

# Chelsea & Westminster Hospital NHS Foundation Trust

## Council of Governors Meeting

Zoom Conference <https://zoom.us/j/7812894174>; Meeting ID: 781894174 OR Dial in:  
+441314601196; Meeting ID: 781 289 4174# United Kingdom

28 January 2021 16:00 - 28 January 2021 17:30

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## Agenda

16.00	1.0	STATUTORY/MANDATORY BUSINESS			
	1.1	Election of new Governors – Announcement of results Welcome and apologies for absence	Paper / Verbal		Chairman
	1.2	Declarations of interest	Verbal		Chairman
	1.3	Minutes of previous meeting held on 29 October 2020 1.3.1 Action Log 1.3.2 External Audit Tender update  1.3.3 Lead Governor Election – update  1.3.4 Council of Governors Effectiveness	Paper Paper Verbal  Verbal  Verbal	For Approval For Information For Information  For Information  For Information	Chairman Chairman Chief Financial Officer Chairman / Steve Gill, SID Steve Gill, SID
	1.4	Chairman's Report	Paper	For Information	Chairman
	1.5	Chief Executive Officer's Report, including - Executive Director appointments update	Paper / Verbal	For Information	Chief Executive Officer
	1.6	Coronavirus (COVID-19) update	Verbal	For Information	Chief Executive Officer
	1.7	Extension of the term of office of the Non-Executive Directors Eliza Hermann and Nilkunj Dodhia	Verbal	For Approval	Chairman / Lead Governor
	1.8	NWL Integrated Care System (ICS) developments – update	Verbal	For Information	Chief Executive Officer
	1.9	Support arrangements: The Hillingdon Hospital NHS Foundation Trust	Verbal	For Information	Chief Executive Officer
	1.10	Chairman's recruitment – update	Verbal	For Information	Steve Gill, Deputy Chairman / SID
	1.11	Election for the Governor Advisory Committee (Request for authority be given to Lead Governor to decide on votes and Board Governance Manager to cast the votes)	Verbal	For Approval	Lead Governor

17.10	2.0	<b>FOR INFORMATION</b>			
	2.1	*COG sub-committees: 2.1.1 Membership and Engagement Sub-Committee report, including Meet a Governor Schedule  2.1.2 Quality Sub-Committee report	Paper  Paper	For Information	Chair of Membership Sub-Committee  Chair of Quality Sub-Committee
	2.2	Accessibility Working Group – update	Verbal	For Information	Steve Gill, NED
17.20	3.0	<b>OTHER BUSINESS</b>			
	3.1	Questions from the governors and the public	Verbal	For Information	Chairman / Chief Executive Officer
	3.2	Any other business, including: 3.2.1 Forward plan 3.2.2 Schedule of meetings 2021/22 3.2.3 Governor attendance register	Paper Paper Paper	For Information For Information For Information	Chairman
17.30	3.3	Date of next meeting: 22 April 2021, 16.00 – 18.00			

\*Items that have been starred will not be discussed, however, questions may be asked.



**Council of Governors election results  
November 2020**

**Patient Constituency**

- Jeremy Booth (elected)
- Christopher Digby-Bell (re-elected)

**Public Constituency**

- London Borough of Hammersmith and Fulham: Rose Levy (elected unopposed)
- Royal Borough of Kensington and Chelsea: Richard Ballerand (re-elected)

**Staff Constituency**

- Management Class: Catherine Sands (elected)
- Medical and Dental Class: Mark Nelson (re-elected)
- Contracted Class: Nicole Nunes (elected unopposed)

**Jeremy Booth**

Patient Governor

I have worked at Chelsea and Westminster hospital since it opened in 1993 as Consultant in Emergency Medicine and for 10 years served as Clinical Director of Surgery.

I retired 4 years ago and have been both an inpatient and outpatient, and a patient of the Emergency department. I therefore am very familiar with all aspects of the hospital both as a service user and also "behind the scenes". I have tried throughout my career to make the patient the center of everything I do and always to "put the patient first " which is a lesson the NHS needs to continually learn.

When the patient is not at the center of all NHS activity tragedy all too frequently results.

If elected as a patient governor I will always put the patients point of view and be a voice for the patients very best interests right at the heart of the Trust's decision making.

**Christopher Digby-Bell**

Patient Governor

Christopher is an award winning lawyer, businessman and disability rights champion who has won recognition for his work from UNICEF, Liberty, Justice and the Lord Chief Justice.

He lives in Fulham with his son William who is severely disabled and has a range of health problems. He is passionate about both hospitals and hugely grateful for the support they have given him and his family over the past 25 years.

He has worked closely with people with learning difficulties as a trustee of disability charities and the governor of two special schools.

He is standing to be re-elected in this election because:

1. He wants to give something back.
2. He wants to continue his work on the Accessibility Working Group to improve disabled and special needs access.
3. He understands the concerns of patients and staff and particularly the disabled, having fought and won the recent battle for free disabled parking.
4. He will use his skills and experience as a lawyer to be an effective voice for the local community to improve health services and to protect the NHS at this critical time.

He has an excellent record of attendance at Governors' meetings as the chart below shows.

Attendance at Council of Governors meetings

2020/21 2/2

2019/20 4/4

2018/19 4/5

2017/18 0/2

**Rose Levy**

Public Governor: London Borough of Hammersmith and Fulham

I have been on board previous Trusts, mainly Newcastle upon Tyne Freeman Hospital Foundation Trust, but also on the Imperial Health Trust, and the Chelsea and Westminster Trust, for at least 10 years.

I am a patient with both Imperial and the Chelsea and Westminster NHS trusts. I also used to be a student nurse 20 years ago, so have ample knowledge of the NHS and the medical profession, as well as the patient care system.

In other words I can empathise with both sides of the spectrum, and contribute accordingly.

**Richard Ballerand**

Public Governor: Royal Borough of Kensington and Chelsea

Elected as Public Governor in 2017, later appointed to ChelWest's Nominations and Remuneration Committee (Attendance 6/7), I have consistently worked to represent RBKC constituents and been proud to serve on ChelWest's Council of Governors (Attendance 10/13). I have held numerous Meet a Governor sessions (now virtual), and often interacted with local groups.

I am keen to play my part in ChelWest's impressive ongoing transformation.

A Health Policy Advisor, Axolotl Associates partner, and former NIHR Improvement Leader Fellow, I am active on several health sector bodies; eg. London Clinical Senate Council (Chair, Patient and Public Voice Group), the NICE Technology Appraisal Committee (Lay Lead), and Healthwatch CWL (K&C Committee).

I am passionate about patient and public involvement - both nationally and locally.

Background in the financial and defence sectors - economics, strategy, and psychology degrees - Travelled widely as military liaison officer - Previously served as charity trustee - including the Chelsea Society, RUSI (Fellow), and Hospital Arts Artbeat (Chair).

I am experienced at effectively representing the public at board and community level. Having lived in Chelsea for three decades, my family have regularly used ChelWest's often excellent but ever-improving services since 1993. I have also experienced the French and American healthcare systems, including elder advocacy, and care coordination.

I am particularly interested in the challenges facing people with "invisible" disabilities, and those facing our diverse communities and the ex-military.

I ask you to entrust me with a second term to continue to represent our vibrant RBKC communities in these difficult times.

**Catherine Sands**

Staff Governor: Management

I have been working in the NHS since 1987, starting in the Trust Jan 1st 2001 as a Paediatric Senior Sister in the Emergency Department. For the past 12 years I have been Head of Emergency Preparedness Resilience and Resilience (EPRR) and currently chair the London Acute EPRR Group.

I am in a privileged position as I work cross site covering all areas and staff groups as well as liaison with external agencies. I have also had experience of being a patient where my care was exemplary.

It would be an honour to work with other Governors and management to meet and solve the current challenges the NHS is undergoing, ensuring that the Trust continues to put patients first by providing a positive experience both in the hospital and with our wider community. Striving to be the best in the country, for the public we serve by being responsive to our amazing workforce by developing their expertise and supporting their health and wellbeing, in order to improve the quality of care they deliver.

Having previously been a School Governor, I'm in no illusion of the time commitment but this role was both fulfilling and empowering with a positive sense of achievement.

I have three grown up children and am keen to take on new challenges, combined with my enthusiasm for the Trust, I believe I can add value to the board bringing a different perspective to help support the Trust's future strategy in today's evolving healthcare.

**Mark Nelson**

Staff Governor: Medical and Dental

I have worked at the Trust for almost 40 years and have had the pleasure of being a Governor for the last three years. During that time I hope I have been able to contribute on behalf of my dental and medical colleagues to the success of the Trust. Over the last few months we have seen several enforced changes as we face a new pandemic similar to the changes experienced when I joined the Trust with the advent of HIV. These changes have undoubtedly influenced the way that we provide care to our patients and it is important that looking forward we embrace those changes which have improved patient care whilst ensuring that they are the right way forward both for patients and staff.

I am not afraid to make sure that the voice of our constituents is heard within the Board of Governors and at the Executive level and would continue to work with the Board to ensure that we can positively influence the way forward for the Trust at all sites whether they be Hospital or community based.

It has been an honour to serve on this Board and hope to continue to do so with the premise for us all to be able to continue to deliver the excellent level of care to our patients which must be our primary objective whilst embracing and working with the changes which will undoubtedly follow.

**Nicole Nunes**

Staff Governor: Contracted

I love our Trust values and how proud everyone is of the role they play to ensure that each patient and staff member have an excellent and positive experience here at Chelsea. Being a Staff Governor means that I will be able to obtain a better understanding, and hopefully on occasion influence ways that we can continue to improve the care, standards and efficiency of the Trust.





**DRAFT**  
**MINUTES OF COUNCIL OF GOVERNORS (COG)**  
**29 October 2020, 16.00-18.00**  
**Zoom Conference**

<b>Present:</b>	Sir Thomas Hughes-Hallett	Chairman	(THH)
	Nowell Anderson	Public Governor	(NAN)
	Richard Ballerand	Public Governor	(RB)
	Juliet Bauer	Patient Governor	(JB)
	Caroline Boulliat	Public Governor	(CB)
	Cass J. Cass-Horne	Public Governor	(CJCH)
	Tom Church	Patient Governor	(TC)
	Nigel Davies	Public Governor	(NDa)
	Christopher Digby-Bell	Patient Governor	(CDB)
	Dr Simon Dyer	Lead Governor/Patient Governor	(SD)
	Anna Hodson-Pressinger	Patient Governor	(AHP)
	Elaine Hutton	Staff Governor	(EHu)
	Richard Jackson	Staff Governor	(RJ)
	Kush Kanodia	Patient Governor	(KK)
	Paul Kitchenner	Public Governor	(PK)
	Anthony Levy	Public Governor	(AL)
	Johanna Mayerhofer	Public Governor	(JMa)
	Professor Mark Nelson	Staff Governor	(MN)
	David Phillips	Patient Governor	(DP)
	Cllr Patricia Quigley	Local Authority Governor	(PG)
	Dr Desmond Walsh	Appointed Governor	(DW)
	Minna Korjonen	Patient Governor	(MK)
	Thewodros Leka	Staff Governor	(TL)
	Fiona O'Farrell	Public Governor	(FOF)
	Jacquei Scott	Staff Governor	(JS)
	Trusha Yardley	Public Governor	(TY)
<b>In attendance:</b>	Lesley Watts	Chief Executive Officer	(LWa)
	Aman Dalvi	Non-Executive Director	(AD)
	Nick Gash	Non-executive Director	(NG)
	Steve Gill	Non-Executive Director	(SG)
	Eliza Hermann	Non-Executive Director	(EHe)
	Nilkunj Dodhia	Non-Executive Director	(ND)
	Ajay Mehta	Non-Executive Director	(AM)
	Virginia Massaro (in part)	Acting Chief Financial Officer	(VM)
	Penny Dash (in part)	Chair, NWL ICS	(PD)
	Vida Djelic (minutes)	Board Governance Manager	(VD)
<b>Apologies:</b>	Jodeine Grinham	Staff Governor	(JG)
	Martin Lupton	Honorary Non-Executive Director	(ML)
	Laura Wareing	Public Governor	(LJW)
	Serena Stirling	Director of Corporate Governance & Compliance	(SS)

<b>1.0</b>	<b>STATUTORY/MANDATORY BUSINESS</b>
<b>1.1</b>	<b>Welcome and apologies for absence</b>
	THH welcomed the Governors and those in attendance to the Zoom video conference meeting.
	THH noted apologies as above and outlined the order of business for the meeting.

	<p>THH reminded Governors of the Trust's continued commitment to improve the patient experience response rate from hospital admission through to discharge and asked for a six-monthly review be presented to Governors. SD proposed the six-monthly patient experience report be presented initially to March 2021 Council of Governors (COG) Quality Sub-Committee (QSC) and subsequently to April 2021 COG in light of patient experience being a standing item on the COG QSC agenda.</p> <p><b>Action: Six monthly patient experience report to be presented to March 2021 QSC and subsequently to April 2021 COG.</b></p>
<b>1.2</b>	<p><b>Declarations of interest</b></p> <p>None declared.</p>
<b>1.3</b>	<p><b>Minutes of previous meeting held on 23 July 2020</b></p> <p>Minutes of previous meeting were approved as a true and accurate record of the meeting.</p>
<b>1.3.1</b>	<p><b>Action Log</b></p> <p>The action log paper was noted.</p>
<b>1.3.1</b>	<p><b>External Audit Tender update</b>  <i>Virginia Massaro, Acting Chief Financial Officer</i></p> <p>VM noted that the paper provided in the meeting pack outlines the proposed timeline and the process to tender the external audit contract. The external auditor is appointed by the CWFT COG and in support of collaborative working CWFT is looking at a joint tender across the NWL ICS in order to identify efficiencies, to standardise contracts and to support shared learning from recommendations from audit reports. Although the proposal is to have a joint tender, the specification for each contract will be jointly agreed and each trust in the NWL ICS will have its own audit plan and will be responsible for day to day contract management. It was proposed that CWFT join the NWL ICS contract subsequent to expiry of our current contract with Deloitte in April 2022.</p> <p>NG noted that the Audit and Risk Committee (ARC) recommended the tender process be supported by the COG and assured that each stage of the tender process will be accordingly reviewed and scrutinised by the ARC to achieve both quality and value for money.</p> <p>In response to SD's question, VM confirmed that each trust in NWL ICS will have a separate contract, however all trusts will agree an aligned sector wide specification; each trust will take the proposed auditor contract to their COG for ratification. She reminded the COG that the current contract was procured jointly with the Royal Marsden Hospital. In support of the proposal, LW emphasised it will help the NHS ensure all the organisations in the NWL ICS benefit from having the standardised process for tendering external audit contracts.</p> <p>VM asked the Council of Governors to nominate a governor representative to be part of the tender process.</p> <p><b>DECISION: The COG discussed and agreed AL to be the governor representative.</b></p>
<b>1.4</b>	<p><b>Chairman's Report</b>  <i>Sir Tom Hughes-Hallett, Chairman</i></p> <p>The report was noted.</p> <p>THH expressed how much he has been enjoying his working relationship with the Deputy Chairman / Senior Independent Director.</p>

	<p>THH reported on the successful completion the Non-Executive Directors' and the Chief Executive's appraisals.</p> <p>THH further expressed the Non-Executive Directors' appreciation of CEO/NEDs weekly briefing session updating on developments in the Trust and the sector environment.</p>
1.5	<p><b>Chief Executive Officer's Report</b>  <i>Lesley Watts, Chief Executive Officer CWFT</i></p> <p>LW advised while the Trust remains at the high level of alert, it is working hard on the following three activities:</p> <ol style="list-style-type: none"> <li>1. Preparing for the second surge of Covid</li> <li>2. Preparing for winter</li> <li>3. Recovery of the elective care programme</li> </ol> <p>The Executive and staff are working hard to prepare as best as possible for all of the three activities. At the same time, we take care of our staff and support them with a number of initiatives to support staff health and wellbeing.</p> <p>LW updated on the hospital activities and the following points were noted:</p> <ul style="list-style-type: none"> <li>• Urgent emergency and cancer patients are being seen and treated.</li> <li>• Currently 67 Covid positive patients across the Trust.</li> <li>• 4 patients in ICU.</li> <li>• PPE availability is good with strong supply chain.</li> <li>• Adequate stocks of essential/ICU drugs with sufficient stocks in reserve and a coordinated approach across NWL to provide mutual aid should there be any future concerns.</li> <li>• National picture at variance with London (which is seeing a slower rise at present).</li> <li>• The Trust adheres to the London guidance on testing.</li> <li>• The Trust supports care homes to ensure they fulfil the testing requirements.</li> <li>• The Trust is working on returning to 100% of pre-Covid elective activity; currently elective activity stands at 86%; Diagnostics 90%; Endoscopy 111%; and Outpatients 99%.</li> <li>• We are concentrating efforts in providing paediatric elective surgery on CW site for NWL and some of other specialities.</li> <li>• In support of quality and diversity agenda the Trust has introduced a programme on Reciprocal Mentoring for inclusion.</li> <li>• Radiation protection compliance inspection by the CQC; whilst the inspection was overwhelmingly positive, it identified a few small areas where compliance may be improved.</li> </ul> <p>In response to NA's question, LW clarified that the inspection was in relation to compliance with radiation protection and whether the Trust has correct procedures in place. LW offered to share the CQC report with all Governors.</p> <p><b>Action: LW to share the CQC radiation inspection report with the COG.</b></p> <p>FOF asked about outpatient clinics activity, backlog of appointments, and how it has been communicated to patients who may have missed appointments during the pandemic, and the Trust plans to recover elective activity and keep patients informed about appointments. LW stated that the Trust has been working through the backlog of appointments and recovery plans are in place as well as clinical reviews to establish prioritisation of patients waiting to be seen; wherever possible virtual appointments are offered; face to face appointments are offered only where necessary.</p> <p>KK expressed his concern about staff burnout from the first wave of coronavirus ahead of winter pressure and Covid-19 pandemic approaching and asked about the Trust's plan to support staff wellbeing and mental health. LW stated a number of initiatives have been undertaken to support staff health and wellbeing, some of which include staff buddying, talking though with colleagues about plans for the day</p>

	<p>ahead and towards the end of the day how it has gone, counselling and psychological offer, interventional care, rest facilities for our staff etc. The NED Chair of the People and Organisational Committee SG undertook to provide a people report at the next COG meeting.</p> <p><b>Action: SG to provide a people report at the next COG meeting.</b></p> <p>AHP reported on her recent visit to A&amp;E and complemented excellent A&amp;E service and the consultant that looked after her. She encouraged employee recognition and appreciation messages be extended to a broader group of employees i.e. consultants.</p> <p>THH thanked AHP for her remarkable service to the Trust and patients, in particular her contribution to the End of Life Care Group. AHP expressed how privileged and honoured she felt to serve as a Governor on the CWFT COG.</p>
1.6	<p><b>NWL Integrated Care System (ICS) : Introduction to Penny Dash, NWL ICS Chair &amp; NWL system developments</b></p> <p><i>Penny Dash, NWL ICS Chair</i></p> <p>Penny Dash (PD), a Medical Doctor by background, introduced herself and her professional career in healthcare.</p> <p>PD explained the concept of ICS and stated it is evolving as an integrated care system bringing together organisations in the North West London (NWL) area providing healthcare, in order to maximise the health of local population. For NWL this means bringing together acute trusts, community mental health trusts, primary care networks, evolving number of volunteers, ambulatory services, specialist service, etc.</p> <p>All of the provider organisations will undertake strategic planning in the following areas:</p> <ol style="list-style-type: none"> <li>1. Effective plan for services in order to maximise health of the population.</li> <li>2. Greater insights into what a good quality care look like.</li> <li>3. Establish most effective and efficient way of delivering health and care services.</li> <li>4. Allocate required resources accordingly.</li> </ol> <p>As the Chair of the NWL ICS, her role is to ensure the ICS makes best use of resources available and thus maximise the benefit to patients.</p> <p>NHS organisations and Local Authorities (LAs) take on responsibility for collectively ensuring delivery of strategy, and for managing resources and performance of delivering high quality care in line with the ICS strategic aspirations. Currently, this function sits with the NHSE/I across London and the role would shift to five London wide ICSs. The NWL ICS currently has no basis in legislation or any formal powers/accountabilities, however it is expected that this will emerge in due course.</p> <p>PD shared a summary of feedback received through her interaction with different parties pre-Covid-19 pandemic which was around the following themes:</p> <ul style="list-style-type: none"> <li>- Enormous enthusiasm for collaborative working in NWL</li> <li>- Lack of strategic agenda to improve high quality care, access to high quality services, workforce of future, IT systems and health records communicating to each other and innovating &amp; working with universities</li> <li>- Enthusiasm to start building a new way of working</li> </ul> <p>The pandemic accelerated the need for collaborative working and highlighted the need to have an integrated system to deliver patient care. This has become even more important now that we are preparing for the second wave of Covid-19.</p> <p>SD asked how the new way of working differs to the previous health SHA model. LW stated that governance arrangements around health and care change in line with the politics around them, however redesigning pathways around population health is required to support partners to come together and</p>

operate in a seamless and integrated way. Collaboration is now incentivised over competition and resources aligned to support integrated health and social care organisations. She praised the health and care sector commitment to delivering services during the Covid-19 pandemic and recognised the positive things that come out of it. LW emphasised that through the Covid-19 crisis the sector has consistently demonstrated the benefit of working in partnership, bringing skills and expertise and focussed around the common issue of supporting patients and population. THH added that emerging of Local Authorities as an increasingly equal partner in designing a new health and care model was long overdue.

AL expressed his support and asked who the Chair of ICS and the ICS overall are accountable to, and to what extent the ICS is accountable to NWL through elected governors and elected members in Local Authorities. PD stated this is yet to be formally confirmed. LW linked to it to say that at present the CEO of CWFT continues to be accountable to Board and to the COG and assured, irrespective of any further accountability structure of CWFT, the high quality standards in care will be maintained; in terms of the wider accountability every Borough have Committees which hold their NEDs to account; on the ICS Board there are a number of Local Authority CEOs meeting regularly. The ICS CEO meets regularly with CEOs and leaders of healthcare organisations across the system who jointly hold the ICS CEO to account. The current governance structure will continue until new legislation is enacted.

AL commented that there may be decisions to be made in the greater interest of NWL and the public health of NWL that might be against narrow interest of CWFT, and queried if there is a mechanism to ensure CWFT Governors involved are able to understand decisions made at the system wide level which may not be compatible with CWFT's interest. THH stated that, as the Chair of CWFT Board and COG, he represents them on the ICS Board; however the Board and the Governors may wish to discuss where the interest of NWL will diverge from the interest of CWFT more narrowly.

PD stated the executive leadership of the NWL ICS will establish a clear rationale that any service changes be made in the best interest of local population in terms of maximising life expectancy, quality of life, etc.

THH, to amplify this further, added the NEDs and EDs appraisal process undertaken recently provided him with the opportunity to gather individual views, including those views of Governors on his own appraisal, which he then presented to the ICS Board. The CWFT Chair and the NEDs agreed unanimously they will not support any direction that results in dilution of quality of care to our population, and further clarified that quality of care at CWFT will need to be either maintained at the same level or improved.

TL queried about any plans for communicating this change to staff. LW stated the changes that are being made are clinically led by the Clinical Reference Group for each speciality with CWFT staff representatives on it and the group considers pathway for each patient group and discusses where patients should be treated. She reassured that the discussions for any of changes are clinically driven and overseeing by CWFT Medical Director, Chief Nurse and Nursing Directors.

KK referred to the proposal to merge NWL CCGs into a single NWL CCG and asked how the ICS dealt with the challenge in relation to voting. LW confirmed that all NWL CCGs have recently voted overwhelmingly in favour of the move.

KK referred to correlation between effects of Covid-19 and inequalities, and asked for NWL ICS's approach to addressing it. PD stated that the wide social economic challenges need to be tackled whilst ensuring we drive a consistent approach to quality of care across the NWL. This will be enabled by an effective distribution of resources and services according to the population health needs. There is a strategic objective across NWL to improve the quality of care delivered to patients and a strong desire to develop a strategy for collaborative working between NWL partners and aligning the management structure. The NWL ICS leadership is formed of a chief executive (LW, CEO CWFT) and an independent chair (PD). All provider and commissioning NHS organisations in NWL, including Local Authorities are members of the NWL ICS. This structure will continue to be worked on and will be underpinned by strong corporate governance.

SD referred to collaborative working relation between CWFT and The Hillingdon Hospital NHS Foundations

	<p>Trust (THHT) and queried how the Chair appointment process would run if it moved to appoint a single Chair, and whether both CWFT COG and THHT COG would be required to appoint a single chair. PD stated that this is being discussed between THH, SG, PD, LW and the Regional Director for London, Sir David Sloman, and the process will emerge in due course. THH added that this is increasingly becoming a practice to appoint a joint chair of two Trusts, some examples include Guys and St Thomas and Kings College Hospital, Croydon Health Services NHS Trust and Havering and Redbridge University Hospitals NHS Trust, etc.</p> <p>KK asked about any advantages for the elected governors of foundation trusts to have a joint CEO and joint Chair across multiple trusts. PD stated that the main focus of NWL ICS is on improving health of the population in its geographic area and reducing inequalities whilst aspiring to achieve health outcomes on a par with the best of global cities. This will be achieved by focusing on improving population health locally and at the level of the ICS in order for all patients to benefit from this improved care.</p> <p>In response to KK's question relating to upcoming CWFT's Chair appointment, LW stated that joint appointment arrangements will be explored for any changes occurring in senior roles, including the role of the Chair.</p> <p>In response to CDB's question regarding rewards, LW confirmed that it is a joint contribution to the system based on sharing experience and expertise whilst caring for patients, as opposed to an individual being financially rewarded as would be the case in the commercial sector.</p> <p>JB asked about benefits to patients and any positive changes arising from reconfiguration of services. PD stated the consistent and high quality outcomes of care provided by the trusts remains central; development of joint pathways of care which will deliver benefits to patients in the near future; further examples include efficient model of care, using collective wisdom of management, clinical expertise, Estates, equipment, digitally enhanced medical records system for the benefit of patients; shared access to best practice and external partners, access to the best innovation clusters and networks, academic and innovation institutions, etc.</p> <p>In response to PQ's question in relation to future working between the NWL ICS and LAs and whether LAs will have a voice in Trust Chair appointment in future, PD confirmed that at a Borough (local) level NWL ICS works closely with LAs. At the ICS level, there is the partnership board which has a LA CEO on it. If ICS responsibility changed to include appointing Trust chairs PD felt that those decisions would be delegated to the Chair and the CEO of NWL ICS, but this was subject to further review and discussion.</p> <p>In response to AL's question PD stated that a short-term improvement strategy with long-term sustainable management solution of care such as in the case of THHT / CWFT would be looked across the NWL ICS.</p> <p>SG confirmed, that in the event CWFT is unclear on the arrangements for appointing a Chair on THH's retirement at the end of March 2021, he would, if requested by COG, be comfortable to serve as Interim Chair until a process is agreed and a new permanent Chair is appointed.</p> <p>KK sought evidence of patient care benefiting from having a shared Chair across Acute trusts. THH referred to his recent communication with a Chair of a London FT and stated it would be shared priorities and shared commitment across organisations in improving services which would bring greater benefits for patients.</p> <p>THH thanked Penny for updating the Council of Governors on the work of NWL ICS in an open and transparent manner.</p>
1.7	<p><b>Phase 3 of NHS Response to Covid-19</b>  <i>Lesley Watts, Chief Executive Officer</i></p>

	<p>LW noted the NHSE/letter setting out the third phase of NHS response to Covid -19. To support recovery and restoration providers were required to return initially a draft summary plan and subsequently the final plans by 21 September. It was required that the plans be the product of partnership working across STPs/ICSs, with clear and transparent triangulation between commissioner and provider activity and performance plans. LW undertook to share the CWFT recovery plan submitted to NHSE/I.</p> <p><b>Action: VD to circulate to COG the CWFT recovery plan submitted to NHSE/I.</b></p>
<b>1.8</b>	<p><b>Support arrangements: The Hillingdon Hospital NHS Foundation Trust</b>  <i>Lesley Watts, Chief Executive Officer</i></p> <p>A local and system wide support arrangement has been put in place to support The Hillingdon Hospital NHS FT (THHT) through providing leadership support, enhancing policies and processes and close working with the teams requiring specialised expertise. Gubby Ayda, was appointed THHT medical Director and is shared between CWFT and THHT; in support of management arrangements a new interim Chief Executive Officer has recently been appointed and LW acts as a Special Advisor to THHT Board. There are reciprocal arrangements in place and THHT Chief People Officer has recently been appointed as Interim Chief People Officer at CWFT.</p> <p>In response to SD's question regarding the role of COG Nominations and Remuneration Committee, SG confirmed that potential CWFT Chair candidates will be brought to the Committee for consideration.</p> <p>In response to ND's question LW stated that on-going discussions are underway to build a new health care group model whilst learning from the work on acquiring West Middlesex Hospital. THH noted that NEDs NG and AD have been charged with the responsibility for Managed Services Agreement between CWFT and THHT to underpin collaborative working.</p>
<b>1.9</b>	<p><b>Chairman recruitment process – update</b>  <i>Steve Gill, Deputy Chairman/Senior Independent Director</i></p> <p>SG referred to the discussions noted above regarding the current status on the Chair recruitment.</p> <p>SG reported on the successful completion of the Chairman's appraisal and noted that the appraisal report will be submitted to NHSE/I in line with the new NHS guidance.</p>
<b>1.10</b>	<p><b>Quality Committee Report to Council of Governors</b>  <i>Eliza Hermann, NED Chair</i></p> <p>This report was taken as read.</p> <p>EH noted that the Quality Committee now meets monthly. She highlighted the Committee spends considerable time over-viewing how the Trust ensures treatment and care of patients is safe and clinically effective, and experience that patients have of the treatment and care they receive.</p> <p>The COG noted that Laura Wareing is a governor representative on the Patient and Public Engagement and Experience Group.</p>
<b>1.11</b>	<p><b>COG sub-committees:</b></p> <p>1.11.1 Membership and Engagement Sub-Committee report, including Meet a Governor Schedule – Noted.</p> <p>1.11.2 Quality Sub-Committee report  SD noted the sub-committee discussion about options for a virtual 'thanking and celebrating' at the end of 2020 and highlighted that a proposal for the virtual celebration has been emailed to all governors earlier in the day.</p>

1.12	<p><b>Accessibility Working Group – update</b>  <i>Steve Gill, NED Chair</i></p> <p>This report was taken as read.</p> <p>SG highlighted that a paper on the financial impact and actions necessary to be compliant with changes in legislation with regards to disabled parking was reviewed and approved at the 28 October Finance and Investment Committee and will be presented to the 5<sup>th</sup> November Trust Board for final approval.</p> <p>(Post COG Meeting note: the 5<sup>th</sup> November Trust Board approved the paper.)</p> <p>The Council of Governors noted that CWFT will be compliant with the NHS guidance on disabled parking charges prior to the January 2021 deadline.</p>
2.1	<p><b>Council of Governors elections update</b>  <i>Vida Djelic, Board Governance Manager</i></p> <p>This report was taken as read.</p> <p>In noting the progress with the Governor elections VD highlighted the following points:</p> <ul style="list-style-type: none"> <li>• The nominations stage of the election process closed on 16 October 2020.</li> <li>• A list of candidates who had nominated themselves to stand for elections was published on the Trust's website on 19 October</li> <li>• Uncontested seats: Staff Constituency: Contracted Class, Nicole Nunes; and Public Constituency: London Borough of Hammersmith and Fulham, Rose Levy respectively were dully elected unopposed.</li> <li>• Contested seats: Elections are being held in the following constituencies of the Council of Governors: Patient (2 seats); Public: Royal Borough of Kensington and Chelsea (1 seat); Staff: Management Class (1 seat); and Staff: Medical and Dental Class (1 seat).</li> <li>• Considering the on-going Covid-19 situation, the number of members putting themselves forward for election was satisfactory.</li> <li>• Ballot papers will be distributed on 4 November 2020 and voting closes at 5pm on Wednesday 25 November 2020; voting is by post or online, as in previous elections.</li> <li>• Election results will be available on 26 November 2020.</li> </ul>
2.2	<p><b>Performance and Quality Report – Noted</b>  2.2.1 Winter preparedness – Noted  2.2.2 People Performance Report – Noted</p>
3.1	<p><b>Questions from the governors and the public</b>  Nil of note.</p>
3.2	<p><b>Any other business</b>  3.2.1 Governors Away Day January 2021 plan – Noted. THH confirmed the meeting will be 'Virtual' not 'in person'.  3.2.2 Forward plan – Noted  3.2.3 Schedule of meetings 2020/21 – Noted  3.2.4 Governor attendance register – Noted</p>
3.3	<p><b>Date of next meeting</b>  28 January 2021, 09.30 – 15.30 Council of Governors Away Day  28 January 2021, 16.00 – 17.00 Council of Governors Meeting</p>

Meeting closed at 18.15.





**Council of Governors (COG) – 29 October 2020 Action Log**

Meeting Date	Minute number	Action	Current status	Lead
Oct 2020	1.1	Six monthly patient experience report to be presented to March 2021 QSC and subsequently to April 2021 COG.	This is on forward plan for March QSC and April 2021 COG.	PN
	1.5	LW to share the CQC radiation inspection report with the COG.	Verbal update at the meeting.	LW
		SG to provide a people report at the next COG meeting.	This is on forward plan for April 2021 COG.	SG
	1.7	VD to circulate to COG the CWFT recovery plan submitted to NHSE/I.	The latest recovery plan and compliance against Phase 3 metrics as presented at the November Board is appended to this paper. However, it should be noted that reset and recovery will be updated post the current wave of Covid-19.	VD



# NW London Elective Care Programme Overview

SRO – Rob Hodgkiss  
Programme Director – Janet Cree  
Head of programme – Xiao Cai

October 2020

# Weekly performance against Phase 3 targets (1/4)

Rolling 8 weeks

W/E 18/10/2020

		Aug 30/08/2020	Sep 06/09/2020	Sep 13/09/2020	Sep 20/09/2020	Sep 27/09/2020	Oct 04/10/2020	Oct 11/10/2020	Oct 18/10/2020	Prev. 4 wks
Elective Day Case % Achieved	CWHFT	83%	59%	73%	78%	80%	77%	72%	75%	77%
	ICHT	81%	62%	69%	68%	65%	71%	73%	72%	71%
	LNWUHT	66%	48%	63%	65%	66%	69%	67%	65%	67%
	RBHFT	46%	42%	55%	53%	54%	57%	59%	48%	54%
	THHFT	58%	46%	74%	65%	64%	65%	70%	74%	68%
	NW London	72%	54%	67%	67%	66%	70%	70%	73%	
	Phase 3 Target	70%	80%	80%	80%	80%	90%	90%	90%	90%
Elective Ordinary % Achieved	CWHFT	55%	42%	50%	54%	59%	62%	68%	86%	69%
	ICHT	78%	72%	85%	86%	76%	102%	96%	108%	86%
	LNWUHT	42%	33%	38%	31%	34%	39%	59%	59%	49%
	RBHFT	61%	56%	64%	76%	72%	67%	61%	78%	69%
	THHFT	88%	106%	84%	81%	102%	115%	102%	96%	103%
	NW London	64%	57%	66%	69%	66%	75%	75%	77%	
	Phase 3 Target	70%	80%	80%	80%	80%	90%	90%	90%	90%

# Weekly performance against Phase 3 targets (2/4)

Rolling 8 weeks

W/E 18/10/2020

Aug	Sep	Sep	Sep	Sep	Oct	Oct	Oct
30/08/2020	06/09/2020	13/09/2020	20/09/2020	27/09/2020	04/10/2020	11/10/2020	18/10/2020

Prev. 4 wks

Elective TOTAL % Achieved	CWHFT	79%	57%	70%	74%	77%	75%	72%	77%
	ICHT	80%	63%	71%	71%	66%	75%	76%	72%
	LNWUHT	64%	47%	61%	62%	63%	66%	66%	64%
	RBHFT	53%	48%	59%	62%	61%	62%	60%	60%
	THHFT	60%	50%	75%	67%	67%	69%	73%	76%
	NW London	71%	55%	67%	67%	66%	71%	71%	73%
	Phase 3 Target	70%	80%	80%	80%	80%	90%	90%	90%

77%
71%
65%
60%
71%
90%



# Weekly performance against Phase 3 targets (3/4)

Rolling 8 weeks

W/E 18/10/2020

Aug	Sep	Sep	Sep	Sep	Oct	Oct	Oct
30/08/2020	06/09/2020	13/09/2020	20/09/2020	27/09/2020	04/10/2020	11/10/2020	18/10/2020

Prev. 4 wks

Out Patients TOTAL % Achieved	CWHFT	111%	74%	97%	89%	101%	102%	100%	99%	100%
	ICHT	134%	62%	85%	85%	87%	87%	93%		
	LNWUHT	62%	38%	53%	51%	51%				
	RBHFT	25%	16%	22%	20%	29%	34%	27%	29%	29%
	THHFT	84%	53%	70%	68%	73%	76%	74%	76%	75%
	NW London	92%	53%	72%	69%	73%				
	Phase 3 Target	90%	100%	100%	100%	100%	100%	100%	100%	100%

# Weekly performance against Phase 3 targets (4/4)

Rolling 8 weeks

W/E 18/10/2020

Aug	Sep	Sep	Sep	Sep	Oct	Oct	Oct
30/08/2020	06/09/2020	13/09/2020	20/09/2020	27/09/2020	04/10/2020	11/10/2020	18/10/2020

Prev. 4 wks

Diagnostics Activity Total (Not including Endoscopy) % Achieved	CWHFT	78%	68%	85%	86%	87%	84%	89%	
	ICHT	8%	70%	88%	87%	90%	92%	95%	
	LNWUHT	86%	73%	76%	79%	81%	81%	82%	82%
	RBHFT	64%	59%	78%	71%	83%	86%	89%	91%
	THHFT	63%	58%	62%	70%	76%	75%	79%	83%
	NW London	77%	68%	80%	82%	85%	85%	88%	
	Phase 3 Target	90%	90%	90%	90%	90%	100%	100%	100%

81%
87%
78%
75%
100%

Diagnostics Activity Total Endoscopy % Achieved	CWHFT	104%	80%	121%	113%	123%	134%	122%	111%
	ICHT	63%	86%	94%	87%	68%	107%	96%	99%
	LNWUHT	52%	32%	68%	62%	60%	63%	80%	87%
	RBHFT								
	THHFT	49%	74%	65%	81%	78%	100%	95%	80%
	NW London	71%	68%	86%	83%	79%	96%	96%	95%
	Phase 3 Target	90%	90%	90%	90%	90%	100%	100%	100%

123%
93%
72%
88%
91%
100%

# NHS theatre activity in numbers

W/E 18/10/2020

## NHS activity / capacity

Rolling 8 weeks

**1,463** elective patients received surgery in NHS theatres **last week**

Trust	W/E	30/08/2020	06/09/2020	13/09/2020	20/09/2020	27/09/2020	04/10/2020	11/10/2020	18/10/2020
Site	Week 35	Week 36	Week 37	Week 38	Week 39	Week 40	Week 41	Week 42	
CWHFT	PLANNED activity	340	272	340	340	340	340	430	430
CWHFT	ACTUAL activity	343	269	380	349	408	346	444	414
ICHT	PLANNED activity	387	309	387	387	387	387	474	500
ICHT	ACTUAL activity	387	329	415	421	416	455	478	511
LNWUHT	PLANNED activity	330	285	358	376	381	406	406	406
LNWUHT	ACTUAL activity	333	259	344	368	368	365	373	411
THHFT	PLANNED activity	74	97	147	159	177	174	204	201
THHFT	ACTUAL activity	104	100	125	118	116	128	157	166
TOTAL	PLANNED activity	1131	963	1232	1262	1285	1307	1514	1537
	ACTUAL activity	1167	957	1264	1256	1308	1294	1452	1502
	% utilisation	103%	99%	103%	100%	102%	99%	96%	98%



## Council of Governors Meeting, 28 January 2021

<b>AGENDA ITEM NO.</b>	1.4/Jan/21
<b>REPORT NAME</b>	Chairman's Report
<b>AUTHOR</b>	Sir Thomas Hughes-Hallett, Chairman
<b>LEAD</b>	Sir Thomas Hughes-Hallett, Chairman
<b>PURPOSE</b>	To provide an update to the Public Board on high-level Trust affairs.
<b>SUMMARY OF REPORT</b>	As described within the appended paper. Board members are invited to ask questions on the content of the report.
<b>KEY RISKS ASSOCIATED</b>	None
<b>FINANCIAL IMPLICATIONS</b>	None
<b>QUALITY IMPLICATIONS</b>	None
<b>EQUALITY &amp; DIVERSITY IMPLICATIONS</b>	None
<b>LINK TO OBJECTIVES</b>	NA
<b>DECISION/ ACTION</b>	This paper is submitted for the Board's information.



## **Chairman's Report November 2020**

As Chair, the last period has been occupied by supporting the Chief Executive Officer as she has implemented well-rehearsed plans for the care we will provide during the next phase of COVID. I am pleased with the resilience of the senior teams hard work in preparing us for further increased activity as a hard winter approaches.

I have now completed the appraisals of our Non-Executive Directors. We are indeed fortunate to be supported by such committed and exceptional colleagues. Collectively, they are determined to ensure that to the greatest extent possible we maintain the recovery in business as usual while being ready to embrace the challenge that the winter will bring.

I am delighted to confirm that Martin Lupton has been reappointed as an honorary member of the Board of Directors with effect from 1 January 2021 for the period of two years.

We welcomed Penny Dash, Chair of the Integrated Care System (ICS), to our recent Council of Governors meeting and are beginning to plan with the Chief Executive Officer, how best the Board can support her and Penny in shaping the future vision for North West London as a whole while at the same time continuing to deliver ever improving care to our own patients. Governors were briefed on the emerging shape of the ICS and also on succession plans for the retiring Chair. They expressed a willingness and wish to help support the shaping of the emerging system in a way that provides improving care to those who elected them, as well as the wider population.

The Trust is as ready as it can be for the challenges ahead. As Chair, one of my highest priorities remains to support the health and wellbeing of our own staff at a time of maximum stress.

The Non-Executive Directors are now meeting weekly with the Chief Executive Officer to be briefed on COVID, recovery, and the robustness of our staff, our services, and the quality of our care.

Mutual support and on-going collaboration between Chelsea and Westminster Hospital NHS Foundation Trust and the Hillingdon Hospitals NHS Foundation Trust continue.

**Sir Thomas Hughes-Hallett**  
Chairman



## Council of Governors Meeting, 28 January 2021

<b>AGENDA ITEM NO.</b>	1.5/Jan/21
<b>REPORT NAME</b>	Chief Executive's Report
<b>AUTHOR</b>	Lesley Watts, Chief Executive Officer
<b>LEAD</b>	Lesley Watts, Chief Executive Officer
<b>PURPOSE</b>	To provide an update to the Public Board on high-level Trust affairs.
<b>SUMMARY OF REPORT</b>	As described within the appended paper. Board members are invited to ask questions on the content of the report.
<b>KEY RISKS ASSOCIATED</b>	None.
<b>FINANCIAL IMPLICATIONS</b>	None.
<b>QUALITY IMPLICATIONS</b>	None.
<b>EQUALITY &amp; DIVERSITY IMPLICATIONS</b>	None.
<b>LINK TO OBJECTIVES</b>	NA
<b>DECISION/ ACTION</b>	This paper is submitted for the Board's information.



## Chief Executive's Report November 2020

### Introduction

Since my last report to Public Board in September London is being declared at high risk of Covid-19. As a Trust, we have developed comprehensive plans in line with other North West London (NWL) healthcare providers to ensure a coordinated and timely response to any surge. We will continue to do as much elective work as we can for as long as we can. We commenced our annual influenza vaccination programme and our staff have demonstrated continued dedication to keep well for themselves and their patients and families.

### Covid-19

We saw the rise in the number of Covid-positive test results in the community and London was placed in Tier 2 from midnight on Friday, 16 October 2020. We are now seeing more positive tests on our patients, and the second wave has arrived. An enormous amount of work has taken place and I want to thank all staff for their continued commitment and support. From both an operational and clinical perspective, we are in a much stronger position than earlier this year. We are aware of the challenge but we are better equipped and more informed and are supported by strengthened working relationships across the sector.

I am delighted to advise that we have been successful in returning to a high level of elective, diagnostic and outpatient work and we will play a significant role in the sector's Fast Track Surgical Hubs, especially at our West Middlesex site. We owe it to patients to do as much elective activity as we can, for as long as we can. This remains a priority for now. We have ensured our hospitals are safe for our patients to attend their appointments, through measures which include patient testing, and wherever possible separating patients known to be Covid free from other patients. Once again, I would remind every member of our local communities to take heed of the government guidance. This means in addition to the measures that are already in place:

- People must not meet with anybody outside their household or support bubble in any indoor setting, whether at home or in a public place
- People must not meet in a group of more than 6 outside, including in a garden or other space
- People should aim to reduce the number of journeys they make where possible. If they need to travel, they should walk or cycle where possible, or to plan ahead and avoid busy times and routes on public transport

Upon entering our hospitals, staff, patients and members of the public must wear a face covering (unless exempt), in addition to complying with social distancing and hand hygiene guidance. We have stations at the entrances of our hospitals to help you do this. The safety of our staff, patients and local communities is our utmost priority.

We are keen to see patients with the greatest clinical need and longest wait, to reduce the backlog of people waiting for treatment.

### Equality, diversity and inclusion

We have been celebrating Black History Month this October, to mark the contributions of one in seven of our staff, who are largely of African or Caribbean heritage. We have been able to celebrate the occasion in a number of ways, largely virtual in nature but a befitting celebration nevertheless including stories on our website, internal bulletins, hospital radio shows, two days of special menus in the canteens, and films selected for our patients through the MediCinema and whole host of virtual events across North West London. *Vida possibly link to this video* Here is what some of our black staff say about the celebration <https://vimeo.com/468499777/4cd587a4ae>

Earlier in September we launched a year of celebrations to mark the 100<sup>th</sup> birthday of West Middlesex University Hospital. To commemorate the occasion we commissioned a video (watch here), which we hope will make you feel an important part of the Hospitals' centenary. There is a fascinating history behind our hospital and the community

we serve, and I do hope that by watching this video it will give you more insight into our contributions to the local community and beyond.

## **Service Development**

The Trust continues to play a leading role in the work of the West London Children's Health:

- The Chelsea site is established as the North West London hub for Paediatric Surgery
- Planning continues to set out a North West London option for retaining key Cardiac and Respiratory services (currently provided by Royal Brompton Hospital). The Trust is part of the team attending the Royal Borough of Kensington & Chelsea health scrutiny special meeting on 19 November

## **Research & Innovation**

We continue to drive innovation, through our latest key initiatives such as:

- The Think 111 pilots – offering a number of appointments at our Emergency Departments and aligning with community providers to offer patients digital booking and the appropriate setting of care.
- We have increased our same day emergency care to support earlier discharge.
- We are playing a key role in the programme of London's fast track surgical hubs
- The SYNE-COV product, led by Dr Marcela Vizaychipi and developed through the Sensyne Partnership, has been approved for use by the Medical & Healthcare products Regulatory Agency. This provides clinicians with near real-time risk prediction scores for three outcomes associated with COVID-19 infection; risk of intensive care unit (ICU) admission, the need for invasive mechanical ventilation and in-hospital mortality. The algorithm uses 40 variables within an individual patient's health records and analyses them in near real-time against the hospital's comprehensive database of electronic health records for thousands of patients.
- We are pleased to be one of forty providers of children's services across the globe to partner with KidsX Accelerator. Working with CW Innovation this will help us adopt new technologies to improve our services for children.

Our Trust's annual Research, Innovation and Quality Improvement (RIQI) online event is taking place on Tuesday 10, Wednesday 11 and Thursday 12 November. Never before has there been a more important time to incorporate research and innovation into our thinking and planning. RIQI 2020 will not only showcase our growing portfolio of staff-led research, innovation and improvement projects, it will also raise awareness of the support available to help staff bring new ideas that deliver better, more responsive and cost-effective care to fruition.

Our Trust is currently undertaking research trials for two COVID-19 vaccines and we regularly share details on our social media platforms. We are involved in well over forty other COVID related research projects.

## **Our Estate**

I am delighted to report that along with our CW+ charity partners, the redevelopment and expansion of the NICU and ICU is progressing very well. We took possession of NICU phase 1 (ITU nurseries, new reception, staff and parent facilities) earlier this year in February, with adult ICU phase 1 going live in April, just in time to support the Trust's COVID response. The next milestone for the project is rapidly approaching, with the planned opening of NICU phase 2 (HDU nurseries) on 4th November. We are also due to take possession of the new NICU changing rooms, based on level 4 within the next few weeks. In early November, work will commence on NICU phase 3 (SCBU cots) with a planned completion of May 2021.

The second phase of adult ICU is also progressing well, with the new external structure now built and is also due to complete in May of next year. CW+ has been working with the adult ITU team to further develop the Sky Garden on level 5 into an area dedicated for patients and their loved ones for mobilisation and rehabilitation. It is hoped that this area will be completed in early spring.

We have rigorously planned how we might respond to an increase in patients who present with COVID-19, how we configure our wards and departments, and how our workforce can adapt to rise to the challenge once more. This is

in order to improve patient and staff experience through creative interventions across both sites. In recent months we have invested over £7m in developing the St Mary Abbott Ward at Chelsea and the Richmond Ward at West Middlesex to provide additional flexible capacity (should we need it) in order to be able to accommodate up to 64 ITU patients.

**Lesley Watts**

**Chief Executive**



## Council of Governors Meeting, 28 January 2021

<b>AGENDA ITEM NO.</b>	2.1.1/Jan/21
<b>REPORT NAME</b>	Draft minutes of the Council of Governors Membership & Engagement Sub-Committee meeting held on 19 November 2020
<b>AUTHOR</b>	Vida Djelic, Board Governance Manager
<b>LEAD</b>	David Phillips, Chair
<b>PURPOSE</b>	To provide a record of any actions and decisions made at the meeting.
<b>SUMMARY OF REPORT</b>	This paper outlines a record of the proceedings of the Council of Governors Membership & Engagement Sub-Committee meeting held on 19 November 2020.
<b>KEY RISKS ASSOCIATED</b>	None.
<b>FINANCIAL IMPLICATIONS</b>	None.
<b>QUALITY IMPLICATIONS</b>	None.
<b>EQUALITY &amp; DIVERSITY IMPLICATIONS</b>	None.
<b>LINK TO OBJECTIVES</b>	NA
<b>DECISION/ ACTION</b>	For information.



## DRAFT

### Minutes of the Council of Governors Membership & Engagement Sub-Committee meeting Held at 10.30am on 19 November 2020 on Zoom

<b>Attendees</b>	David Phillips	Chair	DP
	Nowell Anderson	Public Governor	NA
	Anna Hodson-Pressinger	Patient Governor	AHP
	Cass Cass-Horne	Patient Governor	CCH
	Elaine Hutton	Public Governor	EH
	Minna Korjonen	Public Governor	MK
<b>In attendance</b>	Vida Djelic (Minutes)	Board Governance Manager	VD
<b>Apologies</b>	Stephen Cox	Head of Communications	SC
	Simon Dyer	Lead Governor	SD
	Serena Stirling	Director of Corporate Governance & Compliance	SS
	Mumsie Uwakhoye	Membership Officer	MU

<b>1.1</b>	<b>Welcome &amp; Apologies</b>  The Chair welcomed all to the meeting.  Apologies for absence were noted as above.
<b>1.2</b>	<b>Declarations of interest</b>  Nil of note.
<b>1.3</b>	<b>Minutes of previous meeting held on 25 June 2020</b>  Minutes of the previous meeting were approved as a true and accurate record.
<b>1.4</b>	<b>Matters Arising &amp; Action Log</b>  The sub-committee reviewed a list of actions and noted that all actions have been completed or on track to be completed.  DP commended the Trust's membership seminars and suggested members views be sought on when appropriate.  The sub-committee discussed and agreed it did not wish to collate additional information from patient and public members joining Meet a Governors virtual sessions as proposed by MU.  DP reminded the sub-committee members that Governors as part of their role talk to the FT members, patients and the public, and listen to their views and suggestions about the health services provided by Chelsea and Westminster Hospital NHS Foundation Trust (CWFT) and its future plans. He emphasised that governors cannot solve any questions in relation to patient complaints and any complaints received be forwarded to PALS/Complaints team in line with the Trust's complaints management process.  In response to DP's suggestion regarding the Communication Team's attendance at sub-committee meetings, VD confirmed that the Communications Team has a standing invitation to all sub-committee

	<p>meetings.</p> <p>DP suggested a standing section on patient experience be included in future edition of membership E-News in order to obtain members views and needs about the hospital services. This would help enhance services and care, and improve patient experience.</p> <p><b>Action: Patient experience section to be included as a standing item in future Membership E-News. (MU)</b></p>
<b>2.1</b>	<p><b>Membership Report – October 2020</b></p> <p>This report was taken as read.</p> <p>VD highlighted the key findings of the report, most notably, a decrease in membership by 5 people, with Ealing the most underrepresented borough, currently at 280, an increase by 1 member between April and October 2020. The age group 17-21 years remains the most underrepresented, with opportunities to improve the representation from ethnic minority groups. The Membership Engagement and Communications Strategy action plan is being devised to help improve our membership profile. In support of this activity DP suggested collaborating with peers and looking into engagement activities undertaken by other foundation trusts. VD confirmed that this was on the action plan for the Membership Officer to undertake.</p> <p>VD acknowledged NA's recent membership recruitment efforts which resulted in 24 new members being recruited. NA stated during his MAG session he proactively approaches hospital visitors and explains the advantage of being a member of the Foundation Trust. The recruitment success has also been helped by the fact that NA lives locally and understands the community. NA further stated virtual MAG sessions are more convenient than face to face, however he finds face to face member engagement much more effective.</p> <p>In response to NA's questions, VD stated that all staff who are employed by the Trust under a permanent contract or a fixed term contract of 12 months or more automatically become a member of the staff constituency.</p> <p>To support membership recruitment, DP suggested patients are offered to become a member and provided with a membership form at the point of discharge from hospital. VD undertook to take this forward.</p> <p><b>Action: VD to contact the discharge team.</b></p>
<b>2.2</b>	<p><b>2019/21 Strategy Action Plan update</b></p> <p>The sub-committee noted the updated action plan.</p> <p>VD advised that delivery and effectiveness of the objectives set out in the strategy are monitored through the Strategy Action Plan and highlighted the progress detailed in the paper. MU will continue to focus on activities that support the objectives of the Membership Engagement and Communications Strategy in order to strengthen the link between the hospital and its members by maximising involvement and engagement opportunities and focusing on better representing our membership community.</p> <p>In response to NA's question VD confirmed that the Foundation Trust membership numbers are monitored on a monthly basis through membership report, and referred to paper 2.1, which details a comprehensive analyses of the membership's composition.</p>
<b>2.3</b>	<p><b>Membership Engagement and Communications Strategy</b></p> <p>The sub-committee noted the strategy.</p>



	<p>VD advised that the Membership Engagement and Communications Strategy was due to expire at the end of March 2021. It is proposed to extend the strategy for a further two years based on the on-going work to achieve the Strategy Action Plan which was slowed down by the Covid-19 pandemic. Work is ongoing on implementing the Strategy Action Plan to address any imbalance in our membership demography, whilst aiming to promote the benefits of membership to the whole community. Through monthly membership reports we ensure our recruitment plans are effective and that we are achieving our objectives to have a membership representative of the local population in terms of geography, age, ethnicity, gender and socio-economic groups whilst effectively engaging and communicating with members.</p> <p><b>The sub-committee discussed the Membership Engagement and Communications Strategy and agreed to extend it to 31 March 2022.</b></p>
<b>2.4</b>	<p><b>Draft Membership Engagement &amp; Communications Calendar of Events</b></p> <p>VD advised the latest schedule of membership events was provided in the meeting pack. The schedule includes a list of events for the 2020/21 based on topics gathered from members via feedback survey.</p> <p>VD acknowledged Governor voluntary contributions in support of Trust's Festive Event, and film competition.</p>
<b>2.5</b>	<p><b>Feedback from 'Your Health' seminar – 10 September 2020</b></p> <p>This paper was noted.</p> <p>DP commended the clinical presentation and noted a high level of attendance from members compared with that of the previous seminars. Holding the seminar on Zoom helped increase attendance. Feedback received from members was very positive and encouraging. In future members should be offered to attend both in person or virtually.</p> <p>The sub-committee discussed seminar logistics and noted that seminars are advertised through social media, Membership E-News and on the website. In addition, an email reminder is sent to all members near the time.</p>
<b>2.6</b>	<p><b>Meet a Governor Schedule</b></p> <p>VD noted an overview of Meet a Governor schedule was enclosed in the meeting pack for information and encouraged sub-committee members to send their availability for 2021 sessions to MU.</p>
<b>2.7</b>	<p><b>Feedback from members</b></p> <p>The group noted that there had been limited contact from members due to the Covid-19 situation.</p>
<b>3.1</b>	<p><b>Council of Governors election – update</b></p> <p>VD noted the progress with the governor election and highlighted the following points:</p> <ul style="list-style-type: none"> <li>• The nominations stage of the election process closed on 16 October 2020.</li> <li>• A list of candidates who had nominated themselves to stand for elections was published on the Trust's website on 19 October 2020.</li> <li>• Uncontested seats: Staff Constituency: Contracted Class, Nicole Nunes; and Public Constituency: London Borough of Hammersmith and Fulham, Rose Levy respectively were dully elected unopposed.</li> <li>• Contested seats: Elections are being held in the following constituencies of the Council of Governors: Patient (2 seats); Public: Royal Borough of Kensington and Chelsea (1 seat); Staff: Management Class (1 seat); and Staff: Medical and Dental Class (1 seat).</li> <li>• Ballot papers will be distributed on 4 November 2020 and voting closes at 5pm on Wednesday 25 November 2020; voting is by post or online, as in previous elections.</li> </ul>

	<ul style="list-style-type: none"> <li>• Election results will be available on 26 November 2020.</li> <li>• The number of members putting themselves forward for election was satisfactory given the on-going COVID-19 situation.</li> <li>• Inspiring quote from the Chair of the sub-committee was sought for publishing on social media to encourage voting; other sub-committee members were also encouraged to participate.</li> </ul> <p>In response to NA's question, VD stated that 22 candidates were standing for governor election.</p>
<b>3.2</b>	<b>Membership and Engagement Sub-Committee Forward plan</b> <p>The sub-committee noted the forward plan.</p>
<b>3.3</b>	<b>Any other business</b> <p>Nil of note.</p>
<b>3.4</b>	<b>Date of next meeting – 19 May 2021; 10.30-12.30.</b>



## Council of Governors Meeting, 28 January 2021

<b>AGENDA ITEM NO.</b>	2.1.2/Jan/21
<b>REPORT NAME</b>	Draft minutes of the Council of Governors Quality Sub-Committee meeting held on 4 December 2020
<b>AUTHOR</b>	Vida Djelic, Board Governance Manager
<b>LEAD</b>	Laura Wareing, Chair
<b>PURPOSE</b>	To provide a record of any actions and decisions made at the meeting.
<b>SUMMARY OF REPORT</b>	This paper outlines a record of the proceedings of the Council of Governors Quality Sub-Committee meeting held on 4 December 2020.
<b>KEY RISKS ASSOCIATED</b>	None.
<b>FINANCIAL IMPLICATIONS</b>	None.
<b>QUALITY IMPLICATIONS</b>	None.
<b>EQUALITY &amp; DIVERSITY IMPLICATIONS</b>	None.
<b>LINK TO OBJECTIVES</b>	NA
<b>DECISION/ ACTION</b>	For information.



## DRAFT

### Minutes of a meeting of the Council of Governors Quality Sub-Committee Held at 10am on 4 December 2020 (Zoom)

<b>Attendees</b>	Laura Wareing (Chair)	Chair / Public Governor	LJW
	Nowell Anderson	Public Governor	NAN
	Caroline Boulliat	Public Governor	CB
	Nigel Davies	Public Governor (Ealing)	ND
	Anna Hodson-Pressinger	Patient Governor	AHP
	Richard Jackson	Staff Governor	RJ
	Minna Korjonen	Patient Governor	MK
	Trusha Yardley	Public Governor (Hammersmith & Fulham)	TY
<b>In attendance</b>	Lee Watson	Director of Nursing	LWn
	Alex Bolton	Associate Director of Quality Governance	AB
	Victoria Cochrane (in part)	Director of Midwifery & Gynaecology	HK
	Vida Djelic (Minutes)	Board Governance Manager	VD
<b>Apologies</b>	Simon Dyer	Patient Governor, Lead Governor/Deputy Chair	SD

<b>1.</b>	<b>GENERAL BUSINESS</b>
<b>1.1</b>	<b>Welcome and Apologies</b>  LJW welcomed all to the meeting. Apologies were noted as above.
<b>1.2</b>	<b>Declarations of interest</b> Nil of note.
<b>1.3</b>	<b>Minutes of previous meeting held on 11 September 2020</b>  The minutes of the previous meeting held on 11 September 2020 were accepted as a true and accurate record.
<b>1.4</b>	<b>Matters Arising &amp; Action Log</b>  The Sub-Committee noted that all actions were complete.  Action 2.2 DrDoctor – AB stated all patient appointment correspondence is offered electronically; circa 70% uptake from patients; DrDoctor provide outpatients with an appointment reminder and rescheduling service via text message and online. Patients have the option of opting out of the text reminder service.  The sub-committee raised the hospital appointment letter should contain the relevant department telephone number rather than the main switchboard number so that patents can get in touch directly with the relevant clinic. <b>Action: LWn to raise this with the relevant division and invite to present at a future sub-committee meeting.</b>
<b>1.4.1</b>	<b>Review of the Sub-Committee Terms of Reference, including Governor representatives on Trust Groups – for discussion</b>  The sub-committee discussed and confirmed the sub-committee Terms of Reference were accurate.
<b>2.</b>	<b>REGULAR REPORTS</b>

2.1	<p><b>Learning from Serious Incidents</b>  <i>Alex Bolton, Associate Director of Quality Governance</i></p> <p>The paper was taken as read.</p> <p>AB highlighted the new format of this report which enables increased focus on learning. There is a new section within the report that sets out quality improvement projects linked to three frequently reported SI categories: antepartum safety, falls, delayed cancer diagnoses. Root and contributory causes are identified as part of the serious incident investigation process. During August/September 2020 the Trust reported 8 serious incidents. 13 Serious Incident reports were completed and submitted to the Commissioners.</p> <p>In response to TY's question regarding root cause themes, AB stated that work is ongoing on drilling down into each of the themes to find out more detail and potentially prevent any future occurrence. He added that each theme has all the relevant detail, including an action plan which are safely stored on the Datix system.</p> <p>In response to CB's question relating to two medication incidents, AB stated that the granular detail is confidentially shared with the Quality Committee and the Board of Directors for review and scrutiny. AB noted the sub-committee would benefit from being sighted on detail relating to SIs and agreed to provide detail verbally at future meetings.</p>
2.2	<p><b>Patient Experience &amp; Engagement Group (PEEG) Report</b>  <i>Lee Watson, Director of Nursing</i></p> <p>The sub-committee noted the new style quarterly complaints report.</p> <p>LWn noted the PEEG meets monthly and due to Covid-19 pandemic it moved to online forum following social distancing guidance. The sub-groups reporting to PEEG had all restarted and provided an update of their effectiveness during the Covid period, with clear work plans on track.</p> <p>LWn highlighted the following points from the report:</p> <ul style="list-style-type: none"> <li>• Progress made with the Trust patient and public engagement and experience strategy;</li> <li>• FFT suspended during the Covid-19 pandemic; the restart of this across all services has been slow and in some areas difficult to return to pre pandemic levels of response rate and satisfaction scores; there is a dedicated improvement project to focus on this programme of work;</li> <li>• Good progress made to moving all patient information online resulting in better access for patients;</li> <li>• Continued sustained improvement in the PALS and complaints performance;</li> <li>• The patient experience improvement programmes continue to demonstrate improvements against the project outlines;</li> <li>• During the Covid-19 pandemic all staff associated with the PPEG work programmes were redeployed and worked to support the Trust in a range of other services.</li> </ul> <p>In response to NA's question regarding use of volunteers during the first wave of the pandemic, LWn stated that during the first wave of the pandemic volunteers provided practical support to staff across a range of services.</p>

<b>2.3</b>	<p><b>Performance &amp; Quality Report – October 2020</b>  <i>Alex Bolton, Associate Director of Quality Governance</i></p> <p>The sub-committee noted the following key highlights:</p> <ul style="list-style-type: none"> <li>A&amp;E performance in September was not compliant at 93.9%; overall activity in the month was 79.4% of activity seen in 2019.</li> <li>RTT performance was confirmed at 62.05%, which was an improvement of circa 4%; this is primarily due to the restart of elective care pathways and the increase in new demand.</li> <li>Cancer final validated position for August was 65.45%; this had been caused by the delays on patient pathways during the pandemic period; recovery plans and robust clinical reviews are in place; backlog continues to reduce and is at its lowest level since before the Covid-19 surge. The latest un-validated position for September is 67.42%; we are in the lower quartile nationally and the backlog is lower than pre-Covid-19.</li> <li>Patient Tracking List has an increase of 1,179 per month, which is reflective of the increasing trend in referral across all services; recovery plans are in place, as well as clinical reviews to establish prioritisation of patients waiting to be seen.</li> </ul> <p>In response to TY's question relating to the difference in number of 62 day cancer referrals between Chelsea site and West Middlesex site, AB stated that this was influenced by patient demographic and external pressures i.e Covid-19 pandemic.</p>
<b>2.4</b>	<p><b>Group reports</b></p> <p>The sub-committee discussed and agreed to continue with the following reporting: Falls Steering Group, End of Life Care Group, Disability Steering Group and Dementia Group. LWn will look into linking the Quality Sub Committee into the Paediatric Experience and Cancer Holistic Care, in line with the Trust priorities and potential gaps in quality of care.</p>
<b>2.4.1</b>	<p><b>Falls Steering Group</b></p> <p>This item was noted.</p>
<b>2.4.2</b>	<p><b>End of Life Care Group</b></p> <p>This item was noted.</p> <p>MK agreed to be a governor representative on this group.</p>
<b>2.4.3</b>	<p><b>Test Bed Steering Group</b></p> <p>It was noted that an update from this group will be presented by SD at the next meeting.</p>
<b>2.5</b>	<p><b>Disability Steering Group update</b></p> <p>This item was noted.</p>
<b>2.6</b>	<p><b>Governor's patient story and feedback on patient contacts</b></p> <p>The following feedback was shared with the sub-committee</p> <ul style="list-style-type: none"> <li>Positive experience of CW paediatric dentistry services (LJW)</li> <li>Excellent experience of Radiology department (MK)</li> <li>Very positive experience with virtual medical consultation (ND)</li> </ul>
<b>3.</b>	<b>AD HOC REPORTS</b>
<b>3.1</b>	<p><b>Continuity of maternity care</b>  <i>Victoria Cochrane, Director of Midwifery &amp; Gynaecology</i></p>

	<p>Victoria stated the Trust is passionate about the quality of maternity care it provides and is working on a Maternity transformation project consisting of 4 workstreams; 1) Choice and Personalisation and Continuity of Care 2) Operational 3) Safer Care 4) Post and Peri-natal.</p> <p>VC provided the following highlights:</p> <ul style="list-style-type: none"> <li>• Specific targets for continuity of maternity care have been set nationally: <ul style="list-style-type: none"> <li>○ March 2021 - 35% of women booked onto a continuity of care pathway.</li> <li>○ March 2022 - &gt;50% of women booked onto a continuity of care pathway.</li> <li>○ The proportion of Black and Asian women and those from a deprived neighbourhood on a continuity pathway should meet or exceed the proportion in the population as a whole.</li> </ul> </li> <li>• The Trust is working on achieving the first target, however this has been delayed by the Covid-19 pandemic and plans are in place to achieve it by summer 2021.</li> <li>• Increasing the percentage of women receiving COC will improve the experience of mothers and increase the rate recommending the Trust to be at or above the national average; this will be driven through community workforce redesign on both CW and WM sites with a strong focus on team development and leadership training for the new continuity teams.</li> <li>• Priorities for next period: a) work up of obstetric medicine team at WM site; b) work up of homebirth team at CW site; c) review staffing requirement to implement continuity teams; and d) project plan for 21/22 including heatmap for identification of women who are black and brown and areas of deprivation.</li> </ul> <p>ND commended the work undertaken on keeping a home birth service.</p>
<b>4.</b>	<b>OTHER BUSINESS</b>
<b>4.1</b>	<p><b>COG Quality Sub-Committee forward plan</b></p> <p>The sub-committee noted the forward plan.</p>
<b>4.2</b>	<b>Any other business</b>
<b>4.3</b>	<p><b>Date of next meeting</b> 26 March 2021; 10.00-12.00.</p>



Council of Governors Forward Plan 2021-22

	28 January 2021 AWAY DAY (incl. NED / Governor Strategy and Representation Group) DEFERRED	28 January 2021 Council of Governors	11 March 2021 Briefing Session – performance, quality workforce & finance
<b>Statutory/Mandatory Business</b>	<ul style="list-style-type: none"> <li>Current position</li> <li>Directors achievements</li> <li>Strategy</li> <li>Strategic context               <ul style="list-style-type: none"> <li>NWL Integrated Care System (ICS) developments</li> <li>The benefits for our members</li> <li>Acute providers collaboration – NWL</li> </ul> </li> <li>Council of Governors engagement</li> <li>COG Effectiveness evaluation</li> </ul>	<ul style="list-style-type: none"> <li>Announcement of Election results</li> <li>Minutes of Previous Meeting, including Action Log</li> <li>External Auditor appointment (VM)</li> <li>Lead Governor election – update</li> <li>COG Effectiveness evaluation</li> <li>Coronavirus (COVID-19) update</li> <li>Extension of the term of office of the Non-Executive Directors Eliza Hermann and Nilkunj Dodhia</li> <li>Strategy: NWL Integrated Care System (ICS) developments – update</li> <li>Support arrangements: The Hillingdon Hospital NHS Foundation Trust</li> <li>Chairman’s recruitment – update</li> <li>Election for the Governor Advisory Committee</li> </ul>	<ul style="list-style-type: none"> <li>Finance, including Annual Plan</li> </ul>
<b>Papers for Information</b>		<ul style="list-style-type: none"> <li>Chairman’s Report</li> <li>Chief Executive Officer’s Report</li> <li>Quality Sub-Committee Report</li> <li>Membership Sub-Committee Report</li> <li>Accessibility Working Group – update</li> </ul>	
<b>Other Business</b>		<ul style="list-style-type: none"> <li>Questions from the governors and the public</li> <li>Forward plan</li> <li>Schedule of meetings</li> <li>Governor attendance register</li> <li>Any other business</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>



	April 2021 AWAY DAY (incl. NED / Governor Strategy and Representation Group)	22 April 2021 Council of Governors	20 May 2021 Briefing Session – performance, quality workforce & finance
<b>Statutory/Mandatory Business</b>	<ul style="list-style-type: none"> <li>• Current position</li> <li>• Directors achievements</li> <li>• Strategy <u>Strategic context</u> <ul style="list-style-type: none"> <li>- NWL Integrated Care System (ICS) developments</li> <li>- The benefits for our members</li> <li>- Acute providers collaboration – NWL</li> </ul> </li> <li>• Council of Governors engagement</li> <li>• COG Effectiveness evaluation</li> </ul>	<ul style="list-style-type: none"> <li>• Minutes of Previous Meeting, including Action Log</li> <li>• Lead Governor election results</li> <li>• Quality Priorities 2021-22</li> <li>• Draft Quality Report 2020/21, including Governor Commentary on the Quality Report</li> <li>• Nominations and Remuneration Committee Terms of Reference (for approval); NEDs configuration</li> <li>• Membership Sub-Committee Terms of Reference (for approval)</li> <li>• Quality Sub-Committee Report, including Terms of Reference (for approval)</li> <li>• Coronavirus (COVID-19) Update</li> <li>• Chairman’s recruitment – update</li> <li>• Quality: People &amp; OD Committee Report to the Council of Governors (SG); Patient Experience 6-monthly report;</li> <li>• 2021/22 Annual Plan submission to NHSI</li> </ul>	<ul style="list-style-type: none"> <li>• People</li> </ul>
<b>Papers for Information</b>		<ul style="list-style-type: none"> <li>• Chairman’s Report</li> <li>• Chief Executive Officer’s Report</li> <li>• Performance &amp; Quality Report; Workforce Performance Report</li> </ul>	
<b>Other Business</b>		<ul style="list-style-type: none"> <li>• Questions from the governors and the public</li> <li>• Any other business</li> <li>• Forward plan</li> <li>• Schedule of meetings</li> <li>• Governor attendance register</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>

	22 July 2021 Council of Governors	23 September 2021 Briefing Session – performance, quality workforce & finance	21 October 2021 Council of Governors
<b>Statutory/Mandatory Business</b>	<ul style="list-style-type: none"> <li>Minutes of Previous Meeting, including Action Log</li> <li>Strategy</li> <li>Quality: Finance &amp; Investment Committee Report to Council of Governors; including Month 12 Financial Position (ND); Audit and Risk Committee Report to Council of Governors (NG)</li> <li>NEDs configuration</li> <li>COG Sub-Committees: Quality Sub-Committee Report; Membership Sub-Committee Report</li> </ul>	<ul style="list-style-type: none"> <li>Performance</li> </ul>	<ul style="list-style-type: none"> <li>Chairman's Appraisal PRIVATE</li> <li>Minutes of Previous Meeting, including Action Log</li> <li>Strategy</li> <li>Quality: Quality Committee Report to Council of Governors (EH)</li> <li>COG sub-committees: Membership &amp; Engagement Sub-Committee Report; Quality Sub-Committee Report;</li> </ul>
<b>Papers for Information</b>	<ul style="list-style-type: none"> <li>Chairman's Report</li> <li>Chief Executive Officer's Report</li> <li>Performance &amp; Quality Report; Workforce Performance Report</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>Chairman's Report</li> <li>Chief Executive Officer's Report</li> <li>Governors Elections 2021 – update</li> <li>Performance &amp; Quality Report, including Winter Preparedness; Workforce Performance Report</li> </ul>
<b>Other Business</b>	<ul style="list-style-type: none"> <li>Questions from the governors and the public</li> <li>Froward plan</li> <li>Schedule of meetings</li> <li>Governor attendance register</li> <li>Any other business</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>Questions from the governors and the public</li> <li>Governors Away Day January 2022 – plan</li> <li>Froward plan</li> <li>Schedule of meetings</li> <li>Governor attendance register</li> <li>Any other business</li> </ul>

	9 December 2021 Briefing Session – performance, quality workforce & finance	27 January 2022 AWAY DAY NED/Governor Strategy and Representation Group	27 January 2022 Council of Governors
<b>Statutory/Mandatory Business</b>	<ul style="list-style-type: none"> <li>Complaints</li> </ul>	<ul style="list-style-type: none"> <li>Strategy</li> <li>Finance</li> <li>Responsibilities and Accountability</li> <li>COG Effectiveness evaluation</li> <li>COG Engagement</li> </ul>	<ul style="list-style-type: none"> <li>Announcement of Election results</li> <li>Minutes of Previous Meeting, including Action Log</li> <li>Strategy</li> <li>Quality: People &amp; OD Committee Report to the Council of Governors (SG)</li> <li>Quality Sub-Committee Report</li> <li>Membership Sub-Committee Report</li> </ul>
<b>Papers for Information</b>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>Chairman’s Report</li> <li>Chief Executive Officer’s Report</li> <li>Performance &amp; Quality Report; Workforce Performance Report</li> </ul>
<b>Other Business</b>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>Questions from the governors and the public</li> <li>Forward plan</li> <li>Schedule of meetings</li> <li>Governor attendance register</li> <li>Any other business</li> </ul>

High Level Meetings 21/22

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Board PUBLIC	<del>07-Jan</del> Cancelled <del>11.00-13.30</del> <del>Zoom</del>		<b>04-Mar</b> 11.00-13.30 Zoom/CWHB		<b>06-May</b> 11.00-13.30 Virtual/WMA		<b>08-Jul</b> 11.00-13.30 Virtual/CWHB		<b>09-Sept</b> 11.00-13.30 Virtual/WMA		<b>04-Nov</b> 11.00-13.30 Virtual/CWHB		<b>06-Jan</b> 11.00-13.30 Virtual/WMA		<b>03-Mar</b> 11.00-13.30 Virtual/CWHB
Lead Governor & COG Informal Meeting				<b>22-Apr</b> 15.00-16.00 Virtual/CWHB						<b>21-Oct</b> 15.00-16.00					
Council of Governors	<b>28-Jan</b> 16.00-17.30 Zoom			<b>22-Apr</b> 16.00-18.00 Virtual/CWHB			<b>22-Jul</b> 10.00-11.00 Virtual/WMA			<b>21-Oct</b> 16.00-18.00 Virtual/CWHB			<b>27-Jan</b> 16.00-17.00 External Venue		
COG Away Day 2020/21 – to be rearranged	<del>28-Jan</del> Cancelled <del>10.00-12.00</del> <del>Zoom</del>														
COG Away Day 2021/22													<b>27-Jan</b> 09.30-15.30 External Venue		
Annual Members' Meeting							<b>22-Jul</b> 15.00-16.00 Virtual/West Mid								
NED/COG Informal Meeting				<b>22-Apr</b> 18.00-19.00 Virtual/CWHB						<b>21-Oct</b> 18.00-19.00 Virtual/CWHB					
COG Agenda Sub-Committee			<b>25-Mar</b> 16.00-17.00 Zoom/CWHB			<b>24-Jun</b> 16.00-17.00 Virtual/CWHB			<b>16-Sep</b> 16.00-17.00 Virtual/CWHB			<b>16-Dec</b> 16.00-17.00 Virtual/CWHB			<b>25-Mar</b> 16.00-17.00 Virtual/CWHB
COG Quality Sub-Committee			<b>26-Mar</b> 10.00-12.00 Zoom/WMA			<b>25-Jun</b> 10.00-12.00 Virtual/CWHB			<b>24-Sep</b> 10.00-12.00 Virtual/WMA			<b>10-Dec</b> 10.00-12.00 Virtual/CWHB			<b>25-Mar</b> 10.00-12.00 Virtual/WMA
COG Membership & Engagement Sub-Committee					<b>19-May</b> 10.30-12.30 Virtual/CWHB						<b>18-Nov</b> 10.30-12.30 WM Room A				
NED/Governor Strategy and Representation Group	<del>28-Jan</del> Cancelled Part of Away Day			<b>01-Apr</b> 16.00-17.00 Virtual/CWHB									<b>27-Jan</b> Part of Away Day		
Briefing sessions – performance, workforce, finance & quality			<b>11-Mar</b> 16.00-17.00 Zoom/CWHB		<b>20-May</b> 16.00-17.00 Virtual/CWHB				<b>23-Sep</b> 16.00-17.00 Virtual/CWHB			<b>09-Dec</b> 16.00-17.00 Virtual/CWHB			<b>24-Mar</b> 16.00-17.00 Virtual/CWHB

Bank Holidays 2021/22: 01-Jan, 02-Apr, 05-Apr, 03-May, 31-May, 30-Aug, 27-Dec, 28-Dec; 3 Jan;



**Council of Governors – Attendance Record 2020/21**

<b>Governor</b>	<b>Category</b>	<b>Constituency</b>	<b>23.04.20</b>	<b>23.07.20</b>	<b>29.10.20</b>	<b>28.01.21</b>	<b>TOTAL</b>	<b>2021 Away Day</b>
Nowell Anderson	Public	Hounslow	✓	✓	✓			
Richard Ballerand	Public	Kensington and Chelsea	✓	✓	✓			
Juliet Bauer	Patient		✓	✓	✓			
Jeremy Booth	Patient		N/A	N/A	N/A			
Caroline Boulliat	Public	London Borough of Wandsworth	✓	X	✓			
Cass J. Cass-Horne	Public	City of Westminster	✓	✓	✓			
Tom Church	Patient		✓	✓	✓			
Nigel Davies	Public	Ealing	✓	✓	✓			
Christopher Digby-Bell	Patient		✓	✓	✓			
Simon Dyer	Patient		✓	✓	✓			
Anna Hodson-Pressinger	Patient		✓	✓	✓	N/A	3/3	N/A
Elaine Hutton	Public	Wandsworth	✓	✓	✓			
Richard Jackson	Staff	Support, Administrative and Clerical	✓	✓	✓			
Jodeine Grinham	Staff	Contracted	✓	X	X	N/A	1/3	N/A

Kush Kanodia	Patient		✓	✓	✓			
Paul Kitchener	Public	Kensington and Chelsea	✓	✓	✓			
Minna Korjonen	Patient		✓	X	✓			
Thewodros Leka	Staff	Allied Health Professionals, Scientific and Technical	✓	X	✓			
Anthony Levy	Public	City of Westminster	✓	✓	✓			
Rose Levy	Public	London Borough of Hammersmith and Fulham	N/A	N/A	N/A			
Johanna Mayerhofer	Public	London Borough of Richmond upon Thames	✓	✓	✓			
Mark Nelson	Staff	Medical and Dental	X	✓	✓			
Nicole Nunes	Staff	Contracted	N/A	N/A	N/A			
Fiona O'Farrell	Public	London Borough of Richmond upon Thames	✓	X	✓			
David Phillips	Patient		✓	✓	✓			
CLlr Patricia Quigley	Appointed	London Borough of Hammersmith and Fulham	✓	✓	✓			
Catherine Sands	Staff	Management	N/A	N/A	N/A			
Jacquei Scott	Staff	Nursing and Midwifery	✓	X	✓			
Dr Desmond Walsh	Appointed	Imperial College	✓	✓	✓			
Laura Wareing	Public	Hounslow	✓	✓	X			
Trusha Yardley	Public	London Borough of Hammersmith and Fulham	✓	X	✓			