

28 February 2014

Dear Governors,

**Council of Governors Meeting**  
**Thursday, 6 March 2014**

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

The arrangements for the day are as follows:

- Council of Governors informal meeting with the Lead Governor over tea and cake, 3.00 – 3.50pm, in the Mansfield Room, St Stephen's Centre, 4<sup>th</sup> floor
- Council of Governors Meeting, 4.00 – 6.00pm, in the Hospital Boardroom

Yours sincerely,

Vida Djelic  
Board Governance Manager

**Council of Governors Meeting**  
Hospital Boardroom  
**Chair:** Sir Tom Hughes-Hallett  
**Date:** 6 March 2014 **Time:** 4pm

## Agenda

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

		Lead	Time
<b>1</b>	<b>GENERAL BUSINESS</b>		
1.1	Welcome & Apologies	TH-H	4.00
1.2	Declaration of Interests	TH-H	
1.3	Minutes of Previous Meeting held on 13 December 2013 (attached)	TH-H	
1.4	Matters Arising (attached)	TH-H	
1.5	Chairman's Report (oral)	TH-H	
1.6	Chief Executive's Report (oral)	APB	
1.7	Feedback from Board (oral)	TH-H	4.15
<b>2</b>	<b>ITEMS FOR DECISION/APPROVAL</b>		
2.1	Terms of Reference Membership Sub-Committee (attached)	WB	4.20
2.2	Council of Governors performance evaluation – results (attached)	TH-H	4.25
<b>3</b>	<b>ITEMS FOR DISCUSSION/UPDATE</b>		
3.1	West Middlesex – update (oral)	APB	4.35
3.2	Business Planning 2014/15 (attached)	LB	4.45
3.3	Nurse Staffing (oral)	EM	5.00
3.4	End of Life Care Strategy – update (attached)	BQ	5.10
3.5	*Governors' Questions (attached) <ul style="list-style-type: none"> <li>- Do all staff attend Diversity/Equality lecture? Is it mandatory and could we have percentage of staff that have completed it as some staff do not heed it if they have attended? (ML)</li> <li>- Our cardiology department is so under-staffed that it takes more than four weeks to send the results of an ECG to the patient's GP. (CBir)</li> <li>- I have long believed that our communications department is under-staffed. Are any other departments similarly under-staffed? (CBir)</li> <li>- Is it planned to produce an updated version of Chelsea and Westminster Hospital Directory of Services 2011? (CBir)</li> <li>- Process and patient service and satisfaction levels for outpatient appointment bookings (AH)</li> </ul>		
3.6	Governors Visits to Clinical Areas (oral)	EM	5.25
3.7	*Council of Governors Funding Report – update (attached)	LH	
3.8	*Quality Sub-Committee report (draft minutes of 31 January 2014 meeting attached)	EM	
3.9	*Membership Sub-Committee report (draft minutes of 11 February 2014 meeting attached)	WB	
3.10	Membership Engagement and Communication – update (attached)	KD-D	5.30
3.11	Open Day 2014 (attached)	KD-D	5.35
3.12	*Membership Report (attached)	SN	
3.13	Chelsea and Westminster Star Awards 2014 (attached)	SY	5.40
3.14	Staff survey – results (oral)	SY	5.50

**4 ITEMS FOR INFORMATION**

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

**5 ANY OTHER BUSINESS**

**6 DATE OF THE NEXT MEETING – 15 May 2014**

**CLOSE**

6.00

## Council of Governors Meeting, 6 March 2014

<b>AGENDA ITEM NO.</b>	1.3/Mar/14
<b>PAPER</b>	Minutes of Previous Meeting held on 13 December 2013
<b>AUTHOR</b>	Vida Djelic, Board Governance Manager
<b>LEAD</b>	Sir Tom Hughes-Hallett, Chairman
<b>EXECUTIVE SUMMARY</b>	This paper outlines a record of proceedings at the previous meeting.
<b>DECISION/ ACTION</b>	<ol style="list-style-type: none"> <li>1. To agree the minutes as a correct record.</li> <li>2. The Chairman to sign the minutes.</li> </ol>

## Council of Governors Meeting Minutes, 13 December 2013 Draft

### Attendees:

Prof Sir Christopher	Edwards	Chairman		CE
Walter	Balmford	Patient		WB
Chris	Birch	Patient		CBir
Christine	Blewett	Public	Hammersmith and Fulham 2	CBle
Nicky	Browne	Appointed	The Royal Marsden NHS Foundation Trust	NB
Anthony	Cadman	Patient		ACa
Tom	Church	Patient		TC
Dominic	Clarke	Staff	Management	DC
Caroline	Fenwick	Staff	Allied Health Professional, Scientific and Technical	CF
Prof Brian	Gazzard	Staff	Medical	BG
Rochelle	Gee	Staff	Contracted	RG
Angela	Henderson	Patient		AH
Anna	Hodson-Pressinger	Patient		AH-P
Melvyn	Jeremiah	Public	Westminster 2	MJ
Kathryn	Mangold	Staff	Nursing and Midwifery	KM
Susan	Maxwell	Patient		SM
Wendie	McWatters	Patient		WMW
Tom	Pollak	Patient		TP
Sandra	Smith-Gordon	Public	Kensington and Chelsea 2	SS-G
Frances	Taylor	Appointed	Royal Borough of Kensington and Chelsea	FT

### IN ATTENDANCE:

Sir John Baker	Non-executive Director	JB
Tony Bell	Chief Executive	APB
Lorraine Bewes	Chief Financial Officer	LB
Elizabeth (Libby) McManus	Executive Director of Nursing and Quality	LM
Zoe Penn	Medical Director	ZP
David Radbourne	Chief Operating Officer	DR
Susan Young	Director of Human Resources and Organisational Development	SY
Catherine Mooney	Director of Quality Assurance	CM
Fleur Hansen	Interim Director of Corporate Affairs and Company Secretary	FH
Patricia Gani	Healthwatch representative	PG
Guy Mathew	Healthwatch representative	GM
Layla Hawkins	Head of Communications and Marketing	LH
Vida Djelic	Board Governance Manager	VD

## **1 GENERAL BUSINESS**

### **1.1 Welcome & Apologies**

**CE**

CE welcomed the newly elected Governors to the meeting, along with Patricia Gani and Guy Mathew from Healthwatch.

CE noted that FH will be going on maternity leave this month and Layla Hawkins, Head of Communications and Marketing, will oversee the corporate affairs function in her absence.

Apologies were received from Governors Edward Coolen, Martin Lewis, Jenny Higham, Charles Steel, Maddy Than, Allison While and Steve Worrall. Apologies were also received from Sir Geoff Mulcahy and Sian Nelson.

CE updated the Council of Governors on the fact that the constitution review would be undertaken following any decision on partnership working with WMH.

### **1.2 Announcement of election results**

**CE**

A copy of the December election results was tabled.

CBir commented that the December election results in the patient constituency were more disappointing compared with July's election results.

TP commented that, considering the election process is anonymous, interaction between candidates and members is limited and that this makes it difficult to vote for people you do not know.

FH noted that for the December election we had 12 patient candidates, more than previous years. However, the overall turnout is not satisfactory and we need to look into this, considering that we had electronic voting in addition to postal voting and a better turnout was forecasted. We will feedback a number of failures to the external provider.

TP suggested when we review the constitution it might be good to look at our constituencies. MJ stated that we have a lot of provisional points we are working on in respect of the constitution review.

### **1.3 Declaration of Interests**

**CE**

None.

### **1.4 Minutes of Previous Meeting held on 19 September 2013**

**CE**

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

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

#### Mary Seacole plaque

FH said that an extensive search has taken place. If the plaque is not found we

may have to look at recreating it.

#### Ron Johnson Ward

FH said that temporary art work is in place and more permanent artwork will be in place shortly. Governors are invited to participate in this work.

#### Opening of the Ron Johnson Ward

It was noted that the HIV Ambassador for London was unavailable and the Mayor of London has now been approached with some dates with the aim to have an official opening in the Spring.

### **1.5 Matters Arising**

**CE**

It was noted that matters arising which were completed were noted in the paper.

#### CQC report on Governors engagement

FH clarified that this relates to the CQC Governors engagement project and it was noted that CM will lead on this. Interested Governors had previously put their names forward to be involved and newly elected Governors were invited to advise VD if they are interested in joining this project.

#### CIP Quality Risk Assessment template

FH advised Governors that she had spoken to HA, Deputy Chief Nurse, who developed the template and this is currently under revision hence the delay in sending Governors the revised template. This will be sent to Governors in time for the May meeting (new financial year).

#### Governors meeting with Non-executive Directors

FH noted that a meeting will be organised in late January/early February. VD will advise Governors of the final date.

### **1.6 Chairman's Report (oral)**

**CE**

CE noted that he had recently met with the Chair of the Royal Brompton and discussed how potential partnership working is progressing.

C&W will need to work on optimising private patient income and raising its profile in this area.

FT raised the recent media attention on dementia and that hospitals will have to do more research into dementia. She queried if C&W is considering this. CE responded that this has been considered and diagnostic imaging will help with recognising early signs and identifying high risk people.

WMW queried if RBH move their respiratory and cardiac services to C&W what happens if, in the future, they decide to change location. CE responded that C&W have very good facilities to provide what is required by these services and that RBH will invest money in the development of the C&W estate.

### **1.7 Chief Executive's Report (oral)**

**DR**

Shaping a Healthier Future – APB noted that we are proceeding with the

programme and a Business Case to consider our response will be developed early next year.

West Middlesex Hospital – APB noted that further analysis on the benefits for patients, how this might support our Clinical Services Strategy and an Outline Business Case needs to be developed and presented to the Board in February.

Dean Street (sexual health) – It was noted that this service is very popular, efficient and well run. In terms of payment the commissioning arrangement has changed and we have written to NHS England and Public Health England to reiterate the consequences to the Trust.

LB updated Governors on the financial position and noted that C&W is behind plan with a granular recovery plan in place. There are some other factors impacting on the plan including CIP not being achieved as expected.

APB highlighted that this issue will be discussed at Monday's Executive meeting attended by divisional directors of operations and senior managers.

Dr Foster provided the Trust with a highly commended award for most improved readmission rates.

APB thanked the Governors involved in organising the Christmas at C&W event.

## **1.8 Feedback from Board**

**RK**

Richard Kitney, Non-executive Director, gave a brief overview of the IT strategy. CF queried if the new system will provide a link with other community partners. DK responded that the system is based on international health standards.

SM said that she was part of the pilot group which looked at the proposed patient portal and was impressed with the system functionality.

## **2 ITEMS FOR DECISION/APPROVAL**

### **2.1 Council of Governors performance evaluation – proposed questionnaire**

FH noted that the questions remained the same as last year and invited Governors to advise on any comments on the questionnaire itself.

CBir queried whether the results of the Governors performance questionnaire is shared with Monitor. VD responded that in accordance with the Monitor Code Foundation Trusts are required to ensure that the Council of Governors periodically assess their collective performance.

CBir queried which other organisations may look at this. VD responded that the Council of Governors papers are available on the website, the performance questionnaire and subsequently the results form part of the Council of Governors papers and any organisation or a member of the public can view them.

## **3 ITEMS FOR DISCUSSION/UPDATE**



### **3.1 Feedback from Away Day 17 October 2013**

**CE**

CE noted the day and invited Governors to comment on any positive aspects and to suggest any improvements.

It was noted that some Governors would prefer more frequent away days and this will be addressed with the new Chairman.

SS-G said that the Away Day worked very well and a good improvement on last year due to the fact that the Away Day was organised on a day different from the Council of Governors meeting. She suggested it could be organised earlier in the year.

### **3.2 Council of Governors Quality Awards presentation**

**CE**

CE welcomed the quality award winners and suggested a pearl badge could be considered to be given to winners.

The Governors introduced the quality awards winners. These were:

- Emergency Department staff and the HIV testing group from the Medicine and Surgery Division
- The Medical and Pharmacy Teams and Ellesmere House teams from the Clinical Support Division
- Burns Outreach Therapy Service Team from the Medicine and Surgery Division
- Medical Records Team from the Clinical Support Division

There was one final category of highly commended that the Governors wished to recognise - the Emergency Surgery Firm.

### **3.3 Governors' Questions**

APB noted the question on the newly introduced CQC Intelligent Monitoring system. APB highlighted that he has sent a letter to the Chief Executive of CQC refuting areas where C&W has been graded very low. A copy of the letter was circulated to Governors for information. APB also sought a clarification on the indicators used. The CQC response is outstanding which the Trust was pursuing.

APB noted that C&W subsequently met with the Chief Executive of the CQC to discuss C&W's response to the new monitoring regime.

LM highlighted that the 3 key areas we are refuting are:

- Elective C-Section
- Whistleblowing
- Potential underreporting

ACad was concerned about the reputational damage to C&W. CE noted that other Foundation Trusts are also affected.

MJ said that it was helpful that C&W received a very positive report following unannounced CQC inspection in September.

In relation to a question re if C&W have made plans about increasing the number of nursing staff to deal with winter pressures DR said that C&W has the right capacity to deal with any patient attendance increases. He noted that there are already existing initiatives including MediHome, in-reach and ambulatory care to ensure patients are discharged promptly.

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

LM encouraged Governors to visit wards and said she would welcome their views.

FH invited Governors to let VD know dates of their visits to wards so that she can maintain a log of Governors visits to wards. **All Governors to let VD know. All**

FH also invited Governors to advise on the best feedback mechanism for visits to clinical areas. **All Governors to let VD know. All**

**3.5 Council of Governors Funding Report – update**

The Council of Governors noted the revised funding report. FH said she will circulate to Governors a template for funding and that funding requests may be channelled through the Agenda Sub-Committee in future. **FH to circulate to Governors a template for funding and that funding requests may be challenged through the Agenda Sub-Committee. FH**

**3.6 Quality Sub-Committee report (oral) LM**

This paper was taken as read.

**3.7 Membership Sub-Committee report WB**

This paper was taken as read.

**3.8 Membership engagement and communication – update LH**

FH noted the updated list of events and invited Governors to provide any comments to Katie Drummond-Dunn.

LH noted the Christmas at C&W event held on 10 December and invited feedback from the Council of Governors on their view in respect of this event.

**3.9 Membership Report FH**

FH noted the revised membership report following comments received from the Membership Sub-Committee.

**4 ITEMS FOR INFORMATION**

Noted.

**5 ANY OTHER BUSINESS**

**CE**

SM queried if C&W has considered buying some of land from the RBH sale. APB responded that the building is not fit for our purpose and if we were to refurbish it, would be costly.

SS-G raised the importance of the Patient Support Co-Ordinator and the contract ending in January 2014. APB responded that this issue will be discussed outside the meeting.

CE wished all Governors a Merry Christmas and a Happy New Year.

**6 DATE OF THE NEXT MEETING**

The next meeting of the Council of Governors will be held on 6 March 2014.

## Council of Governors Meeting, 6 March 2014

<b>AGENDA ITEM NO.</b>	1.4/Mar/14
<b>PAPER</b>	Matters Arising from the meeting of the Council of Governors meetings held on 13 December 2013
<b>AUTHOR</b>	Vida Djelic, Board Governance Manager
<b>LEAD</b>	Sir Tom Hughes-Hallett, Chairman
<b>EXECUTIVE SUMMARY</b>	This paper lists matters arising from the previous meeting and any action taken or subsequent outcomes.
<b>DECISION/ ACTION</b>	The Council of Governors is asked to note the matters arising and updates.

## MATTERS ARISING

### Council of Governors Meeting

Hospital Boardroom

**Chair:** Prof. Sir Christopher Edwards

**Date:** 13 December 2013

**Time:** 3:00 – 5:30 pm

Ref	Description	Lead	Subsequent Actions or Outcomes
3.4/Dec/13	<b>Senior Team Visits to Clinical Areas</b>		
	FH invited Governors to let VD know dates of their visits to wards so that she can maintain a log of Governors visits to wards. <b>All Governors to let VD know.</b>	<b>All</b>	Ongoing
	FH also invited Governors to advise on feedback mechanisms. <b>All Governors to let VD know.</b>	<b>All</b>	Ongoing
3.5/Dec/13	<b>Council of Governors Funding Report – update</b>		
	<b>FH to circulate to Governors a template for funding and that funding requests may be challenged through the Agenda Sub-Committee.</b>	<b>FH</b>	The finance team are at the final stage of developing a template, which will be for use as the next financial year begins. The channel in which finding requests are filtered is to be discussed with the Chairman imminently.

## Council of Governors Meeting, 6 March 2014

<b>AGENDA ITEM NO.</b>	2.1/Mar/14
<b>PAPER</b>	Council of Governors Membership Sub-Committee Terms of Reference
<b>AUTHOR</b>	Vida Djelic, Board Governance Manager
<b>LEAD</b>	Walter Balmford, Chair of the Membership Sub-Committee
<b>EXECUTIVE SUMMARY</b>	Good governance suggests that Terms of Reference are reviewed annually. A revised Terms of Reference are attached with changes in red.
<b>DECISION / ACTION</b>	For agreement.

Council of Governors Membership  
Sub-Committee

Terms of Reference

**1.0 Authority**

- 1.1 The Council of Governors Membership Sub-Committee is constituted as a Sub-Committee of the Council of Governors to assist the Council of Governors to implement and develop the Trust's Membership Recruitment, Engagement and Communications Strategy as decided by the Council of Governors and to facilitate communication between the Trust's members and the Council of Governors and between the Trust and the public.
- 1.2 Its terms of reference shall be as set out below and shall not be amended, revoked or replaced except by a resolution passed at a general meeting of the Council of Governors.

**2.0 Role**

- 2.1 The Council of Governors Membership Sub-Committee shall be responsible for advice and support on:
- a) the production of material to recruit new members for the Trust and to engage members in the work of the Trust;
  - b) the content of the material on the hospital's website and on the LCD screen and touch terminals in the Information Zone and alongside the M-PALS office;
  - c) using the Council of Governors budget in the implementation and development of the Trust's Membership Recruitment, Engagement and Communications Strategy, Membership Engagement and Communication calendar of events and Membership Recruitment Calendar of Events;
  - d) ensuring that hospital and Trust material is issued in plain English, free of jargon and unexplained sets of initials.
- 2.2 The Council of Governors shall not delegate any of its powers to the Sub-Committee and the Sub-Committee shall not exercise any of the powers of the Council of Governors.

**3.0 Membership of the Sub-Committee**

- 3.1 The Sub-Committee shall comprise elected Governors from the public, patient and staff constituencies who are concerned with the implementation and development of the Trust's Membership Recruitment, Engagement and Communications Strategy.
- 3.2 The following members of the Trust's staff are invited to attend:
- a) Director of Corporate Affairs and Company Secretary
  - b) The Membership & Engagement Manager
  - c) Deputy Chief Nurse
  - d) The Head of Communications and Marketing
  - e) Equality & Diversity Manager

- f) GP liaison Manager (as required)
- g) The ~~Board Governance Manager FT Secretary~~
- h) ~~The Chief Nurse and Director of Patient Experience and Flow~~
- h) In addition, the Sub-Committee may invite other people to attend including those from an external organisation

#### **4.0 Quorum**

4.1 A Quorum shall comprise:

- (1) 3 Governors
- (2) 2 Trust staff:

One of either ~~Director of Corporate Affairs and Company Secretary~~ ~~Chief Nurse and Director of Patient Experience and Flow~~ or ~~Deputy Chief Nurse~~ or Membership & Engagement Manager or Board Governance Manager.

One of either Head of Communications and Marketing or Communications Manager.

#### **5.0 Frequency of Meetings**

5.1 The Sub-Committee shall meet ~~quarterly bi-monthly~~ and report regularly to the Council of Governors.

#### **6.0 Attendance requirements**

The sub-committee members are expected to attend two thirds of the meetings in a year.

#### **7.0 Planning and Administration of Meetings**

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

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

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

7.4 The ~~Board Governance Manager~~ ~~Foundation Trust Secretary~~ will act as secretary to the Sub-Committee.

7.5 The Membership Engagement & Communications and Recruitment Plans will be agreed by the Sub-Committee and ratified by the Council of Governors.

#### **8.0 Review**

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

Approved by the Council of Governors on 3 December 2009

Revised by the Membership Sub-Committee on 11 November 2010

Approved by the Council of Governors on 2 December 2010

Revised by the Membership Sub-Committee on 27 September 2012

Approved by the Council of Governors on 6 December 2012

Revised by the Membership Sub-Committee on 11 February 2014



## Council of Governors Meeting, 6 March 2014

<b>AGENDA ITEM NO.</b>	2.2/Mar/14
<b>PAPER</b>	Council of Governors performance evaluation – results
<b>AUTHOR</b>	Vida Djelic, Board Governance Manager
<b>LEAD</b>	Sir Tom Hughes-Hallett, Chairman
<b>EXECUTIVE SUMMARY</b>	This paper outlines responses to a survey undertaken by Governors.
<b>DECISION/ ACTION</b>	The Council of Governors is asked to consider and identify actions to be taken forward.

# **Council of Governors Performance Evaluation Report Response to Questionnaire**

## **1.0 Introduction**

This paper outlines responses to a survey undertaken by Governors.

## **2.0 Background**

Monitor published results of its national survey of NHS Foundation Trust Governors in July 2011. The Governors agreed to use these questions to undertake their review.

## **3.0 Proposal**

To consider and identify actions to be taken forward.

## **4.0 Action/Decision**

The Council of Governors is asked to consider and identify actions to be taken forward.

## Introduction

Out of 29 Governors, in total 17 questionnaires were completed either online or in hard copy.

Overall response rate was 59% (42% Monitor).

6%=1 Governor	3 Governors=19%	5 Governors = 31%	7 Governors = 44%	9 Governors = 56%
12%=2 Governors	4 Governors=25%	6 Governors = 37%	8 Governors = 50%	10 Governors= 62%

<b>About you</b>						
<b>No</b>	<b>Question</b>	<b>Appointed</b>	<b>Patient</b>	<b>Public</b>	<b>Staff</b>	<b>% Overall Response</b>
<b>1</b>	<b>What type of Governor are you?</b>	1	6	4	6	17
	<b>%Chelsea and Westminster Governors</b>	6	37	25	37	59
	<b>%Monitor results</b>	16	11	55	18	42

		<b>Less than 3 months</b>	<b>3-6 months</b>	<b>6-12 months</b>	<b>12-24 months</b>	<b>Longer than 2 years</b>	<b>Since the Trust was authorised</b>
<b>2</b>	<b>How long have you been a Governor?</b>	3	1			11	2
	<b>%Chelsea and Westminster Governors</b>	19	6			68	12
	<b>%Monitor results</b>	6	9	13	23	43	34
68% of Governors have been in the post longer than 2 years (43% Monitor), with 19% in post less than 3 months (6% Monitor).							

3	Question	Every or almost every meeting	At least one in two meetings	At least one in three meetings	At least one in four meetings	At least one in four meetings, Less than one in four meetings, but do attend	Less than one in four meetings, but do attend	Never attend any meetings	Don't know	% Overall Response
	How many Council of Governors meetings do you attend?	15		1					1	
	%Chelsea and Westminster Governors	93		6					6	
	%Monitor results	86	8							
93% of Governors say they attend every, or almost every, meeting (86% Monitor).										

4	Please indicate the frequency of each of the following. Please tick one box for each statement.	Always	Most of the time	Sometimes	Never	No opinion/ Do not know	Not applicable
4.1	Agenda and supporting documents are circulated in good time for each meeting.	7	8	1			1
	%Chelsea and Westminster Governors	44	50	6			6
	%Monitor results	67	25	7	1		
4.2	Minutes are circulated after every Governors meeting	9	4	1		2	1
	% Chelsea and Westminster Governors	56	25	6		12	6
	% Monitor results	78	10	3			
4.3	Minutes of the meeting are circulated in good time for the next meeting	7	5	3		1	1
	%Chelsea and Westminster Governors	44	31	19		6	6
	%Monitor results	67	25	7			
4.4	Action points are followed up by the Governors responsible	3	8	3		2	1
	%Chelsea and Westminster Governors	19	50	19		12	6
	%Monitor results	50	36				
4.5	The Chair follows up the action points for which he or she is responsible	7	6	1		2	1
	%Chelsea and Westminster Governors	44	37	6		12	6
	%Monitor results	71	20	5			

<b>4.6</b>	<b>The attending executive board members follow up the action points for which they are responsible</b>	6	4	3		3	1
	<b>%Chelsea and Westminster Governors</b>	37	25	19		19	6
	<b>%Monitor results</b>	53	32	7			
<b>4.7</b>	<b>Governor meetings are productive</b>		5	10		2	
	<b>%Chelsea and Westminster Governors</b>		31	62		12	
	<b>%Monitor results</b>	39	39	19			
<p>50% of Governors say that the agenda and supporting documents are circulated in good time for each meeting most of the time (25% Monitor). 44% say always (67% Monitor).</p> <p>56% say that minutes are always circulated after every Governors meeting (78% Monitor) and 25% say most of the time (10% Monitor).</p> <p>44% say minutes of the meeting are always circulated in good time for the next meeting (67% Monitor) and 31% most of the time (25% Monitor).</p> <p>50% say action points are followed up by the Governors responsible most of the time (36% Monitor) and 19% say action points are always followed up by the Governors responsible (50% Monitor).</p> <p>44% say the Chair always follows up the action points for which he or she is responsible (71% Monitor) and 37% say most of the time (20% Monitor).</p> <p>37% say the attending executive board members always follow up the action points for which they are responsible (53% Monitor) and 25% most of the time (32% Monitor).</p> <p>62% of Governors say that Governors meetings are productive sometimes (19% Monitor) and 31% say most of the time (39% Monitor).</p>							
<p>Themes from comments received include:</p> <ul style="list-style-type: none"> <li>• Minutes being circulated within 2 weeks (according to the Standing Orders)</li> <li>• Meetings could be more productive if there is a focus on the subject under discussion</li> <li>• Less paperwork</li> <li>• Fewer oral presentations as they take up too much time by overrunning</li> </ul>							

	<b><u>About your role as a Governor</u></b>							
5	For each of the following statements, please tick to indicate the extent of which you agree or disagree:	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	No opinion	Not applicable
5.1	Overall, I am clear about my roles and responsibilities as a Governor	9	6	1			1	
	%Chelsea and Westminster Governors	56	37	6			6	
	%Monitor results	40	48	7		1		
5.2	I am clear about what the local healthcare priorities are for my Trust	6	8	1	1		1	
	%Chelsea and Westminster Governors	37	50	6	6		6	
	%Monitor results	38	49	8	3			
5.3	I am clear about what the priorities are for my Trust's patients/service users	8	7	1			1	
	%Chelsea and Westminster Governors	50	44	6			6	
	%Monitor results	44	45	8	2	1		
5.4	The Governors at my Trust are good at communicating what the Trust is doing for the local community	1	3	4	6		2	1
	%Chelsea and Westminster Governors	25*		25	36*		12	6
	%Monitor results	59*			12*			
5.5	The Governors at my Trust are good at communicating what the Trust is doing for patients services	1	8	3	3		2	
	%Chelsea and Westminster Governors	56*		19	19*		12	
	%Monitor results	66*			10*			
5.6	The Governors at my Trust are good at communicating what the Trust is doing for the Trust membership	2	8	4	1		2	
	%Chelsea and Westminster Governors	62*		25	6*		12	
	%Monitor results	66*			10*			

5	For each of the following statements, please tick to indicate the extent of which you agree or disagree:	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	No opinion	Not applicable
5.7	I understand what it means to hold my Trust's Non-executive board to account	6	9	2				
	%Chelsea and Westminster Governors	93*		12				
	%Monitor results	90*			40*			
5.8	I feel I have the power as a Governor to hold my Trust's executive board to account (to be replaced with NEDs in 2013)	5	6	2	3	1		
	%Chelsea and Westminster Governors	68*		12	25*			
	%Monitor results	70*			17*			
<p>* strongly agree and tend to agree</p> <p>* tend to disagree/strongly disagree</p> <p>56% of Governors strongly agree they are clear about their roles and responsibilities as a governor (40% Monitor) 37% tend to agree 48% Monitor).</p> <p>50% of Governors tend to agree they are clear about the local healthcare priorities for the Trust (49% Monitor) and 37% strongly agree (38% Monitor).</p> <p>50% of Governors strongly agree they are clear about the priorities for the Trust's patients/service users (44% Monitor) and 44% tend to agree (45% Monitor).</p> <p>36% tend to disagree/strongly disagree that the Governors are good at communicating what the Trust is doing for the local community (12% Monitor). 25% of Governors strongly agree/tend to agree that the Governors are good at communicating what the Trust is doing for the local community (59% Monitor) and 25% say they neither agree nor disagree.</p> <p>56% of the Governors strongly agree/tend to agree that the Governors are good at communicating what the Trust is doing for patient's services (66% Monitor). 19% say tend to disagree/strongly disagree (10% Monitor).</p> <p>62% of Governors strongly agree/tend to agree that the Governors are good at communicating what the Trust is doing for the Trust membership (66% Monitor). 19% say tend to disagree/strongly disagree (10% Monitor).</p> <p>93% of Governors strongly agree/tend to agree that they understand what it means to hold the Trust's executive board to account (90% Monitor).</p> <p>68% of Governors strongly agree/tend to agree they have the power as a Governor to hold the Trust's executive board to account (70% Monitor). 25% say tend to disagree/strongly disagree (17% Monitor).</p> <p>Themes from comments received include:</p> <ul style="list-style-type: none"><li>It is difficult to quantify a position on the entire Council of Governors in some of these questions</li><li>Conflict between role as staff and Governor</li></ul>								

<u>About how you work with your Trust</u>						
		Very well informed	Fairly well informed	Not very informed	Not at all informed	Don't know
6	Thinking about the information you need to perform your role as a Foundation Trust Governor, how well informed do you think the Trust keeps you about its activities?	4	12			1
	%Chelsea and Westminster Governors	99*				6
	%Monitor results	94*				
* very well informed and fairly well informed						
99% of Governors believe that the Trust keeps them very well or fairly well informed about its activities (94% Monitor).						
Themes from comments received include:						
<ul style="list-style-type: none"><li>• Feel information could be provided more timely</li></ul>						

		Very confident	Fairly confident	Not very confident	Not at all confident	Don't know
7	Thinking about your Trust's strategy or forward planning, how confident would you feel in explaining this to a new Governor?	3	12	2		
	%Chelsea and Westminster Governors	19	74	12		
	%Monitor results	34	9	1		
<p>74% say they feel fairly confident about explaining the Trust's strategy or forward plan to a new Governor (9% Monitor) and 19% feel very confident (34%) whereas 12% do not feel confident (1% Monitor).</p>						



		Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied	Don't know
8	In your role as a Governor, how satisfied or dissatisfied are you with the amount of contact you have with members of the Board of Directors (Executive and Non-executive Directors)?	12 Executive Directors 9 Non-executive Directors		1 1	1 4		3 3
	%Chelsea and Westminster Governors	74* Executive Directors 56* Non-executive Directors		6 6	6 25		19 19
	%Monitor results	74* Executive Directors 65* Non-executive Directors					
<p>*Very satisfied and fairly satisfied</p> <p>74% of Governors feel very satisfied/fairly satisfied with the amount of contact with Executive Directors (74% Monitor) and 56% are satisfied/fairly satisfied with the amount of contact with Non-executive Directors (65% Monitor).</p>							
<p>Themes from comments received include:</p> <ul style="list-style-type: none"> <li>Pleased with the established agreement to meet with Non-executive Directors which should build relationships</li> </ul>							

9	Please indicate the extent to which you agree or disagree with each of the following statements:	Strongly agree	Tend to agree	Neither	Tend to disagree	Strongly disagree	No opinion
9.1	The Chair of my Trust keep me as a member of the governing body, informed about the activities of the executive board of my Trust	1	6	5	2		3
	%Chelsea and Westminster Governors	6	37	31	12		19
	%Monitor results	47	38		5		
9.2	I wouldn't hesitate to approach the Chair with a query or issue	7	7	1	1		1
	%Chelsea and Westminster Governors	44	44	6	6		6
	%Monitor results	74	16				
9.3	I wouldn't hesitate to approach any executive board member with a query or issue	7	6	1	2		1
	%Chelsea and Westminster Governors	44	37	6	12		6
	%Monitor results	59	26				
9.4	Overall, my Chair is doing a good job	1	9	4			3
	%Chelsea and Westminster Governors	6	56	25			19
	%Monitor results	68	21				
9.5	My executive Board is supportive of the Council of Governors and view it as an asset	2	6	5	3		1
	%Chelsea and Westminster Governors	12	37	31	19		6
	%Monitor results	43	33				

37% of Governors tend to agree (38% Monitor) with the statement 'The Chair of my Trust keep me as a member of the governing body, informed about the activities of the executive board of my Trust'. 31% neither agree nor disagree with the statement. 19% no opinion, 12% tend to disagree (5% Monitor) and 6% strongly agree (47% Monitor).

44% of Governors strongly agree (74% Monitor) and 44% tend to agree (16% Monitor) with the statement 'I wouldn't hesitate to approach the Chair with a query or issue'.

44% of Governors strongly agree (59% Monitor) and 37% tend to agree (26% Monitor) with the statement 'I wouldn't hesitate to approach any executive board member with a query or issue'.

56% of Governors tend to agree (21% Monitor) with the statement 'Overall, my Chair is doing a good job'.

37% tend to agree (33% Monitor) and 12% strongly agree (43% Monitor) with the statement 'My executive board is supportive of the Council of Governors and view it as an asset'

Themes from comments received include:

- Relationship between Chairman and Governors is changing for the better
- Have Board support but do they view Council of Governors as an asset

	<u>Training and briefings</u>			
		Yes	No	Don't know
10	Thinking back to when you first became a Foundation Trust Governor, were you given any training or briefings to enable you to do the role	14	1	2
	%Chelsea and Westminster Governors	87	6	12
	%Monitor results	84	15	
87% say they were given training or briefings to enable them to do the role when they first became a FT Governor (84% Monitor) and 6% say they have not (15% Monitor).				

		Yes	No	Don't know
11	Since any initial training or briefing you may have had, have you been invited to any further training or briefings to help you develop in your role as governor?	12	2	3
	%Chelsea and Westminster Governors	74	12	19
	%Monitor results	80	17	
74% say they have been invited to further training or briefings to help them develop in their role as Governor (80% Monitor) and 12% say they have not (17% Monitor).				

		Very satisfied	Fairly satisfied	Neither	Fairly Dis.	Very Dis.	Don't know
12	Thinking about all the training and/or briefings the Trust has provided, in general how satisfied are you with the quality?	7	4	1	2		3
	%Chelsea and Westminster Governors	44	25	6	12		19
	%Monitor results	34	46		6		
44% of Governors are very satisfied with all the training and/or briefings the Trust has provided (34% Monitor), 25% fairly satisfied (46% Monitor), 12% fairly dissatisfied (6% Monitor).							
Themes from comments received include: <ul style="list-style-type: none"> <li>• FTGA training information provided</li> <li>• Need for more in house training</li> <li>• Good going to FTGA meetings which offer opportunities to meet Governors from other foundation trusts</li> </ul>							

		Yes	No	Don't Know
13	If you felt you did need training to help you in your role as a Governor, do you think you would be able to secure it from your Trust?	13	2	2
	%Chelsea and Westminster Governors	81	6	6
	%Monitor results	81	4	
81% say they would be able to secure training from the Trust if they needed training (81% Monitor) and 6% say no (4% Monitor).				

### **Final Question**

14	<b>Final question - is there anything else you would like to add?</b>
	<p>Themes from comments received include:</p> <ul style="list-style-type: none"> <li>• More opportunities for individual Governors to meet Non-executive Directors</li> <li>• Governors area needs to be near the reception desk to increase the public appearance and direct contact with people</li> <li>• Receiving information in a timely and transparent manner</li> </ul>

## Council of Governors Meeting, 6 March 2014

<b>AGENDA ITEM NO.</b>	3.2/Mar/14
<b>PAPER</b>	Business Planning 2014/15
<b>AUTHOR</b>	Ron Agble, Head of Programme Delivery
<b>LEAD</b>	Lorraine Bewes, Chief Financial Officer
<b>EXECUTIVE SUMMARY</b>	This paper sets out the background, actions to date and forthcoming actions as part of the Business Planning process.
<b>DECISION/ ACTION</b>	The Council of Governors is asked to note this paper.

# Business Planning – Update for the Council of Governors

## Background and introduction

Business planning is the process through which the organisation sets out the type and volume of services it will provide for the period ahead, how we will provide those services and the resources and developments required to do so.

It is a vital process for ensuring that we can continue to provide high quality and efficient services, commensurate with the present needs of our patients and commissioners – whilst looking ahead to develop our people, technologies, processes and environment to make sure they help us to meet future health needs.

This year, as required by Monitor (our Regulator), we are aiming to provide detailed information for 2014/15 and 2015/16, covering financial, operational and strategic plans for that two-year period.

The purpose of this paper is to update the Council of Governors on our Business Planning process to date and to set out subsequent actions between now and the end of June 2014 – which is when our final submission is due to be sent to Monitor.

The Business Planning process covers the following interrelated components:

- **Activity and income** – the type and quantity of clinical services that we plan to deliver, reflecting expected levels of demand, commissioner intentions and the capacity available to us;
- **Quality** – our priorities and objectives for delivering safe and effective services with excellent patient experience;
- **Resources and expenditure** – the staff, equipment and materials that we will use to deliver (and support the delivery of) our services – and the expenditure associated with those, including new investments and also our cost-reduction plans and plans for improving efficiency and quality;
- **Strategy and Service developments** – a description of how we plan to develop our services over the next two to five years, in particular any significant changes to what services we provide, as well as where or how or to whom we provide those services.

## Progress to date

- **Clinical staff and managers have been working with patients and commissioners to understand their needs and expectations for the period ahead**
  - The clinical services we deliver are commissioned by local (Clinical Commissioning Groups and Local Authorities) and national bodies (NHS England).
  - Our Clinical summit in December 2013 was addressed by Professor Sir Bruce Keogh (NHS England Medical Director) and Tim Spicer (Chair of Hammersmith and Fulham CCG) to stimulate discussion about the national and local context for delivering healthcare, which has helped focus our thinking on how we meet emerging national and local priorities.
  - Discussions with local commissioners regarding our plans for the next two years are progressing, with significant clinical input expected to ensure that proposals to develop services meet patients' clinical needs.
  - We continue to seek patient feedback and are using the outputs of patient surveys as a basis for prioritising next years' improvement programme.
- **We have provisionally agreed the Cost Improvement Programme (CIP) target and have engaged staff in addressing how we can meet the objective**

- 2013/14 has been a more challenging year for us financially, with a significant shortfall in the achievement of our CIP programme. Therefore the CIP requirement for 2014/15 is even greater (as it includes the shortfall from 2013/14) for the Trust to remain on a sustainable financial footing.
- The CIP that has been provisionally agreed for 2014/15 is set at 7% of trust income – approximately £24.9 million. Depending on final agreements with local commissioners, it may reduce or increase slightly.
- Through this year's Business Planning process, all teams have been asked to propose how costs can be reduced in their own areas and also in other parts of the organisation: we are currently reviewing those proposals.
- **We have also invited investment proposals from teams to identify where we can continue to invest in staff, technology and our facilities to deliver higher quality and more efficient services**
  - Part of the reason that we have been able to deliver innovative services from a modern environment of which we are proud is that we have been able to invest in upgrading our buildings, introducing new equipment and setting up new types of services.
  - Whilst our capital programme will comprise the majority of our investment programme over the next few years, we have invited teams to make proposals for how we can make other types of investments to improve quality, efficiency (invest to save) or deliver growth in our key service areas.
- **We have started reviewing our clinical services to identify which we should prioritise for growth over the next two to five years and also how we can deliver that growth**
  - National commissioners are looking to concentrate highly specialist services in fewer centres, whilst local commissioners are looking for services to be delivered out-of-hospital and closer to home: both of these trends (which are set to become more influential in future) are already having an impact on what services we provide and how we do so.
  - Having secured our future as a Major Acute Hospital in North West London through Shaping a Healthier Future, now is an opportune time to review the range and type of clinical services we provide to ensure that we are making the most of our strengths and not spreading ourselves too thinly in other areas.
  - The outcome of this work will be articulated in our Clinical Services Strategy, the development of which will include staff, patients and Governors.

### **Further actions for next few months**

- Following on from an initial round of meetings at which managerial and clinical staff discussed their plans with the executive team, in early March there will be a second round of discussions aimed at finalising those plans.
- By the end of March we intend to have finalised our operational and financial plans for Board approval, prior to the first submission to Monitor in early April.
- In May, we aim to hold a session with Governors to discuss our emerging strategic plans, including the Clinical Services Strategy and the implications of our existing operational plans.
- Alongside these arrangements, updates on specific strategic options (such as the potential acquisition of West Middlesex University Hospital and the paediatric Services partnership with the Royal Brompton Hospital) will be brought to the Governors as required.



## Council of Governors Meeting, 6 March 2014

<b>AGENDA ITEM NO.</b>	3.4/Mar/14
<b>PAPER</b>	End of Life Care Strategy - update
<b>AUTHOR</b>	Dr Barry Quinn, Macmillan Lead Nurse for Cancer & Palliative Care
<b>LEAD</b>	Dr Barry Quinn, Macmillan Lead Nurse for Cancer & Palliative Care
<b>EXECUTIVE SUMMARY</b>	The paper provides an update on the End of Life Care Strategy
<b>DECISION/ ACTION</b>	For information.

## **End of Life Care Strategy – update**

‘How we care for the dying is an indicator of how we care for all sick and vulnerable people. It is a measure of society as a whole and it is a litmus test for Health and Social Care services’ (Department of Health 2008)

### **Introduction**

End of life care (EoLC) is care that helps all those with advanced, progressive, incurable illness to live as well as possible until the day they die. It enables the supportive and palliative care needs of patient and family and/or close friends to be identified and met throughout the last phase of life and into bereavement. (National Institute for Health and Care Excellence, NICE, 2004). Unfortunately, we have largely become a death denying society sheltered by inexperience and avoidance. There is a concern that end of life care may be perceived as the remit of specialist teams, this strategy aims to correct that misperception. It promotes the idea that each member of the Trust working with patients, carers and our community partners has a role to play in delivering excellent end of life care.

500,000 people die annually in the UK and this includes the 440 adults and children who die each year in Chelsea and Westminster NHS Foundation Trust. Best practice at the end of life dictates that patients should:

- Be treated as an individuals with respect and dignity
- Be treated with attention to pain and other symptoms
- Be looked after in their place of choice
- Be looked after in the company of close family and/or friends
- Be consulted about appropriate decisions to limit over-intrusive or futile treatment

Chelsea and Westminster Hospital is a Foundation Trust that aims to deliver high quality care through the values of Safety, Kindness, Respectful and Excellence. These values are integrally compatible with providing and developing a high quality end of life service. The Trust recognises that the principles of good end of life care will enrich the culture of compassion and care that Chelsea and Westminster NHS Foundation Trust aims to deliver to all patients and their families and has made it a quality account priority.

### **The strategy consists of the following key components:**

Early identification when someone is moving towards the end of life and their needs with advance care planning will enable people to die well in their preferred place of care (which may include familiar surroundings).

All people approaching the end of life should be offered the opportunity of an advance care plan. This includes an assessment of their needs, their wishes and preferences and an agreed set of actions documented, reflecting the choices they make about their care.

Each person should receive co-ordinated care in accordance with the advance care plan, across all service sectors and at all times of day and night. The Trust will work with our community partners to ensure this happens.

C&W will be monitored against quality agreed standards. In addition, outcome monitoring will include work with bereaved relatives, national audits, peer review best practice and a regular review of complaints.

Last days of life and care after death, the Trust aims to focus on individualized end of life care, based on the patient and families' wishes and needs. This will include attending to the individual's physical, social, emotional, spiritual & religious needs

Involving and supporting carers, the family including children, close friends and informal carers have a vital role in the provision of care. They have the right to have their own needs assessed and reviewed and to have a carer's plan.

Education and training, all health and social care staff and volunteers working in C&W need to be aware of the issues surrounding EoLC, in particular the importance of excellence in communicating. The necessary knowledge, skills and attitudes will be critical to the success of improving end of life care at C&W.

C&W will participate in EoLC research which is needed by patients, carers, commissioners, clinicians, service providers, and policy makers to improve end of life care.

"How people die remains in the memory of those who live on" (Cicely Saunders)

## Council of Governors Meeting, 6 March 2014

<b>AGENDA ITEM NO.</b>	3.5/Mar/14
<b>PAPER</b>	*Governors' Questions
<b>AUTHOR</b>	Layla Hawkins, Interim Head of Corporate Affairs
<b>LEAD</b>	Tony Bell, Chief Executive
<b>EXECUTIVE SUMMARY</b>	<p>1. The question raised by Martin Lewis: Do all staff attend a diversity/equality lecture? Is it mandatory and could we have percentage of staff that have completed it as some staff do not heed it if they have attended? (ML)</p> <p>Response: Susan Young, Director of HR and Organisational Development</p> <p>Equality and diversity training is delivered through 'Making a Difference' which is a one day course mandatory for all staff. If staff cannot attend due to clinical demands, which may be the case for medical staff, they can complete an on-line equality and diversity course.</p> <p>The internal measure agreed with the Equality &amp; Diversity Steering Group was for all departments to send 25% of their staff on mandatory equality and diversity training; this was mainly to tie in with the 4 year reporting cycle of the equality objectives in accordance with the Equality Act. During 2012-13, 372 attended the Making a Difference course, and 80% of new joiners attended Corporate Induction. Overall, 80% of the Trust workforce have had some form of equality &amp; diversity training within the required four year period.</p> <p>2.1 The question raised by Chris Birch: Our cardiology department is so under-staffed that it takes more than four weeks to send the results of an ECG to the patient's GP.</p> <p>Response: David Radbourne, Chief Operating Officer</p> <p>The Trust has put in some measures to ensure all test results are sent out promptly. The shortage of administrative staff may have contributed to the delay. We are currently recruiting to administrative and clerical staff in the Diagnostic Centre. We are committed to providing a high standard service and will ensure that it does not happen again.</p> <p>Staff on the unit have redoubled their efforts to ensure that reports are sent out to GP's promptly, and we are currently also faxing all requests to GP's to ensure they are received in a timely manner.</p>

	<p>We have been reassured that there is currently no delay with sending out these results and monitoring the situation closely.</p> <p>2.2 The question raised by Chris Birch: I have long believed that our communications department is under-staffed. Are any other departments similarly under-staffed?</p> <p>Response: Layla Hawkins, Interim Head of Corporate Affairs</p> <p>The communications department consists of a team of three and we are particularly lucky to have an in-house Graphic Designer which is a rarity in the NHS and is particularly helpful in maintaining a strong and consistent Trust brand and reducing the costs of design.</p> <p>The team are extremely busy and this is because the Trust itself has a very strong reputation which leads to a high number of media requests. Naturally, our staff strive for excellence and this also results in a number of communications requests, both internal and external. The next six months are particularly challenging due to a number of special events we are holding during this time period.</p> <p>As at the end of January this year, the Trust as a whole had the highest number of staff since we became a Foundation Trust: 3,065 whole time equivalents. Much of that investment has been over the last 3-4 years where staffing (in both clinical and non-clinical areas) has increased by 12%. There will always be some areas which are more challenging to recruit to, for example, depending on the local or national picture in relation to some specialist skills. Chelsea and Westminster is no different in that regard. However it is important to recognise that we can all work in different ways to drive efficiencies in teams as increasing staff numbers alone is not always the best solution for the patient or the Trust.</p> <p>3. The question raised by Chris Birch: Is it planned to produce an updated version of Chelsea and Westminster Hospital Directory of Services 2011?</p> <p>Response: Layla Hawkins, Interim Head of Corporate Affairs</p> <p>The Chelsea and Westminster Hospital Directory 2011 was a hard copy of the online version that is available and up to date on the website. For context, the website receives approximately 70,000 hits each month.</p> <p>The GP Liaison Manager is reviewing the best format for future iterations of the Service Directory with the individual service leads with a strong focus on the needs of GPs, our main referrers. An update will be provided to the Council of Governors later this spring.</p> <p>4. The question raised by Angela Henderson: Process and patient service and satisfaction levels for outpatient appointment bookings</p> <p>Response: Mike Delahunty, Head of Booking and Outpatient Services</p> <p>During the last year we have set up an Outpatient Improvement Board and our aim is to deliver a high quality patient experience that exceeds patients' expectations for outpatients at Chelsea and Westminster. We have four main themes that each project falls under:</p>
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	<ul style="list-style-type: none"> <li>• Information/technology and patient communication</li> <li>• Customer service and workforce</li> <li>• Clinic Management including process and efficiency</li> <li>• Environment</li> </ul> <p>We are looking to improve all aspects of the outpatient service, however the current focus is on patient letters, telephone systems, introducing alternative methods of communication such as email and texts and the implementation of customer service standards. We have a broad range of membership at the Board with patients, consultants, divisional directorates, general managers and members of the outpatients team all heavily involved.</p> <p>The Head of Booking and Outpatient Services will liaise with the Service Manager to deal with the Governor's specific concerns.</p>
<b>DECISION/ ACTION</b>	To note.

## Council of Governors Meeting, 6 March 2014

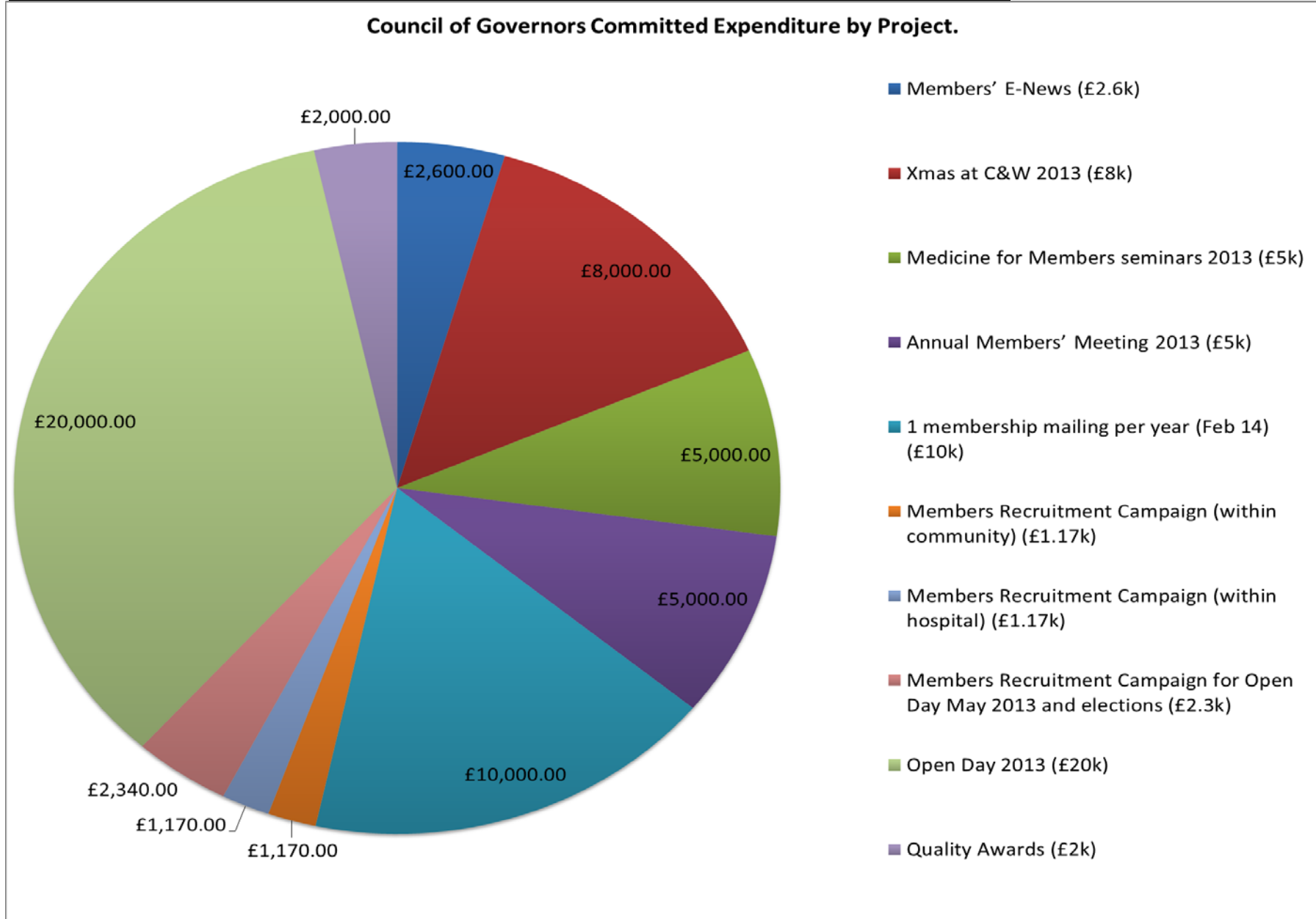
<b>AGENDA ITEM NO.</b>	3.7/Mar/14
<b>PAPER</b>	*Council of Governors Funding Report
<b>AUTHOR</b>	Vida Djelic, Board Governance Manager
<b>LEAD</b>	Layla Hawkins, Interim Head of Corporate Affairs
<b>EXECUTIVE SUMMARY</b>	<p>This report provides an update on the Council of Governors budget for the financial year 2013/14.</p> <p>Of the £80k circa £57k has been committed to the activities listed in the table below which were approved by the Council of Governors.</p>
<b>DECISION/ ACTION</b>	To note.

**December 2013 Financials for Projects**

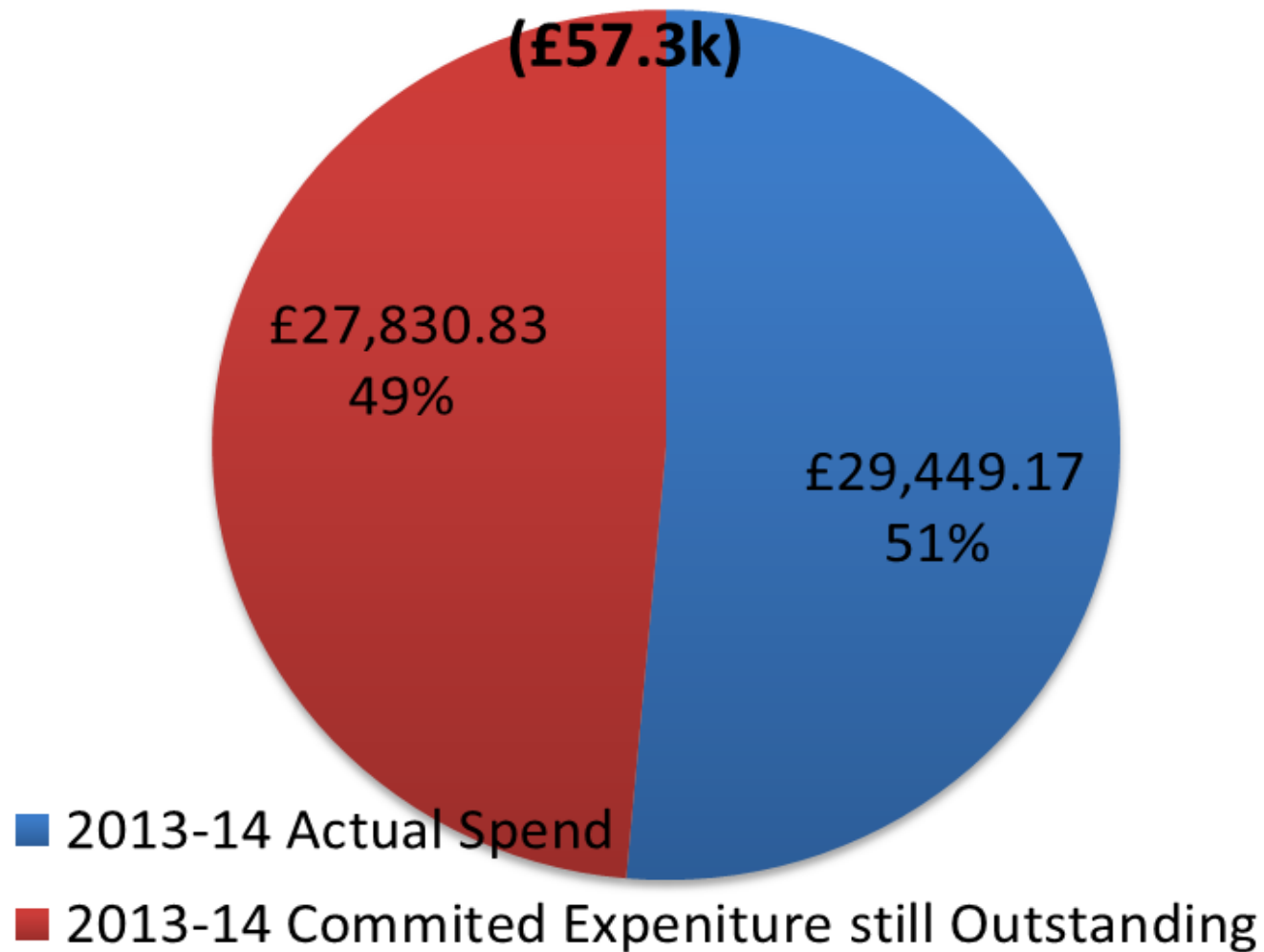
Project Name	Amount Committed	Actual Spend to Date	Expenditure Completed	Expected Expenditure Period	Lead
Members' E-News	£ 2,600.00	£ 1,728.00		Monthly	Katie Drummond-Dunn
Xmas at C&W 2013	£ 8,000.00	£ 1,839.50		Nov/Dec-13	Katie Drummond-Dunn
Medicine for Members seminars 2013	£ 5,000.00	£ -		Quarterly	Katie Drummond-Dunn
Annual Members' Meeting 2013	£ 5,000.00	£ 520.33		Aug/Sep-13	Katie Drummond-Dunn
1 membership mailing per year (Feb 14)	£ 10,000.00	£ -		Jan/Feb-14	Katie Drummond-Dunn
Members Recruitment Campaign (within community)	£ 1,170.00	£ -		Oct/Nov-13	Sian Nelson
Members Recruitment Campaign (within hospital)	£ 1,170.00	£ 1,950.00	√	Sep-13	Sian Nelson
Members Recruitment Campaign for Open Day May 2013 and elections	£ 2,340.00	£ 2,175.00	√	May-13	Sian Nelson
Open Day 2013	£ 20,000.00	£ 19,736.34	√	Mar/Apr/May-13	Katie Drummond-Dunn
Quality Awards	£ 2,000.00	£ 1,500.00		Jul/Dec-13 & Mar-14	Melanie Van Limborgh
	<b>£ 57,280.00</b>	<b>£ 29,449.17</b>			



## **Council of Governors Committed Expenditure as at December 2013**



## Council of Governors Committed Expenditure (£57.3k)



## Council of Governors Meeting, 6 March 2014

<b>AGENDA ITEM NO.</b>	3.8/Mar/14
<b>PAPER</b>	*Draft Minutes of the Council of Governors Quality Sub-Committee meeting held on 31 January 2014
<b>AUTHOR</b>	Vida Djelic, Board Governance Manager
<b>LEAD</b>	Elizabeth McManus, Chair
<b>EXECUTIVE SUMMARY</b>	Draft minutes are enclosed.
<b>ACTION</b>	To note.

## Council of Governors Quality Sub-Committee, 31 January 2014

Draft

<b>Attendees</b>	Elizabeth McManus	EM	Director of Nursing and Quality (Chair)
	Anna Hodson-Pressinger	AH-P	Patient Governor
	Melvyn Jeremiah	MJ	Public Governor - Westminster Area 2
	Susan Maxwell	SM	Patient Governor
	Wendie McWatters	WMW	Patient Governor
<b>In attendance</b>			
	Cathy Mooney	CM	Director of Quality Assurance
	Holly Ashforth	HA	Deputy Chief Nurse
	Melanie van Limborgh	MvL	Head of Quality and Assurance
	Sonia Richardson	SR	Patient representative on North West London CCG
	Sharon Connell	SC	Chaplaincy
	Barry Quinn (in part)	BQ	Macmillan Lead Nurse for Cancer & Palliative Care
	Patricia Gani	PG	Healthwatch
	Guy Matthew	GM	Healthwatch
	Pavee Jeyaratnam (in part)	PJ	Senior Information Analyst
	Vida Djelic	VD	Board Governance Manager

### 1 Welcome and apologies

EM

Apologies were received from Martin Lewis, Maddy Than, Walter Balmford and Lizzie Wallman.

EM said it was Cathy Mooney's last meeting of the sub-committee and highlighted her achievements and provision of support to both her as the Director of Nursing and Quality and the sub-committee. She congratulated her on her insight and knowledge of the organisation.

### 2 Minutes of previous meeting held on 19 November 2013

EM

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

- p.1, list of attendees re Sonia Richardson, remove 'North' before 'West London'
- p. 4 remove 'that is' and insert 'it is not available on demand unless there is a medical reason'

### 3 Matters Arising

EM

#### Ref. A&E reception staff training

HA said she had confirmation that A&E staff have had customer care training but clearly more is needed. It was planned to start some training in January but this was delayed due to workload.

It was felt that a better approach would be to undertake group work and workshops

to help motivate and empower the members of the team and this will be organised in February 2014.

Ref. Gowns

CM confirmed that C&W now had the same patient gowns as the Royal Brompton Hospital. WMW observed some patients who were inappropriately dressed smoking in front of the hospital and this gives wrong impression. EM responded that smoking is each individual's private choice, but hospital staff should ensure that patients wanting to go out are dressed appropriately.

Ref. Values

WMW emphasised that this is really important to assist governors when receiving a complaint and that this had not yet been circulated. **HA to follow up with Carol Dale.**

Ref. Quality Report

MvL noted that she had spoken with Healthwatch re distributing the Quality Report. It was confirmed that the Quality Account was on the same Trust webpage as the Annual Review and it is reported that the numbers potentially reading it were small. It was suggested that the link to the web page is advertised in the mailing to the membership. **It was suggested to advertise the link in the mailing to the membership.**

Ref. Report on Quality Priorities Progress Q2

It was noted that this was on agenda.

**4 Complaints Report Q3**

**HA**

HA noted the Q3 report and highlighted that there has not been much change since Q2. We have got better at processing i. e. are responding quicker. EM said the figures were low (did she state the actual figure?) but SR noted that as making a complaint is an onerous process there are those who do not complain. EM thought that the numbers reported to the Ombudsman are quite high.

AHP arrived.

**5 PALS Report Q3**

**HA**

HA noted the summary of the Q3 PALS report which was tabled.

ZP queried how themes and learning are taken forward i.e. do we target specific divisions or across the Trust. HA responded that the learning informs the patient strategy and it is taken throughout the Trust with some specific elements for divisions to work on.

EM said that there is a new CQUIN this year which is a 'Friends and Family' test for staff where we ask staff regularly 'would you recommend the Trust to your friends and family?'

AH-P queried the high number of complaints in clinical areas. HA responded that clinical covers a wide range of things. ZP said it is often about information not been communicated well or that the patient does not understand the information given. EM said the impression given on entering the hospital and from the reception staff is key to the overall service and if this starts badly, it can affect the patient for the rest of their stay or visit time.

PG said that it is important to understand the patient's point of view. HA responded that some work is being done on this via the 'Disney' project.

- 6 Quality Priorities Progress Q3** **CM/EM**
- Barry Quinn, End of Life Care lead highlighted that the End of Life Care Strategy has been agreed by the End of Life Care Group. The action plan is to look at the pathway. Patients will be looked after by the hospital staff as opposed to agency staff. He noted that Dr Sarah Cox, is working on training skilling staff to deal with the dying person. The main work to be done is on improving communication and also moving towards 24/7 days palliative care provision. Further work will be done on community care.
- AH-P added that she is a member of the Trust group and they have been discussing that patients can choose how they want to die and they do not have to be alone.
- PG queried why C&W still have the Liverpool Care Pathway (LCP) in their objectives when its use had been stopped nationally. CM responded that it was the objective agreed for this year and was published before the LCP was disbanded.
- BQ suggested that this topic is discussed with commissioners as a potential CQUIN. EM agreed.
- CM provided an update on the position at Q3 for the remaining Quality Account priorities and noted the summary of the main points in the paper.
- 7 Quality Indicators December 2013** **CM**
- The sub-committee noted the monthly report and areas which are monitored.
- 8 Quality Priorities for 14/15** **CM/EM**
- CM noted that the progress for Q3 on the quality priorities was highlighted earlier in the meeting under item 6.
- It is proposed that the quality priorities for 14/15 remain as before except for the priority relating to staff and she outlined the reasons and this was supported by the Sub Group. The Trust Executive Quality Committee will also be asked for their approval and view.
- This was agreed.**
- 9 Quality Account 2013/14 structure and content** **CM/EM**
- CM outlined the proposed structure and content for the quality account 2013/14 which takes into account feedback from patients and the resources available.
- CM noted that the proposals will also be discussed with the Trust Executive Quality Committee.
- The sub-committee agreed to the content and the proposals for ongoing monitoring of issues.**
- To incorporate outstanding areas into an issues log for the Quality Sub-Committee to monitor.**
- 10 External audit assurance – choice of indicators** **CM**
- CM proposed that 62 day cancer and 28 day readmissions are chosen as the mandated indicators which will form part of the external auditor's opinion and be in

their public report. This was agreed.

She proposed that the choice of local indicator is complaints and outlined the reasons. The outcome will form part of the private report. This was agreed.

**The sub-committee agreed the choice of indicators for external assurance.**

**11 Council of Governors' Quality Awards - Spring 2014** **MvL**

MvL outlined the schedule for the Spring 2014 Council of Governors' Quality Award.

**12 Council of Governors funding report** **VD**

The sub-committee noted the Council of Governors budget report paper.

MvL highlighted that during 2013/14 additional awards were agreed by governors following a number of high quality applications received. This impacted on awards being slightly over the allocated budget and because most awards were for teams which hold a higher value of monetary award.

The sub-committee were made aware that there will need to be a known agreement on how many awards per year can be awarded, the cost of consumables such as certificate paper and certificate frames will need to be included and also that some additional money will need to be provided for 12/13 FY. In addition, some ideas relating to increasing publicity for the awards had been received from a Trust member and these factors, if taken forward, would need to be considered for additional funding.

**The sub-committee agreed that the extra money needed for this year is provided and that for 2014/15FY a request is made to the Council of Governors for an additional £2,000 i.e. a total of £4,000.**

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

WMW said she had to fill in a form for a patient who had a negative experience and complained about staff attitude. She submitted comments to PALS and wondered about progress. HA responded that she will check this specific complaint but that PALS monitored progress on all comments received on a weekly basis.

AH-P said she had been to different wards during the Christmas period and all comments received were very positive. A major point was re having to ask for food, tea and coffee.

SM noted that positive comments need to be sent in as these are also received from patients.

**14 Any other business**

None.

**15 Date of next meeting – 11 March 2014 at 10am**

## Council of Governors Meeting, 6 March 2014

<b>AGENDA ITEM NO.</b>	3.9/Mar/14
<b>PAPER</b>	*Draft Minutes of the Council of Governors Membership Sub-Committee meeting held on 11 February 2014
<b>AUTHOR</b>	Vida Djelic, Board Governance Manager
<b>LEAD</b>	Walter Balmford, Chairman
<b>EXECUTIVE SUMMARY</b>	Draft minutes are enclosed.
<b>DECISION/ ACTION</b>	For information.



## Council of Governors Membership Sub-Committee, 11 February 2014 Draft

<b>Attendees</b>	Walter Balmford	WB	Chairman
	Anna Hodson-Pressinger	AH-P	Patient Governor
	Melvyn Jeremiah	MJ	Public Governor - Westminster Area 2
	Wendie McWatters	WMW	Patient Governor
<b>In attendance</b>	Layla Hawkins	LH	Interim Head of Corporate Affairs
	Katie Drummond-Dunn	KD-D	Communications Manager
	Abla Ismail	AI	Healthwatch representative
	Swabrina Njoku	SNj	Healthwatch representative
	Vida Djelic	VD	Board Governance Manager

### 1. Welcome & Apologies

WB

WB welcomed all attendees to the meeting.

WB announced the recent resignation of Chris Birch and Melvyn Jeremiah from the Sub-committee. He noted that new Governors should be invited to join the Sub-committee. **VD to invite Governors to join the Sub-committee.**

VD

The Sub-committee discussed the set up of meetings and agreed that the meetings are held quarterly from 12-2pm. **VD to organise the future meetings and circulate to the Sub-committee.**

VD

### 2. Minutes of previous meeting held on 14 November 2013

WB

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

The Sub-committee discussed minutes of the previous meeting. LH said she felt that minutes were an accurate reflection of the discussion that had taken place. The draft minutes had been presented to the December Council of Governors meeting.

WB said that whilst CB had felt that phrases he had used at the meeting should have been included in minutes he agreed that minutes should not be verbatim.

WB noted that he had discussions with CB on two occasions and suggested that the Sub-committee should decide if they want CB's points exactly as he had said.

MJ said that CB felt that it was not a question of verbatim minutes being verbatim it was more about putting on record that a member of the Sub-committee had registered a fundamental objection to what was going on and felt that statements of objection should have been put in the minutes. MJ in his view the secretary does what the Chairman decides is right and he is fine with that.

**The Sub-committee agreed that minutes should record the essence of conversation and the Chairman reserves the right to check any requested variation.**

**3. Matters arising**

**WB**

Ref. Eligibility criteria for patients

VD said that the three year eligibility criteria for patients is commonly used by Foundation Trusts and it is based on self-declaration. The Trust has no means of checking this. SN added that patients who have not used the Trust's service for some time would normally advise the Trust and request to be removed from the membership database.

Ref. Members age

SN noted that this will be reflected in the next membership report.

Ref. Recruitment and engagement of BME members

SN said that BME are well represented on the Trust membership and overall the membership is representative of the local population.

The Sub-committee noted that all other matters arising were completed.

**4 Membership Sub-Committee Terms of Reference**

**WB**

WB suggested that the terms of reference should be condensed but there was no support from the Sub-committee.

MJ suggested that the provision 2.2 regarding the Council of Governors not delegating any of its powers to the Sub-committee gets deleted. WB suggested that a sub-clause within this provision is inserted to read 'the Council of Governors may delegate'. LH said that this needs to be discussed with the Council of Governors. **VD to put the Terms of Reference on the Council of Governors agenda and members of the Sub-committee to raise provision 2.2.**

**VD**

SN said that members views though Governors should be communicated to the Trust via this Sub-committee.

MJ made the point that feedback from members usually takes the form of complaints and we should be seeking other aspects of their views. WMW said it is a role of patient governor to get patient views on how well the hospital is operating and collate new ideas.

**The Sub-committee agreed that there should be a standing item on the future agendas titled 'Feedback from patients'. VD to add to future agendas.**

**VD**

**5 Governors Handbook 2014 – draft**

**LH**

LH noted that the Governors Handbook needs updating and newly elected Governors will be included. A section on the Trust objectives will be incorporated. She proposed that the handbook is updated and a draft circulated to the Sub-committee for comments. **The Sub-committee agreed.**

MJ suggested that new Governors should be asked to review their biographies for inclusion in the handbook. **VD to circulate draft to all Governors following an initial Sub-committee review.**

**VD**

**6 Membership Application Form**

**SN**

SN said she and GV were due to update the membership form to reflect the Governors' agreement to include age, sex orientation, gender and disability. WB queried why religion is not included and in the situation of a patient dying in the hospital religious beliefs/wishes should be taken into consideration. SN responded that this is not required by legislation and Monitor is not requiring it either. However, about admission, the patient fills in an admission form and there is a question on religious wishes. Information included in the membership form is not linked in any way to patient records held in the hospital.

**7 Membership engagement and communication – update**

**KD-D**

KD-D noted a list of events planned for the 2014 calendar year and highlighted the following events:

- Star Awards – 8 May 2014
- Next membership mailing – 10 February 2014
- Open Day – 14 June 2014; proposed theme: Excellent – aspiration in to action
- Medicine for Members seminar in July 2014; date to be confirmed: theme: Organ donation to coincide with National Transplant Week
- Annual Members' Meeting – 18 September 2014

SN noted that in relation to the Accountable Care Organisation (ACO) as a health model we are in the process of drafting a Health and Wellbeing Strategy. We plan to send a draft strategy to members to invite their views which will inform the strategy.

**LH to send an update to the Sub-committee.**

**LH**

SN noted that at the Open Day 2014 we are looking at showcasing the redevelopment of the front of the house. She highlighted that the PALS will be incorporated in the front of house team.

AH-P said the Christmas at C&W was a success. Although the event worked well in principle she felt that the Friends should hold their event on a different day. WMW noted that Rochelle Gee, Staff Governor will take over from her and Susan Maxwell on assisting with organising the Christmas event.

**8 Chelsea and Westminster Star Awards 2014**

**KD-D**

LH noted that the Star Awards event will be held on 8 May 2014. She said she will contact all Governors in respect how they would like to vote.

**9 Governors stand for Open Day 2014 – suggestions**

**All**

SN noted that the Council of Governors stand at Open Day had been successful in recruiting a significant number of members in past years and suggested that similar

activity be organised at this year's.

WB suggested that those patient members who are not currently attending the hospital be encouraged to attend the Open Day event. In response to a query regarding how widely it is publicised KD-D responded that it is published on the website, to members via Trust News, local press, chronicle, social media, front entrance banner and a mailout.

WB suggested a drop leaflet used in the advertising campaign last year is repeated and suggested it should also cover the Westminster area. LH responded that this can be arranged and a funding request will be put to the Council of Governors meeting for approval. **LH to put the funding request to the Council of Governors for approval in May.**

LH

LH confirmed that the Open Day publicity plan will be brought to the next Sub-committee meeting. **LH to provide the Open Day publicity plan at the next meeting.**

LH

The Sub-committee also discussed a VIP who will be opening the event. **KD-D to speak with WMW and AH-P.**

KD-D

**10 Membership recruitment – update**

SN

SN highlighted that the membership numbers remain stable. There has been a considerable movement in the staff constituency due to data cleanse.

It was noted that the public membership breakdown by age compared against local population is highest in the category 70 onwards.

SN highlighted that the two recruitment sessions for this year have been successful, and the membership number is stable and therefore no further recruitment campaigns will be planned for the financial year 13/14.

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

VD

The Sub-committee noted the funding report.

VD said that all are aware that invoices should be rendered more promptly and paid to terms.

**12 Information Zone – update**

All

This item was discussed earlier in the meeting.

**13 Any other business**

AH-P said that it is important to share positive as well as less positive comments with the Trust and provided two positive examples. One was 'excellent hospital and service' and the other was mince pies at the Christmas event. However, she noted that not many people get interested to talk during 'meet a governor' session.

MJ said that considering the Information Zone will be relocated to the front entrance as a part of the Front of house redevelopment project this will give Governors better exposure. It is important to note that Governors should always make themselves available to patients and public should they wish to talk to them.

**14 Date of next meeting – 1 May 2014 at 3pm**

## Council of Governors Meeting, 6 March 2014

<b>AGENDA ITEM NO.</b>	3.10/Mar/14
<b>PAPER</b>	Membership Engagement and Communications calendar of events
<b>AUTHOR</b>	Katie Drummond-Dunn, Communications Manager
<b>LEAD</b>	Layla Hawkins, Interim Head of Corporate Affairs
<b>EXECUTIVE SUMMARY</b>	This is the programme of membership engagement and communications activities for the rest of 2013-14 and 2014-15.
<b>DECISION/ ACTION</b>	The Membership Sub-Committee is invited to note this update and provide their feedback on the proposed activity.

## Membership Engagement & Communications Calendar of Events 2013/14

Date/Month	Event/Activity	Lead	Cost/Funding source
<b>February 2014</b>			
Monday 3 February	Launch of the Star Awards	Communications Manager	Not from Council of Governors budget (Star Awards funded by Chelsea and Westminster Health Charity)
Monday 10 February	Trust News membership mailing for all public and patient members (including covering letter from Chairman, Trust News and A5 flyers about details of 'Medicine for Members' seminars)	Communications Manager	£10,000 (Council of Governors)
Friday 14 February	Members' News Issue 11	Communications Manager	£216 (Council of Governors)
Thursday 27 February	Closing date for Star Awards nominations – Patient Choice category and Council of Governors Special Award	Communications Manager	Not from Council of Governors budget (Star Awards funded by Chelsea and Westminster Health Charity)
Thursday 27 February	Medicine for Members seminar (ED redevelopment with Patrick Roberts (Clinical Lead for A&E) and Hilary Donnellan (Lead nurse and redevelopment manager)	Communications Manager	£700 (Council of Governors)
<b>March 2014</b>			
Friday 14 March	Members' News Issue 12	Communications Manager	£216 (Council of Governors)

Date/Month	Event/Activity	Lead	Cost/Funding source
Thursday 20 March	Medicine for Members seminar (Palliative Care with Barry Quinn, Lead Nurse for Cancer and Palliative Care)	Communications Manager	£700 (Council of Governors)
<b>April 2014</b>			
Friday 11 April	Members' News Issue 1	Communications Manager	£216 (Council of Governors)
Tuesday 22 April	Trust News membership mailing for all public and patient members (including covering letter from Chairman, Trust News and A5 flyers about details of 'Medicine for Members' seminars)	Communications Manager	£10,000 (Public Relations budget)
<b>May 2014</b>			
TBC	Star Awards	Communications Manager	Not from CoG budget but Governor representatives will be required to present the award.
Friday 9 May	Members' News Issue 2	Communications Manager	£216 (Council of Governors)
TBC	Medicine for Members seminar	Communications Assistant	£700 (Council of Governors)
<b>June 2014</b>			
Friday 13 June	Members' News Issue 3	Communications Manager	£216 (Council of Governors)
Saturday 14 June	Open Day	Communications Manager	£20,000 (Council of Governors)
<b>July 2014</b>			



Date/Month	Event/Activity	Lead	Cost/Funding source
Friday 11 July	Members' News Issue 4	Communications Manager	£216 (Council of Governors)
TBC	Medicine for Members seminar (Organ donation with James Van Der Walt to coincide with National Transplant Week)	Communications Manager	£700 (Council of Governors)
<b>August 2014</b>			
Friday 8 August	Members' News Issue 5	Communications Manager	£216 (Council of Governors)
Friday 15 August	Trust News membership mailing for all public and patient members (including covering letter from Chairman, Trust News and A5 flyers about details of 'Medicine for Members' seminars)	Communications Manager	£10,000 (Public Relations budget)
<b>September 2014</b>			
Friday 12 September	Members' News Issue 6	Communications Manager	£216 (Council of Governors)
TBC	Medicine for Members seminar	Communications Manager	£700 (Council of Governors)
Thursday 18 September	Annual members Meeting	Head of Communications	£5000 (Council of Governors)
<b>October 2014</b>			
Friday 10 October	Members' News Issue 7	Communications Manager	£216 (Council of Governors)
TBC	Medicine for Members seminar	Communications Manager	£700 (Council of Governors)
<b>November 2014</b>			

Date/Month	Event/Activity	Lead	Cost/Funding source
Friday 14 November	Members' News Issue 8	Communications Manager	£216 (Council of Governors)
TBC	Medicine for Members seminar	Communications Manager	£700 (Council of Governors)
<b>December 2014</b>			
Friday 12 December	Members' News Issue 9	Communications Manager	£216 (Council of Governors)
Thursday 18 December	Christmas	Communications Manager	
<b>January 2015</b>			
Friday 16 January	Members' News Issue 10	Communications Manager	£216 (Council of Governors)
TBC	Star Awards launch	Communications Manager	Not from Council of Governors budget (Star Awards funded by Chelsea and Westminster Health Charity)
<b>February 2015</b>			
Friday 13 February	Members' News Issue 11	Communications Manager	£216 (Council of Governors)
TBC	Medicine for Members seminar	Communications Manager	£700 (Council of Governors)
<b>March 2015</b>			
Friday 13 March	Members' News Issue 12	Head of Communications	£216 (Council of Governors)

## Council of Governors Meeting, 6 March 2014

<b>AGENDA ITEM NO.</b>	3.11/Mar/14
<b>PAPER</b>	Open Day 2014
<b>AUTHOR</b>	Katie Drummond-Dunn, Communications Manager
<b>LEAD</b>	Tony Bell, Chief Executive
<b>EXECUTIVE SUMMARY</b>	This paper outlines a proposal for the Trust Open Day 2014 (Saturday 14 June, 11am–3pm).
<b>DECISION/ ACTION</b>	The Council of Governors is asked to discuss the proposal including aims and objectives. Governors are invited to attend the Open Day.

## **Open Day 2014 – Update**

### **1. Introduction**

- 1.1 The annual Chelsea and Westminster Hospital Open Day is the flagship event in the Trust's public and patient engagement programme. It is known within the healthcare sector as one of the most successful hospital open days.
- 1.2 The event is an opportunity for the Trust to place itself at the heart of its community by opening its doors to local people and giving them a chance to become more involved in their local hospital.
- 1.3 Last year's Open Day on Saturday 11 May 2013 attracted over 2,000 visitors and was opened by actress Maureen Lipman MBE.
- 1.4 Visitors to last year's Open Day were invited to give their feedback on the day:
  - 98% rated the Open Day as 'Excellent' or 'Good'
  - 98% would definitely recommend the Open Day to friends and family
  - 98% said staff at the Open Day were friendly and approachable
- 1.5 Governors recruited 107 new Foundation Trust members on the day.
- 1.6 The careers event was attended by approximately 200 people.

### **2. Aims**

- 2.1 Open Day 2014 will take place from 11am-3pm on Saturday 14 June.
- 2.2 The aims of Open Day 2014 are to:
  - Market the Trust to current and potential Foundation Trust members, patients and local residents
  - Promote the Trust values, this year focussing on Excellent
  - Celebrate the Trust's 21<sup>st</sup> anniversary
  - Promote the achievements of the hospital
  - Develop communication between Council of Governor's representatives and Foundation Trust members
  - Encourage Open Day visitors to become Foundation Trust members
  - Promote health, fitness and wellbeing
  - Showcase developments such as the new Birth Centre
  - Improve staff morale
  - Engage with local stakeholders
  - Utilise the day as a fundraising opportunity for the Chelsea and Westminster Health Charity and other associated charities

### **3. Implementation**

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

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

#### **4. Funding**

The Council of Governors has agreed to fund £20,000 for the Open Day.

#### **5. Programme**

- 5.1 Early discussions are taking place in order to plan the major attractions and events which will take place during the Open Day. A number of ideas have been proposed including:
- An area celebrating the excellent value incorporating research, innovation and education
  - Showcase of front of house
  - An area celebrating the Trust's 21<sup>st</sup> anniversary
  - Use of the lower ground floor outpatients to provide health checks (for example diabetes, blood pressure, BMI) for members of the public
  - Teddy Bear Hospital in Paediatrics outpatients
  - Live music organised by Hospital Arts to run all day
  - Focus on key services offered by the hospital including burns, paediatrics, diabetes, stroke and HIV/Sexual Health
  - Careers in the NHS zone aimed at 14-17 age group
  - Tours – various areas but this could include the new Birth Centre, pharmacy, the boiler room, simulation centre, Chelsea Children's Hospital
  - The Department of Health to provide a Friends and Family Test stand
  - A stand to show the ED redevelopment project

#### **6. VIP attendance**

- 6.1 Thanks to the support of Wendie McWatters a VIP has been secured to open the event.

**Katie Drummond-Dunn**  
**Communications Manager**  
**February 2014**

## Council of Governors Meeting, 6 March 2014

<b>AGENDA ITEM NO.</b>	3.12/Mar/14
<b>PAPER</b>	*Membership Report Q3
<b>AUTHOR</b>	Sian Nelson, Membership and Engagement Manager
<b>LEAD</b>	Layla Hawkins, Interim Head of Corporate Affairs
<b>EXECUTIVE SUMMARY</b>	The paper outlines a current membership figures for end of December (Q3 2013/14)
<b>DECISION/ ACTION</b>	For information

## 1.0 Membership joiners and leavers October-December 2013 (Q3 2013/14).

During Q3 2,372 members joined and 2,431 left the Trust membership. This high volume of movement mainly consisted of staffing changes as a cleanse of the staff database had taken place.

Membership numbers are broken down (below) to reflect patient, public and staff membership representation for Q3 2013/14.

<b>Start Period</b>	01/10/2013	01/11/2013	01/12/2013
<b>End Period</b>	31/10/2013	30/11/2013	02/01/2014

<b>Totals</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>
<b>Period Start</b>	<b>15,396</b>	<b>15,166</b>	<b>15,317</b>
Joiners	2,201	151	20
Leavers	2,431	0	0
<b>Period End</b>	<b>15,166</b>	<b>15,317</b>	<b>15,337</b>

<b>Public</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>
<b>Period Start</b>	<b>5,779</b>	<b>5,666</b>	<b>5,672</b>
Joiners	167	6	6
Leavers	280	0	1
<b>Period End</b>	<b>5,666</b>	<b>5,672</b>	<b>5,677</b>

<b>Patient</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>
<b>Period Start</b>	<b>6,197</b>	<b>6,105</b>	<b>6,250</b>
Joiners	24	145	14
Leavers	116	0	1
<b>Period End</b>	<b>6,105</b>	<b>6,250</b>	<b>6,263</b>

<b>Staff</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>
<b>Period Start</b>	<b>3,420</b>	<b>3,395</b>	<b>3,395</b>
Joiners	2,010	0	0
Leavers	2,035	0	0
<b>Period End</b>	<b>3,395</b>	<b>3,395</b>	<b>3,395</b>

Table 1.0 Joiners and Leavers, Q3 2013/14

## 2. Membership ethnicity

2.1 Figure 1 shows overall members ethnicity. At the end of Q3 2013/14, the highest proportion of representation is within the White category and the lowest representation remains in the Mixed group. The representation is reflected in the public member's ethnicity table (figure 2) where we can make comparisons to the local population that the Trust serves.

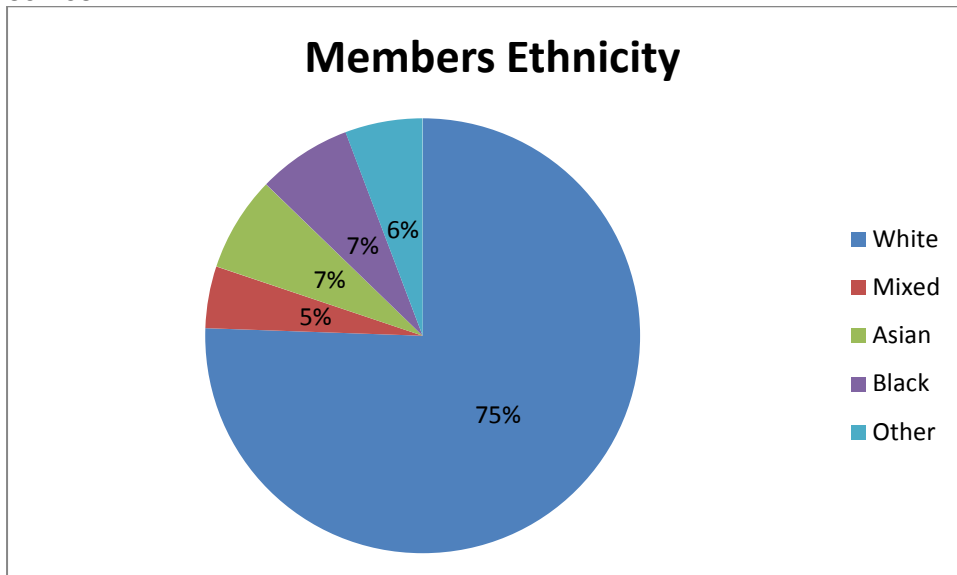


Figure 1.0 Overall Members Ethnicity Q3 2013/14

2.2 Figure 2.0 specifically shows public members ethnicity compared to the local population. Representation remains strongest in the White population and lowest in the Asian population.

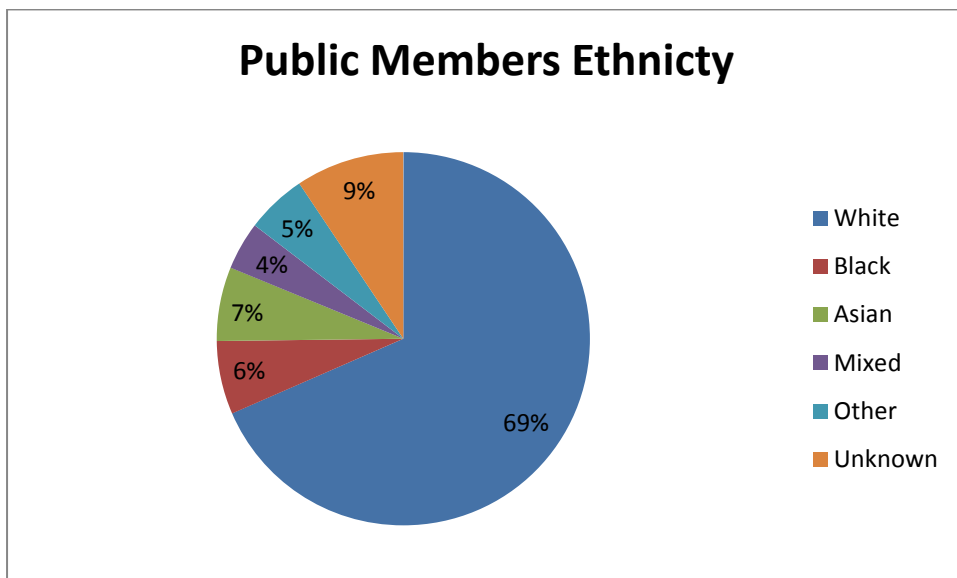
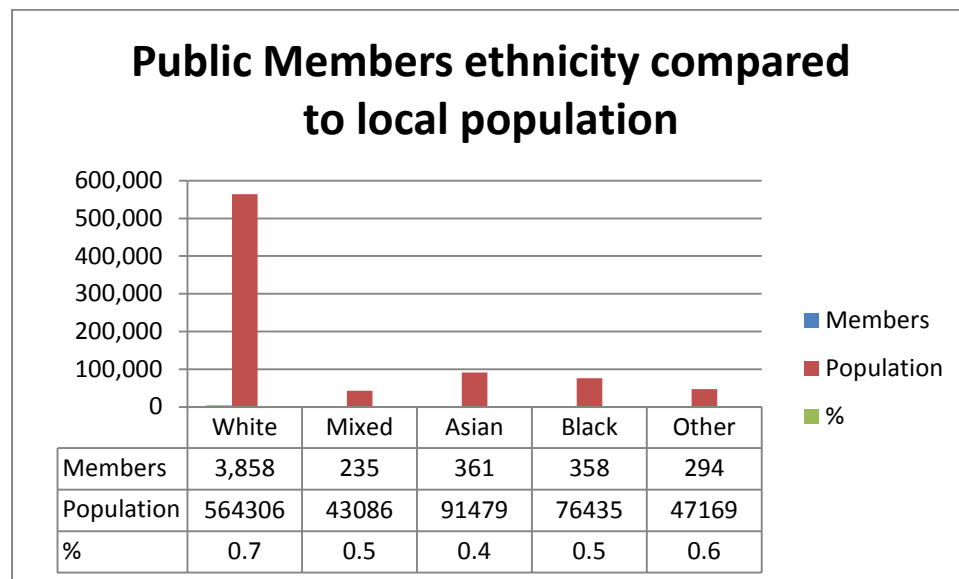


Figure 2.0 Overall Members Ethnicity Q3 2013/14



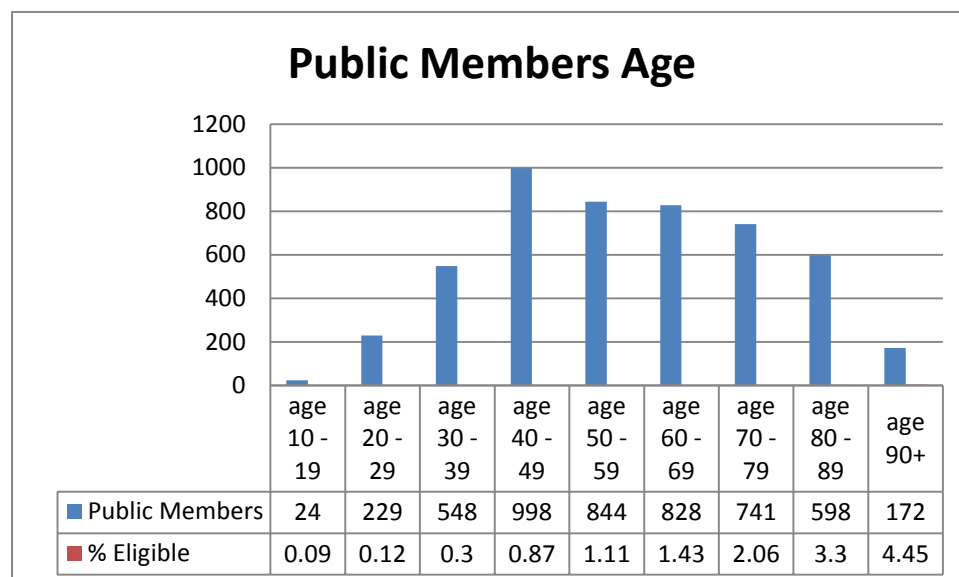
2.3 The figures are more balanced when we compare Trust membership to the populations that we typically serve including Hammersmith and Fulham, Kensington & Chelsea, Westminster and Wandsworth.



**Figure 3.0 Public Membership Comparisons to the Local Population**

### 3.0 Public Membership Age

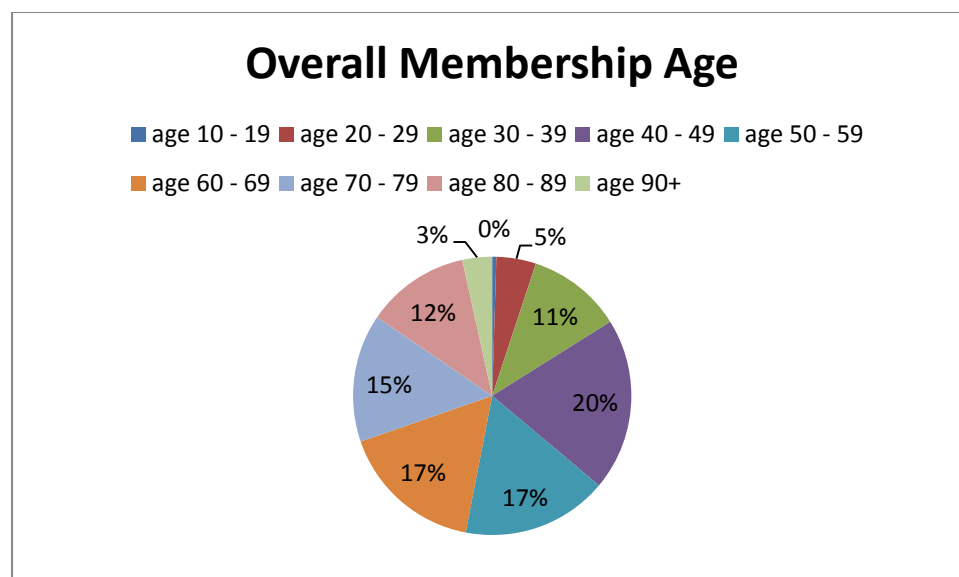
3.1 Figure 4 shows a profile of public membership by age. Public membership representation peaks at age group 40-49 years whereas the lowest age group is those within the 16-19 age group. However, when compared to the local population, the highest representation starts from the age group 70-79 onwards to 90+



**Figure 4.0 Public Membership Age**

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

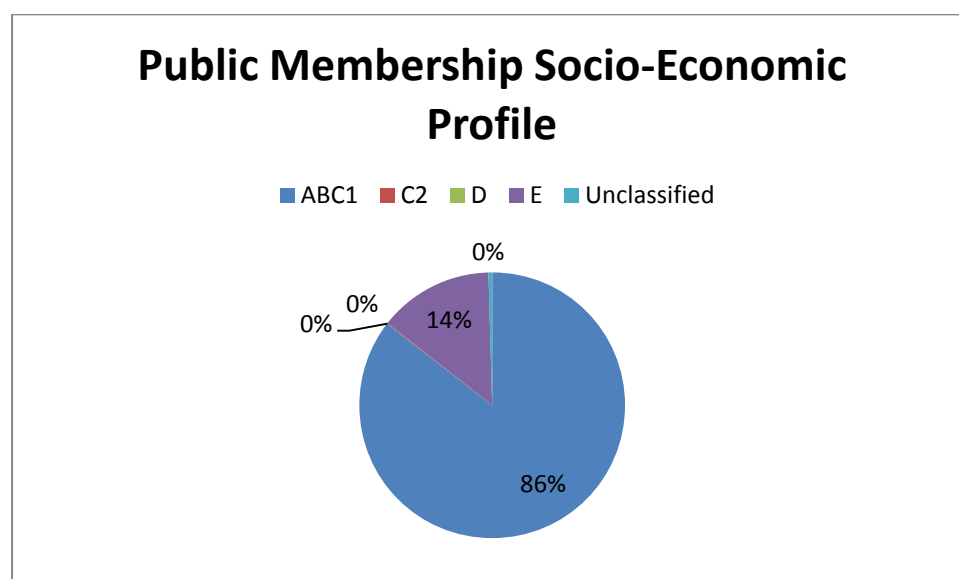
3.2 The chart shows percentage (%) representation of all members' constituencies which again shows the highest representation in the age group 40-49 years and lowest in the 16-19 years.



**Figure 4.1 Overall Membership Age Groups**

#### 4.0 Public Membership - Socio-economic Grouping

4.1 Figure 4.shows the socio-economic profile of all groups of membership. At end of December 2013 (Q3 2013/14) the main representation is in the ABC1 and E classification.



**Figure 5.0 Public Membership - Socio-Economic Groups\***

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

## 5.0 Membership Recruitment

During Q3 2,372 members joined and 2,431 left the Trust membership. This high volume of movement mainly consisted of staffing changes as a cleanse of the staff database had taken place.

Recruitment activities took place with the Governors who host 'Meet a Governor' session and a recruitment campaign outsourced to Capita recruitment services. A data cleanse is performed each quarter by Capita recruitment before member mailing which removes those not at the same address or who have been registered deceased. In addition Capita is notified monthly for requests of members' removal from the database

- 5.1. The Membership Development Sub-Committee of the Council of Governors develops and reviews the Membership Recruitment Strategy. Recruitment activity is focused on both maintaining our membership numbers whilst also enabling a diverse and representative membership.
- 5.2. Governors continue to host 'Meet a Governor' session at the Ground floor Information Zone. Patients, public, staff and members have the opportunity to meet a Governor to discuss issues important to them. This is publicised on the Trust website, and a banner positioned at the hospital's main entrance.
- 5.3. The Patient Advice and Information Service support membership promotion. Visitors to the PALS office, when appropriate are offered a membership application form. Application forms are sent with patient response letters and the team will continue to actively promote membership.
- 5.4. The Communications Team concentrate on membership engagement.
- 5.5. Figure 6 shows the trends in Trust membership from 2006-2013.

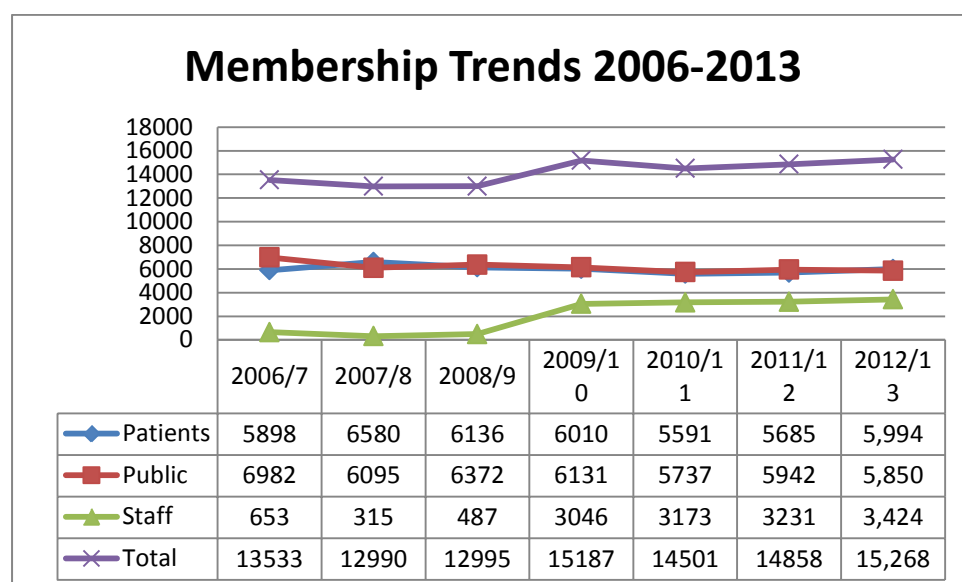


Figure 6. Membership trends 2006-2013

## 6.0 Developing a Representative Membership

- 6.1 Analysis of the membership database by age, gender and ethnicity ensures we work towards representative memberships within the communities we serve.
- 6.2 To create equal representation, It is recognised that membership recruitment should focus on recruitment and engagement with Black, Ethnic and Minority groups. Our recruitment strategy will continue to focus on activities which can encourage wider representation within our membership.
- 6.3 Table 3.1 highlights that although trust membership figures are higher in the white category; ethnic groups are more balanced when compared to the local eligible population.

## 7.0 Summary

- 7.1 The hospital gained Foundation Trust status in 2006 and at year end 2006/07 totalled 13, 533 members. Membership numbers peaked in 2009 when staff members' status changed from 'opt in' to 'opt out'.
- 7.2 We need to continue our focus on recruitment to maintain our membership numbers whilst also seeking a representative membership. Beyond this, we have introduced initiatives such as 'Medicine for members' to actively encourage the engagement of members in the work of our hospital.

## 8.0 Membership Recruitment 2013/14

The below table summarises key recruitment events completed in 2013/14

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

## Council of Governors Meeting, 6 March 2014

<b>AGENDA ITEM NO.</b>	3.13/Mar/14
<b>PAPER</b>	Chelsea and Westminster Star Awards 2014
<b>AUTHOR</b>	Layla Hawkins, Interim Head of Corporate Affairs
<b>LEAD</b>	Susan Young, Director of Human Resources and Organisational Development
<b>EXECUTIVE SUMMARY</b>	This paper outlines the approach for the third Chelsea and Westminster Star Awards, an annual staff awards scheme which culminates in an awards dinner at Chelsea Football Club on Thursday 15 May.
<b>DECISION / ACTION</b>	<p>a) Governors are invited to put their names forward for the judging panel of the Patient Choice Award</p> <p>b) Governors are encouraged to nominate staff for the Council of Governors Special Award</p> <p>Expressions of interest and staff nominations to be submitted to Vida Djelic (Board Governance Manager) via email  <a href="mailto:vida.djelic@chelwest.nhs.uk">vida.djelic@chelwest.nhs.uk</a>.</p>

## 1.0 Introduction

Thanks to the generous support of the Chelsea and Westminster Health Charity the third Star Awards ceremony will take place on 15 May. The Chelsea and Westminster Star Awards will complement existing staff recognition schemes including the Christmas Cheer Awards, Council of Governors Quality Awards and Best of Chelwest.

Most award categories will be for staff nominated by other staff but there is a Patient Choice Award – for staff to be nominated by Foundation Trust members and other patients – and a Council of Governors Special Award for staff to be nominated and chosen by Governors.

## 2.0 Aim

The Trust is committed to keeping staff fully informed about everything that has an impact on their working lives at Chelsea and Westminster by providing them with information, engaging with them on key decisions and issues, listening to their concerns, and celebrating success.

Evidence from the NHS and other areas of both the public and private sectors shows that organisations with higher levels of staff engagement perform better.

## 3.0 Progress to date

A small organising committee has been set up, chaired by Susan Young with representatives from HR, Communications and Staffside. Progress to date includes:

- **Name and branding agreed**
- **Date, time and venue for awards dinner and prizegiving ceremony agreed**
- **Award categories agreed** (remaining the same as last year)
- **General Star Award judging process agreed** (bar Chief Executive, Patient and Council of Governors awards)
- **Publicity** – the communications plan is underway via the regular corporate communications channels and over 350 nominations have been received to date.

## 4.0 For action

a) In relation to the judging of the Patient Choice Award, the Trust would like 1 representative from the Council of Governors to be on the judging panel for this specific award – Governors are encouraged to put their names forward.

b) In relation to the Council of Governors Special Award, all Governors are invited to nominate staff for the award and the Trust would like 3 representatives from the Council of Governors to form a small judging panel for this specific award – Governors are encouraged to submit their nominations to Vida Djelic (Board Governance Manager) via email [vida.djelic@chelwest.nhs.uk](mailto:vida.djelic@chelwest.nhs.uk) and to put their names forward for the judging panel.