Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Members' Council Meeting

Hospital Boardroom
Chair: Prof. Sir Christopher Edwards
Date: 24 July 2008
Time: 4:30pm

Agenda

1. GENERAL BUSINESS	**4.30pm**
1.1 Apologies for Absence (MB)	**CE**
1.2 Declaration of Interests	**CE**
1.3 Minutes of Previous Meeting held on 8 May 2008 (attached)	**CE**
1.4 Matters Arising (attached)	**CE**
1.5 Chairman's Report (oral)	**CE**
1.6 Chief Executive's Report (attached)	**HL**
2. ITEMS FOR DISCUSSION/DECISION/APPROVAL	**4:45pm**
2.1 High Quality Care for All and Northwest London Commissioning – Update (attached)	**HL**
2.2 Monitor Consultation on Private Patient Cap (attached)	**HL**
2.3 Annual Plan 08-09 (attached)	**HL/AK**
2.4 Membership: Recruitment, Engagement and Sub Committee Highlights (attached)	**CB**
2.5 Revision of the Membership Strategy (attached)	**CM**
2.6 Members' Council Funding report (attached)	**JC**
2.7 Members' Council Performance Evaluation Report (attached)	**CE**
2.8 Nominations Process (attached)	**CE**
2.9 Annual Report and Annual Members Meeting (attached)	**HL**
2.10 Involvement in Assurance Committee (s) (attached)	**CM**
2.11 Year End Accounts (oral)	**HB**
3. ITEMS FOR INFORMATION	**5:30**
3.1 Finance Report – Month 3 (to follow)	**LB**
3.2 Performance Report – Month 3 (to follow)	**LB**
3.3 Code of Governance and Trust Position (attached)	**CE**
3.4 Trust Board Open Minutes May 29 2008 (attached)	**CE**
4. ANY OTHER BUSINESS	
5. DATE OF THE NEXT MEETING	
18 September 2008 at 3:00pm	

Members' Council Meeting, 24 July 2008

AGENDA ITEM NO.	1.4/July/08
PAPER	Matters Arising
AUTHOR	Julie Cooper, Foundation Trust Secretary
LEAD	Prof. Sir Christopher Edwards, Chairman
EXECUTIVE SUMMARY	This paper lists matters arising from previous meeting(s) and the action taken/to be taken.
DECISION/ ACTION	The Members' Council is asked to note the matters arising and update where appropriate.

Matters Arising from Previous Meetings

Reference	Item	Action
1.7/May/08	FINANCIAL AND CORPORATE PLAN Update on current bank rates and number of agency staff versus bank staff together with clarity on point 2.9 under the surgery directorate. Provide a glossary of terms to accompany financial and corporate plan.	LB LB
2.2/May/08	STAFF CONSTITUENCIES Check November minutes with regards volunteers as well as the validity of having volunteers as members.	JC

Chelsea and Westminster Hospital NHS
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Members' Council Meeting, 24 July 2008

AGENDA ITEM NO.	1.6/Jul/08
PAPER	Chief Executive's Report
AUTHOR	Heather Lawrence, Chief Executive
LEAD	Heather Lawrence, Chief Executive
EXECUTIVE SUMMARY	This report outlines key issues for the attention of the Members' Council.
DECISION/ ACTION	The Members' Council is asked to note the report.

CHIEF EXECUTIVE'S REPORT

1.0 CHAIRMAN / PETER SHARROT HONOURS

I would like to congratulate Professor Sir Christopher Edwards on the award of his knighthood in the Queen's Birthday Honours and also Peter Sharrot, Regional Pharmacist, on the award of MBE.

2.0 MONITOR

Lorraine Bewes and I met with Monitor representatives to discuss the assumptions in our three-year plan. They expect to be able to confirm our financial rating at the end of July.

3.0 PRIVATE PATIENT CAP

3.1 Monitor intends to consult on the interpretation and application of the private patient income cap. The consultation was launched on 18 June 2008.

3.2 The purpose of the consultation is to allow for an informed discussion on the possible options and to receive views of interested parties. The document is not a consultation on the legislation and does not seek views on whether there should be a legal limit on the proportion of income generated through private patient related activity. It is a consultation on the rules which should be applied in order to fulfil their legal requirement.

3.3 Monitor will use the responses to this consultation to inform its decision on the rules to apply the private patient income cap from 2009-10.

3.4 The consultation has been circulated to Trust Board members. The consultation will be formally discussed at both the Members' Council and Trust Board in July with a view to forming a response.

4.0 DEAN STREET

4.1 We have now signed the contract for the lease and are proceeding at risk but will not sign a contract with a contractor to refurbish the building until the period has passed during which people could call for a judicial review.

5.0 PATIENT SAFETY FIRST CAMPAIGN

The Chief Medical Officer's report, Safety First (Department of Health, 2006), set out a number of actions to improve patient safety and increase healthcare quality across England. A key recommendation was to develop and implement a high-profile campaign to ensure that all staff responsible for patient care understand that patient safety must become their first priority.

The *Patient Safety First* campaign is supported by the NHS Institute for Innovation and Improvement, the National Patient Safety Agency (NPSA), and The Health Foundation. The campaign is 'by the service, for the service', and presents a unique opportunity to energise and involve frontline staff, as well as board members, in the quality and safety agenda.

The campaign cause is:

'To make the safety of patients everyone's highest priority'.

The campaign aim is to achieve:

'No avoidable death and no avoidable harm'.

The campaign is scheduled to run for two years and will be rolled out from June 2008 onwards. It involves promoting the use of a number of evidence based interventions and the provision of initial resources for individuals and teams, including web-based and face to face support. The campaign will also influence other key organisations in order to engage them in the cause.

The key interventions to start the campaign are:

- Boards on board with patient safety (leadership intervention)
- Reduction of harm to acutely ill deteriorating patients
- Critical care bundles (central lines, ventilator care)
- Reducing surgical harm including prevention of surgical site infections
- Reduction of harm from high risk medications (to include anticoagulants, narcotics, insulin and sedatives)

7.0 The campaign will also include some 'development areas' – other areas of concern where we will continue to monitor the evidence and introduce as part of the campaign if appropriate.

7.1 All participating trusts will be asked to measure their success and submit their results; however, we will not measure participating trusts against one another, and the results will not be used for performance management.

7.2 If we sign up we will be agreeing to the following:

- To make a commitment to staff in writing that safety is our highest priority
- To implement the campaign leadership intervention, and at least one clinical intervention if possible, following registration
- To make use of the Global Trigger Tool to audit case notes for tracking harm to patients (later papers to the Board also refer to this)
- To register in the campaign in September 2008
- To post our information/results as part of the campaign.

The Trust Board discussed this initiative and agreed that it should be a key priority for the Trust.

8.0 MRSA SCREENING

8.1 At the June meeting of the Trust's Clinical Governance Executive the Trust's Director of Infection Control and Prevention presented a paper outlining options for the expansion of the hospital's patient screening program for MRSA colonisation. I attended a subsequent meeting with the Director of Nursing, Medical Director, Director of Infection Control and Prevention, and Nurse Consultant Infection Control.

8.2 The agreements from these meetings are:

1. A point prevalence audit will be conducted in the second week of July 2008. The aim of this audit will be to assess screening compliance against the Trust's existing screening categories:

   a) All elective surgical patients, pre-operatively (in pre-op or out-patient clinic).
   b) All emergency surgical patients on admission.
   c) All surgical patients on a weekly basis.
   d) All patients on admission to ICU, neonatal unit and Burns unit.
   e) Direct inter-hospital transfers.
   f) Patients known to have been infected or colonised with MRSA in the past.
   g) Recent in-patients at hospitals abroad.
   h) Residents of residential care facilities (including nursing homes).

2. The Trust Board discussed the benefits and cost associated with the universal screening of all patients through a staged expansion of the Trust's screening programme to all adult emergency admissions and then to all maternity and paediatric admissions.

   As significant costs will be incurred the Board will review this option after the financial results for first quarter are known.

3. At this time the screening of staff groups routinely is not recommended by the Director of Infection Control and Prevention as there is insufficient evidence on MRSA transmission by staff to determine an appropriate schedule of screening and subsequent management. This will be kept under review and considered for further study.

9.0 CLAHRC

9.1 Council members are invited to a celebratory event to recognise Chelsea and Westminster's successful bid to become the Northwest London Collaboration for Applied Health Research and Care (CLAHRC) to deliver innovative research projects.

9.2 This will be an opportunity to network amongst the CLAHRC members, and to find out more about CLAHRC and how it will benefit Chelsea and Westminster.

9.3 The event will be held on 16th of July 2008 from 11:00 to 18:00 in the Academic Auditorium on the Lower Ground Floor.

10 ESMO

We are pleased to inform you that the Trust application to be an ESMO: European Society of Medical Oncology Designated Center of Integrated Oncology and Palliative Care has been accepted.

The official announcement of the ESMO 2008 Designated Centers will take place in Stockholm during the 33rd ESMO Congress - Award Session.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Members' Council Meeting, 20 September 2007

AGENDA ITEM NO.	2.1/Sept/07
PAPER	Appointment and Approval of Non Executive Directors (NEDs)
AUTHOR	Julie Cooper, Foundation Trust Secretary/Head of Corporate Governance
LEAD	Juggy Pandit, Chairman
SUMMARY	This paper outlines the process followed in recruiting the new Non Executive Director (NED) as well as the reappointment of two existing NEDs.
DECISION/ ACTION	The Council is asked to note the process.

NED Appointment and Approval

1.0 NED Appointment Process

The Nominations Committee of the Members' Council have selected a candidate for nomination to the Council for the position of Non Executive Director of the Chelsea and Westminster Hospital NHS Foundation Trust.

The committee, comprising Council members Valerie Arends and Professor Brian Gazzard, Prof. Christopher Edwards, Chairman elect, and chaired by Juggy Pandit, Trust Chairman, carried out an extensive search in conjunction with employment specialists, Saxton Bampfylde Hever (SBH).

They considered a total of 33 possible candidates consisting of those who responded to national newspaper advertising (17), those traced and identified by SBH and recommended candidates (16).

From that list they chose 12 long-list candidates who were interviewed by SBH. As a result of those interviews the committee selected 5 candidates who were each given the opportunity of one-to-one meetings with Heather Lawrence, Chief Executive of the Trust and Charlie Wilson, Senior Independent Director.

The Committee will interview the 5 candidates at length on September 14 using an agreed set of questions.

2.0 NED Reappointment Process

The process as determined by the constitution is as follows:

The Foundation Trust Constitution states in section 12.7 Terms of Office that …*any re-appointment of a non-executive Director by the Members' Council shall be subject to a satisfactory appraisal carried out in accordance with procedures which the Board of Directors have approved.*

The board will agree the process at a special board meeting to be held on 14 September at 9:00am.

The Chairman will report the process agreed by the Board of Directors and on the outcome of applying the process at the meeting of the Members' Council on 20 September.

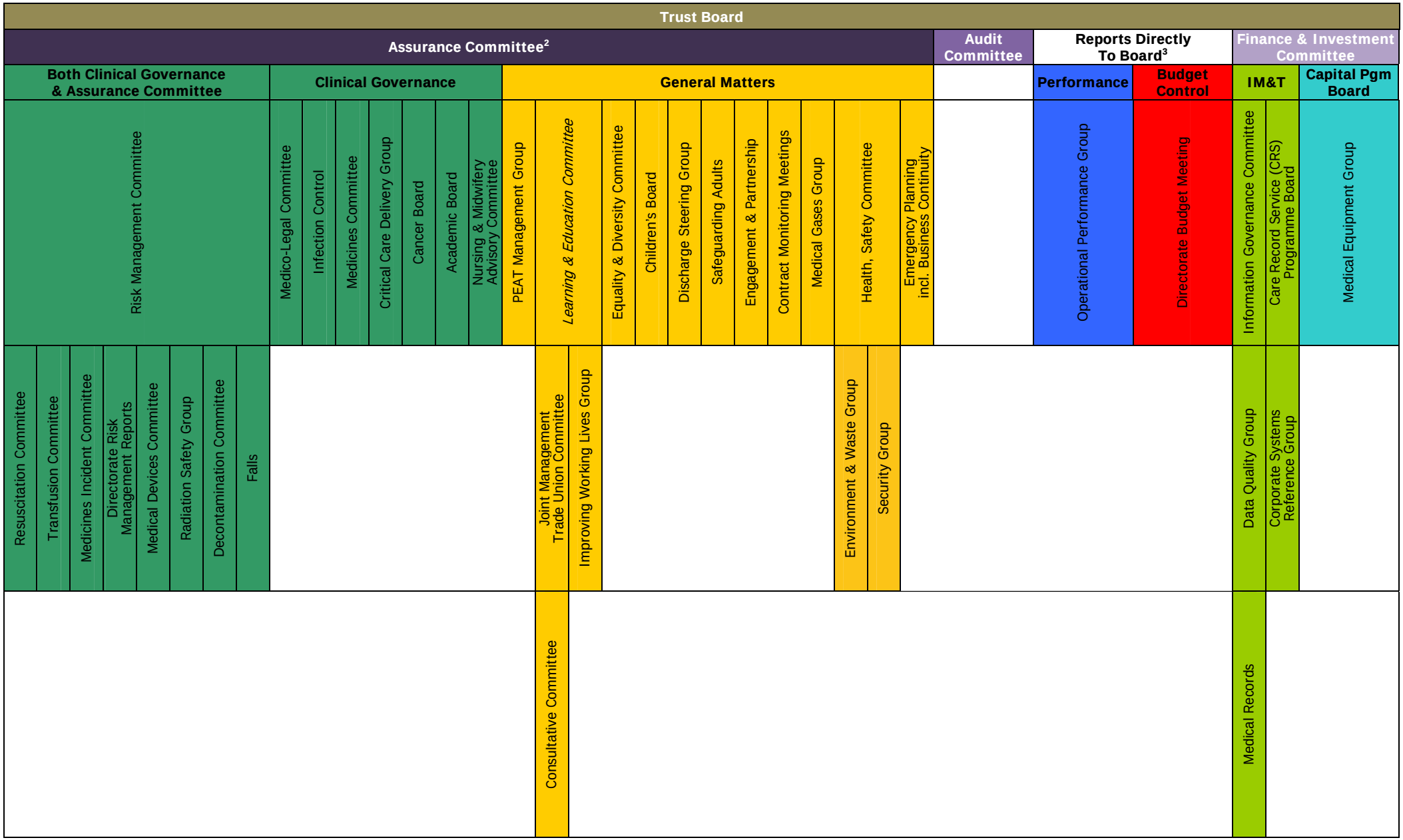
Julie Cooper
FT Secretary/Head of Corporate Governance
September 2007

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Members' Council Meeting, 24 July 2008

AGENDA ITEM NO.	2.1 /July/08
PAPER	High Quality Care for All
AUTHOR	Department of Heath
LEAD	Heather Lawrence, Chief Executive
SUMMARY	This is a copy of 'High Quality Care for All': the NHS Next Stage Review Final Report
DECISION/ ACTION	The Council is asked to note the report

Appendix 1 REVISED GOVERNANCE STRUCTURE JUNE 2008[1]



[1] To be implemented
[2] Formerly Facilities Assurance Committee and Clinical Governance Assurance Committee
[3] Through Finance & Performance reports

Chelsea and Westminster Hospital NHS
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Members' Council Meeting, 24th July 2008

AGENDA ITEM NO.	2.10July/08
PAPER	Involvement in the Trust Assurance Committee
AUTHOR	Catherine Mooney, Director of governance and Corporate Affairs
LEAD	Catherine Mooney, Director of governance and Corporate Affairs
EXECUTIVE SUMMARY	The Trust governance structures are being changed, including the creation of one Assurance Committee. It was agreed by the Board that one of the Members' Council should be a member of the Assurance Committee.
DECISION/ ACTION	Any members interested in joining the Assurance Committee should contact Catherine Mooney for further information.

Chelsea and Westminster Hospital Governance Arrangements

1. Introduction

The Board recently approved a revision of the Trust's governance arrangements. The revised structure is attached as Appendix 1.

2. Changes

The main change of direct relevance to the Members Council is to the assurance arrangements. The Council will note that there are three assurance committees that report to the Board, the Audit Committee, the Finance and Investment Committee and the Assurance Committee.

The Assurance Committee will replace the two current assurance committees which will continue until the amalgamation is agreed. These are the Clinical Governance Assurance Committee and the Facilities Assurance Committee. The terms of reference of these is attached at appendices 2 and 3. The combined assurance committee will have a similar remit but the approach will be different and this is being developed. This change will be implemented by September 2008.

The Clinical Governance Assurance Committee has a lay member. Her role is specifically to bring a patient's perspective on matters covered by the committee.

3. Members' Council representative

It was agreed by the Board that one of the Members' Council should be invited to be a member of the Assurance Committee. The success of the Assurance Committee depends partly on the challenging and questioning role of its members, particularly those who are not involved in the executive role. The role of the Members' Council representative would be to add to this important aspect. The committee will perform a key role in assuring the trust on many aspects of patient care and risk management, which it does on behalf of the Board. Contribution from a member of the Members Council will be much valued.

4. The Role requirements

The following qualities were part of the recruitment for the lay member and would also be relevant for the Members' Council member:

- Sound communication skills
- Ability to read and interpret documents
- Understanding of the needs and experiences of patients and carers
- Ability to articulate a balanced view on patient and carer issues
- Confidence to work with technical data
- Confidence to work within and contribute to a large committee (approx. 10-12 members)
- Time to attend and prepare for committee meetings

Action required
Interested Council Members should contact Catherine Mooney for further information.

Catherine Mooney
Director of Governance and Corporate Affairs
July 2008

Appendix 2

Clinical Governance Assurance Committee
Terms of Reference
January 2008

Aim: This Trust Board sub Committee will assure the Trust Board that there is safe and effective clinical practice within the Trust.
It will:

a. Assure the Trust Board that the Trust systems of internal controls for clinical governance are appropriate and effective.
b. Monitor compliance against the Trust's policies and procedures and improvement plans for infection control.
c. Receive reports on infection surveillance including *C. Difficile* and MRSA.
d. Hold the Trust Executive for Clinical Governance to account to deliver accurate and relevant information.
e. Assure the Trust Board that the risks covered by the remit of the Clinical Governance Assurance Committee are appropriately identified, monitored and managed.
f. Assure the Trust Board that the Terms of Reference, functions, roles and responsibilities of the Trust Clinical Governance Committees are clearly defined and aligned.
g. Produce an annual report to the Board.
h. Determine issues to be reported to the Board.
i. Ensure that there is good and appropriate communication between the Clinical Governance Assurance Committees, the Audit Committee and the Facilities Assurance Committee.
j. Be the responsible committee for assuring the Board on the signing of the self certification on clinical quality for the Monitor annual plan.

Key Relationships: Some shared membership with Audit Committee and Facilities Assurance Committee. Trust Executive for Clinical Governance.

Membership: Non Executive Chair and one Non Executive Director (NED). Lay member. Chief Executive and all Executive Directors including the Director of Governance and Corporate Affairs ie Deputy Chief Executive, Director of Finance and Information, Director of Nursing and Medical Director. Head of Clinical Governance in attendance.

Quorum: Two non-executive members (including NED and lay member) and 2 directors.

Frequency of Meetings: Two monthly**.**

Attendance requirements: Four out of six meetings in a year.

Forward Plan of Work: Agreed yearly**.**

Agreed by the Clinical Governance Assurance Committee.
January 2008

Appendix 3

Facilities Assurance Committee
Terms of Reference (to be reviewed)

This Trust Board sub Committee assures the Trust Board on the maintenance of a safe, clean hospital environment in which PEAT (Patient Environment Action Team) patient focused service standards are delivered and met through its contract management arrangements.

This sub committee monitors capital investment decisions and internal controls relating to facilities. It will:

- Set and agree the strategic direction of Facilities services at the Trust;
- Agree the Key Performance Indicators for contract monitoring and monitor feedback on the contract performance of ISS Mediclean and Haden Building Management;
- Agree the key risks involved in the delivery of a safe, secure patient and staff environment;
- Identify the capital investment required to assure a safe and secure environment and make recommendations to the Capital Review and Trust Boards;
- Receive feedback from the PEAT Inspection Team on the standard of facilities services and the patient environment, agree action plans for improvement;
- Communicate progress to the Trust Board on the delivery of an excellent Facilities Management service and make recommendations;
- Support a staff recognition scheme for outstanding performance of individuals and teams;
- Provide assurance to the Trust Board on relevant risks and controls.

Key Relationships: Some shared membership with audit and shared agenda items. Close working with Patient/User Group.

Membership: Non Executive Chair, Chief Executive, Director of Operations, Deputy Director of Finance and Information, Director of Nursing, Assistant Director of Nursing, Director of Infection Control, Director Human Resources, General Manager Facilities, *As required* - Patient Representative(s), General Manager ISS Mediclean, Director ISS Mediclean, Account Manager Haden Building Services, Director Haden Building Services

Frequency of Meetings: Quarterly

Forward Plan of Work: Is developed in line with the Trust's strategy and capital development

Attendance requirements: Four out of six meetings in a year.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Members' Council Meeting, 24 July 2008

AGENDA ITEM NO.	2.2/Jul/08
PAPER	Monitor Consultation on Private Patient Cap
AUTHOR	Amit Khutti, Director of Strategy & Service Planning
LEAD	Heather Lawrence, Chief Executive
SUMMARY	This paper outlines the key principles being debated within the Monitor Consultation on the private Patient Cap.
DECISION/ ACTION	The Council is asked to note the consultation paper and to identify any specific issues that the Trust should address in its consultation response.

Monitor Consultation on Private Patient Cap

1. Background

Monitor has published a consultation document which seeks views on the specific rules that NHS foundation trusts should follow in accounting for the income they earn from activities relating to the treatment of private patients and in ensuring they comply with the limitations placed on such income by section 44 of the National Health Service Act 2006 (the 2006 Act). This requirement is commonly referred to as the Private Patient Income cap (PPI cap).

Monitor, the Independent Regulator of NHS Foundation Trusts, is responsible for establishing the rules for NHS foundation trusts. In the case of the PPI cap, establishing clear rules for its implementation is not a simple issue and there is scope for different interpretations and approaches. The aim of the consultation is to allow for an informed discussion of the possible options and to allow interested parties to express their views to Monitor. The Monitor Board will use these responses to inform its decision on the rules to apply the PPI cap.

The restriction on the income earned by NHS foundation trusts from private patient charges is a legal requirement. The consultation does not seek to challenge this requirement. It is not a consultation on the legislation. It is a consultation on the approach Monitor should take in setting the detailed rules to interpret and apply the legislation.

When NHS Foundation Trusts were established and granted greater freedoms from central government control than other Trusts, certain controls were placed on them designed to safeguard the interest of the taxpayer in NHS foundation trusts. The key controls are:

- limits on borrowing determined under Monitor's *Prudential Borrowing Code*;
- a requirement to provide mandatory services – which includes all services commissioned by the NHS from foundation Trusts;
- a block on the disposal of land or assets required for the delivery of mandatory services; and
- a cap on the proportion of income that an NHS foundation trust is allowed to earn from private patient charges (the PPI cap).

A number of Foundation Trusts, including our own, have been exploring ways in which they can benefit NHS services through expanding private healthcare services in a way that does not breach the PPI cap. Our expansion of our existing private maternity unit, working in partnership with Chelsea and Westminster Healthcare Charity, is one such scheme.

Unison issued a challenge to the legality of Monitor's interpretation of the private patient cap, driven by its knowledge of the various schemes that were being investigated by foundation trusts. Monitor's consultation appears to be at least in part a result of Unison's challenge.

Copies of the full consultation document are available via the following link: http://www.monitor-nhsft.gov.uk/publications.php?id=1138. Copies can also be requested from the Trust Company Secretary.

Consultation responses are due by 5pm on Tuesday 9 September 2008. The Trust intends to respond to the consultation.

2. Summary of the Consultation

The essence of the consultation is on Monitor's interpretation of the legislation, and on the following two points in particular:

- whether the PPI cap should relate only to goods and services provided directly by the NHS foundation trust or should include other arrangements such as joint ventures; and
- whether the PPI cap should apply only to goods and services that are provided directly to patients or should also include goods and services provided by an NHS foundation trust to a third party which in turn provides goods and services to private patients.

To date Monitor has taken the view that all income derived from a foundation trust providing goods and services to a private patient should count towards the PPI cap. Monitor also expects a proportion of private patient income from entities which a foundation trust controls to count towards the cap. However, private patient cap income from arrangements in which a foundation trust does not have overall control such as joint ventures currently do not count towards the PPI cap.

Monitor's consultation explores three possible options for the application of the cap:

- **Option 1** – upholds the current position.
- **Option 2** - would include any income from foundation trusts engaging as minority partners in joint arrangements to deliver private healthcare.
- **Option 3** – this builds upon option 2 and would also include the following:
    1. income received from the provision of goods and services to third parties, which provide private health care
    2. income from investments or charitable donations that are funded by the provision of private healthcare.

3. Impact on Chelsea and Westminster Hospital Foundation Trust

The Trust is proceeding with its expansion of the existing private maternity unit. In the autumn, the intention is for The Kensington, a new company set up by Chelsea and Westminster Healthcare Charity, to take ownership of the expanded unit and to run the expanded private maternity service. The Trust will receive income from The Kensington for the provision of goods and services including a lease on the space occupied by the service and likely from pathology, radiology, pharmacy etc. The Trust also anticipates profits from The Kensington being passed to Charity, which in turn will be in a position to make donations to the Trust. The Members Council has previously been briefed on these plans.

The proposed structure was agreed by the Board after careful consultation with expert lawyers and accountants. As the Trust will not have dominant control over The Kensington, the Board was advised that income from The Kensington would not count towards the Trust PPI cap.

If this structure had not been agreed, the Trust would not have been able to expand the private maternity unit as we are currently close to our PPI cap of 3.5% of total patient related income. The additional profits that an expanded private maternity unit will bring would thus not have been available to the Trust.

An assessment of the impact of the various consultation options on the expansion of the private maternity unit is listed below:

- **Option 1** – no impact on plans.
- **Option 2** – no impact on plans.
- **Option 3** – donations from the Charity would count towards the Trust PPI cap.

If following the consultation Monitor decides to adopt Option 3, the broadest interpretation of the legislation around private patient income, the Trust would need to reconsider its plans to allow The Kensington to run private maternity services from Trust premises. This is because the additional income from goods and services provided to The Kensington and any donations from the Charity that were derived from The Kensington profits would count towards the Trust PPI cap and likely lead us to breach the cap.

In this instance, the Trust would need to see what measures could be taken, including but not limited to:

- Agreeing with Monitor a time period over which the arrangements with The Kensington could be unwound;
- Reducing other, less profitable sources of private patient income;
- Maintaining an element of the expanded private maternity unit but using some of the extra beds for NHS use.

4. Consultation response

The Trust will be responding to the Monitor consultation and will also be working with other foundation trusts to offer a combined response from the Foundation Trust Network. At this point, it is likely that the Trust will recommend that Monitor chooses Option 1 and maintain its current interpretation of the PPI cap.

The Members Council is asked to identify any specific issues that the Trust should address in its consultation response. Given the timing of Members Council meetings, the Trust consultation response will not be available to comment on before it is submitted, but a copy of the response could be sent to the Members Council.

For information, the specific questions asked in the Monitor consultation document are listed below.

1. Which of the options set out in this consultation document do you consider is the most appropriate, and why?
2. Do you consider that there are any modifications which could be made to any of the options which would provide a more appropriate approach, and if so what are they?
3. Are the rules to implement each option (as set out in the text for the FReM for each option) clear and workable, and if not how should they be amended?
4. Do you agree with excluding the income raised from the services set out in section 3.6 from the calculation of private patient income? Please give reasons.
5. What do you consider would be the impact of adopting each of the options, on your organisation and on the delivery of NHS care as a whole?
6. Are there any other comments you would like to make?

Amit Khutti

Director of Strategy and Service Planning
11th July 2008

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Members' Council Meeting, 24 July 2008

AGENDA ITEM NO.	2.3 /July/08
PAPER	Annual Plan 08/09
AUTHOR	Lorraine Bewes, Director of Finance and Information Amit Khutti, Director of Strategy & Service Planning Fleur Hansen, Business Planning
LEAD	Heather Lawrence, Chief Executive
SUMMARY	This is the final version of the Annual Plan for 2008/09, building on the draft version which was presented at the February Members' Council. The Plan was approved by the Board in May and submitted to Monitor.
DECISION/ ACTION	The Council is asked to note the report

Members' Council Funding Report

1.0 Background

The decision was made at the November 2007 Members' Council meeting that a recurring budget of £100,000 per financial year was to be made available to the Members' Council to spend at their discretion on relevant projects.

An initial allocation of £35,000 has been agreed to go towards the hospital Open Day, a dedicated membership week leading up to the open day, the creation of a membership information area in the hospital, and the improvement of patient and public information.

It was agreed that a report of all monies spent together with their perceived benefit would be brought back to the Council.

2.0 Funding Overview

PAST INITIATIVES

Activity	Benefit	Estimate	Cost
Open Day and Membership Week			
Development of Trust brand e.g. design templates for information stands, publicity materials including Open Day programmes, posters, flyers and signage - and more generally for the provision of high quality information to patients	• Maximise the potential of the Open Day as an opportunity to market the Trust. • Improve the quality of patient information. • Enhance patients ability to exercise patient choice	c. £10,000	
5 'pop-up' display stands to be used on the Open Day and retained as permanent marketing tools to be used at Trust and Members' Council events in the hospital and the local community	• Enable the Trust to convey a professional image when promoting our services or membership in or outside the hospital.	£1,000	
Face to Face Member Recruitment: 3 recruiters x 5 days, working both in hospital and local community.	• Allow us to reach many more members of the public and patients to promote membership. • Increase membership numbers and diversity of membership.	£2,500	
Re-design of Membership Recruitment Leaflets with attached application form to reflect feedback. (10,000 print job)	• Allow us to better convey the benefits of membership and increase membership numbers.	£3,000	

PLANNED INITIATIVES

Activity	Benefit	Estimate	Cost
Initiatives to Increase Membership Engagement			
Purchase 48" Plasma Screen and related programming and software for a Patient Information Screen including a Daily 'Whats On' schedule to be hung in between fish tank and hospital directory on Ground floor. A plaque acknowledging funding from Members' Council to included.	• Better informed patients. • Less confusion and commotion at front of hospital. • Portrays professional image.	£10,000 £15,000	
The Design and construction work for a Membership Information Area on the Ground Floor including a poster with all Council Members and contact details, a leaflet display and Interactive Board capturing key membership activity.	• A dedicated space for the dissemination of key membership information • Makes members feel special. • Showcase for work/improvements by Members' Council.	£3,000	
Interactive White Board/Plasma Screen for Members + relevant programming for Membership Information Area	• Facility to portray benefits of membership in pictoral/interactive form. • Vehicle to continually promote work of Members' Council and Trust as well as member events eg public lectures, open day clips.	£3,000	
Internet Diagnostic – commissioning an online marketing agency to conduct a root and branch review of the structure and content of the Trust internet site to maximise usage and improve the quality of online information provided to patients	• Improve the quality of the Trust website and enable us to utilise its full potential as a tool to market the Trust including the Members' Council and membership.	£5,000	

3.0 Proposed Initiatives for Future Funding

Mystery shoppers

Two Memebrhsip Weeks per Year

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Members' Council Meeting, 24 July 2008

AGENDA ITEM NO.	2.4 /Jul/08
PAPER	Membership Report
AUTHOR	Julie Cooper, FT Secretary/Head of Corporate Governance
LEAD	Prof. Sir Christopher Edwards, Chairman
SUMMARY	This paper provides highlights from the Members' Council Sub Committee Meeting with regards to plans to both increase membership as well as engage with existing members. The paper also gives the membership figures as of 30 May 08 with commentary in regards to progress against membership targets as set out in the annual plan 07/08.
DECISION/ ACTION	The Council is asked to note the report.

MEMBERSHIP REPORT

1.0 Membership size and movements

OVERALL MEMBERSHIP OVERVIEW	Figures for 06/07	Figures for 07/08	Target for 08/09	Figures at end Jun 08/09
Members at start of year	10,740	13,287	13,140	13,140
New Members	5,162	565		338
Members leaving or changing constituency	-2,615	-958		-295
TOTAL	**13,287**	**13,140**	**15,296**	**13,183**
PUBLIC MEMBERSHIP OVERVIEW	**Final Figures for 06/07**	**Final Figures for 07/08**	**Target for 08/09**	**Current Figures at end Jun 08/09**
Members at start of year	3,500	6,982	6,580	6,580
New Members	4,192	76	-460	140
Members leaving or changing constituency	-710	-478	-460	-153
TOTAL	**6,982**	**6,580**	**6,580**	**6,567**
PATIENT MEMBERSHIP	**Final Figures for 06/07**	**Final Figures for 07/08**	**Target for 08/09**	**Current Figures at end Jun 08/09**
Members at start of year	6,536	5,898	6,095	6,095
New Members	969	362	487	189
Members leaving or changing constituency	-1,607	-165	1183	-141
TOTAL	**5,898**	**6,095**	**6,399**	**6,143**
STAFF MEMBERSHIP	**Final Figures for 06/07**	**Final Figures for 07/08**	**Target for 08/09**	**Current Figures at end Jun 08/09**
Members at start of year	704	*653	465	465
New Members	1	127	2967	9
Members leaving or changing constituency	-298	-315	-650	-1
TOTAL	***407**	**465**	**2317**	**473**

*The discrepancy between these two figures is due to on-going data migration during this period. The correct number of staff members as of 1 April 2007 is 653.

2.0 Membership Commentary

Recruitment and Engagement

The overall membership size has increased since our last meeting in May by 284. The increase is of 329 new patients and members of the public is due to our outreach work during Membership Week and the Open Day, where we recruited over 400 new members. We intend to repeat this effort again during the year and a request to this end is included in the Members' Council funding paper.

We intend to focus our efforts on increasing the patient membership this year. The main vehicle for doing so will be the new hospital discharge leaflet which will now include information on membership as well as the membership application form.

With regards increasing public membership, Julie Cooper is working with the new GP Liaison to promote membership via GP surgeries. This has already been a success and GP Practice Managers seem very keen to join forces around patient and public engagement.

Plans to designate an area within the hospital to serve, on a permanent basis, as the 'Membership Information Area' are moving ahead. In this space, we will mount a 60" Plasma Screen with a scrolling presentation about membership. The screen will also have an interactive component so that members can touch the screen to hear particular items. We will also use this area to display key information including *Trust News*, membership leaflets and profiles and photos of all Members' Council representatives.

Plans to use Members' Council funds for the purchase of an electronic information board which would display 'what's on' in the Trust on a daily basis is taking place in parallel to the work on creating the membership area.

Diversity

We are working closely with the Equality and Diversity Manager, to audit our current membership compared with our local population to identify groups which are under-represented. The Membership Development and Communications Sub Committee has applied the equality impact assessment to the sections of this strategy focusing on communication. The results of the assessment will be published on the Trust website and used to guide future work. The latest ethnicity data as well as socio-economic profile of our membership can be seen in the Trust Annual Plan. We are also working with the Trust information team to map our patient population which will serve as a benchmark for our patient membership.

3.0 Membership Development and communications Sub Committee

The Committee met on 24 June. The focus of the meeting was around reviewing and updating the Membership Development and Communications Strategy as well as applying the equality and diversity assessment tool to the communications section of the strategy. The results of which will be published separately.

The Committee agreed to include all membership queries in a database for circulation. All queries are to be raised with the executive team and have a clear deadline for a response.

The Committee agreed to submit some proposals to the Members' Council for regular funding for dedicated membership activities such as the Membership Week.

With regards the upcoming annual member's meeting, the Members' Council must nominate a spokesperson to present the membership report.

The issue of including key information on infection control on the website was discussed in detail with the Lead Nurse Consultant for Infection Control. It was agreed that some material would be developed and placed on the website. The topics to be covered include current and historical data around infection rates together with comparative data from other similar trusts. A mini presentation on infection control will also be available for downloading. (The full minutes can be found in appendix I).

Julie Cooper
FT Secretary
July 2008

Members' Council Membership Development & Communication Sub-Committee, 24 June 2008

DRAFT MINUTES

Present:

Council Members:

Alison Delamare (AD)
June Bennett (JB)
Chris Birch (CB) – Chair
Jane King (JK)

In Attendance:

Jane Collier, Equality and Diversity Manager
Cathy Mooney, Director of Governance and Corporate Affairs
Julie Cooper (JC), Foundation Trust Secretary/Head of Corporate Governance
Matt Akid (MA), Head of Communications

1. Apologies and welcome:
Apologies were received from Martin Rowell, Sue Smith and Jane King

2. Minutes of Sub-Committee meeting held on 15 April

Cathy Mooney was not present. The word manager was missed spelled in Item 2, line 2. 'Comms Group' at the bottom of page 1 should read 'Membership Development and Communications Sub Committee'.

THE MINUTES WERE APPROVED WITH THESE AMENDMENTS

3. Matters arising from the Sub-Committee meeting held on 15 April 2008

Minutes
JC has devised a system to track queries raised and subsequent action taken from constituencies' queries. CM suggested that this system was used for all matters raised by members and the Members' Council e.g. those queries about on phlebotomy and the blue tray initiative. JC suggested that she would monitor progress against a target of a response within 20 working days. Directors would be allocated responsibilities according to the queries.

Action: JC to discuss with HL.

Matters Arising
MA has suggested to our Equality and Diversity Manager to contact Hammersmith and Fulham Disability Action Group.

JC has been working in conjunction with the new GP Liaison Manager to distribute membership leaflet displays to key local organisations, GP surgeries and libraries.

JC is in the process of making a list of key public events e.g. PCT Open Days

Action: JB to distribute leaflets and displays in her local area within Hammersmith and Fulham.

Open Day
A benefits column has been added to the activities table.
A funding request letter from Chairman was sent to the full Council.

Membership Activity
JC is working with the supplies department to follow the correct process for the purchase of two or more plasma screens to be used for patient information and in the membership area. JC agreed to include a membership funding report with the next Members' Council papers, which will include a column on the benefits of expenditure to date.

Membership Development and Communications Strategy
CM suggested that we agree a deadline to produce a one-page feature in trust news on active membership and opportunities

Action: Produce a one-page feature in trust news on active membership and opportunities

4. Membership Week
JC reported the latest membership figures. We recruited over 430 new members during the week and the recruiters helped in promoting the Open Day which contributed to the high number of people attending on the day. The cost of having the recruiters 4 hours per day for 5 days was only £3,000 and this was a good return on investment. CM suggested that the exact numbers in each constituency would be helpful in order to target resources e.g. how many recruited outside the hospital vs. inside, how many in each constituency? The group agreed that we should suggest that funds be allocated to repeat the membership week prior to the Annual Members Meeting and going forward 4 times per year. It was suggested that the research day would be a good opportunity for recruitment.

Action: JC to ask Julie Reed to distribute membership leaflets on the research day
Action: JC to include a proposal for regular funding for specific membership related activities at the next Members' Council
JC to report on exact composition of newly recruited members.

5. Open Day Feedback

The overall feedback was that the day was a great success. CB raised the issue of the positioning of the Foundation Trust stand and the close proximity to the ISS Stand.

Action: Get banner for behind the membership table

6. Membership Strategy: Equality and Diversity Impact Assessment

JC explained that she and CM had applied the equality impact assessment tool to the communications section of the Membership Development Strategy. The results needed to be discussed with the equality and diversity lead to check the approach was correct. The assessment will be made public.

7. Membership Development and Communications Strategy Review

CM said the initial strategy had been very wordy and it had been reduced last year by this group and the Members' Council agreed the changes. It is due for a yearly review and this is an opportunity to make it more focused. CM suggested that the document focus on the following three strands: growing the membership, ensuring diversity and encouraging engagement/involvement. She outlined other proposed amendments. The changes were agreed subject to an opportunity by this group to comment further prior to submission to the Members' Council.

Action: Strategy to be updated and circulated to the sub-group for comments prior to going to the Members' Council.

8. Annual Members' Meeting

This is the next main event for the Trust. The next Trust news will go to the full membership in late August. It is a requirement that there is a report on the membership and Martin Rowell did an excellent presentation last year. It was agreed that having other events on the day is a good idea but not on other days during that week. The group agreed that the meeting should remain in the hospital. There were other comments which MA will incorporate into a paper for the Members' Council.

Action: MA to prepare paper for Members' Council

9. Annual Report

MA thanked CB for his help. He explained the process for developing the report. He had tried to have a strong emphasis on transparency and it also included information about what we did well and areas where improvements were needed.

10. Infection Control

CM thanked Roz Wallis for attending. She explained that at the Clinical Governance Assurance Committee, which is a sub committee of the Board, Karin Norman, non-executive Director suggested that we have some question and answer type information on the Trust website about infection control targeted specifically at patients, and that this group could suggested the content of that. CB suggested we include clarity on the use of hand gel versus hand washing. Current statistics on infection rates for well known bugs such as MRSA and C.difficile was suggested. We must include comparative rates from other similar hospitals to make them meaningful. We might also include some historical data. Other suggestions included deep cleaning, what does it mean and how are we doing it, and how do we deal with outbreaks. CM suggested patients and their relatives might want to know how they could contribute to preventing infections and that we should emphasise the role of patients e.g. in a similar way to the NPSA campaign which included a slogan for patients 'it's OK to ask' (if health professionals had washed their hands). It was suggested that a teaching presentation might also be included i.e. a Power point presentation that people could click into.

Action: RW to do a Power point presentation. Matt to put on website

11. AOB

MA informed the group that there was an NHS Champions 60th anniversary award, staff can be nominated and he thought it was a good thing for the Members' Council to promote.

12. Date of Next Meeting

2 September 2008 4pm

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Members' Council Meeting, 24 July 2008

AGENDA ITEM NO.	2.4/Jul/08
PAPER	Appointment Process for Non Executive Directors (NEDs) and Vacancies on the Nominations Committee
AUTHOR	Julie Cooper, Foundation Trust Secretary/Head of Corporate Governance
LEAD	Prof. Sir Christopher Edwards, Chairman
SUMMARY	This paper outlines the proposed process for recruiting new Non-executive Directors (NEDs) in accordance with the constitution.
DECISION/ ACTION	The Council is asked to: 1/Approve the appointment process for the new Non-executive Director; 2/ Approve the policy for maintaining the composition of the Non-executive Directors; and 3/ Approve the updated terms of reference for the Nominations Committee.

NED Appointment

1.0 NED Appointment Process

The process for nominating Non-executive Directors according to the Trust constitution is as follows:

12.5. Non-executive Directors are to be appointed by the Members' Council using the following procedure.

12.5.1. The Members' Council will maintain a policy for the composition of the non-executive Directors which takes account of the membership strategy, and which they shall review from time to time and not less than every three years.

12.5.2. The Board of Directors will work with an external organisation recognised as expert at appointments to identify the skills and experience required for non-executive Directors.

12.5.3. Appropriate candidates (not more than five for each vacancy) will be identified by a Nominations Committee through a process of open competition, which take account of the policy maintained by the Members' Council and the skills and experience required;

12.5.4. The Nominations Committee will comprise the Chairman of the Foundation Trust (or the Vice Chairman unless they are standing for appointment, in which case another non-executive director, when a Chairman is being appointed), two elected Council Members and one Appointed Council Member. The chairman of another Foundation Trust will be invited to act as an independent assessor to the Nominations Committee.

2.0 Proposed Policy for Maintaining the Composition of the NEDs

According to the constitution (12.5.1) the Members' Council should maintain a policy for the composition of the Non-executive Directors. The draft policy for maintaining this composition is attached at Appendix I for discussion and approval.

3.0 Call for Nominations for the Nominations Committee

We now have two vacancies on the Nominations Committee; one for an elected Council Member and one for a nominated Council Member. The committee meets when necessary. The role of the committee is outlined in the terms of reference attached at appendix II. The original terms of reference were agreed by the Nominations Committee at their first meeting held on 29 January 2007. We have now updated the terms to better reflect the current role of the committee and we would ask the Members' Council to approve these new terms of reference which will then be used to recruit the two new members to the committee.

The chairman of the Board chairs the Nominations Committee and Brian Gazzard, representative of the Medical and Dental Staff Constituency, is one of the elected members.

Council Members who are interested in joining the Nominations Committee are asked to contact the Foundation Trust Secretary. We suggest that the nominated Council Member for Kensington and Chelsea PCT sit on the committee and that elected Council Member be from another constituency other than that of the current member. The Chairman may choose to conduct informal interviews with interested members to discus further their potential contribution to this important committee.

APPENDIX I

Policy for Maintaining the Composition of the Non-executive Directors

1/ The Board of Directors will agree the skills and experience needed for the Board, with advice from an external executive search firm which takes into account the Membership Development and Communications Strategy. These skills and experience will be captured in a competency table to guide the nominations process.

2/ The competency table will be used to compare the current skills and experience of the Board to identify gaps.

3/ The gap in skills and experience will be used as the basis for the recruitment for a new NED or Chairman, by the Nominations Committee.

We propose that the current wording in the constitution regarding NED appointments and maintaining a policy for the composition of the Non-executive Director be changed to reflect this policy and the need to take into account the 'trust' strategy rather than just the membership strategy. This change could be included in the next round of constitutional changes to go to Monitor.

APPENDIX II

NOMINATIONS COMMITTEE

TERMS OF REFERENCE

1.0 Nominations Committee Composition

1.1 The Nominations Committee will comprise the Chairman of the Foundation Trust (or the Vice Chairman unless they are standing for appointment, in which case another non-executive director, when a Chairman is being appointed), two elected Council Members and one Appointed Council Member. The chairman of another Foundation Trust will be invited to act as an independent assessor to the Nominations Committee.

1.2 Appointments to the Committee, other than the Chairman, shall be for a period of up to three years, which may be extended for one further three-year period.

1.3 The Chairman or an independent non-executive director should chair the committee.

1.4 Only Members of the Committee have the right to attend Committee meetings, however, other individuals such as the Chief Executive and external advisers may be invited to attend for all or part of any meeting as and when appropriate.

2.0 Roles and Responsibilities of Members' Council Regarding Appointments

2.1 The roles and responsibilities of the Members' Council, which are to be carried out in accordance with the constitution and the Foundation Trust Terms of Authorisation, are:

2.2 at a General Meeting:

2.1.1 to appoint or remove the Chairman and the other non-executive Directors;

2.1.2 to approve an appointment (by the non-executive Directors) of the chief executive;

2.1.3 to decide the remuneration and allowances, and the other terms and conditions of office, of the non-executive Directors;

2.1.4 to appoint or remove the Foundation Trust's financial auditor;

2.1.5 to appoint or remove any other external auditor appointed to review and publish a report on any other aspect of the Foundation Trust's affairs;

2.1.6 to be presented with the annual accounts, any report of the financial auditor on them and the annual report;

2.3 The Members' Council will maintain a policy for the composition of the non-executive Directors which takes account of the membership strategy, and which they shall review from time to time and not less than every three years.

3.0 Role of the Nominations Committee

3.1 The Nominations Committee leads for the Members' Council on all aspects related

to the recruitment, retention and terms and conditions of the Non-executive Director appointments, including the Chairman.

3.2 The Committee will meet when necessary. Meetings will be called by the Trust Secretary.

3.3 The Nominations Committee will execute the agreed recruitment process for the chairman and non-executive director roles, which will include identifying a short list of candidates for interviews, running candidate interviews and making recommendations to the Members' Council for approval of all appointments.

Julie Cooper
FT Secretary/Head of Corporate Governance
July 2008

Members' Council Meeting, 24 July 2008

AGENDA ITEM NO.	2.5/Jul/08
PAPER	Updated Membership Development and Communications Strategy
AUTHOR	Julie Cooper, FT Secretary
LEAD	Prof. Sir Christopher Edwards, Chairman
SUMMARY	This paper is an updated version of the Membership Development and Communications Strategy which was discussed at the last Membership Development and Communications Sub committee. The paper has been revised to be more succinct and focussed around the targets set in the annual plan for 08/09.
DECISION/ ACTION	The Council is asked approve the updated strategy.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

DRAFT

For approval by the Members' Council

Membership Development and Communication Strategy

July 2008

Content **Page**

1.0 Introduction

Building and maintaining a vibrant membership is essential for Chelsea and Westminster Hospital NHS Foundation Trust. This document defines the membership community and describes how the Trust will both grow the membership and encourage membership involvement. It sets out the objectives to be undertaken and outlines how we will measure success with the view to meet the targets as set in the Trust Annual Plan for 08/09.

There are three main strands to the membership strategy. These are:

- Growing and maintaining our membership numbers in line with our Annual Plan targets
- Ensuring the diversity of the membership in relation to our overall population
- Ensuring engagement with our membership and encouraging involvement

Good communication with our membership will underpin all three strands.

2.0 Growing and Maintaining Our Membership

The Trust is waiting for approval from Monitor for an 'opt out' system for staff. The Trust will be paying particularly attention to growing patient membership this year. Some of the initiatives to increase membership are outlined below.

Foundation Trust membership recruitment materials have now been developed using the new Chelsea and Westminster brand. These materials will be used for a rolling schedule of 'Membership Weeks' and for all other community and/or Trust events where there is an opportunity to promote membership. We are also working with our GP Liaison Manager to encourage GP surgeries to promote membership and member involvement.

The Members' Council has a high profile at the Trust Open Days and representatives host 'Have Your Say' Sessions with the Members' Council which now run throughout the year one-hour prior to each Council meeting.

Plans have been agreed to designate an area within the hospital to serve, on a permanent basis, as the 'Membership Information Area'. In this space, we will mount a 60" Plasma Screen with a scrolling presentation about membership. The screen will also have an interactive component so that members can touch the screen to hear particular items. We will also use this area to display key information including *Trust News*, membership leaflets and profiles and photos of all Members' Council representatives.

The Members' Council agreed to remove a sentence in the constitution disqualifying volunteers from becoming staff members which may lead to an increase in the number of staff members who which to take an active role.

These initiatives will serve to both increase membership size as well as engage with our existing members and we will track and report on progress regularly.

In conjunction with the Members' Council, the Trust will deliver the objectives outlined below.

2.1 Objectives - membership recruitment

- To ensure there is a simple, accessible and publicised process for becoming a member which meets the needs of our diverse population.

- To set and meet targets for increasing membership in each constituency as set out in the Trust Annual Plan 08/09.

- To maintain an accurate and informative database of members which meets regulatory requirements and can be used as a tool to develop membership.

- To run a 'Membership Week' to drive up patient and public membership at least twice per year.

- To provide the necessary support for Council Members to recruit within the hospital on a regular basis e.g. leaflets, name badges, clinic schedules

- To work in partnership with other organisations to increase membership e.g. PCTs

- To design service specific membership recruitment leaflets

- To ensure that any area where touch screen technology is used, we include information about membership and possibly provide an online application facility.

3.0 Ensuring the Diversity of our Membership

We would like the public membership to be representative of our geographical location and reflect the age, gender, ethnicity and socio-economic groups of our local population. It will be important to continue to recruit members to the Foundation Trust in order to reflect the changing population we serve. Further information on the local population is attached in appendix 1.

The Trust is committed to encouraging all qualifying individuals to become active members of Chelsea and Westminster. The Trust has mapped local groups and continues to undertake outreach work to various local community groups, for example, Notting Hill Housing Association, Kensington & Chelsea Advocacy Alliance, local BME Health Forum and Kensington & Chelsea Social Council.

We will work closely with the Equality and Diversity Manager, to audit our current membership compared with our local population to identify groups which are under-represented. The committee has applied the equality impact assessment to the sections of this strategy focusing on communication. The results of the assessment will be published on the Trust website and used to guide future work. The latest ethnicity data as well as socio-economic profile of our membership can be seen in the Trust Annual Plan. We are also working with the Trust information team to map our patient population which will serve as a benchmark for our patient membership.

3.1 Objectives – ensuring diversity of membership

- To identify the diversity of membership
- To identify specific recruitment strategies to address any under representation

4.0 Ensuring Engagement

The principle behind the Foundation Trust model is one where the Members' Council has a key role in advising on and shaping the Trust activities, in close dialogue with public, staff and patients who join the Trust as members. We will emphasise this aspect of membership as a way of harnessing the enthusiasm of patients, public and staff in helping Chelsea and Westminster to continually improve our services. The Membership Development and Communications Sub Committee will be a key driver in ensuring our membership have ample opportunity to get involved and help shape services. We already get Council Members involved in the development of the annual plan, the commentary on standards for better heath as well as in ad hoc groups created in response to the reports on our services where improvements can be made. In maternity, we will be creating a work stream for membership involvement and we hope to do the same for other services.

- To record those members who are interested in getting involved with the Trust and ensure that they are given ample opportunities to get involved e.g. Open Day, Focus Groups, AGM, public consultations.

- To encourage more members to stand for election to the Members' Council.

- To link with the Trust's existing work and strategies on user and public involvement particularly working with existing user groups and representatives.

- To develop and maintain a system to record all member feedback, track progress on issues where relevant and publicise.

- Introduce a programme of mystery shopping whereby Council Members would be trained to be shoppers.

5.0 Communicating with Members

We will maintain contact with our members through a bi-annual newsletter and the Trust will formally report back on its performance at the annual members meeting and through its annual report. Members can always stay abreast of the latest trust news by picking up a copy of our monthly newsletter or accessing the trust website at www.chelwest.nhs.uk.

5.1 Objectives – communicating with members

- To maintain the membership communication strategy and evaluate methods of communication used

- To ensure communications are used to stimulate membership involvement as well as members to run for the Members' Council

- To identify opportunities for and facilitate two-way communications between the membership and Members' Council

- To create a membership area where members can learn more about the Trust, identify and meet with their Council representative and meet other members.

- To utilise our 35-strong Members' Council to promote the Trust

- To ensure staff and the directorates use the membership mailing to communicate on service developments and other relevant information

- To work with the local media and borough-specific community groups to advertise Trust events and encourage involvement

6.0 Measurement and Evaluation of Success

The Members' Council and the Membership Development and Communications Sub-Committee will have a key role in implementing and monitoring the effectiveness of this strategy and ensuring that it remains a meaningful and relevant document as the membership of the Trust grows and matures.

Specific tasks that will be undertaken to evaluate the success of the strategy are drawn from within the document. The Members' Council and the Trust Board will monitor progress.

6.1 Objectives

- To regularly assess the composition of the membership to ensure that it reflects the diversity of the local communities
- To monitor the contribution membership has made to service development and improvements
- To log all comments, suggestions and queries and ensure action is taken in a timely manor
- To review the objectives included in this strategy and monitor progress
- To monitor numbers monthly and report back to the Members' Council and the Board.

Appendix 1: Local Borough Health Profiles

The communities that will be represented in the membership are patients of the hospital and those residents within the local authority boundaries of The City of Westminster, The Royal Borough of Kensington and Chelsea, the Borough of Hammersmith and Fulham and the Borough of Wandsworth. This represents a population of 860,000 residents. The area is densely populated with a predominantly young and ethnically diverse population, while there are areas of extreme affluence there are also areas of deprivation in close proximity. A brief health profile for each of our local boroughs is provided below to help us target membership.

Overall, the health of people in Kensington and Chelsea is significantly better than the England average. For example, infant deaths, early deaths from cancer and diabetes diagnoses are better than the England average. However, children's tooth decay in state primary schools, estimated rate of drug misuse and new cases of tuberculosis all appear worse than the England average.

The health of people in Westminster shows a mixed picture compared to the England average. However, rates of obesity, physical activity and healthy eating in adults appear better than the England average; and violent crime, children's tooth decay and drug misuse appear worse than the England average. There are health inequalities within Westminster by location, gender, level of deprivation and ethnicity.

In general, the health of people in Hammersmith and Fulham is comparable to the England average. However, drug misuse, alcohol related hospital admissions and violent crime are significantly higher than the England average; whereas physically active children and adults, healthy eating adults, breast feeding initiation and GSCE achievement are significantly better than the England average. There are inequalities within Hammersmith and Fulham by location, gender, level of deprivation and ethnicity. For example, men from the most deprived group have a four year shorter life expectancy than those in the least deprived group; and the percentage of children eligible for free school meals is higher than the England.

The health of people in Wandsworth is generally better than the England average. However, hip fractures in over 65s, early deaths from heart disease and stroke, new cases of tuberculosis and deaths from smoking appear worse than the England average; while obesity in adults, physically active adults and smoking in pregnancy appear better than the England average. There are inequalities within Wandsworth by location, gender and level of deprivation. For example Queenstown, Roehampton and Latchmere wards appear the most deprived; and men from the most deprived group have five years shorter life expectancy than those in the least deprived group.

The 2001 census reported a total population for the North West London area of 1.85 million. The population has increased by 11% in the last ten years, making it one of the fastest growing in England. The area has a high proportion of ‘young old’ people (9.8%) and a population between the ages of 25-45 which constitutes 42% of the population; this is far in excess of the 30% national average.

The Index of Multiple Deprivation, 2000, published by the Department of the Environment, Transport and the Regions, shows that more than 10% of wards in Westminster, Kensington & Chelsea and Hammersmith & Fulham and Brent fall within the 10% most deprived wards in the country. Westminster also has a large population of ‘rough sleepers’. The population of North West London is ethnically diverse, with approximately 35% of residents being from a minority ethnic background. Over 200 languages are spoken in the area. Nearly 30% of London’s asylum seekers live in North West London.

Members' Council Meeting, 24 July 2008

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Chelsea and Westminster Hospital NHS
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We would like the public membership to be representative of our geographical location and reflect the age, gender, ethnicity and socio-economic groups of our local population. It will be important to continue to recruit members to the Foundation Trust in order to reflect the changing population we serve. Further information on the local population is attached in appendix 1.

The Trust is committed to encouraging all qualifying individuals to become active members of Chelsea and Westminster. The Trust has mapped local groups and continues to undertake outreach work to various local community groups, for example, Notting Hill Housing Association, Kensington & Chelsea Advocacy Alliance, local BME Health Forum and Kensington & Chelsea Social Council.

We will work closely with the Equality and Diversity Manager, to audit our current membership compared with our local population to identify groups which are under-represented. The committee has applied the equality impact assessment to the sections of this strategy focusing on communication. The results of the assessment will be published on the Trust website and used to guide future work. The latest ethnicity data as well as socio-economic profile of our membership can be seen in the Trust Annual Plan. We are also working with the Trust information team to map our patient population which will serve as a benchmark for our patient membership.

3.1 Objectives – ensuring diversity of membership

- To identify the diversity of membership
- To identify specific recruitment strategies to address any under representation

4.0 Ensuring Engagement

The principle behind the Foundation Trust model is one where the Members' Council has a key role in advising on and shaping the Trust activities, in close dialogue with public, staff and patients who join the Trust as members. We will emphasise this aspect of membership as a way of harnessing the enthusiasm of patients, public and staff in helping Chelsea and Westminster to continually improve our services. The Membership Development and Communications Sub Committee will be a key driver in ensuring our membership have ample opportunity to get involved and help shape services. We already get Council Members involved in the development of the annual plan, the commentary on standards for better heath as well as in ad hoc groups created in response to the reports on our services where improvements can be made. In maternity, we will be creating a work stream for membership involvement and we hope to do the same for other services.

- To record those members who are interested in getting involved with the Trust and ensure that they are given ample opportunities to get involved e.g. Open Day, Focus Groups, AGM, public consultations.

- To encourage more members to stand for election to the Members' Council.

- To link with the Trust's existing work and strategies on user and public involvement particularly working with existing user groups and representatives.

- To develop and maintain a system to record all member feedback, track progress on issues where relevant and publicise.

- Introduce a programme of mystery shopping whereby Council Members would be trained to be shoppers.

5.0 Communicating with Members

We will maintain contact with our members through a bi-annual newsletter and the Trust will formally report back on its performance at the annual members meeting and through its annual report. Members can always stay abreast of the latest trust news by picking up a copy of our monthly newsletter or accessing the trust website at www.chelwest.nhs.uk.

5.1 Objectives – communicating with members

- To maintain the membership communication strategy and evaluate methods of communication used

- To ensure communications are used to stimulate membership involvement as well as members to run for the Members' Council

- To identify opportunities for and facilitate two-way communications between the membership and Members' Council

- To create a membership area where members can learn more about the Trust, identify and meet with their Council representative and meet other members.

- To utilise our 35-strong Members' Council to promote the Trust

- To ensure staff and the directorates use the membership mailing to communicate on service developments and other relevant information

- To work with the local media and borough-specific community groups to advertise Trust events and encourage involvement

6.0 Measurement and Evaluation of Success

The Members' Council and the Membership Development and Communications Sub-Committee will have a key role in implementing and monitoring the effectiveness of this strategy and ensuring that it remains a meaningful and relevant document as the membership of the Trust grows and matures.

Specific tasks that will be undertaken to evaluate the success of the strategy are drawn from within the document. The Members' Council and the Trust Board will monitor progress.

6.1 Objectives

- To regularly assess the composition of the membership to ensure that it reflects the diversity of the local communities
- To monitor the contribution membership has made to service development and improvements
- To log all comments, suggestions and queries and ensure action is taken in a timely manor
- To review the objectives included in this strategy and monitor progress
- To monitor numbers monthly and report back to the Members' Council and the Board.

Appendix 1: Local Borough Health Profiles

The communities that will be represented in the membership are patients of the hospital and those residents within the local authority boundaries of The City of Westminster, The Royal Borough of Kensington and Chelsea, the Borough of Hammersmith and Fulham and the Borough of Wandsworth. This represents a population of 860,000 residents. The area is densely populated with a predominantly young and ethnically diverse population, while there are areas of extreme affluence there are also areas of deprivation in close proximity. A brief health profile for each of our local boroughs is provided below to help us target membership.

Overall, the health of people in Kensington and Chelsea is significantly better than the England average. For example, infant deaths, early deaths from cancer and diabetes diagnoses are better than the England average. However, children's tooth decay in state primary schools, estimated rate of drug misuse and new cases of tuberculosis all appear worse than the England average.

The health of people in Westminster shows a mixed picture compared to the England average. However, rates of obesity, physical activity and healthy eating in adults appear better than the England average; and violent crime, children's tooth decay and drug misuse appear worse than the England average. There are health inequalities within Westminster by location, gender, level of deprivation and ethnicity.

In general, the health of people in Hammersmith and Fulham is comparable to the England average. However, drug misuse, alcohol related hospital admissions and violent crime are significantly higher than the England average; whereas physically active children and adults, healthy eating adults, breast feeding initiation and GSCE achievement are significantly better than the England average. There are inequalities within Hammersmith and Fulham by location, gender, level of deprivation and ethnicity. For example, men from the most deprived group have a four year shorter life expectancy than those in the least deprived group; and the percentage of children eligible for free school meals is higher than the England.

The health of people in Wandsworth is generally better than the England average. However, hip fractures in over 65s, early deaths from heart disease and stroke, new cases of tuberculosis and deaths from smoking appear worse than the England average; while obesity in adults, physically active adults and smoking in pregnancy appear better than the England average. There are inequalities within Wandsworth by location, gender and level of deprivation. For example Queenstown, Roehampton and Latchmere wards appear the most deprived; and men from the most deprived group have five years shorter life expectancy than those in the least deprived group.

The 2001 census reported a total population for the North West London area of 1.85 million. The population has increased by 11% in the last ten years, making it one of the fastest growing in England. The area has a high proportion of ‘young old’ people (9.8%) and a population between the ages of 25-45 which constitutes 42% of the population; this is far in excess of the 30% national average.

The Index of Multiple Deprivation, 2000, published by the Department of the Environment, Transport and the Regions, shows that more than 10% of wards in Westminster, Kensington & Chelsea and Hammersmith & Fulham and Brent fall within the 10% most deprived wards in the country. Westminster also has a large population of ‘rough sleepers’. The population of North West London is ethnically diverse, with approximately 35% of residents being from a minority ethnic background. Over 200 languages are spoken in the area. Nearly 30% of London’s asylum seekers live in North West London.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Members' Council Meeting, 24 July 2008

AGENDA ITEM NO.	2.6 /July/08
PAPER	Members' Council Funding Report
AUTHOR	Julie Cooper, FT Secretary/Head of Corporate Governance
LEAD	Prof. Sir Christopher Edwards, Chairman
SUMMARY	This paper provides an overview of the funds spent to date from the Members' Council budget on the open Day and other membership related activity. The paper aims to provide detail of the actual costs for each item as well as perceived benefit. The paper also provides an overview of the various proposals for future funding to be discussed.
DECISION/ ACTION	The Council is asked to note the report and to agree proceed with the proposed activities for the future.

Members' Council Funding Report

1.0 Background

The decision was made at the November 2007 Members' Council meeting that a recurring budget of £100,000 per financial year was to be made available to the Members' Council to spend at their discretion on relevant projects. This budget was made available as of this financial year (1 April 2008).

An initial allocation of £35,000 was agreed to go towards the hospital Open Day, Membership Week, the creation of a membership information area in the hospital, and the improvement of patient and public information.

It was agreed that a report of all monies spent together with their perceived benefit would be brought back to the Council, which is the purpose of this report.

2.0 Funding Overview

PAST INITIATIVES

Activity	Benefit	Estimate	Cost (per invoice)
Open Day and Membership Week			
Development of Trust brand e.g. design templates for information stands, publicity materials including Open Day programmes, posters, flyers and signage - and more generally for the provision of high quality information to patients	Maximise the potential of the Open Day as an opportunity to market the Trust. Improve the quality of patient information. Enhance patients ability to exercise patient choice	c. £10,000	£10,819
5 'pop-up' display stands to be used on the Open Day and retained as permanent marketing tools to be used at Trust and Members' Council events in the hospital and the local community	Enable the Trust to convey a professional image when promoting our services or membership in or outside the hospital.	£1,000	£1,286
Face to Face Member Recruitment: 3 recruiters x 5 days, working both in hospital and local community.	Allow us to reach many more members of the public and patients to promote membership. Increase membership numbers and diversity of membership.	£2,500	£3,022
Re-design of Membership Recruitment Leaflets with attached application form to reflect feedback. (10,000 print job)	Allow us to better convey the benefits of membership and increase membership numbers.	£3,000	£1,184 (printing) £1,368 (design) £2,552 TOTAL

PLANNED INITIATIVES ALREADY APPROVED

Activity	Benefit	Estimate	Cost
Initiatives to Increase Membership Engagement			
Purchase 48" Plasma Screen and related programming and software for a Patient Information Screen including a Daily 'Whats On' schedule to be hung in between fish tank and hospital directory on Ground floor. A plaque acknowledging funding from Members' Council to included.	Better informed patients. Less confusion and commotion at front of hospital. Portrays professional image.	£10,000- £15,000	
The Design and construction work for a Membership Information Area on the Ground Floor including a poster with all Council Members and contact details, a leaflet display and Interactive Board capturing key membership activity.	A dedicated space for the dissemination of key membership information Makes members feel special. Showcase for work/improvements by Members' Council.	£3,000	
Interactive White Board/Plasma Screen for Members + relevant programming for Membership Information Area	Facility to portray benefits of membership in pictoral/interactive form. Vehicle to continually promote work of Members' Council and Trust as well as member events eg public lectures, open day clips.	£3,000	
Internet Diagnostic – commissioning an online marketing agency to conduct a root and branch review of the structure and content of the Trust internet site to maximise usage and improve the quality of online information provided to patients	Improve the quality of the Trust website and enable us to utilise its full potential as a tool to market the Trust including the Members' Council and membership.	£5,000	

3.0 Proposed Initiatives for Future Funding

The Membership Development and Communications Sub committee analysed the return on investment of the various initiatives which took place in conjunction with the Open Day and Membership Week. The group felt both the day and the week were a success and that these are activities which should be funded on a regular/annual basis. It was proposed that the Membership Week be run, at minimum, twice per year and the Open Day annually.

Some other membership initiatives have been suggested by individual Council Members and members of the executive team. The suggested activities are outlined below. The Council is asked to approve these proposals to be implemented throughout the year. As per the agreed funding

criteria, all the initial estimates for funding will be confirmed with final invoices and filed accordingly for public scrutiny. Any residual funds from one financial year will not be carried over.

Suggested Initiatives:

Membership Week: As the Membership Week was such a success, it has been proposed that this be run, at a minimum, two times per year leading up to the Open Day and The Annual Members Meeting. [Cost for 4 recruiters for one week = c£3,000]

Discharge Leaflet: In line with the objective to provide high quality information to patients, it has been proposed that we fund the development, design and printing of a generic discharge leaflet to disseminate to all patients which captures all of the necessary information for any post operative procedure. The leaflet would include information about membership and a detachable membership application. [Price for the design and printing of initial leaflet £2,765 for 10,000 copies].

Mystery Shopping: It has been suggested that Council Members be trained as mystery shoppers. They could then initiate a programme of visits throughout the year for different services. This option is being priced at the moment. [Cost for training requested]

Tailored Membership Leaflets: It has been suggested that the membership leaflet be tailored to target users of specific services to make the offer of membership more meaningful e.g. sexual health, maternity [Cost for the design and printing of 5000 leaflets = c£2,500 per leaflet]

Touch Screens: It has been suggested that a standard presentation be prepared for use on any plasma or touch screen being used on any site where services are provided to make the connection with Chelsea and Westminster Hospital e.g. Victoria street, Dean Street. The possibility of having an online application facility should also be costed and considered. [Costings requested from supplies as screens are part of NHS Framework agreement].

The Members' Council is asked to discuss and agree priorities.

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Members' Council Meeting, 18 September 2008

AGENDA ITEM NO.	2.6/Sept/08
PAPER	Summary of Proposed Amendments to Constitution
AUTHOR	Julie Cooper, FT Secretary/Head of Corporate Governance
LEAD	Prof Sir Christopher Edwards, Chairman
SUMMARY	It is the responsibility of the Members' Council to review the Trust constitution. The Council agreed to four changes to the constitution which most now be voted on at a Members' Meeting.
DECISION/ ACTION	The Council is asked to note the changes and our proposed way forward.

PROPOSED AMENDMENTS TO CONSTITUTION

1.0 Background

1.1 Many established foundation trusts review their constitutions, either, as a routine annual review or as a result of internal/external changes that affect their constitution.

1.2 It is Monitor's role to discern if the proposed changes have been carried out in a manner which is in line with that Trust's constitution.

1.3 The constitution requires the approval of a majority of members present and voting at a members meeting before for any amendments to be made.

2.0 Summary of Proposed Changes

STAFF OPT-OUT
It is proposed that the constitution be amended to allow for Trust staff to automatically become members unless they choose not to do so.

STAFF CONSTITUENCY
It is proposed that the statement excluding volunteers from becoming staff members is removed.

POLICY FOR THE COMPOSITION OF THE NON-EXECUTIVE DIRECTORS
According to the constitution (12.5.1) the Members' Council should maintain a policy for the composition of the Non-executive Directors. The draft policy for maintaining this composition has been approved and following this process it has been proposed that the wording in the constitution be changed to stipulate that this policy take into account ALL Trust policies rather then just the Membership strategy.

NOMINATED COUNCIL MEMBERS'
It is proposed that the wording relating to the section of the constitution governing partnership organisation appointments to the Members' Council be broadened to state a major education provider for the Trust.

3.0 Process for Future Amendments to the Constitution

The Council is asked to note that in the future, all proposed amendments to the Foundation Trust constitution will be considered once per year as part of the Annual Members' Meeting unless an emergency situation arises whereby we would have to call a Special Members meeting to take a vote on the proposed change.

Julie Cooper
FT Secretary/Head of Corporate Governance
September 2008

Members' Council Meeting, 24 July 2008

AGENDA ITEM NO.	2.8 /July/08
PAPER	Members' Council Performance Evaluation Report
AUTHOR	Julie Cooper, Foundation Trust Secretary
LEAD	Prof. Sir Christopher Edwards, Chairman
EXECUTIVE SUMMARY	This paper summarises the results of the individual self evaluation of the performance of the Members' Council which was done in early June of this year.
DECISION/ ACTION	The Members' Council is asked to note the report and discuss and agree if appropriate.

Members' Council Self Evaluation
July 2008

Overall Response rate = 48% **Excellent: 51 Good:163 Adequate: 104 Weak: 147**

No	Question	Excellent	Good	Adequate	Weak	Do not know	Comments
1	How would you rate your knowledge of the difference between the status of an NHS trust and a foundation trust?	IIII	IIII IIII I	III			
2	How would you rate your knowledge and understanding of the Trust's aims and values?	IIII	IIII IIII	II	II		Too soon to judge
3	How well do you feel the Members' Council collectively discusses the annual plan.	I	IIII I	III III I	II	I	There is not enough time to discuss this in detail. There is no chance for us to get a feel for the work being done by the NEDs. There are too many people on the Council to make clear decisions. The agenda is very packed and therefore there is no chance to change or amend papers but rather simply accept or reject
4	How well balanced do you feel the agenda is in covering both procedural as well as strategic matters?		III III I	III III I	I	I	
6	How would you rate your understanding of the role of the Members' Council?	IIII I	III III I	II	II		
7	How would you rate your level of engagement during the debates held at the Members' Council meetings?	II	III I	III III II	II		
8	How would you rate the meeting schedule and time of the meetings?	II	III III	III II	II	I	Prefer earlier start times.

No	Question	Excellent	Good	Adequate	Weak	Do not know	Comments
9	How would you rate the balance of discussion between clinical and business issues?	I	III III II	III I	II	I	Over emphasis on business issues
10	How would you rate the balance of discussion between long-term vision and immediate needs?	I	III III	III III	III		More emphasis should be given to long term vision
11	How would you rate the information you receive about the required standards of performance from Monitor?	I	IIII IIII	IIII	III		
12	Are you aware of the number and nature of the Members' Council subcommittees and their focus of work?						No X 5 – Would appreciate more info Yes X11
13	If you are on a sub-committee, how would you rate the membership of the committee in terms of appropriate skill set for the task at hand?	I	II	II		IIII I	NA X2 There is a good mix of patient, public and staff that allows views from different perspectives
14	How would you rate the Council's performance in discharging its governance responsibilities appropriately? E.g. approval of financial auditor, self-evaluation, reporting at the annual membership meeting		IIII IIII II	IIII II			

No	Question	Excellent	Good	Adequate	Weak	Do not know	Comments
15	How would you rate the time given for discussion and decision-making at meetings?		IIII IIII	IIII I	II		Agendas are very full and we often get pressed for time on specific issues. Meetings are well managed
16	How would you rate Council meetings in terms of ensuring open communication, meaningful participation and timely resolution of issues?	III	IIII III	IIII	I		Not always adequate time for important issues. Some members dominate discussion.
17	How would you rate the Members' Council papers in terms of receiving timely and accurate minutes; advance written agendas and meeting notices, and clear and concise background material prepared in advance of the meeting?	IIII II	IIII IIII I	I			Impressed with the quality and depth of information given
I8	How would you rate the incorporation of Council Member views into key documents?	II	IIII II	IIII II		II	
19	How would you rate your understanding of the finance and performance reports?	I	IIII IIII II	IIII I	II		Experienced in both Health sector and finance and do not understand the information. Greatly aids the information provided for meetings.

No	Question	Excellent	Good	Adequate	Weak	Do not know	Comments
20	How would you rate your level of contact with the board of directors.	II	IIII II	III	III II		Non Existent
21	If a conflict of view occurs, how would you rate the process for conflict resolution in terms of being dealt with in as an open, positive manner?	II	IIII II	IIII I		II	We have never seen a conflict of view. I think everyone has a chance to express their opinion and that the current and previous chairs have handled conflict well.
22	How would you rate your level of contact with your constituent members? **(Elected Council Members)**		I	II	III III III II	I	NA Difficult to know who 'my constituents' are where people are able to choose what hospital they go to ie is no longer committed by geography. Outreach is also an issue on which more help would be appreciated. Non existent. This issue must be tackled. Good in my immediate area of work. Weak with other contracted staff. As Rep for A&C staff the rate of contact is weak for the percentage of constituent members and need to look at ways of engaging myself more. Only meet other patient reps at meeting
23	How would you rate your corporate induction which you should have received prior to your first Council meeting? Please use the space provided to suggest additional information/areas to be covered.	III	IIII	III		III	My fault that I did not manage to attend. Need more briefing on how the component posts of the NHS interact and work together eg hospital and PCT. I have the advantage of working in Trust and understanding hospital jargon. So information provided enhances my knowledge. Would have been useful to know the comms sub group and their purpose early on and to better understand focus groups as mentioned in the membership reply form to allow me the chance to better acquaint myself with my patient members.

24	How would you rate the current form of the annual members' meeting? Please use the space provided to make further suggestions for future meetings.	IIII	III	IIII		I	Not attended yet X3 The 2008 meeting was very well done. Well organised but it would be better to allow more members a chance to speak and avoid a few people dominating discussion. Did not like layout in 2007. Liked the workshops. A visit to research dept. would be appreciated. Ensure future display materials and that they are well positioned.
No	Question	Excellent	Good	Adequate	Weak	Do not know	Comments
25	Have you as a new Council Member received information about future training sessions? E.g. National governors Forum		I				Yes, but time not suitable YES x7 No x4, but due to scheduling Do not remember seeing info
26	How would you rate the impact of the Members' Council on the overall performance of the organisation?		IIII II	II	I	IIII III	We are now beginning to gel as a team and I am sure we will be more proactive as time goes on.
27	How would you rate the level of opportunity you have been given to implement and review the Trust's Membership Development and Communication Strategy?	IIII I	IIII	III	III I		Opportunity exists but I am new so not yet felt experienced enough to engage. Being member of the Membership Development and Communications Sub Committee I have had more opportunity than most.
28	How would you rate the opportunities you have had to serve the interests of the community or organisation that you represent?	I	IIII III	IIII II	II		Feel I have very good access. Do not really know who they are. Yes I attend many community meetings in my local borough which keeps me informed.

Results of Self Evaluation

Knowledge and Understanding and Information

- **Overall knowledge of NHS and Foundation Trust principles is good.**
- **Overall understanding of the role of the Members' Council is good.**
- **Most members seem comfortable with the level of detail in the finance and performance report though one or two people would like more clarity on how to interpret this data.**
- **Most members seem comfortable with the level of detail in the finance and performance report though one or two people would like more clarity on how to interpret this data.**

Meetings, Participation and Engagement

- **Not enough time for detailed discussion on strategy and planning.**
- **Some Members feel there are too many members on the Council and a few individuals can dominate discussion at times.**
- **Overall members are content with the level of engagement and feel that meetings allow for open communication and participation.**
- **Overall members seem happy with the way the Council discharges its governance responsibilities.**
- **Overall members seem to feel they had adequate opportunity to serve the interests of the organisations they represent.**
- **Overall members are happy with the timing of meetings, the management of the meetings and the level of information being provided.**
- **Overall members are happy with the breadth of agenda items but would like more focus on long term strategy.**
- **Members would like more information on the sub committees, their role and the opportunities to get involved.**
- **Seems to be mixed feelings over the level of contact with Directors.**
- **Members feel that there is a good process for conflict resolution.**
- **Overall members happy with their corporate induction. Some still need to undergo induction.**
- **Overall, members seem happy with the annual members meeting.**
- **Overall members felt they had ample opportunity to review the Trust Membership Development and Communication Strategy.**

Impact

- **Seems to be varied feelings around the impact of the Council on the overall performance of the Trust.**

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Members' Council Meeting, 24 July 2008

AGENDA ITEM NO.	2.8/Jul/08
PAPER	Appointment Process for Non Executive Directors (NEDs) and Vacancies on the Nominations Committee
AUTHOR	Julie Cooper, Foundation Trust Secretary/Head of Corporate Governance
LEAD	Prof. Sir Christopher Edwards, Chairman
SUMMARY	This paper outlines the proposed process for recruiting new Non-executive Directors (NEDs) in accordance with the constitution.
DECISION/ ACTION	The Council is asked to: 1/Approve the appointment process for the new Non-executive Director; 2/ Approve the policy for maintaining the composition of the Non-executive Directors; and 3/ Approve the updated terms of reference for the Nominations Committee (see appendix II).

NED Appointment

1.0 NED Appointment Process

The process for nominating Non-executive Directors according to the Trust constitution is as follows:

12.5. Non-executive Directors are to be appointed by the Members' Council using the following procedure.

12.5.1. The Members' Council will maintain a policy for the composition of the non-executive Directors which takes account of the membership strategy, and which they shall review from time to time and not less than every three years.

12.5.2. The Board of Directors will work with an external organisation recognised as expert at appointments to identify the skills and experience required for non-executive Directors.

12.5.3. Appropriate candidates (not more than five for each vacancy) will be identified by a Nominations Committee through a process of open competition, which take account of the policy maintained by the Members' Council and the skills and experience required;

12.5.4. The Nominations Committee will comprise the Chairman of the Foundation Trust (or the Vice Chairman unless they are standing for appointment, in which case another non-executive director, when a Chairman is being appointed), two elected Council Members and one Appointed Council Member. The chairman of another Foundation Trust will be invited to act as an independent assessor to the Nominations Committee.

2.0 Proposed Policy for Maintaining the Composition of the NEDs

According to the constitution (12.5.1) the Members' Council should maintain a policy for the composition of the Non-executive Directors. The draft policy for maintaining this composition is attached at Appendix I for discussion and approval.

We propose that the current wording in the constitution regarding NED appointments and maintaining a policy for the composition of the Non-executive Director be changed to reflect this policy and the need to take into account the 'trust' strategy rather than just the membership strategy. This change could be included in the next round of constitutional changes to go to Monitor.

3.0 Call for Nominations for the Nominations Committee

We now have two vacancies on the Nominations Committee; one for an elected Council Member and one for a nominated Council Member. The committee meets when necessary. The role of the committee is outlined in the terms of reference attached at appendix II. The original terms of reference were agreed by the Nominations Committee at their first meeting held on 29 January 2007. We have now updated the terms to better reflect the current role of the committee and we would ask the Members' Council to approve these new terms of reference which will then be used to recruit the two new members to the committee.

The chairman of the Board chairs the Nominations Committee and Brian Gazzard, representative of the Medical and Dental Staff Constituency, is one of the elected members.

Council Members who are interested in joining the Nominations Committee are asked to contact the Foundation Trust Secretary. We suggest that the nominated Council Member for Kensington and Chelsea PCT sit on the committee and that elected Council Member be from another constituency other than that of the current member. The Chairman may choose to conduct informal interviews with interested members to discus further their potential contribution to this important committee.

4.0 Nominations Committee - Terms of Reference

The terms of reference for the Nominations Committee have been updated. The updated terms can be found in appendix II.

The Members' Council is asked to approve the terms of reference.

APPENDIX I

Policy for Maintaining the Composition of the Non-executive Directors

1/ The Board of Directors will agree the skills and experience needed for the Board, with advice from an external executive search firm which takes into account the Membership Development and Communications Strategy. These skills and experience will be captured in a template to guide the nominations process.

2/ The template will be used to compare the current skills and experience of the Board to identify gaps.

3/ The gap in skills and experience will be used as the basis for the recruitment for a new NED or Chairman, by the Nominations Committee.

Approved by the Members' Council in July 2008

APPENDIX II

NOMINATIONS COMMITTEE

TERMS OF REFERENCE

1.0 Nominations Committee Composition

1.1 The Nominations Committee will comprise the Chairman of the Foundation Trust (or the Vice Chairman unless they are standing for appointment, in which case another non-executive director, when a Chairman is being appointed), two elected Council Members and one Appointed Council Member. The chairman of another Foundation Trust will be invited to act as an independent assessor to the Nominations Committee.

1.2 Appointments to the Committee, other than the Chairman, shall be for a period of up to three years, which may be extended for one further three-year period.

1.3 The Chairman or an independent non-executive director should chair the committee.

1.4 Only Members of the Committee have the right to attend Committee meetings, however, other individuals such as the Chief Executive and external advisers may be invited to attend for all or part of any meeting as and when appropriate.

2.0 Roles and Responsibilities of Members' Council Regarding Appointments

2.1 The roles and responsibilities of the Members' Council, which are to be carried out in accordance with the constitution and the Foundation Trust Terms of Authorisation, are:

2.2 at a General Meeting:

2.1.1 to appoint or remove the Chairman and the other non-executive Directors;

2.1.2 to approve an appointment (by the non-executive Directors) of the chief executive;

2.1.3 to decide the remuneration and allowances, and the other terms and conditions of office, of the non-executive Directors;

2.1.4 to appoint or remove the Foundation Trust's financial auditor;

2.1.5 to appoint or remove any other external auditor appointed to review and publish a report on any other aspect of the Foundation Trust's affairs;

2.1.6 to be presented with the annual accounts, any report of the financial auditor on them and the annual report;

2.3 The Members' Council will maintain a policy for the composition of the non-executive Directors which takes account of the membership strategy, and which they shall review from time to time and not less than every three years.

3.0 Role of the Nominations Committee

3.1 The Nominations Committee leads for the Members' Council on all aspects related

to the recruitment, retention and terms and conditions of the Non-executive Director appointments, including the Chairman.

3.2 The Committee will meet when necessary. Meetings will be called by the Trust Secretary.

3.3 The Nominations Committee will execute the agreed recruitment process for the chairman and non-executive director roles, which will include identifying a short list of candidates for interviews, conducting candidate interviews and making recommendations to the Members' Council for approval of all appointments.

Julie Cooper
FT Secretary/Head of Corporate Governance
July 2008

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Members' Council Meeting, 24th July 2008

AGENDA ITEM NO.	2.9/July/08
PAPER	Annual Members' Meeting 2008 - Proposal
AUTHOR	Matt Akid, Head of Communications
LEAD	Heather Lawrence, Chief Executive
EXECUTIVE SUMMARY	This is a proposal for the annual members' meeting which builds on initial discussions at the Foundation Trust Membership Development & Communication Sub-Committee meeting on June 24.
DECISION/ ACTION	The Council is asked to discuss this proposal for the annual members' meeting and agree the approach.

ANNUAL MEMBERS' MEETING 2008 – PROPOSAL

1.0 Background

The Annual Members' Meeting will be held at 5.30pm on Thursday September 18 in the Restaurant on the lower ground floor of the hospital.

In previous years this has been is a well-attended event with hundreds of Foundation Trust members and hospital staff in attendance.

Our Foundation Trust constitution sets down the following requirements for the meeting:

- The Board of Directors shall present to Foundation Trust members the annual report and accounts; report of the external financial auditor (included in the annual report and accounts); forward planning information for the next financial year (ie 2008/09)
- The Members' Council shall present to Foundation Trust members a report on steps taken to ensure that the membership of the Trust is representative of those eligible for membership of the public, patients and staff constituencies; progress on the membership strategy; results of Members' Council elections; announcement of any Non-executive Directors appointed.

2.0 Aims and objectives

The overall aim of the annual members' meeting is to create a positive event which enables the Board and the Members' Council to set out the key achievements of the last financial year and plans for the current financial year.

The key messages of speakers should be consistent with the 'Choose Chelsea and Westminster' corporate brand that was chosen earlier this year by a panel including the Chief Executive, a Non-Executive Director and a Council Member.

They should also be consistent with the key messages contained within the annual report which will be presented to members at the meeting – this is structured around the overall theme of 'Choose Chelsea and Westminster' and five specific areas that we believe make us a hospital of choice:

- Quality
- Excellence
- Performance
- Success
- Cleanliness

Foundation Trust members should be able to ask questions of the Board and the Council and provide their feedback on the Trust's performance and future plans to create a genuine dialogue with Foundation Trust members.

For decision
Council Members are asked to confirm the key aims and objectives of the annual meeting as outlined above

3.0 Feedback from the Membership Development & Communication Sub-Committee

Council Members on the sub-committee made a number of comments at the meeting on June 24:

- They agreed unanimously that the hospital itself should be the venue for the annual meeting even though the restaurant is not an ideal space
- There was agreement that the layout of the venue for last year's meeting was an improvement on previous years and should be retained this year
- It was felt that the implications of Healthcare for London for Chelsea and Westminster should be addressed by speakers during the meeting
- There was agreement that issues around questions from members of the public who arrived late and were seated in the 'overflow' area (restaurant Atrium) not being taken by the Chairman must be addressed this year. There were suggestions how this could be improved
- It was agreed that the membership report should be presented by a Council Member, and that Martin Rowell did an excellent job of presenting this report at the annual meeting in 2007

For decision
Council Members are asked for their views on the comments from the sub-committee.

4.0 Proposed format of this year's meeting

4.1 Statutory presentations and proposed content (5-10 minutes maximum for each speaker):

4.1.1 Chairman
Introduce 'Choose Chelsea and Westminster' theme in the context of the five specific areas that we believe make us a hospital of choice – Quality; Excellence; Performance; Success; Cleanliness

4.1.2 Chief Executive
Build on this introduction by focusing on a small number of specific services that are profiled in the annual report – for example, Paediatrics – in the context of Healthcare for London and our aim to be a hospital of choice for patients

4.1.3 Director of Finance (statutory content)
Presentation of accounts and brief overview of our financial position, in particular how we have used our Foundation Trust freedoms to invest our 2007/08 surplus in developments to improve patient care

4.1.4 Council Member
Membership report

For decision
Council Members are asked to comment on and agree the content of the statutory presentations.
Council Members are asked to indicate if one of them would be prepared to present the membership report

4.2 Optional presentations (10-15 mins max for this part of the meeting):

Patients/parents and staff featured in the annual report could be invited to come and speak about their experiences – this could be a powerful way of bringing the 'Choose Chelsea and Westminster' theme to life.

For decision
Council Members are asked for their views on the proposal for optional presentations.

4.3 Q&A
At least half of the meeting to be left for questions.

5.0 Agreement

The Members' Council is asked to discuss this proposal for the Annual Members' Meeting and agree on the key issues raised.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Members' Council Meeting, 24 July 2008

AGENDA ITEM NO.	3.3/Jul/08
PAPER	Code of Governance and Trust Position
AUTHOR	Julie Cooper, Foundation Trust Secretary/Head of Corporate Governance
LEAD	Prof. Sir Christopher Edwards, Chairman
SUMMARY	The Code of Governance contains main and supporting principles and provisions. Monitor requires NHS foundation trusts to make a disclosure statement in two parts in relation to the Code. In the first part of the statement, the trust has to report on how it applies the main and supporting principles of the code. The form and content of this part of the statement are not prescribed, the intention being that trusts should have a free hand to explain their governance policies in the light of the principles, including any special circumstances applying to them which have led to a particular approach; in the second part of the statement the trust has either to confirm that it complies with the provisions of the code or – where it does not – to provide an explanation. The Board undertook a review of the requirements in the Code of Governance at a Board seminar in September 2007. All requirements have been met with the exception of those listed in the disclosure statement together with an explanation for non compliance. A copy of the Code was given to all Council Members in their welcome packs as was explained as part of the induction. Any Council Members requiring an additional copy should request this from the Trust Secretary.
DECISION/ ACTION	The Council is asked to note the Trust response to Monitor.

GOVERNANCE STATEMENT

The Board of Directors is committed to high standards of corporate governance. For the year ending 31 March 2008 the Chelsea and Westminster Healthcare NHS Trust complied with all the provisions of the Code of Governance published by Monitor in September 2006 with the following exceptions:

A.1.3 …Led by the senior independent director, the non-executive directors should meet without the chairman at least annually to evaluate the chairman's performance, as part of a process, which should be agreed with the Members' Council, for appraising the chair and on such other occasions as are deemed appropriate.

Response: The Trust appointed a new Chairman, Prof. Chris Edwards, on 1 November 2007. The first evaluation of the Chairman will take place in 2008/09.

B.1.2 The Members' Council should not be so large as to be unwieldy. The Members' Council should be of sufficient size for the requirements of its duties. The roles, structure, composition, and procedures of the Members' Council should be reviewed regularly as described in provision D.2.2.

The Trust will discuss the issue of performance evaluation, including a review of the structure, composition and procedures at the July Members' Council.

C.1.1 A nominations committee should regularly review the structure, size and composition of the board of directors and make recommendations for changes where appropriate. The nominations committee should give full consideration to succession planning, taking into account the challenges and opportunities facing the NHS foundation trust and the skills and expertise required on the board.

Response: The Nominations Committee does look at the composition and skill mix of the Board when engaged in reappointments or new appointments, taking into account challenges and opportunities facing the Trust and the skills and expertise required. However, the board feels that it is not the role of the Nominations Committee to review the composition of the Board as no members of the Committee actually attend the Board other than the Chairman. The Board will consider a review of the size and structure of the Board as part of the broader performance evaluation of the Board.

C.2.1 Approval by the Members' Council of the appointment of a chief executive should be a subject of the first general meeting after the appointment by a committee of the chairman and non-executive directors. Re-appointment by the non-executive directors followed by re-approval by the Members' Council thereafter should be made at intervals of no more than five years. All other executive directors should be appointed by a committee of the chief executive, the chairman and non-executive directors and subject to re-appointment at intervals of no more than five years.

Response: The Board does not believe that the reappointment of Executive Directors at no more than five years is required, given the existence of robust annual appraisals.

D.2.1 The chairman, with the assistance of the secretary of the board if applicable, should use the performance evaluations as the basis for determining individual and collective professional development programmes for directors relevant to their duties as board members.

Response: As the Trust appointed a new Chairman who took up office on 1 November 2007, he felt it was appropriate to be in office at least 6 months prior to conducting individual or collective performance evaluations. Both individual and collective professional development programmes will be developed following this performance evaluation.

D.2.2 Led by the chairman, the Members' Council should periodically assess their collective performance and they should regularly communicate to members details on how they have discharged their responsibilities, including their impact and effectiveness on:

- advising the board on the forward plans of the NHS foundation trust; and
- communicating with their member constituencies and transmitting their views to the board of directors.

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

Response: As the Trust appointed a new Chairman who took up office on 1 November 2007, he felt it was appropriate to be in office at least 6 months prior to conducting any performance evaluation of the Members' Council. The Members' Council will consider a process for performance evaluation at the July Members' Council.

Heather Lawrence

Signature: _____ Signature: _____

In capacity as Chief Executive and Accounting Officer in capacity as Chairman

Members' Council Meeting, 24 July 2008

AGENDA ITEM NO.	3.4/July/08
PAPER	Minutes of the Trust Board Meeting held 29th May 2008
AUTHOR	Julie Cooper, Foundation Trust Secretary/Head of Corporate Governance
LEAD	Prof. Sir Christopher Edwards, Chairman
EXECUTIVE SUMMARY	This paper outlines key issues for the attention of the Members Council.
DECISION/ ACTION	The Council is asked to note the minutes.

Date……26 June 2008…. **Signed……**

Board of Directors Meeting, 29 May 2008
Minutes

Present:

Non-Executive Directors:	Christopher Edwards (CE) (Chairman) Charles Wilson (CW) Colin Glass (CG) Richard Kitney (RG) Andrew Havery (AH) Karin Norman (KN)
Executive Directors:	Heather Lawrence (HL), Chief Executive Mariella Dexter (MD), Interim Director of Service Integration and Modernisation Amanda Pritchard, Deputy Chief Executive Andrew MacCallum (AMC), Director of Nursing Mike Anderson, Medical Director
In Attendance:	Catherine Mooney (CM), Director of Governance and Corporate Affairs Julie Cooper (JC), Foundation Trust Secretary/Head of Corporate Governance Amit Khutti (AK), Director of Strategy and Service Improvement

1. GENERAL BUSINESS

1.1 Apologies for Absence

Apologies were received from Lorraine Bewes.

1.2 Declarations of Interest

No declarations were recorded.

1.3 Minutes of Previous Meeting held on 29 April 2008

The minutes were agreed as an accurate record of the meeting.

1.4 Matters Arising

Members' Council Report (3.1/Apr/08)
Leaflets to be sent to all borough libraries together with display stands. Directors visited all stands on the Open Day.

18 Weeks (3.3/May/08)
A paper on data completeness has been prepared and will be discussed under agenda item 2.4.

Q4 Risk Review (3.7/Apr/08)
The SLR coding risk was changed to amber.

End of Year Review of Objectives 07-08 (3.2/May/08)
AMC said a range of options around universal screening are being discussed including swabbing patients who come through A & E and also piloting the screening of staff.

Engagement Strategy (3.6/May/08)
A high-level engagement steering group is being set up.

Maintenance of IT System (3.11/Jan/08)
A paper on the IT situation has been prepared and will be discussed under agenda item 3.5.

1.6 Members' Council Report

CE noted that over 400 members were recruited following the membership week and open day, but there is an attrition rate so work must continue to grow the membership and achieve the targets as set out in the annual plan.

1.7 Chief Executive's Report

MARTIN KELLEY
HL noted the very sad news about Martin Kelley. Discussions must take place with the other clinicians to ensure the cranio-facial service is maintained.

APPEAL AGAINST REDUNDANCY
HL noted the appeal and said that there were lessons to be learnt and a system had been set up to do that.

2. PERFORMANCE

*2.1 Finance Report Month 11

This paper was taken as read. CE said that the financial situation is very good news. CW noted the tremendous progress on savings.

*2.2 Performance Report

This paper was taken as read and no items were raised for discussion.

2.3 18 Weeks

MD presented the report and said that the official results came out today. We came second in London and we achieved our April target and want to sustain it for May. We achieved 95% on data completeness. We continue to have a risk regarding patient tracking and hope to have a new system soon. HL has spoken with GE and requested a meeting together with LB and MD. The issue of recognition of our achievement and thanking those staff who worked to achieve this was discussed. KN asked if we were still sending patients to private hospitals. MD said no, that only in plastics and paediatric dentistry were we seeing demand exceeding capacity but we are dealing with that internally. She said there is still a financial risk as there is some pay pressure and this may be related to late invoices relating to 18- week work.

Action: Executive team to consider a way of recognising staff effort around achieving the 18 Week Wait Target.

The Board thanked Mariella for her excellent work.

3. ITEMS FOR DISCUSSION/APPROVAL

3.1 Self Certification

CM drew attention to the Monitor briefing attached with the papers which explains the background to the increase in focus on clinical quality and service performance. Clinical quality was discussed at the Clinical Governance Assurance Committee and

there was one amendment. CM outlined the areas highlighted by Monitor for service performance and the evidence that was available to meet the requirements. In addition risk assessments had been undertaken for the new cancer targets and MRSA and *C.Difficile*. The Board confirmed they have enough information on actions plans. The Board confirmed that it was confident that they receive appropriate information.

THE SELF CERTIFICATION FOR CLINICAL QUALITY AND SERVICE PERFORMANCE WAS APPROVED

3.2 Annual Plan – Sign Off

HL reminded the Board that they had seen an earlier draft. She highlighted the key points in the summary and the income and expenditure section. A small demographic growth is assumed and the loss of the Market Forces Factor. CG asked if the decrease in creditor days from 19 to 13 was realistic. HL said she was confident they could achieve that but the Board may want to review on a monthly basis. CG queried why the drug price inflation had increased from 2.5% to 7.32%. The decrease in SIFT is shown in appendix 3. The increase in pay costs is due to the European Working Time Directive and some developments in year. Appendix 5 outlined the risks. The greatest risk is not delivering the cost efficiency programme. The final two pages outline the opportunities to mitigate the risks. The maternity risk is realistic if the private patient cap was changed. CG clarified that there will be developments in sexual health off site and maybe in other areas. HL highlighted the lack of commercial skills and this is an area that might require investment.

THE BOARD APPROVED THE INCREASE TO THE WORKING CAPITAL FACILITY
THE BOARD APPROVED THE PLAN.

3.3 Trust Governance Arrangements

CM presented the paper outlining the reasons for a change in the structure and the two options. CE commented that he was concerned at the numbers of committees and management needs to look critically at this. He therefore favoured one committee. HL said it was important to separate management from assurance. CW said he thought we needed two committees as the remit is huge. The non-medical patient experience is very important and this is mainly what the Facilities Assurance Committee does. He is concerned that if this is absorbed elsewhere it would send the wrong message to Haden and ISS-Mediclean.

AH agreed that there should be one committee, but not now and we needed a clear action plan to move to one. KN said there had been a continual improvement process, but the executive needed to be strengthened first.

CE summarised that one committee would be preferred but initially we needed to retain two and work towards one. HL said an electronic system which kept all documents would be very helpful. CE asked CM to come back with a proposal to move towards one committee.
It was agreed that a representative from the Member Council be invited to join.

THE BOARD AGREED TO HAVE A MEMBERS' COUNCIL REPRESENTATIVE ON THE ASSURANCE COMMITTEE

THE BOARD AGREED TO EVENTUALLY MERGE THE TWO ASSURANCE COMMITTEES INTO ONE

ACTION: CM TO PREPARE PROPOSAL TO MOVE TO ONE COMMITTEE.

5. ANY OTHER BUSINESS
There was no other business.

6. DATE OF THE NEXT MEETINGS
13 June and 26 June 2008

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 30th July 2008

AGENDA ITEM NO.	3.6 / JUL / 2008
PAPER	Child Protection Report
AUTHOR	Dr Paul Hargreaves Consultant Paediatrician and Designated Doctor for H&F and K&C Andrew MacCallum Director of Nursing
LEAD	Andrew MacCallum – Director of Nursing Contact Number: 6721
EXECUTIVE SUMMARY	The Board is required to receive reports on the Trust's arrangements for Child Protection. This report contains updates on the work of the Trust's two local-area child protection committees: Hammersmith and Fulham; and Kensington and Chelsea.
DECISION/ ACTION	For Information

DISTRIBUTION	Board only ☒	Directors ☒	Trust Exec ☒	General ☒

LEGAL REVIEW REQUIRED?	No

1.0 INTRODUCTION

Chelsea and Westminster Hospital NHS Foundation Trust serves the local population living in Kensington, Chelsea and Westminster as well as parts of Hammersmith and Fulham, Putney, Wandsworth and Battersea. People from a much wider catchment area use our specialist services. With relevance to Child Protection, the Paediatric Emergency Department (PED) sees over 30,000 children per year.

2.0 BACKGROUND

2.1 Working Together to Safeguard Children 2006

2.1.1 This was published in April 2006 and is guidance intended to strengthen the framework for inter-agency working to safeguard and promote the welfare of children.

2.1.2 Key changes in this document which have come into force this year have included:

- The Child Protection Register (CPR) has been replaced by a Child Protection List (CPL) from 1st April 2008. Children become registered on the CPL in exactly the same way as they did on the CPR (i.e. through Child Protection Conferences) and all children on the CPL now have a Child Protection Plan to ensure they are safeguarded.

- Since 1st April 2008 each LSCB (Local Safeguarding Children's Board) is developing new arrangements to review child deaths. From April 1st 2008 all LSCBs must have systems in place to respond to and analyse all deaths of children under 18 within their locality. There are two elements to this – a 'rapid response' for all sudden unexpected deaths, and a Child Death Overview Panel that will look at ALL deaths of children aged under 18 who have lived in the local authority.

'Rapid response'

In cases where a child has been discovered to have died at home, a 'rapid response' team of police and a health professional will be expected in some cases (usually in babies and infants) to visit the family home shortly after death, usually the next working day. We have identified a Consultant (SUDI) Paediatrician who will take on the majority of this role, but local Designated and Named Doctors will provide an on-call rota for the normal working week. Outside of normal working hours any such deaths will be notified to the on-call Consultant Paediatrician local to where the child died, as in the majority of these cases the children will be brought into the Emergency Department for resuscitation, investigation and bereavement support. After every unexpected death the SUDI Paediatrician (or colleague) is expected to initiate a multi-agency strategy meeting if there are concerns about the circumstances of a child's death. This may lead on to a full Serious Case Review which is then conducted by the LSCB local to where the child lived.

Child Death Overview Panel

Hammersmith & Fulham, Kensington & Chelsea and Westminster local authorities have joined up with regard to all Child Death Review functions. Funding has been provided nationally for all LSCBs and locally we will shortly appoint a chairperson and administrator who will ensure the Panel runs effectively. The Panel will be attended by senior people from the key statutory agencies and will aim to explore any trends or learning outcomes from the data.

2.2 London Child Protection Procedures

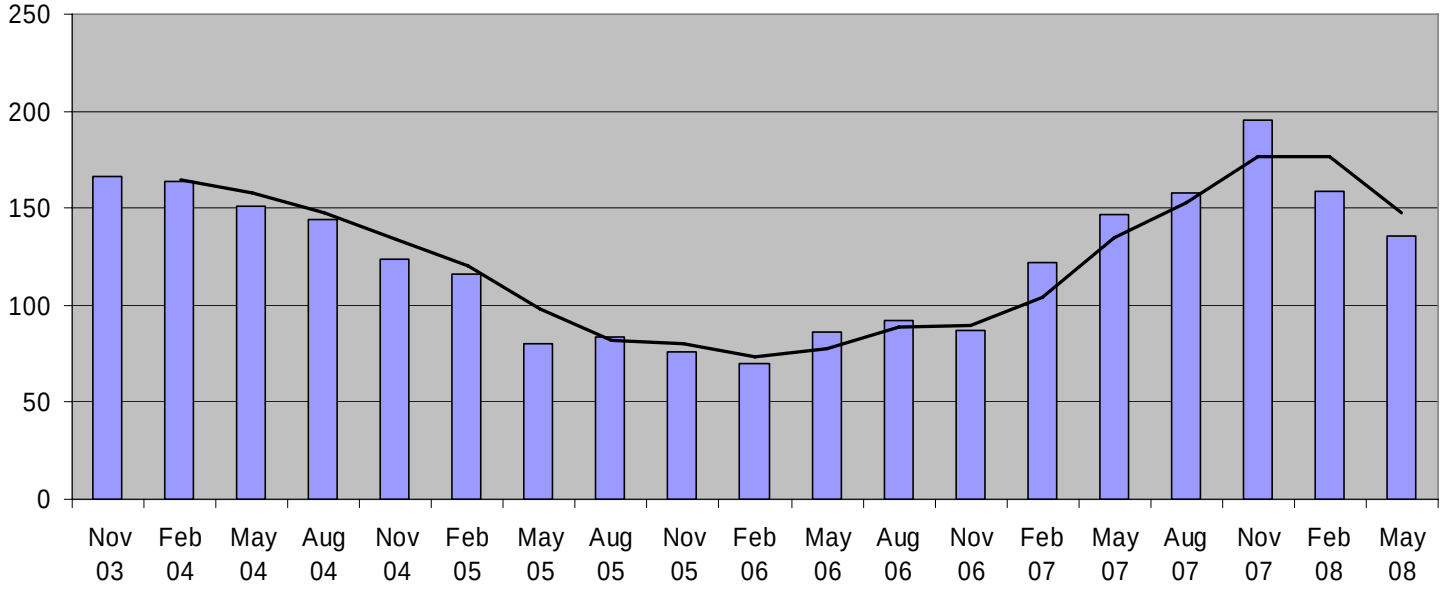
2.2.1 The third draft of this important guidance was published in December 2007. New chapters were included on child death review processes, the risk management of known offenders, and how to deal with allegations against staff.

3.0 Local LSCBs and safeguarding activity

3.1 Child Protection Registration (CPR) Data

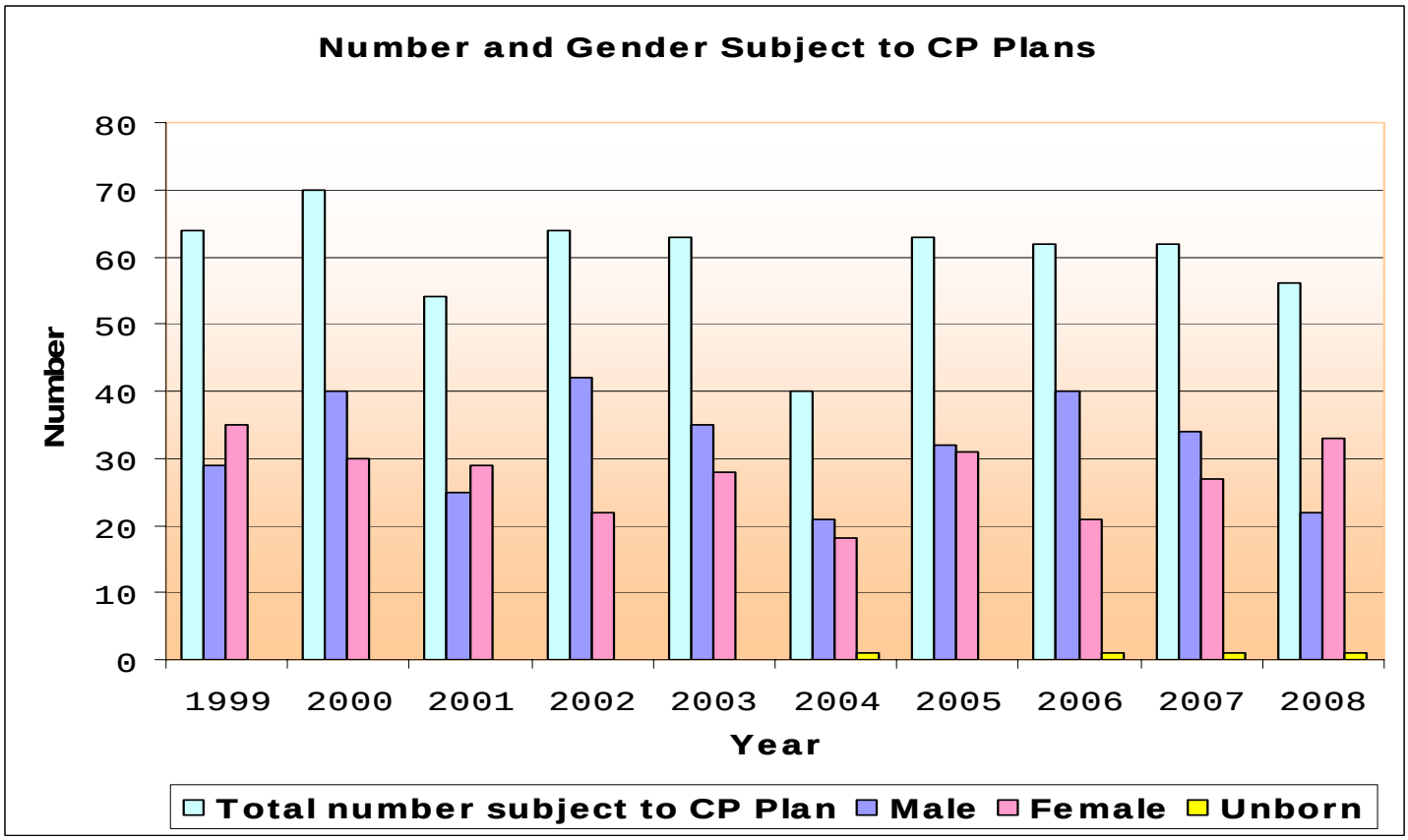
3.1.1 Hammersmith & Fulham

The numbers of children on the CPL has remained steady over the past year.



3.1.2 Kensington & Chelsea

The total number of children subject to child protection plans in RBKC has remained between 50 and 70 over the past decade. This is low in relation to the total child population (18 children per 10,000 on 31/3/08) when compared to the national average (25 children per 10,000) and other London Boroughs.



3.2 Chelsea & Westminster Hospital

We have excellent Child Protection arrangements in place, which have been subject to external review, including many meetings regarding Child Protection issues.

3.3 Weekly meetings:

3.3.1 Safety-net meetings in Paediatric Emergency and on the Paediatric wards where all safeguarding issues are discussed with a consultant, social worker, named nurse for child protection and a senior nurse from the department.

3.3.2 Paediatric wards Gastroenterology Psychosocial meeting: all psychosocial and safeguarding issues are discussed with the clinical psychologist, specialist nurse, social worker, play specialist plus consultant input.

3.3.3 Burns Unit: Psychosocial meeting where safeguarding issues are discussed with ward nurses, social worker, psychotherapist and named nurse for child protection as well as the Burns Unit Ward meeting with the doctors and other health professionals.

3.3.4 Neonatal Unit (Family Matters meeting): multi disciplinary meeting with nursing staff, doctors, social worker, psychologist, chaplain and named nurse for child protection.

3.3.5 School: Named nurse for child protection meets with school staff.

3.4 Monthly Meetings

3.4.1 Ante-natal Substance Misuse Liaison meeting: multi-disciplinary meeting which includes midwives, social workers, drug treatment centre liaison nurse, NICU liaison nurse, named nurse and midwife for child protection.

3.4.2 Supervisors of Midwives Meeting: this meeting has an agenda item to discuss safeguarding issues.

3.4.3 Paediatric Clinical Effectiveness Meeting: Senior hospital staff meet to discuss clinical and non-clinical risk to children.

3.4.4 Children's Board Meeting (every 3 months): Senior hospital staff (including designated and named doctors and nurses) meet to discuss safeguarding/ child protection issues with managerial staff and Social Services. This is chaired by the Director of Nursing who is the Child Protection lead on the Trust Board.

3.5 Other developments:

Our named nurse for child protection, Sophie Hamm conducted a sharing information audit took in August 2007. The aim of the audit was to see if there was effective communication and information sharing from the hospital to the community, (i.e. from the doctors to the GPs and nursing staff, and to health visitors and school nurses).

In all, 588 records were audited; of these 331 discharge summaries were completed but 225 were not completed. Of the uncompleted discharge summaries, there were 105 dental patients and 64 patients who had undergone mainly minor procedures. Of the Nursing discharge summaries for health visitors and school nurses, 466 were completed and 122 were not completed.

The quality of information for both doctors and nurses was variable, some were comprehensive while others were brief.

3.5.1 Learning points from this audit:

3.5.2 Of particular concern, referrals to Children's Social Care were not always recorded in the discharge summaries.

3.5.3 The lack of communication to GP's from the dental department creates a risk, and the named nurse is discussing this with the dental department to see how this can be ameliorated.

3.5.4 Our current EPR system does not facilitate separate electronic discharge summaries for nurses, or for the nursing summaries to be incorporated into to the existing medical summaries. This is being considered by the Children's Board.

3.6 Proposed audit:

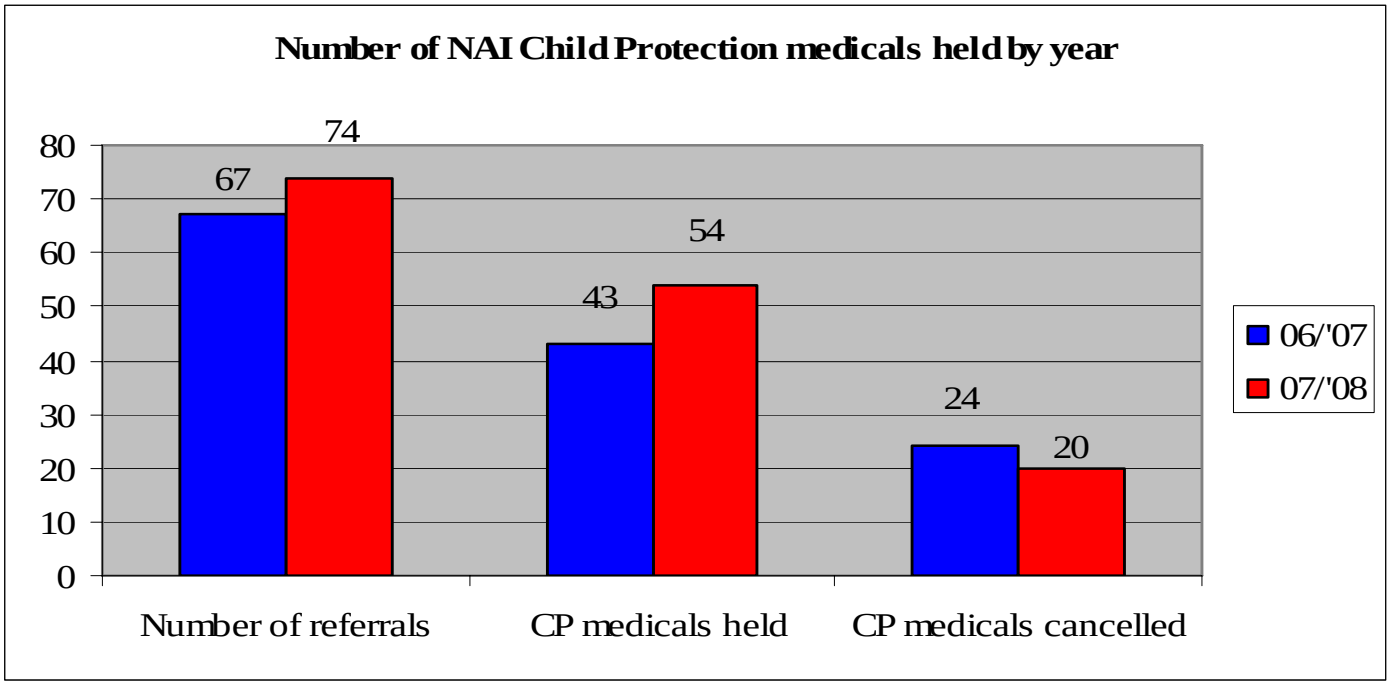
3.6.1 The plan is to repeat this audit focusing on communication with an emphasis on safeguarding and child protection issues. The above learning points are being fed into the Trust Child Protection training programes.

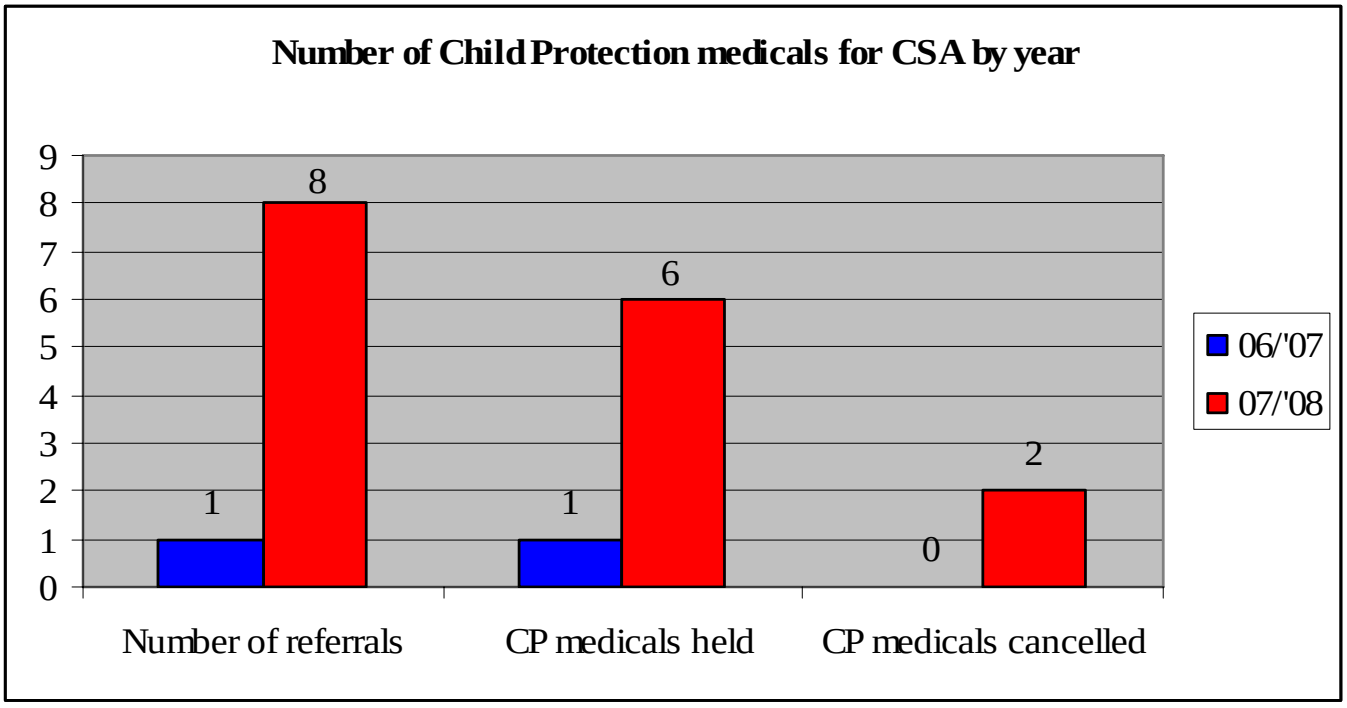
3.7 Arrangements with agencies outside the Trust

3.7.1 Good communication occurs between colleagues within and outside of the hospital. The Designated Doctor contributes significantly to the 2 locals LSCBs and their subgroups and is heavily involved in training multi agency groups as part of this commitment.

3.7.2 Child Protection medicals are offered to Social Services to help with the investigation of possible Non-accidental injury (NAI) or non-acute Child Sexual Abuse (CSA). As can be seen from the figures below there has been a slight increase in the numbers of children seen for NAI medicals. We see very few children for possible CSA as these are normally seen in the acute stage by the Haven Sexual Assault Referral Centres. The Havens based at St. Mary's, King's College and Royal London Hospitals offer 24 hour access for medical and forensic assessment of sexual assault for adults and children. We will often offer follow-up for local children in collaboration with our Genitourinary colleagues (this data is unfortunately not completely captured).

3.7.3 Child Protection medicals for possible NAI and CSA from April 2007-2008 (in comparison with April 2006-2007):



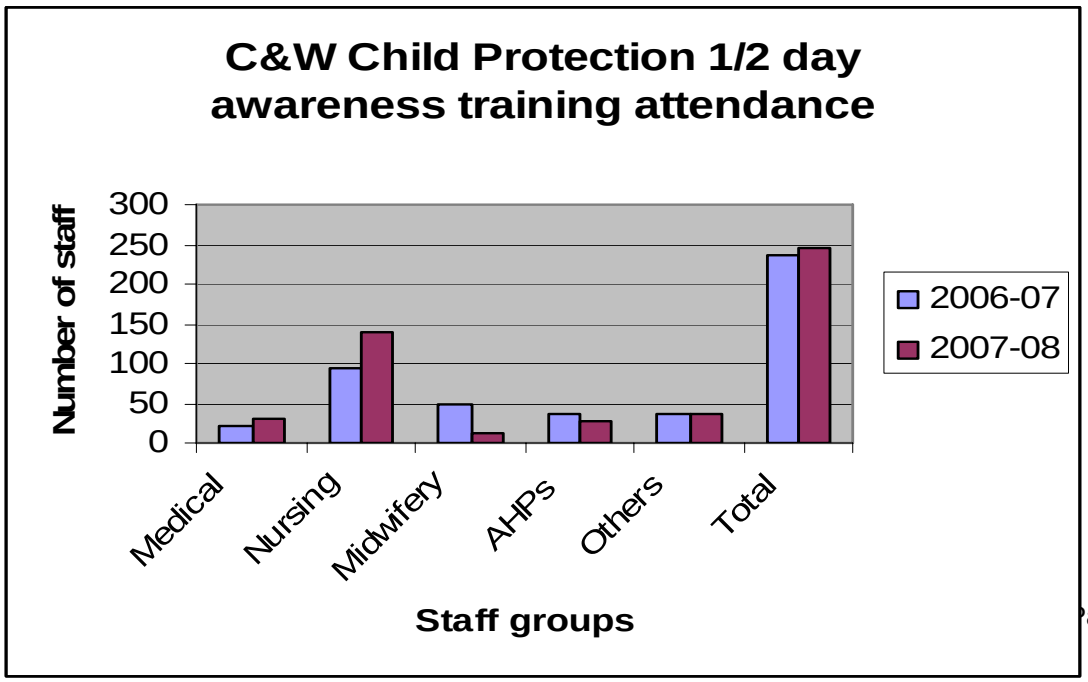


3.7.4 The majority of the NAI medicals are done by the Community doctors (including SASG doctors) and it is of concern that there will be some natural shrinkage in staffing numbers due to retirement. This will be addressed as this may affect our ability to offer Social Services appointments for such medicals and we may have to reduce from 5 to 3 days a week. This reduced service should still be able to provide them with adequate numbers of slots but it may be that medicals cannot be arranged as quickly as they would like.

4.0 Child Protection Training

There has been a slight increase in uptake of our monthly Child Protection Awareness Training ½ day (see graph). Most of the attendees are nurses so we need to continually encourage other staff to attend (particularly doctors). A targeted training programe is now in place and is overseen by the Children's Board (4.2)

4.1 Child Protection ½ day awareness training attendance



4.2 Child protection annual training plan 2008/9

Title	Learner group	Training Lead	Frequency required	Session length	Trust total of staff in learner group	Max no of learners per session	No of sessions required annually	Education provider, eg PCT, C& W
Induction	All staff	Sophie Hamm	Monthly	25 mins	All new staff	40	12	C&W – NN/CP
Induction	SHOs and SPRs	Paul Hargreaves	6-monthly	1 hour	30	15	2	C&W – DD/CP
Basic training	All staff who work with children (clinical and non-clinical)	Paul Hargreaves	Monthly	Half day, in house	640	25	12	C&W – external trainer, plus internal trainer
Safeguarding children, LSCB	All staff in charge of a ward, specialist paediatric nurses *	LSCB Hospital rep Robyn Daley	10	2 days	62 + 32 midwives = 94	20	5	K&C Local Safeguarding Children's Board
TVU Child Protection for Healthcare Professionals	Nurses working with children (Band 6 or 7), or on request	Corporate Nursing		12 weeks	6	3	2	6 places provided through NMET contract annually

Notes
Refresher sessions (1½ to 2 hours) for all staff working with children need to be arranged
Midwifery staff included in all sessions
* Staff who are eligible for the two day course need follow-up training every two years this could be an any area of safeguarding eg. Domestic violence

5.0 Risk assessment plan (as of July 2008):

GRADING (USING THE ATTACHED TRUST RISK MATRIX)	
4 X 1 = 4 (Consequence: Major Failure to meet External Standards/Major Loss of confidence in Organisation X Likelihood: Rare – may possibly occur in approx 1% of cases as a result of additional controls)	
Immediate Action Taken	**Person Responsible**
Lead Clinician involvement in the IT project to agree a system of alert flags to warn relevant staff of special circumstances.	Pedro Vieyra Paul Hargreaves
Child Protection Training is available at induction for all grades of staff, specifically within paediatrics, but for all staff working with children. There has been a slight increase in numbers of staff trained in the Child Protection ½ day awareness course last year but encouragement to attend is still required.	Paul Hargreaves Kingi Aminu
Many doctors are failing to use the 'Comms Notes' facility on Lastword, despite reinforcing their use at induction and regular reminding of staff. Continue to raise awareness via staff meetings.	Paul Hargreaves David Henry (EPR Training)

ACTION PLAN			
Action	**Person responsible**	**Due date**	**Date implemented / Progress**
1. Identify an effective means of communicating safeguarding issues on labour ward in the absence of a named midwife.	Margaret Cronin	Sept 07	Completed May 2008
2. Nominate a named midwife.	Margaret Cronin	See Maternity document	Named midwife for safeguarding issues commenced employment in May 2008 (Wendy Allen).
3. Develop a Child Protection 'flag' on the EPR to alert professionals to the presence of pertinent safeguarding communication notes on the HISS and noted within the clinical records folder. Fortunately there have been very few instances where children have been missed but there is a real risk of this happening without an alert flag on the HISS. **This remains a potential risk area and will be resolved through collaboration with the IM&T Department to develop system alert flags.**	Pedro Vieyra/ Paul Hargreaves	Oct 07	Flag developed. Issues around populating last word to be addressed.
4. Update local Child Protection procedures to reflect changes in legislation.	Paul Hargreaves / Sophie Hamm	August 2008 (changed from October 2007)	An audit of the paediatric discharge summaries is to undertaken in August 2008 alongside the audit below.

5. Review the quality of electronic discharge summaries, which should include action plans in line with Lord Laming's recommendations. Many children still leave the wards without an adequate discharge summary or plan – this is a risk. **Propose undertaking an audit of Paediatric discharge summaries to look at the quality and content of information.**	Sophie Hamm	August 2008 (changed from October 2007)	An audit of the effectiveness of this checklist is to be undertaken in August 2008
6. Ensure community health professionals including health visitors and school nurses are informed of all hospital admissions. Current practice includes nursing staff hand writing the relevant forms, this is not only time consuming for staff; as much of the information already exists on the HISS system there is an additional concern as the current system does not facilitate auditing to ensure that sufficient quality of information being communicated or to ensure they are all completed. **A paediatric nursing discharge checklist has been introduced, a proposed audit should identify how many forms are recorded as being sent and it is hoped to add the health visitor/ school nurse referral forms to the HISS system**.	Sophie Hamm	August 2008 (changed from October 2007)	An audit of the effectiveness of this checklist is to be undertaken in August 2008 to coincide with the audit above
7. Although there is more Child Protection training occurring, this is done by a small group of committed professionals. Paediatrics expected a budget of approximately £37,000 for Child Protection training to enable the recruitment of external speakers who bring different expertise, as well as to provide much needed equipment for training including resource packs. **The funding must be directed to the appropriate budget to enable training, or this will significantly hamper our ability to provide a comprehensive training package.**	Paul Hargreaves	Jan 2007	Funding secured Jan 2007

RISK ASSESSORS	DESIGNATION	DATE
Vivia Richards	Head of Clinical Governance	31st August 2006 and 10 July 2007
Paul Hargreaves	Consultant Paediatrician	31st August 2006 and 10 July 2007
Paediatric Clinical Effectiveness Committee, supported by Anderley Newnham.		15th July 2008

5.1 The above table is taken from the risk register from July 2008 and highlights some of the risks identified at that time with regard to Child Protection. A few items warrant further updates:

5.1.1 The Child Protection alert (or 'flag') has been progressed from last year and will be a separate 'communication' note within EPR which alerts the user to the fact that the child has a set of Child Protection notes amalgamated with the hospital notes. It is expected that the service user (primarily doctor, nurse or midwife) will then access the hospital notes if the child presents with worrying symptoms, signs of behaviours which may indicate child protection concerns.

5.1.2 We now have a Named Nurse a Named Midwife and a Named Paediatrician who are fundamental to ensuring that child protection issues are identified and death with effectively within the hospital.

5.1.3 We have no Paediatric Emergency liaison post with primary care and education and this has hampered communication about patients. A survey in 2007 conducted by the Designated Nurse for Hammersmith & Fulham found that many schools and health visitors had not been notified of attendances to Paediatric Emergency, and if they are, vital information is often missing. This lack of robust liaison with the PCTs prevents effective follow-up of these patients in the community. The funding for a liaison post is currently being finalised and it is likely that the funds will come from the hospital plus the 2 local PCTs.

5.1.4 Training is improving in terms of overall numbers but medical staff are rarely able to attend. All new Paediatric medical staff do have Child Protection as part of their induction programme but this only covers basic awareness. We have therefore re-evaluate our training programmes regularly and aim to provide more targeted courses to those who cannot access the local LSCB training. We have been using our budget successfully and there are opportunities to provide additional courses. On-line training packages are being considered by the training sub-committees of both LSCBs and hopefully these can be used to improve staff take-up of training.

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Additional comments
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16th July 2008