

COUNCIL OF GOVERNORS
5 March 2015, 16.30 – 18.00
Gleeson Lecture Theatre, Chelsea & Westminster Hospital

Agenda

GENERAL BUSINESS					
16.30	1.	Welcome to the Meeting	Verbal		Chairman
16.32	2.	Apologies for Absence	Verbal		Chairman
16.34	3.	Declarations of Interest <i>Members are reminded of their obligation to declare any interest they may have on any issue arising at the meeting which might conflict with the business of the Trust.</i>	Verbal		Chairman
16.36	4.	Minutes of Previous meeting held on 4 December 2014	Report	For Approval	Chairman
16.38	5.	Matters Arising and Action Log	Report	For Information	Chairman/ Chief Executive Officer
16.40	6.	Chairman's Report	Report	For Information	Chairman
16.45	7.	Chief Executive Officer's Report	Report	For Information	Chief Executive Officer
16.50	8.	Acquisition Transaction Prospectus	Report	For Information and Discussion	Chief Executive Officer
17.00	9.	Council of Governors Sub-Committees	Verbal	For Information	Foundation Trust Secretary
17.10	10.	Governors' Questions	Report	For Information	Chief Executive Officer
STATUTORY/MANDATORY BUSINESS					
17.15	11.	Business Planning 2015/16	Verbal	For Information	Chief Executive Officer
17.20	12.	Council of Governors Performance Evaluation	Report	For discussion	Chairman

REPORTS FROM GOVERNOR COMMITTEES					
17.30	13.	<ul style="list-style-type: none"> Membership Sub-Committee meeting 03.03.2015 – update Quality Sub-Committee meeting 04.03.2015 – update 	Verbal Verbal	For Information For Information	Chair of Membership Sub-Committee Chair of Quality Sub-Committee
MEMBERSHIP AND ENGAGEMENT					
17.35	14.	<p>Membership Report Q3 and Membership Engagement and Communication Calendar of events – update</p> <ul style="list-style-type: none"> Open Day 2015 – update Chelsea and Westminster Star Awards 2015 	Report	For information	Head of Marketing & Communications
17.40	15.	Council of Governors funding report – update	Report	For information	Head of Marketing & Communications
TRUST PERFORMANCE					
	16.	<i>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</i>	Verbal		
17.45	17.	Any Other Business	Verbal		
15.50	18.	<p>Questions from members of the public</p> <p><i>The Chairman to invite questions from the public. Replies will be provided at the appropriate place on the agenda.</i></p>	Verbal		
18.00	19.	Date of Next Meeting 14 May 2015			

Council of Governors Meeting, 5 March 2015

AGENDA ITEM NO.	4/Mar/15
PAPER	Draft Minutes of Previous Meeting held on 4 December 2014
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Sir Tom Hughes-Hallett, Chairman
EXECUTIVE SUMMARY	This paper outlines a record of proceedings at the previous meeting.
DECISION/ ACTION	<ol style="list-style-type: none">1. To agree the minutes as a correct record.2. The Chairman to sign the minutes.

Council of Governors Meeting Minutes, 4 December 2014

Draft

Attendees:

Sir Tom	Hughes-Hallett	Chairman		TH-H
Walter	Balmford	Patient		WB
Chris	Birch	Patient		CBir
Christine	Blewett	Public	Hammersmith and Fulham 2	CBLe
Nicky	Browne	Appointed	The Royal Marsden NHS Foundation Trust	NB
Cass	Cass-Horne	Patient		
Samantha	Culhane	Public	Hammersmith and Fulham 1	SC
Lou	De Palo	Staff	Support, Administrative and Clerical	LP
Cllr Catherine	Faulks	Appointed	Royal Borough of Kensington and Chelsea	CF
Prof Brian	Gazzard	Staff	Medical	BG
Philip	Owen	Public	Kensington and Chelsea 2	PO
Angela	Henderson	Patient		AH
Anna	Hodson-Pressinger	Patient		AH-P
Jenny	Higham	Appointed	Imperial College	JH
Melvyn	Jeremiah	Public	Westminster 2	MJ
Martin	Lewis	Public	Westminster 1	ML
Kathryn	Mangold	Staff	Nursing and Midwifery	KM
Susan	Maxwell	Patient		SM
Wendie	McWatters	Patient		WMW
Tom	Pollak	Public	Wandsworth 1	TP
Diane	Samuels	Staff	Allied Health Professionals, Scientific and Technical	DS
Charles	Steel	Patient		CS
George	Vasilopoulos	Staff	Management	GV
Steve	Worrall	Public	Wandsworth 2	SW

IN ATTENDANCE:

Sir John Baker	Non-executive Director	JB
Jeremy Jensen	Non-executive Director	JJ
Eliza Hermann	Non-executive Director	EH
Liz Shanahan	Non-executive Director	LS
Lorraine Bewes	Chief Financial Officer	LB
Elizabeth (Libby) McManus	Interim Chief Executive	EM
Zoe Penn	Medical Director	ZP
Susan Young	Chief People Officer and Director of Corporate Affairs	SY

Patricia Gani	Healthwatch representative	PG
Guy Matthew	Healthwatch representative	GM
Layla Hawkins	Head of Marketing and Communications	LH

Council of Governors Quality Awards presentation **TH-H**

Prior to the official start of the meeting the Chairman presented awards to the latest winners of Quality Awards, which recognises areas of outstanding quality of service across the Trust. Governors Melvyn Jeremiah, Wendie McWatters, Susan Maxwell and Martin Lewis presented the awards on behalf of the Council of Governors to: Dementia Care Initiatives and Nuclear Medicine Department and Maternity Baby Friendly Award.

1 GENERAL BUSINESS

1.1 Welcome & Apologies **TH-H**

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

Apologies were received from Governor Cadman.

The Chairman noted Vida Djelic's unexpected absence for family reasons and the Council of Governors passed on their best wishes to Vida at this difficult time.

1.2 Announcement of results of election (tabled) **TH-H**

The Chairman invited the six newly elected Governors to introduce themselves to their counterparts and members of the audience. These were:
 Patient Governors - Anna Hodson-Pressinger and Cass J Cass-Horne; Public Governor: Royal Borough of Kensington and Chelsea Area 2 – Philip Owen;
 Staff Governors: Allied Health Professionals, Scientific and Technical Class – Diane Samuels, Management Class – George Vasilopoulos, Support, Administrative and Clerical Class – Lou De Palo.

He welcomed their decision to become involved in the Council of Governors. He noted a suggestion that new Governors to 'buddy up' with existing Governors to ensure a smooth transition into the role. Chris Birch discussed the importance of engagement with membership and the key role that Meet a Governor sessions play in this engagement. He encouraged all new Governors to participate in next year's schedule. The Chairman noted the significant contribution of departing Governors.

Action: Layla Hawkins in Vida Djelic's absence to ask Council of Governors to put themselves forward to buddy up with a newly appointed Governor. **LH**

Action: Layla Hawkins in Vida Djelic's absence to share 2015 Meet a Governor dates with all Governors to encourage participation. **LH**

1.3 Declaration of Interests **TH-H**

There were no declarations of interests received.

1.4 Minutes of Previous Meeting held on 18 September 2014 **TH-H**

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

1.5 Matters Arising **TH-H**

All timely actions were completed and detailed in the paper.

1.6 Chairman's Report **TH-H**

The Chairman noted Tony Bell's departure and great contribution to the Trust over the past few years. He said that the Trust was hoping to arrange a formal goodbye event.

He discussed interim arrangements with Libby McManus in post as Interim Chief Executive who was spending her first few weeks in the role crystallising the executive directors' approach to the strategic opportunities and operational issues that the Trust needs to focus on in 2015. He noted following the Foundation Trust Network conference earlier in the month that the funding picture for the NHS going forward was not prioritising acute hospital care and so our approach going forward needs to reflect this change.

The Chairman said there was a need to set a clear path on integration with the West Middlesex as a priority and saw the Clinical Summit held earlier in the week as a key opportunity for clinicians from both sites to meet and discuss what services could look like in a new unified organisation. We are clear about the financial argument for the integration but need to focus our efforts on the clinical case for change. This will be a considerable focus for the organisation going forward, building on existing strengths and excellence across both sites. The West Middlesex's CQC Report will be fundamental to the clinical case for change and because of this the new organisation would not be in place until 1 July 2015 earliest. The Full Business Case with a compelling clinical argument will be taken to the January Board and then shared with Governors. In light of Governor feedback a specific workshop about the West Middlesex PFI is scheduled for 15 December.

Tom Church asked whether there were plans in place to recruit a permanent CEO. The Chairman commented that the process would begin in January 2015 but that the time it takes for a person of that seniority to complete their notice period could mean that the permanent CEO might not be in place this coming calendar year. Tom Church asked whether this was a concern in relation to the major strategic opportunities the Trust is pursuing in 2015. The Chairman emphasised the strengths of the existing executive team and the appointment of an experienced Chief Operating Officer who will begin at the Trust in March 2015.

The Chairman highlighted the Trust's higher than usual staff turnover rate and said that it would be a particular focus at the January Board. He emphasised the importance of staff engagement. Libby McManus noted that the senior nursing team was being strengthened this month to provide experience and stability, with the quality brief being passed onto Medical Director Zoe Penn. There will also be

an interim Trust Secretary, complementing Vida Djelic's role, to support her in the smooth running of Board and Governor meetings. The Chairman said that there were some great developments underway and this should not be lost in this time of change.

The Chairman noted GovernWell training dates circulated as part of this paper.

1.7 Interim Chief Executive's Report

EM

In addition to her written report, Libby McManus noted the Trust's A&E performance and the importance of patients accessing the right health service over the winter period to help alleviate pressures being experienced by A&Es across the country. Cllr Catherine Faulks asked whether the A&E department was managing to cope with these extra pressures. Libby McManus responded that whilst we have been busy we haven't experienced significantly higher numbers of patients and staff the A&E department accordingly based on the numbers and acuity of patients we see. She said that feedback from the A&E team referred to an 'exit block' problem getting patients out of A&E which contributed to the dip in performance for the four hour target. Being the best A&E in the country for 2 years running has meant that at times patients are using the A&E department somewhat like a GP surgery. TP said that the NWL CCG CEO was investigating increases in A&E and asked whether the Trust was part of this enquiry. The Chairman commented that the Trust has not yet been asked to be involved in this work. Lorraine Bewes said that the funding for SAHF remains the same as defined in February 2013 and each Trust has submitted their own business case to deliver SAHF and the central team are reviewing each case to ensure that they deliver on implementation and are affordable.

1.8 CW+ Update (formerly known as Chelsea and Westminster Hospital Charity) – MN update

(Please note that this item was taken following 1.4 due to the time constraints of Mark Norbury).

Mark Norbury discussed highlights from the update paper and the Chairman thanked him and his colleagues for their continued support for the hospital.

2 CORE ITEMS

2.1 Care Quality Commission (CQC) announced inspection results and action plan (oral)

EM

Libby McManus discussed the action plan to address the recommendations set by the Care Quality Commission which has been developed with strong engagement of the clinical and divisional teams. She shared highlights of the action plan with the Council of Governors, which was submitted to the CQC on 28 November, and progress against the plan will be monitored by the Quality Committee with an update provided to the Council of Governors at their next meeting.

2.2 Governors' Questions

EM

In addition to the written responses outlined in the paper the following oral answers were noted:

Question 5 – The Chairman said that the Board were working hard to improve reporting and timings for all official meetings held in public, including the Council of Governors, and noted that 10 minutes had been allocated for this meeting in respect of Any Other Business. He stressed that, apart from papers required for regulatory purposes, we would in future have as few noted papers as possible.

Question 7 – The Chairman commented that the articles Edward Coolen refers to in the press do not relate to care delivered at Chelsea and Westminster Hospital, their focus being about public health which is the Local Authority's remit, and as such there would be no formal comment from the organisation. Sir John Baker said that we are each entitled to provide comment as an individual but not suggesting that this individual comment can be attributed to the Hospital as a whole.

Question 8 – Lorraine Bewes apologised that Suzanne Scannell was unable to attend and provide a verbal response but that a written response would be provided at the Governors PFI workshop on 15 December.

2.3 West Middlesex update (oral)

EM

Libby McManus noted that this item was discussed earlier in the meeting under the Chairman's report but did highlight the recent Clinical Summit which brought clinicians from both sites together to discuss the quality agenda. She said that staff from both sites were broadly supportive of integration. Susan Maxwell said that the Council of Governors would be unable to approve the integration without sight of the Full Business Case. The Chairman said that there would be a clear business case presented to the Council which will place particular emphasis on better care that could be provided at both sites following integration. Wendie McWatters commented that she had spoken to 2 consultants who were ambivalent about integration but following the Clinical Summit were very positive about the opportunities the acquisition could bring.

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

TH-H

(Please note that this item was discussed in private at the end of the meeting).

The Chairman noted that an appraisal of Sir John Baker had taken place and recommended that the Council of Governors consider extending his term for a period of up to one year. **The Council of Governors agreed.**

The Chairman noted that due to illness the appraisal of Jeremy Loyd could not take place in time for the meeting but asked the Council of Governors whether the same principle would apply for this Non-executive Director following the completion of his appraisal. **The Council of Governors agreed with this approach and a paper would be brought to the next meeting.**

Action: Chairman to provide a paper on Jeremy Loyd's re-appointment to the next meeting.

TH-H

2.5 Council of Governors performance evaluation – proposed questionnaire

TH-H

	<p>The Chairman outlined the paper and asked whether the Council of Governors would approve the use of this questionnaire which is a statutory requirement for Governors to complete by end January 2015. Chris Birch asked whether the questionnaire could be amended as they were told last year that it is a prescribed document but the paper suggests that Governors could provide more input. Layla Hawkins commented that in Vida Djelic's absence this was unclear and would be checked upon her return. The Chairman asked whether there were any fundamental problems highlighted by the questionnaire which there weren't. The Chairman asked whether, in light of this, the Council would agree to the use of the questionnaire. The Council of Governors agreed.</p>	TH-H
3	UPDATES	
3.1	Christmas at Chelsea and Westminster 11 December 2014 – update	LH
	<p>Layla Hawkins outlined the paper which was to provide the Council of Governors with progress against the upcoming Christmas event, kindly funded by the Council. She thanked Governors, in particular Susan Maxwell, for their support of the event and circulated posters for them to distribute in their local area. Edward Coolen asked whether there had been a postal drop of advertising. LH confirmed this had taken place.</p>	
3.2	Open Day 2015 proposal	LH
	<p>Layla Hawkins outlined the paper and noted that the theme of next year's Open Day, which would focus on the Safe value in light of the continued focus of staff on fulfilling the recommendations outlined in the CQC report. Edward Coolen asked whether posters could be available at least 6 weeks in advance to provide Governors with sufficient time to help advertise the event. Layla Hawkins thanked Edward Coolen for his feedback and said that Katie Drummond-Dunn would factor this into her project plan.</p>	
3.3	Council of Governors funding report – update	LH
	<p>Layla Hawkins noted the content of the report and highlighted that there were 2 funding requests submitted by Governors:</p> <ul style="list-style-type: none"> • Request for £800 to provide a suite of materials to Governors to help them directly engage with members at external community events (WM) – approved. • Request for £1000 to provide Christmas gifts to adult inpatients on Christmas Eve (AHP – who will coordinate the activities) – approved. <p>Chris Birch noted that in the overall paper the figures did not total correctly. The Chairman asked that the finance team revise the figures accordingly. Action: Finance team to revise figures in the funding report accordingly.</p> <p>Chris Birch also noted that, although the paper gave figures for the money actually spent, some invoices had not been received or paid, and governors needed to know was how much of £69,000 was left to spend.</p>	VD
3.4	Membership Engagement and Communications calendar of events – update	LH

This paper was noted.

3.5 *Membership Report Q2 **LH**

Layla Hawkins noted that she was presenting the paper for Sian Nelson and would be taking on membership as part of her portfolio of work in light of Sian Nelson's maternity leave. Chris Birch pointed out that the report seemed to be identical with the report presented to the last meeting of the Membership sub-committee and that none of the changes agreed at that meeting had been made. He suggested in particular that it was not true that figure 1 "shows overall members ethnicity" as we do not know the ethnicity of 39% of our members.

4 REPORTS FOR INFORMATION

4.1 *Quality Sub-Committee report **EM**
(draft minutes of 11 September 2014 meeting attached)

Noted.

4.2 *Membership Sub-Committee report **WB**
(draft minutes of 4 September 2014 meeting attached)

Noted.

4.3 *A copy of the Finance and Performance Reports are available via Board **APB**
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

Noted.

4.4 *Council of Governors meeting dates for 2015 **TH-H**

Noted.

5 ANY OTHER BUSINESS

Edward Coolen provided his first hand experience as a patient and commented that there were hygiene issues on his visit that weren't in his opinion suitably addressed by the PALS team. The Chairman asked Edward Coolen to contact Libby McManus directly so that she can take action on his experience, working with our contractors to do so.

6 DATE OF THE NEXT MEETING

The next meeting of the Council of Governors will be held on 5 March 2015.

Council of Governors Meeting, 5 March 2015

AGENDA ITEM NO.	5/Mar/15
PAPER	Matters arising & Action Log
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Sir Tom Hughes-Hallett, Chairman
EXECUTIVE SUMMARY	This is a list of matters arising from meeting held on 4 December 2014 and subsequent actions and outcomes.
DECISION/ ACTION	The meeting is asked to note the actions and outcomes.

Council of Governors - 4 December 2014

	Minute Number	Agreed Action	Current Status	Lead
Nov 2014	1.2	Action: Layla Hawkins in Vida Djelic's absence to ask Council of Governors to put themselves forward to buddy up with a newly appointed Governor.	Completed.	LH
		Action: Layla Hawkins in Vida Djelic's absence to share 2015 Meet a Governor dates with all Governors to encourage participation.	Completed.	LH
	2.4	Action: Chairman to provide a paper on Jeremy Loyd's re-appointment to the next meeting.	An update will be provided at the meeting.	TH-H
	3.3	Action: Finance team to revise figures in the funding report accordingly.	The report has been updated to reflect feedback.	VD

Council of Governors Meeting, 5 March 2015

AGENDA ITEM NO.	6/Mar/15
PAPER	Chairman's Report
AUTHOR	Sir Tom Hughes-Hallett, Chairman
LEAD	Sir Tom Hughes-Hallett, Chairman
EXECUTIVE SUMMARY	This report updates the Council of Governors on a number of key developments and news items that have occurred since the last meeting.
DECISION/ ACTION	For information.

Chairman's Report

Our Foundation Trust has a spring in its step.

The new management structure and culture created and developed by Libby McManus has given a combination of breadth and focus to our core priorities. I am delighted to see the new style of partnership working at Board level and furthermore the increased visibility of the management team in the hospital.

The National Health environment continues to shift regularly and, as the election approaches, I am confident we will continue to receive instructions from the 'centre' be it re whistle blowing or increasing nursing staff even further. These are all well-intentioned but inevitably involve further financial pressures on a system that is fighting to survive. The recent Kings Fund report described the health and social care system as fundamentally broken.

There is no point in us contemplating the logic of policies that are largely beyond our control so we encourage our Chief Executive to keep our plans as simple as possible and to ensure the tightest possible grip on our financial forecasting and quality control.

I am making full use of my role as Chair of the Teaching Hospital Chairs to feed back to our Chief Executive the experiences and challenges that others face. I am also discussing with my peers the issues on which we, as Non-Executives, will wish to press the government on post-election.

Libby and I have just spent two days at the World Innovation in Health summit in Doha kindly paid for in full by the Qatar Foundation. We have learned good lessons with our peers from around the world and both come away reminded of the sheer importance of talking to people outside our own 'box' to learn more about safety, lower cost solutions and quality care. As an example we heard from India's finest cardiac hospital which has just built a 500 bed facility for \$6million (International comparison would be \$600 million) As the founder of the hospital observed "if you have money in the bank the brain stops working". Libby will be sharing some of our findings with our Executive colleagues not least around patient safety and communicating key health messages.

I visited Monitor recently with fellow Non-Executive Director Jeremy Jensen to assure the regulator that we have strengthened our Board over the last year and that we are in a good place to manage an acquisition in the event that we acquire West Middlesex. We also set our financial strategy to them - namely a budget that we can beat rather than setting an unrealistic budget to satisfy their rating system. They welcomed this new approach.

Sir Thomas Hughes-Hallett
Chairman

Council of Governors Meeting, 5 March 2015

AGENDA ITEM NO.	7/Mar/15
PAPER	Chief Executive Officer's Report
AUTHOR	Elizabeth McManus, Chief Executive Officer
LEAD	Elizabeth McManus, Chief Executive Officer
EXECUTIVE SUMMARY	This report updates the Council of Governors on a number of key developments and news items that have occurred since the last meeting.
DECISION/ ACTION	For information.

Chief Executive's Report

1.0 Staff

1.1 Retention & Recruitment

Our people continue to work tirelessly on providing the best care to our patients.

Whilst we still have some gaps in key posts (albeit fewer); recruitment continues as we start to implement our improved staff retention policies. However, I remain concerned about the extent of workforce turnover; particularly at middle and senior management levels and recognise the strain that this puts on others in continuing to deliver our organisational objectives and targets. These people and posts are critical to delivery, both now and for the 'safe landing' of the proposed acquisition of West Middlesex University Hospital NHS Trust (WMUH) on 1 July 2015.

I am delighted to be able to confirm that on 2 March 2015, we will be joined by our new permanent Chief Operating Officer, Karl Munslow-Ong. I look forward to working with him and to welcoming him as part of the team.

Robert Hodgkiss has been a focused and extremely dedicated Interim Chief Operating Officer who has delivered significant results within a short period of time, particularly around RTT and the 4 hour Emergency Department target in the hospital. I am sure that the Board will join me in thanking Rob for this contribution to the Board and the Trust more generally over the past months.

1.2 Whistleblowing

On 11 February 2015, Sir Robert Francis QC published his final report following the Freedom to Speak Up review which looked at the raising concerns culture in the NHS. The report makes a number of key recommendations with actions for NHS organisations and system regulators to help foster a culture of safety and learning in which all staff feel safe to raise a concern. The Freedom to Speak Up report recognises that much progress has been made in the NHS since the public inquiry into the failings at Mid Staffordshire, and that there is clear evidence that concerns raised are being listened to, addressed and resolved. However, the report also provides examples of where this has not been the case.

To this end, the report makes several recommendations for implementation by healthcare employers:

- Organisations should have a champion, or guardian who has lead responsibility for dealing with concerns raised. These individuals will be key to ensuring policies and practices are robust and staff are appropriately supported, listened to, and issues are resolved quickly and professionally. This does not necessarily entail a member of the board having this responsibility but can be a nominated manager who has authority and autonomy to report directly to the chief executive on the issue of concerns.
- That all organisations should have measures in place (e.g. policies/processes) which help facilitate informal and formal resolution of concerns raised. The report recommends that chief executives, or other designated officer in organisations, should be involved and have responsibility for regularly reviewing all concerns that have been formally recorded, to ensure local procedures are effective, and to identify areas for improvement.

- Staff who raise concerns should be supported through having access to mediation, mentoring, advice and counselling, as necessary.
- Employers should consider how they engage, communicate and support *all* workers in their organisation on issues relating to raising concerns (e.g. giving due consideration to the diversity of the organisation's workforce).

The Health Secretary for England has accepted all of the actions highlighted in Sir Robert's report and has agreed that further consultation will now be undertaken to work through how these actions can be implemented.

I will keep you updated of progress and any changes required.

2.0 Grip

2.1 Performance

Early signs are that the organisation is responding well to the Executive team's call to focus upon the immediate operational priorities after the decision to reduce the number of strategic priorities the Trust would look to pursue.

However, the Trust's in-year financial performance remains a concern and it is vital that robust financial management remains a priority for us, both in terms of our monthly performance against the 2014/15 financial plan; the run rate trajectory moving towards 2015/16 and the delivery of our Cost Improvement Plans. We have recently increased the level of resource dedicated to the attainment of these critical business objectives, including external support, to ensure that the necessary remedial action commences at pace.

Our focus on quality, in particular the response to the CQC visit in July 2014, continues to gather momentum. The Director of Nursing is leading that response and ensuring that any associated costs are taken into consideration as part of our business planning process.

3.0 Growth

3.1 Expansion of the Emergency Department (ED)

I have never been more struck by the impact of Shaping a Healthier Future (SaHF) than when walking around the extension to our ED earlier this month together with my colleagues. I know how cramped patients and staff are in the current footprint, this challenges our ability to deliver the best care, every single day. This increase in space is overdue and fundamental in providing a better quality of care together with an improved staff experience. I know it will be challenging to redesign workflows and practices, yet I am convinced the teams are ready for this. The Chelsea & Westminster Health Charity (CW+) continue to be instrumental in the environmental design and I look forward to the unveiling of a truly inspirational Emergency Department.

The ED build is happening as a result of, and in perpetration for, the changes in patient flow that SAHF brings about. The whole of North West London still awaits the final approval of total investment on schemes and given that this is unlikely to happen until after the election we must make plans based on best assumptions.

Elizabeth McManus
Chief Executive Officer
February 2015

Council of Governors Meeting, 5 March 2015

AGENDA ITEM NO.	10/Mar/15
PAPER	Governors' Questions
AUTHOR	Various
LEAD	Elizabeth McManus, Chief Executive Officer
EXECUTIVE SUMMARY	<p>1. The question raised by Martin Lewis: Please could we have an update on the new senior nursing structure, names of people appointed and their responsibilities?</p> <p>Response from Vanessa Sloane, Director of Nursing</p> <p>The new senior nursing structure comprises:</p> <p>Vanessa Sloane, Director of Nursing. Lead for patient experience Lucy Connolly, Deputy Chief Nurse. Lead for workforce.</p> <p>Barry Quinn, Assistant Chief Nurse. Lead for Cancer & End of Life Care.</p> <p>Vivien Bell, Head of Midwifery.</p> <p>Sarah Wheatland, Divisional Nurse Emergency & Integrated Care. Starts 13 April Claire Painter, Divisional Nurse Planned Care. Starts 13 April.</p> <p>Nathan Askew, Divisional Nurse Childrens, Neonates, HIV, GUM & Dermatology. Starts 30th March.</p> <p>Melanie Van Limborgh - Corporate Lead Nurse - Transformation and Quality Improvement; Lead on MAPS & revalidation.</p> <p>2. The question raised by Martin Lewis: Re CQC and NICU please could the governors have an update on the bullying that was highlighted in the CQC report? In NICU it has been resolved and who will monitor in future?</p> <p>Response from Zoe Penn, Medical Director and Director of Quality</p> <p>Intensive occupational psychology intervention by an outside agency undertaken with the consultant body as well as individual coaching. Internal questionnaires undertaken to date indicate improved satisfaction with the training experience and improved relationships. GMC survey is expected in March 2015 and follow up interviews are being undertaken</p>

with junior staff at the end of February. Executive oversight and monitoring will continue for the foreseeable future.

3. The question raised by Chris Birch: I know that our hospital faces many more urgent problems but I'd like to know if there has been any progress with plans for an official opening of the Ron Johnson ward, which has been open to patients for more than three years. If there is still to be an official opening, can we be assured that the plaque marking the occasion will mention that the new ward replaces the world-famous Thomas Macaulay ward?

Response from Layla Hawkins, Head of Marketing & Communications

Having spoken to the clinical team on Ron Johnson Ward, it was expressed that Ron himself did not want an large scale, official opening of the Ward and shied away from any proactive publicity of the generous donation that he made. While it is very important to mark the opening of what is a fantastic facility for patients, we must be mindful of Ron's wishes, and as such we plan to hold a low-key naming ceremony for the Ward to which his family and friends will be invited. We will be discussing this approach with his loved ones before any ceremony is planned. The wording of the plaque will be agreed when we begin planning the ceremony.

4. The question raised by Susan Maxwell: When will we governors get to see the full business case for the acquisition of the West Middlesex hospital?

Response from Thomas Lafferty, Foundation Trust Secretary

The Full Business Case (FBC) relating to the proposed Acquisition of West Middlesex University Hospital NHS Trust (WMUH) is composed of a suite of individual documents in addition to 70+ supporting documents which has been requested by Monitor as part of the FBC review process. The Council of Governors is not expected to read or approve the entirety of the FBC documentation.

Instead, the Trust will be providing the Council of Governors with a 'Transaction Prospectus' derived from the FBC which will extract the key salient points and inform the Council's decision in relation to the transaction. As a reminder, the Council of Governors needs to be assured that the Board of Directors has:

- i) been thorough and comprehensive in reaching its proposal (that is, has undertaken proper due diligence);
- ii) obtained and considered the interests of trust members and the public as part of the decision-making process.

A first draft of the Transaction Prospectus will be submitted to the 5 March 2015 Council of Governors meeting. The Prospectus will complement recent Governor events focused upon the key financial and clinical drivers related to the Acquisition.

	<p>5. The question raised by Susan Maxwell: When will we governors get to meet and chat with the NEDs on an informal footing, as promised?</p> <p>Response from Thomas Lafferty, Foundation Trust Secretary</p> <p>The Trust Secretary is currently undertaking a review of the Council of Governors' Committee structure which will consider the establishment of governance arrangements which support Governor access to Non-Executive Directors on a more 'informal footing'.</p> <p>A Governors' Away-Day is currently being arranged for September 2015 which all Non-Executive Directors will attend.</p> <p>Furthermore, in March, Governors will be receiving invitations to lunch (over several dates) with the Chairman and other Non-Executive Directors. Specific dates will be available by the time of the 5 March 2015 Council of Governors meeting.</p>
<p>DECISION/ ACTION</p>	<p>To note.</p>

Council of Governors Meeting, 5 March 2015

AGENDA ITEM NO.	12/Mar/15
PAPER	Council of Governors performance evaluation – results
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Sir Tom Hughes-Hallett, Chairman
EXECUTIVE SUMMARY	<p>This paper outlines responses to a survey undertaken by the Council of Governors in relation to its performance and overall effectiveness.</p> <p>The key themes arising from this working well are:</p> <ul style="list-style-type: none"> • Governors feel well informed; • Meetings are more productive; • Holding Non-executive Directors to account (from a statutory perspective) working in practice <p>The key themes arising from this requiring improvement are:</p> <ul style="list-style-type: none"> • Administration of meetings - timely circulation of minutes after every governors meeting; • Communication with respect to strategy and about the local healthcare priorities for the Trust; • Requirement for increased informal/personal contact with the Non-Executive Directors
DECISION/ ACTION	The Council of Governors is asked to consider the results of the survey and to discuss the key themes arising.

Council of Governors Performance Evaluation Report

Response to Questionnaire

1.0 Introduction

This paper outlines responses to a survey undertaken by Governors.

An effective Council of Governors is important to our Foundation Trust status.

2.0 Background

Monitor states in its Code of Governance:

'B.6.5. Led by the chairperson, the council of governors should periodically assess their collective performance and they should regularly communicate to members and the public details on how they have discharged their responsibilities, including their impact and effectiveness on:

- *holding the non-executive directors individually and collectively to account for the performance of the board of directors.*
- *communicating with their member constituencies and the public and transmitting their views to the board of directors; and*
- *contributing to the development of forward plans of NHS foundation trusts.*

The Council of Governors should use this process to review its roles, structure, composition and procedures, taking into account emerging best practice.'

The aim of the questionnaire is to evaluate and improve the performance of the Council of Governors. It was based on Monitor's national survey of NHS Foundation Trusts, which allows us to benchmark ourselves against the Monitor survey results. This would fulfil the requirement to assess the performance of the Council of Governors periodically. The questionnaire has essentially remained the same last year.

There were no particular actions raised by the Council of Governors to be taken forward following the last year evaluation.

3.0 Proposal

It is proposed that governors consider the summary of the responses provided and key themes arising.

4.0 Action/Decision

The Council of Governors is asked to consider the results of the survey and to discuss the key themes arising.

Introduction

Monitor - comparison with the outcomes of the Monitor survey.

Out of 26 Governors, in total 18 questionnaires were completed either online or in hard copy.

Overall response rate was 69% (42% Monitor).

About you						
No	Question	Appointed	Patient	Public	Staff	% Overall Response
1	What type of Governor are you?	2	6	5	5	18
	%Chelsea and Westminster Governors	11	33	28	28	60
	%Monitor results	16	11	55	18	42

		Less than 3 months	3-6 months	6-12 months	12-24 months	Longer than 2 years	Since the Trust was authorised
2	How long have you been a Governor?	3	1	0	2	9	3
	%Chelsea and Westminster Governors	17	6	0	11	50	17
	%Monitor results	6	9	13	23	43	34
<p>Commentary: 50% of Governors have been in the post longer than 2 years (43% Monitor), with 17% in post less than 3 months (6% Monitor) and 17% since the Trust was authorised (34% Monitor).</p>							

3	Question	Every or almost every	At least one in two meetings	At least one in three meetings	At least one in four meetings	At least one in four	Less than one in four	Never attend any meetings	Don't know
	How many Council of Governors meetings do you attend?	11	3	0	0	0	0	0	4
	%Chelsea and Westminster Governors	61	17	0	0	0	0	0	22
	%Monitor results	86	8	0	0	0	0	0	0
Commentary: 61% 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.	8	5	1	1	0	3
	%Chelsea and Westminster Governors	44	28	6	6	0	17
	%Monitor results	64	25	7	1	0	
4.2	Minutes are circulated after every Governors meeting	10	4	0	0	1	3
	% Chelsea and Westminster Governors	56	22	33	0	6	17
	% Monitor results	78	10	3	0	0	0
4.3	Minutes of the meeting are circulated in good time for the next meeting	6	6	1	0	2	3
	%Chelsea and Westminster Governors	33	33	6	0	11	17
	%Monitor results	67	25	7	0	0	0
4.4	Action points are followed up by the Governors responsible	5	8	0	0	2	3
	%Chelsea and Westminster Governors	28	44	0	0	11	17
	%Monitor results	50	36	0	0	0	0
4.5	The Chair follows up the action points for which he or she is responsible	11	4	0	0	2	3
	%Chelsea and Westminster Governors	61	22	0	0	11	17
	%Monitor results	71	20	5	0	0	0
4.6	The attending executive board members follow up the action points for which they are responsible	8	4	1	0	2	3
	%Chelsea and Westminster Governors	44	22	6	0	11	17
	%Monitor results	53	32	7	0	0	0

4.7	Governor meetings are productive	10	3	2	0	0	3
	%Chelsea and Westminster Governors	56	17	11	0	0	17
	%Monitor results	39	39	19	0	0	0
<p>Commentary: 44% of Governors say that the agenda and supporting documents are circulated in good time for each meeting always (64% Monitor) and 28% say most of the time (25% Monitor).</p> <p>56% say that minutes are always circulated after every Governors meeting (78% Monitor) and 33% say sometimes (3% Monitor).</p> <p>33% say minutes of the meeting are always circulated in good time for the next meeting (67% Monitor) and 33% most of the time (25% Monitor).</p> <p>44% of Governors say action points are followed up by the Governors responsible most of the time (36% Monitor) and 28% say action points are always followed up by the Governors responsible (50% Monitor).</p> <p>61% say the Chair always follows up the action points for which he or she is responsible (71% Monitor) and 22% say most of the time (20% Monitor).</p> <p>44% say the attending executive board members always follow up the action points for which they are responsible (53% Monitor) and 22% most of the time (32% Monitor).</p> <p>56% of Governors say that Governors meetings are productive always (39% Monitor) and 17% say most of the time (39% Monitor).</p>							
<p>Themes from comments received include:</p> <ul style="list-style-type: none"> • Meetings productivity improved • Time allocated for discussion at meetings increased 							

<u>About your role as a Governor</u>								
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	10	7	1	0	0	0	0
	%Chelsea and Westminster Governors	56	39	6	0	0	0	0
	%Monitor results	40	48	7	0	0	0	0
5.2	I am clear about what the local healthcare priorities are for my Trust	8	6	3	0	1	0	0
	%Chelsea and Westminster Governors	44	33	17	0	6	0	0
	%Monitor results	38	49	8	0	0	0	0
5.3	I am clear about what the priorities are for my Trust's patients/service users	9	4	4	0	1	0	0
	%Chelsea and Westminster Governors	50	22	22	0	6	0	0
	%Monitor results	44	45	8	0	1	0	0
5.4	The Governors at my Trust are good at communicating what the Trust is doing for the local community	5	9	2	1	0	1	0
	%Chelsea and Westminster Governors	78*		11	6*		6	0
	%Monitor results	59*		0	12*		0	0
5.5	The Governors at my Trust are good at communicating what the Trust is doing for patients services	5	10	2	0	1	0	0
	%Chelsea and Westminster Governors	84*		11	6		0	0
	%Monitor results	66*		0	10*		0	0
5.6	The Governors at my Trust are good at communicating what the Trust is doing for the Trust membership	4	11	2	0	0	1	0
	%Chelsea and Westminster Governors	83*		11	0		6	
	%Monitor results	66*		0	0		0	0

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	9	3	5	0	0	2	0
	%Chelsea and Westminster Governors	67*		28	0	0	11	0
	%Monitor results	90*		12	0			0
5.8	I feel I have the power as a Governor to hold my Trust's executive board to account (replaced with NEDs in 2013)	9	4	5	0	0	0	0
	%Chelsea and Westminster Governors	72*		28	0	0	0	0
	%Monitor results	70*		0	0	0	0	0
<p>* strongly agree and tend to agree * tend to disagree/strongly disagree</p> <p>Commentary: 56% of Governors strongly agree they are clear about their roles and responsibilities as a governor (40% Monitor) 39% tend to agree (48% Monitor).</p> <p>44% of Governors strongly agree they are clear about the local healthcare priorities for the Trust (38% Monitor) and 33% tend to agree (49% Monitor).</p> <p>50% of Governors strongly agree they are clear about the priorities for the Trust's patients/service users (44% Monitor) and 22% tend to agree (45% Monitor).</p> <p>78% of the Governors strongly agree/tend to agree that the Governors are good at communicating what the Trust is doing for the local community (59% Monitor).</p> <p>84% 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).</p> <p>83% 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).</p> <p>67% 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>72% 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).</p>								
<p>Themes from comments received include:</p> <ul style="list-style-type: none"> • More frequent meetings with the NEDs • Positive about holding NEDs to account 								

<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?	9	6	0	0	3
%Chelsea and Westminster Governors		83*	0	0	0	17
%Monitor results		94*	0	0	0	0
* very well informed and fairly well informed						
Commentary: 83% 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"> The information communication has improved this year 						

		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?	4	9	3	2	0
%Chelsea and Westminster Governors		22	50	17	11	0
%Monitor results		34	9	1	0	0
Commentary: 50% of Governors say they feel fairly confident about explaining the Trust's strategy or forward plan to a new Governor (9% Monitor) and 22% feel very confident (34%) whereas 17% do not feel confident (1% Monitor).						

			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)?	Executive Directors Non-executive Directors	7 3	7 4	2 4	0 3	0 0	2 4
	%Chelsea and Westminster Governors	78* Executive Directors 39* Non-executive Directors	39 17	39 22	11 22	0 13	0 0	11 22
	%Monitor results	74* Executive Directors 65* Non-executive Directors						

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	9	8	0	0	0	1
	%Chelsea and Westminster Governors	50	44	0	0	0	0
	%Monitor results	47	38	0	0	0	0
9.2	I wouldn't hesitate to approach the Chair with a query or issue	14	4	0	0	0	0
	%Chelsea and Westminster Governors	78	22	0	0	0	0
	%Monitor results	74	16	0	0	0	0
9.3	I wouldn't hesitate to approach any executive board member with a query or issue	11	4	3	0	0	0
	%Chelsea and Westminster Governors	61	22	17	0	0	0
	%Monitor results	59	26	0	0	0	0
9.4	Overall, my Chair is doing a good job	10	6	0	0	0	2
	%Chelsea and Westminster Governors	56	33	0	0	0	11
	%Monitor results	68	21	0	0	0	0
9.5	My executive Board is supportive of the Council of Governors and view it as an asset	8	4	3	0	0	3
	%Chelsea and Westminster Governors	44	22	17	0	0	17
	%Monitor results	43	33	0	0	0	0

Commentary: 50% of Governors strongly agree 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' (47% Monitor) and 44% tend to agree (38% Monitor).

78% of Governors strongly agree (74% Monitor) and 28% tend to agree (16% Monitor) with the statement 'I wouldn't hesitate to approach the Chair with a query or issue'.

61% of Governors strongly agree (59% Monitor) and 22% 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 strongly agree (68% Monitor) with the statement 'Overall, my Chair is doing a good job' and 33 tend to agree (21% Monitor).

44% strongly agree (43% Monitor) and 22% tend to agree (33% 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:

- Annual Away Day helpful
- Board/Governor relationship room for improvement
- A very impressive Executive Team
- The financial constraints explained very well – the immediate targets well defined.

<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	2	2
	%Chelsea and Westminster Governors	78	11	11
	%Monitor results	84	15	0
Commentary: 78% say they were given training or briefings to enable them to do the role when they first became a FT Governor (84% Monitor) and 11% 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?	13	3	2
	%Chelsea and Westminster Governors	72	17	11
	%Monitor results	80	17	0
Commentary: 72% say they have been invited to further training or briefings to help them develop in their role as Governor (80% Monitor) and 17% 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?	10	3	3	0	0	2
	%Chelsea and Westminster Governors	56	17	17	0	0	11
	%Monitor results	34	46	0	0	0	0
Commentary: 56% of Governors are very satisfied with all the training and/or briefings the Trust has provided (34% Monitor), 17% fairly satisfied (46% Monitor).							
Themes from comments received include: <ul style="list-style-type: none"> Satisfactory training provided 							

		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	3	2
	%Chelsea and Westminster Governors	72	17	11
	%Monitor results	81	4	0
Commentary: 72% say they would be able to secure training from the Trust if they needed training (81% Monitor) and 17% say no (4% Monitor).				

Final Question

14	Final question - is there anything else you would like to add?
	<ul style="list-style-type: none">• Focus on strategy has impacted on morale of staff• Important to ensure staff feel appreciated and listened to.

Council of Governors Meeting, 5 March 2015

AGENDA ITEM NO.	14/Mar/15
PAPER	Membership Report Q3 and Membership Engagement and Communication Calendar of events – update
AUTHOR	Layla Hawkins, Head of Marketing and Communications
LEAD	Layla Hawkins, Head of Marketing and Communications
EXECUTIVE SUMMARY	<p>The paper outlines:</p> <ul style="list-style-type: none"> • Current membership figures for end of December (Q3 2014/15) and associated commentary • Membership Engagement and Communication Calendar of events including detailed information on both the Star Awards and Open Day 2015
DECISION/ ACTION	For information

Membership Report

1.0 Membership joiners and leavers October –December 2014 (Q3 2014/15)

There has not been much of a change in the membership in the three months October, November and December 2014; the largest being a dip in membership in October due to a data cleanse. There have only been 34 new members during the period because of the Membership Sub Committee's decision not to actively recruit new members at the moment (under the proviso that direct recruitment will take place should the Committee feel there is a need).

The minimal change in the number of members during the period also means that the membership profiles also show no significant changes.

Totals	Oct	Nov	Dec
Period Start	15,114	15,023	15,021
Joiners	26	8	0
Leavers	117	10	4
Period End	15,023	15,021	15,017

Public	Oct	Nov	Dec
Period Start	5,543	5,515	5,513
Joiners	14	3	0
Leavers	42	5	2
Period End	5,515	5,513	5,511

Patient	Oct	Nov	Dec
Period Start	6,177	6,114	6,115
Joiners	10	5	0
Leavers	73	4	2
Period End	6,114	6,115	6,113

Staff	Oct	Nov	Dec
Period Start	3,394	3,394	3,393
Joiners	2	0	0
Leavers	2	1	0
Period End	3,394	3,393	3,393

Figure 1.0 Members Ethnicity (where provided) Q3 2014/15

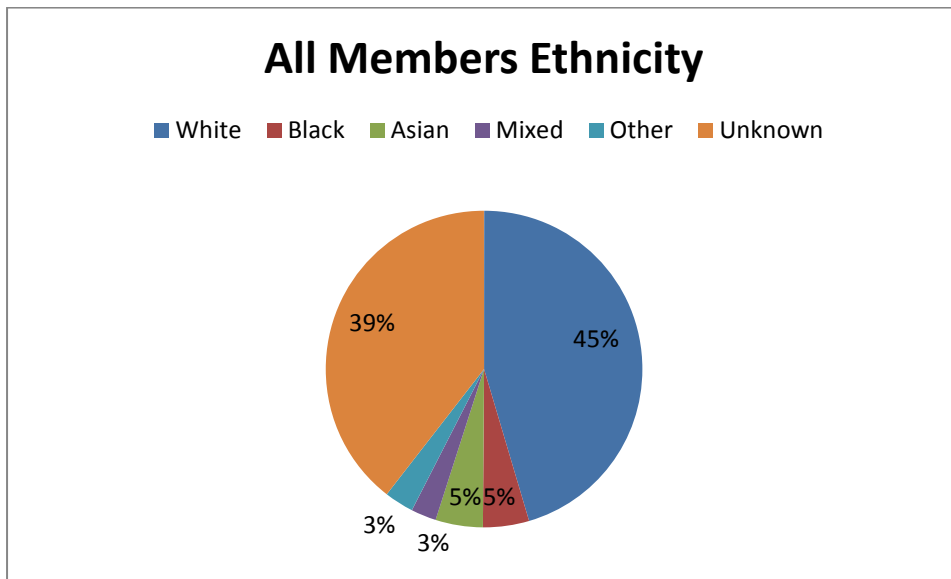
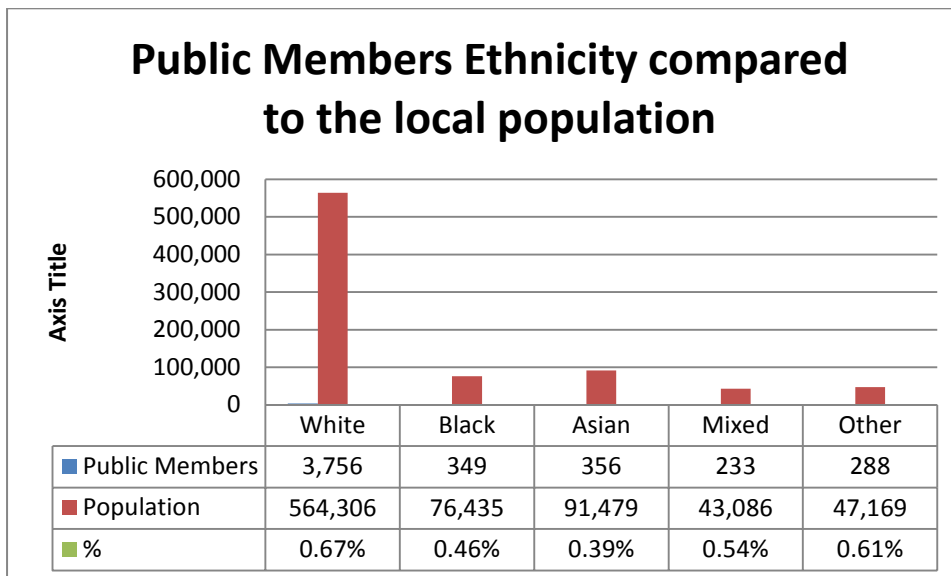
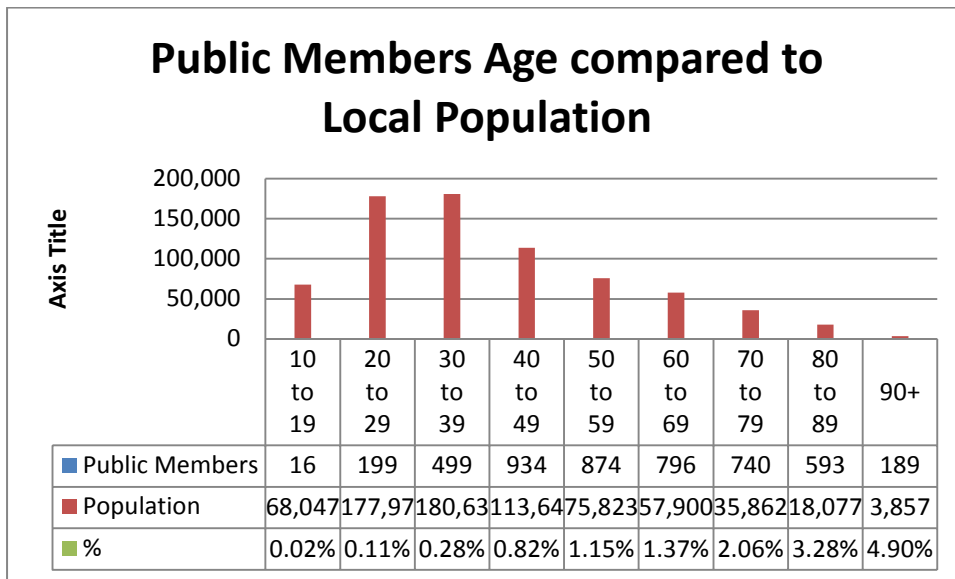


Figure 2.0 Public Membership comparisons to the Local Population Q3 2014/15



This diagram shows the membership is currently under-represented in the Black and Asian Ethnicities when compared to the local population (census data).

Figure 3.0 Public Membership Age Q3 2014/15



The table shows that members under 39 years are under-represented and over-50's are over represented when compared to the local population (census data).

Figure 3.1 Overall Membership Age Groups Q3 2014/15

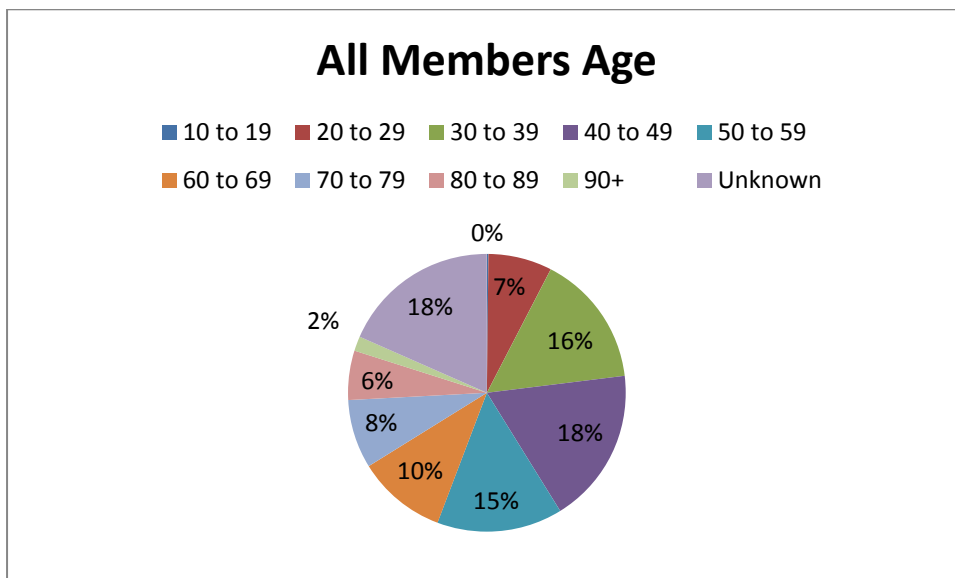
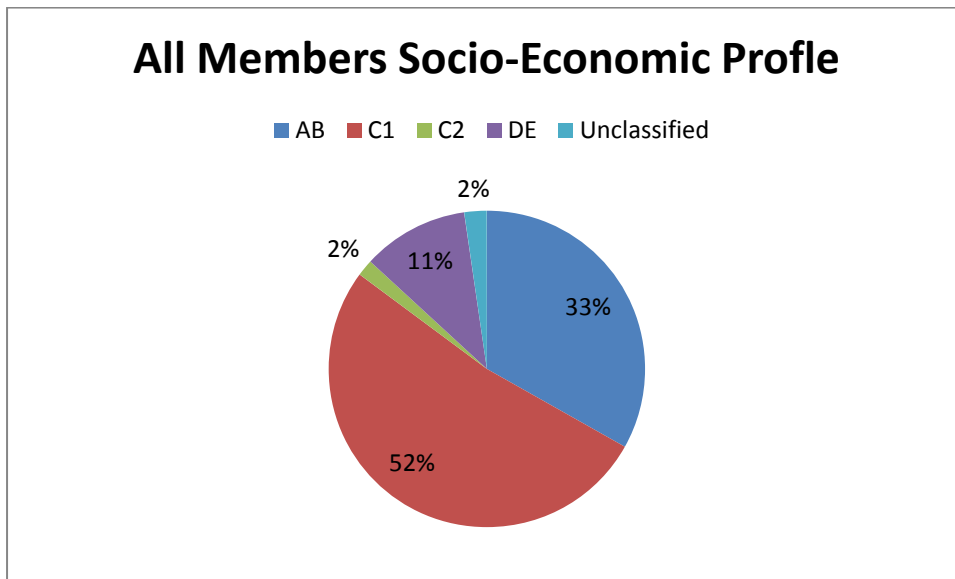


Figure 4.0 Overall Membership - Socio-Economic Groups* Q3 2014/15



*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).

Here the membership is over-represented in the AB and C1 groups and under-represented in the C2 and DE groups when compared to the local population (census data).

Conclusions

It is suggested that Governors who want to actively engage with members of the public through existing community meetings focus on attending events that will cover the groups listed as being under-represented. A list of upcoming events across all Local Authorities covered in the Trust Constitution will be circulated to Governors by email and materials to assist Governors in this direct engagement are available for use, kindly funded by the Council of Governors and as detailed in the papers for the December 2014 meeting. In addition the Trust is planning to hold monthly constituency meetings from March 2015.

In addition it is suggested that some direct recruitment takes place at the 2015 Open Day to support the need to actively recruit certain groups that are currently under-represented.

The Corporate Affairs and Governance Work Stream, in place to support the potential acquisition of West Middlesex University Hospital, will address the under-representation in their review of membership and engagement activities for a new, enlarged organisation on a long-term basis.

Membership Engagement & Communications Calendar of Events 2015

Date/Month	Event/Activity	Lead	Cost/Funding source
March 2015			
TBC	Maternity Led Unit Opening	Events officer	Not from Council of Governors budget (Funded by MLU)
TBC	Burns Unit Opening	Events officer	Not from Council of Governors budget (Funded by Burns)
Tuesday 10 March	Medicine for Members seminar	Events Officer	£700 (Council of Governors)
Friday 13 March	Members' News Issue 12	Events Officer	£216 (Council of Governors)
TBC	Constituency event	Events Officer	Not from Council of Governors budget
April 2015			
Tuesday 14 April	Members' News	Events Officer	£216 (Council of Governors)
Thursday 30 April	Chelsea and Westminster Star Awards	Events officer	Not from Council of Governors budget (Funded by CW+)
TBC	Constituency event	Events Officer	Not from Council of Governors budget
May 2015			
Saturday 9 May	Open Day	Events Officer	£20,000 (Council of Governors)
Tuesday 12 May	Members' News	Events Officer	£216 (Council of Governors)

Date/Month	Event/Activity	Lead	Cost/Funding source
TBC	Medicine for Members seminar	Events Officer	£700 (Council of Governors)
TBC	Constituency event	Events Officer	Not from Council of Governors budget
June 2015			
Tuesday 9 June	Members' News	Events Officer	£216 (Council of Governors)
TBC	Constituency event	Events Officer	Not from Council of Governors budget
July 2015			
Tuesday 14 July	Members' News	Events Officer	£216 (Council of Governors)
TBC	Medicine for Members seminar	Events Officer	£700 (Council of Governors)

CHELSEA AND WESTMINSTER STAR AWARDS 2015

1.0 Introduction

Thanks to the generous support of CW+ the fourth Star Awards ceremony will take place on 30 April. The Chelsea and Westminster Star Awards will complement existing staff recognition schemes including the Christmas Cheer Awards and Council of Governors Quality Awards.

Most award categories will be for staff nominated by other staff but there is 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

Progress to date includes:

- **Name and branding agreed**
- **Date, time and venue for awards dinner and prize giving ceremony agreed**
- **Award categories agreed** – these have changed slightly in order to reflect our Trust Priorities.
 - Inspirational Leader of the Year
 - Safety Award
 - Kindness Award
 - Excellence Award
 - Respectful Award
 - Public Health Star of the Year
 - Education Star of the Year
 - Enterprising Health Partnership Star Award
 - Efficiency Star of the Year
 - CW+ Special Award
 - Council of Governors' Special Award
 - Chief Executive's Special Award
- **General Star Award judging process agreed** (bar Chief Executive Special Award and Council of Governors Special award)
- **Publicity** – the communications plan is underway via the regular corporate communications channels and over 160 nominations have been received to date.

In relation to the Council of Governors Special Award, all Governors have been invited to nominate staff for the award and the Council of Governors judging panel are to notify Caroline Pooley on caroline.pooley@chelwest.nhs.uk with their name of the chosen winner.

CHELSEA AND WESTMINSTER OPEN DAY 2015

1.0 Introduction

The annual Chelsea and Westminster Hospital Open Day is the flagship event in the Trust's public and patient engagement programme, kindly sponsored by the Council of Governors. It is known within the healthcare sector as one of the most successful hospital open days.

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.

2.0 Aim

The aims of Open Day 2015 are to:

- Develop communication between Council of Governor's representatives and Foundation Trust members
- Promote the Trust values, this year focussing on Safe to demonstrate actions taken following the CQC report
- Promote the achievements of the hospital
- Encourage Open Day visitors to become Foundation Trust members
- Promote health, fitness and wellbeing
- Showcase developments such as the new A&E
- Improve staff morale
- Engage with local stakeholders
- Market the Trust to current and potential Foundation Trust members, patients and local residents
- Utilise the day as a fundraising opportunity for the Chelsea and Westminster Health Charity and other associated charities

3.0 Progress to Date

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

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

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

George Vasilopoulos has developed a fresh and clean new logo for Open Day 2015, emphasising our 'safe' value. The hearts represent our organisation's strong culture of caring (and, by extension, our dedication to safety) and the arrangement is reminiscent of a cloud, giving a sense of protection to our patients, service users and visitors. The hand-drawn typeface adds a personal touch, which aligns with our hospital's focus on personalised care.



Advertising the event this year will include:

- Trust News: half page in April / May Trust News which is distributed to our members.
- Website: homepage banner
- Gazette series: covering Hammersmith and Fulham, Kensington and Chelsea, and Westminster plus adverts on their website which will link through to our website.
- Front of hospital banner
- Residential letterbox drop: postcards to be ordered and distributed to residential addresses around the Trust.
- Poster: A3 and A4. Governors will be asked to distribute posters locally in their area. Upon advice from governors, posters will be distributed to governors as early as possible. Other posters will be displayed in local shops and around the hospital.
- School mailing: A letter will be sent to local schools along with some posters to advertise the open day to local families.
- Stakeholders: an invitation from the Chief Executive Officer and Chairman will be sent to local stakeholders. Those attending will be given a tour of the open day by a member of the Executive team.
- Social media: a series of tweets linking to open day information on our website will be published.

Council of Governors Meeting, 5 March 2015

AGENDA ITEM NO.	15/Mar/15
PAPER	Council of Governors Funding Report
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Layla Hawkins, Head of Marketing and Communications
EXECUTIVE SUMMARY	<p>This report provides an update on the Council of Governors budget.</p> <p><u>2014/15 Financials for Projects</u> Of the £69k circa £63k has been committed to projects. Circa £44k has been spent to date on the projects approved by the Council of Governors for the financial year 2014/15.</p> <p><u>2015/16 Financials for Projects</u> The report also provides an overview of planned projects for 2015/16 financial year.</p>
DECISION/ ACTION	The Council of Governors is asked to note the report.

2014/15 Financials for Projects

Project Name	Estimated Spend	Actual Spend to Date	Expected Expenditure Period	Lead	Approved by the Council of Governors
Open Day 2014	£ 20,000.00	£ 18,434.33	May/June 14	Katie Drummond-Dunn	17 July 2013
12 Members' E-News	£ 2,600.00	£ 1,944.00	Monthly	Katie Drummond-Dunn	17 July 2014
Xmas at C&W 2014	£ 8,000.00	£ 9,442.98	Nov/Dec14	Katie Drummond-Dunn	17 July 2014
5 Medicine for Members seminars 2014/15	£ 4,167.00	£ 171.00	Quarterly	Katie Drummond-Dunn	17 July 2014
Annual Members' Meeting 2014	£ 5,000.00	£ 1,967.24	Aug/Sep14	Katie Drummond-Dunn	17 July 2014
1 membership mailing per year (Feb 15)	£ 10,000.00	(changed provider & timing of issue)	Mar 15	Katie Drummond-Dunn	17 July 2014
Membership Recruitment Campaign for Open Day	£ 1,500.00	£ 1,500.00	June 14	Sian Nelson	17 July 2013
Quality Awards	£ 3,000.00	£ 750.00	Jul/Dec 14	Vanessa Sloane	17 July 2014
Council of Governors election	£ 7,177.00	£ 8,945.33	Dec 14	Susan Young	18 September 2014
Equipment for governor engagement with members	£ 800.00	To be confirmed	Dec 14	Layla Hawkins	4 December 2014
Christmas gifts to adult inpatients	£ 1,000.00	£ 1,000.00	Dec 14	Anna Hodson-Pressinger	4 December 2014'
TOTAL FOR 14/15	£ 63,244.00	£ 44,154.88			

2015/16 Financials for Projects

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