise SN of their availability.</p> <p>ML pointed out that there needs to be an established system how members can meet a governor from their constituency.</p>	<p>VD</p> <p>All</p>
	<p>2. Seasonal Working Conference for Hospital Staff JT announced that the Seasonal Working Conference for Hospital Staff, which is predominantly attended by nursing and midwifery staff, will be held on 24 March 2011 between 9.30am and 3.30pm. Governors were previously invited to attend the Council of Governors stand and a staff governor, Carol Dale gave a presentation.</p> <p>JT invited governors to attend the conference and said that it would be a good idea that a governor from another constituency other than staff gives a presentation on a role of Governors, how they influence the hospital and how they feedback to Trust on behalf of the membership. JT said that either patient or public governor is needed as to give different perspective of governor’s role and view. CM suggested that this might be linked to a governor shadowing a member of staff which was held in December. Governors interested in presenting to contact JT.</p> <p>It was decided that governors rotate e.g. patient/elected/nominated.</p>	<p>All</p>
	<p>3. Patient Forums CB said that he has had some information from TD re the HIV forum after a long wait and he has future dates for March, April and June.</p> <p>WMW said that she has not had any information re the Families and Young Children’s forum. JT said she will ask SN to check this and get in touch with WMW. SN to check this and get in touch with WMW.</p> <p>4. Recruitment Campaigns JT said that SN has been in contact with Capita re the membership forms to how we can capture those members we have recruited through various events e.g. Open Day; Meet the Governor Sessions and the Mobile Clinic. Capita have agreed to set up a separate database to log the number of new members we recruit from various events until the forms are changed. JT has asked SN to write different codes on membership forms so that these can be collated by Capita.</p>	<p>SN</p>

	<p>SN to agree codes for Membership forms before events.</p> <p>10. Reaching underrepresented groups in the Membership JT invited comments from the sub-committee re underrepresented groups and said that SN sent an e-mail to governors in December re the mobile community clinic going to various places and invited them to contact her with their availability.</p> <p>ML said he had a concern for a number of years about the underrepresentation of black minority in the overall membership of the Trust. DH suggested visiting Battersea as this constituency is underrepresented. JT responded that we can only manage a certain number of areas at a time and we need to look at where the improvements have been made.</p>	SN
	<p>CB said that he had previously raised the issue of spelling and grammar in the heading of the Action Plan. SN to amend 'prove' to 'provide' and communication to communications. SN to correct the action plan.</p>	SN
5.	Report on volunteers work and November 2010 election stats	SN/VD
	<p>JT said that it was previously discussed how volunteers can become members of the Trust and she presented the proposal produced by SN on how we could recruit.</p> <p>ML queried if the Trust's constitution provides for this. CM responded that it does but we could use the same principle as for the staff category so that there is an automatic membership. This would need to be written into the constitution and will not change before September 2011.</p> <p>CB emphasized that it is important to know how many volunteers are in the Trust.</p> <p>CB said that we need a box on the membership form for volunteers as a member category as they present an important part of the Trust and are very committed. JT replied that we will take CB's point when the membership form is reprinted.</p> <p>JT said that CMC reviewed the membership pack however we can not assume that all volunteers will want to be a member of the Trust.</p> <p>CM said that this can be reviewed as a part of constitution review as well as the staff constituency as it is an area which is open for debate.</p> <p>VD introduced part B of the paper and said that CB suggested a paper with figures on how many members voted in each constituency including the number of candidates nominated. The paper provided stats for the last three elections. CB noted a steady decline. CM said it would be interesting to see how the Chelsea and Westminster Hospital NHS Foundation Trust compares with other London Trusts. VD to provide figures.</p>	VD

6.	Trust News – Special Members Edition	RMB
	<p>RMB introduced the Trust News and said that the Trust produces a special edition of the Trust News twice a year which goes to all members. The Trust News is predominantly aimed at hospital staff.</p> <p>RMB outlined the ideas for the next edition of the news, some included:</p> <ul style="list-style-type: none"> - Open Day 2011 - Focus on and features included governors shadowing a member of staff, governors and staff photos and comments from staff on shadowing - Meet the team - A5 flier about publicising 'meet the governor sessions' - A5 flyer publicising the Sunshine Appeal <p>RMB invited comments and ideas from the sub-committee.</p> <p>CB commented that it is an excellent idea to have a governor stall at the Open Day and it would be good idea to have another stall which will focus on the new Health Bill especially because there are so many people worried about the outcome of the changes.</p> <p>SM suggested that instead of the questionnaire which was produced last year it would be better to have 1 or 2 simple questions asking people what they would change about the hospital or any suggestions how to improve patient experience and to include a prepaid envelope. ML suggested that this can be funded by the Council of Governors. SM saw this as a way of communicating with its members.</p> <p>WMW said she was fascinated by the Westminster School project and was wondering if their work was publicised. RMB responded that we have not published their work but we have invited them to the Open Day. WMW saw this as an excellent opportunity for a great local school story. ML suggested we invite them to write a story and said that their presentation at the Annual Members' Meeting in September 2010 was excellent and very popular. RMB to invite Westminster School to write a story on the project.</p> <p>JT suggested the following topics for inclusion: dementia, falls clinic, falls performance target and work on falls alarm. CM suggested the new regulation regarding the single sex accommodation.</p> <p>ML congratulated MA, RMB and GV for producing such useful news for governors and wider membership.</p>	RMB
7.	Westfield Community Roadshow	MA
	<p>MA said that the Council Governors supported the Westfield Community Roadshow project.</p> <p>MA said that currently we are in the process of making a video. One will focus on the hospital services and the other will be about the membership and these videos will be shown in the week commencing 28 March 2011.</p>	

	<p>MA said he will speak with SN as she leads on the membership recruitment to invite governors to help with recruiting new members. There will also be a professional company recruiting members.</p> <p>MA to speak with SN. SN to invite governors.</p>	<p>MA SN</p>
8.	Open Day 2011 – Update	RMB
	<p>RMB informed the sub-committee that the planning for the Open Day 2011 has begun and the proposal for the day was presented to the Board. CM said that due to time constraints the Board did not discuss the proposal.</p> <p>RMB said that she has spoken with Heather Lawrence, Chief Executive about the opportunity to make changes and get new ideas. The Open Day event is funded by the Council of Governors.</p> <p>The Open Day 2011 will focus on promoting health, fitness and wellbeing. It will also address the following issues: the impact of the government's NHS White Paper, showcase developments such as the hospital's new outpatient development, foster partnership working, improving staff morale and an opportunity to fundraise.</p> <p>We will set up a steering group which will help with organising the event and also the operational group which will manage planning and implementation. RMB said that this year she will lead the project.</p> <p>Some proposed ideas for the day included: official opening of the new Outpatients area, use of mobile health clinic to provide health checks, Teddy Bear Hospital in Paediatrics area, Hospital Arts, focus on key services offered by the hospital including bariatrics, elderly care, diabetes, stroke and paediatric surgery, careers in the NHS, tours to various areas but this could include Paediatric Theatres, Antenatal, Assisted Conception Unit, as well as those linked to specific care pathways and launching the hospital's involvement in the Olympic Challenge.</p> <p>RMB said that the branding will be the same as last year - 'Your hospital, your health, your say'.</p> <p>RMB invited comments on the day and the proposed ideas from the sub-committee.</p> <p>DH said that most of people are worried about the new Health Bill which will adversely affect patients/public members.</p> <p>RMB said that it will impact on all of NHS hospitals but the effect on the FTs is slightly less as we have certain freedoms and our Executive Directors are aware of the impact.</p> <p>WMW said that the programme was marvellous and that the Open Day is a great event but felt that more people need to know about it and suggested using leaflets and posters to make local residents aware of</p>	

	<p>the event.</p> <p>ML asked how we advertise the Open Day. RMB said we rely on people visiting the hospital, fliers, mailings to schools, local offices, PCTs, local papers etc.</p> <p>WMW said that Starbucks and local residents need to be targeted. SM said she took some leaflets to Boots last year and suggested some posters being taken to the local surgeries. ML suggested using the capital radio.</p> <p>SM referred to point 2.2 and said that we may produce a bag with the membership pack, having a raffle for membership – 1 raffle per family of a member. The sub-committee agreed it was an excellent idea. Costing to be discussed at the Council of Governors meeting on 17 February for agreement.</p> <p>ML said that considering that there are some good ideas we will add in the budget report a request for funding of bags to visitors at the Open Day. RMB to circulate the funding proposal to the sub-committee before sending to the Council of Governors.</p> <p>The sub-committee agreed with the point 5 and 6.</p> <p>ML concluded that our VIPs are patients that come to the hospital.</p>	RMB
9.	Trust Media Policy	MA
	<p>MA outlined the Media Policy and said that it is aimed at staff and provides a list of instructions what staff should do if approached by the media.</p> <p>MA said that it also sets out the process for governors who are approached by the media.</p> <p>MA invited governors to let him know directly if they have any comments/feedback on the policy.</p> <p>MJ said that the policy represents the standard way of handling the media.</p> <p>ML asked if governors can have a minimal level of media training. MA responded that he can arrange it and will raise it at the Council of Governors meeting on 17 February. MA to raise media training at the Council meeting on 17 February and to arrange training.</p> <p>WMW said it would be a good idea to have a list of media coverage the Trust has and to see what else can be covered without interfering in the business of the hospital.</p> <p>MA suggested that something can be organised around the sub-committee meetings.</p>	MA
10	Website update – for information	

10.1	Website development annual report 2010	MA
	<p>MA outlined the development of the website undertaken and said that governors supported funding of the website development and the steering group was set up to address the most important issues on the development that needed to be done. Two governors joined the steering group and helped with revising the website.</p> <p>MA presented the paper and said that the table on p.1 contains the headlines by month which are of interest and the column on the right hand side presents how many people might be interested in some headlines. He pointed out that the average number of people using the website has increased.</p> <p>MA said that the major development for 2011 is a video around Westfield Community Roadshow.</p> <p>CB suggested that under item 4, first bullet point we should have on the membership form a box for volunteers as a member. MA responded that this will be done. MA to add a box for volunteers.</p>	MA
10.2	Website Optimisation Project	MA
	<p>MA said that the Website Optimisation project was funded by the Council of Governors and the targeted sections of the hospital website were updated, i.e. maternity, children's services and assisted conception unit sections.</p> <p>The aim of the project was to achieve that if anyone searched on website for the hospital services relating to maternity, children and assisted conception the Chelsea and Westminster Hospital would come up first as a result.</p>	
11	Kensington and Chelsea Local Involvement Network (K&C LINK)	
	<p>Paula Murphy (PM) apologised for Sue Mastriforte (SueM) leaving the meeting early as she was not feeling well.</p> <p>PM gave a brief overview of the K&C LINK. She said the government aims to strengthen the ability of communities to influence what health and social care services are provided and how they are run.</p> <p>LINK acts as the health watchdog, have certain statutory powers and report to the Overview and Scrutiny Committee.</p> <p>Christine Vigars, Chair of the K&C LINK attended the quality sub-committee meeting on 28 January.</p> <p>PM said that SueM sits on the Trust's nutrition group. They are also looking at possibilities of future work with the Trust and its sub-committees via which they receive feedback from governors and can raise issues on their behalf.</p>	

	PM concluded that the LINK representatives will decide on which committee to attend on a regular basis. They will also attend the next Council of Governors meeting.	
12	Any Other Business	
	How Quality and performance can be improved in economic hard times – workshops DH said that he found the quality and performance workshops held in January to be extremely useful.	
	Enhancing Engagement of Patient and Public Foundation Trust Governors JT reminded the sub-committee that Enhancing Engagement of Patient and Public Foundation Trust Governors proposal which was presented to the Council on 2 December 2010. Following some comments we had from governors we have reviewed the proposal with the Director of HR concerning the CRB checking process. The sub-committee noted that a revised paper will be presented to the Council of Governors for approval.	
	Deputy Chairman to the Membership Sub-Committee ML said that CB has volunteered to be a Deputy Chairman of the sub-committee. The sub-committee agreed.	
13	Date of next meeting	
	The next meeting will be held on 7 March 2011 at 4pm	

Council of Governors Meeting, 17 February 2011

AGENDA ITEM NO.	2.13/Feb/11
PAPER	Membership Development Action Plan
AUTHOR	Sian Nelson, Membership and Engagement Manager
LEAD	Sian Nelson, Membership and Engagement Manager
SUMMARY	The Membership Development Action Plan has been updated by the Membership Sub-Committee.
DECISION/ ACTION	The Council of Governors is asked to note the Action Plan.

MEMBERSHIP DEVELOPMENT ACTION PLAN

2010 – 2011
Updated February 2011

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

ISSUE	OBJECTIVE	ACTION	LEAD	DATE DUE/ COMPLETION STATUS	NOTES
1. Information Zone	To improve communication between Members and Governors and to recruit new members to the	<ul style="list-style-type: none"> Develop open, drop in sessions for members and potential members to meet Governors Develop a roster for Governors to be present in the zone to perform question and answer sessions Advertise/give notice to patients, public and staff of such events Erect pictures of Governors in the Information Zone with contact details of each Governor. 	CB SN SN/ Norland s	Completed In progress In progress	<p>22 sessions completed by end Oct 2010.</p> <p>Dates advertised for November and December 2010. 02.11.10 One session booked for January 2011</p> <p>To review notice of sessions to wards and departments</p> <p>Electronic text board for the Information Zone arriving November 2010. 02.11.10 Installed January 2011. Governors to suggest text messages</p> <p>Order for picture board with Norlands. To collect pictures of Governors (liaise with Communications department). 02.11.10 Install week end of 28th January 2011 Installed. 07.02.11</p> <p>Funding request to Membership Sub-Committee (November meeting) for pop-up banner and leaflets to promote the sessions.</p>

ISSUE	OBJECTIVE	ACTION	LEAD	DATE DUE/ COMPLETION STATUS	NOTES
					02.11.10 In print week end of 28 th January 2011 Banner to be delivered week of 14 th February 2011
2. Seasonal Working Conference for Hospital Staff	To create a forum through which Governors can communicate with Members on key issues of patient care.	<ul style="list-style-type: none"> Governor presentation at the Seasonal Working Conference Governor stand at the Seasonal Working Conference Invite a group of Members to the Seasonal Working Conference through the bi-annual mailings or email. 	SN	In progress	Carol Dale presented at the Seasonal working Conference in October 2010. Next Seasonal Working Conference 24 March 2011 02.10.11 Governors informed and invited to Seasonal Working Conference on 24 March 2011 (09.02.11)
3. Patient Forums	To actively participate in patient forums to receive direct feedback from patients users.	<ul style="list-style-type: none"> Governors to participate in chosen patient forum Governors to feedback important messages to the -appropriate Council of Governors Sub-Committee and action plan as appropriate Governors to sign to forum to acknowledge participation Establish relationship with local LINKs 	SN	In progress	HIV Forum – CB Families and Young Children's forum –WMcW Maternity Services Liaison Committee – Christine Blewett and Francis Taylor
4. Recruitment Campaigns	To recruit new members to all constituencies and aim for a representative membership.	<ul style="list-style-type: none"> Membership Sub-Committee to review membership bi-monthly and identify opportunities for recruitment and agree a recruitment plan and funding for 2010/11 with the Council of Governors. 	CB	In progress	
5. Bi-annual membership mailings	To effectively use the bi-annual membership mailings to inform the membership of key	<ul style="list-style-type: none"> Sub-committee to agree the purpose and content of each mail shot Trust News to be sent to all members 	SM SN	In progress	

ISSUE	OBJECTIVE	ACTION	LEAD	DATE DUE/ COMPLETION STATUS	NOTES
	issues and explore how the Trust can elicit feedback from members	<p>bi-annually. The content of the member's Trust News should target patients and the public as well as staff.</p> <ul style="list-style-type: none"> Ensure Membership engagement is a priority in membership mailings. Requests to members for their feedback on specific issues or invitations to the Trust should be integrated in each mail shot. Update members on developments of the hospital and consult with members on key Trust issues for example the hospital extension. 	<p>RMcB</p> <p>SN</p> <p>RMcB</p>	<p>Completed</p> <p>In progress</p>	<p>Last Trust News sent in August/September with two page feature of Governors</p> <p>To request ideas for the April 2011 mail</p>
6. Email communication with Members	Establish an effective use of email communication with Members	<ul style="list-style-type: none"> Sub Committee to agree purpose and content of email communication Update Members email details and encourage use of email in membership literature Send regular and targeted emails (inc. Trust News link) with Trust updates Send requests for patient involvement as requested by Trust committees, for example, PEAT, or other patient panels 	<p>SN</p> <p>SN</p>	<p>April 2010</p>	<p>First members email circulation sent June 2010 requesting members to support the abolition of the congestion zone charge.</p> <p>Members' emails updated June 2010. Approximately 3,200 members email addressed. (updated September 2010)</p> <p>This method has previously recruited members to PEAT.</p>

ISSUE	OBJECTIVE	ACTION	LEAD	DATE DUE/ COMPLETION STATUS	NOTES
7. Website	<p>To utilise the C&W Hospital website to promote membership involvement and the Council of Governors</p> <p>To ensure Members feel involved in Trust activities.</p>	<ul style="list-style-type: none"> Membership Sub-Committee to work with the in house team to refresh web pages, e.g. Clear identification of Governors and the constituencies they represent; Explanation of the role of the Governor; Clear process for contacting Governors Members feedback box for Governors response On-line Members application form content to reflect the new paper application form Develop a Members page to provide information regarding Members events and other Trust invites or activities. 	<p>SN</p> <p>SN/GH</p>	<p>IN PROGRESS</p> <p>In progress</p> <p>Within Foundation Trust Section of the website.</p>	<p>In progress – Patient Experience Web Page. Sian Nelson has met with George Vasilopoulos and finalising content. Finalise week end of 28th January 2011</p> <p>In progress but near completion. 07.02.11</p> <p>Gregory Hewitt (Head of IT) is looking at ways to do this 02.11.10</p> <p>In progress with Communications George Vasilopoulos 06.02.11</p>
8. Council of Governor Elections	To ensure members have the information they need to confidently stand for elections	<ul style="list-style-type: none"> Agree through the Membership Sub-Committee types of events to support members with the election application process 	<p>CB</p> <p>SN</p>	November 2010	The Campaign Company worked the week prior to close of nominations and recruited 200 members. One person nominated himself as a result of this interaction. 02.11.10

ISSUE	OBJECTIVE	ACTION	LEAD	DATE DUE/ COMPLETION STATUS	NOTES
9. Staff Constituency	Encourage staff representatives to agree an annual program of events with staff members including meetings.	<ul style="list-style-type: none"> Agree annual program of events e.g. meetings, column in Trust News. 	CD, LB, JJ, BG, SS	Commence April 2010	Carol Dale, Staff Governor for the management constituency has established this approach in her constituency and her method can be applied to the other staff constituencies.
10. Reaching underrepresented groups in the Membership	To improve representation of under-represented groups	<ul style="list-style-type: none"> Membership Sub-Committee to review membership bi-monthly and identify underrepresented groups and agree plans for recruitment and engagement in these groups. Target ethnic minority groups in the community and seek ways of engagement with these groups. Governors to link with the Mobile Health Clinic Steering group to reach groups in the local community 	ALL ML SN		<p>The mobile community clinic at Chelsea Football Club reaching the male population. Similar project at Queen Park Rangers confirmed.</p> <p>Future dates:</p> <ul style="list-style-type: none"> Chelsea FC 19/12/10 and 02/01/10 dates cancelled due to funding Queens Park Rangers 12/03/11 and more to be confirmed. Dates postponed and future dates to be confirmed Shepherds Bush Market (reaching Black and Ethnic Minority Groups), 3rd Friday every month. Continues with success <p>An invitation to Governors to attend these events will be circulated by email. 02.11.10 Governor Edgar Mayo attended Shepherds Bush Market with positive feedback</p>

ISSUE	OBJECTIVE	ACTION	LEAD	DATE DUE/ COMPLETION STATUS	NOTES
					Governors booked for February and March 2011 07.02.11
11. Young Persons Membership Group	To create a Young Persons Membership Group to strengthen the membership of young people	<ul style="list-style-type: none"> Membership Sub-Committee to agree a proposed 'terms of reference for the group' Propose the idea of a Young Persons Membership at the next Annual Members Meeting. Identify a Young Persons 'Champion' to lead the membership group. Work with the existing children's forums to understand how we can gain insight into the needs of this group, reach this group and offer membership for their benefit Visit to schools to provide education sessions for young people and link with membership. For example, providing first aid classes or sexual health awareness. 	ML SN SM	<p>In progress</p> <p>In progress</p>	<p>Presentation by Westminster School Pupils of their project at the Annual Members Meeting 16th September 2010.</p> <p>Sian Nelson is awaiting response from Monitor re legal implications of the under16 year's age group.02.11.10 Monitor have confirmed we can apply for a change to the constitution</p> <p>Stephanie McMillan, Out-Reach Nurse Practitioner is taking membership leaflets to sixth form college sexual health out-reach screening sessions in Hammersmith and Fulham. 02.11.10</p>

ISSUE	OBJECTIVE	ACTION	LEAD	DATE DUE/ COMPLETION STATUS	NOTES
12. Quality Accounts	To engage members and seek feedback of the Quality Accounts	<ul style="list-style-type: none"> Governors to seek the views of members regarding the Trusts Quality Accounts through engagement activities: mail shots, email/website, seasonal working conference and the Governors session in the Information Zone 	SN		<p>To discuss with LINKs who provide similar training for LINKs members to review Quality Accounts.</p> <p>Governor Susan Maxwell attended a CLARHC Quality Accounts workshop in January 2011 07.02.11</p>
13. Learning Disability Strategy	To involve members with the implementation of the Learning Disability Strategy	<ul style="list-style-type: none"> To create a learning disability patient forum to seek feedback from members with a learning disability with regards to support services, information including leaflets and signage Share the forum with external agencies (for example, LINKs) in the community to gain feedback from the local community of the expectations of the Trust 	SN	In progress	<p>LD Steering Group now meeting monthly.</p> <p>Sian Nelson to develop a Learning Disability forum.</p> <p>First Learning Disability forum on 24th February 2011 07.02.11</p> <p>Joint working protocol with K&C LINKs approved at Quality Committee 2nd November 2010 02.11.10</p>
14. Service Development	To consult members on service development activities	<ul style="list-style-type: none"> Consult with members on service development within the Trust, for example the extension and redevelopment of the hospital. Request feedback through mail shots, email/website seasonal working conference and Governors sessions in the Information Zone 	SN	In progress	<p>Seven Governors have held 22 Meet the Governor Sessions end of July 2010.</p> <p>Governor enthusiasm decreased for 'Meet a Governor' Sessions during December and January.</p> <p>A good uptake of Governors sessions in February and March. 07.02.11</p>

Updated February 2011

Named Personnel:

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

Council of Governors Meeting, 17 February 2011

AGENDA ITEM NO.	2.14/Feb/11
PAPER	Membership Report
AUTHOR	Sian Nelson, Membership and Engagement Manager
LEAD	Therese Davis, Interim Director of Nursing
EXECUTIVE SUMMARY	This paper reports on the membership numbers for the Trust which currently has a total membership of 15,041.
DECISION/ ACTION	For review of the Council of Governors.

Council of Governors Membership Report

1. Introduction

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

2.0 Background

2.1 Member Constituencies

- 2.1.1 There are three Member Constituencies, Patient, Public and Staff. Membership for each constituency is illustrated in Table 1. The information in this report was updated January 2011.

	MEMBERS	PERCENTAGE
Staff	3,152	22%
Patient	5,650	38%
Public	5,835	40%
Total	14,637	100%

Table 1: Membership

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

2.2 Patient Constituency

- 2.2.1 Patient members for 2010/11 are currently at 5,642. The number of patient members who have left from 1st April 2010 currently stands at 740. The reason for members leaving is generally either because of movement of address outside of the eligible constituency, or the member has died. A total of 372 new patient members have joined since April 2010.

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

Age (Years)	
0-16	0
17-21	48
22+	3,077
Unknown	2,525

Table 2: Patient membership by age range

2.3 Public Constituency

- 2.3.1 The Trust's target is to maintain the size of membership in the public constituency in 2010/11. Currently we have 5,747 public members, compared to 6,131 in 2009/10. To date there have been 170 new public members since April 2010, with 554 public members leaving membership.

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

PUBLIC CONSTITUENCY	NUMBER OF MEMBERS	ELIGIBLE POPULATION
Age (years)		
0-16	0	6,154
17-21	46	40,632
22+	4,946	709,475
Unknown	755	
Ethnicity		
White	4,064	581,753
Mixed	234	28,772
Asian	325	48,323
Black	280	67,208
Other	287	29,947
Unknown	557	
*Socio-economic groupings		
ABC1	4,962	431,344
C2	4	40,531
D	0	63,223
E	765	87,991
Unknown	16	
Gender analysis		
Male	2,260	362,544
Female	3,438	393,249
Unknown	49	

Table 3: Analysis of Public membership

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

2.4 Staff Constituency

2.4.1 Staff membership has been updated to include all staff

STAFF CONSTITUENCY	
1 April 2010	3,046
New Members	1,165
Members leaving including (Opt Out)	1,059
January 2011	3,152

Table 4: Staff constituency figures.

3.0 Content

3.1 Membership Recruitment and Engagement

- 3.1.1 Since April 2010 a total of 2,353 members have left membership and 1,707 have joined, leaving a shortfall of 646 members to maintain membership numbers in 2010/11. A data cleanse is performed twice per year before member mailing which removes those members not at the same address or who have been registered deceased. In addition Capita is notified monthly for requests of members' removal from the database.
- 3.1.2 The Membership Development Sub-Committee of the Council of Governors develops and reviews the Membership Development and Communications Strategy.
- 3.1.3 A Membership Action Plan 2010-11 has been circulated to the Council of Governors. This provides direction and feasible actions for Governors to increase membership for the forthcoming year. The Action Plan 2010-11 emphasises engagement between the Governors and Trust with Members. This is reviewed bi-monthly at the Membership Sub-Committee meeting.
- 3.1.4 The Membership – Patient Advice and Liaison Services support membership promotion and any visitor to the M-PALS office will receive a membership application form (when appropriate). The forms are sent with all patient response letters from M-PALS.
- 3.1.5 A member's email database has been updated with over 3,000 emails registered. This will be used for low cost, rapid response membership consultation.
- 3.1.6 A discharge booklet, funded by the Council of Governors is given to patients on admission and includes a membership application form.

3.2 Developing a Representative Membership

- 3.2.1 Analysis of the membership database by age, gender and ethnicity ensures we work towards representative memberships within the communities we serve. Actions taken to ensure representative membership include:
- 3.2.2 The Trust has purchased a community mobile health clinic. This was set up with the aim of membership development and engagement in the community. The services from the mobile health clinic aim to target 'hard to reach' groups in the community. Dates for community activities for January to March 2011 have been circulated to all Governors and the Membership and Engagement Manager has encouraged Governor Participation.
- 3.2.3 The Membership and Engagement Manager attends the Mobile Health Steering Group. The group plan activities and decide how Governors can link with Trust activities in the community (especially where membership is underrepresented) and decide on appropriate outreach services for these areas.

The Mobile Health Clinic is visiting Shepherds Bush market area every month and focuses on health screening/outreach work with Black, Minority and Ethnic groups. Membership recruitment is currently being undertaken here.

3.2.4 Membership under-representation continues in the following areas:

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

3.2.5 Governors host 'Meet a Governor' session at the Ground floor Information Zone. Patients, public, staff and members have the opportunity to meet a Governor to discuss issues important to them. This is publicised on the Trust website and posters are displayed throughout the hospital.

3.2.6 To create equal representation, It is recognised that membership recruitment should focus on increasing its numbers and engagement with Black, Ethnic and Minority groups. The Membership and Engagement Manager is currently developing an action plan with the Equality and Diversity Manager to address this and to ensure the Governor elections in 2012 will be adequately promoted to these groups.

3.2.7 The Council of Governors have funded the Westfield Community 'road show' during the week commencing 28th March 2011 at the Westfield Shopping Centre, in the Borough of Hammersmith and Fulham. Recruiters will aim to recruit 350 new members here. A DVD of Chelsea and Westminster Hospital Foundation Trust services which will contain a 30 second promotion of membership will be displayed on a giant plasma screen. The same DVD will be shown at G.P. surgeries and on the trust website.

3.3 Election Plan

3.3.1 Chelsea and Westminster Hospital Foundation Trust Governor elections were held in October and November 2010.

3.3.2

PATIENT GOVERNORS SEATS	PUBLIC GOVERNOR SEATS	STAFF GOVERNOR SEATS
Dr Anthony Cadman	Westminster 1 Martin Lewis	Nursing & Midwifery Kathryn Mangold (Clinical Nurse Lead, Women's, Children's and Dermatology).
William Marrash	Westminster 2 Melvyn Jeremiah (unopposed)	
	Wandsworth 1 Henry Morgan (unopposed)	

Table 5: Election seats for nomination

4.0 Summary

4.1 Membership engagement is a priority for 2010-11. The Membership and Engagement Manager encourages Governors to engage further and more

5.0 Decision/Action Required

- 5.1 Propose the resolution for the approval of the Board.

VIP visits to Chelsea and Westminster Hospital 2010

VIP visits to the Trust in 2010, organised by the Communications Department, included the following (see weblinks for details):

January 2010

- David Cameron (as Leader of the Opposition) and Andrew Lansley MP (as Shadow Health Secretary) visited the Maternity Unit for a photo opportunity in advance of the launch of the Conservatives' election manifesto
<http://www.chelwest.nhs.uk/news/archive/2010/david-cameron-visit.html>

March 2010

- HRH The Duchess of Gloucester visited spina bifida and hydrocephalus patients in the Medical Day Unit in her capacity as Patron of the charity, the Association for Spina Bifida & Hydrocephalus
<http://www.chelwest.nhs.uk/news/archive/2010/hrh-visit.html>

May 2010

- The Mayor of the Royal Borough of Kensington & Chelsea and our local MPs, Greg Hands and Sir Malcolm Rifkind, attended the annual hospital Open Day
<http://www.chelwest.nhs.uk/news/archive/2010/open-day.html>
- BBC News presenter Sophie Raworth officially opened the revamped Assisted Conception Unit
<http://www.chelwest.nhs.uk/news/archive/2010/open-day-acu.html>

September 2010

- HRH Prince Michael of Kent visited the Burns Unit in his capacity as Patron of the charity, the Children's Burns Trust
<http://www.chelwest.nhs.uk/news/archive/2010/prince-michael-visit.html>

December 2010

- Chelsea FC players including Frank Lampard and Ashley Cole visited the children's wards just before Christmas
<http://www.chelwest.nhs.uk/news/archive/2010/chelseafc.html>
- Health Secretary Andrew Lansley visited the A&E Department to publicise the Government's announcement of changes to A&E performance indicators
<http://www.chelwest.nhs.uk/news/archive/2010/secretary-visit.html>

TV documentaries about Chelsea and Westminster Hospital 2010

Examples of TV documentaries about the Trust in 2010, facilitated by the Communications Department, include the following (see weblinks for details):

June 2010

- *Katie: My Beautiful Face* – 1-hour Channel 4 documentary about the Burns Unit which was originally screened in October 2009 - was nominated for a BAFTA
<http://www.chelwest.nhs.uk/news/archive/2010/katie-piper-bafta.html>
- *Children's Emergency* – the Trust featured in 2 episodes of this BBC1 documentary series about the Children's Acute Transport Service (CATS)
<http://www.chelwest.nhs.uk/news/archive/2010/trust-in-bbc-doc.html>
- *Seven New Faces in Seven Days* – 1-hour Channel 5 documentary about the work of members of the craniofacial surgery team with the charity Facing the World, an excerpt was screened at the Annual Members' Meeting in September 2010
<http://www.chelwest.nhs.uk/news/archive/2010/amm.html>

July 2010

- *The Hospital* - 1-hour Channel 4 documentary about the West London Centre for Sexual Health
<http://www.chelwest.nhs.uk/news/archive/2010/wlcsh-documentary.html>

August 2010

- *The Incubator* – 30-minute Channel 4 documentary about the Neonatal Intensive Care Unit
<http://www.chelwest.nhs.uk/news/archive/2010/nicu-documentary.html>

December 2010

- *The Miracle Baby of Haiti* – 1-hour Channel 4 documentary about a seriously ill baby rescued from the rubble of Haiti's devastating earthquake in January 2010 brought to London for treatment at Chelsea and Westminster and Great Ormond Street hospitals
<http://www.chelwest.nhs.uk/news/archive/2010/cw-on-tv.html>

Council of Governors Meeting, 17 February 2011

AGENDA ITEM NO.	2.15/Feb/11
PAPER	Trust Media Policy
AUTHOR	Matt Akid, Head of Communications
LEAD	Matt Akid, Head of Communications
EXECUTIVE SUMMARY	This Media Policy sets out the Trust's processes for handling media enquiries and what Trust staff should do if they are contacted by the media – it also sets out the process for Foundation Trust Governors who are approached by the media to speak in their capacity as a Governor.
DECISION/ ACTION	Governors are invited to comment and give feedback on the Media Policy with a view to it going forward for approval by the Trust's Quality Committee on 1 March.

MEDIA POLICY

1.0 Introduction

As a Trust, we engage with the media in an open and responsive fashion – we respond reactively to legitimate media enquiries, often within tight deadlines, and we undertake media activity proactively to generate positive publicity.

The Communications Department takes a lead in generating positive media coverage of the Trust to raise our profile and enhance our reputation through a proactive approach to media relations.

This includes issuing press releases, facilitating TV documentaries, organising VIP visits and other events that may attract media interest such as the Open Day and Annual Members' Meeting, and maintaining excellent relationships with journalists.

In 2009/10, the Communications Department received 310 media enquiries, issued 40 press releases and statements, facilitated the Trust's involvement in a BAFTA-award winning documentary, and proactively generated positive national media coverage of the Trust by contacting journalists about newsworthy stories.

The media is an important communication channel between the Trust and our key audiences including Foundation Trust members, patients, the public, GPs, existing staff and people potentially interested in working at Chelsea and Westminster.

Positive media coverage enables the Trust not only to maintain its reputation and high profile but also to market its service to the key audiences identified above.

Negative media coverage damages our reputation and our potential to market our services.

At all times the Trust's media relations work is undertaken in a way that safeguards the confidentiality of our patients and protects our staff.

Staff are encouraged to get in touch with the Communications Department if they have stories that they think may be of interest to the media.

2.0 Scope

It is the responsibility of all staff, Foundation Trust Governors and Non-Executive Directors to adhere to this Media Policy.

3.0 Policy

This Media Policy sets out the Trust's processes for handling media enquiries, both in and out of hours, and what staff should do when they are contacted by the media in their capacity as a Trust employee, as an expert in their field (for example in a particular medical or surgical specialty), or as a representative of another body (for example a professional organisation, a trade union, or a charity).

It also sets out the process for Foundation Trust Governors speaking to the media in their capacity as Governors.

The Media Policy also sets out the Trust's process for VIP visits and other events.

4.0 Roles and responsibilities

The Communications Department has overall responsibility for all media enquiries, filming and photography requests in the Trust.

Reactive press statements, proactive press releases and filming requests are approved by the Chief Executive or another member of the Executive team.

All media enquiries should be dealt with in the first instance by the Communications Department or by the public relations agency retained by the Trust to handle media interest out of hours – see below under 6.0 ‘Your responsibility as a Trust employee’ for information about what to do if a journalist contacts you directly and under 16.0 ‘Contact information’ for the Communications Department’s contact details.

The Head of Communications and the Communications Manager provide the Trust’s press office service from 9am-5pm Monday-Friday.

Jonathan Street Public Relations is contracted to provide an ‘out of hours’ press office service from 5pm-9am Monday-Friday, also at weekends and on Bank Holidays – an on-call press officer is available at all these times.

5.0 Monitoring and archiving arrangements

All media enquiries received by the Communications Department are logged using a simple electronic form that includes details of how the enquiry was dealt with – for example if a press release or statement was issued – and when it was completed.

All media enquiry forms are kept electronically and archived in date order. Similarly, copies of all press statements and press releases are kept electronically.

The Trust has a contract with the media planning, monitoring and evaluation agency Durrants to provide copies of all media coverage of Chelsea and Westminster. Hard copies of all media coverage are kept on file.

The Communications Department produces a monthly media report summarising the Trust’s media relations activity and providing copies of media coverage.

Hard copies of these monthly reports are sent to all Directors each month and will be made available at the bi-monthly meetings of the Council of Governors Membership Sub-Committee.

6.0 Your responsibility as a Trust employee

All Trust employees should be aware of the Media Policy and adhere to it.

No member of staff should speak to the media in their capacity as a Trust employee without first informing and discussing with the Communications Department (9am-5pm Mon-Fri) or the on-call press officer from Jonathan Street Public Relations.

No filming or photography should take place in the Trust without approval by the Communications Department.

If you receive a call from a journalist, or from someone who you suspect is a journalist, you should refer them to the Communications Department.

If the media have approached you because they are interested in your work or research, want to interview you or have asked you to comment on a media story, please contact the Communications Department.

7.0 Commenting as an individual, on behalf of another organisation, as a Foundation Trust Governor or as a Non-Executive Director

You may be approached by the media in a different capacity – for example, as a representative of a professional organisation or a trade union - or you may wish to speak or write to the media in a personal capacity.

All staff intending to speak to the media as either an individual or on behalf of another organisation should contact the Communications Department as a courtesy before doing so.

In addition, all Foundation Trust Governors and Non-Executive Directors intending to speak to the media in their capacity as a Governor or Non-Executive Director should contact the Communications Department as a matter of course before doing so.

8.0 Condition checks

Hospitals are often asked by the media for condition checks on patients who may have been in a road traffic accident, fire or another incident, or who may have a high public profile that means they are of interest to the media.

No personal details about an individual patient will be disclosed without the permission of the patient or his/her family or partner.

If you are contacted by the media for a condition check on a patient you should refer them to the Communications Department. Do not give any information yourself.

9.0 Media access to the Trust

Any member of the media wishing to come onto Trust property must seek permission from the Communications Department.

Similarly, any member of staff wishing to invite a member of the media into a Trust department, ward or clinic on the hospital site or elsewhere must discuss the matter in advance with the Communications Department.

No member of staff at any level in the organisation should give or agree to give a media interview without first consulting the Communications Department.

Any member of the media who enters a clinical area without prior permission from the Communications Department is breaking the Press Complaints Commission's Code of Practice. The Trust may seek to make a formal complaint to the Press Complaints Commission in these circumstances.

No filming or photography should take place on the Trust premises without prior permission from the Communications Department – Security will remove any film crews or photographers who are on the premises without the correct permissions.

10.0 VIP visits and other Trust events

Any proposed VIP visit to the Trust should be discussed in the first instance with the Chief Executive and subsequently with the Chairman – they can be contacted via their PA on ext 56711.

Any invitation to a VIP to visit the Trust, for any reason, must be issued by the Chairman on behalf of the Trust.

Planning for a VIP visit can be complex and time-consuming. The preparations for such visits are project managed by the Communications Department on behalf of the Chief Executive and Chairman, with support from senior staff at Jonathan Street Communications who have more than 20 years' experience in this area.

Staff or Foundation Trust Governors planning to organise external Trust events, especially those that may attract media interest, should contact the Communications Department as a first step.

See Appendix 1 for details of VIP visits to the Trust in 2010.

11.0 VIP patients

It is always helpful for the Communications Department to be aware of any VIP patients being cared for by the Trust because they may be the subject of media interest.

VIPs have the same rights of patient confidentiality as any other individual and that right is always respected unless they choose to 'go public'.

The Communications Department is accustomed to working with VIP patients and any PR advisers they may have.

12.0 Publication of academic papers

If a member of staff has an academic paper accepted for publication by a journal, they must inform the Communications Department if there is likely to be any media interest.

It should be noted that some journals will notify the media about papers of particular interest or even issue press releases about their findings.

It is the responsibility of the staff member not the journal to inform the Communications Department prior to publication.

13.0 Photography and filming

As set out under 9.0 'Media access to the Trust', no filming or photography should take place on the Trust premises without prior permission from the Communications Department – Security will remove any film crews or photographers who are on the premises without the correct permissions.

Any patient being filmed or photographed will be asked to sign a written consent form – a copy should be retained by the ward or department where the filming or photography is taking place and a photocopy sent to the Communications Department.

Consent forms are also required for any photography or filming undertaken by the Communications Department for use in Trust publications or on the Trust website.

The Trust is often asked if film, TV crews or still photographers can use the hospital for location shooting for a range of purposes including stock library footage, TV drama and light entertainment, feature films, and commercial advertisements.

All such requests should be referred to the Communications Department.

Most of these requests are declined because such projects can be time-consuming and disruptive to the normal working of the Trust, without obvious benefits to the

organisation's reputation, although there are occasional exceptions and requests will be considered on a case-by-case basis.

Fees for commercial filming of this nature are negotiated on a case-by-case basis.

The Trust prioritises filming for news and feature items that directly relate to the Trust or long-term TV documentaries that will have a demonstrable benefit.

This Trust does not generally give permission for photographers to take stock library footage because these images can be used to illustrate negative health stories that have nothing to do with us and can have a negative impact on our reputation.

14.0 TV documentaries

The Trust is often approached by independent TV production companies to be involved in documentaries. All such requests should be referred to the Communications Department.

Requests are considered on a case-by-case basis, usually only if the documentary has been commissioned for broadcast by a channel – in other words, we will usually only consider a proposal if we know the programme is going to be made and screened.

Other criteria for proceeding include whether the documentary is about a service that we wish to market, whether the staff in the service are willing to support it, and the amount of disruption that it's likely to cause. The reputation of the independent TV production company is also a key factor.

If the decision is taken to proceed, a written contract will be drawn up for agreement by the Head of Communications and the production company – this always includes the Trust's right to a pre-broadcast viewing for the Head of Communications and the appropriate senior clinical and managerial staff to check the documentary for factual accuracy.

See Appendix 2 for details of TV documentaries about the Trust in 2010.

15.0 Social networking

Staff use of social media such as Facebook and Twitter to promote the Trust's services is covered in the new Web Communications Policy which will be tabled for approval by the Trust's Quality Committee on 1 March.

Staff use of social media for their own personal purposes is covered in an HR policy - Use of Social Networking Websites Policy - to ensure that their personal conduct and behaviour using these forums does not raise concerns for the Trust, its patients or staff, by for example compromising confidentiality.

16.0 Media training

Staff and Foundation Trust Governors interested in media training should contact the Communications Department in the first instance (see contact information below for details).

17.0 Approval and review

Following amendment with any comments made at the Council of Governors meeting on 17 February, this policy will be tabled for approval by the Trust's Quality Committee on 1 March. The policy will be reviewed in March 2013.

18.0 Contact information

All media enquiries, requests for interviews or requests to film on Trust premises should be referred to:

Communications Department (9am-5pm Mon-Fri):

Matt Akid (Head of Communications)
020 3315 6828 (internal extension 56828)
matthew.akid@chelwest.nhs.uk

Renae McBride (Communications Manager)
020 3315 6829 (internal extension 56829)
renae.mcbride@chelwest.nhs.uk

Jonathan Street Public Relations (5pm to 9am Mon-Fri, at weekends and on Bank Holidays):

On-call press officer
Pager 07659 125409 (24 hours)

19.0 Action for Governors

Governors are invited to comment and give feedback on the draft Media Policy with a view to it going forward for approval by the Trust's Quality Committee on 1 March.

Matt Akid
Head of Communications
February 2011

Council of Governors Meeting, 17 February 2011

AGENDA ITEM NO.	2.16/Feb/11
PAPER	Enhancing Engagement of Patient and Public Foundation Trust Governors
AUTHORS	Jane Tippet, Acting Assistant Director of Nursing
LEAD	Therese Davis, Chief Nurse and director of Patient Flow
EXECUTIVE SUMMARY	<p>In December 2010 a paper was presented to the Council of Governors outlining proposals to enhance engagement of Governors. The paper had previously been agreed at the Membership Sub-Committee in November 2010.</p> <p>This paper outlines a revised proposal simplifying the process for Governors who are interested to undertake the following:</p> <ul style="list-style-type: none"> a) Senior Nurse/Governor Rounds b) Shadowing Trust staff from all disciplines
DECISION / ACTION	The Council of Governors is asked to approve the revised proposals.

Enhancing Engagement of Patient and Public Foundation Trust Governors

1.0 Introduction

- 1.1 Building and maintaining a vibrant membership is a key aim for Chelsea and Westminster Hospital Foundation Trust. This paper outlines two opportunities for Governors to increase their engagement.

2.0 Background

- 2.1 The Membership Development and Communication Strategy outlines how the Trust encourages engagement with its membership. In July 2009, Sian Nelson, Membership and Engagement Manager, was recruited to the Trust with responsibility for supporting the Council of Governors, and developing approaches to engaging and working with the Membership.

3.0 Proposal A – Senior Nurse/Governor ‘Rounds’

- 3.1 The Trust has invested in a number of ways to obtain patient feedback. This currently includes the Patient Experience Tracker (PET), a hand-held device to obtain real-time patient feedback on issues that have been of concern to patients. We currently have over 30 devices in various wards and departments that are helping us raise awareness and improve care for patients and their relatives/carers.
- 3.2 We are proposing that for one to two hours, once a month two – three Governors have the opportunity to visit a ward or department with a Senior Nurse. This would enable the Governor with the Senior Nurse to engage with patients, obtaining feedback using the PET. In practice this will involve:
- Identifying a patient who will be discharged home on the day.
 - Offer the patient the PET device and allow them time to complete it alone.
 - With the senior nurse have the opportunity to discuss the feedback with the patient(s) and discuss their experiences and potential questions that the patient feels should be asked in the future.
- 3.3 Following the Senior Nurse/Governor round the Senior Nurse would take responsibility for any agreed actions. We propose that the Governors and Senior Nurse(s) should present the feedback and experience at a Council of Governors meeting and/or a Trust Board meeting.

4.0 Proposal B- Shadowing Trust Staff

- 4.1 The intention of the shadow visits is for the governor to gain an insight into hospital life from the perspective of the person they are accompanying.
- 4.2 Shadowing Trust staff was successfully piloted in December and the feedback by the Governors was extremely positive.
- 4.3 We are proposing that bi-monthly a maximum of six Governors would each shadow a member of staff from across the Trust for a maximum period of three hours.
- 4.4 We propose that the Governors would feedback their experiences at a Council of Governors meeting.

5.0 Process for Governors Wishing to Engage in Either Activity

- 5.1 As this proposal involves contact with patients Governors who would be interested to take part in this proposal would be required to:
 - Abide by the Council of Governor's Code of Conduct (Appendix I)
- 5.2 Governors interested in either the Senior Nurse Round or Shadowing will be requested to identify themselves to the Trust Foundation secretary within an agreed timeframe.
- 5.3 The Foundation Trust Secretary with the Engagement and Membership Manager would then put together a list of potential dates, in collaboration with Trust staff, and then circulate to interested Governors to confirm their availability to attend.

6.0 Summary

- 6.1 This paper has outlined two proposals to encourage further engagement with patients and the public. The Council of Governor's is asked to approve the revised proposals.

Appendix I

COUNCIL OF GOVERNORS CODE OF CONDUCT

Governors agree to abide by the following Code of Conduct.

All Governors will:

1. Act in accordance with the Seven Principles of Public Life (Nolan) (attached).
2. Agree to support and contribute to the Trust.
3. Act in the best interests of the Trust at all times.
4. Allow no political, religious, or sectarian affiliations to influence any decisions to which they are party.
5. Refrain from actions or communications that could bring the Trust into disrepute.
6. Declare all perceived conflicts of interest, and to refrain from discussions and votes (subject to invitation from Chairman or Sub-committee chairman) if appropriate.
7. Maintain confidentiality of matters not in the public domain at all times.
8. Represent the best interests of their constituencies or partner organisations in all discussions of the Council of Governors and its sub-committees.
9. Act to ensure compliance with all ethical and legal requirements.
10. Abide by the Council of Governors standing orders, policies and procedures.
11. Attend meetings of the Council of Governors and relevant sub-committees.
12. Undertake training and receive guidance in respect of their responsibilities.
13. Ensure that fellow Governors are valued as colleagues and respect their opinions.

**Approved by
Council of Governors
on 23 November 2006**

Appendix II

THE SEVEN PRINCIPLES OF PUBLIC LIFE (NOLAN)

1. **Selflessness**
Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.
2. **Integrity**
Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.
3. **Objectivity**
In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.
4. **Accountability**
Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.
5. **Openness**
Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.
6. **Honesty**
Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.
7. **Leadership**
Holders of public office should promote and support these principles by leadership and example.

Approved by
Council of Governors
on 23 November 2006

Council of Governors Meeting, 17 February 2011

AGENDA ITEM NO.	3.1/Feb/11
PAPER	Finance Report – December 2010
AUTHOR	Mike Fox, Head of Financial Management
LEAD	Lorraine Bewes, Executive Director of Finance
EXECUTIVE SUMMARY	<p>Year-to-date the Trust has recorded a surplus of £10.9m, £1.5m (15.7%) ahead of budget. The position includes £1.0m prior year over-performance meaning that net of this the Trust is currently ahead of its financial plan for 2010/11.</p> <p>Clinical Contract income has over-performed by £2.6m for the nine months to December (including £1.2m prior year over-performance) due to higher levels of Out-Patient, Day Case and Elective activity than originally planned.</p> <p>The YTD Pay position is on plan after taking account of costs for Research and other pay costs recharged to other organisations.</p> <p>Non-Pay costs are £3.6m higher than budget year-to-date. Provision for Bad Debts accounts for £2.9m of the above £3.6m over spend which are due to increased levels of data challenges from the Trust's commissioners. The remaining £0.7m variance is due to over-spends on Prosthetics (£0.5m) and other medical supplies (£0.1m) as a result of high levels of clinical activity which have generated increased income for the Trust which covers this over-spend.</p> <p>The Trust has identified and achieved 98% of its £22.6m CIP target (103% recurrently) representing a considerable achievement. The Trust is now focussed on the identification and delivery of the 2011/12 target.</p> <p>The forecast surplus for the year has improved. The Trust is now expecting the surplus at the end of the full year to be £0.2m less than plan (£12.2m) with an EBITDA of £29.5m, 9.06% (£1.4m behind plan). The Trust is on track for a rating of Excellent for the management of resources by the Care Quality Commission.</p>
DECISION/ ACTION	The Council of Governors is asked to note the financial position for the financial year to date ended 31 st December 2010 and the updates in this report.

Glossary of Terms

CIP: Cost Improvement Programme

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

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

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

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

Elective: Planned Care (non emergency)

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

NICU: Neonatal Intensive Care Unit

SCBU: Special Care Baby Unit

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

Tariff: Nationally agreed price for a particular procedure.

PASA: NHS Purchasing and Supply Agency

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

Acuity: Seriousness of a patient's condition

Locum: Temporary doctor covering vacancy or staff absence.

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

BPPC: Better Payment Practice Code

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

IM&T: Information Management and Technology

Monitor: Regulatory body for NHS Foundation Trusts.

Appendix 7

TRUST PERFORMANCE

	Indicator Name	Monitored by/ Submission to	Trustwide Target/Threshold
Quality	Incidence of Clostridium difficile	Monitor, CQC, Local Stretch	75.00
	MRSA Bacteraemia	Monitor, CQC, Local Stretch	4.50
	Hand Hygiene Compliance (trajectory)	Quality account	88%
	Hand Hygiene Completion (trajectory)	Quality account	86%
	Patient falls resulting in moderate or major harm	Quality account	6.8
	Never Events	Quality account	0.0
	Emergency Readmissions within 14 days (COPD, heart failure and diabetes)	Contract	5.3%
	Emergency Readmissions within 28 days (COPD, heart failure and diabetes)	Contract	10.3%
	Elective MRSA Screening Ratio	Monitor, Contract	1.00
	Non Elective MRSA Screening Ratio	Contract	1.00
	Mortality (HSMR) (2 months in arrears) (trajectory)	Quality account	85.73
	VTE Assessment (YTD measured from Oct in line with CQUIN)	Contract	90%
	Rapid Access Chest Pain Clinic	CQC, Contract	98.0%
	Quality of Stroke Care	CQC, Contract	80%
	Infant health & Inequalities: % Women known to be smokers	CQC	4.13%
	% Mothers known to initiate breastfeeding	CQC	91.06%
	% Women seen a midwife or obs for assessment by 12+6 (trajectory)	Contract	85%
	Discharge Summaries within 24 hours	Contract	100%
	Patient Experience Tracker Completion rate	Quality account	80%
	Patient Experience Tracker overall satisfaction scores	Quality account	90%
	Complaints and concerns for admissions and appointments	Quality account	161
	Formal complaints responded in 25 working days	Quality account	90%

	Best Patient Experience (BPE) - In preparation for PEAT Audit	Quality account	Excellent: Food, environment and P&D - 90%
	Breach of Same Sex Accommodation (2010 rules)	Contract	0
Finance	Income variance	Internal	-£ 239,715,314
	Pay variance	Internal	£ 122,215,018
	Non Pay variance	Internal	£ 94,337,976
	EBITDA	Internal	-£ 23,162,320
	Clinical Activity Value	Contract	£ 198,547,831
	CIP Identified	Internal	£ -
	CIP Delivered	Internal	£ -
	Value of Error Corrected after Month End	Internal	0%
	Follow Up Value above Plan	Contract	0
	Emergency Activity above Threshold	Contract	£0
	Unfunded Low Priority Procedures	Contract	£0
	Unfunded Consultant to Consultant Referrals	Contract	0
	Encountering	Contract	100%
	Regular Day Attender	Contract	4957
Activity	Same day procedure	Contract	14647
	Elective Against Plan	Contract	5346
	Non-Elective Against Plan	Contract	28315
	Outpatient New	Contract	120727
	Outpatient Follow Up	Contract	166345
Workforce	Turnover Rate	Internal	14%
	Vacancy Rate	Internal	10%
	Sickness Rate	Internal	3.60%
Efficiency	Elective length of stay	Internal	3.00
	Non-Elective length of stay	Internal	3.08
	Total Length of Stay	Internal	3.04
	New:Follow Up Ratio	Contract	As per contract
	Daycase rate	Internal	78%
	Basket Daycase Rate	Contract	95%
	Delayed Transfers of Care	CQC	3.5%
	Non birth related admissions Ratio	Contract	0.7
	18 Weeks Data Completeness - Admitted patients -	CQC, Contract	90% - 110%
	18 Weeks Data Completeness - Non- Admitted patients -	CQC, Contract	90% - 110%

Access

18 weeks Admitted performance	CQC, Contract	90%
18 weeks Non-Admitted performance	CQC, Contract	95%
Incomplete Pathway (Source Pathway PTL) - Median Waits	DoH	7.20
Incomplete Pathway (Source Pathway PTL) - 95th Percentile	DoH	36.00
Non Admitted (OP Attendances) Median Waits	DoH	6.60
Non Admitted (OP Attendances) 95th Percentile	DoH	18.30
Admitted (Admissions) -Median Waits	DoH	11.10
Admitted (Admissions) -95th Percentile	DoH	27.70
Percentage of treatment functions achieving the 90% standard for admitted patients and achieving the 95% standard for non-admitted	CQC, Contract	100%
RTT Outcome Compliance	Internal	100%
CWT: 31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	Monitor, CQC	96%
31-Day Wait For Second Or Subsequent Treatment: Surgery	Monitor, CQC	94%
31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	Monitor, CQC	98%
31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	Monitor, CQC	94%
CWT: 62-Day (Urgent GP Referral To Treatment) Wait For First Treatment	Monitor, CQC	85%
62-Day Wait For First Treatment From Consultant Screening Service Referral	Monitor, CQC	90%
62 Consultant upgrade	Monitor, CQC	85%
Cancer urgent referral to first outpatient appointment waiting times: All 2WW	Monitor, CQC	93%
2WW for Symptomatic Breast Patients	Monitor, CQC	93%
Inpatient 26 Weeks	Internal	0.03%
Outpatient 13 Weeks	Internal	0.03%
Diagnostic <= 6 Weeks (List monitor monthly)	Contract	0
Diagnostic <= 6 Weeks (List monitor quarterly)	Contract	0
GUM Access within 48 hours	CQC	98%
GP Referrals	Internal	45250
Slot Issues per DBS booking (trajectory)	Contract	4%
Cancelled operations by the hospital for non-clinical reasons on the day of or after admission	CQC, Contract	<=0.8%
Cancelled operations by the hospital for non-clinical reasons on the day of or after admission, who were not treated within 28 days.	CQC, Contract	<=5%

	No A&E patient to wait for admission more than 4 hours from decision to admit	Contract	0%
	A&E 4 Hour Target	Monitor, CQC, Contract	98%
	A&E Minors 4 Hour Target	Contract	100%
Other	Ethnic Data Quality	CQC	95%

NB: Where there are multiple targets (e.g. MRSA/C Diff CQC/local stretch) the RAG rating is against the most challenging target

DASHBOARD DECEMBER 2010

Trustwide Performance YTD	Trustwide Performance in Month	Medicine and Surgery YTD	Medicine and Surgery in Month	Women's, Neonatology, Children's and Young people's, HIV, Sexual Health and Dermatology YTD	Women's, Neonatology, Children's and Young people's, HIV, Sexual Health and Dermatology in Month	Clinical support YTD	Clinical Support in Month
53	6	39	5	10	1	4	0
6	0	2	0	3	0	1	0
86.67%	90.00%	84.58%	90.00%	86.46%	88.00%	91.20%	95.00%
81.09%	75.44%	80.56%	66.18%	84.03%	88.39%	77.11%	77.31%
9	2	6	2	1	0	2	0
0	0	0	0	0	0	0	0
5.57%	0.00%	5.57%	0.00%	N/A	N/A	N/A	N/A
6.73%	0.00%	6.73%	0.00%	N/A	N/A	N/A	N/A
1.42	1.22	1.37	1.25	1.85	1.01	0.69	10.14
To be monitored from January 2011							
74.74	54.24	66.17	55.56	197.37	0.00	125.00	0.00
93.39%	92.67%	92.51%	197.83%	93.61%	94.67%	97.23%	98.42%
100.00%	100.00%	100.00%	100.00%	N/A	N/A	N/A	N/A
93.08%	94.74%	93.08%	94.74%	N/A	N/A	N/A	N/A
4.10%	4.32%	N/A	N/A	4.10%	4.32%	N/A	N/A
94.50%	92.09%	N/A	N/A	94.50%	92.09%	N/A	N/A
88.29%	91.36%	N/A	N/A	88.29%	91.36%	N/A	N/A
80.11%	80.64%	80.11%	80.73%	81.81%	83.47%	74.21%	71.52%
45.24%	39.20%	39.34%	30.68%	59.95%	54.03%	32.61%	36.42%
90.00%	91.00%	90.00%	90.00%	89.00%	89.00%	94.00%	97.00%
234	5	107	2	64	2	29	0
85.12%	83.78%	79.82%	70.59%	87.78%	93.33%	95.83%	100.00%

76.53%	70.47%	75.72%	69.45%	77.86%	69.99%	N/A	N/A
0	0	0	0	0	0	0	0
£ 4,210,597	£ 434,860	£ 20,264	-£ 44,773	£ 1,850,323	£ 422,468	£ 610,760	£ 118,693
-£ 238,354	£ 142,421	-£ 38,859	£ 171,579	£ 683,049	£ 139,271	-£ 1,124,996	-£ 123,431
-£ 3,556,798	-£ 557,615	£ 123,657	£ 404,194	-£ 1,457,767	-£ 422,147	-£ 33,628	-£ 10,103
£ 415,445	£ 19,666	£ 105,062	£ 531,000	£ 1,075,605	£ 139,592	-£ 547,864	-£ 14,841
£ 2,425,285	-£ 726,987	£ 1,468,812	£ 382,866	£ 2,131,839	-£ 708,471	£ 324,672	£ 115,445
94% -947k	161% 1137k	95% -201k	266% 616k	103% 156k	103% 18k	49% -1152k	73% -99k
94% -1049k	150% 935k	95% -201k	266% 616k	103% 172k	100% 2k	68% -738k	83% -62k
Indicator methodology to be defined							
£ 20,773	-£ 16,061	£ 413,800	£ 27,609	£ 21,073	£ 2,341	£ -	£ -
-£ 5,718	-£ 64,411	-£ 12,072	-£ 52,606	-£ 2,424	-£ 10,985	£ -	£ -
£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -
0	0	0	0	0	0	0	0
96.11%	94.70%	94.43%	93.00%	97.40%	96.02%	91.66%	91.32%
5224	399	1365	159	3858	240	1	0
15568	1726	6571	643	5024	629	3973	454
5506	614	3453	398	1986	210	67	6
29582	3238	12538	1336	16836	1895	207	7
129235	12814	33061	3052	86592	8817	8858	897
174612	16401	83607	8319	79139	6723	4944	578
13.15%	0.82%	16.60%	1.54%	13.56%	0.43%	11.14%	0.73%
12.84%	11.09%	13.78%	12.93%	15.03%	13.40%	14.80%	3.68%
3.14%	3.70%	3.04%	3.82%	3.69%	4.02%	2.88%	3.12%
3.22	3.43	3.58	3.58	2.30	2.39	7.88	8.46
3.13	3.37	4.81	4.84	2.00	2.50	9.27	5.02
3.15	3.38	4.49	4.50	2.04	2.48	8.91	6.36
1.55	1.52	1.92	2.02	1.12	0.99	N/A	N/A
73.87%	73.76%	65.55%	61.77%	71.67%	74.97%	98.34%	98.70%
72.19%	69.27%	75.26%	72.58%	67.97%	64.89%	N/A	N/A
0.73%	0.55%	1.10%	0.85%	0.00%	0.00%	0.00%	0.00%
0.68	0.57	N/A	N/A	0.68	0.57	N/A	N/A
94.61%	90.19%	103.11%	95.53%	105.30%	95.39%	49.04%	84.62%
93.55%	91.68%	94.60%	97.88%	96.67%	99.41%	N/A	N/A

94.88%	95.32%	94.00%	95.56%	95.79%	95.34%	N/A	84.62%
99.22%	99.07%	97.45%	97.84%	99.71%	99.42%	N/A	N/A
N/A	7.91	N/A	8.64	N/A	6.93	N/A	5.03
N/A	36.86	N/A	40.35	N/A	28.98	N/A	17.20
N/A	0.84	N/A	4.39	N/A	0.69	N/A	0.00
N/A	11.36	N/A	16.13	N/A	7.81	N/A	0.00
N/A	4.25	N/A	6.95	N/A	0.00	N/A	0.00
N/A	17.42	N/A	17.85	N/A	0.00	N/A	0.00
100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
91.13%	91.37%	91.96%	92.52%	90.82%	90.46%	65.58%	72.57%
100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	N/A	N/A
100.00%	100.00%	100.00%	100.00%	100.00%	N/A	N/A	N/A
100.00%	100.00%	100.00%	100.00%	100.00%	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
95.59%	100.00%	93.33%	100.00%	98.06%	100.00%	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
100.00%	100.00%	100.00%	100.00%	100.00%	N/A	N/A	N/A
95.03%	96.32%	96.74%	93.90%	93.76%	98.77%	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
0.018%	0.000%	0.041%	0.000%	0.00%	0.00%	0.00%	0.00%
0.01%	0.00%	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%
121	7	8	0	4	0	109	7
31	23	0	0	2	0	29	23
100.00%	100.00%	N/A	N/A	100.00%	100.00%	N/A	N/A
56972	5626	26859	2493	30113	3133	N/A	N/A
15.71%	2.11%	DoH has not published DBS bookings by Specialty since October					
0.33%	0.20%	0.60%	0.45%	0.12%	0.00%	0.00%	0.00%
0.00%	0.00%	0.00%	0.00%	0.00%	N/A	N/A	N/A

N/A	4.21%	N/A	10.18%	Not applicable			
98.56%	96.96%	98.56%	96.96%	N/A	N/A	N/A	N/A
99.52%	97.62%	99.52%	97.62%	N/A	N/A	N/A	N/A
94.95%	93.85%	98.00%	97.56%	91.83%	90.86%	94.35%	89.46%

Council of Governors Meeting, 17 February 2011

AGENDA ITEM NO.	3.2/Feb/11
PAPER	Performance Report – December 2010
AUTHOR	Sherryn Elsworth, Head of Performance Improvement
LEAD	Amanda Pritchard, Deputy Chief Executive
EXECUTIVE SUMMARY	<p>The purpose of this report is to update the Council of Governors on the Foundation Trust's performance for the period ending 31 December 2011 (the latest period to have been reported to the Board of Directors) and to highlight performance risks going forward.</p> <p>The Trust performed well in the final month of quarter three in eight of the nine scored Monitor indicators which could be measured and in twenty four of the twenty five Care Quality Commission indicators which could be measured. Performance relating to a number of indicators cannot yet be measured as these will be assessed via a year end data collection or survey.</p> <p>The Trust is below plan year to date for MRSA, with 6 cases against full year targets of 3 (CQC) and 6 (Monitor). A series of actions have been agreed with the Divisional Medical Directors to increase compliance with Infection Control protocols and raise the profile of this target within the Trust. In addition, there have been increases in C. Difficile, where the Trust's target is more challenging as a result of the introduction of a more sensitive test regime than that used in the previous financial year.</p> <p>A&E performance dipped below 98% in Quarter 3 due to unprecedented levels of demand in December but year to date performance remains above 98% (98.49%) and is better than all other Trusts in the sector.</p> <p>Going forward, there is a reasonable level of confidence in the Trust's ability to sustain 18 weeks, A&E and cancer performance to the year end, but clear plans are required to ensure compliance with new single sex accommodation rules for 2011/12 and with the range of new measures including new A&E and 18 week wait targets.</p>
DECISION/ ACTION	The Council of Governors is asked to note the report.

PERFORMANCE REPORT – DECEMBER 2010

1 Introduction

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

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

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

2 Overall Performance

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

3 Areas of Concern

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

Target	Performance
MRSA	Year to date 6 cases against full year targets of 3 (CQC), 6 (Monitor). A series of actions have been agreed with the Divisional Medical Directors to increase compliance with Infection Control protocols and raise the profile of this target.
C Difficile	Year to date 53 cases The target is more challenging as a result of the introduction of a more sensitive test regime than that used in the previous financial year.
Diagnostic wait < 6 weeks (monthly census)	7 endoscopy patients had a wait of greater than six weeks in December. Demand for Endoscopy far outstrips capacity and detailed plans are being developed to address immediate pressures and provide a sustainable solution.

Diagnostic wait < 6 weeks (quarterly census)	A different list of diagnostic tests is measured quarterly than in the monthly census. 23 pH manometry patients had waited more than six weeks at the end of December.
Discharge Summaries within 24 hrs	Year to date 80.11% against a contractual target of 100%. Reminders on contractual requirements have been distributed and discussed at divisional boards.
Outpatient encountering completion and 18 week RTT completion	Year to date attendance was not recorded for 3.89% of outpatient appointments and 8.63% of outpatient attendances were not flagged with whether the patient had been treated.

4 Other areas of concern going forward

The Trust has performed within target year to date in the following areas but there are concerns regarding the Trust's ability to maintain this performance going forward:

Target	Issue
A&E 4 hour wait performance	Performance in December was 96.96% caused by unprecedented levels of demand (20% increase in attendances vs the same period last year). This caused the quarterly performance to dip below 98% (to 97.99%). However, year to date performance remains above 98% (98.49%) and is better than all other Trusts in the sector.
18 weeks admitted care performance	Overall and specialty level performance was above 90% in December (overall 95.32%). Looking forward, if the elective activity plan remains on track, overall performance should remain on target although particular focus on Trauma and Orthopaedics is required.
18 weeks non admitted care performance	Overall and specialty level performance was above 95% in December (overall 99.07%). Looking forward, overall performance should remain on target although particular focus on Cardiology, Respiratory Medicine, Trauma and Orthopaedics and Urology is required.
Single Sex Accommodation	<p>From 1 December 2010 new single sex accommodation rules were introduced. Certain circumstances are judged to make this clinically justifiable, but financial penalties will be in place for non-justifiable breaches from 1 April 2011. The Trust currently has a number of areas that are not fully compliant with the new rules and some areas of risk:</p> <ul style="list-style-type: none"> • Non compliant areas: Emergency Observation Unit, Acute Assessment Unit trolley area & level 1 area • Risk areas: ICU discharges (must take place within 6 hours of decision), paediatrics (risk is that patient / parent preference is not documented systematically) <p>In addition, there are two areas that require minor works to become compliant with new single sex toilet rules (Endoscopy and Treatment Centre).</p> <p>Various options have been explored to make all areas compliant and final decisions will be made by the Deputy CEO and Chief Nurse in partnership with the Divisions before the end of February.</p>

Cancer performance	Cancer targets were achieved across the quarter. Looking forward continued achievement is expected, but constant vigilance is required because total cancer patient numbers are low so any individual breach of the cancer target has a disproportionately high impact on overall performance.
Elective MRSA Screening rates	The Trust's overall ratio of admissions to MRSA tests is acceptable but detailed analysis shows that some patients are tested more than once and some patients not be screened at all. Data collection systems are being refined.

5 Future Performance Standards & Outcome Measures

Performance standards that apply across the NHS are set out annually in the NHS Operating Framework. There are 21 'headline' measures and 18 'supporting' measures that affect the Trust. Of these, 19 are new measures or are substantial changes to existing measures.

In addition, a range of outcome measures will be included in contracts next year and the North West London Commissioning Partnership has set out 32 'core' measures and 42 'supporting' measures that affect the Trust. Of these, just 23 overlap with the national standards. In total, this means 90 different nationally or locally set standards, before the shadow national outcome measures are included or indeed any of the Trust's own business plan priorities or quality objectives.

However, the indication (formally and informally) is that the real headline areas will be: A&E new standards, Single Sex Accommodation new standards, 18 weeks new median and 95th percentile standards, MRSA and C. Difficile, Cancer. The most challenging of these will be the new A&E standards and the first priority is to ensure adequate data collection and data quality relating to the new measures. An exercise is currently underway to collect this data. Once this is complete an action plan will be developed with the A&E team to address areas of concern in relation to data and actual performance. Performance against the new 18 week standards is being recorded and meets the required levels.

6 Monitor Update: Review of six months to 30 September 2010

On 16 December, Monitor published risk rating for Foundation Trusts. Our Trust risk ratings as at 30 September are set out below:

Finance



Governance



- Finance = 5, lowest risk. No regulatory concerns
- Governance = Amber-green. Limited concerns surrounding terms of authorisation (caused by our declared risk to delivery of the MRSA target).

7 Action

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

Council of Governors Meeting, 17 February 2011

AGENDA ITEM NO.	3.3/Feb/11
PAPER	Website development annual report 2010
AUTHOR	Matt Akid, Head of Communications
LEAD	Matt Akid, Head of Communications
EXECUTIVE SUMMARY	This is a summary report of the development of the Trust website in 2010 and an overview of planned developments due to take place in 2011.
DECISION/ ACTION	Governors are invited to note the report and to suggest further developments to the website.

WEBSITE DEVELOPMENT ANNUAL REPORT 2010

1. Introduction

Almost 450,000 people visited the Trust website www.chelwest.nhs.uk in 2010 which means that it is a major source of information for patients, their friends and relatives, and people interested in working at Chelsea and Westminster.

The site is being developed by the Communications Department in partnership with 'web editors' in different areas of the Trust who are responsible for ensuring that the information about their services is accurate and up-to-date.

Development of the site is overseen by a Website Development Steering Group, chaired by the Director of Strategy and includes Foundation Trust Governors.

A new design for the website went live on the Homepage in December 2009. Rollout of the new design, introduction of a Content Management System (CMS), updating of information, and introduction of new sections will be completed in 2011.

2. Number of visitors to the Trust website 2008-10

Development of the website has led to a significant increase in visitors – the average number of visitors to the site each month has increased by 30% in the last two years.

	2008	2009	2010
January	n/a*	32,898	40,438 (+22.92%)
February	n/a*	30,786	31,945 (+3.76%)
March	27,459	35,866 (+30.62%)	34,981 (-2.47%)
April	28,614	34,110 (+19.21%)	33,622 (-1.43%)
May	27,268	32,487 (+19.14%)	36,735 (+13.08%)
June	27,529	33,745 (+22.58%)	36,946 (+9.49%)
July	29,239	33,165 (+13.43%)	38,352 (+15.64%)
August	25,870	29,568 (+14.29%)	36,064 (+21.97%)
September	28,988	31,850 (+9.87%)	35,708 (+12.11%)
October	29,049	35,265 (+21.40 %)	36,420 (+3.28 %)
November	28,870	36,688 (+27.08%)	43,434 (+18.39%)
December	24,310	29,265 (+20.38%)	37,474 (+28.05%)
TOTAL	277,196 (excludes Jan & Feb*)	395,693	442,119
MONTHLY AVERAGE	27,720	32,974 (+18.95%)	36,843 (+11.73%)

*Google Analytics was not installed until 22 February 2008

3. Major developments 2010

A number of clinical services and departments revamped their sections of the website last year including:

- Cancer Services
- HIV & Sexual Health
- Neonatal Intensive Care Unit (NICU)
- Therapy Services
- Children's Services
- Maternity
- Care of the Elderly
- Stroke Services

Non-clinical areas of the website that were revamped in 2010 included:

- Latest News & News Archive
- Volunteering & Work Experience
- Working Here (information for people interested in jobs with the Trust)
- Putting Patients First (new section about the redevelopment of the hospital)
- Get Involved (formerly called 'Foundation Trust')

4. Planned developments 2011

The new design will be incorporated within all areas of the website this year.

The Trust will also implement a Content Management System (CMS) which will make it easier to update the website and will also enable us to include more interactive elements on the site such as a feedback form.

Other planned developments this year include:

New features

- New, more user friendly online Foundation Trust membership application form
- Revamped e-Triage (sexual health appointment booking online)
- Videos – 3-minute 'Welcome to Chelsea and Westminster' film and 1-minute films for Maternity, HIV & Sexual Health and Foundation Trust membership (funded by Council of Governors - Westfield Community Roadshow project)
- Patient Experience - new section
- A-Z Directory of Services - new section for GPs (based on GP Directory - funded by Council of Governors)
- A-Z Consultant Directory – new section for GPs (based on GP Directory - funded by Council of Governors)
- Your Hospital Visit - new section (based on new admissions booklet for all hospital inpatients – funded by Council of Governors)
- Patient Services - including A-Z of services for patients (based on GP Directory - funded by Council of Governors)
- Private Patient Services - new section

Revamped sections

- Healthcare Professionals (for GPs)
- Intensive Care Unit
- Dermatology
- Revamped Research & Development section

5. Council of Governors' support for website developments

We are grateful to the Council of Governors for their ongoing support of the development of the website including:

- Governors Chris Birch and Susan Maxwell are members of the Trust's monthly Website Development Steering Group
- Governors joined a short-life group to revamp the Get Involved section
- Funding from the Council of Governors enabled the Trust to commission an external company to carry out a root and branch analysis of the website's strengths and weaknesses (known as a 'diagnostic')
- Funding from the Council of Governors enabled the Trust to provide training for staff 'web editors' who are responsible for maintaining their department or specialty's section of the website
- Funding from the Council of Governors enabled the Trust to purchase specialist hardware and software to produce professional quality audio and video podcasts for the website

This year the Council's financial support will enable us to 'optimise' targeted sections of the website in order to increase the number of visitors to the site (see Agenda item 3.4 – Website Optimisation Project Update) and to include high quality promotional videos on the site through the Westfield Community Roadshow project.

6. Action for Governors

Governors are invited to note this report and to suggest further developments to the website.

Matt Akid
Head of Communications
February 2011

Council of Governors Meeting, 17 February 2011

AGENDA ITEM NO.	3.4/Feb/11
PAPER	Website optimisation project update
AUTHOR	Matt Akid, Head of Communications
LEAD	Matt Akid, Head of Communications
EXECUTIVE SUMMARY	This is an update about a project to 'optimise' targeted sections of the website in order to increase the number of visitors to the site – this project has been made possible by funding from the Council of Governors.
DECISION/ ACTION	Governors are invited to note the report.

WEBSITE OPTIMISATION PROJECT UPDATE

1. Introduction

At its meeting in September 2009 the Council of Governors approved a request for funding of website developments totalling £12,800.

This package included the following:

- Provision of training for 'web editors' throughout the Trust, provided by a communications consultancy called Precedent - £4,000
- Purchase of specialist hardware and software to produce professional quality audio and video podcasts - £1,800
- Use of a search engine and online marketing agency to 'optimise' targeted sections of the website in order to increase the number of visitors to priority areas of the site and to improve our online presence - £7,000

To date the first two elements of the package of website developments - training for 'web editors' and the purchase of hardware and software for audio and video podcasts - have been implemented.

The Trust now intends to implement the third element – use of a search engine and online marketing agency to help continue the growth in traffic to our website, focused on the Maternity, Children's Services and Assisted Conception Unit sections because these are areas we want to market actively.

2. What is website optimisation?

Search Engine Optimisation (SEO) is the term used to describe a range of techniques and activity to increase the number of visitors to a website.

It can include making it easier for people to find our website via search engines such as Google, increasing links to and from other relevant websites, and making it easier for people to navigate our website once they have located it.

3. Which areas of the website are we focusing on?

We are proposing to 'optimise' three areas of our website because the budget for this project is relatively modest and we will get most benefit by targeting our efforts.

- **Maternity** – the section has recently been revamped and is already the most popular area of the site because Patient Choice is much more established in maternity services than elsewhere in the NHS and women are accustomed to 'shopping around' until they find the hospital that best suits them
- **Children's Services** – also recently revamped and the Trust wants to raise the profile of its services in this area, particularly in relation to specialist paediatric and neonatal surgery for which we are the lead centre in North West London and the current redevelopment of the hospital to build a new paediatric unit
- **Assisted Conception Unit** – the unit needs to generate private patient income and most of the clinics they compete with are private with large marketing budgets

4. Who will be working on the project?

Initially we contacted a communications consultancy called Precedent who have already provided training for the Trust's 'web editors'. They recommended a specialist SEO company called 3WhiteHats who have provided a proposal which they are confident will enable us to continue the growth in traffic to our website.

The project will be led by the Head of Communications working with 3WhiteHats and key staff in the three priority areas – Maternity, Children's Services and the Assisted Conception Unit.

It is intended to start the project in February 2011 – a report on its implementation will be tabled at a future meeting of the Council of Governors.

5. Action for Governors

The Membership Sub-Committee is invited to note the report.

Matt Akid
Head of Communications
February 2011

Council of Governors Meeting, 17 February 2011

AGENDA ITEM NO.	3.5 /Feb/11
PAPER	Data Protection – briefing
AUTHOR	Lorraine Bewes, Director of Finance
LEAD	Lorraine Bewes, Director of Finance
EXECUTIVE SUMMARY	This paper describes what the Trust has put in place to ensure compliance with the Data Protection legislation.
DECISION/ ACTION	To note.

Council of Governors - Data Protection Briefing

Background

The Data Protection Act 1998 establishes a framework of rights and duties which are designed to safeguard personal data. This framework balances the legitimate needs of organisations to collect and use personal data for business and other purposes against the right of individuals to respect for the privacy of their personal details.

The legislation itself is complex and, in places, hard to understand. However, it is underpinned by a set of eight straightforward, common-sense principles. The principles are listed at Appendix 1.

All legislation relevant to an individual's right of confidentiality, including Data Protection, and the ways in which that can be achieved and maintained are of paramount importance to Chelsea and Westminster.

Data protection relates to roles that are reliant upon computer systems, such as patient administration, payments, purchasing, and invoicing.

This briefing describes what the Trust has put in place to ensure compliance with the Data Protection legislation.

Data Protection Lead

The Trust has a Data Protection Lead role which includes:

- Ensuring only authorised personnel are given access to the Trust's clinical systems – this is called Registration Authority;
- facilitating training in information governance and data protection;
- dealing with subject access requests i.e. when a patient requests information held by the Trust on them;
- acting as the initial point of contact for any data protection issues which may arise within the Trust

Each computer system/database has a designated application and/or system manager and a list of these nominated personnel is maintained by the Data Protection Lead.

Fair Obtaining/Consent

The Trust policy is to ensure patients are fully informed about consent taking procedures and about what information will be stored about them and why. To this end the Trust has produced patient information leaflets and posters which are customised to its own use/s of patient information and there is provision in our patient administration system (LastWord) to record that these leaflets have been handed to patients.

Information sharing Protocol

The Trust has signed up to an Inner North West London Information Sharing Protocol (INWLISP) as the Trust shares information with these organisations on a regular basis in the course of providing patient care.

The Trust follows the checklist below to justify sharing information with other NHS or third party organisations:

- Why has the information been requested? Is sharing the information in the best interests of the patient?
- Has consent been obtained? Is it recorded? If not, are we justified in sharing without consent e.g. to prevent a crime?
- Is there a statutory requirement for sharing this information?
- Is there a sufficient need to know? Will sharing this information make a difference to the service offered and to the outcome for the patient?
- Is the information accurate and up to date?
- Can the information be depersonalised or anonymised?
- Disclose the minimum amount of information. Can less information be shared and still achieve the best interest of the patient?

Confidentiality agreements for third parties

The Trust has a third party agreement which all third party companies providing services to the Trust must sign. This requires assurance that the company complies with all relevant information governance legislation.

Contracts of Employment

All employees must sign a confidentiality code of conduct that outlines the data protection law and agency staff/contractors must sign a confidentiality third party agreement.

Retention of information

The Trust has an Information Lifecycle Policy that gives retention periods for different types of records held both electronically and manually.

Subject Access

Individuals whose information is held within the Trust have rights of access to it, regardless of the media in which the information may be held/ retained. This applies to all records including e-mails. The Trust ensures an up to date procedure is in place to deal with requests for access to information.

Security/Confidentiality

The Trust has a number of policies and procedures in place to ensure security and confidentiality of personal and commercially sensitive information:

- All software and data is removed from redundant hardware and media storage (e.g. tapes, disks) before the hardware is removed from the Trust.
- Confidential paper waste is shredded or is collected and held in a secure area prior to shredding/incinerating.

The Trust has a legal obligation to maintain confidentiality standards for all information relating to patients, employees and Trust business. It is important that this information is disposed of in a secure manner and the Trust emphasises this through Information Governance Training which covers on line training, classroom sessions, literature and posters setting out Dos and Don'ts etc.

A security awareness week is planned for November when employees will be made aware of how easy it is to breach confidentiality by incorrect use of waste paper, by using examples of 'real life situations', drop in sessions and a poster campaign.

Systems

Each system has a designated System/Application manager who as part of their responsibilities will ensure:

- the Data Protection registrations/notifications are up to date
- users are set up on the system on a need to know basis
- disclosures of information are checked against the registrations
- unusual requests for disclosure are scrutinised
- make their staff aware of their responsibilities regarding security, data protection and confidentiality issues

Privacy Impact Assessment (PIA)

The Trust has commenced Privacy Impact Assessments (PIA) for assessing the impact of new projects/systems involving personal identifiable data. PIAs are structured proactive process reviews of the potential impact on privacy for new or significantly changed processes.

Data transferred outside the European Economic Area (EEA)

The Trust has a required procedure for when there is a need to share information with other countries outside the EEA

Information Governance Training

The Trust has mandatory training covering all areas of Information Governance. As well as this the Trust creates awareness of data protection requirements by means of:

- Workshops
- Posters
- Screen savers with IG message
- Interactive IG sessions
- Dos and Don'ts cards on IG areas
- Regular one-one meetings with GMs to improve IG awareness
- Information security awareness programme

Encryption

The Trust has carried out comprehensive encryption in the following areas:

- **USB encryption**

Most of the staff having access to patient information have been given Trust encrypted USBs and external USBs are automatically encrypted when they are used on Trust PCs.

- **Email encryption**

The Trust has a robust security policy and all emails with more than one patient detail are automatically encrypted and sent to the recipients.

- **Laptop encryption**

All the Trust laptops have been encrypted in line with the national standards.

Lorraine Bewes

Director of Finance and Senior Information Risk Owner (SIRO)

11 Nov 2010

APPENDIX 1

Schedule 1 to the Data Protection Act lists the data protection principles in the following terms:

The data protection principles

1. Personal data shall be processed fairly and lawfully and, in particular, shall not be processed unless –

- (a) at least one of the conditions in Schedule 2 is met, and
- (b) in the case of sensitive personal data, at least one of the conditions in Schedule 3 is also met.

2. Personal data shall be obtained only for one or more specified and lawful purposes, and shall not be further processed in any manner incompatible with that purpose or those purposes.

3. Personal data shall be adequate, relevant and not excessive in relation to the purpose or purposes for which they are processed.

4. Personal data shall be accurate and, where necessary, kept up to date.

5. Personal data processed for any purpose or purposes shall not be kept for longer than is necessary for that purpose or those purposes.

6. Personal data shall be processed in accordance with the rights of data subjects under this Act.

7. Appropriate technical and organisational measures shall be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data.

8. Personal data shall not be transferred to a country or territory outside the European Economic Area unless that country or territory ensures an adequate level of protection for the rights and freedoms of data subjects in relation to the processing of personal data.