

Council of Governors Meeting
Hospital Boardroom
Chair: Sir Tom Hughes-Hallett
Date: 18 September 2014 **Time:** 3.00pm

Agenda

Council of Governors General Meeting

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

		Lead	Time
1	GENERAL BUSINESS		3.00
1.1	Welcome & Apologies	TH-H	
1.2	Declaration of Interests	TH-H	
1.3	Draft Minutes of Previous Meeting held on 17 July 2014 (attached)	TH-H	3.05
1.4	Matters Arising (attached)	TH-H	3.10
1.5	Chairman's Report (attached)	TH-H	3.15
1.6	Chief Executive's Report (attached)	APB	3.25
1.7	Chelsea and Westminster Hospital Charity – update (attached)	MN	
2	CORE ITEMS		
2.1	Care Quality Commission (CQC) Announced Inspection update (oral)	APB	3.50
2.2	Governors' Questions (attached)	SY	4.05
2.3	West Middlesex update (oral)	APB	4.10
2.4	Re-appointment of Non-Executive Directors (oral)	TH-H	4.20
3	UPDATES		
3.1	Council of Governors Funding Report – update (attached)	SY	4.40
3.2	*Membership Engagement and Communication – update (attached)	SY	
3.3	*Membership Report (attached)	SN	
4	REPORTS FOR INFORMATION		
4.1	*Quality Sub-Committee report from 11 September meeting (draft minutes of 11 September 2014 meeting attached)	EM	4.50
4.2	*Membership Sub-Committee report (attached) (draft minutes of 4 September 2014 meeting attached)	WB	
4.3	*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	APB	
5	ANY OTHER BUSINESS		
6	DATE OF THE NEXT MEETING – 4 December 2014		
	CLOSE		5.00
	<i>Tea/coffee and light snacks break</i>		5.00

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

Council of Governors Meeting, 18 September 2014

AGENDA ITEM NO.	1.3/Sep/14
PAPER	Draft Minutes of Previous Meeting held on 17 July 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, 17 July 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
Anthony	Cadman	Patient		ACa
Catherine	Faulks	Appointed	Royal Borough of Kensington and Chelsea Medical	CF
Prof Brian	Gazzard	Staff		BG
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
Sandra	Smith-Gordon	Public	Kensington and Chelsea 2	SS-G
Charles	Steel	Patient		CS
Steve	Worrall	Public	Wandsworth 2	SW

IN ATTENDANCE:

Professor Richard Kitney	Non-executive Director	RK
Jeremy Loyd	Non-executive Director	JL
Karin Norman	Non-executive Director	KN
Eliza Hermann	Non-executive Director	EH
Liz Shanahan	Non-executive Director	LS
Jeremy Jensen	Non-executive Director	JJ
Tony Bell	Chief Executive	APB
Rakesh Patel	Director of Finance	RP
David Radbourne	Chief Operating Officer	DR
Susan Young	Director of Human Resources and Organisational Development	SY
Patricia Gani	Healthwatch representative	PG
Benjamin Sheriff	Deloitte	BS
Holly Ashforth	Deputy Chief Nurse	HA
Melanie Van Limborgh	Head of Assurance and Quality	MvL
Katie Drummond-Dunn	Communications Manager	KD-D
Vida Djelic	Board Governance Manager	VD

1.0 Council of Governors Quality Awards

TH-H

The Governors introduced the quality awards winners and the Chairman presented the quality awards to winners. These were:

- The revolutionary Sexual Health Screening Service - Dean St Express
- Mars Paediatric Burns Dressing and Scar Management Team - Moving forwards for a Family Friendly Service
- Practical guidance for the management of palliative care on neonatal units' a national document for all healthcare professionals caring for babies with palliative care needs and their families
- Turning around Phototherapy
- Birth Centre
- Clinical Nurse Specialist (CNS) contribution to patient centred care and information delivery to people living with HIV and cancer

The governors noted highly commended categories:

- Improving patient choice and Outcomes
- Looking after Lone Working Staff in the Community
- Radiology accreditation

1 GENERAL BUSINESS

1.1 Welcome & Apologies

TH-H

Chairman welcomed Catherine Faulks newly appointed governor from the Royal Borough of Kensington and Chelsea, Ben Sheriff, Auditor from Deloitte and Patricia Gani from Healthwatch.

Chairman welcomed the new Board members namely Eliza Hermann, Jeremy Jensen and Liz Shanahan.

Chairman thanked governors Cllr Frances Taylor, Cyril Nemeth and Caroline Fenwick who have recently left the Council of Governors for their contribution to the work of the Trust and the Council of Governors on behalf of the governors.

Chairman said that he has written to the Royal Brompton Hospital and to Westminster City Council inviting their representative to the Council of Governors.

Apologies received from governors were: Edward Coolen and Tom Church.
Apologies received from the Board members were: Lorraine Bewes, Elizabeth McManus, Zoe Penn. Also newly appointed Board members Dr Andrew Jones and Nilkunj Dodhia send apologies.

Chairman noted that he has been advised that two governors have to leave at 5.30pm.

1.2 Declaration of Interests

TH-H

There were no declarations of interests received.

1.3 Draft Minutes of Previous Meeting held on 15 May 2014

TH-H

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

1.4 Matters Arising

TH-H

Meeting room

Chairman noted that not much feedback has been received on the meeting room. He said that he and Susan Young worked on the current room arrangements and it seems satisfactory.

Tony Bell said that there was a plan to replace the ceiling microphones which would further improve the environment.

Staff Survey results

Sandra Smith-Gordon queried the staff survey results and said that she had spoken with Susan Young regarding the presentation of data, however, she still does not fully understand it. Susan Young will have a session with governors and explain the data.

1.5 Chairman's Report

TH-H

Chairman informed governors that he has had a very busy day and that he spoke with the Care Quality Commission (CQC) representatives in the morning and then with Monitor in the early afternoon.

Chairman noted that the day before he met with a small group of governors over lunch in order to understand governors' main concerns. Its aim is to support the Trust in delivering information to governors and vice versa.

Chairman thanked governors for comments on the Council of Governors committees. He said that his intention was to decrease the number of governor committees and to increase the number of executive task and finish groups on which governors can be represented. He said that he hopes that governors will feel as enthusiastic and he views it as a way of increasing the voice of governors.

Martin Lewis said that a list of committees and governors representation enclosed with the papers was pulled together quickly and apologised for any committees missing and any governors not being attached to the right committee.

Sandra Smith-Gordon said she was surprised by a number of committees she did not know of and added that the governors' handbook contains an up to date list of committees.

Chairman said that governors, as representatives of membership of the hospital, should represent members interest and our members should tell us about their interests.

Melvyn Jeremiah said that he is interested in Electronic Document Management

(EDM) and he is a governor representative on the Electronic Document Management Board. He added that he thought there ought to be a governor representative on the Audit Committee. He said he is happy to join a group discussing the committee structure. Chairman responded that Melvyn Jeremiah is welcome to join the group discussing the committee structure and that in relation to the Audit Committee he will speak with Sir John Baker, Chair of the Audit Committee.

Chairman noted that any comments on committees should be sent to Susan Young. **Action: Governors to forward comments on committees to Susan Young.**

All

Anna Hodson-Pressinger said that as a member of the Patient Led Assessment of the Care Environment Group (PLACE, formerly known as PEAT) she thinks that she acts as voice of governors on the valuable work of the group.

Chris Birch queried if the view was that there were too many governor committees. He said there are other Trust committees which are not a committee of the Council of Governors and thought that such committees would benefit from having a governor representative i.e End of Life Care Group. He added that he discovered by accident that there is a Health and Safety and Fire Committee. He had asked if he could attend the committee. The response he received was that as it is the Trust committee the Chair of the committee needs to be consulted. Karin Norman responded that the Health and Safety Committee reports to the Assurance Committee and there are two governor representatives who are members of the Assurance Committee, namely Melvyn Jeremiah and Christine Blewett.

Tony Bell said that the NHS has moved from being committee driven and we have to be disciplined regarding our committee structure. There are more than 60 Trust groups and he thinks there ought to be more task and finish groups and he would like governors involved in these groups. The committee structure and reporting levels of these committees need to be considered.

Chairman said that his intention was to reduce a number of governor standing committees and increase a number of governor task and finish groups.

Chairman concluded the discussion by saying that we need to work on how we take maximum input from governors in order to enable the Executive team to run the hospital in the optimal way and suggested that Susan Young leads on the constitution of governor committees and to explore how governors can help the hospital by considering individual skills.

Action: Susan Young to lead on the constitution of governor committees having received comments from governors as above.

SY

Action: Susan Young to explore how governors can help the hospital by considering individual skills.

SY

West Middlesex University Hospital visit

Walter Balmford queried if an afternoon visit to West Middlesex University Hospital could be arranged as he finds 9.00am early for elderly governors. Susan Young responded that a mini bus transport has been organised for people who expressed

interest in the visit on 29 July and the group will be accompanied by Layla Hawkins and Dominic Conlin, Director of Strategy and Integration. However, we will explore the option of an afternoon visit.

Action: Layla Hawkins to explore the option of the afternoon visit to West Middlesex University Hospital.

LH

1.6 Chief Executive's Report

APB

Accountable Care Group (ACG) – Tony Bell said that an update on the ACG was provided in his report.

Foundation Trust Network seminar – Tony Bell said that earlier in the day he attended the Foundation Trust Network seminar which aimed at addressing skills looking at how things can be done better. Collaboration with local providers is important and meeting the need of the local population.

Neonatal Intensive Care Unit (NICU) – Tony Bell said that an outbreak of infection in NICU happened and we were the first foundation trust who discovered it. He thanked the NICU team and Infection Control and Prevention Team for being proactive and acting quickly to find out the cause of the problem. He also thanked the Communications Team for handling queries very well. Dr Berge Azadaian, Director of Infection Prevention and Control was to be congratulated on his speed of response and coordination of this event.

Open Day 2014 – Tony Bell thanked governors who were involved in judging awards. He thanked Wendie McWatters for securing a VIP, Joanna Lumley and Steve Worrall who helped with judging stands on the day. He also thanked all governors who helped in the governors stand and the ISS team led by Rochelle Gee and Communications Team on excellent organisation. Congratulations were conveyed to all award winners.

CQC announced inspection visit – Tony Bell noted that CQC visit encompassed all sites and all clinical areas.

The inspection team conducted the patient listening event, focus group with governors, focus groups with staff, interviews with the Executive team, Chairman and key staff. Feedback outlining key findings and next steps was given to staff at an informal session on 11 July. Most staff felt that they had engaged well and hoped that their views had been taken on board through the process. An email was sent to all staff that could not make this session. There has been nothing of particular concern to us and we await a report which is expected in the next few weeks.

Sandra Smith-Gordon queried if the Accountable Care Group (ACG) could be expanded to other boroughs. Tony Bell said that we had applied to become an early adopter of the ACG in an assessment process and we are expected to get go ahead in next two weeks. He added that it needs to be considered how to involve other boroughs.

Melvyn Jeremiah said that governors welcome the update on the ACG and that governors have an open mind on this. Governors would like to be informed of any progress on this.

Tom Pollak asked for a view on a recent article in the Daily Telegraph regarding the Trust appearing high on a list of Foundation Trusts with some issues around bullying. Tony Bell responded that the Trust is trying to understand the background of it. Susan Young added that she will hold a session for governors on issue of bullying, harassment and abuse as part of the planned session on staff survey. This will look more in-depth into staff's perception of bullying in relation to other staff and patients.

Nicky Browne commented that Royal Marsden Hospital had very similar results and some work has been done on understanding it deeper. Susan Young added that the Chelsea and Westminster Hospital did exactly the same last year and will continue to try to understand deeper.

2 CORE ITEMS

2.1 Review of 2013/14 – presentation

APB/RP

Tony Bell gave a presentation on the review of 2013/14. Highlights include:

- A broad range of local acute services and a smaller set of specialised services, supported by academic research that we provide
- Trust's good record in delivering safe and effective care
- Key highlights in 2013/14
- Clinical performance results and how to improve performance in other aspects through implementing good practice across the organisation
- Patient access to facilities good and positive patient and staff survey results and adapting for the future by learning from the past experiences
- Key challenges 2013/14 and beyond and key opportunities
- Trust's strategic vision

In response to a question from Martin Lewis if the Trust plans to expand on a number of senior nurses, Tony Bell responded that this will be looked into and also any training needs will be addressed as part of Chief Nurse's review.

In response to Sam Culhane's comment on generating more income by charging all foreign patients both adults and children Tony Bell responded that paediatric is an opportunity and our paediatricians have some private patients and noted that there is room for improvement in relation to providing high standard paediatric services.

2.2 Care Quality Commission (CQC) Announced Inspection update (oral)

APB

This item was discussed earlier in the meeting.

2.3 West Middlesex update (oral)

APB

Tony Bell noted that work is ongoing on due diligence process around the potential acquisition of West Middlesex University Hospital.

There are lot of opportunities and we need to understand risks linked to these opportunities. The West Middlesex Acquisition Steering Group is in place to assist with the process and negotiations on resolving issues with the NHS Trust Development Authority are taken forward by Dominic Conlin, Director of Strategy

and Integration. Sir Tom Hughes-Hallett is the Chair of the Group and the membership consists of Sir John Baker, Jeremy Jensen and Eliza Hermann. Once the key financial issues have been satisfactorily resolved we may then proceed to Full Business Case. If that happened it would then subsequently be presented to the Board of Directors and the Council of Governors.

Dr Anthony Cadman asked if the decision needs to be made before the new government is in place. Tony Bell responded that there should be clarity about the transaction before the next election.

Chairman concluded the item by saying that the governors will be regularly updated on the strategy.

2.4 Presentation of Annual Report & Annual Accounts 2013/14

RP/TH-H

The Council of Governors noted the Annual Report and Annual Accounts 2013/14.

Charles Steel queried £33m debt in 2013/14 and whether the position is expected to reverse next year. Rakesh Patel responded that it was due to a number of factors such as cash, bad debt which was due to late payments by local authorities for provided sexual health and timely payment is now ensured. Where there are any financial issues in year these are flagged up very early. Tony Bell said that this is expected to decrease as the timely payment has been ensured, however we will need to renegotiate contracts.

Charles Steel said he was concerned about the cash position. Benjamin Sheriff commented that this situation is common amongst other Trusts and it is due to the change in the landscape, in this particular case with the Health Act 2012 the local Primary Care Trusts (PCTs) were removed and we managed to recover money before this happened so the cash position is expected to improve.

Professor Richard Kitney said that this was discussed by the Audit Committee in great detail. We are aware of shortcomings, however, patients need to be treated.

Christine Blewett queried if the sexual health tariff will change in 2014/15. Brian Gazzard commented that the tariff will stay till next year.

2.5 External Audit Report to the Governing Body on the audit of the Trust's year ended 31 March 2014 financial statements

BS

Benjamin Sheriff summarised the findings of the external audit of the Trust's 2013/14 financial statements. The audit was performed in accordance with Monitors' Audit Code. The approach to audit was outlined in section 1 with the significant audit risks identified in section 2 which were the key areas of focus were:

- NHS revenue and provisions
- Revenue from grants and charitable contributions
- Property valuation and
- Management override of controls

Benjamin Sheriff noted that a clean unmodified opinion was issued on the Trusts financial statements.

2.6 Findings and recommendations from the 2013/14 NHS Quality Report External Assurance Review **BS**

Benjamin Sheriff noted that the requirement to review the content of the Quality Report is set out in Monitor's Annual Reporting Manual. A sample testing of three indicators was performed. These were 28 day emergency re-admissions and 62 day cancer waiting times and complaints. Three local indicators were selected by the Council of Governors. It was noted that there were some challenges with the access to data. The report sets out findings and recommendations for improvements for the indicators tested.

Nicky Brown commented that findings regarding 62 day cancer waiting times are concerning and suggested that a joint working with the Royal Marsden Hospital might be helpful. Tony Bell said he agreed.

Chris Birch queried Trust's performance regarding discharge which was only 23 in 2013/14 against the target set of 28 complaints. Benjamin Sheriff responded that this depends on how the local target was set up as it was set up internally. Tony Bell commented that the target will be reviewed.

Chairman thanked Benjamin Sheriff for performing the external assurance review.

2.7 Audit Committee Annual Report 2013/14 **RK**

Professor Richard Kitney noted that there was a thorough discussion at the Audit Committee meeting on 22 May regarding the Audit Committee Annual Report with the satisfactory outcome by the auditor.

2.8 Membership Engagement and Communications Strategy Update 2014/15 **WB**

The Council of Governors noted the strategy update provided in the paper.

Katie Drummond-Dunn highlighted that as agreed at the June Membership sub-committee this year's strategy is focusing on engaging with the members and due to a steady membership figures there is no need for the additional recruitment activities.

Katie Drummond-Dunn highlighted the planned engagement activities and the funding requested attached to each activity for funding from the Council of Governors budget.

She thanked all governors involved in helping organise this year's Open Day and thanked the Council of Governors for funding the event.

Martin Lewis emphasised that all governors are welcome to join the meet a governor session and in particular welcomed new governors to join in.

The governors discussed the issue of recruitment of members and the item concluded on the note that the Trust needs to work more on engaging with members, highlighting the benefits of being a member, understanding members expectations and noted the opportunity for marketing and communication with

members.

The Council of Governors approved the Membership Engagement and Communications Strategy update 2014/15.

3 UPDATES

3.1 Governors' Questions

APB

This paper was noted.

Sandra Smith-Gordon noted that as point of clarification her question no.3 should be read in the context of web page.

3.2 Governors Visits to Clinical Areas (oral)

HA

There was nothing to report on.

3.3 Council of Governors Funding Report – update

SY

The Council of Governors noted that this item was discussed earlier in the meeting under item 2.8.

3.4 *Membership Engagement and Communication – update

KD-D

This paper was noted.

3.5 Membership Report – tabled

SY

A copy of the membership report was tabled.

3.6 Open Day 14 June 2014 – Evaluation Report

KD-D

The Council of Governors noted that this item was discussed earlier in the meeting.

Martin Lewis said that the ISS reception staff was very presentable on the day. He said he is aware that the training session across the hospital are taking place for all reception staff and looks forward to seeing some improvements in this area. Rochelle Gee commented that meet and greet training is very important.

4 ITEMS FOR INFORMATION

4.1 *Quality Sub-Committee report

MvL

Noted.

4.2 *Quality Sub-Committee Terms of Reference

MvL

Noted.

4.3 *Membership Sub-Committee report

WB

Noted.

5 ITEMS FOR INFORMATION

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

6 ANY OTHER BUSINESS

Wendie McWatters noted that she raised money for giggle doctors. She has worked on finding a story teller for children and she works closely with Vanessa Sloane and someone is starting in autumn and will come on Saturday afternoon and is thrilled about it.

Chairman noted that the Chelsea and Westminster Health Charity launched its appeal for the arts programme in the emergency department and it reminded him how many people are interested in performing arts and whole environment. Some high profile individuals and others in the art world are involved.

Sandra Smith-Gordon noted that the Crossrail is consulting the public on a new line for London and encouraged governors to take part as there was the possibility of a station in Chelsea.

7 DATE OF THE NEXT MEETING

The next meeting of the Council of Governors will be held on 18 September 2014.

Council of Governors Meeting, 18 September 2014

AGENDA ITEM NO.	1.4/Sep/14
PAPER	Matters Arising from the meeting of the Council of Governors meetings held on 17 July 2014
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Sir Tom Hughes-Hallett, Chairman
EXECUTIVE SUMMARY	This paper lists matters arising from the previous meeting and any action taken or subsequent outcomes.
DECISION/ ACTION	The Council of Governors is asked to note the matters arising and updates.

MATTERS ARISING

Council of Governors Meeting

Hospital Boardroom

Chair: Sir Tom Hughes-Hallett

Date: 17 July 2014

Time: 4:00 – 5:30 pm

Ref	Description	Lead	Subsequent Actions or Outcomes
1.4/Jul/14	Chairman's Report		
	Action: Governors to forward comments on committees to Susan Young.	All	
	Action: Susan Young to lead on the constitution of governor committees having received comments from governors as above.	SY	
	Action: Susan Young to explore how governors can help the hospital by considering individual skills.	SY	Existing information on governors' skills passed to SY.
	Action: Layla Hawkins to explore the option of the afternoon visit to West Middlesex University Hospital.	LH	Completed.

Council of Governors Meeting, 18 September 2014

AGENDA ITEM NO.	1.5/Sep/14
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

1.0 Welcomes and goodbyes

I would like to note the resignation of Andrew Lomas, who is unable to continue in his role as Governor because of time commitment reasons. I am pleased to note that he remains a member of the Adult Overview and Scrutiny Committee for the Royal Borough of Kensington and Chelsea and as such will welcome his continued relationship with the Trust. I thank him for his efforts over the past year.

I would like to confirm to the Council of Governors, following advice from Governors, that an election will take place at the end of 2014 to recruit into vacant patient and public constituencies. The Corporate Affairs Team are working with procurement to ensure we have the right election provider for this important exercise. Governors should also note that the Procurement Team are reviewing the membership database currently and members of the Membership Sub-Committee will be fully involved in this process.

In respect of appointed Governors posts, I would like to confirm to the Council of Governors that I have written to all organisations with vacant positions.

2.0 Chairman's lunches with governors

I am pleased that I have held my first informal lunch session with some members of the Council of Governors. The conversation was very helpful to me and I hope that the Governors who attended felt they got value from this meeting. Further dates will be shared with other Council of Governors members imminently.

3.0 Governors visit to the West Middlesex

I very much enjoyed attending the West Middlesex with Governor colleagues on 10 September and as you read this will have attended once more with Governors on 15 September. I appreciate the efforts that the West Middlesex team have made to hold these sessions and hope that those who could attend found the visit informative.

Council of Governors Meeting, 18 September 2014

AGENDA ITEM NO.	1.6/Sep/14
PAPER	Chief Executive's Report
AUTHOR	Tony Bell, Chief Executive
LEAD	Tony Bell, Chief Executive
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 West Middlesex Hospital

The acquisition of West Middlesex University Hospital NHS Trust by Chelsea and Westminster Hospital NHS Foundation Trust has taken a major step forward following the progress of financial negotiations.

The next step will be to produce a full business case for the Board and Council of Governors which will focus on the implementation plan to ensure that the benefits previously identified can be delivered and that this still represents the best way forward for the Foundation Trust.

To do this we expect to significantly step up the levels of involvement with clinical and wider teams on both sites.

2.0 Shaping a Healthier Future (SaHF)

The Trust has been working with commissioners, other providers and their advisors over the last few months to update plans for the funding and implementation of SaHF to ensure it is operationally and financially sustainable for this organisation and the local health economy.

This process will conclude with the submission of an implementation business case to NHS England and HM Treasury in autumn this year for their approval, before developing more detailed business cases thereafter.

In the meantime, service reconfigurations under SaHF continue to progress with the closure of A&E departments at Central Middlesex Hospital and Hammersmith Hospital on 10 September.

While these are not expected to cause any significant direct increases in activity at our hospital, we are participating in the planning arrangements to ensure that the sector as a whole remains safe during the transition period. It should be noted that Urgent Care Centres will continue to operate at both those hospitals.

3.0 Emergency Department (ED) redevelopment

The development is moving forward with the confirmed appointment of ME Construction Ltd for decant works and Willmott Dixon for the ED works. The relocation of services from the Ground Floor should be complete by mid-November to allow main construction to begin over six phases running to approximately May 2016.

4.0 SystemOne EPR Core

SystemOne EPR Core is going live before the end of September in the Emergency Department. This system will enable our consultants to view a patient's record with the patient's consent, using smartcards. Providing that the patient has a SystemOne record, clinicians will be able to access patient information such as sensitivities and allergies, current medications, recent consultations and family history. This will reduce the time spent contacting GPs for patient information and also help improve the ability to manage vulnerable adults and children. Smartcards for access to SystemOne and the spine for summary care records are in the process of been issued to our Emergency Department consultants. The next areas for deployment are the Acute Assessment Unit and Outpatients.

Council of Governors Meeting, 18 September 2014

AGENDA ITEM NO.	1.7/Sep/14
PAPER	Chelsea and Westminster Health Charity – update
AUTHOR	Mark Norbury, Chief Executive - Chelsea and Westminster Health Charity
LEAD	Mark Norbury, Chief Executive - Chelsea and Westminster Health Charity
EXECUTIVE SUMMARY	This report provides an update on the Chelsea and Westminster Health Charity activities.
DECISION/ ACTION	To note.

Chelsea and Westminster Health Charity – update

Summer 2014

Chelsea and Westminster Health Charity improves the experience of 360,000 patients and families visiting Chelsea and Westminster Hospital every year. We do this by:

- delivering an arts programme at the hospital for the health and wellbeing of patients, families, volunteers and staff;
- raising funds for ‘bench to bedside’ research that identifies new treatments for patients;
- investing in clinical innovations, facilities and technology at the hospital to benefit patients.

Highlights from the last financial year include:

- revitalising the art in the hospital with new installations and restorations of key pieces
- raising over £1.75 million for Borne – our flagship research initiative, which aims to prevent disability and death in childbirth and create lifelong health for mothers and babies
- concluding our £1.35 million appeal for Chelsea Children’s Hospital and MediCinema
- launching a new social investment initiative, Enterprising Health, to support clinical innovations which benefit patients.

For the next three years we will build on the success of our work with the Arts, Borne and Enterprising Health Partnership, as is outlined below.

Arts

Our vision for our arts programme is to become the UK’s leading organisation using art and design to create a first-class patient experience and enhanced clinical outcomes.

This year, we are focusing on supporting the hospital’s redevelopment of its Accident and Emergency Department with a £600,000 appeal. Working in partnership with the hospital and bringing in leading artists including Brian Eno, Mischa Kuball, Richard Woods and Yinka Shonibare, we will be able to transform the environment for patients, families and staff. We held a launch of this appeal at the House of Commons on 14 July. This was followed by a fundraising dinner with Harodian School, at Mansion House, on 20 November.

We will also be upgrading and increasing our arts programme in other clinical spaces in the hospital to improve patient outcomes eg, acoustic and environmental improvements in the Intensive Care Unit. We are progressing with design plans on Edgar Horne as part of our Care of the Elderly Project. We will be introducing rigorous evaluation on the clinical impact of art and design in the hospital.

Borne

Borne was created in response to a real need. In the UK alone, more than 1 in 10 babies are born too soon – that’s nearly 80,000 every year. Premature birth is responsible for 70% of disability and death in newborn babies.

We are now in the process of raising £4.5 million to support a three year programme of research and education. If this

programme is a success we will:

1. Trial a new treatment combination which will reduce the risk of preterm labour from 24% to 10-12%. 60,000 babies are currently born too soon each year in the UK.
2. Look to devise new therapeutic approaches to pre-eclampsia based on understanding how this life threatening condition develops. Severe pre-eclampsia affects 1-2% of pregnancies.
3. Understand how to better treat and prevent necrotising enterocolitis (NEC). Each year in the UK, up to 3,000 babies develop NEC, which is like gangrene of the gut: up to 35% die.
4. Establish the benefits of maternal nutrition and health to reduce obesity and ill health in children, with the potential to reduce diabetes, heart disease and stroke in later life.
5. Trial a catheter's ability to reduce the risk of fistula development after obstructed labour. There are 2 million women living with fistula around the world.

Enterprising Health

Following the launch of our Enterprising Health initiative we have now joined with the hospital to launch the Enterprising Health Partnership. This will allow us to double the ambition and investment to £250,000. An event, to mark the launch of this partnership, is taking place with James Caan (Dragon's Den) on 17 September. We will also extend the charity's programme to reach beyond the hospital into the community to develop preventative, or early intervention, projects using a social investment model where commissioners pay us for achieving agreed clinical objectives.

Burns Research and Care

We are continuing to support a research project which will create the UK's first centre of excellence for basic and applied burns research at the hospital. The project is in its second year and will significantly advance research into the three key areas of inflammation, pain management and lung injury. This will enable us to provide the same excellent standards of clinical care that this vulnerable set of patients deserve. The initial proof of concept was budgeted at £387,000, and the charity has now successfully concluded its fundraising.

Chelsea Children's Hospital and MediCinema

The conclusion of our Chelsea Children's Hospital Appeal included £350,000 from the Hans K Rausing Trust to support the hospital in its plans to install a MediCinema. This 41 seat, four wheelchair, four bed capacity auditorium will screen the latest film releases, free of charge to patients, their families and carers. It will also serve as a paediatric teaching space and hub for our music, dance and theatre projects. The hospital and charity have now appointed a contractor and will complete the MediCinema before the year end.

In the last financial year we saw a dramatic increase in the impact of our fundraising activities with income in 2013/2014 growing to £2,314,000 (2013: £786,000). In 2014/2015 we anticipate that fundraising income will continue to grow well.

For further information on Chelsea and Westminster Health Charity, please contact Mark Norbury on 020 3315 6612 or email mark.norbury@chelwest.nhs.uk .

Council of Governors Meeting, 18 September 2014

AGENDA ITEM NO.	2.2/Sep/14
PAPER	Governors' Questions
AUTHOR	Layla Hawkins, Head of Communications and Marketing
LEAD	Susan Young, Chief People Officer and Director of Corporate Affairs
EXECUTIVE SUMMARY	<p>1. The question raised by Anna Hodson-Pressinger: If a presentation is given in either the Governors or NEDs meetings I would wish to submit that in future it should include the result and the actions taken, otherwise it is wasting our time and just using our meetings as just a show case which is not our purpose nor what the public want.</p> <p>Response from Layla Hawkins, Head of Communications and Marketing</p> <p>For both the Board of Directors and Council of Governors meetings, there is a decision making process which takes place to agree the agenda well in advance of the meeting. In respect of the Council of Governors, members of the Council form part of the Agenda Sub-Committee where items for discussion at the next Council meeting are agreed.</p> <p>The minutes of the Council of Governors are shared with members and approved at the meeting so that any Governors comments on wording and actions can be incorporated.</p> <p>The Trust executive always aim to give both the Council and Board a fair reflection of information in their presentations. If a governor feels that an item does not provide a balanced perspective, we appreciate this feedback as it informs future work.</p> <p>It is important to acknowledge that for all items, the Trust must adhere to confidentiality where necessary.</p>
DECISION/ ACTION	To note.

Council of Governors Meeting, 18 September 2014

AGENDA ITEM NO.	3.1/Sep/14
PAPER	Council of Governors Funding Report
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Susan Young, Chief People Officer and Director of Corporate Affairs
EXECUTIVE SUMMARY	<p>This report provides an update on the Council of Governors budget.</p> <p>Of the £69k, circa £19k has been spent to date on the projects approved by the Council of Governors.</p>
DECISION/ ACTION	To note.

2014/15 Financials for Projects

Project Name	Amount Committed	Actual Spend to Date	Expenditure Completed	Expected Expenditure Period	Lead
*Open Day 2014	£ 20,000.00	£18,434.33		May/June 14	Katie Drummond-Dunn
12 Members' E-News	£ 2,600.00	£864.00		Monthly	Katie Drummond-Dunn
Xmas at C&W 2014	£ 8,000.00			Nov/Dec-14	Katie Drummond-Dunn
6 Medicine for Members seminars 2014/15	£ 5,000.00			Quarterly	Katie Drummond-Dunn
Annual Members' Meeting 2014	£ 5,000.00			Aug/Sep-14	Katie Drummond-Dunn
1 membership mailing per year (Feb 15)	£ 10,000.00			Jan/Feb-15	Katie Drummond-Dunn
Membership Recruitment Campaign for Open Day	£ 1,500.00			TBC	Sian Nelson
Quality Awards	£ 3,000.00			Jul/Dec-14	Melanie Van Limborgh
FTGA/FTN Membership Subscription for the year 15/16	£ *TBC			Aug 14	Vida Djelic
	£ 55,100.00	£ 19,298.33			

**The FTGA have confirmed that as part of the merger agreement all current members of the FTGA will have their membership extended for free of charge until the 31 March 2015. Once the subscription cost for the 15/16 financial year has been released a portion of the subscription will be allocated to the Council of Governors budget.*

Council of Governors Meeting, 18 September 2014

AGENDA ITEM NO.	3.2/Sep/14
PAPER	*Membership Engagement and Communications calendar of events
AUTHOR	Katie Drummond-Dunn, Communications Manager
LEAD	Layla Hawkins, Head of Communications and Marketing
EXECUTIVE SUMMARY	This is the programme of membership engagement and communications activities for the rest of 2014-15.
DECISION/ ACTION	The Membership Sub-Committee is invited to note this update and provide their feedback on the proposed activity.

Membership Engagement & Communications Calendar of Events 2014/15

Date/Month	Event/Activity	Lead	Cost/Funding source
September 2014			
Friday 12 September	Members' News Issue 6	Communications Manager	£216 (Council of Governors)
Thursday 18 September	Annual Members Meeting	Head of Communications	£5000 (Council of Governors)
Thursday 25 September	Medicine for Members seminar – Preventing pressure ulcers – Chaired by Susan Maxwell	Communications Manager	£700 (Council of Governors)
October 2014			
Friday 10 October	Members' News Issue 7	Communications Manager	£216 (Council of Governors)
November 2014			
Friday 14 November	Members' News Issue 8	Communications Manager	£216 (Council of Governors)
Thursday 13 November	Medicine for Members seminar – Falls and fractures prevention – Chaired by Walter Balmford	Communications Manager	£700 (Council of Governors)
December 2014			
Friday 12 December	Members' News Issue 9	Communications Manager	£216 (Council of Governors)
Thursday 11 December	Christmas event	Communications Manager	£8000 (Council of Governors)

Date/Month	Event/Activity	Lead	Cost/Funding source
Friday 19 December	Christmas Cheer Awards	Communications Manager	Not from Council of Governors budget (Funded by the Friends)
January 2015			
Friday 16 January	Members' News Issue 10	Communications Manager	£216 (Council of Governors)
TBC	Star Awards launch	Communications Manager	Not from Council of Governors budget (Star Awards funded by Chelsea and Westminster Health Charity)
February 2015			
Friday 13 February	Members' News Issue 11	Communications Manager	£216 (Council of Governors)
TBC	Medicine for Members seminar	Communications Manager	£700 (Council of Governors)
March 2015			
Friday 13 March	Members' News Issue 12	Communications Manager	£216 (Council of Governors)

Council of Governors Meeting, 18 September 2014

AGENDA ITEM NO.	3.3/Sep/14
PAPER	*Membership Report Q1
AUTHOR	Sian Nelson, Membership and Engagement Manager
LEAD	Susan Young, Chief People Officer and Director of Corporate Affairs
EXECUTIVE SUMMARY	The paper outlines a current membership figures for end of June (Q1 2014/15)
DECISION/ ACTION	For information.

1.0 Membership joiners and leavers April-June 2014 (Q1 2014/15)

During Q1 2014/15 31 members joined and 20 left the Trust membership.

Membership numbers are broken down (below) to reflect patient, public and staff membership representation for Q1 2014/15.

Start Period	01/04/2014	01/05/2014	01/06/2014
End Period	30/04/2014	31/05/2014	30/06/2014

Totals	Apr	May	Jun
Period Start	15,274	15,283	15,277
Joiners	14	4	13
Leavers	5	10	5
Period End	15,283	15,277	15,285

Public	Apr	May	Jun
Period Start	5,649	5,652	5,648
Joiners	6	2	6
Leavers	3	6	5
Period End	5,652	5,648	5,649

Patient	Apr	May	Jun
Period Start	6,230	6,236	6,234
Joiners	8	2	7
Leavers	2	4	0
Period End	6,236	6,234	6,241

Staff	Apr	May	Jun
Period Start	3,395	3,395	3,395
Joiners	0	0	0
Leavers	0	0	0
Period End	3,395	3,395	3,395*

Table 1.0 Joiners and Leavers, Q1 2014/15

*To be confirmed.

2. Membership ethnicity

2.1 Figure 1 shows overall members ethnicity. At the end of Q1 2014/15, the highest proportion of representation is within the White category, whilst there is a high category of Unknown – this is due to members not disclosing their ethnicity. The lowest representation remains in the ‘Mixed’ group and ‘Other’ group, which means ethnicity, is not that of the criteria options. The representation is further presented in the public member’s ethnicity table (figure 2) where comparisons are made to the local population that the Trust serves.

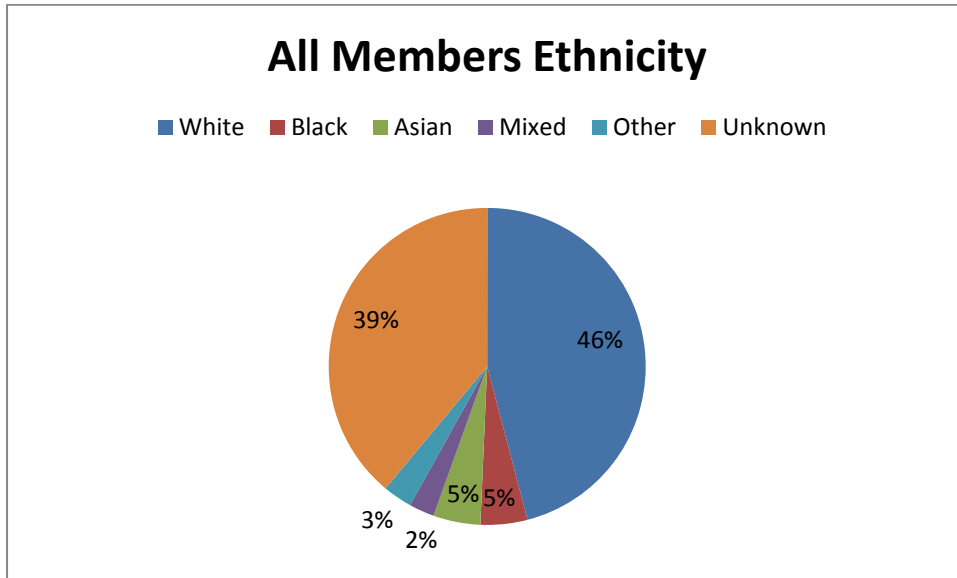


Figure 1.0 Overall Members Ethnicity Q1 2014/15

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

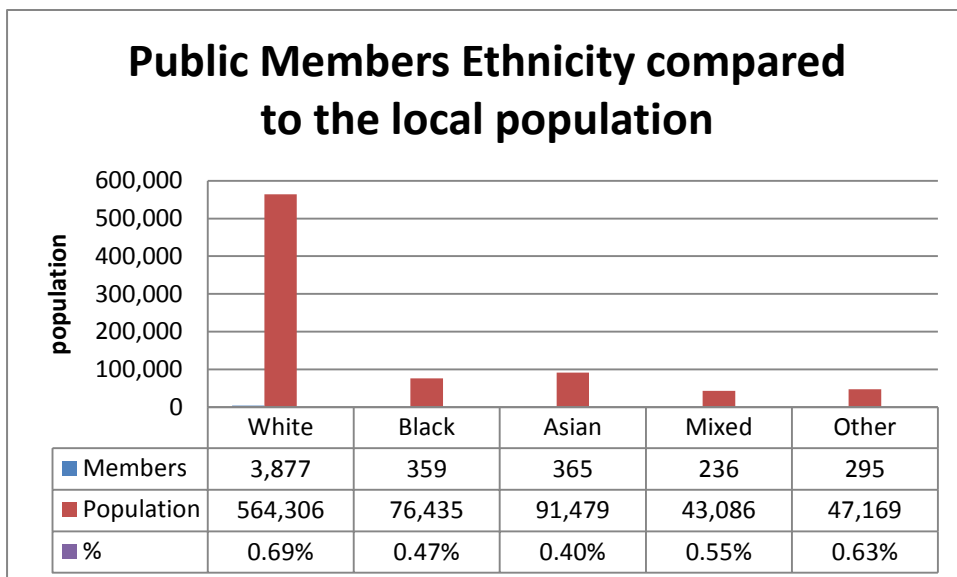


Figure 2.0 Public Membership Comparisons to the Local Population Q1 2014 15

3.0 Public Membership Age

Figure 3 shows a profile of public membership by age. Public membership representation rises at age group 40-49 years whereas the lowest age group is those within the 16-19 age groups. However, when compared to the local population, the highest representation starts from the age group 70-79 onwards to 90+

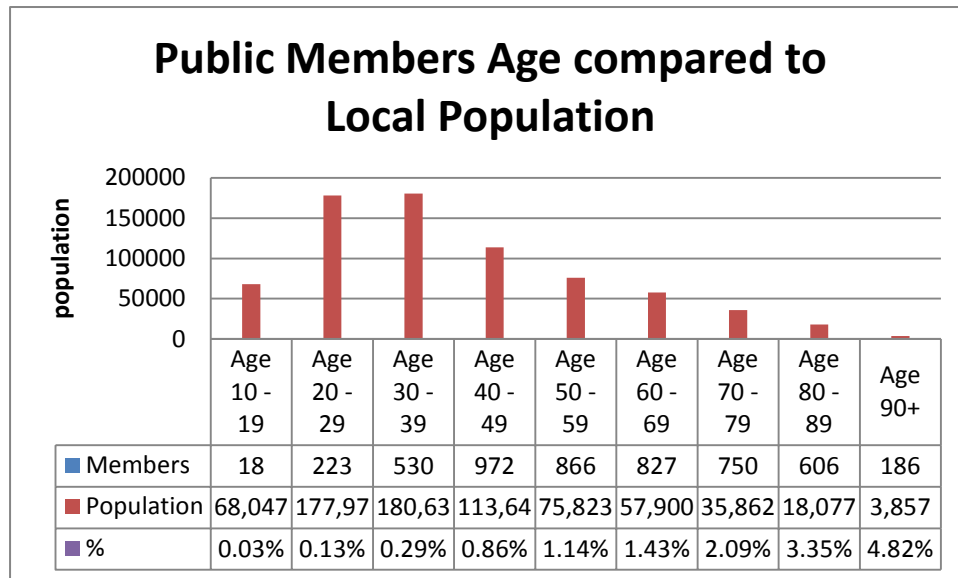


Figure 3.0 Public Membership Age Q1 2014/15

In the youngest age group that Monitor accepts as valid membership is from 16years+ however, the local population figures start at 10 years therefore this is guidance only. There are 690 members with unknown age therefore the data has been omitted as cannot be compared to the local population data.

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

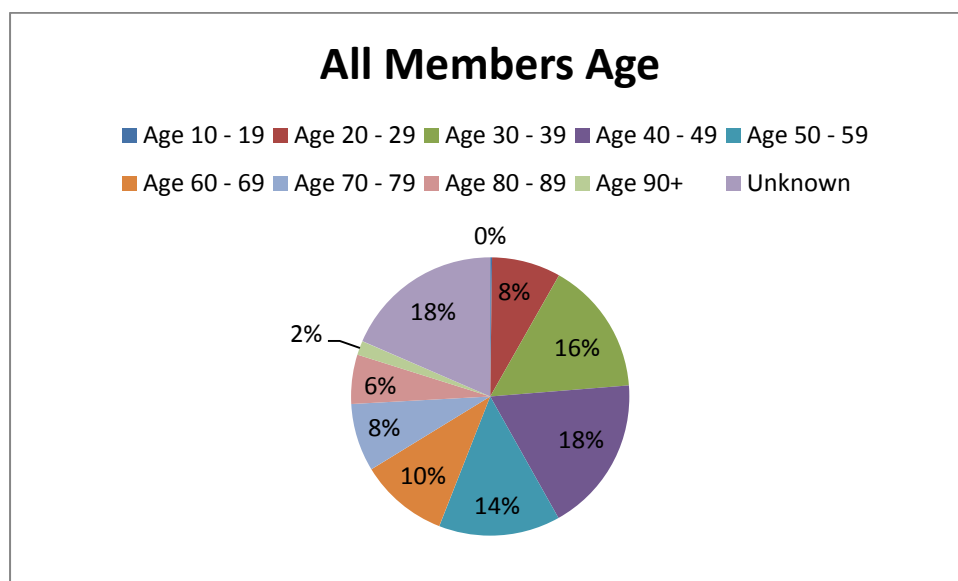


Figure 3.1 Overall Membership Age Groups. Q1 2014 15

*Age 10-19 indicates 16-19 years

5.0 Public Membership - Socio-economic Grouping

5.1 Figure 4. shows the socio-economic profile of all groups of membership. At end of June 2014 (Q1 2014 15) the main representation is in the ABC1 and E classification.

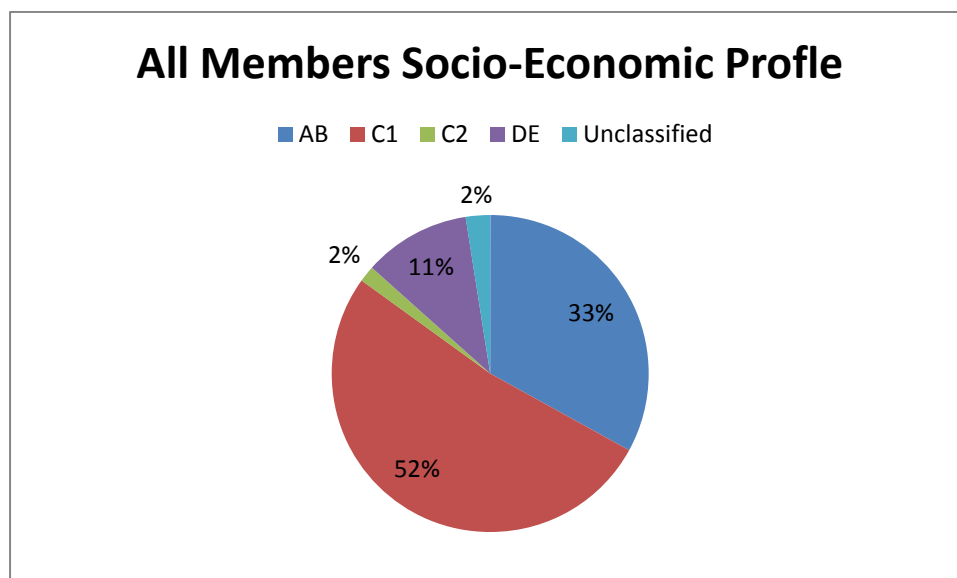


Figure 4.0 Overall Membership - Socio-Economic Groups*

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

6.0 Membership Recruitment

During Q1 2014/15 31 members joined and 20 left the Trust membership.

However, recent recruitment activities took place in June at Open Day and these figures will reflect in the next report (Q2 2014/15).

A data cleanse is performed each quarter by Capita recruitment before member mailing which removes those not at the same address or who have been registered deceased. In addition Capita is notified monthly for requests of members' removal from the database

- 6.1. The Membership Sub-Committee of the Council of Governors develops and reviews the Membership recruitment strategy. The membership figures will be reviewed at each Membership Sub-Committee meeting with a decision made whether to commission recruitment activities.
- 6.2.1 A team of Governors continue to host 'Meet a Governor' sessions on a regular basis which recruits new members whilst engaging with constituents. They are held at the Ground floor Information Zone. Patients, public, staff and members have the opportunity to meet a Governor to discuss issues important to them. This is

publicised on the Trust website, and a banner positioned at the hospital's main entrance.

- 6.3. The Patient Advice and Information Service support membership promotion. Visitors to the PALS office, when appropriate are offered a membership application form. Application forms are sent with patient response letters and the team will continue to actively promote membership.
- 6.4. The Communications team concentrate on Membership engagement.
- 6.5. Figure 6 shows the trends in Trust membership from 2007-2014.

Membership Trends	Public	Patient	Staff	Total
2007 (as of 01/04/2007)	6,933	5,785	653	13,373
2008 (as of 01/04/2008)	6,580	6,095	465	13,156
2009 (as of 01/04/2009)	6,372	6,136	487	13,101
2010 (as of 01/04/2010)	6,131	6,010	3,046	15,433
2011 (as of 01/04/2011)	5,738	5,591	3,173	14,816
2012 (as of 01/04/2012)	5,942	5,685	3,231	15,289
2013 (as of 01/04/2013)	5,850	5,994	3,424	15,824
2014 (as of 01/04/2014)	5,650	6,232	3,395	15,875

Figure 6. Membership trends 2007-2014

Council of Governors Meeting, 18 September 2014

AGENDA ITEM NO.	4.1/Sep/14
PAPER	*Council of Governors Quality Sub-Committee Minutes – 11 September 2014
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Elizabeth McManus, Chief Nurse and Director of Quality
EXECUTIVE SUMMARY	Draft minutes are enclosed.
DECISION / ACTION	For information

Council of Governors Quality Sub-Committee meeting 11 September 2014 Draft Minutes

Attendees	Vivia Richards	VR	Head of Clinical Governance (Acting Chair)
	Melvyn Jeremiah	MJ	Public Governor - Westminster Area 2
	Martin Lewis	ML	Public Governor - Westminster Area 1
	Susan Maxwell	SM	Patient Governor
In attendance	Susan Young	SY	Chief People Officer and Director of Corporate Affairs
	Carol Davis (in part)	CD	Patient Affairs Manager
	Vivien Bell (in part)	VB	Head of Midwifery
	Barry Quinn (in part)	BQ	Macmillan Lead Nurse for Cancer & Palliative Care
	Katie Drummond-Dunn (in part)	KD-D	Communications Manager
	Patricia Gani	PG	Healthwatch representative
	Mary Mullix	MM	Central, West, Hammersmith and Fulham, Hounslow and Ealing CCGs representative
	Vida Djelic	VD	Board Governance Manager

1 **Welcome and Apologies for Absence** **VR**

VR welcomed members to the meeting and explained that she was chairing the meeting on behalf of Elizabeth (Libby) McManus who was unwell.

SY noted that she was at the meeting in the capacity of her new role as Chief People Officer and Director of Corporate Affairs.

Apologies were received from Elizabeth McManus, Zoe Penn, Melanie van Limborgh, Wendie McWatters and Sonia Richardson.

2 **Draft Minutes of the Council of Governors Quality Sub-Committee Meeting held on 10 June 2014** **VR**

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

3 **Matters Arising** **VR**

The sub-committee noted the progress with actions as outlined in the paper.

PG brought an issue of how difficult she found recently to navigate through the Trust's website when searching for complaints/concerns section of the website. MJ checked the search engine using his tablet in the meeting and demonstrated that it was working. Susan Maxwell had said she would liaise with George with respect to the automated removal of the word 'search' within the search box on the internet site.

The importance of sign posting patients how to complain was noted.

PG said that it would be very useful for stakeholders to receive drafts of Quality Report as early in the process of drafting it as possible so that any minor comments could be picked up by stakeholders and addressed by Chelsea and Westminster without the need for these comments to appear in the stakeholders commentary as part of the official stakeholders response.

MM noted that the Central, West, Hammersmith and Fulham, Hounslow and Ealing CCGs will expect a regular quarterly reporting on the Quality Account.

MJ queried a guidance which was to be provided to governors in relation to sign posting them when receiving complaints/comments from members and how to channel these through. SM said that this was discussed at the last meeting and it concluded that any clinical issues would go to Carol Davis and any minor comments/complaints go to the PALS. CD noted that a brief guideline on how complaints/comments are escalated has been produced and shared this with the sub-committee. **Action: CD to circulate to all governors.**

CD

4 Introduction to Quality Strategy and Plan

VR

VR noted that Elizabeth McManus had intended to provide an oral update, however reassured the sub-committee members that the strategy is being developed.

The sub-committee asked for an outline of the status of the Quality Strategy and Plan to be provided. **Action: VR agreed to liaise with Elizabeth and then email a brief outline of the status of the Quality Strategy and Plan to the sub-committee.**

VR

5 Complaints Report Q1 and PALS Report Q1

CD

CD noted that the number of complaints has decreased in Q1, however the top three themes remain the same as in previous quarters; these are clinical care, attitude and information.

CD highlighted that there have been 19 breaches in relation to a poor response time to complaints. This has been highlighted with the divisions and an external company, NICHE, has completed a review of the complaints and concerns process. This will be shared with the Complaints and PALS teams and then cascaded to the divisions. MJ noted that it is important that the findings of this review are shared at this sub-committee in due course.

We have provided an action plan to the commissioners in respect of the breaches.

CD noted that in Q1 2 complaints have been upheld by the Parliamentary and Health Service Ombudsmen for review.

MM asked if complaints upheld by the Parliamentary and Health Service Ombudsmen could be shared with CCGs. CD confirmed that complaints upheld are always shared with Monitor and CCGs. **Action: CD to ensure the relevant correspondence is shared with CCGs.**

CD

ML noted that a positive attitude and good manners are the key to a good customer service which the hospital should provide. He felt that staff training around customer service and the Disney/Customer Service Training has not yet produced as much of

the result as he had hoped. CD said that this can be looked at.

SY said that it is very helpful to hear feedback on patient experience and it would be helpful to know the specifics of complaints. It will be then followed with the appropriate staff.

The sub-committee noted that there has been an overall increase in concerns in Q1 PALS report with the top themes relating to appointments, delay/cancellation in outpatients, communication/information to patients and attitude of staff.

MM noted that the number of complaints relating to paediatrics stood out as being higher than elsewhere. CD responded that the figures reflected in the Women and Children section of the report are higher this quarter primarily as a result of moving the paediatric outpatient clinic from the ground to the first floor.

MJ queried a progress on restructure of the hospital main reception desk incorporating PLAS within the reception. **Action: EM to provide an update.**

EM

6 Quality Account themes: Good Night Group - presentation

VB

Vivien Bell, Head of Midwifery, noted that the 'Good Night Group' was set up to improve the night time environment for patients within the Chelsea and Westminster Hospital. Staff and patient questionnaire had been developed and noise level monitored. It was discovered that noise at night at Chelsea and Westminster is above the WHO recommendations. It was recognised that some noise level could be reduced and subsequently the 'Goodnight Guide' has been developed. The guide was launched earlier this year and is available on the website.

Two audits had been carried and comments and observations captured and the appropriate actions put in place i.e reducing noise of staff buzzers and increasing staff awareness of availability of ear plugs.

MJ said that from his experience there is also an element of patients being very noisy and it there is no sufficient number of single room to accommodate these patients.

SM noted that eye masks and ear plugs should be issued on admission in the patient admission pack.

MJ complemented VB and noted that he is content with the work of the Goodnight Group.

7 Abridged Quality Report/Annual Review

KD-D

Katie Drummond-Dunn, Communications Manager tabled the Annual Review 2013/14.

KD-D highlighted that the headings include: information about the Trust, Trust's membership, facts and figures, awards, events, our values during the year, listening to feedback, strategic priorities and quality priorities.

KD-D complemented MJ for writing the Annual Review 2013/14.

BQ noted that he will provide some highlights from the Cancer survey for inclusion

in the Annual Review. **Action: BQ to provide to KD-D.** **BQ**

The sub-committee noted that a hard copy of the Annual Review 2013/14 will be available at the Annual Members' Meeting on 18 September.

8 Action Plan Re National care of the dying audit for hospitals BQ

Barry Quinn, Macmillan Lead Nurse for Cancer & Palliative Care, noted the action plan developed in response to the National Care of the Dying Audit for Hospitals.

In response to a question from ML, BQ said that the number of palliative care nurse has increased from 2 to 5.

BQ highlighted that in response to the action plan an annual survey is being planned for March 2015.

MM noted that Clinical Commissioning Groups are looking at coordinated strategy for end of life care. BQ responded that some research has been carried out in relation to this.

The sub-committee noted that BQ oversees the end of life care complaints with a view to make some improvements.

9 Quality Priorities Q1 VR

This paper was noted.

10 Council of Governors Quality Awards Autumn Schedule 2014 SM

SM presented the Autumn quality awards schedule.

The sub-committee noted the paper.

11 Council of Governors Funding Report – for information VD

This paper was noted.

12 Feedback from governors on patient experience All

A governor reported on the importance of accuracy on 'Out of Office' email information when senior managers are on leave or away.

A governor reported that the telephone was unattended in the Outpatient Department – a patient trying to get through waited over 15 minutes for an answer to a phone in Outpatients 3 without a successful outcome and there was not answer.

ML reported that the grill was pulled down in the fracture clinic and interaction between patients and staff members through the grill is not satisfactory.

MJ reported on an issue of internal referral system in relation to physiotherapy and foot and ankle. Since the first case happened earlier in the year he has had several patients coming forward with similar issues. **Action: Mike Delahunty to look into this.** **MD**

MJ also reported on an issue with the system of outpatient appointments in relation to referral to other departments of the hospital. **Action: Mike Delahunty to look into this.** MD

SM noted that A&E referrals to district nurses or community service in relation to dressing clinics go to the patient's GP and the question is why there is no direct referral to the relevant service. MM noted that her team are working on 'Whole System Integrated Care' and she will address this action. MM to report back on the action.

ML noted that he would like to attend the Disney/Customer Service Training and would like to understand the structure of training, how it is monitored and its effectiveness. **Action: ML to be invited to a future Disney/Customer Service Training.** EM

PG noted that the visually impaired and non English speaking patients would need help with finding their way around the hospital and the electronic signing in. VR said that the CEO communicated to staff that all staff members are responsible for helping patients find their way.

PG reported that for a regal patient in hand department there should be no need to go to a GP for referral for a follow up appointment.

13 Any Other Business

None.

14 Date of next meeting – 6 November 2014 at 10am

Council of Governors Meeting, 18 September 2014

AGENDA ITEM NO.	4.2/Sep/14
PAPER	*Draft Minutes of the Council of Governors Membership Sub-Committee meeting held on 4 September 2014
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Walter Balmford, Chairman
EXECUTIVE SUMMARY	Draft minutes are enclosed.
DECISION/ ACTION	For information.

**Council of Governors Membership Sub-Committee meeting, 4 September 2014
 Draft Minutes**

Attendees	Walter Balmford	WB	Chairman
	Chris Birch	CB	Patient Governor
	Sam Culhane	SC	Public Governor – Hammersmith and Fulham Area 1
	Anna Hodson-Pressinger	AH-P	Patient Governor
	Martin Lewis	ML	Public Governor - Westminster Area 1
In attendance	Layla Hawkins	LH	Head of Communications and Marketing
	Katie Drummond-Dunn	KD-D	Communications Manager
	Sian Nelson	SN	Membership Manager
	Susan Young	SY	Chief People Officer and Director of Corporate Affairs
	Vida Djelic	VD	Board Governance Manager

1 Welcome & Apologies and Resignation WB

WB welcomed members to the meeting.

SY said she was at the meeting in the capacity of her new role as Chief People Officer and Director of Corporate Affairs and thanked members of the committee for the opportunity to attend.

Apologies were received from Steve Worrall and Swabrina Njoku.

WB noted that AH-P had withdrawn her resignation and decided to remain on the sub-committee until the end of her term (end November 2014).

2 Draft Minutes of the Meeting held on 26 June 2014 WB

Minutes of the previous meeting were approved as a true and accurate record of the meeting subject to the following change requested by SN:

- p.3, 10th para replace 'SN to confirm hospital attendance at the Healthwatch Annual General Meeting' with 'SNj to email governors and governors interested in attending to confirm to SNj'.

LH noted that Dominic Conlin, Director of Strategy and Integration, presented at the Healthwatch Annual General Meeting on behalf of Chelsea and Westminster.

ML commented that Vanessa Sloane, lead on the Trust's Youth Parliament should have been invited to the meeting. **Action: SN to invite Vanessa Sloane to the November sub-committee meeting.** SN

CB complimented VD on the minutes.

3 Matters Arising

WB

Ref Membership Application Form

CB commented that SN provided the information on the cost of reprinting the membership application form to him and it should have also been sent to all members of the sub-committee. **Action: SN to forward the cost to all members of the sub-committee.** SN

Ref Membership Engagement and Communications Strategy 14-15

Justine Currie, GP Liaison Manager, provided an update to the sub-committee on the Trust's engagement activity with the GPs and highlighted the following activities:

- GP Newsletter is sent to all GPs
- Training and educational events for GPs
- We are about to launch a web form for GPs engaging with our senior clinicians

CB noted that two matters arising from minutes have not been addressed; these are:

- LH to provide feedback from the local authority on how their Councillors engage with the local communities they represent.
LH responded that feedback from a local authority will follow in the next couple of months because it was felt that a review later in the year, sufficient time after our council elections would be more helpful and this will be shared with the sub-committee at its next meeting.
- 'Feedback from members' should regularly feature on the sub-committee agenda.
VD responded that it was an omission on her behalf that the item 'Feedback from members' did not feature on the agenda. The sub-committee discussed the value of the item regularly appearing on the agenda and it was agreed that since it encompasses the work on communications, membership and engagement with the members it would be useful to have it on the agenda.
Action: VD to add that to the agenda 'Feedback from members' as a regular item. VD

4 Council of Governors elections planning

LH

LH noted that the Trust representatives are meeting with a potential company which will conduct election on behalf of the Trust later in the month with elections being planned for later in the year.

ML noted that in the past there had been a little uptake on nominations and turn-out at election. VD said that in the last election the uptake of nominations was better than in previous years but that election turn-out has declined.

CB said that election is a concern of the governors on the sub-committee and asked that the sub-committee is kept updated and advised on the election process. LH

	said that similarly to the last year the election communication plan will be developed and shared with the sub-committee. Action: LH to provide governors with the communication plan for the November 2014 election.	LH
5	Membership engagement and communication calendar of events	KD-D
5.1	Christmas at Chelsea and Westminster 2014	KD-D
	KD-D noted the programme of membership engagement and communications activities for the remainder of 2014/15 and highlighted that the two upcoming Medicine for Members seminars, September seminar on preventing pressure ulcers and November seminar on falls and fractures. She invited a governor volunteer to chair the November seminar. WB volunteered.	
	It was noted that the Christmas at Chelsea and Westminster event will be held on 11 December and based on feedback received from staff regarding the Christmas cheer awards it should be held on a different date. The Christmas cheer awards will be held on 19 December.	
	KD-D highlighted that governor volunteer is needed to run a grotto at the Christmas event. SC volunteered.	
	Also a governor volunteer was required to judge and to present the award at the Christmas cheer awards event. Action: A governor interested in judging to inform KD-D.	All
	The sub-committee confirmed that they are content with the format of both events.	
	In a response from a question from CB regarding the October Medicine for Members event KD-D clarified that the October event has been cancelled and that one event will be held every other month.	
	WB congratulated KD-D for developing interesting events for the remainder of the year.	
6	Membership Report – update	SN
	SN noted that the representation is fairly stable and there is no need for further recruitment linked to the Annual Members' Meeting as confirmed with the sub-committee at the June meeting.	
	The sub-committee also confirmed that there was no need for recruitment prior to election as held in the past. SN suggested that the money planned for the two recruitment sessions which need not take place could be invested in supporting governors to attend external events for engagement purposes and producing some publications, i.e banners.	
	SN updated the sub-committee on the work undertaken in relation membership services and highlighted that the procurement department is looking into the specification requirements for the maintenance of the membership database. LH noted that membership services is a key area of interest to the sub-committee and suggested a governor is involved in the process of reviewing the current service	

provider and with identifying a new provider.

CB noted his concern about section 6.1 of the Membership Report relating to incorrect title of the Membership Sub-Committee. He highlighted that as agreed at the June meeting no money will be spent on further recruitment sessions. **Action: SN to amend the Membership Report in line with comments from CB.** SN

WB concluded that the sub-committee is content with the overall membership number and noted that ethnicity and youth representation could be improved and suggested this should be included in future recruitment plans. **Action: SN to include improvement on ethnicity and youth representation in future recruitment plans.** SN

7 Annual Members' Meeting – 18 September 2014 at 5.30pm LH/KD-D

LH updated the sub-committee on the arrangements for the Annual Members' meeting and said that a suggestion from the sub-committee to hold the event at an outside venue was explored. However, due to the cost associated it was decided to look at options of venue within the hospital and confirmed that the event will be held in the Hospital Restaurant.

LH noted that she received expression of interest from 4 governors for presenting at the Annual Members' meeting. In relation to the process of selecting a governor the sub-committee suggested that their preference would be someone who is new and articulate and a more experienced governor could provide advice if required.

LH outlined the running order of the event and highlighted that a governor selected by the Lead Governor to present to the members of behalf of the Council of Governors will be supported by the Communications Team.

ML asked about plans for having a governor stand on the day. LH confirmed that there will be a governor stand. ML confirmed that he will be on the stand.

LH confirmed that copies of the Annual Report 2013/14 along with the Annual Review (condensed version of the annual Report) will be available on the day.

ML queried if information about the Council of Governors election will be available to members. VD responded that this will be provided.

8 Council of Governors Funding Report LH

The sub-committee noted the update on the expenditure so far.

In response to a question from WB as to money that is not spent within the financial year could be rolled over SY responded that the budget is set on an annual basis and any surplus is reinvested in building developments.

CB pointed out that we had decided not to spend £1,500 on recruiting at the Annual Members' Meeting and that that sum could be reallocated. **Action: VD to adjust the list of projects and money allocated to projects appropriately.** VD

CB queried if the 'Actual Spend to Date' column is needed to feature on the funding report. VD responded that this column was inserted some time ago on request of Melvyn Jeremiah who felt useful seeing how much money was spent against money committed to projects.

AH-P suggested that some of money from the governors' budget could be invested in presents for patients. LH confirmed that any funding proposals have to be submitted to the Council of Governors.

The sub-committee discussed the item on the funding report regarding the Foundation Trust Governors' Association (FTGA) membership subscription and the value of the Trust remaining a member of the FTGA. CB said that he has attended a number of FTGA development days and found them immensely helpful in his role as a governor. He added that under the Act 2012 it is the role of the Board to ensure that governors are trained appropriately. He felt that new governors would benefit from the training. VD said that the FTGA has recently merged with the Foundation Trust Network (FTN) and that there will be no separate cost for 14/15 financial year and the subscription of merged FTGA/FTN organisation is not available yet. SY suggested that some research could be done in relation to the impact of merger on governors training. **Action: VD to find out about the impact of the FTGA/FTN merger on governors training.**

VD

9 Any other business

LH noted that two dates have been secured for further governor visits to the West Middlesex University Hospital in September. The dates have been circulated to governors.

WB asked if there was any information available to be read prior to the visit. LH responded that the governors who attended the visit in July received a briefing pack on the day of the visit. She suggested that the pack could be emailed to governors prior to the visit. **Action: LH to provide governors with the briefing pack for WMUH visit.**

LH

10 Date of next meeting

The next meeting will be held on 13 November 2014 at 3pm in the Outpatients Seminar Room.