Chelsea and Westminster Hospital NHS
NHS Foundation Trust

12 September 2013

Dear Governors,

Council of Governors Meeting
Thursday, 19 September 2013

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

The arrangements for the day are as follows:

- Tera Younger's memorial service, 1.30pm – 2.00pm in the chapel, first floor;
- Lead Governor's information meeting over tea/coffee and cake joined by Libby McManus, new Director of Nursing and Quality and Susan Young, new Director of HR, 2.05 – 2.50pm in the Kitchen Room, St Stephen's Centre, 4th floor;
- Council of Governors meeting, 3 – 5.15pm in the Hospital Boardroom;
- Annual Members' Meeting, 5.30 – 7.00pm in the restaurant on the lower ground floor.

Yours sincerely,

Vida Djelic
Board Governance Manager

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting
Hospital Boardroom
Chair: Prof. Sir Christopher Edwards
Date: 19 September 2013 Time: 3pm

Agenda

	PLEASE NOTE THE EARLIER START AT 3PM	Lead	Time
1	**GENERAL BUSINESS**		
1.1	Welcome & Apologies	CE	3.00
1.2	Declaration of Interests	CE	
1.3	Minutes of Previous Meeting held on 18 July 2013 (attached)	CE	
1.4	Matters Arising (attached)	CE	
1.5	Chairman's Report (oral)	CE	3.15
1.6	Chief Executive's Report (oral)	APB	3.25
1.7	Feedback from Board (oral)	CE	3.35
2	**ITEMS FOR DECISION/APPROVAL**		
2.1	Council of Governors Standing Orders - Report of the Task & Finish Group (attached)	MJ	3.45
2.2	Update on election of a new governor (attached)	CE	4.00
3	**ITEMS FOR DISCUSSION/UPDATE**		
3.1	Nominations Committee – update (oral)	CE	4.10
3.2	Governors' Questions (attached) - Has any headway been made in reviewing the Whistleblowing Policy? (SM) - Has an amendment been made to the Whistleblowing Policy re assurances on whistleblowing incidents (SM) - May we have sight of the details of this whistleblowing incident (SM) - Is the alleyway at the back of the hospital from Nightingale Place through to Gertrude Street a fire access route? (SS-G) - Do senior medical staff work out of "office" hours? If so, what percentage of the total do this?(SS-G) - What plans does the hospital have for extending senior staff hours both for in and out patients so that the hospital is working towards being full-time 24/7? (SS-G) - Please clarify the use of the Governors' Annual Budget (WMW) - Please confirm that it is not only for Membership issues (WMW) - What are the criteria for qualifying for funding? (WMW) - Would it be possible to vote by a show of hands? (WMW)		
3.3	Senior Team Visits to Clinical Areas (attached)	TP	4.20
3.4	Council of Governors Funding Report – update (attached)	FH	4.25
3.5	Quality Sub-Committee report (oral)	CM	4.30
3.6	Membership Sub-Committee – update (oral)	CBir	4.40
3.7	Membership Engagement and Communication – update (oral)	FH	4.50
3.8	Membership Report (attached)	SN	5.00

4	**ITEMS FOR INFORMATION**	
4.1	Council/Board Away Day – 17 October 2013	
4.2	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 – 12 December 2013**	
	CLOSE	5.15

PLEASE NOTE THAT THE ANNUAL MEMBERS' MEETING WILL FOLLOW AFTERWARDS AT 5.30pm

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 19 September 2013

AGENDA ITEM NO.	1.3/Sep/13
PAPER	Draft Minutes of Council of Governors Meeting – 18 July 2013
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Prof. Sir Christopher Edwards, Chairman
EXECUTIVE SUMMARY	This paper outlines a record of proceedings at the previous meeting.
DECISION/ ACTION	1. To agree the minutes as a correct record. 2. The Chairman to sign the minutes.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting Minutes, 18 July 2013
Draft

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
Alan	Cleary	Patient		ACle
Sam	Culhane	Public	Hammersmith and Fulham 1	SC
James	Dennis	Staff	Allied Health Professionals, Scientific and Technical	JD
Brian	Gazzard	Staff	Medical	BG
Anna	Hodson-Pressinger	Patient		AH-P
Melvyn	Jeremiah	Public	Westminster 2	MJ
Martin	Lewis	Public	Westminster 1	ML
Kathryn	Mangold	Staff	Nursing and Midwifery	KM
William	Marrash	Patient		WM
Susan	Maxwell	Patient		SM
Wendie	McWatters	Patient		WMC
Harry	Morgan	Public	Wandsworth 1	HM
Frances	Taylor	Appointed	Royal Borough of Kensington and Chelsea	FT
Maddy	Than	Staff	Support, Admin & Clerical	MT
Alison	While	Appointed	Kings College	AW
Charles	Steel	Patient		CS
Dominic	Clarke	Staff	Management	DC
Edward	Coolen	Public	Kensington and Chelsea 1	EC

IN ATTENDANCE:

Sir Geoffrey Mulcahy	Non-executive Director	GM
David Radbourne	Chief Operating Officer	DR
Tony Pritchard	Chief Nurse	TP
Rakesh Patel	Director of Finance	LB
Catherine Mooney	Director of Governance and Corporate Affairs	CM
Zoe Penn	Medical Director	ZP
Katie Drummond-Dunn	Communications Manager	KD-D
Layla Hawkins	Head of Communications and Marketing	LH
Vida Djelic	Foundation Trust Secretary	VD
Patricia Gani	Healthwatch representative	PG
Fleur Hansen	General Manager for CEO	FH
Carol McLaughlin	Financial Controller	CML

Ben Sheriff	Deloitte	BS
Tristan Hawkins	Chelsea and Westminster Hospital Charity, Art Director	TH

1 GENERAL BUSINESS

1.1 Welcome & Apologies — CE

CE noted some changes to posts. Cathy Mooney will now be focusing on quality as Director of Quality Assurance. Fleur Hansen will be interim Director of Corporate Affairs and Company Secretary.

CE welcomed Patricia Gani, Healthwatch representative and members of the public to the meeting.

Apologies were received from Tom Church, Jenny Higham, Cyril Nemeth, Sandra Smith-Gordon, Steve Worrall, Tony Bell, Lorraine Bewes, Sian Nelson, Sir John Baker and Karin Norman.

CE noted that Julie Armstrong, Staff Governor – Contracted Constituency resigned in June. This has created vacancy in the constituency Staff – Contracted.

1.2 Announcement of election results — CE

CE welcomed newly elected governors to the meeting. These were as follows:

- Chris Birch, patient governor – re-elected
- Dr Charles Steel, patient governor – due to an additional vacancy which arose in May the second highest polling candidate has been invited to fill in that seat and serve for a three-year term as agreed at 23 May Council of Governors meeting.
- Samantha Culhane, public governor – Hammersmith and Fulham Area 1 – re-elected unopposed
- Capt. Edward Coolen, public governor – Kensington and Chelsea Area 1 – elected
- Dominic Clarke, Staff Management – elected

CBir noted the disappointing number of votes for the highest polling candidate in the patient constituency. CE highlighted the importance of members involvement and governors' help with this.

1.3 Declaration of Interests — CE

None.

1.4 Minutes of Previous Meeting held on 23 May 2013 — CE

Minutes of the previous meeting were accepted as a true and accurate record of the meeting with the changes provided by CE.

1.5 Matters Arising **CE**

Role of PALS
TP noted that he had held useful discussions with staff, stakeholders and a group of governors. This is work in progress.

Council of Governor Performance Evaluation Report
It was noted that no particular actions were identified to be taken forward.

Funding report
TP confirmed that the funding for My Life Reminiscence Software has been supported by the nursing department.

Mary Seacole plaque
FH noted that she will try to determine its current location and will update the governors.

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

CE announced that the Council/Board Away Day will be held on 17 October 2013. It will focus on significant transactions and strategy. A venue will be confirmed in due course.

CE noted the FTGA/CQC report on working together with governors and highlighted that a meeting will be set up to discuss this.

CE noted that the CRB check letters have been sent to governors. ML queried the reasons for the FT Secretary facilitating this process. VD responded that HR felt it was the most appropriate for her to do it considering the fact that she knows the governors.

The Council of Governors noted the recent changes in the management posts.

CE noted that with respect to Tera Younger it was hoped that her family would come from the US and this should have coincided with the planned memorial service. Due to the fact that an inquest will not take place until later in the year and the family plans to visit the UK then it is being planned that the memorial service will be organised sooner.

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

The Council of Governors noted that clinical teams from Royal Brompton Hospital and Chelsea and Westminster Hospital continue their detailed assessment for the management of paediatric patients.

1.8 Feedback from the April Board **CE**

None.

2 ITEMS FOR DISCUSSION/DECISION/APPROVAL

2.1 Update on Board of Directors' Appointments **CE**

CE noted an update on the recruitment process for the forthcoming Board of Directors appointments. The key steps were highlighted.

CE noted the importance of having a link at Board level with Imperial College however the search for a new non-executive director would be very limited if it was confined to members of the College. It was therefore proposed that Imperial College should be asked to nominate a senior member of the academic staff to be in attendance at the Board meetings. Professor Kitney has expressed interest in continuing in this role which will also allow him to complete the IM&T strategy work.
The Council of Governors noted the Board succession plan and the importance of Imperial College representation as outlined in the paper.

NB queried if the Non-executive Directors skill set and gaps could be circulated to governors.

CBle noted the importance of governors being assured that the recruitment process is run in accordance with the governance arrangements. CE confirmed that the recruitment process is in progress and whilst the self-assessment of skills and knowledge have been completed this will be considered by the Nominations Committee as part of the recruitment process. It was also confirmed that the gender, age and ethnic balance will be considered.

2.2 Presentation of Annual Accounts & Annual Report 2012/13 CML/CE

It was noted that the annual accounts were signed off by the Board on 28 May 2013.

A summary of the year end position was noted. The highlights include:
- Surplus of £13m
- Financial Risk Rating of 5
- The forecasted Cost Improvement Programme (CIP) achieved
- Strong balance position
- Capital expenditure of £16.8m

CE congratulated the finance team and the whole organisation on this excellent result.

It was noted that the current year will be challenging in part due to the issue with sexual health funding

BG queried if there is a formal mechanism for monitoring effect of the CIP on the quality of services and how quality is maintained considering the CIP targets on a year to year basis. It was noted that there is a quality risk assessment process for CIPs overseen jointly by the Director of Nursing and Medical Director to ensure that CIPs do not adversely affect the quality of services.

BG said governors would like to be assured that these have been considered and discussed thoroughly and asked if minutes were available. ZP said that she and the Director of Nursing went through the top value CIPs and determined if there was any impact they may have on the quality. Other CIPs are assessed by

divisions under a similar process.

	BG asked if a copy of minutes of the meetings at which the CIPs were considered could be circulated to the Quality Sub-Committee.	**ZP**
	CE noted the importance of governors' involvement in various projects/work of C&W.	
	ML expressed a concern about being recently told by clinical staff of a restructure in the Women's, Children's HIV/GUM and Dermatology division which affected a number of senior posts. The governors' concerns about this restructure were noted.	
2.3	**External Auditors' Report on the Annual Accounts 2012/13**	**BS**
	Ben Sheriff from Deloitte presented the external audit report on the financial statements for 2012/13 financial year. He said that Deloitte had issued a clean unmodified opinion and there were no items they required to be reported by exception.	
	In response to a question from ML, BS responded that the Trust's financial statements showed that it was owed £7.5m by other NHS bodies and these are mainly payments from commissioners.	
2.4	**Findings and recommendations from the 2012/13 NHS Quality Report External Assurance Review**	**BS**
	The Council of Governors noted the external assurance review of 2012/13 Quality Report by Deloitte. The audit includes a review of the content of the Quality Report and testing three performance indicators.	
	Deloitte has provided an opinion on *C.difficile* and 62 day cancer waiting times. The work on incidents resulting in severe harm or death identified some areas for improvement in relation to how data is collected.	
	CE confirmed that overall the external opinion is satisfactory.	
2.5	**Audit Committee Annual Report 2012/13**	**GM**
	GM said that the report has been circulated and he highlighted the key points. Internal audit is conducted by KPMG and external audit is conducted by Deloitte.	
	CE said that the Board's attention has been drawn to mandatory training. GM noted that whilst there was still further work needed on this, that there had been some improvement.	
2.6	**Membership Engagement and communication – update**	**KD-D**
	This item was starred and therefore taken as read.	
2.7	**Membership Recruitment, Engagement and Communications Strategy 2013/14**	**TP**

The strategy was agreed.

2.8 Annual Members' Meeting Proposal **LH**

LH outlined the proposal and highlighted the running order of presentations for the Annual Members' Meeting on 19 September.

The following themes were noted:

- Patient experience and quality- the statutory presentations will discuss the quality of care and experience we currently provide and our plans for 2013/14.
- Progress around Shaping a Healthier Future.
- The Dean Street Express facility - as an example of quality and provision of care and advice we provide to the diverse range of populations we serve.

The second clinical presentation will focus on how our research portfolio translates into better care and experience for patients.

LH invited governors to express interest in presenting at the Annual Members' Meeting. JD was nominated by ML after CBir had persuaded him to do it and he had agreed.

It was noted that the original footage of the official opening of the hospital will be played on the day to mark the 20th anniversary.

2.9 Musical entertainment and art in the hospital **TH**

TH noted that the main area of priority for arts is patient areas and atrium spaces. The aim is to improve patient's experience during their visit to the Trust.

It was noted that the Chelsea and Westminster Health Charity attracts interest from musicians and artists all over the country.

In response to a question from WMW, TH confirmed that paintings on display in the hospital are not for sale but that occasionally limited print runs are produced for fundraising purposes.

In response to a question from ML, TH confirmed that hospital arts tours for patients and the public are available.

CE thanked TH for presenting to the governors.

2.10 Governors' Questions

A written response to the questions from governors was provided with the exception of questions from Chris Birch.

In response to a question regarding a commemoration for Jim Smith, FH said

that the division had been looking into this with the St Stephen's Volunteers. Whilst the plaque has been located it specifically refers to the donation of an ice machine which was a deemed an infection control risk. It has therefore been proposed to dedicate an art work in the kitchen area in memory of Jim and the matron for Ron Johnson was looking at options with Hospital Arts. FH said she will follow this up.

In response to a question regarding the plans for official opening FH noted that Annie Lennox was approached in her capacity as HIV Ambassador for London and we are awaiting her response. The official opening has been planned for the end of the year.

In response to a question if it can be mentioned somewhere that the Ron Johnson ward replaces the old Thomas Macaulay ward FH responded that this will be looked into.

	Motion	**CBir**
	CBir moved a motion on the Council of Governors Standing Orders and asked that the Council of Governors elects three governors to review the Council of Governors Standing Orders, which were last reviewed on 20 September 2007, to suggest any changes felt necessary and to report back to the next meeting of the Council on 19 September.	
	FH informed the group that CM had advised her that the Council of Governors Standing Orders form an integral part of the current constitution and as per the work of the Constitution Review Task Force the plan is to review the constitution and once this has been completed the Standing Orders will be extracted from the Constitution and will form a separate piece of work.	
	CE suggested a Task and Finish Group be formed to consider an effective way of functioning of Council of Governors meetings and report back at the next Council meeting.	
	BG seconded the motion.	
	CE confirmed that the majority of governors voted in favour.	
	CE invited, in addition to CBir, other governors interested in joining the group to let VD know.	**All**
2.11	**Funding Report**	**VD**
	This item was starred and therefore taken as read.	
2.12	**FTGA/NHS Confederation joint event - NEDs and Governors: How to build effective working relationships – 22 April 2013**	**SM**
	This item was starred and therefore taken as read.	
2.13	**Palliative Care**	**CBir/AH-P**

CBir noted that the Liverpool Care Pathway has been in the news recently over the plans to phase it out.

It was noted that CBir and AH-P are members of the hospital's newly re-formed End of Life Care Quality Improvement Group. The aim of the group is to improve the end of life care and the group would be developing individual care plans which would replace the LCP.

CE thanked CBir and AH-P for a very helpful paper.

2.14 Embedding Trust values – governors values/behaviours **TP**

It was noted that governors were involved in developing behaviours and this was endorsed by the Council of Governors Quality Sub-Committee in June. It was proposed that these behaviours are agreed and then incorporated in the Council of Governors Code of Conduct.

CE stressed the importance of both staff and governors adhering to the Trust values.

2.15 Francis Inquiry Report – update on progress **DR**

TP noted that the paper circulated presents an update following a series of listening events with staff and governors. Actions have been identified and subsequently linked to the recommendations from the report. It has been proposed that the action plan is taken to August Quality Committee with sign off in September. CE suggested involving governors in the process of devising the action plan. TP invited governors to participate.

2.16 Quality Awards **CE**

CE highlighted award winning quality initiatives.

The governors introduced the quality awards winners. These were:
- Respiratory Physiotherapy
- Women's and Men's Health Physiotherapy Team
- Nutrition and Dietetic Department Acute Team
- M@D project team lead by Pharmacy
- The Domestic Abuse Team

It was noted that staff, both clinical and non-clinical, should be encouraged to apply for autumn awards. These should be widely publicised. **LH to ensure wide publicity.** **LH**

2.17 Quality Sub-Committee report **CM**

This item was starred and therefore taken as read.

2.18 Membership Sub-Committee report **ML**

This item was starred and therefore taken as read.

2.19 Membership Report **TD**

This item was starred and therefore taken as read.

2.20 Open Day 11 May 2013 – Evaluation Report **KD-D**

This item was starred and therefore taken as read.

3 ITEMS FOR INFORMATION

Noted.

4 ANY OTHER BUSINESS **CE**

ML queried if an informal meeting between Non-executive Directors and governors could be arranged.

ML recorded the Council's thanks to Cathy Mooney and noted that she has been very helpful in keeping governors both involved and informed. He hoped that this will continue with a new Director of Corporate Affairs.

MJ noted that governors should to be more involved throughout the strategic process rather than just approving papers when the process reached its final stage. Providing information late may not give them confidence that the process has been satisfied at all stages and therefore they may on occasions decide to refuse to accept a proposal for approval. It was felt that the Away Day in October is some time to go and things need to move sooner. CE reaffirmed a point made earlier in the meeting that the Trust is considering ways of greater involvement of governors. It was noted that FH would look at this.

Regarding the Away Day, CE confirmed that significant transactions will be facilitated in the morning and the strategy update will be held in the afternoon.

5 DATE OF THE NEXT MEETING

The next meeting of the Council of Governors will be held on 19 September 2013.

Council of Governors Meeting, 19 September 2013

AGENDA ITEM NO.	1.4/Sep/13
PAPER	Matters Arising from the meeting of the Council of Governors meetings held on 18 July 2013
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Prof. Sir Christopher Edwards, Chairman
EXECUTIVE SUMMARY	This paper lists matters arising from previous meeting and the action taken or subsequent outcomes.
DECISION/ ACTION	The Council of Governors is asked to note the matters arising and the updates.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

MATTERS ARISING
Council of Governors Meeting
Hospital Boardroom
Chair: Prof. Sir Christopher Edwards
Date: 18 July 2013
Time: 4:00 – 6:30 pm

Ref	Description	Lead	Subsequent Actions or Outcomes
2.2/Jul/13	**Presentation of Annual Accounts & Annual Report 2012/13**		
	BG asked if a copy of minutes of the meetings at which the CIPs were considered could be circulated to the Quality Sub-Committee.	**ZP**	The CIP Quality Impact Assessment will be circulated to the Quality Sub-Committee.
2.10/Jul/13	**Motion**		
	CE invited, in addition to CBir, other governors interested in joining the group to let VD know.	**All**	Complete. The Task and Finish Group on Revising the Council of Governors Standing Orders consists of Chris Birch, Melvyn Jeremiah, Martin Lewis, Susan Maxwell and Sandra Smith-Gordon.
2.16/Jul/13	**Quality Awards**		
	It was noted that staff, both clinical and non-clinical, should be encouraged to apply for autumn awards. These should be widely publicised. **LH to ensure wide publicity.**	**LH**	

Council of Governors Meeting, 19 September 2013

AGENDA ITEM NO.	2.1/Sep/13
PAPER	Council of Governors Standing Orders Report of the Task & Finish Group
AUTHOR	Melvyn Jeremiah, Chair of the Task & Finish Group
LEAD	Melvyn Jeremiah, Chair of the Task & Finish Group
EXECUTIVE SUMMARY	At the Council of Governors meeting on 18th July a Task & Finish Group was established to complete the drafting of Standing Orders for the conduct of Council of Governors meetings. This Group consisted of Chris Birch, Melvyn Jeremiah, Martin Lewis, Susan Maxwell and Sandra Smith-Gordon, with Melvyn Jeremiah as Chairman. It met on 15th August with Fleur Hansen and Vida Djelic in attendance. A final draft of the Standing Orders was agreed, based on the extensive email exchanges between members of the Group which had taken place previously. A copy of this final version is attached. In the eventual revised Trust Constitution the Orders will appear as an Annex. In the meantime once approved by Council the Standing Orders will form a working basis for its future meetings.
DECISION/ ACTION	The Council at its meeting on 19th September is invited to review and approve the draft on the basis of the following motion proposed by Melvyn Jeremiah and seconded by Chris Birch: That this Council agrees the final draft of Standing Orders for the Council of Governors as proposed by the Task & Finish Group which is to be attached to the Minutes of this meeting, and resolves that: [a] the draft should be the basis for the appropriate Annex to the revised Constitution, both reviewed as necessary to avoid conflicting provisions and processed in accordance with the present Article 22 of the Constitution, and [b] in the meantime the provisions of the draft should form the working basis for its future meetings insofar as there is no conflict between them and the provisions of the Constitution in force at the time.

STANDING ORDERS FOR PROCEEDINGS AT MEETINGS OF THE COUNCIL OF GOVERNORS

DRAFT 20.08.13

Agenda

1.1 Meetings of the Council of Governors properly convened under clause 11.16.2 of the constitution shall be notified to all Governors at least fourteen days in advance. The notice shall include an agenda specifying the business to be conducted at the meeting. No other business may be conducted at the meeting except at the discretion of the chairman.

1.2 The Agenda Sub-committee of the Council of Governors shall meet with the chairman and chief executive of the Trust to agree the terms of the agenda before it is sent out.

1.3 Individual items on the agenda should be described briefly and clearly. A notional time for dealing with each item should be indicated in the margin, to assist in the timely conduct of the meeting which should not last more than two hours in total. For the same reason items should be listed in two groups, those requiring discussion and decision and those which are for information only.

Chairmanship

2.1 In accordance with s12 of Schedule 7 to the National Health Service Act 2006 the Chairman of the Trust shall chair any meeting of the Council of Governors properly convened under clause 11.16.2 of the constitution. If he is unable or unwilling to do so the Deputy Chairman of the Council shall chair the meeting. If he is also unable or unwilling, the Governors present at the meeting shall appoint one of their number to chair the meeting.

Quorum

3.1 A meeting will only proceed to business if a quorum is present within fifteen minutes of the time fixed for the start of the meeting. A quorum shall consist of ten Governors including not fewer than four public and/or patient Governors, not fewer than one Staff Governor, and not fewer than two appointed Governors. If a quorum ceases to be present during the meeting so that no decisions can be taken the chairman must adjourn the meeting to the same day in two weeks' time.

3.2 If no quorum is present within half an hour of the time fixed for the adjourned meeting, the number of Governors present shall be the quorum.

Presentation of papers

4.1 Wherever possible papers for a meeting should be sent out with the notice and agenda. They may be prepared by Trust staff or Governors. If the paper is for discussion and/or decision, not simply for information, the author should give a brief introduction, not repeating the content of the paper. The author should not contribute further to the discussion until the end, when a response may be required to points made in the discussion.

Form of debate

5.1 Anyone wishing to speak should raise their hand and will be called by the chairman. Their contribution should be brief and to the point, avoiding personal

reminiscences. They should not be interrupted except by the chairman if they speak for too long or off the point, when he should call them to order.

5.2 Whilst a person is speaking others present must not make a running commentary on their remarks or hold private conversations. In the case of persistent disregard of the authority of the chair in this respect the offender should be required to leave the meeting.

5.3 If a Governor believes that a speech is contrary to the provisions of these Standing Orders he or she may stand and declare “Point of Order”. Discussion shall then immediately stop, whilst the objector explains the objection and the chairman gives his ruling. *See also* **Procedural Motions** *below.*

Ordinary Motions

6.1 All motions should be submitted to the Agenda Sub-committee in writing by the mover and seconded by another Governor.

6.2 A motion:

(a) should begin with the word *That* and be generally affirmative and not negative in form.

(b) must be within the powers of the meeting.

6.3 Amendments to motions can be moved without previous notice provided they are seconded by another Governor, they are relevant to the motion, within the scope of the agenda, and do not involve such a substantial alteration of the motion as to make it a new motion. No-one can move more than one amendment to a single motion.

Procedural motions

7.1 The discussion of an ordinary motion which has been properly proposed and seconded may be interrupted by any one of the following procedural motions, no notice of which is required, need not be in writing, and need not be seconded:

(a) to proceed to next business

(b) to move the closure

(c) to adjourn the debate.

7.2 A “next business” motion if carried has the effect of getting rid of the substantive ordinary motion under discussion without putting it to the vote: If carried, the meeting will proceed to the next item on the agenda. It does not prevent the ordinary motion being proposed again at the next meeting.

7.3 A “closure” motion takes the form “That the question be now put”. If carried, the ordinary motion under discussion must be put to the vote immediately.

7.4 A motion to adjourn may be appropriate where discussion has become heated. The adjournment may be to later in the same meeting or to a future meeting. The mover of the original motion is allowed a right of reply to this motion but no further debate is permitted. If the procedural motion is successfully carried the proposer shall have the right to re-open the debate when it is resumed after the adjournment.

Decisions

8.1 Decisions shall normally be reached by simple majority on a show of hands by the Governors present. If the chairman rules that the result is too close to determine there may be a second show of hands. In the case of an equality of votes the chairman shall have a casting vote. The chairman or any other member of the Council may require a written poll of the Governors present. Such a demand must be made immediately after the determination of the show of hands.

8.2 No decision shall be valid if it is opposed by all the Public Governors present.

8.3 Approval of a proposal which requires funding by the Council of Governors shall be dependent on an ordinary motion to approve the expenditure, tabled in accordance with section 5.1 of these Standing Orders.

Minutes of meetings

9.1 The minutes of a meeting must record the decisions taken and the precise wording of any motions considered or passed. There may need to be an explanation of the reasoning for some decisions, but if so it should be brief and concise. The aim should be that a member who was absent from the meeting can fully understand what was done at it.

9.2 Minutes should be circulated as soon as possible after the meeting to which they relate and in any case within 14 days.

9.3 Minutes should record accurately whatever was decided at the meeting, be approved at the next following meeting, and be signed by the chairman after corrections of any inaccuracy are made.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 19 September 2013

AGENDA ITEM NO.	2.2/Sep/13
PAPER	Update on election of a new governor
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Prof. Sir Christopher Edwards, Chairman
EXECUTIVE SUMMARY	Due to a vacancy created in the in the patient constituency at the end of July it has been proposed that the third highest polling candidate at the last election held in July, namely Dr Andrew Lomas has been invited to fill the vacant seat and serve for a three year term.
DECISION/ ACTION	The Council of Governors is asked to approve the proposal that Dr Andrew Lomas fills the vacant seat in the patient constituency.

Update on election of a new governor

1.0 Introduction

A vacancy was created in the in the patient constituency at the end of July.

2.0 Background

In relation to vacancies amongst governors the Trust's constitution stipulates the following:

'11.14.3. Where the vacancy arises amongst the elected Governors, the Council of Governors shall be at liberty either:
11.14.3.1. to allow the seat to remain open until the next scheduled election; or
11.14.3.2. to invite the next highest polling candidate for that seat at the most recent election, who is willing to take office, to fill the seat and serve for a three-year term.

It has been proposed that the third highest polling candidate at the last election held in July, namely Dr Andrew Lomas has been invited to fill the vacant seat and serve for a three year term.

This will maximize the opportunity of good representation in the patient constituency on the Council of Governors by having as many vacant seats filled as possible and reduce a cost of the next election by having to fill in one less seat.

3. Decision/Action

The Council of Governors is asked to approve the proposal that Dr Andrew Lomas fills the vacant seat in the patient constituency.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 19 September 2013

AGENDA ITEM NO.	3.2/Sep/13
PAPER	Governors' Questions
AUTHOR	Cathy Mooney, Director of Assurance Quality Fleur Hansen, Interim Director of Corporate Affairs and Company Secretary
LEAD	Tony Bell, Chief Executive
EXECUTIVE SUMMARY	1.1 The question raised by Susan Maxwell: Has any headway been made in reviewing the Whistleblowing Policy? **Response: Cathy Mooney, Director of Quality Assurance** This is now approved and available on the Trust Intranet. Response: This is now approved and available on the Trust Intranet. 1.2 The question raised by Susan Maxwell: Has an amendment been made to the Whistleblowing Policy re assurances on whistleblowing incidents? **Response: Cathy Mooney, Director of Quality Assurance** Yes. The policy outlines protection for the employee against dismissal or adverse treatment in employment as a consequence of making the disclosure. It also recognises the difficulty there may be in raising a concern and contains an assurance of support and confidentiality during the initial investigation process. In addition, the designated Non-Executive Director has responsibility for independently overseeing the concerns and how they are dealt with by the relevant Director. In the recent case this is Karin Norman. Going forward this will be the Senior Independent Director. 1.3 The question raised by Susan Maxwell: May we have sight of the details of this whistleblowing incident? **Response: Cathy Mooney, Director of Quality Assurance** The policy allows for protection of the identity of the whistle-blower if requested. In this case the whistle-blower has requested this. The identity may be disclosed if details about the allegation are published. The revised

policy allows for a report on whistleblowing allegations to be made to the Board. This will be due for the October Board and will be reported via the Assurance Committee report.

2.1 The question raised by Sandra Smith-Gordon: Is the alleyway at the back of the hospital from Nightingale Place through to Gertrude Street a fire access route?

Response: David Butcher, Director of Estates and Facilities

The pedestrian access route from Nightingale Place through to Gertrude Street is not a fire escape or access route.

2.2 The question raised by Sandra Smith-Gordon: Do senior medical staff work out of "office" hours? If so, what percentage of the total do this?

2.3 The question raised by Sandra Smith-Gordon: What plans does the hospital have for extending senior staff hours both for in and out patients so that the hospital is working towards being full-time 24/7?

Response: Fleur Hansen, Interim Director of Corporate Affairs

Providing consultant led care when patients need it and when they want it is an important priority for the Trust. This has two key aspects – ensuring consultants are leading acute services on site and also providing clinics out of hours to suit the needs of patients.

It would be difficult to give an exact percentage of consultants who work out of hours given it would require review of individual consultant's work plan but a high number of consultants work out of normal hours, even if on a more ad hoc basis.

In addition to being part of a 24/7 on-call rota, consultants in acute care provide on-site extended hours in line with clinical standards as follows:

Speciality	Weekdays (Monday to Friday)	Weekends (Saturday and Sunday)
A&E	14.5 hours a day on site	8 hours a day on site
Emergency Surgery	12 hours a day on site	Two ward rounds a day
Emergency Medicine	12 hours a day on site	12 hours a day on site
Critical Care	24 hours a day on site	24 hours a day on site
Maternity	16 hours a day on average	5 hours a day on site
Paediatrics	13.5 hours a day (moving to near 24 hour cover in October)	8 hours a day (moving to near 24 hour cover in October)
Paediatric A&E	13 hours a day on average (moving to near 24 hour cover in October)	13 hours a day on average (moving to near 24 hour cover in October)
NICU	24 hours a day on site	24 hours a day on site

In addition to out of hours emergency surgery for which consultant emergency surgeons will be on-site as required, surgical specialties may also run theatre lists out of normal hours. This is generally on a more ad hoc basis as demand requires but paediatric dental routinely runs all day lists in two parallel theatres every Saturday.

We also offer a number of outpatient clinics out of normal hours to cater for those patients which find it difficult to come to the hospital during the normal 9am-5pm day. These are set up in response to patient feedback and so when there is sufficient demand, services will do aim to set up these clinics. The following consultant led clinics are currently offered out of normal hours:

Speciality	Weekdays (Monday to Friday)	Weekends (Saturday and Sunday)
Sexual Health	Clinics until 7pm at all sites Clinics from 8am at Dean St	Saturday 11am – 4pm Dean St Saturday 9am – 12pm West London Centre for Sexual Health
Dermatology	Tuesday 5pm – 8pm	
Pain	Tuesday 5pm – 8pm	
General Surgery	Wednesday 5pm – 8pm	
Plastic Surgery	Tuesday 5pm – 8pm	
Community Gynaecology	3 days/week 8am – 9am 2 days/week 5pm – 7pm	
Obstetrics	Thursday 5.30pm – 8.30pm	
Obstetrics (midwifery led)	Tuesday 5pm – 8pm	Saturday 9am – 5pm

It should also be noted that there are a number of private patient activities that are undertaken out of hours.

3.1 The question raised by Wendie McWatters: Please clarify the use of the Governors' Annual Budget.

3.2 The question raised by Wendie McWatters: Please confirm that it is not only for Membership issue.

3.3 The question raised by Wendie McWatters: What are the criteria for qualifying for funding?

Response: Fleur Hansen, Interim Director of Corporate Affairs

The Trust has never imposed any restrictions on the way the Council of Governors' allocate their annual budget but generally it has always been used for membership and engagement which would seem appropriate.

The issue regarding the process for funding applications was discussed by the Standing Orders Task and Finish Group and it was noted that requests are often brought late to the Council meeting themselves, not allowing time

	for review and discussion. It was agreed that funding proposals should be brought to the Agenda Sub-Committee in the form of an ordinary motion and this is included as section 8.3 of the Standing Orders. This was discussed at the Agenda Sub-Committee and they agreed with this proposal. To help governors with this process, I will develop a brief funding request template which governors can use to submit their proposals to the Agenda Sub-Committee. Given this will be in the form of a motion, staff who would like to make a funding request to the governors will need their funding request to be moved and seconded by governors. Whilst as noted we do not have stipulations on the use of the budget, it is important to recognise these are difficult times financially for the Trust with a challenging CIP target impacting across the organisation. As the Chief Financial Officer noted at the February meeting, the Council of Governors budget will not be subject to a reduction but we would hope the governors would continue to demonstrate prudence as they have in previous years by not spending the full budget allocation. I think there may also be requests for funding coming through to the Council of Governors that may be more suitably funded from elsewhere, either by the Trust or one of its charitable partners. For example, the Chelsea and Westminster Health Charity focuses on improving the experience of being at hospital for patients and their families through its funding of a pioneering programme of art, research and clinical innovation. I will spend some time over the next couple of months meeting with the respective charities to discuss aligning our processes for funding requests with the aim of making it more transparent across organisations and clear for staff and governors as to where is the best place to seek funding. 3.4 The question raised by Wendie McWatters: Would it be possible to vote by a show of hands? **Response: Fleur Hansen, Interim Director of Corporate Affairs** Voting by a show of hands is included in the draft Standing Orders which is included on the agenda as item 2.1 for Decision/Approval.
DECISION/ ACTION	To note.

Chelsea and V NHS Foundation Trust

Council of Governors Meeting, 19 September 2013

AGENDA ITEM NO.	3.3/Sep/13
PAPER	Senior Team Members Visits to Clinical Areas
AUTHOR	Tony Pritchard, Acting Chief Nurse
LEAD	Tony Pritchard, Acting Chief Nurse
EXECUTIVE SUMMARY	A proposed framework for senior team members, Non Executives and Governors to undertake planned visits to clinical areas was presented to the Board in February 2013 and the Council of Governors in May 2013. These visits were initiated for governors in July/August 2013. They have been positively evaluated by those conducting the visits, and by patients and staff within clinical areas. Our Governors have a keen interest in joining these visits, and arrangements are in place to facilitate this.
DECISION/ ACTION	For information

Senior Team Members Visits to Clinical Areas

1. Introduction

1.1. This paper presents an update following the implementation of senior team visits to clinical areas in April 2013. The paper summarises the structure and purpose of these visits, the progress to date and some of the themes that have emerged.

2. Background

2.1. Following approval of a proposal to the Board in February 2013, a framework for senior team visits was introduced in April 2013.The purpose of these rounds is to enable a 'board to ward' approach through linking senior nurses and managers with patients and families, whilst also providing a visible presence for staff within clinical areas.

2.2. These visits are used to focus on our priorities around safety, effectiveness and patient experience, and include for example;

- Discussing patients experience with them and providing direct feedback to staff on any issues or concerns raised by patients and families in the clinical area.
- Reviewing results of patient feedback surveys such as real-time surveys and the Friends and Family Test, and reviewing 'you said / we did' boards with ward staff
- Reviewing the ward environment, cleanliness, rates of falls, pressure ulcers and infections.
- Discussing staff experience with members of the clinical team and focus on the embedding of the Trust values and behaviours
- Supporting and monitoring the implementation of initiatives such as intentional rounding by ward staff and the provision of information on ward routines.

3. Structure and Process

3.1. Senior nurses and midwives are linked to each ward area and also link with nominated members of the senior management team such as Service and General Managers, members of the Trust Executive team, Non Executives and Governors

3.2. These individuals plan dates and times to conduct their senior team rounds together. Following these rounds, feedback is provided to the clinical team on positive aspects from the visit, and any areas for improvement.

3.3. Feedback from the senior team visits is discussed at the weekly Senior Nursing and Midwifery Committee, the Patient and Staff Experience Committee and the PLACE Committee. Themes and actions are then taken forward as a part of our patient experience improvement plans.

4. Examples of themes and actions

Theme	Actions
Predominant positive feedback from patients and families about care and treatment	Providing positive feedback to clinical staff on experience of patients following visits to areas
Patients not always knowing or	Staff picture boards being updated in

remembering nurses names	clinical areas. A plan for 1 ward to pilot pictured of staff on duty within bays
Patients not always clear about their plan of care	Revision of care plans that are written in terms that patients can understand Implementation of bed-side care plans across inpatient wards
Patients dietary preferences and meal choices not always met	Fed back to ISS Development of improved patient locators for catering staff
Noise from other patients at night and night environment not always conducive to rest and sleep	Improvements to refurbished ward areas Proposal to implement eye masks and ear plugs for all inpatients at admission Implementation of a 'Good Night' working group to pilot changes in 4 ward areas
Management of patients pain	Feedback to staff on the need to evaluate effectiveness of pain relief following administration Liaise with the pain team re potential for patient visual pan tools
Patients noting the high number of temporary staff working	This is being discussed as part of the new Bank and Agency Focus group – objective being to reduce agency use and ensure bank staff thoroughly inducted and supported within the clinical areas.

5. Next steps

Our senior nursing and midwifery leads are currently linking with Governors who have identified their preferred areas to visit. Guidance for Governors has been developed in consultation with them (appendix 1).

6. Summary

This paper has provided an update on the implementation of senior team visits to clinical areas, outlining the structure and purpose of these visits and some of the themes and actions that have emerged.

Tony Pritchard
Acting Chief Nurse

Guidance for Governors Visits to Clinical Areas

We welcome you to the wards and departments of the hospital. The following provides some guidance for Governors when undertaking visits to clinical areas. If you have any questions or need more information, please feel free to discuss this with the senior nurse / midwife that you are linked with.

ON ENTERING /LEAVING THE UNIT OR WARD

- Wear a visible name badge and trust security badge
- Follow our 'bare below the elbows' policy when visiting clinical areas. Jackets should be removed, sleeves rolled above the elbow and any wrist watch removed
- Gel your hands when entering and leaving the ward or department, and between individual patients
- Introduce yourself and explain your role to the nurse in charge of the unit/ward
- Seek advice from staff about any patients in the area that may not be appropriate to meet with

WHILE ON THE WARD

- Introduce yourself and explain your role to patients and families
- Maintain patient's confidentiality at all times
- Respect and maintain patient's privacy and dignity at all times – knock before entering single rooms and respect privacy when curtains are drawn around cubicles / beds, and seek the patient's agreement to any discussion.
- Be sensitive to any emergency situations that arise during your visit and the need of staff to deal with this, and the possible need to leave the area.
- Discuss experience with patients and families and raise any issues or concern with the staff in the area
- Provide any feedback on your visit to the staff working in the area

PLEASE NOTE

Please refrain from

- Visiting clinical areas by yourself without making yourself known to the nurse in charge
- Visiting an area if you are ill yourself (such as a cough, cold, diarrhoea or vomiting)
- Providing direct assistance to patients such as repositioning, mobilising or feeding
- Accessing patients clinical care records
- Entering rooms where patients are isolated for infection unless discussed with staff first
- Offering advice to patients about their clinical treatment
- Disclosing confidential information to others

Thank you for taking the time in visiting the wards / departments of Chelsea and Westminster Hospital.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 19 September 2013

AGENDA ITEM NO.	3.4/Sep/13
PAPER	Council of Governors Funding Report
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Fleur Hansen, Interim Director of Corporate Affairs and Company Secretary
EXECUTIVE SUMMARY	This paper provides an update on the Council of Governors budget for the FY 2013/14.
DECISION/ ACTION	The Council of Governors is asked to note the report.

Council of Governors Funding Report

1.0 Background

A decision was made at the November 2008 Council of Governors meeting that a budget should be available to the Council of Governors to spend at their discretion on relevant projects. This is £80,000 for the financial year 2013/14.

2.0 Funding Overview for 2013/14

Of the £80k circa £57k has been committed to the activities listed in the table below which were approved by the Council of Governors. It leaves circa £23k available for the reminder of the year 2013/14.

Use of funds FY 13/14
Table 1

Date Presented	Projects	Amount Committed	Decision	Spent to date
June 2010 and recurring	Quality Awards	£2,000	Agreed 2012/13 FY	£1,250
July 2012	Open Day 2013	£20,000	Agreed 2013/14 FY	£19,736.34
February 2013	Members Recruitment Campaign for Open Day May 2013 and elections	£2,340	Agreed 2013/14 FY	£2,175
February 2013	Members Recruitment Campaign and promotion of the Annual Members Meeting (within the hospital)	£1,170	Agreed 2013/14 FY	
February 2013	Members Recruitment Campaign and promotion of Governor Elections (incl. within the community)	£1,170	Agreed 2013/14 FY	
February 2013	3 membership mailings per year	£10,000	Agreed 2013/14 FY	
February 2013	Annual Members' Meeting	£5,000	Agreed 2013/14 FY	
February 2013	Medicine for Members seminars	£5,000	Agreed 2013/14 FY	
February 2013	Christmas at Chelsea and Westminster	£8,000	Agreed 2013/14 FY	
February 2013	Members' e-News	£2,600	Agreed 2013/14 FY	£648
	TOTAL 2013/14 FY	**57,280.00**		**£23,809.34**

3.0 Progress report re projects for FY 2013/14

3.1 For an update on projects re membership engagement see the Membership Engagement and Communication update.

3.2 For an update on projects re the Members Recruitment Campaign see membership report paper.

3.3 Quality Awards – a first set of awards for 2013/14 was awarded at the July Council of Governors meeting and the amount spent appears in the table 1 above.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 19 September 2013

AGENDA ITEM NO.	3.8/Sep/13
PAPER	Membership Report
AUTHOR	Sian Nelson, Membership and Engagement Manager
LEAD	Fleur Hansen, Interim Director of Corporate Governance and Company Secretary
EXECUTIVE SUMMARY	This paper summarises membership numbers (PART A) and provides information outlining justification of collecting additional demographics of Sexual Orientation and Religion to the Membership Application Form. In accordance with the Equality Act 2010 and Public Sector Duty 2011 (PART B).
DECISION/ ACTION	For information

PART A

1.0 Overall Membership

Table 1 below shows the overall size and movement of membership for the year April 2012 to end of March 2013 and from April 2013 (Quarter 1) to August 2013 by cumulative totals and by membership type.

Table 1. Size and movement of membership

OVERALL MEMBERSHIP OVERVIEW	Last Year 1 Apr 12 – 31 Mar 13	Current Situation 30 August 13
As at start	**14,858**	**15,268**
New Members	1,811	405
Members leaving or changing constituency	1,401	258
TOTAL	**15,268**	**15,415**
PUBLIC MEMBERSHIP OVERVIEW	**Last Year 1 Apr 12 – 31 Mar 13**	**Current Situation 30 August 13**
As at start	**5,942**	**5,850**
New Members	225	77
Members leaving or changing constituency	317	132
TOTAL	**5,850**	**5,795**
PATIENT MEMBERSHIP	**Last Year 1 Apr 12 – 31 Mar 13**	**Current Situation 30 August 13**
As at start	**5,685**	**5,994**
New Members	573	327
Members leaving or changing constituency	264	121
TOTAL	**5,994**	**6,200**
STAFF MEMBERSHIP	**Last Year 1 Apr 12 – 31 Mar 13**	**Current Situation 30 August 13**
As at start	**3,231**	**3,424**
New Members	1,013	1
Members leaving or changing constituency	820	5
TOTAL	**3,424**	**3,420**

1.1 Membership Joiners and Leavers April 2013 – August 2013

Table 2 below shows a breakdown of member's joiners and leavers since start of April 2013/14

Totals	Apr	May	Jun	Jul	Aug
Period Start	**15,268**	**15,087**	**15,424**	**15,438**	**15,429**
Joiners	10	356	26	10	3
Leavers	191	19	12	19	17
Period End	**15,087**	**15,424**	**15,438**	**15,429**	**15,415**

Public	Apr	May	Jun	Jul	Aug
Period Start	**5,850**	**5,749**	**5,799**	**5,799**	**5,799**
Joiners	3	57	11	3	3
Leavers	104	7	11	3	7
Period End	**5,749**	**5,799**	**5,799**	**5,799**	**5,795**

Patient	Apr	May	Jun	Jul	Aug
Period Start	**5,994**	**5,914**	**6,204**	**6,219**	**6,210**
Joiners	7	298	15	7	0
Leavers	87	8	0	16	10
Period End	**5,914**	**6,204**	**6,219**	**6,210**	**6,200**

Table 2 Joiners and Leavers 2013/14

2.0 Membership Recruitment

The membership data shows a breakdown of member's in each category – public, patients and staff since Q1 2013/14. We have recruited 405 new members, and 258 left membership, therefore a gain of 147 new members.
A breakdown of member's demographics including gender, age, ethnicity and socio-economics groups are detailed in the quarterly reports – the dates for these reports are shown in the table below.

Quarter	Quarter 1	Q2	Q3	Q4
Calendar Months	April-June	July-September	October-December	January-April
Reports available	July	October	January	May

Table 3. Breakdown of quarterly report dates.

2.1 Within the Membership Sub-Committee it has been debated whether to add the demographic 'Sexual Orientation' to the member's application form. This subject has been taken to the Council of Governors meeting in September for approval.

2.2 The Membership Sub-Committee would like to better represent and recruit more Black, Minority and Ethnic Groups to its membership. Discussions with Healthwatch and the Patient Experience lead from the tri-borough CCG are in progress and a BME Action Plan will be developed.

3.0 Summary

This paper has shown an update of member's joiners and leavers since Quarter 1 2013/14 and shows membership numbers are increasing through active recruitment campaigns and Governor Events. Detailed quarterly reports will show further breakdown of member's demographics.

PART B

Data Collection of 'Sexual Orientation' and Religion'

1.0 Introduction

The Membership Sub-Committee has held recent debates about whether to add 'Sexual Orientation' to the Demographics section on the membership application form. This demographic is collectively known as Lesbian, Gay, Bisexual and Transgender (LGBT) Group. This paper aims to inform Governors of any implications of collecting this data.

Equality Act 2010 and Public Sector Duty 2011

The Equality Act requires all Clinical Commissioning Groups – as public bodies – to comply with the Public Sector Equality Duty. The Act covers nine protected characteristics:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion and belief
- Sex
- Sexual orientation

The Clinical Commissioning Group for Central London, West London, Hammersmith & Fulham, Hounslow Clinical Commissioning Group (CWHH CCG) has identified as one of its key objectives this year to ensure that they work with providers through the Clinical Quality Groups meetings, including Chelsea and Westminster, to agree actions for improving patient experience data collection on Ethnicity, Religion, Sexual Orientation and Disability. This information is collected for staff as well as marriage or pregnancy – marriage or pregnancy data will not be collected from members.

2.0 Legal Implications

Capita have informed me there are no additional legal issues with the collection of Sexual Orientation information than there are with the collection of the standard demographic info we currently collect.

3.0 Cost implications

There is no additional cost to the data collection. Sexuality Data would be added to a sub-page on the member's profile on the members' database.

4.0 What other trusts do with the data

Capita has provided a list of Foundation Trusts that collect the data. Feedback from most of these trusts informs that the data is collected as part of good practice of the Equality Act 2010 guidance and is not acted on, for example, services or events are not tailored for the needs of this membership group. One trust stated they have set up focus groups with LGBT members to consult with on their Inclusion Strategy and by collecting data on LGBT they

assure governors and the Board that they have a representative membership or are working towards it.

5.0 Disclosure

Members are able to 'opt-out' from disclosing this information.

6.0 Comparable data across the local population

We have an understanding this information is collected locally by the Office of National Statistics and therefore can make some comparisons against the local population. However, we must remember that members can 'opt out' therefore we may not produce accurate comparisons.

7.0 Data Collection

The question of Sexual Orientation and Religion will be added to the membership application form and we will collect the information in accordance with the Equality Act 2010 and Public Sector Duty 2011. The data will be presented in the quarterly Membership Report.

8.0 Production of updated membership leaflets

The current membership application forms will need to phase out before a reproduction of the application forms; therefore it could take another six months or so before we are able to start the data collection

9.0 Summary

This paper has outlined the key facts to inform the Membership Sub-Committee about implications of adding 'Sexual Orientation' to the member's application form. It highlights there are no legal or cost implications and that other Foundation Trusts are collecting the data as part of their membership demographic profiles.

It has been advised by Patient Experience and Equality Lead at the CWHH CCG that the trust will be required to submit all of the patient demography as stated in 1.0, it is therefore good practice to collect 'Religion' and 'Sexual Orientation' data in the member's profile to provide consistency of demographic data.

Appendix 1.0

<u>Foundation Trusts that collect 'Sexual Orientation' data as part of their member's demographic profile (shared by Capita).</u>

Berkshire Healthcare

Blackpool Teaching Hospitals

Bridgewater Community Healthcare

Kent Community Health

Leicester City Clinical Commissioning Group

NHS Hampshire

NHS Salford

North East Ambulance Service

South East Coast Ambulance Service

West Midlands Ambulance Service