Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting
Hospital Boardroom
Chair: Prof. Sir Christopher Edwards
Date: 6 December 2012 Time: 4pm

Agenda

'Starred' items will not be discussed unless an advance request is made to the Chairman.

		Lead	Time
1	**GENERAL BUSINESS**		
1.1	Welcome & Apologies	CE	4.00
1.2	Announcement of election results (attached)		
1.3	Declaration of Interests	CE	
1.4	Minutes of Previous Meeting held on 13 September 2012 (attached)	CE	
1.5	Matters Arising (attached)	CE	
1.6	Chairman's Report (oral)	CE	4.10
1.7	Chief Executive's Report (oral)	TB	4.15
2	**ITEMS FOR DISCUSSION/DECISION/APPROVAL**		
	QUALITY		
2.1	Quality Awards presentation (attached)	MvL	4.20
2.2	Liverpool Care Pathway – presentation	SC	4.35
2.3	*Quality Sub-Committee report (draft minutes of 13 November 2012 meeting attached)	CM	
	GOVERNANCE		
2.4	Health and Social Care Act 2012 implications – update (attached)	CE	4.50
2.5	Shaping a Healthier Future – update (attached)	MA	5.00
2.6	Report on appraisal of the Chairman (attached)	JB	5.10
2.7	Lead Governor (attached)	CE	5.20
2.8	Trust Media Policy (attached)	MAk	5.30
2.9	*Council of Governors Membership Sub-Committee Terms of Reference (attached)	ML	
	COUNCIL OF GOVERNORS		
2.10	Governors' Questions (attached) - Uniform for Reception Staff (ML) - Staffing level of nurses on wards (CBir) - Kinect evolved: stroke recovery with Microsoft's motion sensor (ACle) - Obesity in the UK: setting new standards in clinical treatment (ACle)		5.40
2.11	Council of Governors Funding Report (attached)	CM	6.00
2.12	*Governor/Senior Nurse Patient Rounds Report (attached)	TP	
	MEMBERSHIP		
2.13	*Membership Sub-Committee report (draft minutes of 15 November 2012 meeting and final minutes of 27 September meeting attached)	CB	
2.14	Membership Engagement and Communication – update (attached)	MAk	6.05
2.14.1	Christmas Event (attached)	KD-D	6.10
2.14.2	Open Day 2013 (attached)	KD-D	6.15
2.15	*Membership Report (attached)	TP	

3	**ITEMS FOR INFORMATION**	
3.1	Finance Report – November 2012 (attached)	LB
3.2	Performance Report – November 2012 (attached)	DR
4	**ANY OTHER BUSINESS**	
5	**DATE OF THE NEXT MEETING – 14 February 2013**	

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 6 December 2012

AGENDA ITEM NO.	1.2/Dec/12
PAPER	Announcement of Council of Governors election results
AUTHOR	Vida Djelic, Foundation Trust Secretary
LEAD	Prof. Sir Christopher Edwards, Chairman
EXECUTIVE SUMMARY	This paper provides the Council of Governors election results
DECISION/ ACTION	To note.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors election results
November 2012

Patient Governors

- Walter Balmford
- Thomas Church
- Alan Cleary – re-elected
- Susan Maxwell – re-elected
- Wendie McWatters – re-elected
- Tera Younger

Public Governors

Hammersmith and Fulham Area 2 – Christine Blewett (re-elected)
Wandsworth Area 2 – Steve Worrall - elected unopposed

Staff Governors

- Allied Health Professionals, Scientific & Technical – James Dennis - elected unopposed
- Contracted – Julie Armstrong - elected unopposed
- Medical and Dental – Professor Brian Gazzard – re-elected unopposed

No nominations were received for the following constituencies:

- Public – Kensington and Chelsea Area 1
- Staff – Management

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 6 December 2012

AGENDA ITEM NO.	1.4/Dec/12
PAPER	Draft Minutes of Council of Governors Meeting – 13 September 2012
AUTHOR	Vida Djelic, Foundation Trust Secretary
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, 13 September 2012
Draft

Prof. Sir Christopher	Edwards	Chairman		CE
Chris	Birch	Patient		CBir
Christine	Blewett	Public	Hammersmith and Fulham 2	CBle
Anthony	Cadman	Patient		ACad
Cass. J	Cass-Horne	Patient		CC-H
Carol	Dale	Staff	Management	CD
Brian	Gazzard	Staff	Medical and Dental	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		WMW
Henry	Morgan	Public	Wandsworth 1	HM
Cyril	Nemeth	Appointed	Westminster City Council	CN
Sandra	Smith-Gordon	Public	Kensington and Chelsea 2	SS-G
Frances	Taylor	Appointed	Royal Borough of Kensington and Chelsea	FT
Maddy	Than	Staff	Support, Admin & Clerical	MT
Alison	While	Appointed	King's College	AW

IN ATTENDANCE:

Sir John Baker	Non-executive Director	JB
Jeremy Loyd	Non-executive Director	JL
Sir Geoffrey Mulcahy	Non-executive Director	GM
Richard Kitney	Non-executive Director	RK
Tony Bell	Chief Executive	TB
Dr Mike Anderson	Medical Director	MA
Lorraine Bewes	Director of Finance	LB
David Radbourne	Interim Chief Operating Officer	DR
Catherine Mooney	Director of Governance and Corporate Affairs	CM
Matt Akid	Head of Communications	MAk
Axel Heitmueller	Director of Strategy and Business Development	AH
Vida Djelic	Foundation Trust Secretary	VD
Patricia Gani	LINk representative	PG

1 GENERAL BUSINESS

1.1 Welcome & Apologies CE

CE welcomed Tony Bell, new Chief Executive to the meeting.

CE welcomed Patricia Gani, a representative from the Local involvement Network (LINk) to the meeting.

Apologies were received from Fergus Cass and Edward Coolen.

CE reminded the Council of Governors of the reason for FC's absence which was due to a potential conflict of interest.

Apologies were also received from Sian Nelson, Membership Engagement Manager.

1.2 Declaration of Interests CE

None.

1.3 Minutes of Previous Meeting held on 12 July 2012 CE

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

1.4 Matters Arising CE

In response to a question relating to making quick changes to the A&E estates and level of services we provide it was confirmed that we are planning to invest in A&E services. This is being made clear to visitors when visiting the Trust in relation to the consultation.

It was confirmed that the work would involve refreshing the interior in the short terms at a cost of £500k. There is more substantial work to be done if we win the bid and although it has not been confirmed yet how much will be invested in refurbishment and redevelopment it will be in the region of £2 - £4 million.

The Council of Governors noted that a public meeting was held in the Kensington & Chelsea Town Hall re the importance of the Chelsea and Westminster Hospital being selected as preferred provider.

Other matters arising were noted as completed.

It was suggested that under the consultation proposals doctors' and specialists' posts are under threat and it would be useful to have a quote from a specialist. CE commented that this approach would be perceived by wider public as biased as clinicians are members of staff.

SS-G commented about the length of the Council of Governors minutes and

proposed that these are written in a similar style as the sub-committee minutes i.e shorter and action focused. It was suggested that if any governor wanted any specific contributions recorded in minutes they should say so in the meeting. This included governors' questions and answers. **The Council of Governors agreed.**

The Council of Governors noted a series of visits from external organisations and a local MP in relation to the 'Shaping a Healthier Future' Consultation.

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

Council of Governors elections
CE informed the governors that due to some vacancies on the Council of Governors and the fact that some seats expire at the end of November the next election to the Council of Governors will be held in November 2012. Governors were encouraged to stand for re-election. CE emphasised the Trust's ongoing efforts to recruit diverse membership and hard to reach groups.

Re chelwest email account
CE noted that the tree governors who had been using the experimental Zimbra email firstname.surname@governors.chelwest.nhs.uk had resolved to revert to the main chelwest.nhs.uk hospital system. The advantage of Zimbra was that it involved only one password gate rather than two on the main chelwest system, the second of which was a secure code sent to a mobile phone or key-fob in response to a successful initial log-in. The advantage was that because Zimbra was a separate system there was no access from it to the Chelwest Address Book. He had decided that a further five governors should be equipped with Zimbra access to use in parallel with the main hospital system for a further evaluation period.

Away Day
CE outlined the plan for a joint Board/Council of Governors Away Day and proposed that it is held on 6 December which is the date of the next Council of Governors meeting.

Topics for discussion included:
- Governor/Board interaction
- Constitution review
- Strategy

1.6 Chief Executive's Report **TB**

TB introduced himself and noted how he was looking forward to working with the governors.

2 ITEMS FOR DISCUSSION/DECISION/APPROVAL

2.1 Quality Awards – paper and presentation of certificates **MvL**

The four team winners were welcomed and the quality of services they provide noted. The Council of Governors noted a positive feedback from governors who visited each team and representatives received the quality certificate from the Chairman. The winners were:

- Decontamination Services Department
- Infrastructure Power Works Team
- Medihome
- West London African Women's Service

2.2 Quality Sub-Committee report* **CM**

This item was starred and therefore taken as read.

2.3 Shaping a Healthier Future – consultation update **MA**

A presentation on the consultation was given which updated governors on the progress with the reconfiguration of health services in the North West London and an update in the response to the consultation.

In response to a question if there is specialist care in the Urgent Care Centre (UCC), MA responded that most of care is provided by GPs and if necessary they can arrange specialist care by transferring patients from the UCC to A&E . Governors noted that if we lost A&E we would also lose a lot of consultants but they would still be required e.g at Charing Cross Hospital.

In response to questions it was confirmed that the Trust had not had a response from the Westminster MP and that cancer care is changing and a London Cancer Alliance is being set up.

AW, JJ and LB arrived.

2.4.1 Constitution changes required as a result of the Health and Social Care Act 2012 – to come into effect on 1 October 2012 **CE**

The Council of Governors noted that certain parts of the Act 2012 were coming into effect on 1 October and a copy of the constitution received reflected these changes which mainly were about the increase of the Private Patient Income Cap. The Council of Governors also noted that a vote would take a place at the Annual Members' Meeting which followed afterwards on the changes.

It was agreed that wording in section 18.7 'a Trust' should read 'the Trust' and that word 'percentage points' should be inserted.

In response to a question on income from non-EU patients it was confirmed that it is in hundreds of thousands. An objection to overseas patients being admitted without presenting credit cards was noted and that the present rule was that overseas patients were not admitted unless it was confirmed that they could pay.

2.4.2 Constitution review – other changes required as a result of the Health and Social Care Act 2012 and next steps **CM**

The progress of review of the Constitution to reflect changes stipulated by the Monitor Core Constitution was given. Governors represented on the Constitution Review Task Force were thanked for taking time to look in detail at the constitution and suggesting changes. The Task Force has identified what the core constitution would look like and noted that any points for discussion will be

addressed at the Council of Governors workshop to be organised on 17 October. It was noted that there will be governance input from Beachcroft.

A similar approach will be taken re the Board of Directors.

Issues for further discussion will be logged and discussed at a proposed joint Board/Council of Governors Away Day.

2.5 Governors' Questions **TD**

- Dress code for staff and patients – Anna Hodson-Pressinger

This item was taken as read.

2.6 Care Quality Commission Engagement Project **CM**

The Council of Governors noted that the Trust expressed interest in being involved in the project and will respond to the FTGA on Friday. Governors were invited to send expression of interest to involvement to VD by midday, Friday, 14 September.

Governors noted that the Trust was not provided with the criteria for the selection process. **VD to enquire about this with the FTGA/CQC.** **VD**

2.7 Council of Governors Funding Report* **CM**

This item was starred and therefore taken as read.

2.8 Governor/Senior Nurse Patient Rounds Update **TP**

This item was starred and therefore taken as read.

2.9 Membership Sub-Committee report* **ML**

A draft report from the Membership Sub-Committee meeting held on 26 July 2012 was starred and therefore taken as read.

2.10 Membership Engagement and communication – update* **MAk**

This item was starred and therefore taken as read.

2.11 Membership Report* **TP**

This item was starred and therefore taken as read.

3 ITEMS FOR INFORMATION

3.1 Finance Report – July 2012 **LB**

This item was taken as read.

3.2 Performance Report – July 2012 **DR**

This item was taken as read.

4 ANY OTHER BUSINESS **CE**

Risk Management Strategy and Policy
ACad congratulated CM on providing an impressive and expert explanation of the risk strategy provided at the previous Council of Governors meeting.

He informed the governors that he assisted in an overseas company research on assessing healthcare market risk in the UK.

In response to AH-P comment on pilot of private care at the Oxford Hospital, CE responded that that was an interesting experiment which received very good press response.

CQC an unannounced inspection – July 2012
The Council of Governors noted that the CQC conducted an unannounced inspection to the Chelsea and Westminster Hospital at the end of July to assess compliance with essential standards of quality and safety. The Trust has received a positive report which states that we met all five essential standards of quality and safety. It was noted that patient were positive about their experience and one patient said that the hospital saved their life. Another patient told the inspectors that she loved the hospital and the hospital loved her.

5 DATE OF THE NEXT MEETING

The next meeting of the Council of Governors will be held on 6 December 2012.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 6 December 2012

AGENDA ITEM NO.	1.5/Dec/12
PAPER	Matters Arising from the meeting of the Council of Governors meetings held on 13 September 2012
AUTHOR	Vida Djelic, Foundation Trust Secretary
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: 13 September 2012
Time: 3:00 – 5:30 pm

Ref	Description	Lead	Subsequent Actions or Outcomes
2.6/Sep/12	**Care Quality Commission Engagement Project**		
	Governors noted that the Trust was not provided with the criteria for the selection process. **VD to enquire about this with the FTGA/CQC.**	**VD**	

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 6 December 2012

AGENDA ITEM NO.	2.1/Dec/12
PAPER	Quality Awards Autumn 2012
AUTHOR	Melanie van Limborgh, Head of Quality and Assurance
LEAD	Catherine Mooney, Director of Governance and Corporate Affairs
EXECUTIVE SUMMARY	The Council of Governors' Quality Awards led by the Council of Governors' Quality Sub-Committee is awarded for Patient Safety, Patient Experience, Clinical Effectiveness and the Trust values. The awards have been in operation in the Trust since January 2011. The successful winners are awarded by members of the Council of Governors' Quality Sub-Committee. The award winners and commended applications were agreed at the November Council of Governors' Quality Sub-Committee Meeting. The awards winners are invited to attend the December Council of Governors' Meeting to be presented by the governors and to receive their awards from the Chairman.
DECISION/ ACTION	The Council of Governors is asked to note the content of this paper to gain an overview of the objectives Quality Award and the Autumn winners.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors
Quality Awards

1.0 Introduction

The aim of the Trust's Quality Award is to recognise and reward contributions to quality initiatives in the Trust from an individual or team who have made a contribution to quality for patients under three categories, namely, Patient Safety, Patient Experience and Clinical Effectiveness

This award is open to Chelsea and Westminster Trust employees as they have the potential to directly or indirectly improve quality through improving the patient's experience. The award can be received for a project, an initiative, or a change in the work of staff that as a result provide benefit to quality care.

Aside of the award recognition the winners have the opportunity to meet with key Directors and governors from the Council of Governors Quality Sub-Committee. This provides award winners the time to discuss their initiatives and highlight the value of their achievements. A final benefit of the award is that the winners receive £100 for an individual submission and £250 for a team submission to benefit the work of their department. This finance is generously supported by the Council of Governors.

2.0 Background

The Council of Governors Quality Awards has been in operation from January 2011, supported and directed by the Council of Governors Quality Sub-Committee. The Quality Awards are currently held quarterly and awarding is led by the Director of Governance and Corporate Affairs on behalf of the Council of Governors Quality Sub-Committee. The applicants are required in the submitted documentation to provide an overview of:

- The context of the initiative that is being taken forward
- How the assessment of the problem and how it was analysed and handled and the causes of the problem were addressed and what solutions/changes were needed to make improvements
- The intervention employed and the strategy for implementing a proposed change and how the results were disseminated
- How plans for change to the groups involved and how improvement was measured, any analytical methods used if used any results obtained.
- Applicants are asked about the effects of changes, how far these changes resolved the initial problem
- How this improved patient/client care and the process of change and how lessons learnt from the work could be used elsewhere.
- How the application meets the new Trust values.

3.0 Recent developments

Governor Sandra Smith Gordon accepted the role of Council of Governors' Quality Sub-Committee Quality Award governor and has been working in conjunction with the Head of Quality and Assurance and the Quality Sub-Committee governors with the recent rounds of awards.

The awards have sustained good numbers of applications this Autumn. This has been assisted by the work of the governors who have taken a proactive role in meeting Trust staff and encouraging those completing high quality work to apply for the Quality Awards over this last round. The recent rounds of Quality Awards (Spring and Autumn 2012) have seen the highest numbers of applicants since the inception of the awards.

4.0 The Quality Award applications

The Council of Governors' Quality Sub-Committee approved the Autumn award winners at the meeting on the 13th November 2012. Applications were received from 13 Trust groups.

The awarding panel consists of Dr Mike Anderson, Medical Director, Cathy Mooney Director of Governance and Corporate Affairs, Therese Davis, Chief Nurse and Director of Patient Experience, and/or Tony Pritchard, Deputy Chief Nurse, Carol Dale, Learning and Organisational Development Manager (currently seconded as Facilitator for Patient and Staff Experience), Maddy Than, Administrator Clinical Engineering, Jacinto Jesus, ISS Mediclean and Trust Governors Sandra Smith Gordon, Melvyn Jeremiah, Martin Lewis, Susan Maxwell, Wendie McWatters and Anne Hodson Pressinger.

The 6 winners are:

Rapid discharge pathway for terminally ill patients who wish to die at home. Dr Sarah Cox, Palliative Care Team
The Friends Patient Support Project The Friends Patient Support Project Team
Excellent Patient Experience in the Emergency Department The Emergency Department
Maternity Team initiative The Maternity Team
Rapid Access Occupational Health Physiotherapy Service Musculoskeletal Physiotherapy Department
Excellence in Clinical Education The Centre for Clinical Practice

A further 3 applications were commended

Carpal Tunnel One Stop Diagnostic Clinic Carpal Tunnel Clinic Team
Medical Day Unit Medical Day Unit Team
Nurse Championship: A Site Based Collaborative Approach to Embedding Quality Improvement Initiatives in an AAU Acute Admissions Unit

5.0 Summary

The Quality Awards led by the Council of Governors' Quality Sub-Committee are awarded for Patient Safety, Patient Experience, Clinical Effectiveness and the Trust values. The Autumn winners were agreed at the November Council of Governors' Quality Sub-Committee Meeting.

There were 6 winners and 3 teams commended for their work. The awards will be highlighted at the December 2012 Council of Governors Meeting when the winners will be invited to attend to be presented by the governors and to receive their award from the Chairman.

6.0 Decision/action required

The Council of Governors is asked to note the content of this paper to gain an overview of the objectives Quality Award and the Autumn winners.

Melanie van Limborgh
Head of Quality and Assurance
November 2012

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 6 December 2012

AGENDA ITEM NO.	2.3/Dec/12
PAPER	*Draft Minutes of the Council of Governors Quality Sub-Committee meeting held on 13 November 2012
AUTHOR	Vida Djelic, Foundation Trust Secretary
LEAD	Mike Anderson, Chairman of the Quality Sub-Committee
EXECUTIVE SUMMARY	Draft minutes are enclosed.
DECISION/ ACTION	To note.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Quality Sub-Committee meeting, 13 November 2012

Draft Minutes

Attendees	Carol Dale	CD	Staff Governor – Management
	Anna-Hodson Pressinger	AH-P	Patient Governor
	Susan Maxwell	SM	Patient Governor
	Wendie McWatters	WMW	Patient Governor
	Sandra Smith-Gordon	SS-G	Public Governor – Kensington & Chelsea 2
	Cathy Mooney	CM	Director of Governance and Corporate Affairs
	Therese Davis	TD	Chief Nurse
	Patricia Gani	PG	LINk representative
	Melanie van Limborgh	MvL	Head of Quality and Assurance
	Vida Djelic	VD	Foundation Trust Secretary
	Dr Sarah Cox (in part for item 5)	SC	Consultant Palliative Care
	Karen Baker (in part for item 5)	KB	EDM Project Lead

1 Welcome and Apologies **CM**

Apologies were received from Mike Anderson, Melvyn Jeremiah and Martin Lewis.

2 Minutes of previous meeting held on 21 August 2012 **CM**

Minutes of the previous meeting were accepted as a true and accurate record of previous meeting with the following amendments:

- add SN to the list of attendees
- Change JO to OO
- On p.5 replace AH-P with WMW

3 Matters arising **MA**

Wayfinding Group
TD said that the next meeting will be held in a week's time.

Survey results of MPALS quarterly reports
TD said that SN will present the quarterly survey results at the next meeting.

Feedback from governors on patient experience - Wheelchairs
TD said that she had asked Helen Elkington, Head of Estates & Facilities to consider having five wheelchairs on each floor of the hospital and at the hospital entrance. Each wheelchair will have a plaque which will feature the Trust's values and there will be a requirement of a £1 coin to use the wheelchair. It was suggested that the wheelchair availability could be advertised on the screens.

Reception board re physiotherapy location
TD said that Andy Denton, Business Manager, Facilities has ordered a sign for the physiotherapy.

Delayed chemotherapy
PG said she was concerned re a friend's mother who had cancer and whose chemotherapy was delayed. It was noted that PG's friend did not provide an email address so the matter cannot be followed up.

Maternity experience
SN to make a complaint re her experience in A&E.

Junior Doctors
VD said that MA has not yet provided a response.

Chair of the Quality Sub-Committee
CM said that an item re chair of the sub-committee had been considered by the Agenda Sub-Committee and it was decided that this item should be considered once the Health and Social Care Act 2012 and the necessary changes to the constitution have been made first.

4 Electronic Document Management Project – Update KB

Karen Baker, the EDM Lead introduced the project to the sub-committee and explained the importance of recording and retaining data electronically related to clinical and operational activities. The sub-committee noted that the Trust has a contract with the supplier, Kainos Software Ltd and that the document scanning and storage part of the project had been sub-contracted.

KB highlighted that a trial of the system will take place in December 2012 in two areas, outpatient clinics in Urology and General Surgery and it will be rolled-over to the rest of the hospital gradually.

The sub-committee noted that the members and staff were made aware of the EDM project via the August/September Trust News. Further communication to staff will be made via the Communications Department. In September over 540 staff tried the system and made suggestions as to any improvements and adjustments to the system.

In relation to a question re security and storage of data, KB said that a copy of all of electronic records will be stored on a back-up server.

The sub-committee noted that papers and information will be grouped in categories; text will be easy to search; BigHand information will be replicated and available electronically and e-forms are being developed allowing direct data entry.

KB invited governors from the sub-committee to let her know if they are interested in learning how the system works.

CM suggested that demo of EDM at the next meeting and it was agreed that this would be an open invitation.

CM to invite Karen Baker to provide demo of EDM at the next meeting. CM

5 End of Life Care – presentation by Dr Sarah Cox **SC**

Dr Sarah Cox, Palliative Care Consultant gave a presentation on the Liverpool Care Pathway (LCP).

The sub-committee discussed various aspects of care during the end of life pathway. It was noted that the LCP does not define treatment and this raises a number of issues. It is important that the treatments patient require to have are fulfilled regardless whether this will improve patient condition.

The sub-committee also noted that the improvement is needed re communication with patient and relatives.

It was suggested that having access to facts from research would help the wider public understand the circumstances around end of life and how stopping or providing food and fluids affects patient conditions.

It was clarified that the Liverpool Care Pathway does not in any way relate to euthanasia.

TD stressed the importance of the dying patient being comfortable and the importance of staff understanding the LCP.

A suggestion of publishing information about Liverpool Care Pathway on the website and media was made.

SC confirmed that the staff are encouraged to use the LCP appropriately and in consultation with patient and the family; if the family objects to the patient being put on the LCP the Trust will accept it.

In relation to a question re how many people expressed the wish to die at home and how many actually die at home, SC responded that the precise figure is not available.

A governor suggested that one of the future Medicines for members' seminars is on a topic of the LCP.

In response to a question how patients are treated if they decline the LPC SC responded that the patient and family's wishes are respected.

To propose to MAk that a future topic for medicine for members event is the LPC. **CM**

6 Governor allocation to divisions – to be tabled **MvL**

It was noted that this will be brought to the sub-committee at the next meeting.

7 Quality Account 2011/12 planning overview **MvL**

The sub-committee noted the proposed plan to engage with stakeholders in the 2013/14 Quality Account and the arrangement for Capita recruiters to survey views of patients and staff on the Quality Account. It has also been planned to consult the service users, governors, relevant external organisations and Trust leads.

There was a suggestion to include results of the UNICEF evaluation re

feeding babies 'Baby Friendly Initiative'.

It was agreed that volunteers should be included as an additional stakeholder.

7.1 Stakeholder involvement **CM**

The sub-committee noted the key comments from stakeholders on the Quality Account 2011/12 and agreed the proposed actions.

8 Progress on quality objectives - Q2 report **CM**

The main highlights included:

- Offering patients the information leaflet – 'Are you are risk of blood clots?' – variable performance re information is received on discharge; the summary of results noted on p.1
- Number of preventable hospital associated VTE events – no data available and measure are being put in place; if a preventable VTE is identified a root cause analysis will be done.
- % of uptake on training doctors on VTE prevention and treatment is unknown.

In response to a question how quickly VTE can be brought up to date, CM said that doctors are being given two weeks to return data but she is unable to confirm at the moment.

Staff appraisal

CD noted that the staff survey results are due in December and informed the sub-committee that a new appraisal form was created which includes Trust values. The form is available on the intranet. The appraisal form will be reviewed in March 2013. A leaflet explaining Trust values had been attached to the October staff payslips. All managers were requested to produce a plan re how they intend to embed the values and these will also be included in the in the business planning.

The sub-committee noted that CD has been seconded for 6 months to work on promoting values between staff and also obtaining patient views. A focus group will be set up to assist with values.

8.1 Patient Experience Report Q2 **TD**

The main highlights included:

- Continued focus on communication which includes attitude and behaviour, discharge and the care of older people.
- Top 10 concerns from patients have been identified via patient surveys and an action plan was developed

SM commented that % of would you recommend this hospital to your family and friends needs to be corrected in section 4.2.1.

In response to a question from SS-G, TD said that the results of the patient survey and the action plan will be brought to the next meeting. **TD**

The sub-committee discussed comfort rounds as there seemed to be perception that it does not work as well we would hope. TD commented

that staff need some facilitation in order to roll out to all wards.

TD suggested that the matrons and divisional nurse attend the next meeting.

9 Update on Quality Account local indicators performance **CM**

The sub-committee noted areas where performance is red as indicated on the paper.

CM said that the plan is that the local indicators will be published on the website and in order to provide meaningful and easy to understand information for patients some further work will be required.

It was suggested that a national average expectation should be included against the target for each area.

10 Quality Awards Autumn 2012 **MvL**

The sub-committee noted the winners which were as follows:

- Friends Patient Support Project
- Excellence in Clinical Education
- Maternity Team
- Excellent Patient Experience in the Emergency Department
- Rapid discharge pathway for terminally ill patients who wish to die at home
- Rapid Access Occupational Health Physiotherapy Service

It was noted that a photo session for a governor and the winners will be arranged prior to the Council of Governors meeting at which the winners will be presented the quality certificate.

11 Council of Governors funding report **VD**

The sub-committee noted the funding report.

<u>Request for funding</u>

MvL suggested that a request is put to the Council of Governors for funding of an information booklet for staff and patients about the CQC standards. The booklet would help patients easily understand what the CQC standards are re quality of patient care.

It was noted that 1000 copies would cost of £8000 - £9000.

TD suggested that this should form part of a booklet which would include a welcome to patient, Trust values, how we are regulated and the CQC standards.

TD suggested that the development of the CQC guide is incorporated into the welcome booklet and brought back to the next meeting.

12 Feedback from governors on patient experience

SM reported on two people who had been admitted to hospital via A&E and sent back home and were housebound. It raised a question of who

provides care to those patients i.e via doctor, district nurse or Social Services. **CM to find out who should be contacted in these circumstances.** **CM**

MT said she will devise a volunteer's feedback questionnaire.

WMW observed that there was no welcome booklet in the AAU; the waste bin in patient room not emptied regularly; a car to transfer to the neighbouring hospital was late and therefore she was late for the appointment; received excellent nursing care and transfer of patient belongings from the C&W to the Royal Brompton Hospital.

WMW reported on a patient who complained about the private care. CM said she would forward to the complaints department. **CM**

PG reported on a recent experience of her mother's and she observed that there should be a card with information on where the bathroom is located and any necessary information relating to patient stay in hospital.

14 Any other business

SM queried if serious complaints could be made available to the sub-committee. TD suggested that the sub-committee receives a summary of complaints and themes and the trends.
TD to arrange for a summary of complaints and themes and the trends to be provided to the cub-committee. **TD**

12 Date of next meeting – January 2013 TBC

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 6 December 2012

AGENDA ITEM NO.	2.4/Dec/12
PAPER	Health and Social Care Act 2012 implications - update
AUTHOR	Cathy Mooney, Director of Governance and Corporate Affairs
LEAD	Prof Christopher Edwards, Chairman
EXECUTIVE SUMMARY	The next steps and proposed approach are outlined in the paper.
DECISION/ ACTION	The Council of Governors is asked to confirm agreement of the key issues and next steps.

Health and Social Care Act – next steps

1.0 Introduction

This paper describes the key issues identified to date with respect to the implications of the Health and Social Care Act 2012.

2.0 Background

A workshop was held with governors facilitated by Ray Tarling, governance adviser, DAC Beachcroft on 17th October, who also presented to the Board on 25th October 2012.

Following these two sessions some key issues were identified. The following outlines the issues, approach and what we want to achieve from further work in the areas described.

3.0 Key issues

3.1 Significant transactions

The governors have confirmed that they wish significant transactions to be defined in the constitution. This applies to financial and other transactions. A starting point could be Monitor's guidance on material and significant transactions. Looking back, and applying this, what would that mean that the governors would be involved in? And what other activities in the last two-three years would be in hindsight deem significant and therefore include in the definition? What governance arrangements will be required to enact this?

What we want to achieve:

- A recommendation on a definition of significant transactions to be included in future versions of the Constitution, to be approved by Council and Board (by what exact route depends on timing).
- Agree a governance mechanism for dealing with approval of significant transactions by the Council of Governors from the effective date.

3.2 Non-executive director accountability and director/governor interactions.

This is in reference to the governors' statutory role on holding the non-executive directors to account for the performance of the Board. What does holding to account mean and how can it be done in practice? Will there need to be any changes to governance arrangements?

What we want to achieve:

- An agreed approach for the governors to hold NEDs to account.

3.3 Duty of governors to represent the interests of the members of the corporation as a whole and the interest of the public

Engagement of the elected governors with the members they represent has been a challenge. How can we facilitate this further? Learning lessons from experience anf from others, we need to explore the current methods of engagement, frequency and appropriateness in the light of new statutory duties.

What we want to achieve:

- To develop a revised system of engagement between the governors and members such that the Council can represent their interests, and those of the public in a coherent and appropriate way, supported by the Trust.

3.4 Composition of the Council

The revision of the constitution is an opportunity to revise the membership of the Council. Issues to address include that the HSCA 2012 requires that the governors are representative of the population we serve, changes in NHS means that some governor posts are no longer appropriate and the size.

What we want to achieve:

- As part of the overall review of the Constitution, recommendations will be brought forward for the future size and composition of the Council of Governors.

3.5 Constitution

The constitution needs to be revised to meet the requirements of the Act 2012 but we will also use this as an opportunity to simplify it. Work has stated on a comparison with the model constitution. Some issues have arisen e.g. composition of the staff constituency.

What we want to achieve:

- A revised and simplified constitution supported by the Trust Board of Directors Standing Orders and the Council of Governors' Standing Orders.

4.0 Next steps

It is proposed that work commences on some of these issues at a Joint Council of Governor and Board Away Day on 13 December.

5.0 Action required

The Council of Governors is asked to confirm agreement of the key issues and next steps.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 6 December 2012

AGENDA ITEM NO.	2.5/Dec/12
PAPER	*Shaping a Healthier Future* – update
AUTHOR	Matt Akid, Head of Communications
LEAD	Dr Mike Anderson, Medical Director
EXECUTIVE SUMMARY	The *Shaping a Healthier Future* public consultation on proposed changes to NHS services in North West London ended on 8 October. During the public consultation, the Trust ran the 'Safe in our hands' campaign in support of the consultation's recommended Option A – under this option, Chelsea and Westminster would be designated as a 'major hospital' with a full A&E service. More than 11,000 people completed a 'Safe in our hands' postcard in support of Option A – almost 10,000 gave consent for the Trust to complete the 'official' public consultation response form on their behalf, answering the question relating to Option A. More than 6,500 people signed an online petition run by elected representatives on the Council of Governors. Ipsos MORI announced the results of the public consultation at a public meeting on 28 November – the key results are outlined in this paper. The Joint Committee of PCTs in North West London is due to meet on 19 February 2013 to make its recommendation – for a final decision by the Secretary of State for Health.
DECISION/ ACTION	Governors are invited to note this paper.

1.0 Introduction

Public consultation on NHS North West London's *Shaping a Healthier Future* service reconfiguration programme started on 2 July and ended on 8 October.

Decisions about changes to NHS services in North West London as a result of the outcome of the public consultation will have a major impact on the Trust.

During the public consultation, the Trust ran the 'Safe in our hands' campaign in support of the consultation's recommended Option A – under this option, Chelsea and Westminster would be designated as a 'major hospital' with a full A&E service.

The campaign had two key aims:

- **Encouraging support for Chelsea and Westminster** - to encourage Foundation Trust members, patients, local residents, staff and other potential supporters to register their support for keeping A&E and other services at Chelsea and Westminster (Option A) by participating in the public consultation
- **Demonstrating support for Chelsea and Westminster** - through media, social media, online (website), stakeholder engagement, attendance at public meetings and other activity

'Safe in our hands' communications materials were developed including a website www.safeinourhands.info, postcards, posters, T-shirts, and a hoarding on the side of the hospital building etc.

2.0 Resources

The campaign was led by the Trust's Communications Department working closely with a range of supporters and advocates including Foundation Trust Governors and members, the hospital Friends and other charities associated with the Trust.

The Trust is very grateful for the support of Governors which was invaluable.

3.0 Encouraging support for Chelsea and Westminster

Potential supporters of the 'Safe in our hands' campaign were asked to register their support in three main ways.

3.1 Completing the 'official' public consultation response form

The response form was lengthy and required people to cross-reference against the public consultation document and so the Trust has provided a range of support by:

- Setting up a rota of Governors, Volunteers, Friends etc to canvass people in the hospital and help them to complete the response form – this was co-ordinated by the Volunteers Manager
- Producing 'suggested answers' to make it easier for people to complete the response form in support of Chelsea and Westminster – these were provided to canvassers in the hospital, to ward staff helping patients complete the form via the Hospedia bedside entertainment system (see below for details) and online at www.safeinourhands.info
- Making the online response form available to patients via the Hospedia bedside entertainment system in the hospital – an alert came up on the system at 2pm every day

3.2 Filling in 'Safe in our hands' campaign postcards

Recognising that the official public consultation response form was lengthy and many people would not have the time or inclination to complete it, the Trust came up with an alternative to encourage involvement in the consultation – a 'Safe in our hands' campaign postcard.

This was a simple tickbox card for patients and visitors to the hospital, local residents and staff with a facility for people to indicate they were happy for the Trust to submit a consultation response form on their behalf (answering just the key question in support of Option A to keep A&E at Chelsea and Westminster).

The Trust produced two versions of the hard copy card – one for use in the hospital (completed cards were placed in collection boxes at M-PALS, Main Reception and A&E) and one for use outside the hospital (FREEPOST) – and an online version at www.safeinourhands.info.

Distribution of postcards included:

In the hospital

- Handed out to patients and visitors at Main Reception, M-PALS, A&E and in other clinical areas
- Handed out to at the Annual Members' Meeting on 13 September
- Handed out by Governors in the hospital
- Attached to staff payslips in August
- Included in TTO bags given to patients in Pharmacy

Outside the hospital

- 8,500 FREEPOST cards sent to patient and public Foundation Trust members in August's membership mailing
- 25,000 FREEPOST cards distributed via a leaflet drop to local residents
- FREEPOST cards distributed by Governors in their local areas
- FREEPOST cards given to supportive local shops and businesses
- FREEPOST postcards distributed to local GPs
- FREEPOST postcards sent to local schools and libraries

Response
More than 11,000 people completed a 'Safe in our hands' postcard. Importantly, the vast majority (almost10,000) ticked the box authorising us to submit an 'official' consultation response on their behalf. Cards were sent to an external company for data entry and conversion of postcards into consultation responses.

3.3 Signing the Council of Governors petition

The online petition had 13 co-signatories from the Council of Governors – elected Patient, Public and Staff Governors. Patient Governors Chris Birch and Susan Maxwell gathered support for the idea of a petition and Public Governor Melvyn Jeremiah liaised with online petition organisation '38 Degrees' to make it happen.

Response
More than 6,500 people signed the petition in just a few weeks which was invaluable in demonstrating the strength of public feeling in support of the Trust. It was also an excellent example of the positive and constructive role that Governors can play in connecting with our local community.

4.0 Demonstrating support for Chelsea and Westminster

In addition to activity to encourage people to register their support for the 'Safe in our hands' campaign in the 3 ways outlined above, a range of other communications and engagement activity was undertaken to demonstrate this support.

4.1 Stakeholder engagement visits

The Trust sent letters of invitation to visit Chelsea and Westminster to local MPs, the four local council leaders, and other key councillors from the four local boroughs.

The aim of these visits was to enable these stakeholders to see our A&E, Paediatrics and Maternity facilities, to meet senior clinical staff and Governors, and to facilitate discussion with the Chief Executive and Chairman about why Chelsea and Westminster should keep A&E and other key services – and how we are preparing our services to accommodate extra patients.

By the end of the consultation period, all four local council leaders had visited the hospital, together with most key councillors from the four local boroughs, and Chelsea & Fulham MP Greg Hands.

4.2 Foundation Trust membership engagement

A public consultation meeting specifically for Foundation Trust members was held on 4 September and the 'Safe in our hands' campaign was the key theme of the Annual Members' Meeting on 13 September.

In addition, 'Safe in our hands' tickbox postcards were sent to all Patient and Public members in the membership mailing in August and the campaign was the main item in the monthly *Members' News* email bulletins sent to all Patient and Public members who have given us their email addresses.

4.3 Staff engagement

A series of three public consultation meetings specifically for staff were held in July (attended by approximately 130 staff) and again in September.

In addition, 'Safe in our hands' postcards were sent to all staff with payslips in August and the campaign was communicated regularly to staff through *Trust News* magazine, the monthly Team Briefing, Daily Noticeboard email bulletin etc. Staff were willing and enthusiastic advocates, handing out tickbox postcards to patients and visitors in the hospital and by completing postcards themselves.

4.4 Media and social media activity

Media

- The Trust generated positive media coverage of the 'Safe in our hands' campaign in the *Daily Telegraph, Evening Standard and Mail on Sunday*

Social media

- A Facebook campaign page was set up
- Our Trust Twitter feed gained hundreds of new 'folllowers' including 100 extra followers following a 12-hour 'Tweethathon' in Maternity
- The website www.safeinourhands.info had more than 2,000 'hits' a week
- A series of 30-second staff videos with the theme 'Why I get up in the morning' were posted on YouTube and publicised via Facebook and Twitter

5.0 Public consultation results

Ipsos MORI announced the results of the public consultation at a public meeting on 28 November – the key results were:

- 16,770 people completed the 'official' public consultation response form – almost 10,000 as a result of completing a 'Safe in our hands' postcard
- 61% agreed with the recommendation that there should be five 'major hospitals' in North West London
- 83% agreed with the recommendation that Option A is the best way of organising future hospital services

Ipsos MORI acknowledged that the level of support for Option A was influenced by the impact of the 'Safe in our hands' campaign run by the Trust (strongly supporting this option) and a campaign run by a group called West London Citizens (strongly opposing it).

However, even if responses submitted as a result of the two campaigns were excluded, support for Option A would be 63%.

6.0 Next steps

The Joint Committee of PCTs in North West London is due to meet on 19 February 2013 to make its recommendation – for a final decision by the Secretary of State for Health.

However, this timescale and the implementation of the *Shaping a Healthier Future* programme may be affected by any potential legal challenges mounted by organisations or individuals.

Matt Akid
Head of Communications
November 2012

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 6 December 2012

AGENDA ITEM NO.	2.6/Dec/12
PAPER	Report on Appraisal of the Chairman
AUTHOR	Vida Djelic, Foundation Trust Secretary
LEAD	Sir John Baker, Vice Chairman and Senior Independent Director
EXECUTIVE SUMMARY	This paper reports on the outcome of the Chairman's appraisal.
DECISION/ ACTION	To note.

Report on Appraisal of the Chairman

Name	**Prof. Sir Christopher Edwards**
Date of First Appointment	**1st November 2007**
Date of Appraisal	**September 2012**

Process Followed

In compliance with Monitor's Code of Governance which stipulates that the Board of Directors undertake a formal and rigorous evaluation of its individual Directors, the Senior Independent Director (SID) has conducted this evaluation in accordance with the process approved by the Board of Directors at its meeting in July 2011. This involves collaboration between the SID and the Deputy Chairman of the Council of Governors to seek the views of both Board of Directors and the governors in response to the Chairman's statement setting out his views of the extent to which he has fulfilled his stated responsibilities.

The Chairman provided his written record of performance in August 2012, and this was circulated to the Council of Governors as well as the Executive and Non-executive Directors. The governors were then requested to convey their views on the Chairman's performance to the Deputy Chairman of the Council of Governors against the written statement provided by him. In addition, a meeting of the Council of Governors, chaired by the Deputy Chairman of the Council of Governors, was held on 3 September 2012 to discuss the Chairman's appraisal. The Deputy Chairman of the Council of Governors shared this feedback with the SID. In parallel, the SID sought the views of the Board of Directors at separate meetings with the Executive Directors and the Non-executive Directors on 13 September 2012. The SID then met with the Chairman to communicate and discuss the views raised from the Board of Directors and the Council of Governors.

Results and Evaluation

The Chairman's written statement demonstrated the significant progress made by the Trust in the period under review and that it was sustaining high standards of operational achievement. All parties commended the Chairman's high level of commitment to the work of the Trust, the energy he puts in to developing and maintaining good relations with the key external parties with whom the Trust interacts and his enthusiastic and sensitive support for governors, colleagues and staff. His Chairmanship style encourages participation in proceedings, whilst his own sharp eye for detail enables him to bring pertinent experience to bear on the work of the Trust. The business gets done.

Looking forward, the governors, mindful of the changes set out in the new legislation, anticipate the Chairman will be constructive in improving the flow of information to the Council of Governors on major developments and facilitating greater interaction between them and the Non-executive Directors. In this context, there may be a need for greater discipline at Council of Governors meetings to ensure focus is kept on major issues, with decisions reached in a clear and timely manner.

The Executive and Non-executive Directors had all welcomed the increasing Board time given to strategy and patient-centric issues in the previous year. With the change of executive leadership, the prospective changes to the provision of health

care in the new legislation, and the re-configuration of services in North West London, all the Board of Directors wish to see the Chairman ensure there is a sharp focus on the rapid redefinition of the Trust's strategic direction and priorities so as to provide unity of vision and purpose for the organisation as a whole in these uncertain times. As part of this process, the Chairman should do all he can to develop and sustain the cohesion and effectiveness of the Board and bring the Board closer to the Trust clinicians.

All parties confirmed their appreciation of the Chairman's work and approachability and look forward to continuing to work under his leadership.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 6 December 2012

AGENDA ITEM NO.	2.7/Dec/12
PAPER	Appointment of Lead Governor – proposal
AUTHOR	Vida Djelic, Foundation Trust Secretary
LEAD	Prof. Sir Christopher Edwards, Chairman
EXECUTIVE SUMMARY	A proposal for the appointment of the Lead Governor and the length of the appointment is outlined in the paper.
DECISION/ ACTION	The Council of Governors is asked to agree the process for electing the Lead Governor from February 2013 and the length of the appointment.

Appointment of Lead Governor – proposal

1.0 Introduction

Foundation Trusts are required by Monitor to have in place a nominated 'Lead Governor'. Monitor specifies that the Lead Governor has a role in facilitating direct communication between Monitor and the Council of Governor in the limited number of circumstances in which it may not be appropriate to communicate through the normal channels of Trust Chairman and Trust Secretary. However, the Lead Governor may have additional roles. This paper proposes a process to elect the Lead Governor and a role description.

2.0 Background

The role is outlined in Monitor's publication 'Your Statutory Duties: A Reference Guide for NHS Foundation Trust Governors'.

'The chair of the board of directors is also the chair of the board of governors. The NHS foundation trust may decide that one governor should lead the board of governors where it is not considered appropriate for the chair or another one of the non-executive directors to do so. These occasions are likely to be infrequent but one example may be a meeting discussing the appointment of the chair.
The lead governor could also have a role in certain circumstances where it would not be appropriate for the chair to contact Monitor, or Monitor to contact the chair (for example, in relation to appointment of the chair). Communication would instead take place between the lead governor and Monitor in such circumstances. Routine communication from Monitor to governors will, as a matter of course, be disseminated via board secretaries. The existence of a lead governor does not, in itself, prevent any governor from making contact with Monitor directly if they feel it is necessary. It is suggested that the term lead governor is used, to prevent confusion with the deputy chair. Alternative titles such as vice chair or presiding governor have also been suggested.
The lead governor should be chosen by the board of governors. The lead governor should not deputise for the deputy chair of the board of directors.'

The Monitor Model Core Constitution does not contain any references to a Deputy Chair of the Council of Governors.

Our current constitution states re appointment of Deputy Chairman of the Council of Governors:

'11.11. Appointment of Deputy Chairman of the Council of Governors
11.11.1. The Council of Governors shall appoint one of the Governors to be Deputy Chairman of the Council of Governors.'

It is proposed that this is removed from the future constitution as it is not required by the Health and Social Care Act 2012 and causes confusion with the Vice Chair of the Board of Directors and the Lead Governor. It was previously agreed that the Deputy Chair is also the Lead Governor.

It is suggested, only in practice, that this is retained until the constitution is changed and that we refer to a Lead Governor.

3.0 Role description

The Lead Governor Role:

- To chair meetings of the Council of Governors which cannot be chaired by the Trust Chair, Vice-Chair of the Board of Directors or other Non-executive Director due to a conflict of interest
- To co-ordinate input from other governor for the Chair's appraisal on behalf of the Council of Governors
- To take an active role in the activities of the Council of Governors
- To be an external point of contact for Monitor when appropriate

The individual person specification:

- Must have the confidence of governor colleagues
- Must be an elected governor
- Must be able to commit the time necessary
- Must be committed to the success of the Foundation Trust
- This may develop as the roles of governors develop with the Health and Social Care Act 2012 and as other models of engagement and activity are considered

4.0 Process

It is proposed that all governors send expression of interests to Vida Djelic, Foundation Trust Secretary by 28 December 2012.

If more than one member expresses interest in the role, a secret ballot will take place prior to the next meeting in February 2013. The governor with the highest number of votes would be nominated Lead Governor.

The Lead Governor will be appointed for a term of three years and will be subject to re-election thereafter.

5.0 Action

The Council of Governors is asked to agree the process for electing the Lead Governor from February 2013 and the length of the appointment.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 6 December 2012

AGENDA ITEM NO.	2.8/Dec/12
PAPER	Trust Media Policy
AUTHOR	Matt Akid, Head of Communications
LEAD	Tony Bell, Chief Executive
EXECUTIVE SUMMARY	The Trust Media Policy has been updated to formalise the responsibility of the Communications Department to inform the Board and Council of Governors of media activity and coverage. Governors are asked to focus on section 5.0 in particular as this deals specifically with this issue.
DECISION/ ACTION	Governors are invited to comment on the Media Policy and approve it, subject to ratification by the Trust Executive: Quality Committee in early 2013.

1.0 Introduction

As a Trust, we engage with the media in an open and responsive fashion – we undertake media activity proactively to generate positive publicity and we respond reactively to legitimate media enquiries, often within tight deadlines.

The Communications Department takes a lead in generating positive media coverage and handling any potential negative media coverage to raise the profile of the Trust and enhance our reputation among patients, our local community, staff and other key stakeholders.

This activity includes issuing press releases and statements, facilitating TV documentaries, organising VIP visits, official openings of new facilities and other events that may attract media interest such as the annual hospital Open Day, and maintaining good relationships with a wide range of journalists and media outlets.

The media is an important communication channel between the Trust and our key audiences including Foundation Trust members, patients, the public, GPs, existing staff and people potentially interested in working at Chelsea and Westminster.

Positive media coverage enables the Trust not only to maintain its reputation and high profile but also to market its service to the key audiences identified above.

Negative media coverage damages our reputation and our potential to market our services.

At all times the Trust's media relations work is undertaken in a way that safeguards the confidentiality of our patients and protects our staff.

Staff are encouraged to get in touch with the Communications Department if they have stories that they think may be of interest to the media.

2.0 Scope

It is the responsibility of all staff, Foundation Trust Governors and Non-Executive Directors to adhere to this Media Policy.

3.0 Policy

This Media Policy sets out the Trust's processes for handling media enquiries, both in and out of hours, and what staff should do when they are contacted by the media in their capacity as a Trust employee, as an expert in their field (for example in a particular medical or surgical specialty), or as a representative of another body (for example a professional organisation, a trade union, or a charity).

It also sets out the Trust's process for Foundation Trust Governors speaking to the media in their capacity as a Governor.

This updated version of the Media Policy formalises the responsibility of the Trust's Communications Department to inform both the Trust Board and Council of Governors of media activity and coverage – especially potentially negative coverage that it would be helpful for Directors and Governors to be aware of in advance of publication.

The Media Policy does not include the use of social media (eg Facebook, Twitter etc) which is covered by the Trust's Web Communications Policy.

4.0 Roles and responsibilities

The Communications Department has overall responsibility for all media enquiries, filming and photography requests in the Trust.

All media enquiries should be dealt with in the first instance by the Communications Department or by the public relations agency retained by the Trust to handle media interest out of hours – see below under 6.0 'Your responsibility as a Trust employee' for information about what to do if a journalist contacts you directly and under 16.0 'Contact information' for the Communications Department's contact details.

All significant reactive press statements, proactive press releases, and filming requests are approved by the Chief Executive or another member of the Executive team as appropriate.

The Head of Communications and the Communications Manager provide the Trust's press office service between 9am and 5pm Monday to Friday.

Jonathan Street Public Relations are contracted to provide an 'out of hours' press office service from 5pm to 9am Monday to Friday, at weekends and on Bank Holidays – an on-call press officer is available via Pager 24/7.

In addition, the Trust's contract enables us to use Jonathan Street PR's services if we require extra media relations support at any time.

All media enquiries received by the Communications Department are logged using a simple electronic form that includes details of how the enquiry was dealt with – for example, if a press release or statement was issued – and when it was completed.

All media enquiry forms are kept electronically and archived in date order. Similarly, copies of all press statements and press releases are kept electronically.

5.0 Monitoring media coverage and informing the Board and Governors

5.1 Monitoring media coverage

The Trust has a contract with the media planning, monitoring and evaluation agency Precise to provide copies of all media coverage of Chelsea and Westminster. Hard copies of all media coverage are kept on file.

The Communications Department produces a monthly Communications Report which summarises the Trust's media relations activity (as well as social media activity and usage statistics for the Trust website). This report includes copies of significant media coverage relating to the Trust and any press releases issued.

Hard copies of these monthly reports are currently provided to all Executive Directors and Divisional Directors of Operations/Divisional Medical Directors.

It is proposed to extend this distribution so that a hard copy of the monthly Communications Report is also provided to Non-Executive Directors at Board meetings and a quarterly version of the Communications Report is provided to Governors at Council of Governors meetings as a regular standing item.

For decision: Governors are invited to give their views on this proposal.

5.2 Informing the Board and Governors

It is also proposed to formalise the responsibility of the Trust's Communications Department to inform both the Trust Board and Council of Governors of media activity and coverage – especially potentially negative coverage that it would be helpful for Directors and Governors to be aware of in advance of publication.

Directors (Executive and Non-Executive) and Governors should receive by email from the Communications Department:

- Copies of all press releases issued proactively by the Trust
- Advance warning of potentially negative media coverage including press statements issued reactively by the Trust and a brief explanation of the context/likely impact

In addition, Directors and Governors will be updated verbally by the Chief Executive on media issues at Board and Council of Governors meetings as required.

For decision: Governors are invited to give their views on this proposal.

6.0 Your responsibility as a Trust employee

All Trust employees should be aware of the Trust's Media Policy and adhere to it.

No member of staff should speak to the media in their capacity as a Trust employee without first informing and discussing with the Communications Department (9am-5pm Mon-Fri) or the on-call press officer from Jonathan Street Public Relations (out of hours).

No filming or photography should be set up or take place in the Trust without approval by the Communications Department.

If you receive a call from a journalist, or from someone who you suspect is a journalist, you should refer them to the Communications Department.

If the media have approached you because they are interested in your work or research, want to interview you or have asked you to comment on a media story, please contact the Communications Department.

7.0 Commenting as an individual, on behalf of another organisation, as a Foundation Trust Governor or as a Non-Executive Director

You may be approached by the media in a different capacity – for example, as a representative of a professional organisation or a trade union.

You may wish to speak or write to the media in a personal capacity.

Staff intending to speak to the media as either an individual or on behalf of another organisation should contact the Communications Department before doing so.

If you speak to the media in a capacity other than as a Trust employee it is your responsibility to make this clear to the journalist in question.

In addition, Foundation Trust Governors and Non-Executive Directors intending to speak to the media in their capacity as a Governor or Non-Executive Director should contact the Communications Department before doing so.

8.0 Condition checks

Hospitals are often asked by the media for condition checks on patients who may have been in a road traffic accident, fire or another incident, or who may have a high public profile that means they are of interest to the media.

No personal details about an individual patient will be disclosed without the permission of the patient or his/her family or partner.

If you are contacted by the media for a condition check on a patient you should refer them to the Communications Department. Do not give any information yourself.

9.0 Media access to the Trust

Any member of the media wishing to come onto Trust property must seek permission from the Communications Department.

Similarly, any member of staff wishing to invite a member of the media into a Trust department, ward or clinic on the hospital site or elsewhere must discuss the matter in advance with the Communications Department.

No member of staff at any level in the organisation should give or agree to give a media interview without first consulting the Communications Department.

No filming or photography should take place on the Trust premises without prior permission from the Communications Department – Security will remove any film crews or photographers who are on the premises without the correct permissions.

10.0 VIP visits and other Trust events

Any proposed VIP visit to the Trust should be discussed in the first instance with the the Chief Executive and subsequently with the Chairman – they can be contacted via their PA on ext 56711.

Any invitation to a VIP to visit the Trust, for any reason, must be issued by the Chairman on behalf of the Trust.

Planning for a VIP visit can be complex and time-consuming. The preparations for such visits are managed by the Communications Department on behalf of the Chief Executive and Chairman, with support from senior staff at Jonathan Street Public Relations who have more than 20 years' experience in this area.

Staff or Foundation Trust Governors planning to organise external Trust events, especially those that may attract media interest, should contact the Communications Department as a first step.

11.0 VIP patients

It is always helpful for the Communications Department to be aware of any VIP patients being cared for by the Trust because they may be the subject of media interest.

VIPs have the same rights of patient confidentiality as any other individual and that right is always respected unless they choose to 'go public'.

The Communications Department will work with VIP patients and any PR advisers they may have.

12.0 Publication of academic papers

If a member of staff has an academic paper accepted for publication by a journal, they must inform the Communications Department if there is likely to be any media interest.

It should be noted that some journals will notify the media about papers of particular interest or even issue press releases about their findings.

It is the responsibility of the staff member (not the journal) to inform the Communications Department prior to publication.

13.0 Photography and filming

As set out under 9.0 ‘Media access to the Trust’, no filming or photography should take place on the Trust premises without prior permission from the Communications Department – Security will remove any film crews or photographers who are on the premises without the correct permissions.

Any patient being filmed or photographed will be asked to sign a written consent form – a copy should be retained by the ward or department where the filming or photography is taking place and a copy sent to the Communications Department.

Consent forms are also required for any photography or filming undertaken by the Communications Department for use in Trust publications or on the Trust website.

The Trust is often asked if film, TV crews or still photographers can use the hospital for location shooting for a range of purposes including stock library footage, TV drama and light entertainment, feature films, and commercial advertisements. All such requests should be referred to the Communications Department.

Most of these requests are declined because such projects can be time-consuming and disruptive to the normal working of the Trust, without obvious benefits to the organisation’s reputation, although there are occasional exceptions and requests may be considered. Fees for commercial filming of this nature are negotiated on a case-by-case basis.

The Trust prioritises filming for news and feature items that directly relate to the Trust or long-term TV documentaries that will have a demonstrable benefit.

The Trust does not generally give permission for photographers to take stock library footage because these images can be used to illustrate negative health stories that have nothing to do with us and can have a negative impact on our reputation.

14.0 TV documentaries

The Trust is often approached by independent TV production companies to be involved in documentaries. All such requests should be referred to the Communications Department.

Requests are considered on a case-by-case basis, usually only if the documentary has been commissioned for broadcast by a channel – in other words, we will usually only consider a proposal if we know the programme is going to be made.

Other criteria for proceeding include whether the documentary is about a service that we wish to market, whether the staff in the service are willing to support it, and the amount of disruption that it's likely to cause. The reputation of the independent TV production company is also a key factor.

If the decision is taken to proceed, a written contract will be drawn up for agreement by the Head of Communications and the production company – this always includes the Trust's right to a pre-broadcast viewing for factual accuracy with the Head of Communications and appropriate senior clinical and managerial staff.

15.0 Approval and review

Following amendment with any changes agreed at the Council of Governors meeting on 6 December, this policy will be tabled for approval at the first available meeting of the Trust Executive: Quality Committee in 2013. The policy will then be reviewed regularly (at least once every two years) to ensure it is fit for purpose.

16.0 Contact information

All media enquiries, requests for interviews or requests to film on Trust premises should be referred to:

Communications Department (9am-5pm Mon-Fri):

Matt Akid (Head of Communications)
020 3315 6828 (internal extension 56828)
matthew.akid@chelwest.nhs.uk

Katie Drummond-Dunn (Communications Manager)
020 3315 6829 (internal extension 56829)
katie.drummond-dunn@chelwest.nhs.uk

Jonathan Street Public Relations (5pm to 9am Mon-Fri, at weekends and on Bank Holidays):

On-call press officer
Pager 07659 125409 (24 hours)

These contact details are correct as of December 2012 but are subject to change.

Matt Akid
Head of Communications
November 2012

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 6 December 2012

AGENDA ITEM NO.	2.9/Dec/12
PAPER	*Terms of Reference of the Council of Governors Membership Sub-Committee
AUTHOR	Vida Djelic, Foundation Trust Secretary
LEAD	Chris Birch, Deputy Chairman of the Membership Sub-Committee
EXECUTIVE SUMMARY	The proposed amendments which are highlighted in blue were agreed by the Council of Governors Membership Sub-Committee on 27 September 2012.
DECISION/ ACTION	The Council of Governors is asked to agree the revisions to the terms of reference of the Council of Governors Membership Sub-Committee.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Membership Sub-Committee

Terms of Reference

1.0 Authority

1.1 The Council of Governors Membership Sub-Committee is constituted as a Sub- Committee of the Council of Governors to assist the Council of Governors to implement and develop the Trust's Membership Recruitment, Engagement and Communications Strategy as decided by the Council of Governors and to facilitate communication between the Trust's members and the Council of Governors and between the Trust and the public.

1.2 Its terms of reference shall be as set out below and shall not be amended, revoked or replaced except by a resolution passed at a general meeting of the Council of Governors.

2.0 Role

2.1 The Council of Governors Membership Sub-Committee shall be responsible for advice and support on:

a) the production of material to recruit new members for the Trust and to engage members in the work of the Trust;
b) the content of the material on the hospital's website and on the LCD screen and touch terminals in the Information Zone and alongside the M-PALS office;
c) using the Council of Governors budget in the implementation and development of the Trust's Membership Recruitment, Engagement and Communications Strategy, Membership Engagement and Communication calendar of events and Membership Recruitment Calendar of Events;
d) ensuring that hospital and Trust material is issued in plain English, free of jargon and unexplained sets of initials.

2.2 The Council of Governors shall not delegate any of its powers to the Sub-Committee and the Sub-Committee shall not exercise any of the powers of the Council of Governors.

3.0 Membership of the Sub-Committee

3.1 The Sub-Committee shall comprise elected Governors from the public, patient and staff constituencies who are concerned with the implementation and development of the Trust's Membership Recruitment, Engagement and Communications Strategy.

3.2 The following members of the Trust's staff are invited to attend:

a) The Membership & Engagement Manager
b) Deputy Chief Nurse

c) The Head of Communications
d) Equality & Diversity Manager
e) GP liaison Manager (as required)
f) The FT Secretary
g) The Chief Nurse and Director of Patient Experience and Flow
h) In addition, the Sub-Committee may invite other people to attend including those from an external organisation

4.0 Quorum

4.1 A Quorum shall comprise:
(1) 3 Governors
(2) 2 Trust staff:
One of either Chief Nurse and Director of Patient Experience and Flow or Deputy Chief Nurse or Membership & Engagement Manager.
One of either Head of Communications or Communications Manager.

5.0 Frequency of Meetings

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

6.0 Attendance requirements

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

7.0 Planning and Administration of Meetings

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

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

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

7.4 The Foundation Trust Secretary will act as secretary to the Sub-Committee.

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

8.0 Review

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

Approved by the Council of Governors on 3 December 2009
Revised by the Membership Sub-Committee on 11 November 2010
Approved by the Council of Governors on 2 December 2010
Revised by the Membership Sub-Committee on 27 September 2012

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 6 December 2012

AGENDA ITEM NO.	2.10/Dec/12
PAPER	Governors' Questions
AUTHOR	Vida Djelic, Foundation Trust Secretary
LEAD	Prof. Sir Christopher Edwards, Chairman
EXECUTIVE SUMMARY	<u>The question raised by Martin Lewis: Uniform for Clinic Receptionists</u> 1. Are any plans to put receptionists in a suit uniform, the clinics I went to recently they were wearing jeans and shirts hanging out it looks most unprofessional? The aim is to have all outpatient reception staff in uniform by 1 January 2013. <u>The question raised by Chris Birch: Staffing level of nurse on wards</u> 2. To what extent, if any, the cost savings we have been making since 2010/2011 are being made at the expense of jobs. I would like to know how many nurses we employed at 31 July 2012 and at 31 July 2011 (or any other similar convenient dates) and the same figures for doctors There has been growth across the trust as whole in the period of 5.94%. . There was a clear decision during the 2011/12 business planning cycle not to reduce front line clinical staff.

Staff Group	Oct-10	Oct-11	Oct-12	10/12 Variance	% Growth
Medical	574.21	554.12	542.64	31.57	5.50%
Nursing & Midwifery	1058.8	1052.66	1082.92	24.12	2.28%
Trust Staff	**2782**	**2840.52**	**2947.24**	**165.24**	**5.94%**

<u>The question raised by Alan Cleary: Kinect evolved: stroke recovery with Microsoft's motion sensor</u>

3. Could Microsoft's Kinect drive a revolution in home-based stroke recovery through the use of affordable motion tracking? Researchers at Southampton University and Roke Manor Research are aiming to bring

	virtual stroke rehabilitation into the patient's living room. Please give a detailed report for Trust Members and Governors. The index article reports on-going investigation of the use of games consoles in stroke rehabilitation, indicating that the off-the-shelf product will require modifications to accurately record movement of the whole arm. Additionally, the main purpose to date is in tracking movement accurately, rather than for implementation of treatment, as is the case in other reports of similar technology such as this (Zhou and Hu, 2005). As the article reports 'While the Kinect camera remains the same as the retail version, the underlying software that dictates how the system interprets data has been overhauled to achieve the accuracy of visual processing which is required to measure the incremental improvements in finger movement that are subtle to the naked eye, but vital for a person recovering from stroke.' The article goes on to discuss a number of remaining technical challenges in respect of this being a home-based treatment, which apply equally to the rehabilitation environment, meaning that there is need for software, yet to be written, for its use in therapy. An important point made in the article relates to using the games console as a way of increasing intensity of therapy, which evidence suggests does directly benefit outcomes from rehabilitation. With this in mind, staff from the stroke unit recently attended a 1 day consultation on intensity of rehabilitation after stroke, convened by the Royal College of Physicians. At this meeting, consensus was achieved that we should be aiming for 45 minutes of Occupational Therapy and Physiotherapy per day (over a 5 day week) per patient, where appropriate to patient need/tolerance. In Chelsea & Westminster, and in advance of auditing by the RCP Stroke audits, we have now started collecting this information so that we can establish to what extent we are meeting this new criterion for therapy. This will form the basis of organising therapy timetabling and staffing over the next year. In respect of the use of other games consoles, Saposnik et al (2010) have suggested that use of the Wii game system may be useful in upper limb rehabilitation of some stroke patients. This study was a pilot feasibility study only, but it underlines the relative recency of such investigations. From the study, some improvements were noted in speed of movement in a test of arm function compared to the non-treated group, but no improvement in performance in functional/real-life tasks. This underlines both the use - and the limitations - of such interventions, namely that while they can be used in therapy, patients may benefit most if the games are supervised by a therapist who can give direct feedback to the patient on how they are doing, or on how movements should best be carried out so that the game-playing doesn't encourage 'movement at all costs', but movement that will be most useful to every day functional tasks. The therapy team are interested to look at involving new approaches in their treatments of patients all the time. In the past year one physiotherapist has been trained on the use of what is called constraint-induced movement training (only allowing the patient to use the affected limb), which has a better evidence base, though similar underlying reasoning, than computer game use in rehabilitation. One of our occupational therapists has had advanced upper limb functional rehabilitation training – this involves using real life tasks such as meal preparation, grooming, dressing, and leisure activities as upper limb

	treatment to promote both movement and ability. All staff on the unit benefit from such training. The Stroke therapy team would be keen to include approaches such as computer games into their practice, but on the whole feel that as yet the evidence for their practical implementation, especially outside of the rehabilitation unit, to be limited. We do advise on their use where relatives have suggested a patient might use them at home, making some tentative recommendations about how they might be used (the literature at this stage is not sufficient to make hard recommendations for specific programmes), as well as reinforcing their potential importance as a leisure activity which provides enjoyment and socialisation – especially intergenerational contact. In summary, the question points to interesting developments in neurological rehabilitation as we develop understanding both of neural mechanisms of recovery, but also as technology develop. The Microsoft Kinect system, as with the Nintendo Wii, is likely to yield opportunities in the next 2-5 years which may indeed be a useful adjunct to traditional Physiotherapy and Occupational Therapy. As a result of this question we will include a review of the literature on this treatment in our journal club in 2013. <u>The question raised by Alan Cleary: Obesity in the UK: setting new standards in clinical treatment</u> 4. The UK's first dedicated bariatric clinics aim to set new standards for the treatment of obesity. But isn't preventing obesity better than finding a cure? Please report, recording conclusions of consultant bariatric surgeons Jeremy Thompson, Guy Slater and Simon Dexter. The C&W has a large bariatric surgery programme which has been peer-reviewed and was awarded 'preferred provider' status for London and SE England. We are currently undertaking a gap analysis following the recent NCEPOD report on obesity surgery but we are confident that we meet the standards recommended in this review. Clearly prevention of obesity is better than surgical treatment and the Government and NHS are developing strategies to reduce the current obesity epidemic. However, as discussed in this article, prevention of obesity presents a significant challenge in developed societies.
DECISION/ ACTION	To note.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 6 December 2012

AGENDA ITEM NO.	2.11/Dec/12
PAPER	Council of Governors Funding Report
AUTHOR	Vida Djelic, Foundation Trust Secretary Susan Maxwell, Patient Governor, part A
LEAD	Cathy Mooney, Director of Governance and Corporate Affairs
EXECUTIVE SUMMARY	The report provides an overview of the use of the Council of Governors budget to Month 7 of FY 2012/13. A request for funding is enclosed in part A.
DECISION/ ACTION	The Council of Governors is asked to note the report and approve a request for funding.

Council of Governors Funding Report

1.0 Background

A decision was made at the November 2008 Council of Governors meeting that a recurring 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 2012/13.

2.0 Update

There has been no request for funding at the September Council of Governors meeting.

3.0 Funding Overview for 2012/13

Of the £80k circa £54k has been committed to the activities listed in the table below which were approved by the Council of Governors. It leaves circa £26k available for the remainder of the 2012/13 FY.

4.0 Use of funds FY 12/13

TABLE 1

Date Presented	Projects	Amount Committed	Decision	Spent to date
June 2010 and recurring	Quality Awards	£2,000	Agreed 2012/13 FY	£1,000
December 2011	Open Day 2012	£15,000	Agreed 2012/13 FY	£12,904.22
December 2011	Engagement Activity - Membership mailing (Jan 2013)	£10,000	Agreed 2012/13 FY	
December 2011	Engagement Activity - 12 Members' News monthly emails (April 2012-March 2013)	£2,520	Agreed 2012/13 FY	£1,080
December 2011	Engagement Activity - Annual Members' Meeting + 2 associated events (Sept 2012)	£5,000	Agreed 2012/13 FY	
December 2011	Engagement Activity - 5 'Medicine for Members' events	£5,000	Agreed 2012/13 FY	£283
December 2011	Engagement Activity - Christmas event (Dec 2012)	£5,000	Agreed 2012/13 FY	
February 2012	Small Membership branded gifts for the Open Day May and Annual Members' Meeting September 2012	£1,500	Agreed 2012/13 FY	£150.60
February 2012	Members Recruitment Campaign for Open Day May 2012	£2,340	Agreed 2012/13 FY	£1,800
May 2012	Open Day 2012 advertising via letterbox drop and in the local press	£4,793	Agreed 2012/13 FY	£4,093
May 2012	Giggle Doctors	£4,600	Declined	-
July 2012	Membership recruitment session September – additional funding	£1,260	Agreed 2012/13 FY	
July 2012	Open Day 2013	£20,000	Agreed 2013/14 FY	
	TOTAL	**£54,413**		**£21,310.82**

6.0 Progress report re projects for FY 2012/13

6.1 For an update on projects re membership engagement approved by the Council of Governors for FY 2012/13 see paper 2.14.

6.2 For an update on projects re the Members Recruitment Campaign see paper 2.15.

6.3 Quality Awards – see paper 2.1.

Part A

Funding Request for a new free-standing or pop-up

1.0 Introduction

The Council of Governors is asked to consider this proposal for funding to purchase a new free-standing or pop-up banner to display upcoming dates and times of Meet a Governor sessions in the Information Zone. The current banner is now quite tatty and it is also out-of-date, since Charlotte MacKenzie (who is featured) is no longer a governor. The new banner would include a perspex display pocket so that up-to-date information can be inserted.

2.0 Funding Proposal

Stephen Fryer of Tech Graphix Signs (who have produced quite a few pop-up banners for the Facilities Department of Chelsea & Westminster Hospital) have quoted a price of £180+VAT, with an extra amount needed for delivery.

This request for funding is for £250 to cover costs and contingencies - any residue to be returned to the Governors' budget.

3.0 Action

The Council of Governors is asked to approve the request for funding of £250 for the new free-standing or pop-up banner.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 6 December 2012

AGENDA ITEM NO.	2.12/Dec/12
PAPER	*Report on Senior Nurse/Governor Rounds
AUTHORS	Tony Pritchard. Deputy Chief Nurse
LEAD	Therese Davis, Chief Nurse and Director of Patient Experience and Flow
EXECUTIVE SUMMARY	This report provides a summary Governor visits that were conducted between September and November 2012. The paper provides details of forthcoming senior Nursing and Midwifery clinical rounds in which we assess the Care Quality Commission essential standards of quality and safety.
DECISION / ACTION	For information.

Report on Senior Nurse / Governor Rounds

1.0 Introduction

1.1. This report provides a summary of Governors visits between September and November 2012 and provides details of future Senior Nursing and Midwifery clinical rounds during the forthcoming months.

1.2. Governors are welcome to arrange visits to find out more about clinical services or to complete Governors rounds to discuss the experience of patients and families. Governors are also invited to join the senior Nursing and Midwifery clinical rounds that take place on alternate Wednesday afternoons each month, in which we assess the Care Quality Commission essential standards of quality and safety in clinical areas.

2. Governor Visits

2.1 Chris Blewett. Clinical Site Management Team on Thursday October 4th,

Chris spent a night shadowing the Clinical Site Management Team.. She worked with Site Manager Liz Hope and provided the following report;

One of my particular interests as a Governor is the quality of personal care that we provide to our inpatients. A good clinical organisation should strive to ensure that their patients feel, and indeed are as safe and well cared for in the very early hours of the morning as they might in the middle of a fully staffed weekday.

I was therefore very interested to see the hospital at night and am grateful to Tony Pritchard for arranging this for me and specially to Liz Hoppe who had to put up with me shadowing her throughout the long night hours. I was also very grateful to all the staff I met who took the time to talk to me about their work.

I planned my wardrobe carefully - smart/casual, soft-soled shoes, specially purchased notebook that tucked into my belt.

My night started with meeting Liz Hoppe in the Site Managers Office on the Ground Floor and a lengthy and detailed handover from the Day Clinical Site Manager. From handover onwards Liz carried out her duties with the precision of a military operation underpinned with an absolute commitment to ensuring the good care and safety not only of the patients but also of the staff during the night hours.

After the handover Liz knew where the very sick patients were, what was happening in A&E, where there were staffing issues, how many empty beds we had … she had mastered her brief and she was in charge.

By midnight we had visited and Liz had taken reports from the Nurses in charge of A&E, ITU, HDU, SCBU and we had met with the Hospital at Night Team (the doctors on the night shift) which meets at 9pm, 2am & 6am and information is shared and work allocated. Also by midnight and after, Liz had made countless calls to the Staff Bank to arrange cover for sickness and one to one care as staff reported in sick and patients needs changed.

During the course of the night Liz visited every ward in the hospital and where there were patients who were being closely monitored on the general wards (Level 1 patients) she scrutinised the notes and the observation charts, picked up on any concerns or anomalies and in some case arranged for the nurses to report progress by ‘phone on a regular basis. Running alongside these high level clinical responsibilities were the day to day (or should I

say night to night) demands of running a large site and on the night I visited it was the recurring problem of a blocked lavatory caused by the apparent inadequacy of the plumbing.

There were so many observations and incidents that I would like to record but perhaps the two that stick in my mind are as follows:

1. In the early hours of the morning a young woman became increasingly distressed and irrational and needed to be prevented from harming herself and others. This made me think about access to skilled and specialist mental health assessment during the night hours. By happenstance, there was an agency mental health nurse on site and she was redeployed to look after the patient one to one however this arrangement did not fully address the patient's physical and mental health needs or the needs of the organisation to ensure that staff and other patients were kept safe.

2. On a completely different note, I was surprised to see that the Dining Room was closed at night and I wondered how staff were supposed to sustain themselves through the long hours and indeed they are long, Liz arrived at 7.30pm and was still there when I left at 9am

In summary, I was hugely impressed with what I saw of the excellence of patient care and the commitment and caring of staff during my visit and, as noted earlier, by the strong leadership shown by Liz in her role as Site Manager … no one was in any doubt as to who was in charge which I am sure contributes in no small part to the good clinical care and safety of the whole hospital community during the night hours

2.2. Governor Wendie McWatters – Visit to the Maternity Wards and Neonatal Unit on Wednesday October 3rd and provided the following account of this visit.

I recently spent a fascinating couple of hours with Cherry Brennan, maternity inpatients matron & supervisor of midwives, recently & learnt a great deal about the improvements that have taken place.

It was a very special day. UNICEF was assessing the "Baby Friendly", best practice standards on infant feeding. Chelsea & Westminster have passed UNICEF levels 1 & 2. The highest, level 3, has not been achieved by any maternity ward in London. The atmosphere was electric. Mums & staff were being primed. Quote from Cherry:"...the assessors were very, very happy with us & could not see any reason that we would not be successful. They also gave us wonderful feedback".

Our first stop was Kensington Ward which is for private patients. This private section plans to increase its facilities to include scanning, outpatients & midwife-led services. This will make it much more profitable. We passed an inflatable birthing-pool for the use of private patients, but a plumbed-in pool is hoped for. The NHS has 2 birthing pools & an average of 55 NHS & private low-risk patients use the birthing unit per month.

We then visited the private neo-natal unit which is very close to the NHS section. An interesting point was made. Very sick babies can be moved from the private into the NHS system with no extra charge. Other private units charge for the use of neonatal facilities, rather than specifying a cost.

We now moved on to the NHS wards. Having passed through the labour wards, some midwife-led, we arrived at the highlight of my visit: "The Nest", which was funded by the Directors' Den project. The concept is simple & remarkable. A quiet, peaceful space where women in early labour can sit, lie or kneel on a bed, loungers, beanbags, cushions –

whatever is most comfortable. Special lighting & sensory objects give a feeling of calm. This alleviates the problem of being temporarily discharged, sometimes alone, to an empty home, fearful & anxious. This particularly applies to older career women experiencing their first pregnancy. The comfort & support they receive in The Nest is immeasurable. A Doulah will tend them giving massage & aromatherapy whilst they watch nature images on a large TV screen. They have companionship & advice from the staff.

The Nest had been open 2 weeks when I visited. There is funding for one year. I feel strongly this project must continue. For me this was a unique experience & The Nest concept should be multiplied. Its value is immense.

Our next port-of-call was the Josephine Barnes Ward with 15 antenatal beds. I spoke to several mums who gave positive feed-back. One patient who was waiting for an induction gave some very useful pointers regarding her antenatal experience. Certain improvements could be made which I am reporting to the next Quality meeting, and these will be fed back to the ward staff by the Matron.

I feel the whole maternity unit is really pulling together & I was most impressed with their attitude & enthusiasm. A memorable visit.

3. Clinical Rounds

In October 2011, the Senior Nursing and Midwifery Committee initiated clinical half days for the team. During these clinical sessions, designated leads work with Matrons, Ward Sisters, General Managers and other staff to assess the standards of our care and treatment within wards and clinical departments. This is completed through observing the clinical environment and through discussing care and treatment with patients, families and staff.

This assessment is aligned to the 16 Care Quality Commission (CQC) essential standards for quality and safety relating to clinical care and incorporates the relevant National Health Service Litigation Authority (NHSLA) standards. A local toolkit has been developed to enable of assessment of these standards across our wards and departments. In September 2011, a proposal was presented to the Council of Governors for them to join us during these clinical half days, so that they could work alongside our staff in assessing these standards.

Table 1 (below) shows the standards that were assessed during September, October and November

Date	CQC Standards
September 5th	5. Meeting peoples nutritional needs 6. Co-operation with other providers
September 19th	2. Consent to care and treatment 21. Maintaining records of peoples care
October 3rd	10. Safety & suitability of premises 11. Safety, availability & suitability of equipment
October 17th	16. Assessing, monitoring and improving the quality of service provision 17. Complaints
November 7th	8. Cleanliness and infection control
November 21st	7. Safeguarding people from abuse 9. Safe and appropriate management of medicines

Table 1. CQC Assessments completed; September – November 2012

4. Future Clinical Rounds and Visits

A calendar of future dates for rounds, and the associated CQC standards is attached in appendix 1. We would welcome Governors to join the Senior Nursing and Midwifery team on any of these dates. Planning for these is coordinated by the Deputy Chief Nurse.

6. Summary

This report has provided a summary of Governor visits conducted during September, October and November 2012. The Details of future Senior Nursing and Midwifery Clinical Rounds have been provided.

Tony Pritchard
Deputy Chief Nurse
November 2012

Appendix 1

Senior Nursing & Midwifery Clinical Rounds – Assessment of CQC Standards

Dec 5th 12	Dec 19th 12	Jan 9th 13	Jan 23rd 13	Feb 6th 13	Feb 20th 13	March 6th 13
1. Respecting & involving service users	4. Care & welfare of people who use the service	12, 13 & 14. Workers, Staffing and supporting staff	5. Meeting peoples nutritional needs 6. Co-operation with other providers	2. Consent to care and treatment 21. Maintaining records of peoples care	10. Safety & suitability of premises 11. Safety, availability & suitability of equipment	16. Assessing, monitoring and improving the quality of service provision 17. Complaints

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 6 December 2012

AGENDA ITEM NO.	2.13/Dec/12
PAPER	*Minutes of the Council of Governors Membership Sub-Committee meeting held on 15 November 2012 (draft) and 27 September 2012 (final)
AUTHOR	Vida Djelic, Foundation Trust Secretary
LEAD	Chris Birch, Deputy Chairman of the Membership Sub-Committee
EXECUTIVE SUMMARY	Minutes are enclosed.
DECISION/ ACTION	For information.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Membership Sub-Committee, 15 November 2012
Draft

Attendees

	Chris Birch	CB	Deputy Chairman
	Cass J Cass-Horne	CC-H	Patient Governor
	Susan Maxwell	SM	Patient Governor
	Wendie McWatters	WMW	Patient Governor
In attendance	Matt Akid	MA	Head of Communications
	Tony Pritchard	TP	Deputy Chief Nurse
	Katie Drummond-Dunn	KD-D	Communications Manager
	Vida Djelic	VD	Foundation Trust Secretary

1. Welcome & Apologies **CB**

Apologies were received from Samantha Culhane, Melvyn Jeremiah, Martin Lewis and Sian Nelson.

CB informed the sub-committee that MJ had accidently injured his leg and unfortunately was unable to attend.

2. Minutes of previous meeting held on 27 September 2012 **CB**

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

3. Matters arising **CB**

Governors emails
The sub-committee noted that IT was asked to issue a chelwest email account to all of elected governors by 22 November.

Council of Governors Funding Report for the Membership Sub-Committee
The sub-committee noted that there is sufficient money in the budget for governors training and development. VD said that she did not anticipate any problems in the future about governors' expenses in connection with attending out-of-London FTGA development days.

SN provided feedback via TP re the BME forum event planned for December. The sub-committee noted a proposal for an event to be held in January 2013. **The sub-committee agreed.**

4. Membership Recruitment - update **TP**

CB said that, because of the importance of BME members, their numbers should be recorded in all membership reports. TP said they were given in the reports to the Council of Governors. CB asked if the sub-committee could have the same report as the Council of Governors.

CB highlighted his concern about some membership forms which went missing as reported by WMW and expressed his surprise that this worrying matter had not been mentioned in SN's report

CB queried paras 3.1 and 3.2 and asked why in the first case we had recruited 355 members against a target of 300 and in the second case only 33 against the same target of 300. **TP said he would ask SN.** **TP**

CB queried the number of members recruited via the mobile health bus on 18 May and 15 June as stated in the membership recruitment calendar of events 2012. He commented that number 0 indicating that no member was recruited should appear against the recruitment. TP commented that the mobile health bus does not generally attract many people to sign up to the membership due to the confidential nature of the clinic.

WMW reported on her recent efforts to recruit members during the 'Safe in our Hands' campaign. She reported that she had collected completed membership forms for approximately 50 members through August and September and that the membership forms were handed to the MPALS office to forward onto Capita Membership Services. She highlighted that the forms were brought into PALS office in several tranches. No less than 5 and sometimes 10-15 forms per tranche. She was concerned whether all membership forms have been received by Capita as they contained an old mailing address. TP said that in February 2011 Capita notified SN of a new address for the staff office, where the staff with whom we communicate are located, and Capita says they informed SN of a new address to which the forms should be posted, but SN does not remember this and Capita has no record of their having notified SN. TP confirmed that SN looked into this and had confirmation that the redirect of mailing to Capita's new address was working. There have not been any returned to sender undelivered membership forms. Capita confirmed that they have been receiving the membership forms.

WMW was concerned that over the 200 flats she had visited in August and September (including friends), she was getting reports back that they had received nothing from Chelwest, including ballot papers. She assured them that membership acknowledgement etc. would come through eventually.

VD said that she had contacted Capita re a short list of names that WMW provided, having canvassed a great many people on the Save A&E project, and queried whether they appear on the membership database and constituency they belong to. Capita promptly responded that except for two people all were members, some were members of the public constituency and some of the patient constituency. This brought a question as to whether people are aware when they fill in the membership form that they need to tick the box for the constituency they wish to be member of.

It was felt that a great deal of confusion had arisen regarding patient/public membership on the form and noted that this must be presented more clearly in future.

CB asked that SN queries how long the arrangements for redirecting post for membership leaflets have been in place. **SN to find out from Capita.** **SN**

5 Information Zone

5.1 Leaflets — CB

The sub-committee discussed the patient information leaflets to be placed in the racks in the Information Zone. The following were suggested:

- Chelsea and Westminster Health Charity (WMW to contact)
- Pluto Appeal
- Friends
- Burns
- Cancer
- Macmillan Centre leaflets
- Maternity
- HIV and Sexual Health

The sub-committee asked SN to ask the other departments listed and three others to supply their leaflets so that all the leaflet racks in the Information Zone can be filled. — **SN**

5.2 Electric outlet — CC-H

The sub-committee discussed the suggestion from CC-H to have an electric outlet in the Information Zone so that governors can charge their laptops. It was noted that there is currently one electric outlet in the Information Zone.

The sub-committee felt that it might not be a good idea to have the electric outlet available for use to the general public and decided to leave things as they are.

6. Membership Engagement and communication calendar of events — MA

The updated calendar of events was presented.

It was noted that the Diabetes seminar, held on 14 November, attracted lot of interest. However, the attendance on the day was not as great as expected.

MA highlighted that the next medicine for members event will be held on 21 November on the subject of Dementia. It was confirmed that SM will chair the event.

The sub-committee noted that there will be an event on the Liverpool Care Pathway in February 2013 and that Dr Sarah Cox will be presenting.

MA said there would be meeting also in February on Shaping a healthier future in North West London and that no new funding would be required for these two events.

CB expressed the hope that future Membership Engagement calendars would be updates and not full historical records of events that had happened in the distant past.

6.1 Christmas event – 17 December 2012 — KD-D

The paper was noted.

The sub-committee was invited to attend.

6.2 Open Day 2013 **KD-D**

The paper was noted.

7. CLARHC focus group/patient participation **TP**

This item was not discussed due to SN's absence.

8. Recruitment and engagement of BME members **TP**

This item was not discussed due to SN's absence.

9. Council of Governors Funding Report for the Membership Sub-Committee

This item was noted.

SM suggested that a proposal is put forward for a new pop up banner in the Information Zone for approval by the Council of Governors on 6 December. **SM to speak with GV re a quote and to draft a proposal.** **SM**

10. Any other business

Shaping a Healthier Future

MA highlighted that an update will be provided at the Council of Governors meeting on 6 December.

The sub-committee noted the 28 November event at which IPSOS MORI will present their results. A Joint Committee PCTs (JCPCTs) decision will be announced on 19 February 2012 and an update will be provided to members via the Trust News in January.

WMW queried if the Secretary of State for Health is making the final decision. MA confirmed that the Secretary of State for Health is rubber stamping the recommendation from the JCPCTs. CB said he disagreed and did not think that the Secretary of State would necessarily rubber stamp the recommendation

It was noted that there would be a complication if there is a legal challenge and it could delay the process.

CB informed the sub-committee that it was MA's last meeting and conveyed best wishes for the future and thanked him for his big contribution to the work of the sub-committee.

CB said he was wishing luck to those governors standing for re-election.

11. Date of next meeting – February 2013 TBC

Council of Governors Membership Sub-Committee, 27 September 2012

Attendees	Martin Lewis	ML	Chairman
	Chris Birch	CB	Patient Governor
	Cass J Cass-Horne	CC-H	Patient Governor
	Melvyn Jeremiah	MJ	Public Governor, Westminster 2
	Wendie McWatters	WMW	Patient Governor
In attendance	Matt Akid	MA	Head of Communications
	Tony Pritchard	TP	Deputy Chief Nurse
	Sian Nelson	SN	Membership and Engagement Manager
	Katie Drummond-Dunn	KD-D	Communications Manager
	Vida Djelic	VD	Foundation Trust Secretary

1. Welcome & Apologies **ML**

ML welcomed Sian Nelson to the meeting on return from maternity leave.

ML welcomed Katie Drummond-Dunn, Communications Manager to the meeting.

Apologies were received from Sam Culhane, Susan Maxwell and Maddy Than.

2. Minutes of previous meeting held on 26 July 2012 **ML**

Minutes were accepted as a true and accurate record of the meeting with the following amendments:

- p.6 re section 10 it should read 'ref 5.1 bi-monthly changed to monthly' and remove 'after each meeting'
- p.6 re section 10 remove sentence 'He also queried why the terms are now reviewed annually.'
- p.2 remove sentence which reads 'She felt that if more governors ….'.

3. Matters arising **ML**

The sub-committee noted that some actions were complete and those that have not have been addressed.

Information Zone
It was noted that the Information Zone was now cleaned regularly and the papers racks were in place.

The sub-committee discussed the need for having a waste paper basket in the Information Zone and a question of whose responsibility would be to look after it was raised.

BME
SN said that she, PB and ML went to the BME forum held in September. There were

two Capita recruiters and we recruited 50 members.

Rolling screen
The sub-committee noted that the rolling screen functionality is not as satisfying as they hoped it would be and it was suggested that it gets removed. **The sub-committee agreed.**

Governors emails
The sub-committee discussed email account and felt that all governors should be issued with an email account and be given the option of either having the pass code sent to their mobile or be given a key fob. **The sub-committee agreed.**
VD to email all governors to that effect. **VD**

4. Council of Governors elections **VD**

VD informed the sub-committee that the election process started on Tuesday, 25 September and outlined the timetable agreed with the Returning Officer, OPT2VOTE as well as the arrangements for publicising the elections.

5. Membership Sub-Committee Terms of Reference **VD**

CB explained his reasons for disagreeing to accept a revised terms of reference presented to the last meeting and added that the main points he disagreed with were the need to define quorum (section 4) and attendance requirements (section 6). An explanation had been provided by VD after the last meeting via email and further advice was provided by Cathy Mooney. **The sub-committee then agreed the proposed terms of reference, as in item 12 of the agenda**

6. Membership Engagement and communication calendar of events **MA**

The sub-committee noted an event to be held later in the evening titled the Management of shoulder pain seminar which was fully subscribed.

The sub-committee also noted the upcoming Medicine for Members event on 14 November with a possible topic on diabetes as it is world diabetes day and on 21 November a repeat of dementia seminar from May which was very popular. These events will be publicised via Members' Monthly News.

7. Membership recruitment - update **SN**

SN noted that the membership has increased since April 2012. She highlighted that the figures in section 2.1 will be altered once the data has been cleansed. This will be reflected on the next month's membership report.

WMW highlighted that 50 members were recruited during the A&E closure consultation.

SN draw attention to section 3.8 of the report re a stand hosted by the Chelsea and Westminster at the BME Health Forum held in September which was attended by SN, PB and ML. There were also two Capita recruiters and they had recruited some new members. The event turned out to be the opportunity for networking for the

health professionals rather than the community event.

It has been agreed that the Chelsea and Westminster will host the December BME Health Forum to which all members will be invited and it is planned to coincide with the planned Christmas event. This will be confirmed in due course.

WMW said that the recent FTGA essential brief re recruiting and engaging with members provides some good suggestions re recruiting membership and demographic analysis.

SN noted that Capita recruiters will have three recruitment sessions in October promoting elections to the Council of Governors.

8. Feedback from governors on the Annual Members' Meeting held on 13 September 2012 **MA**

The sub-committee noted that the Annual Members' Meeting was very successful event; there were no complaints from members about the services and there was lot of praise and support to the hospital. CB noted that all questions were answered and the assistance with completing the consultation questionnaire was very good. It was noted that the chairs were very uncomfortable.

The sub-committee thanked MA on organising a very successful event and SM for presenting on behalf of the Council of Governors.

9. 'Safe in our hands' campaign update **MA**

The sub-committee noted that in relation to the consultation the Trust has collected circa 10,000 cards and in relation to the Council of Governors petition governors obtained 6,000 supporters so far. MA highlighted that an article will be published in the Daily Telegraph by a journalist who is a local resident.

MA noted that the Board will submit a formal response and it was considered by the Board at its meeting today.

MA indicated that a collective Council of Governors response to the consultation will be useful. I was agreed that a small group of the sub-committee will write a draft letter which will be sent to all governors for agreement and once finalised signed off by the Lead Governor. The sub-committee noted the deadline for submission of responses of 8 October and that MA will confirm where the response should be sent to. **MA to confirm where the response should be sent to.**

The sub-committee noted that members of City of Westminster's Health Overview and Scrutiny Committee visited the hospital and they supported option A. Also members of the Royal Borough of Kensington and Chelsea's Health Overview Scrutiny Committee visited the hospital and they supported option A.

It was highlighted that by the end of the campaign four local council leaders would have visited the hospital.

MJ said that an event will be held at 6pm on Monday, 1 October at the Westminster

Academy, Harrow Road. The event will be attended by the Chairman and Chief Executive and governors were invited to attend.

MA said that he found out earlier in the day that the Charing Cross Hospital are placing their literature in our hospital and we removed it.

10. Christmas at Chelsea and Westminster Event **MA**

MA highlighted that the event is sponsored by the Council of Governors and will be held on 17 December in the main atrium. It will include the Christmas Cheer Awards to be given by the Chief Executive and the Christmas tree lights will be switched on.

It was noted that a small short-life Operational Group will be set up to oversee the planning and implementation of the event. SM and WMM volunteered.

11. Recruitment and engagement of BME members **SN**

This item was discussed earlier in the meeting. See item 7.

12. Council of Governors Funding Report for the Membership Sub-Committee

The sub-committee noted that circa £26k is available to be spent for the remainder of the 2012/13 financial year.

CC-H said that unfortunately he will not be able to attend the FTGA Development Day on 2 October in Birmingham and commented on restriction to expenses when attending outside London. WMW suggested that if there is money available in the Council of Governors budget some money could be used for governors attending these development meetings.

CB commented that this should be discussed with the new Chief Executive. The Health and Social Care Act 2012 stipulates that the Trust has duty to train governors and governors find the FTGA Development Days very useful. **VD to find out.**

ML informed the sub-committee that he and SM will be attending the Health Fair Wellbeing in Kensington and Chelsea Town Hall on 5 October and invited governors to attend.

13. Information Zone **All**

This item was discussed earlier in the meeting. See item 3.

14. Any other business

None.

15. Date of next meeting – 15 November 2012

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 6 December 2012

AGENDA ITEM NO.	2.14/Dec/12
PAPER	Membership Engagement and Communications calendar of events
AUTHOR	Matt Akid, Head of Communications
LEAD	Therese Davis, Chief Nurse and Director of Patient Experience and Flow
EXECUTIVE SUMMARY	This is an update on progress in implementing an enhanced programme of membership engagement and communications activity following the approval of funding at the Council of Governors meeting on 1 December 2011. The funding was for the period 1 January 2012-31 March 2013. Therefore a proposal for a programme of membership engagement and communications activity for the 2013/14 financial year will need to be presented to the Council of Governors at its next meeting. It is proposed that this programme of work should be discussed at the next available meeting of the Council of Governors Membership Sub-Committee so that active Governors are fully involved in the development of plans to be presented to the full Council for approval. The only exception is that the Council of Governors has already approved funding of £20,000 from its 2013/14 budget for the hospital Open Day which will be held from 11am-3pm on Saturday 11 May. This Open Day will mark the 20th anniversary of the opening of Chelsea and Westminster Hospital in May 1993.
DECISION/ ACTION	Governors are invited to note this update and to provide any feedback on the proposed activity and future plans.

Membership Engagement & Communications Calendar of Events (UPDATED NOV 2012)

Date/Month	Event/Activity	Existing or new activity?	Lead	Cost/Funding source
January 2012				
w/c Mon 23 Jan	Membership mailing for all public and patient members (including covering letter from Chairman, Trust News and A5 flyers about details of Medicine for Members seminar and Values focus groups in February)	New activity	Communications Manager	£10,000 (Council of Governors) - funding approved at Council of Governors meeting 1 Dec 2011
February 2012				
Fri 3 Feb	Members' News Issue 1 (monthly email newsletter for c. 3,200 patient and public members who have provided us with their email addresses)	New activity	Head of Communications	£210 (Council of Governors) - funding approved at Council of Governors meeting 1 Dec 2011
Wed 22 Feb	Medicine for Members 1st event – Bowel Cancer Awareness seminar	New activity	Communications Manager	£1,000 (Council of Governors) - funding approved at Council of Governors meeting 1 Dec 2011
Tue 21 Feb Thu 23 Feb Weds 29 Feb	'Who do you think WE are?' Values consultation focus groups for all patient and public members – members also invited to vote online for their top 4 values as part of the consultation exercise	New activity	Communications Dept	Not from Council of Governors budget
March 2012				
Fri 2 Mar	Members' News Issue 2	New activity	Head of Communications	£210 (Council of Governors) - funding approved at Council of Governors meeting 1 Dec 2011
Fri 2-Fri 23 Mar	Star Awards nominations – Patient Choice category	New activity	Communications Dept	Not from Council of Governors budget
April 2012				
Weds 4 Apr	Members' News Issue 3	New activity	Head of Communications	£210 (Council of Governors) - funding approved at Council of Governors meeting 1 Dec 2011

Date/Month	Event/Activity	Existing or new activity?	Lead	Cost/Funding source
w/c Mon 16 Apr	Membership mailing for all public and patient members (including covering letter from Chairman, Trust News and A5 flyers about future events for members)	Existing activity	Communications Manager	£10,000 (Foundation Trust budget) - funding already budgeted for in Trust budget as part of our membership 'offer' of 2 mailings/year
May 2012				
Tues 1 May	Medicine for Members 2nd event – Dementia seminar	New activity	Communications Dept	£1,000 (Council of Governors) - funding approved at Council of Governors meeting 1 Dec 2011
Fri 4 May	'It's who we are' Values implementation focus group	New activity	Learning & Development Manager (Staff Governor Carol Dale)	Not from Council of Governors budget
Fri 4 May	Members' News Issue 4	New activity	Head of Communications	£210 (Council of Governors) - funding approved at Council of Governors meeting 1 Dec 2011
Sat 12 May	Open Day	Existing activity	Communications Manager	£15,000 (Council of Governors) – funding approved at Council of Governors meeting 1 Dec 2011
Sat 12 May	Open Day enhanced publicity and promotion (letterbox drop and local newspaper advertising)	New activity	Communications Manager	£4,793 (Council of Governors) – extra Open Day-related funding approved at Council of Governors meeting 3 May 2012
Tues 1-Fri 18 May	'Show us the way' consultation to help develop the Trust's new wayfinding strategy	New activity	Head of Communications (with wayfinding consultants Applied)	Not from Council of Governors budget
June 2012				

Date/Month	Event/Activity	Existing or new activity?	Lead	Cost/Funding source
Weds 6 Jun	Members' News Issue 5	New activity	Head of Communications	£210 (Council of Governors) - funding approved at Council of Governors meeting 1 Dec 2011
July 2012				
Weds 4 Jul	Members' News Issue 6	New activity	Head of Communications	£210 (Council of Governors) - funding approved at Council of Governors meeting 1 Dec 2011
August 2012				
Fri 3 Aug	Members' News Issue 7	New activity	Head of Communications	£210 (Council of Governors) - funding approved at Council of Governors meeting 1 Dec 2011
w/c Mon 20 Aug	Membership mailing (including covering letter from Chairman, *Trust News*, Annual Members' Meeting invitation and 'Safe in our hands' tickbox voting postcard)	Existing activity	Communications Manager	£10,000 (Foundation Trust budget) - funding already budgeted for in Trust budget as part of our membership 'offer' of 2 mailings/year
September 2012				
Tues 4 Sep	Medicine for Members 3rd event - Public meeting for Foundation Trust members about the *Shaping a healthier future* public consultation by NHS North West London on changes to NHS services	New activity	Communications Department	£1,000 (Council of Governors) - funding approved at Council of Governors meeting 1 Dec 2011
Fri 7 Sep	Members' News Issue 8	New activity	Head of Communications	£210 (Council of Governors) - funding approved at Council of Governors meeting 1 Dec 2011
Thurs 13 Sep	Annual Members' Meeting	Existing activity	Head of Communications	£5,000 (Council of Governors) - funding approved at Council of Governors meeting 1 Dec 2011
Thurs 27 Sep	Medicine for Members 4th event – Management of Shoulder Pain seminar	New activity	Communications Dept	£1,000 (Council of Governors) - funding approved at Council of Governors meeting 1 Dec 2011

Date/Month	Event/Activity	Existing or new activity?	Lead	Cost/Funding source
October 2012				
Fri 5 Oct	Members' News Issue 9	New activity	Head of Communications	£210 (Council of Governors) - funding approved at Council of Governors meeting 1 Dec 2011
November 2012				
Fri 2 Nov	Members' News Issue 10	New activity	Head of Communications	£210 (Council of Governors) - funding approved at Council of Governors meeting 1 Dec 2011
Weds 14 Nov	Medicine for Members 5th event – Diabetes seminar	New activity	Communications Dept	£1,000 (Council of Governors) - funding approved at Council of Governors meeting 1 Dec 2011
Weds 21 Nov	Medicine for Members 6th event – Dementia seminar (repeat of May's seminar which was over-subscribed)	New activity	Communications Department	£1,000 (Council of Governors) - funding approved at Council of Governors meeting 1 Dec 2011
December 2012				
Fri 7 Dec	Members' News Issue 11	New activity	Head of Communications	£210 (Council of Governors) - funding approved at Council of Governors meeting 1 Dec 2011
Mon 17 Dec	Christmas at Chelsea and Westminster event (mini Open Day)	New activity	Communications Dept	£5,000 (Council of Governors) - funding approved at Council of Governors meeting 1 Dec 2011

Date/Month	Event/Activity	Existing or new activity?	Lead	Cost/Funding source
January 2013				
Fri 4 Jan	Members' News Issue 12	New activity	Head of Communications	£210 (Council of Governors) - funding approved at Council of Governors meeting 1 Dec 2011
w/c Mon 28 Jan	Membership mailing for all public and patient members (including covering letter from Chairman, Trust News and A5 flyers about details of 'Medicine for Members' seminar and other future events)	New activity	Communications Manager	£10,000 (Council of Governors) - funding approved at Council of Governors meeting 1 Dec 2011
Mon 28 Jan	Launch of Star Awards nominations – Patient Choice category and Council of Governors Special Award	Existing activity	Communications Manager	Not from Council of Governors budget (Star Awards funded by Chelsea and Westminster Health Charity)
February 2013				
Fri 1 Feb	Members' News Issue 13	New activity	Communications Manager	£210 (Council of Governors) - funding approved at Council of Governors meeting 1 Dec 2011
Mon 18 Feb	Closing date for Star Awards nominations – Patient Choice category and Council of Governors Special Award	New activity	Communications Manager	Not from Council of Governors budget (Star Awards funded by Chelsea and Westminster Health Charity)
Tues 19 Feb	Medicine for Members 7th event – End of Life Care seminar	New activity	Communications Manager	£1,000 (Council of Governors) - funding approved at Council of Governors meeting 1 Dec 2011
March 2013				
Fri 1 Mar	Members' News Issue 14	New activity	Head of Communications	£210 (Council of Governors) - funding approved at Council of Governors meeting 1 Dec 2011

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 6 December 2012

AGENDA ITEM NO.	2.14.1/Dec/12
PAPER	'Christmas at Chelsea and Westminster' event
AUTHOR	Katie Drummond-Dunn, Communications Manager
LEAD	Therese Davis, Chief Nurse and Director of Patient Experience and Flow
EXECUTIVE SUMMARY	This paper updates the Council of Governors on plans for the new 'Christmas at Chelsea and Westminster' event. This is a new event for members, patients and the local community, taking place in the hospital on Monday 17 December, which has been made possible by £5,000 funding from the Council of Governors.
DECISION/ ACTION	Governors are invited to give their feedback on progress.

‘CHRISTMAS AT CHELSEA AND WESTMINSTER’ EVENT

1.0 Background

The Council of Governors has agreed to provide £5,000 of funding for a new pre-Christmas event for members, staff and the local community, particularly local families. It will incorporate the Friends Christmas Cheer Awards for staff and the switching on of the hospital’s Christmas tree lights, followed by a ‘mini open day’ with stalls, Santa’s grotto, music and light refreshments.

2.0 Confirmed programme of events

Date:
Monday 17 December, 4-7pm

Venue:
Ground floor of the hospital

Timings of specific events:

4-4:45pm	Presentation of Christmas Cheer Awards and Best Decorated Ward competition winners
5pm	Chelsea Pensioners turn on the Christmas tree lights

See item 5 for details of the entertainment taking place between 5-7pm.

5-5.40pm	All Saints Putney Junior Singers
6-6.40pm	Dick Laurie’s Elastic Band
6:40pm	Presentation of prizes for the children’s painting competition
7pm	Event ends

3.0 Planning

A small planning group has been set up and has met three times to date. Governors Susan Maxwell and Wendie McWatters have both been involved. The group will meet again in the lead-up to the event to share ideas and confirm plans for the event.

4.0 Publicity

4.1 External

It is planned that the event will be advertised in the *Kensington and Chelsea Chronicle* series of local newspapers with two quarter page adverts on Friday 7 December and Friday 14 December.

We are also looking into a leaflet drop to local residents to advertise the event, similar to the mailing used during the *Safe in our hands* campaign.

We are working with Chelsea and Westminster Health Charity and the Children’s Hospital Trust Fund to write to local schools to advertise the event and encourage children to enter the painting competition (see point 5.3).

We will be emailing everyone who completed a postcard during the *Safe in our hands* campaign to thank them for their support and invite them to this event.

There will be a message about the Christmas event in the December edition of our monthly *Members News* e-bulletin (due to be published on 7 December), which is sent to c.3,500 patient and public members who have given us their email addresses, inviting Foundation Trust members to come along to the event.

We will also be producing posters and a banner for the front of the hospital as well as advertising the event through Hospital Radio so that patients are aware that the event is taking place.

There will be information on our website about the event and posters displayed around the hospital.

4.2 Internal

The front page of December's *Trust News* focuses on the Christmas event, advertising the entertainment and activities taking place.

Internal advertising will incorporate inviting staff to nominate colleagues for the Christmas Cheer Awards and Best Decorated Ward competition. There will be an advert on PC desktops and messages in the Daily Noticeboard email bulletin, which is sent to all staff.

The back page of December's *Trust News* includes nomination forms for the Christmas Cheer Awards and Best Decorated Ward competition.

5.0 Entertainment

5.1 Music

Two musical acts have been booked by Hospital Arts to perform at the event. From 5-5:40pm a choir of local children from the Putney area will be singing carols. From 6-6:40pm Dick Laurie's Elastic Band will be playing Christmas songs and upbeat tunes. In between the performances Hospital Radio will be playing Christmas songs.

5.2 Santa's Grotto

Head of Security Trevor Post has agreed to be Santa for the event. Norland will be building a grotto in the Information Zone and there will be a postbox for children to send their letters to Santa. We are currently sourcing a small gift for Santa to give to children who visit the grotto.

5.3 Children's Christmas Painting Competition

In the letter to the local schools we will be inviting children to take part in a Christmas painting competition. We will divide the competition into age categories and winners will receive a book token each. We will ask for entries to be submitted at the start of the event and they will be judged during the evening.

5.4 Stalls

We are inviting our charities and a handful of departments to have stalls at the Christmas event:

- Chelsea and Westminster Health Charity
- Children's Hospital Trust Fund
- The Friends of Chelsea and Westminster CONFIRMED
- Macmillan
- Hospital Radio CONFIRMED
- Paediatrics CONFIRMED
- Teddy Bear Hospital CONFIRMED
- St Stephen's Aids Trust
- Hospital Volunteers
- St Stephen's Volunteers
- MUMS Appeal CONFIRMED
- St Nicholas Fund
- Giggle Doctors CONFIRMED
- Gingerbread decorating CONFIRMED
- Facepainting
- Hospital School
- Fire Brigade
- Wellbeing
- Paediatric A&E
- Refreshments CONFIRMED

6.0 Switching on the Christmas Tree Lights
It was decided that it would be good to make a feature of our Christmas tree this year and the Chelsea Pensioners have agreed to turn on the Christmas tree lights at 5pm.

7.0 Refreshments
ISS are organising some light refreshments for the event. We have requested tea, coffee and mince pies for the adults and fruit squash, mini chocolate rolls, biscuits, shortbread and clementines for children.

8.0 Volunteers
Susan Maxwell has been recruiting Governors to help on the day with guiding visitors and generally supporting the event. There has been a good uptake but further volunteers will be recruited through our Voluntary Services team and staff members.

9.0 Next steps
It would be greatly appreciated if Governors could help to promote *Christmas at Chelsea and Westminster* by displaying posters in their local area.

Katie Drummond-Dunn
Communications Manager
November 2012

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 6 December 2012

AGENDA ITEM NO.	2.14.2/Dec/12
PAPER	Open Day 2013
AUTHOR	Katie Drummond-Dunn, Communications Manager
LEAD	Therese Davis, Chief Nurse and Director of Patient Experience and Flow
EXECUTIVE SUMMARY	This is a brief update on the initial plans for the 2013 Open Day.
DECISION/ ACTION	Governors are invited to give feedback and volunteer for the operational group to help with planning.

Open Day 2013 – Proposal

1. Introduction

1.1 The annual Chelsea and Westminster Hospital Open Day has grown in popularity in recent years. It is now the flagship event in the Trust's public and patient engagement programme. It is known within the healthcare sector as one of the most successful hospital Open Days.

1.2 The event is an opportunity for the Trust to place itself at the heart of its community by opening its doors to local people and giving them a chance to become more involved in their local hospital.

1.3 It is a well established event that grows in popularity every year – more than 2,000 people attended the Open Day in May 2012. Visitors who completed feedback forms rated the 2012 Open Day as follows:

- 100% rated the Open Day as 'Excellent' or 'Good'.
- 96% said they would definitely recommend the Open Day to friends and family.

1.4 Thanks to the hard work of Governors who attended, 64 new Foundation Trust members were recruited during the Open Day.

1.5 The Open Day is made possible by funding from the Council of Governors – the Council has already approved the budget of £20,000 for next year's event.

2. Aims

2.1 Open Day 2013 is proposed to take place from 11am-3pm on Saturday 11 May.

2.2 Aims of Open Day 2013 are to:

- Market the Trust to Foundation Trust members and local residents
- Promote the achievements of the hospital
- Develop communication between Council of Governor's representatives and Foundation Trust members
- Encourage Open Day visitors to become Foundation Trust members
- Promote health, fitness and wellbeing
- Showcase developments such as the new Diagnostic Centre
- Improve staff morale
- Utilise the day as a fundraising opportunity for Chelsea and Westminster Health Charity and other associated charities
- Celebrate the Trust's 20th anniversary

3. Implementation

- 3.1 As in previous years it is recommended that an Operational Group is established to manage planning and implementation of the Open Day. Membership will include Council of Governors representatives, as well as representatives of Trust charities, directorates and departments in the Trust, and contractors including ISS.

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

4. Funding

The Trust is very grateful for the financial support provided by the Council of Governors for previous Open Days and we would like to thank the Council for agreeing the funding of £20,000 for Open Day 2013.

5. Actions for the Council of Governors

Governors are invited to comment on the proposal and volunteer for the operational group to help with planning.

Katie Drummond-Dunn

Communications Manager

November 2012

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 6 December 2012

AGENDA ITEM NO.	2.15/Dec/12
PAPER	*Membership Report
AUTHOR	Sian Nelson, Membership and Engagement Manager
LEAD	Anthony Pritchard, Deputy Chief Nurse
EXECUTIVE SUMMARY	This paper presents an overview of Foundation Trust membership and provides an analysis of trends for the period June and July 2012. Current total public, patient and staff membership is 15,445. During August September and October 324 new members joined, whilst 141 left, providing a gain of 183 new members during the 3 month period.
DECISION/ ACTION	For information.

Membership Report

1.0 Membership size and movements

Table 1 below shows the size and movement of membership for the year 2011-2012, and for August, September and October of the current year. This shows a total membership of 15,445.

OVERALL MEMBERSHIP OVERVIEW	Last Year 1 Apr 11 – 31 Mar 12	Next Year (Target)	Current Situation 31 October 12
As at start	**14,501**		**14,858**
New Members	1,512		1,777
Members leaving or changing constituency	1,210		1,190
TOTAL	**14,803**		**15,445**
PUBLIC MEMBERSHIP OVERVIEW	**Last Year 1 Apr 11 – 31 Mar 12**	**Next Year (Estimate)**	**Current Situation 31 October 12**
As at start	**5,737**		**5,942**
New Members	659		204
Members leaving or changing constituency	454		203
TOTAL	**5,942**		**5,943**
PATIENT MEMBERSHIP	**Last Year 1 Apr 11 – 31 Mar 12**	**Next Year (Estimate)**	**Current Situation 31 October 12**
As at start	**5,591**		**5,685**
New Members	487		560
Members leaving or changing constituency	393		167
TOTAL	**5,685**		**6,078**
STAFF MEMBERSHIP	**Last Year 1 Apr 11 – 31 Mar 12**	**Next Year (Estimate)**	**Current Situation 31 October 12**
As at start	**3,173**		**3,231**
New Members	508		1,013
Members leaving or changing constituency	450		820
TOTAL	**3,231**		**3,424**

2.1 Public Membership

Table 2 below shows public membership joiners and leavers from August to October 2012. There were 109 public who joined and 81 who left membership during this period

Table 2. Public Membership joiners and leavers from August to October 2012

Month	August	September	October	Total
Joiners	4	13	92	109
Leavers	16	63	2	81

2.2 Patient Membership

Table 3 below shows patient membership joiners and leavers from August to October 2012. There were 215 new joiners and 60 who left membership during this period.

Month	August	September	October	Total
Joiners	2	6	207	215
Leavers	6	48	6	60

Table 3. Patient membership joiners and leavers from August to October 2012

3. Membership Demographics

3.1. Public Membership Ethnicity July 2012

Within the public membership, the highest proportion (76%) is within the White category of ethnicity, whilst the lowest representation remains within the Mixed group (4%), there is an even distribution between Asian (7%) and Black (7%) ethnic categories. Figure 1 below shows the analysis of public membership by categories of ethnicity.

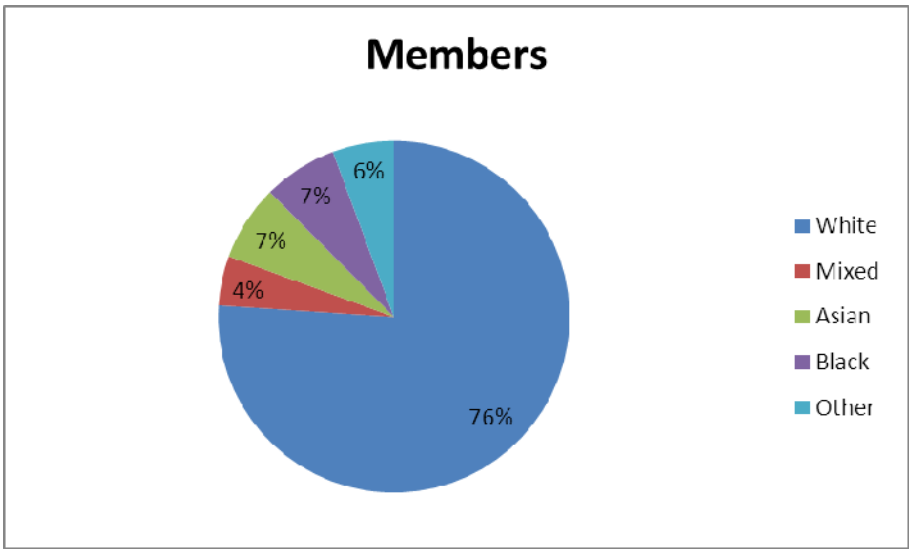
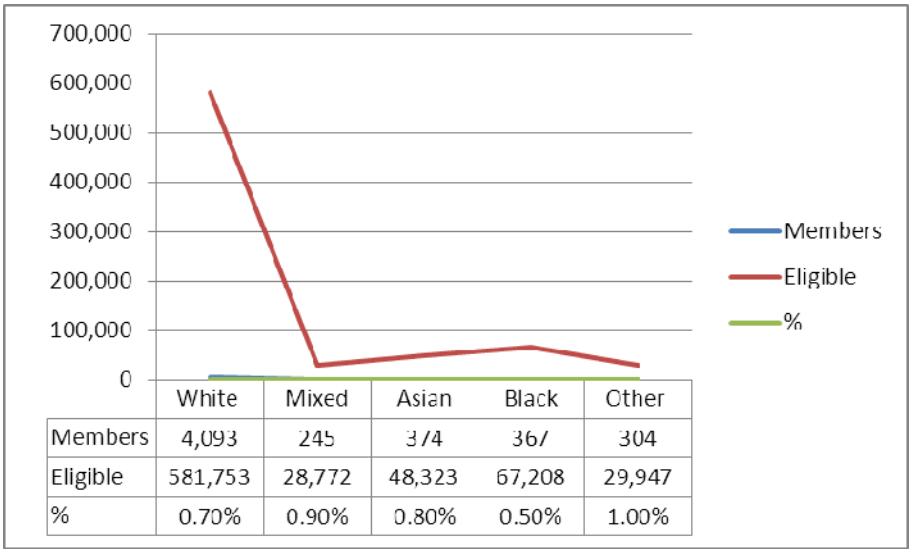


Figure1. Public Membership Ethnicity October 2012

3.2. Public Membership Ethnicity – comparison against local eligible population

Figure 2 shows the public membership comparison against the local eligible population. Representation is highest in the mixed and Asian groups whilst lowest in the Black population.
Although the trust membership shows higher representation in the white population it shows lower representation when compared against the local population.



	White	Mixed	Asian	Black	Other
Members	4,093	245	374	367	304
Eligible	581,753	28,772	48,323	67,208	29,947
%	0.70%	0.90%	0.80%	0.50%	1.00%

Figure 2. Public Membership ethnicity comparison against local eligible population

3.3. Public Membership Age

Figure 3 shows a profile of public membership by age. The lowest age group is those within the 16-19 age group and the highest within the 40-49 age group.

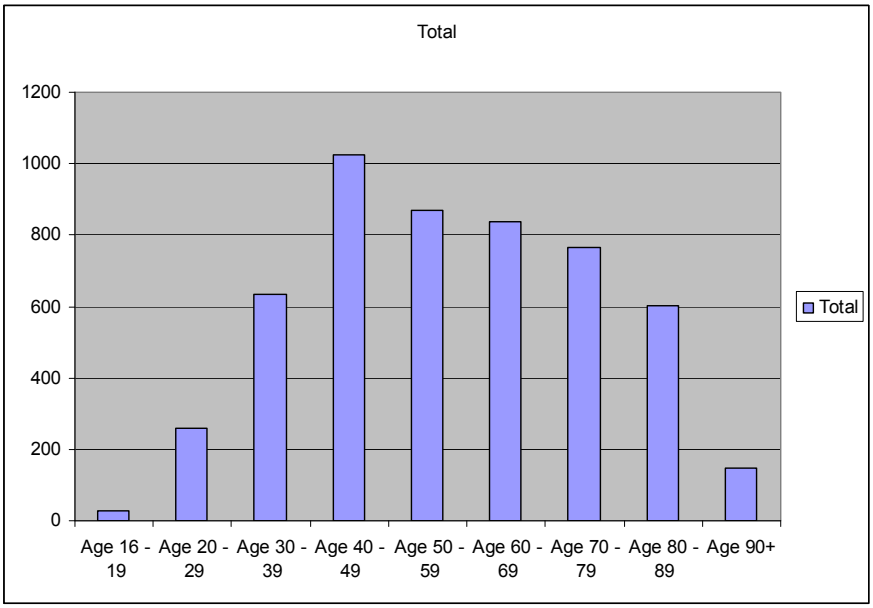
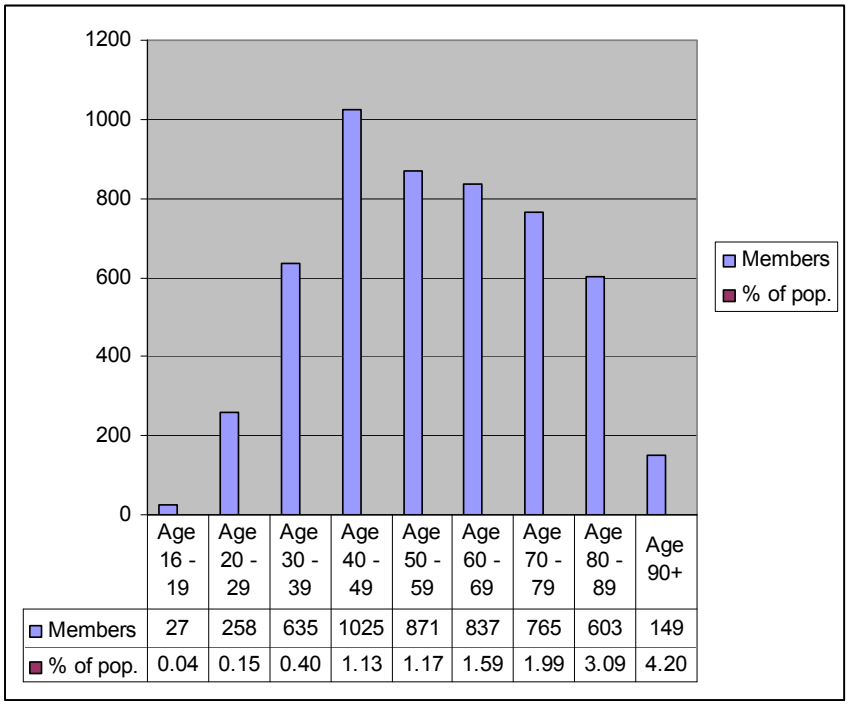


Figure 3. Public Membership Age

3.4. Public Membership Age – Comparison against local eligible population

Figure 4 shows the public membership profile in comparison to the local eligible population. The representation rises from 50 years to 90 years plus.*

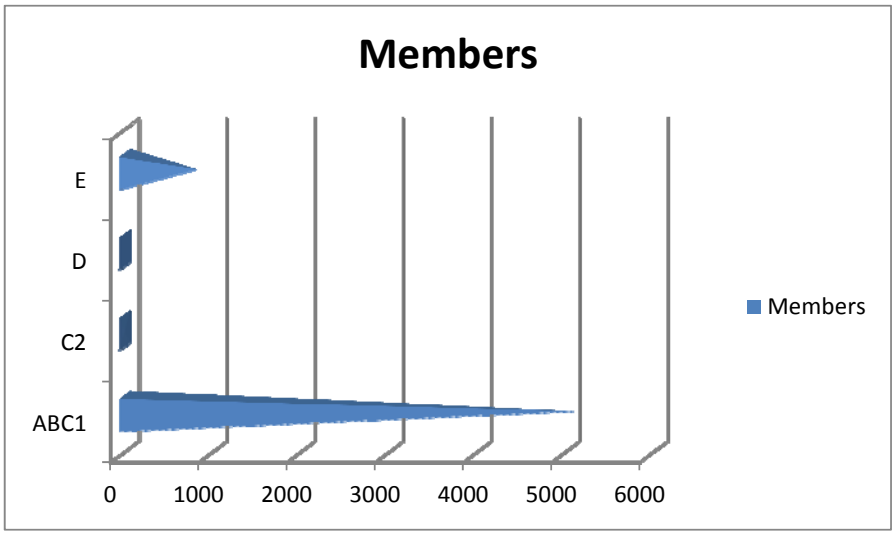


	Age 16 - 19	Age 20 - 29	Age 30 - 39	Age 40 - 49	Age 50 - 59	Age 60 - 69	Age 70 - 79	Age 80 - 89	Age 90+
Members	27	258	635	1025	871	837	765	603	149
% of pop.	0.04	0.15	0.40	1.13	1.17	1.59	1.99	3.09	4.20

Figure 4. Public Membership Age – Comparison against local eligible population
Figures updated July 2012 – no data update available October 2012.

3.5. Public Membership - Socio-economic grouping

Figure 5 shows the profile of public membership by socio – economic groups. The highest representation remains in the ABC1 category*



Socio-Eco.	ABC1	C2	D	E
Members	5,094	5	0	813

Figure 5. Public Membership - Socio-Economic Groups*

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

4.0 Membership Recruitment

4.1 At the start of 2012/13 there were 14,858 members. During August, September and October there was a gain of 324 new members. Membership at the end of October was 15, 445.

4.3. 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.

4.4. The Membership Development Sub-Committee of the Council of Governors develops and reviews the Membership recruitment strategy. Recruitment activity is focused on both maintaining our membership numbers whilst also enabling a diverse and representative membership.

4.5. The community mobile health clinic continues its screening activities and when possible recruiters join the services to recruit new members alongside screening. The services from the mobile health clinic aim to target 'hard to reach' groups in the community.

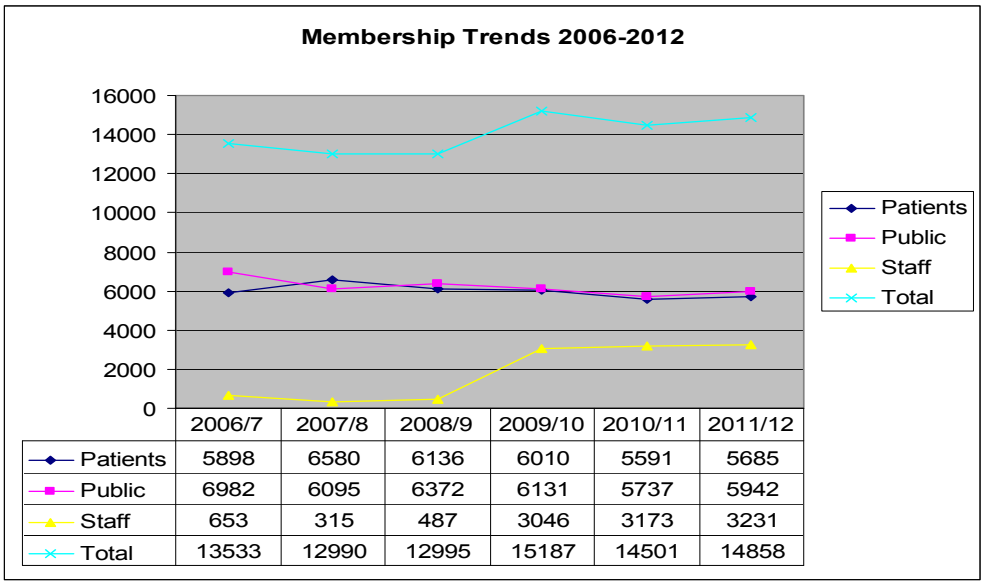
4.6. A Governor attends the Mobile Health Steering Group. The group plan activities and decide how Governors can link with Trust activities in the community (especially where membership is underrepresented) and decide on appropriate outreach services for these areas.

4.7. Governors continue to host 'Meet a Governor' session at the Ground floor Information Zone. Patients, public, staff and members have the opportunity to meet a Governor to discuss issues important to them. This is publicised on the Trust website, a text messaging board in the Information Zone (Ground Floor) and posters are displayed throughout the hospital, including the main reception area.

4.8. The Patient Advice and Information Services support membership promotion. Any visitor to the PALS office is offered a membership application form when appropriate. The forms are sent with all patient response letters from the PALS service and the team will continue to actively promote membership.

4.9. A member's email database has been updated with over 3,000 emails registered. This is now used for low cost, rapid response membership consultation.

4.9. Figure 6 shows the trends in Trust membership from 2006-2012.



	2006/7	2007/8	2008/9	2009/10	2010/11	2011/12
Patients	5898	6580	6136	6010	5591	5685
Public	6982	6095	6372	6131	5737	5942
Staff	653	315	487	3046	3173	3231
Total	13533	12990	12995	15187	14501	14858

Figure 6. Membership trends 2006-2012

5. Recruitment Campaigns

5.1. In the current year, we have commissioned Capita, our recruitment providers, to run 2 recruitment events in May and a divided campaign during September and November.

5.2. The first event took place within the Trust in May and the objective was to recruit 300 new members whilst also promoting the Trust Open day on Saturday May 12th. A total of 355 members were recruited against a target of 300.

5.3. During the Trust open day on May 12th, a further 64 members were recruited

5.4. Furthermore, 3 day recruitment was conducted in September which also promoted the annual general meeting, whilst an additional 3 day recruitment campaign in November promoted the Council of Governors elections. Through both events, we achieved the target of recruiting 300 new members.

5.5. An initial annual budget of £2,340 was agreed. The cost for recruitment events will be £3,600 and a request for additional funding was approved by the Council of Governors.

5.6 We are awaiting developments to the Trust letter distribution system so that initial appointment letters can include a membership application form.

5.7 Recruitment can now be tracked to events with database coding. This will help us to measure the success of differing membership recruitment activities.

6.0 Developing a Representative Membership

6.1 Analysis of the membership database by age, gender and ethnicity ensures we work towards representative memberships within the communities we serve.

6.2 To create equal representation, It is recognised that membership recruitment should focus on increasing its numbers and engagement with Black, Ethnic and Minority groups. Our recruitment strategy will continue to focus on activities which can encourage wider representation within our membership.

6.3. In the past year, we sought opportunities to hold membership recruit events within local GP practices in North Wandsworth, where a significant proportion of patients use this hospital, but to date we have been unsuccessful in gaining support for this.

6.4. We will now explore further options to recruit from local community groups as a part of our strategy to develop a representative membership.

6.5. In September recruiters alongside a Governor attended a Black, Minority and Ethnic (BME) Health Forum and whilst it was not a successful opportunity for recruitment was successful in terms of networking. The same group were invited to the trusts 'Medicine Matters' event in October which focused on a health topic (diabetes) which is strongly associated with the black population. Several members from this BME group attended.

7.0 Summary

7.1. The hospital gained Foundation Trust status in 2006 and at year end 2006/07 totalled 13, 533 members. Membership numbers peaked in 2009 when staff members' status changed from 'opt in' to 'opt out'.

7.2. We need to continue our focus on recruitment to maintain our membership numbers whilst also seeking a representative membership. Beyond this, we have introduced initiatives such as 'Medicine for members' to actively encourage the engagement of members in the work of our hospital.

8. Membership Recruitment Achievements 2012/13

The below table summarises key recruitment events between April and November 2012

Month	Event	Total Recruited
April 2012	No events	
May	Trust Open Day	64
May	Capita Trust Recruitment	355
September **7th, 10th 11th** **19th**	To promote AGM Black, Minority Ethnic Group Health Forum	
November	To promote the Governor Elections	300

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 6 December 2012

AGENDA ITEM NO.	3.1/Dec/12
PAPER	Finance Report – November 2012
AUTHOR	Peter Chapman, Acting Chief Management Accountant
LEAD	Lorraine Bewes, Director of Finance
EXECUTIVE SUMMARY	For the financial year to the end of October 2012/13 the Trust has achieved an EBITDA of £18.6m (£1.1m behind plan) and a net surplus of £5.6m (£1.3m behind plan). The Trust financial performance to date has been driven by income under-performance relating to elective inpatients against planned waiting list & demand growth and increased costs relating to utilities; which have been partially offset by the release of provisions for bad debt. The Trust has been successful in controlling pay costs and has continued to monitor the use of temporary staffing through the use of quotas, both in nursing and medical staff groups. Departments have been managing the use of temporary staff flexibly in line with activity under-performance. Year to date the Trust pay spend is £1.4m within budget, with Medical staffing the only area with an adverse budget position. Non pay costs are overspent by £1.2m for the year to date. The most significant element of this over-spend is due to the costs of consultancy (although elements are being used to cover pay vacancies/underspends, a significant proportion of which relates to cost of temporary consultants covering a new joint procurement service with the Royal Marsden) as well as increased costs for utilities (energy and water). These costs have been partially offset by the release of provisions made at 2011/12 year end for potential bad debts which are no longer required. The Trust set a CIP target for 2012/13 of £16.2m, which is now over identified both in 2012/13 and recurrently. To date the trust has achieved £14.5 of these schemes (89%) and is forecasting to achieve 100% by the end of January 2013. The recurrent value achieved currently stands at 79% of the £16,2m. The Trust is currently forecasting a year end surplus of £11.2m, £1.4m behind the agreed annual plan. The Trust will continue to work on identifying further income and cost reductions in order to improve the

	forecast plan for the year, to enable to continue to fund the agreed capital investment programme.
DECISION / ACTION	The Council is asked to note the financial position for the financial year to date October 2012/13.

Glossary of Terms

AAU: Acute Assessment Unit

BPPC: Better Payment Practice Code

CIP: Cost Improvement Programme

Clinical Contract Income: Income from Primary Care Trusts (PCTs) for activity carried out by the Trust under agreed contracts.

EBITDA: Earnings before Interest, Taxes, Depreciation and Amortisation.

Monitor: Regulatory body for NHS Foundation Trusts.

PBL: Prudential Borrowing Limit (established by Monitor)

PPI: Private Patients' Income

PDC: Public Dividend Capital

Working Capital: Assets available for use in the production of further assets, e.g. stock.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 6 December 2012

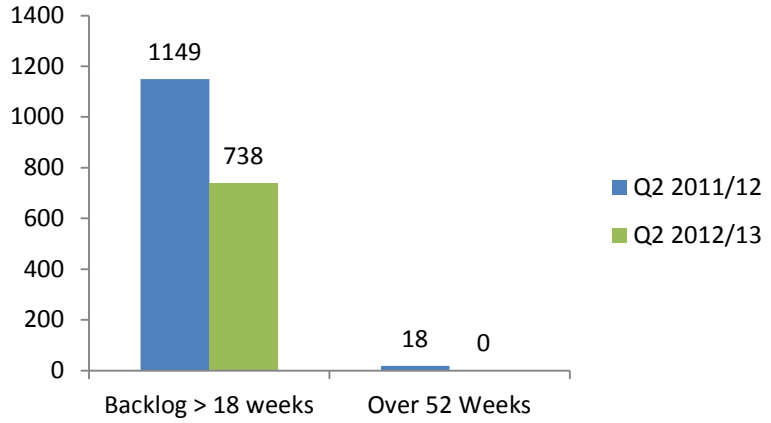
AGENDA ITEM NO.	3.2/Dec/12
PAPER	Performance Report Commentary – November 2012
AUTHOR	Matthew Dooley, Interim Head of Performance Improvement
LEAD	David Radbourne, Interim Chief Operating Officer
EXECUTIVE SUMMARY	Overall, the Trust has performed well to October 2012, achieving the required performance level in all Monitor indicators. Q3 Performance headlines of note are: - With regard to core access targets, all RTT targets were achieved, as were cancer access targets YTD. - The Trust has continued to improve on discharge letter completion and outpatient letter turn around, in preparation for the forthcoming CQUINs targets - The Trust has maintained its priority focus on achieving very low levels of HCAI with performance to end of October at 0 and 11 for MRSA and *Clostridium Difficile* respectively - Positive performance on VTE assessment has been maintained - Our performance on cancelled operations and access to GUM remains good During the summer a significant amount of attention has been given to ensuring the Trust is well placed to achieve the CQUINs goals set out in this year's contract. To date our progress indicates Q1 and Q2 compliance which primarily centred on the establishment of action plans and technological improvements to facilitate the CQUIN achievement.
DECISION/ ACTION	The Council of Governors is asked to note this report.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

16th November 2012 | www.chelwest.nhs.uk | No: 16 | Hospital Health: Excellent | Month 7

Referral to Treatment Backlog Clearance

With an increasing national and local focus on long waiting times the Trust has demonstrated a reduction in the backlog for Quarter 2 2012-13 compared to Quarter 2 2011-12.



CQUIN

At the midpoint of Quarter 3 the Trust can report that subject to Commissioner approval at the November Clinical Quality Group (CQG), 100% of available of CQUIN income from the nine CQUIN schemes agreed with NWL for financial year 2012/13 will be billed for the Quarter 2 period ending 30th September 2012. Quarter 3 has seen the Trust continue to work towards attaining the performance based targets which began in Quarter 2 for the majority of CQUIN schemes.

The Trust's VTE CQUIN continues to show improving performance as we move through the Quarter. Where the Trust narrowly achieved its 90% CQUIN target in Quarter 1, and Quarter 2 we saw a 2% increase, Quarter 3 performance currently sits at a little over 95%. Elsewhere CQUIN performance against agreed trajectories suggest that the Trust is on target to achieve +90% of total CQUIN targets for the Quarter. The GP Real Time CQUIN, the most challenging and most financially heavily weighted CQUIN, accounts for the slight dip in predicted CQUIN performance in Quarter 3, with one of the four indicators (Letter Turnaround time within 5 days of an appointment) currently behind the trajectory required to achieve our Q3 target. Work is underway to address this shortfall in performance, with improvements in performance expected as the quarter continues.

Cancer - The Trust was compliant with the monitor indicators and cancer targets were achieved in October. The YTD position remains on course for achievement.

Infection Control - The Trust recorded three hospital associated *Clostridium Difficile* infections in October. This brought the Trust total to eleven occurrences financial year to date against a trajectory target of 18.06. The target for the year is less than 31 hospital associated infections. Of the three cases one had a specimen sent inappropriately which highlighted *Clostridium Difficile* colonisation rather than infection, the second case was caused by cancer chemotherapy and appropriately prescribed antibiotics thus was unavoidable, the third case was admitted with symptoms but a specimen was not sent until 5 days later.

Outpatient Access - A programme of work is underway to look at access to our outpatient services, and how we can make improvements in our processes to benefit both patient and GPs in helping them make informed choices about the services we offer; alongside improving our competitive position.

Elective Access to Treatment Pathways
Following on from the Imperial College Healthcare NHS Trust review; Chelsea and Westminster NHS FT have undertaken an assessment and are progressing an action plan to deliver improvements. The internal audit review outcome of RTT was ok.

Areas of Improvements

The Trust has been reviewing its comparative performance over time and has demonstrated a number of improvements compared with the same reporting period last year. Below are a few examples of areas of improvement:

KPI	2011-12	2012-13	Variance	%
Complaints	2195	1661	-534	-24.33%
A&E Re-attendances	1629	1384	-245	-15.04%
Percentage of women who have seen a midwife or obstetrician for health and social care risk assessment by 12 weeks 6 days of their pregnancy	91.48%	95.58%	4.10%	+4.48%
Discharge Summary Completion	79.25%	95.03%	15.78%	+19.91%
Elective Re-admissions	1.55%	1.05%	-0.50%	-32.03%
Non-Elective Re-admissions	2.59%	2.19%	-0.40%	-15.47%
Elective Length of Stay	4	3.9	-0.1	-2.50%

Monitor Compliance: 2012/13

NHSQuarter	Target	YTD	Oct-Dec 2012
Clostridium difficile cases	<31	11	3
MRSA objective	<3	0	0
All cancers: 31-day wait from diagnosis to treatment	> 96%	100.0%	100.0%
All cancers: 31-day wait for second or subsequent treatment Surgery	> 94%	100.0%	-
All cancers: 31-day wait for second or subsequent treatment anti cancer drug treatments	> 98%	100.0%	100.0%
All cancers:62-day wait for first treatment from urgent GP referral to treatment	> 85%	93.8%	100.0%
All cancers:62-day wait for first treatment from consultant screening referral	> 90%	100.0%	100.0%
Cancer: Two Week Wait from referral to date first seen comprising all cancers	> 93%	96.3%	96.2%
Referral to treatment waiting times < 18 Weeks - Admitted	> 90%	93.22%	94.05%
Referral to treatment waiting times < 18 Weeks - Non-Admitted	> 95%	99.27%	98.80%
Referral to treatment waiting times < 18 Weeks - Incomplete Pathways	> 92%	92.69%	92.08%
A&E: Total time in A&E < 4hrs	> 98%	98.7%	98.9%
Self-certification against compliance with requirements regarding access to healthcare for people with a learning disability		Compliant	Compliant

NB – Please note that cancer performance is updated retrospectively directly from the national system Open Exeter (September was last update). This causes variations in reported performance for the Cancer metrics.

Quality KPIs

Know your arrows: - The arrows in the dashboard below relate to the month on month variance in Trust performance. An upwards arrow indicates an improved performance across all KPIs. An arrow pointing straight up indicates a greater than 5% increase in performance month on month, and an arrow pointing straight down shows a greater than 5% decrease in performance.

Clinical Effectiveness	Oct	Trend	YTD
Catheter Care Bundle Compliance *			N/A
Income lost to first to follow-up ratio			
Maternity Booking Access Target			
Breastfeeding initiation rates			
Caesarean section rate			
Cellulitis Admissions			
Non-Elective avg. Length of stay			
Stroke: Treatment within 24 hours			
Category 3/4 pressure ulcers			
Stroke: Time spent on stroke unit			
Rapid access chest pain clinic wait			
Elective average length of stay			
Daycase rate (Basket 25 procedures)			

Process Effectiveness	Oct	Trend	YTD
Delayed transfers of care			
13 week outpatient waits			
Call Centre Hang Up %			
DNA Rate			
DNA Rate Treatment Centre			
26 week inpatient waits			
2 Week HIV Appointment wait			
Fracture Neck of Femur - Time to Theatre			
ACU - Medical Pregnancies per cycle			
Outpatients NHS Number Completion			
Inpatient NHS Number Completion			
A&E NHS Number Completion			
Smoking cessation			
LAS Patient Handover Times - 15 mins			
LAS Patient Handover Times - 30 mins			
LAS arrival to handover more than 60mins			
Pulmonary TB 2 Week wait			

Safety	Oct	Trend	YTD
Hand Hygiene Completion *			N/A
Hand Hygiene Compliance			N/A
Incident reporting			
Never events			
Patient Falls per 1000 Inpatient Bed Days			
PEAT audit composite score (1mth behind)			
Hospital Associated VTE			
Ratio of midwives to deliveries			
3/4th degree perineal tears			
1:1 care of women in established labour			
Emergency MRSA screening rate			
Elective MRSA screening rate			
NICU Nurse: Patient ratio vs. BAPM compliance			
MSSA Reduction of Incidences			

Patient Experience	Oct	Trend	YTD
Complaints upheld by the Ombudsman			
Breach of same sex accomodation			
Staff job satisfaction			
Slot issues on Choose and Book			
Access to GUM clinics			
Rebooking cancelled operations			
Six week diagnostic test wait			
Choice of named consultant led team			

Pathway Colour Code

- APPLIES TO ALL PATHWAYS
- OUTPATIENT PATHWAYS
- MATERNITY PATHWAYS
- EMERGENCY PATHWAYS
- PAEDIATRIC PATHWAYS
- ELECTIVE PATHWAYS
- LONG TERM PATHWAYS

Key:- = Better than plan = Within 5% of plan = More than 5% worse than plan

= >5% increase in performance : perf. improved same <5% decrease >5% decrease

T Month on month trend in performance YTD Year to date position against target

- **Income Lost to First follow-up ratios:** The issue of Lastword incorrectly attributing inpatient procedure codes to outpatient attendances was highlighted in last month's report. On further investigation by the IT team it appears that the financial impact of this error on the Trust's reporting of follow-up to new outpatient ratios is not significant. The income lost in relation to the follow-up to new outpatient metric to the end of October was £629,788. The largest losses were in gynaecology (£109k), rheumatology (£92k) and paediatric medicine (£76k). Gynaecology has seen an increase in outpatient procedures and a corresponding reduction in new attendances.

- **Day case Rate:** Year to date the Trust has achieved a day case of 80.7% for the CQC basket of 25 operations against a target of 84.2%. Adult areas of challenge are Lap cholecystectomy and Inguinal Hernia. Nurse led discharge will focus on these procedures. Lap cholecystectomy are in the process of being moved to AM lists to mitigate the risk of overnight admission due to a high pain threshold. The Trust is also undertaking additional activity from St. Georges which will further increase day case rates. Within Paediatrics 64.2% of Inguinal Hernias have been completed as a day case against a target of 70%, this is due to an increase in patients aged under 1 year old.

- **Outpatient DNA rate:** The Trusts recorded a 1% decrease in DNA's from September (12.8%) to October (11.8%). The decrease in DNA rate can be attributed to the latter part of October where in the week ending the 28th October the DNA rate had reduced to 10.4%. This reduction has continued and during the last week of October the DNA rate had fallen to 9.6%. All systems that help to control the DNA rate such as phone reminders and text messages are being monitored on a daily basis. Discussions have taken place with the TNT postal service to deliver improvements in the transit times for outpatient letters.

- **Hospital Associated VTE**: The Trust begun the implementation of root cause analysis forms. The forms will enable the collection of the hospital associated VTE data.

Patient Experience – Q2

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Our patient experience strategy for 2012-13 aims to reduce complaints and concerns on: communication and information; discharge and care of the older person

		Communication								Discharge								Concern Age 75 and Over							
		Type 1				Type 2				Type 1				Type 2				Type 1				Type 2			
Division	**Directorates**	**Q 1**	**Q 2**	**Q 3**	**Q4**	**Q 1**	**Q 2**	**Q 3**	**Q4**	**Q 1**	**Q 2**	**Q 3**	**Q4**	**Q 1**	**Q 2**	**Q 3**	**Q4**	**Q 1**	**Q 2**	**Q 3**	**Q4**	**Q 1**	**Q 2**	**Q 3**	**Q4**
Clinical Support Services		2	2			**0**	1			0	0			0	0			2	1			0	0		
Women, Children, Young People & Neonates, HIV, GUM & Dermatology	HIV GUM Directorate	4	6			0	1			0	0			0	0			0	0			0	0		
	Women & Children Directorate	0	8			2	7			1	1			0	0			0	0			0	0		
Medicine & Surgery	Medical Directorate	1	1			4	3			0	0			2	0			2	5			6	0		
	Surgical Directorate	1	7			4	3			1	0			0	0			1	0			6	2		
Central Outpatient Services		3	4			3	0			0	0			0	0			1	1			0	0		
Non Clinical Support Services		3	3			0	0			0	0			1	0			1	0			1	0		
Totals for Q1 and Q2		**14**	**31**			**13**	**15**			**2**	**1**			**3**	**0**			**7**	**7**			**13**	**2**		
2012/13 YTD		**45**				**28**				**3**				**3**				**14**				**15**			
2011/12 Q1 and Q2		**62**				**36**				**24**				**15**				**25**				**20**			

N.B. Type 1 complaints are informal complaints which are dealt with by the M-PALS office. Type 2 complaints are formal complaints of a more serious nature which need to be escalated

	Communication	Discharge	Concern Age 75 and Over
Themes	1. Patient expressed concerns relating to the difficulties she had contacting the department and obtaining appointments. Lack of response to messages left and staff who did not know how to deal with requests 2. P/t concerned with her care management by two specialties, along with their ability to communicate effectively with each other. 3. Expressed concerns relating to the lack of communication between staff. Lack of care and communication reflected badly on hospital. Altercation took place between staff regarding what time patient was called to theatre. 4. Expressed concerns relating to the lack of communication between departments. Believes that through poor handling of care they have now missed opportunity to surgical correct problem and son will now have to undergo prolonged treatment 5. Concerns expressed by the patient regarding the poor quality of the procedure she underwent along with the report of the procedure, the inadequate process that took place after the procedure, the unprofessional interpersonal skills of the staff involved in her care. 6. Patient expressed concern with the attitude and behaviour of staff and lack of communication on a specific ward. Also raised concern with the lack of communication she received on another ward regarding her discharge and medication. 7. Complaint about the contacting the Administration Office and being unable to get through. Leaving messages, but no one has called the patient back	No formal complaints relating to discharge received for Q2	• P/t concerned with her care management by two specialties, along with their ability to communicate effectively with each other. Was advised by one consultant that her heart was fine and by another that she had a hole in her heart which possibly needed corrective surgery. • The patient underwent a total knee replacement and prior to closure at first count a pin from instrument set was found to be missing. Staff requested an x-ray taken and pin located. A Small incision made to remove pin superficially. After surgery, patient suffered from multiple organ failure and contracted pneumonia. His son believes the trauma to the body was caused by the length of time the patient spent on the operating table and is concerned regarding the lack of escalation from nursing staff when his father's condition deteriorated. Following review the complaint was downgraded, it was felt that clinical and nursing management had been appropriate. The family were invited to attend a meeting on 9th November to share findings of the review. A further meeting has been agreed with family as concerns raised that had not previously been investigated. It does not meet the criteria for a never event as an x ray to determine the missing pin is part of the process if a missing part is suspected and cannot be located visually therefore the controls did work.
Actions	• Real time feedback surveys have been implemented via the bedside TV screens and we have commissioned quarterly patient surveys conducted by the Picker Institute • The Admissions service is being reviewed and new telephone system is in place. • A Message screen is now up and running in dermatology • All bariatric patients to be given an information leaflet regarding their post op care in pre-assessment and again in the surgical admission lounge. • Information sheets have been developed for every ward and placed in every bed space outlining the ward routine	A pilot of post discharge phone calls for patients has been completed. Through the initial 29 calls the themes which have been identified relate to medication information, arrangements for follow up and the provision of written information. The plan is to expand the pilot so that the work can feed into the discharge transformation work being led by Holly Ashforth	• David Erskine ward is been refurbished to provide a better ward environment which is dementia friendly • Daily wards are undertaken by Senior Nursing team, this helps to capture feedback from this group of patients who do not tend to access the PALS or complaints service if there are concerns. • Dementia Training has been provided for junior medical staff and some staff are undertaking NHS London course to become trainers. • A new screening tool has been implemented in Lastword and use of this for the over 75's is incorporated in doctors EPR training

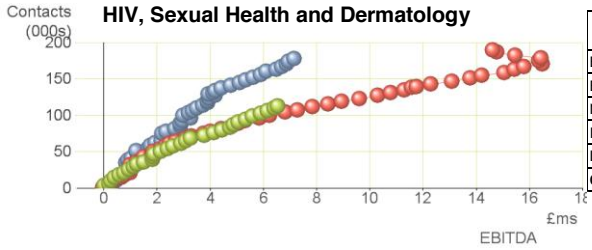
Maternity Real Time Patient Feedback: In Q2 138 patients from 1387 discharges (9.95%) gave us feedback on the following questions. Our local target is to achieve an overall satisfaction score of ≥ 90%

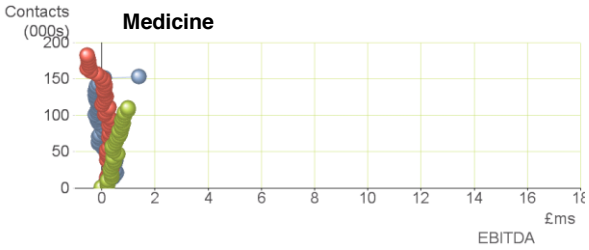
I felt I was not left alone when I did not want to be, when I was in established labour	100.%
Overall, how would you rate the care received during your pregnancy?	97.50%

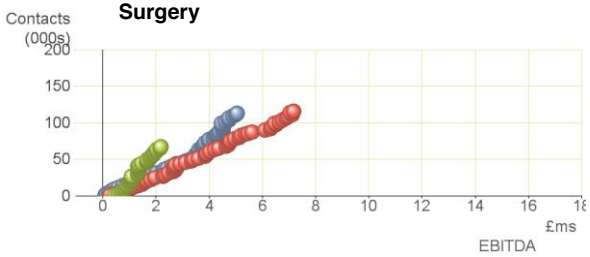
Thinking about the care you have received in hospital after the birth of your baby, have you been treated with kindness and understanding?	95.00%
Do you feel the ward is clean enough?	83.33%

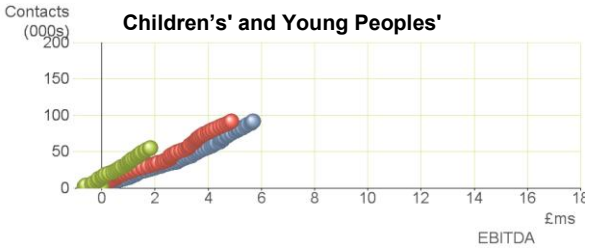
Finance / Efficiency KPIs

Know Your Chart:
Each blob is a week
Size of blob is average cost
Volume and EBITDA (profit) is cumulative for each week.
More recent weeks are in front of weeks at the beginning of the year.

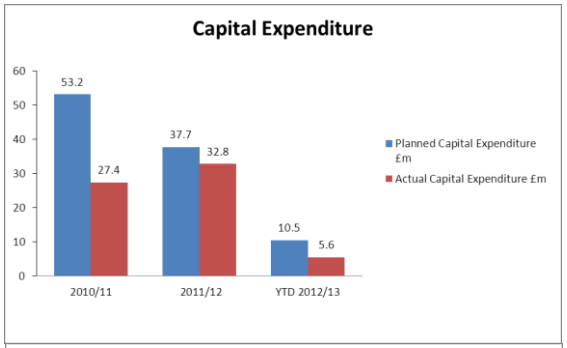




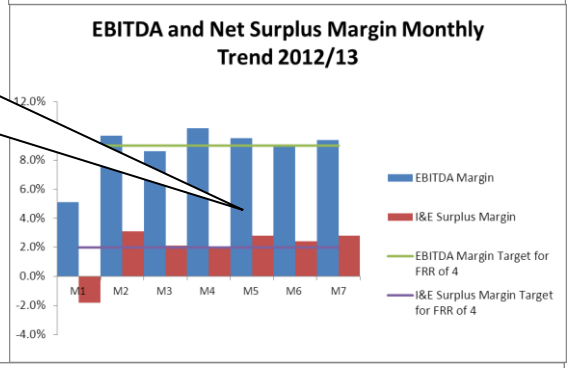


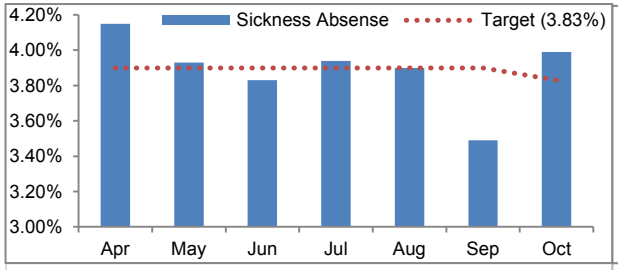


	M1 YTD	M2 YTD	M3 YTD	M4 YTD	M5 YTD	M6 YTD	M7 YTD
EBITDA margin	5.1%	9.7%	8.6%	10.2%	9.5%	9.1%	9.4%
EBITDA , % plan achieved	76.3%	96.8%	97.0%	93.0%	90.0%	95.5%	94.0%
Net Return after financing	-0.2%	2.9%	1.9%	3.4%	2.7%	2.2%	2.6%
I&E surplus margin net of dividend	-1.8%	3.1%	2.1%	2.0%	2.8%	2.4%	2.8%
Liquidity days	32	35	35	36	37	40	41
Overall Financial Risk Rating	**3**	**4**	**4**	**4**	**4**	**4**	**4**

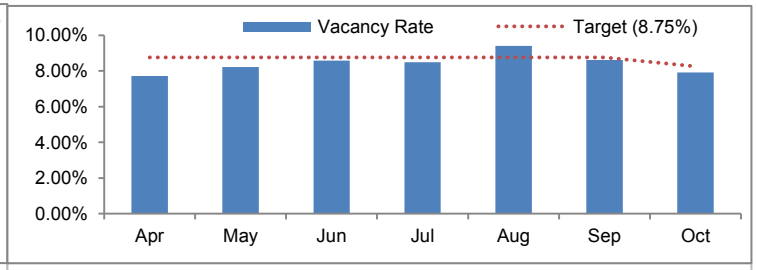


EBITDA margin 9.4% (FRR of 4) and I&E Surplus margin 2.8% (FRR of 4) at M7.

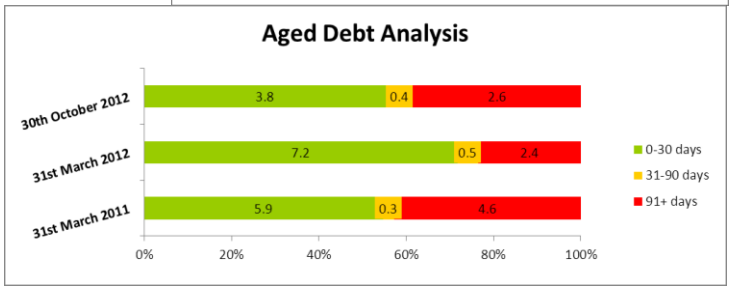




The Trust's sickness absence rate in October was 3.99% which is lower than October 2011 (4.20%), however represents an increase on the previous month. Sickness Year to Date figure remains in target but improved absence management remains a key focus for the Human Resources Department.



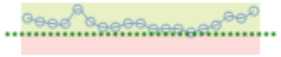
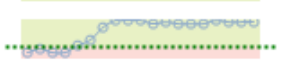
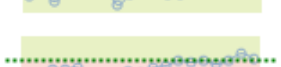
The Trust's vacancy rates are calculated using the budgeted WTE (based on reconciliations with the Finance department), and the WTE of staff in post at the end of the month. This represents the 'total vacancy' position. The full Trust vacancy rate for October 2012 was 7.91%, a decrease of 1.54% on the previous year. The improvement in the rate since last month is primarily due to improved identification of frozen posts within Management Executive and the Clinical Divisions. This improvement year to date has resulted from increased recruitment and the removal of posts.



Commentary:
1) The Trust achieved a surplus of £1.5m in October, an adverse variance against plan of £0.5m, whilst the YTD position is a surplus of £5.6m, which is an adverse variance of £1.3m against plan.
2) The forecast is for an EBITDA of 9.4% and a deficit of £1.4m against the planned £12.6m surplus. Recovery plans are being identified and a verbal update on progress will be given at the Trust Board.
3) CIPs are forecast to be fully achieved by year-end with 89% achievement YTD.
4) The Trust has triggered one of the Monitor financial risk indicators because capital expenditure to M6 was > 25% below plan. Monitor has requested that a capital re-forecast is submitted by 26th November and this is due to be signed off by the Chief Executive and DoF on Friday 23rd November.

Key Commissioner Priorities – Oct 2012

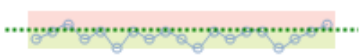
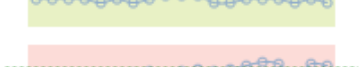
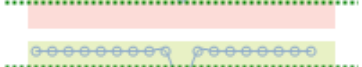
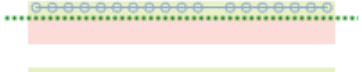
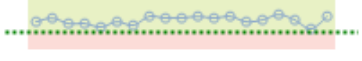
Key Priorities

	Performance Indicator	Trend	YTD Value	YTD	Forecast
Priorities	VTE Assessment (Target: > 90%)		92.1%		
	OP Letter Turnaround Times (Target: Less than 5 Days)		4.7		
	Discharge Summaries (Target: 80% Complete within 24 Hrs)		94.7%		
	Emergency Re-Admissions following Non-Elective spell (Target: < 2.8%)		2.3%		
	Emergency Re-Admissions following Elective spell (Target: 0%)		1.0%		
	NCE POD Recommendations (Target: 95% within waiting time)		95.5%		
	Mortality - HSMR (Target: < 87.34)		80.3		
	LAS Handover - HAS Data Quality (Target > 90%)		91.1%		
	GP Referrals Recieved		Avg: 6,388 Last Month: 7,900		

Commentary

- Median Outpatient letter turnaround for October was 4.00 working days continuing to achieve the target of < 5 working days.
- Emergency Readmissions – The audit on emergency readmissions has begun. The outcome will be used to determine the proportion of readmissions that were avoidable by either the Trust, Primary Care or Social Services. The Trust is working with the commissioners to develop community schemes that will reduce readmission rate of the hospital.
- Time to Treatment - The data shows that the deterioration against this indicator since March 2012 has been reversed and the Trust has met the threshold. This change has been brought about through medical staff improving the real-time capture of data across all areas. The Trust is focusing on this area weekly to achieve and maintain sustainable improvements going forward.
- Re-attendances A&E – Re-attendance – Improvement has been sustained for 3 months so confident that plans have been implemented and beneficial. Expect performance to remain below 5% for remaining part of the year.

Monitor Indicators

	Performance Indicator	Trend		YTD	Forecast
Infection Control	MRSA (Less than 31 in 12/13)		0		
	Clostrium Difficile (Less than 31 12/13)		11		
Accident & Emergency	A&E: Initial Assessment (Target < 15mins)		00:13		
	A&E: Total Time (Less than 4 hours)		03:57		
	A&E: Time to Treatment (Less than 1 hr)		01:03		
	A&E: Left without being seen (Less than 5%)		4.1%		
	A&E: Unplanned Re-Attendances (Less than 5%)		5.19%		
Cancer Services (Quarters)	Cancer: 2-WW Ref to Seen (> 93%)		96.3%		
	Cancer: 62 Day Wait (Consultant Screening) (>90%)		100.0%		
	Cancer: 62 Day Wait (Ref to Treat) (>85%)		94.6%		
	Cancer: Diag to Treat (31 day) (>96%)		99.8%		
	Cancer: Subsequent Surg (31 Day) (>94%)		99.1%		
	Cancer: Subsequent Drugs (31 Day) (>98%)		100.0%		
Access	RTT Admitted (90% < 18 weeks)		93.1%		
	RTT Non Admitted (95% < 18 Weeks)		99.2%		
	RTT Incomplete (92% < 18 Weeks)		92.7%		
	Compliance with requirements regarding access to people with a learning disability (100%)		100%		