Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Members' Council Meeting

Hospital Boardroom
Chair: Prof. Sir Christopher Edwards
Date: 19 March 2009
Time: 4:30 – 6:30 pm

Agenda

		Lead	Paper Number
1	**GENERAL BUSINESS**		
1.1	Apologies for Absence	CE	
1.2	Declaration of Interests	CE	
1.3	Minutes of Previous Meeting held on 4 December 2008	CE	1.3/Mar/09
1.4	Joint Away Day 4 December 2008 – Minutes & Matters Arising	CE	1.4a/Mar/09 1.4b/Mar/09
1.5	Matters Arising	CE	1.5/Mar/09
1.6	Chairman's Report (oral) (Dean Street opening)	CE	
2	**ITEMS FOR DISCUSSION/DECISION/APPROVAL**		
2.1	Healthcare for London Consultation, Stroke and Major Trauma	PM	2.1/Mar/09
2.2	'Support our Stroke Services' campaign	CE/HL	2.2/Mar/09
2.3	Paediatrics consultation	CE/HL	
2.4	Members' Council Funding Report	CE	2.4/Mar/09
2.5	Development of the Trust website	HL	2.5/Mar/09
2.6	Open Day 2009	CE	2.6/Mar/09
2.7	Membership Report	CE	2.7/Mar/09
2.8	Roles and Responsibilities of the Members' Council	CE	2.8/Mar/09
2.9	Healthcare Commission Standards for Better Health	CM	
3	**ITEMS FOR INFORMATION**		
3.1	Finance Report – Month 10	LB	3.1/Mar/09
3.2	Performance Report – Month 10	LB	3.2/Mar/09
3.3	Minutes of the Members' Council Membership Development & Communications Sub-Committee held in February 2009	CB	3.3/Mar/09
4	**ANY OTHER BUSINESS**		
5	**DATE OF THE NEXT MEETING 18th June 2009 at 4:30pm**		

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Members' Council Meeting Minutes, 4 December 2008

Present:

[Quorum: 12 Council Members with a minimum of 4 public/patient, 1 Staff and 2 appointed]

Council Members:
Prof. Sir Christopher Edwards (CE), Chairman
Jim Smith (JS), Patient
Christine Blewett (CBT), Public – Hammersmith & Fulham 2
Peter Molyneux (PM), Appointed, Kensington & Chelsea PCT
Alison Delamare (AD), Staff – Contracted
Cathy James (CJ), Staff – A&C
Ann-Mills Duggan (AMD), Public – Westminster Area 1
Nathan Billing (NB), Staff-Allied Health Professionals
Chris Birch (CB), Patient
June Bennett (JB), Patient
Walter Balmford (WB), Patient
Martin Bradford (MB), Hammersmith and Fulham area 1
Nicky Browne (NBr), Royal Marsden NHS Foundation Trust
Mervyn Maze (MM), Imperial College
Brian Gazzard (BG), Staff – Medical & Dental
Lionel Foulkes (LF), Public – Wandsworth 2
Martin Lewis (ML), Public
Sue M Smith, Staff, Nursing and Midwifery
Lady Sandra Smith-Gordon (SSG), Kensington and Chelsea area 2
Christine Blewett (CBT), Hammersmith and Fulham
Martin Lewis (ML), Public, Westminster Area 1

In Attendance:
Heather Lawrence (HL), Chief Executive
Andrew MacCallum (AMC), Director of Nursing
Cathy Mooney (CM), Director of Governance and Corporate Affairs
Charles Wilson (CW), Non-Executive Director
Lorraine Bewes (LB), Director of Finance
Julie Cooper (JC), Foundation Trust Secretary
Amanda Pritchard (AP), Deputy CEO
Colin Glass, NED
Andrew Havery (AH), NED
Mike Anderson (MA), Medical Director
Karin Norma (KN), NED

1. GENERAL BUSINESS

1.1 Apologies for Absence

Apologies for absence were received from:
Martin Rowell (MR), Patient
Prof Salman Rawaf (SR), Appointed,
Sandra Jowett (SJ), Appointed – Thames Valley University
Duncan Macrae, Appointed - Royal Brompton & Harefield NHS Trust
Michael Henry (MH), Patient
Hugo Fitzgerald (HF)
Richard Kitney (RK),Non-Executive Director
Amit Khutti (AK), Director of Strategy and Service Performance
Hannah Coffey (HC), Director of Operations

Catherine Longworth (CL), Westminster PCT
Maria-Elena Arana (MA), Patient
Jane King (JK), Patient
Frances Taylor (FT), Appointed - Royal Borough of Kensington & Chelse
Mary Symons (MS), Public, Wandsworth Area 2
Sue P Smith (SPS), Patient

1.2 Declaration of Interests

None

1.3 Minutes of the Previous Meeting Held 18 September 2008

The minutes were approved with the following amendment:

Sue M Smith was present.

1.4 Matters arising

Matters Arising/Membership Surgeries (1.4/Sept/08)
Many Council Members have expressed their interest to be involved in surgeries.

Matters Arising/Assurance Committee
The selection process for the Assurance Committee has been decided.

Public Consultation on Congestion Charge (2.3/Sept/08)
Individual members were encouraged to respond to the consultation. The outcome of the consultation has been positive for the Trust and the majority of respondents want the western extension abolished.

Membership Report
JC asked for volunteers to distribute leaflets to pharmacies.

FT Membership Area
The membership area is now a regular agenda item for both the Council meeting and the Communications Sub Group.

Developing the Role of Governors
Business planning is on the agenda.
The Joint Board Away Day has been organised.

Yellow/Red Alerts
Council Members will be involved in the appeal process for red and yellow cards. Three members have expressed an interest.

LB confirmed that at present Council Members are not covered and we would need additional insurance for this purpose.

NHS Constitution
HL said there was nothing significant in the consultation so the Trust did not formally respond.

1.5 Chairman's Report

CE said that Sir Robert Finch is the new Chairman of the Royal Brompton Hospital. CE has written him a letter seeking collaboration. We are about to receive further information on Health Innovation Education Clusters (HIECs). We see the creation of HIECs as an opportunity in NW London for the Academic Health Science Centre to come together with Fulham Road partners to address a number of key issues surrounding post graduate medical education. We are fortunate to have the CLAHRC and it will allow us to focus within the HIEC on how to build bridges

between research and health. The process for HIECs and the creation of an Academic Health Science Centre will now move in parallel.

2. ITEMS FOR DECISION/APPROVAL

2.1 Business Planning

LB said that we have taken the views on board from the last meeting with regards to the involvement of the Members' Council in the business planning process. We are now organising three workshops for staff to share their views. All Council Members are invited to attend these business planning workshops which will be held during the second half of December. The workshops will be dedicated to different aspects of business planning with the sessions being repeated at different times of the day to maximise attendance for both staff and Council members. The topics of the workshops will be as follows:

- Workforce (led by Mark Gammage, interim director of HR)
- Strategy and the PCT environment (led by Heather Lawrence and Amit Khutti, Director of Strategy)
- Finance (led by Lorraine Bewes, director of finance)
- Quality and Governance (led by Mike Anderson, medical director, Andrew MacCallum, director of nursing and Catherine Mooney, director of governance)

At this stage the timings are still being finalised and a schedule of the meetings will be distributed by Julie Cooper as soon as they are available. A dedicated workshop for Council Members' only can also be arranged if this is preferred? The Council felt that this was not necessary.

Action: JC to circulate business planning workshop schedule and sign up interested Council Members.

2.2 Membership

CE said that we remain focussed on increasing our patient membership. We are now interfacing with GPs and we have included the membership application in the back of the new discharge leaflet which will go to every patient. We are also continuing to explore the best ways of using the kiosks to recruit and involve members. NBr said that the Royal Brompton has asked Kensington and Chelsea Council to help increase membership. She suggested that we work together on this as membership to Foundation Trust's is not exclusive. JC said that she had met Nell Davies from Kensington and Chelsea Council and they agreed to fix a meeting to discuss ways of working together. PM said they are exploring the use of 2nd life for health. CG has agreed to meet with interested Council Members to discern the best model for constituent meetings.

Action: Develop a set of specific proposals on how to take engagement forward.

2.3 Members' Council Funding Report

CE recapped the spending to date as noted in Table 1 in the paper as well as the agreed future activities outline in Table 2. He said we will have approximately £30K remaining for this financial year. He invited HL to speak to the first proposal regarding the creation of a DVD promoting our paediatric services from the perspective of a child. HL said that we have just created a Paediatric Service Directory, but we would like to go further in our efforts to promote the service. The DVD could be used for parents, commissioners or children themselves to give more insight into the services we provide here at Chelsea and Westminster Hospital. CB asked if there was hospital budget to do this? HL said not this year as we are into Month 9 of the financial year. The Council was in support of the DVD. CE said the second suggestion was to either fund the membership to the Consultation Institute or to set aside some money for Council Members to attend their workshops on engagement. The Consultation Institute seeks to promote the highest standards of public, stakeholder and employee consultation by initiating research, publications and specialist events in order to disseminate best practice. It was agreed that JC would circulate more information on the institute and the types of workshops they offer.

The Council noted that people are using the screens and we need to now go further in using

this area to increase membership and engage with our existing members.

Action: Use the Members' Council funds to create a DVD on our paediatric services.
Action: JC to circulate more information on the Consultation Institute.

2.4 Membership Area

The Council noted that people are now using the screens and that this initiative is off to a good start. We must now take this area to the next phase and ensure that the area is appropriately staff and used. This work will be lead by the Communications Sub Committee.

2.5 Chair Appraisal

CW said he will lead the process for the evaluation of the Chairman. He has spoken with Brian Gazzard, the Deputy Chairman of the Members' Council, and they have agreed the process which is outlined in the paper. BG proposed that the chairman come a half-hour later to the next Council meeting to allow time to seek the views of Council Members.

THE COUNCIL AGREED TO THE CHAIR APPRAISAL PROCESS.

2.6 Nursing and Midwifery Seat

AMC said that we are now in talks with two organisations to take up the role of education provider for nursing and midwifery. Once this process is concluded we will choose who our major partner will be and which organisation should have a representative on the Council.

2.7 Northwest London Strategy

HL said she can now confirm that three of the five bids have been approved for major trauma centres which are St George's, Kings and the Royal London. They have been asked to resubmit their bids to cover a wider geography. HL said that major trauma patients represent less than 1% of the population and stressed that we will still receive trauma patients here. PM said that this is not the end of the designation process. There are further discussions to be had in terms of distance and journey times and whether some other arrangement needs to be decided.

With regards to Stroke, we have an excellent Stroke service and we took the decision to submit a bid to NHS London to become a Hyper Acute, Acute and Transient Ischemic Attack (TIA) centre. Each of the three elements had to stand alone and together. The PCTs would like to see two in North West London. We will know on the 19th December if we will go to the next stage. HL said she has also been advised that we will be briefed on paediatrics on the 15th December. ML asked if there had been an increase in A & E attendance. HL said it was constant at the moment and the Chairman added that there was an increase of 20% in outpatients. CE mentioned the timing for paediatrics which could be a key issue for the next Council meeting on March 19th. We must be ready to consult with our membership and be prepared to hold any additional meetings necessary. NBr said she was happy to put time aside to work with the Council to agree a way forward once the specification is clear. MM suggested that the Communications Sub Group might take the lead responsibility for mobilising the membership. PM asked that any plan include an opportunity for dialogue with PCTs and commissioners.

2.8 Quality Care Commission

HL said that this is a new body that will incorporate three inspectorates. This paper sets out the new powers and principles for the agency. What is important to note is that we will now have to register with the commission. The question for now is do we agree with the principles? CE said there are so many bodies out there with a remit for quality which could mean we find ourselves answering to many bodies.

THE COUNCIL NOTED THE REPORT

2.9 MedMedia Ltd

HL said that she had been introduced to Medmedia by a consultant. She and the Chairman met with the founder of the company, James Frost, the previous week. He is a banker who has now sold his previous company and created Medmedia six months ago with a view to provide aesthetic forms of health promotion in hospitals which can also deliver revenue. CE shared some of the mock art work as an example of the type of messaging that would be developed and stressed that we would drive content. We would then receive 100% of the revenue from each panel of which we would pay them 50% and reinvest 50% into our services. CE said they made no guarantee on minimum income. They would go out and effectively sell the space. CE said the key issue is whether the sponsor would pay less as the message became less branded. JB raised her concerns about the legitimacy of the company and that she had looked into the company and it seemed they had links with an American firm. She also asked what the sponsor would expect from us at the end of the year. CE said it was the benefit of the space to promote key health messages. WB asked if they would move or be static. CE said they were static but that we would insist the messages change throughout the year. CB asked what Matt Akid, the Head of Communications (MA) thought. CE said that he Board had discussed this opportunity briefly and that MA would now be consulted. SGS said that the walls were already covered in lovely art and queried why we would change this. HL explained that there were many blank walls within clinics. BG said that he was very supportive. AMD asked what types of sponsors we might not allow e.g. pharmaceutical companies. SMS said she is in charge of a ward and outpatient area and that she would find this very beneficial. CBT said that we would need clear sponsorship guidelines but if the concerns aired could be addressed satisfactorily then why not. PM asked that we work together with PCT on the messaging. HL said that this is in line with the thinking expressed in Lord Darzi's health reform with regards health promotion. She said that we would of course have a strict fire wall for procurement.

CE summarised his understanding of the discussion and the way forward as follows:
1/ We need reassurance about the provenance of the company. We will need to do a company search to this effect.

2/We need to differentiate this type of health promotion from advertising and check that this is permissible under the advertising code.

3/If we have appropriate messages in appropriate areas than we are in agreement to proceed.

4/ If they can sell the space and we can control the messages than the Council feels this is a good concept to pursue.

3.1 Finance Report – Month 7

LB said that we are continuing to do well against plan. The Trust is reporting a £7.34m income and expenditure surplus for the 7 months to 31st October 2008 (£1.15m above plan).

The current month's performance shows an income and expenditure surplus of £1.31m which is £0.49m above plan. This includes some exceptional costs and income which are detailed in the report.

The Council noted the report.

3.2 Performance Report – Month 7

HL reminded the Council of the Healthcare Commission ratings. We got excellent for 'use of resources' and 'good' for quality of services. We missed a 'double excellent' by 1 point. We have appealed but do not yet know the outcome.

The Council noted the report.

3.3 Corporate Objectives

The Council noted the report.

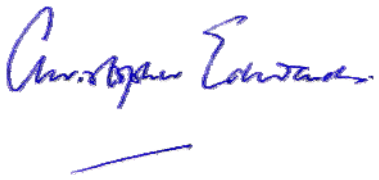
4. ANY OTHER BUSINESS

CB raised the issue of the size of the Members' Council and if we should have more sub committees doing the detailed work. AMC said we host a seasonal conference three times per year to discuss clinical issues, training and performance. We would like to involve the Members' Council and possibly the membership in this meeting. The next meeting is provisionally booked for 27 March. AMC will circulate further detail once it is available.

5. DATE OF NEXT MEETING

19 March 2009

Signed by



Prof. Sir Christopher Edwards
Chairman
19th March 2009

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Members' Council Meeting, 19 March 2009

AGENDA ITEM NO.	1.4a/Mar/09
PAPER	Minutes of the Joint Away Day held 4 December 2008
AUTHOR	Julie Cooper, Foundation Trust Secretary/Head of Corporate Governance
LEAD	Prof. Sir Christopher Edwards, Chairman
EXECUTIVE SUMMARY	This paper outlines a record of proceedings at the Joint Away Day.
DECISION/ ACTION	1. To agree the minutes as a correct record. 2. The chairman to sign the minutes.

Members' Council/Board of Directors Joint Away Day
Brewers' Hall
Aldermanbury Square, London EC2V 7HR
Thursday, 4 December 2008

Present:

Council Members:

Prof. Sir Christopher Edwards (CE), Chairman
Jim Smith (JS), Patient
Christine Blewett (CBT), Public – Hammersmith & Fulham 2
Peter Molyneux (PM), Appointed, Kensington & Chelsea PCT
Alison Delamare (AD), Staff – Contracted

Cathy James (CJ), Staff – A&C
Ann-Mills Duggan (AMD), Public – Westminster Area 1
Nathan Billing (NB), Staff-Allied Health Professionals

Chris Birch (CB), Patient
June Bennett (JB), Patient
Walter Balmford (WB), Patient
Martin Bradford (MB), Hammersmith and Fulham area 1
Nicky Browne (NBr), Royal Marsden NHS Foundation Trust
Mervyn Maze (MM), Imperial College
Brian Gazzard (BG), Staff – Medical & Dental
Lionel Foulkes (LF), Public – Wandsworth 2
Martin Lewis (ML), Public
Sue M Smith, Staff, Nursing and Midwifery
Lady Sandra Smith-Gordon (SSG), Kensington and Chelsea area 2
Christine Blewett (CBT), Hammersmith and Fulham
Martin Lewis (ML), Public, Westminster Area 1

In Attendance:

Heather Lawrence (HL), Chief Executive
Andrew MacCallum (AMC), Director of Nursing
Cathy Mooney (CM), Director of Governance and Corporate Affairs
Charles Wilson (CW), Non-Executive Director
Lorraine Bewes (LB), Director of Finance
Julie Cooper (JC), Foundation Trust Secretary
Amanda Pritchard (AP), Deputy CEO
Colin Glass, NED
Andrew Havery (AH), NED
Mike Anderson (MA), Medical Director
Karin Norma (KN), NED

The Chairman reviewed the results from the Monitor survey of Foundation Trust governors at the September 2008 Council Meeting. The results provided an opportunity for the Council to discuss the level of activity that was feasible for this Council and to prioritise their own work plan. One recurrent theme in both the Monitor survey as well as the self-evaluation done by the Council in July 2007, was the lack of quality time and contact with the Directors. The chairman suggested holding a dedicated away day with all Council Members and Board members to progress the working relationship and ideas for future activity.

The chairman opened the meeting by inviting everyone around the table to say a few words about their background and how they felt they could contribute to the Council. Colin Glass, Chris Birch and Prof. Gazzard then shared their own views on the role of council and how it could work most effectively.

Themes from the Day:
Many members expressed frustration over not having the tools to communicate with their constituencies. There were mixed feelings about this role. Some council members felt that their role was similar to that of a parliamentarian whereby they should seek and represent the views of their constituents. Others felt they were represented as 'models' of a certain type of patient/member of the public or staff and therefore had been empowered to act.

It was felt that the hospital needed to be much more explicit about what it wanted from both the Council and the Membership. The examples of paediatrics and the western extension were used to exemplify situations where both bodies were happy to mobilise opinion but needed support and direction.

Summary and Action Points:

1. Remain focussed on increasing our patient membership. Explore the best ways of using the kiosks and membership area to both engage with existing members and to recruit new ones. **Action: FT Secretary**

2. CG has agreed to meet with interested Council Members to discuss the best model for constituency meetings. The Council and Board felt it important to discern whether they were going out to 'listen' or to 'lend' information. It was felt a director should attend these meetings as well to answer immediate queries. It was agreed a system of tracking these queries and feeding back was necessary. This system will depend on how this will link in with PALS in future. **Action: AM/CM**

3. Develop a set of specific proposals to support communications looking at how to take engagement forward and on how best to communicate with our respective constituents **– Action: AM**

4. Hold a dedicated meeting with the Council on the long term vision and strategy for the hospital. **Action: HL**

5. Produce a report for MC overviewing the themes coming from PALS and Complaints to direct their activity and focus **Action: AM**

6. The Board is to come back with a clear proposal of what they would like from both the membership and the Council **Action: Trust Board**

7. Create more task and finish groups to increased focus involvement **Action: CE**

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Members' Council Meeting, 19 March 2009

AGENDA ITEM NO.	1.4b/Mar/09
PAPER	Matters Arising from Joint Away Day held on 4 December 2008
AUTHOR	Dianne Holman, Interim Foundation Trust Secretary
LEAD	Prof. Sir Christopher Edwards, Chairman
EXECUTIVE SUMMARY	The Board has considered the action points arising from the Joint Away Day and summarised its comments on the next steps.
DECISION/ ACTION	The Members' Council is asked to note the comments of the Board and confirm agreement of the next steps.

Notes on Joint Away Day held on 4 December 2008

Ref	Summary and action points	Lead	Comments
1	Remain focussed on increasing our patient membership. Explore the best ways of using the kiosks and membership area to both engage with existing members and to recruit new ones.	AM/FT Secretary	One kiosk will be moved to outside the PALS area and there will be further refurbishment of the membership area including bench seating and screening the area. IT to resolve the technical problem of failing kiosks.
2	CG has agreed to meet with interested Council Members to discuss the best model for constituency meetings. The Council and Board felt it important to discern whether they were going out to 'listen' or to 'lend' information. It was felt a director should attend these meetings as well to answer immediate queries. It was agreed a system of tracking these queries and feeding back was necessary. This system will depend on how this will link in with PALS in future.	AM/CM	Constituent meetings to be taken forward. A system will be developed to track queries raised and subsequent actions. *Computershare* will be invited to a Members' Council meeting to raise awareness of benchmark performance and actual penetration into the different geographic, demographic and psychographic segments of membership constituencies. This will also inform the analysis on funding requirements for recruitment which will be taken forward by the Members' Council Membership Development & Communications Sub-Committee.

Ref	Summary and action points	Leads	Comments
3	Develop a set of specific proposals to support communications looking at how to take engagement forward and on how best to communicate with our respective constituents	AM	There were a number of noteworthy initiatives for engagement and communication: The Spring Seasonal Working Conference to which members will be invited; the Engagement & Membership post which was about to be advertised; special members' edition of the Trust News; quarterly staff and patient panels; and more effective data-mining of the membership database.
4	Hold a dedicated meeting with the Council on the long term vision and strategy for the hospital.	HL	HL agreed to this proposal.
5	Produce a report for MC overviewing the themes coming from PALS and Complaints to direct their activity and focus	AM	CE suggested that the focus should be the patients' experience which was an important component of quality, which will include complaints and PALS but will be wider.
6	The Board is to come back with a clear proposal of what they would like from both the membership and the Council	Trust Board	CE confirmed that the proposals should include the statutory responsibilities of Council Members and in addition, roles and responsibilities under the Code of Governance. The roles of the membership include joining local focus groups and giving the Trust feedback. HL suggested that the Council Members should represent the Trust's clients. It was agreed that the roles and responsibilities document was updated. This is on the Agenda.

Ref	Summary and action points	Leads	Comments
7	Create more task and finish groups to increased focus involvement	CE	A number of ideas for 'Task & Finish' groups were suggested. The Board also explored existing representation in local networks and the opportunities for further involvement in Local Area Agreements and Local Strategic Partnerships. The Board also acknowledged the use of mystery shopping.

Members' Council Meeting, 19 March 2009

AGENDA ITEM NO.	1.5/Mar/09
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
2.1/Dec/08	BUSINESS PLANNING JC to circulate business planning workshop schedule and sign up interested Council Members.	JC √
2.2/Dec/08	MEMBERSHIP Develop a set of specific proposals on how to take engagement forward	
2.3/Dec/08	MC FUNDING REPORT Use the Members' Council funds to create a DVD on our paediatric services JC to circulate more information on the Consultation Institute	JC JC

The Consultation Institute
(www.consultationinstitute.org)

The Consultation Institute is an organisation that promotes high standards of public, stakeholder and employee consultation by initiating research, publications and specialist events in order to disseminate best practice and improve subsequent decision making.

They issue regular newsletters, hold two members' meetings annually and have Special Interest Groups. The specialist events/training are held throughout the UK, frequently outside London. These are usually one day courses on themes such as Effective Focus Groups, Consultation before and after, Effective Public Meetings, New Approaches to Public Engagement. The cost to members of these courses is approx £180.

Membership charges are on a scale and for named people.

3 people - £425pa + vat
5 people - £595pa + vat
10 people-£995pa + vat

Members' Council Meeting, 19 March 2009

AGENDA ITEM NO.	2.1/Mar/09
PAPER	Healthcare for London Consultation Presentation
AUTHOR	Peter Molyneux, Kensington & Chelsea Chair, Healthcare for London
LEAD	Prof. Sir Christopher Edwards, Chairman
EXECUTIVE SUMMARY	This paper contains a copy of the presentation on the Consultation for Stroke and Major Trauma
DECISION/ ACTION	The Members' Council is asked to note the contents of the presentation.

Healthcare for London

The shape of things to come

NHS

Peter Molyneux
Kensington and Chelsea Chair
Healthcare for London

March 19, 2009

What are we consulting on?

We are consulting on hospital-based care in London for patients

- with a major trauma, or
- a stroke

Major trauma

Adult hospital-based care

These proposals could save 100 lives a year and save thousands from serious disability

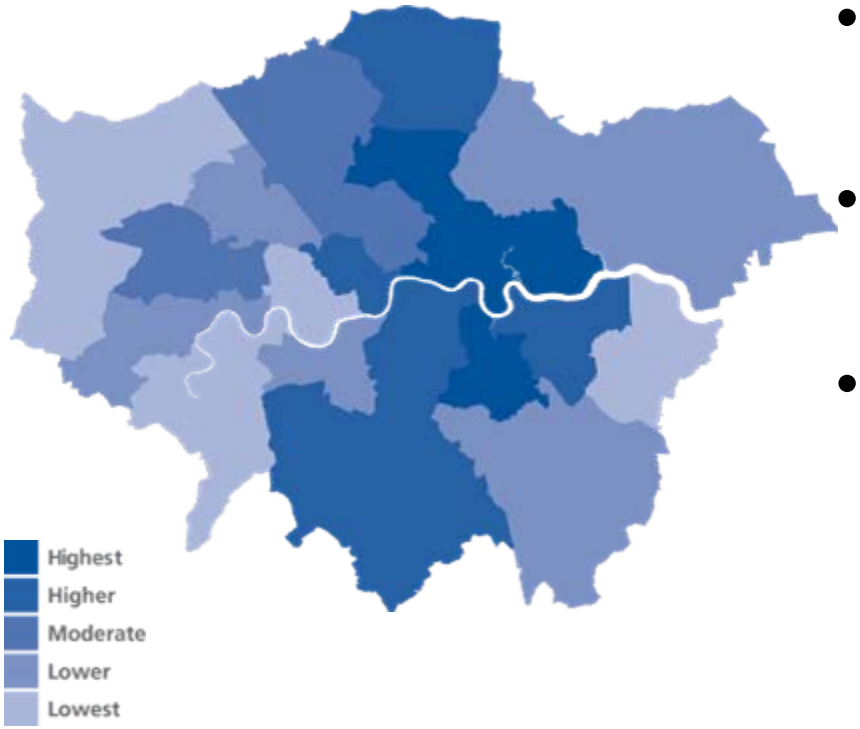
Healthcare for London

NHS

What is major trauma?

- Major trauma – a limb amputation, severe gunshot or knife wounds, a spinal injury, open skull fracture, paralysis or multiple injuries e.g. a road traffic accident
- Trauma – fractured neck of femur, broken ankle, minor head injury

The scale of the problem



- Around 1,600 **major trauma** cases per year
- About one case a week for most A&Es
- Most major trauma cases occur in central London

Healthcare for London

NHS

The case for change

- Current death rates are 40% higher in the UK than in parts of the US where there are effective trauma systems
- Two thirds of major trauma patients taken to a local hospital end up being transferred
- Royal London has 28% less deaths from major trauma compared with national average

What a good major trauma service looks like

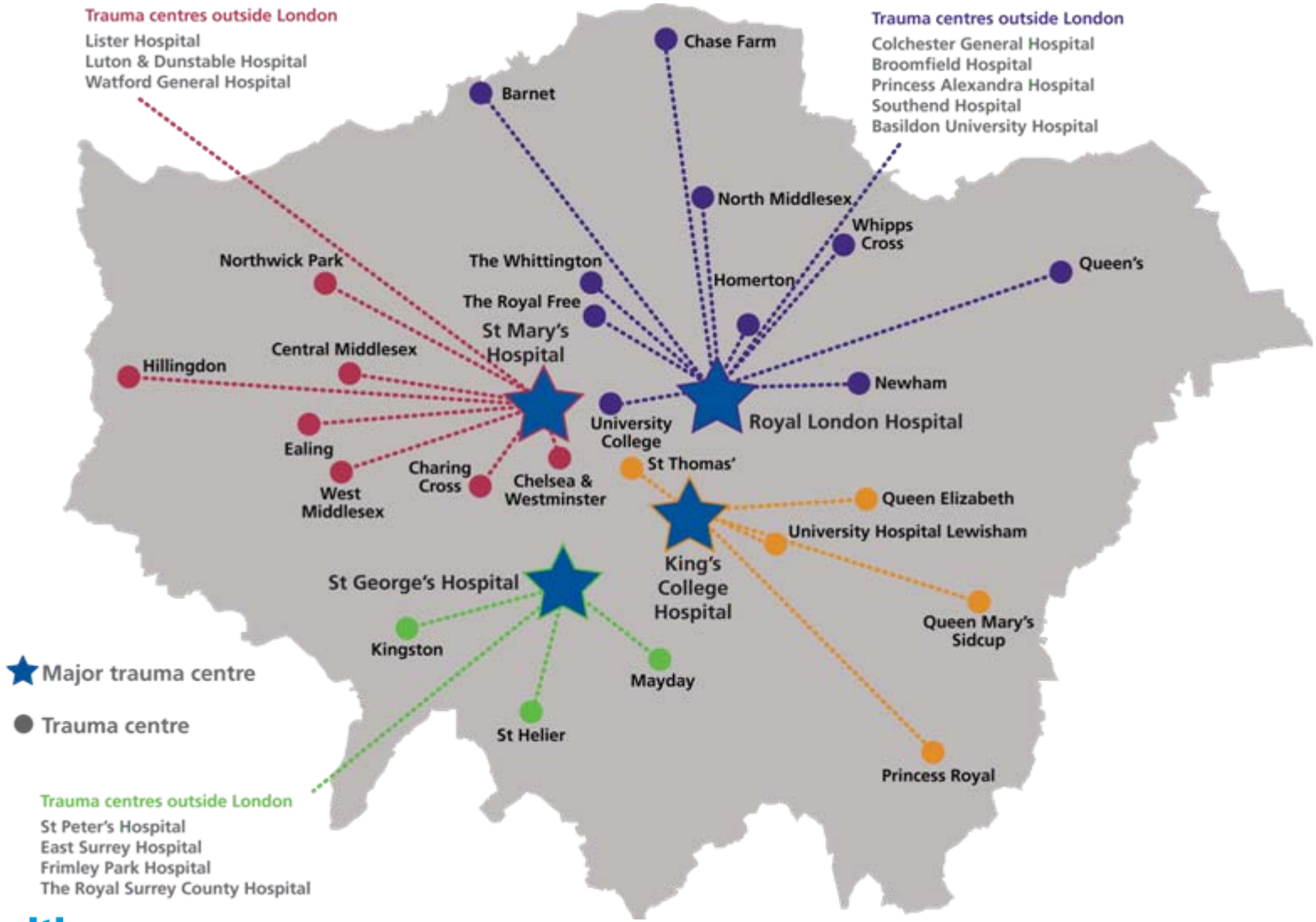
New specialist centres of care which have:

- sufficient volumes of patients for clinicians to become skilled
- are open 24/7, and
- provide a complete range of specialist major trauma care to a defined high standard

What a good trauma network looks like

- Three or four networks with a major trauma centre leading and co-ordinating the service and clear transfer agreements
- Local trauma centres in all A&Es would improve, so thousands of patients would have better care
- Ability to cope with a major disaster

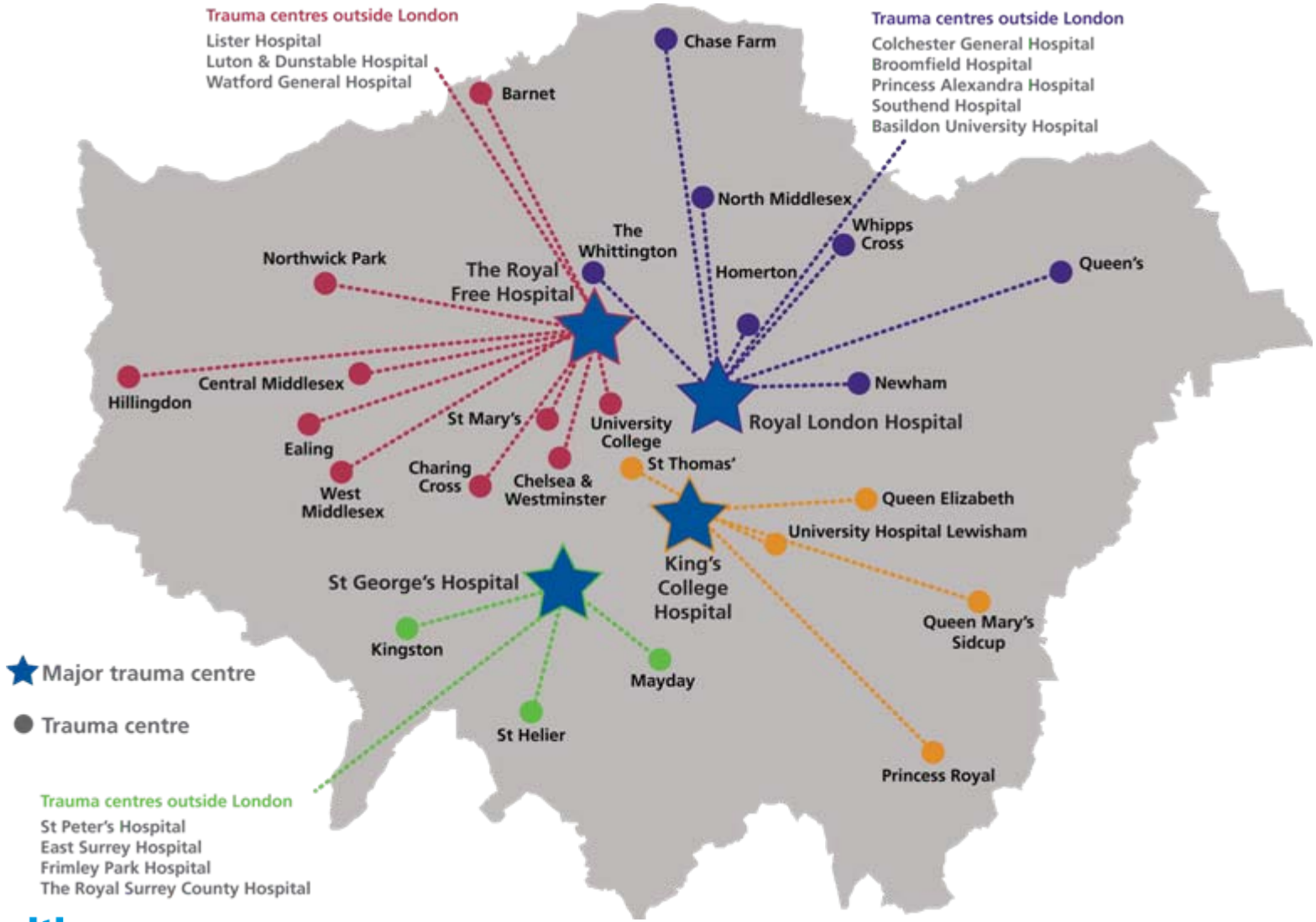
Four networks – St Mary's, our preferred option 1



Healthcare for London

NHS

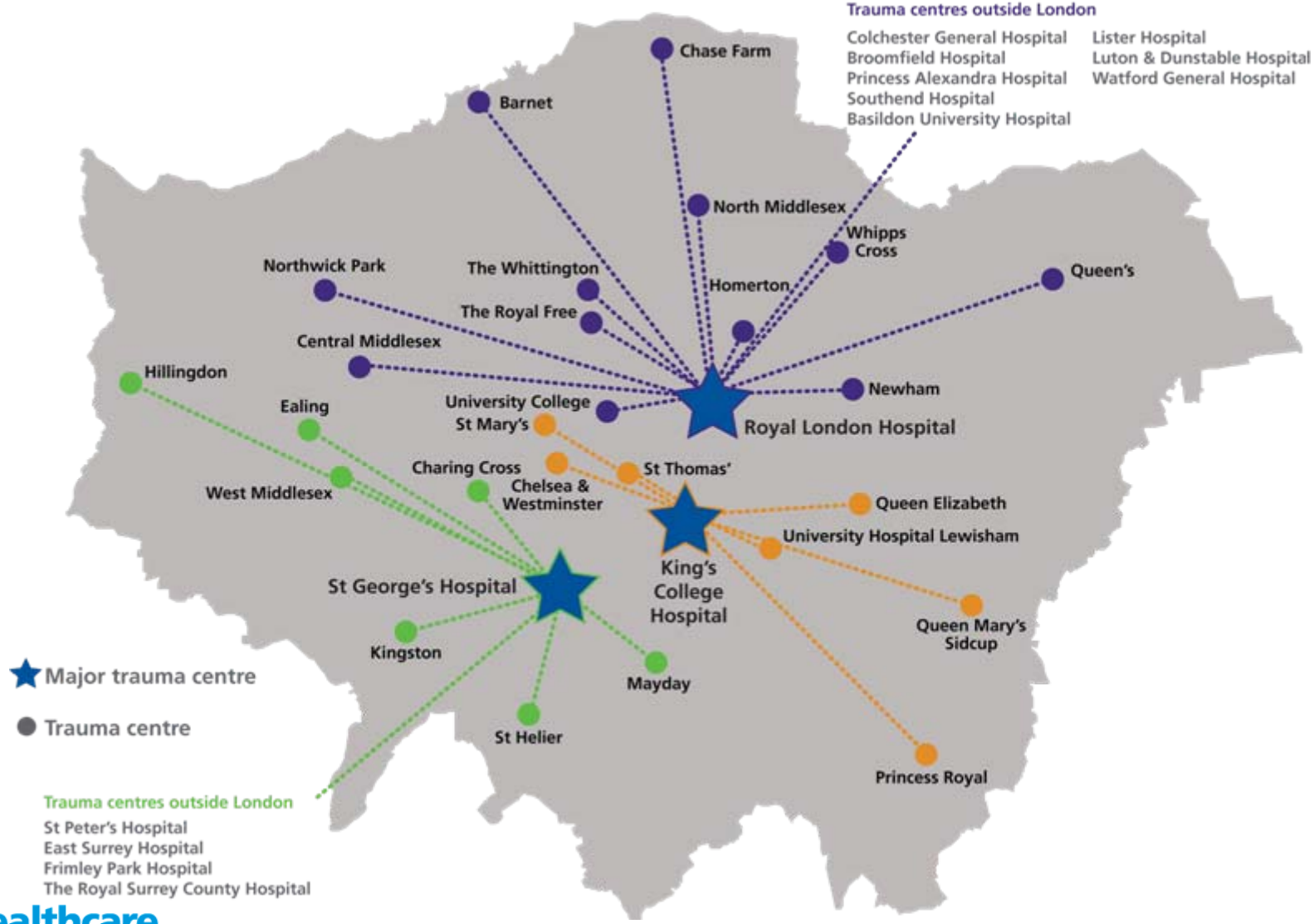
Four network alternative – Royal Free, option 2



Healthcare for London

NHS

Three networks – option 3



Healthcare for London

NHS

The balancing act

Three networks

More patients at major trauma centres
Quicker to set up the networks (2010)

Four centres

Major trauma centres not overloaded
Better for major incidents
Smaller networks to manage

Healthcare for London

NHS

Stroke

Adult hospital-based care

These proposals could save 400 lives a year and save thousands from serious disability

Healthcare for London

NHS

What is a stroke?

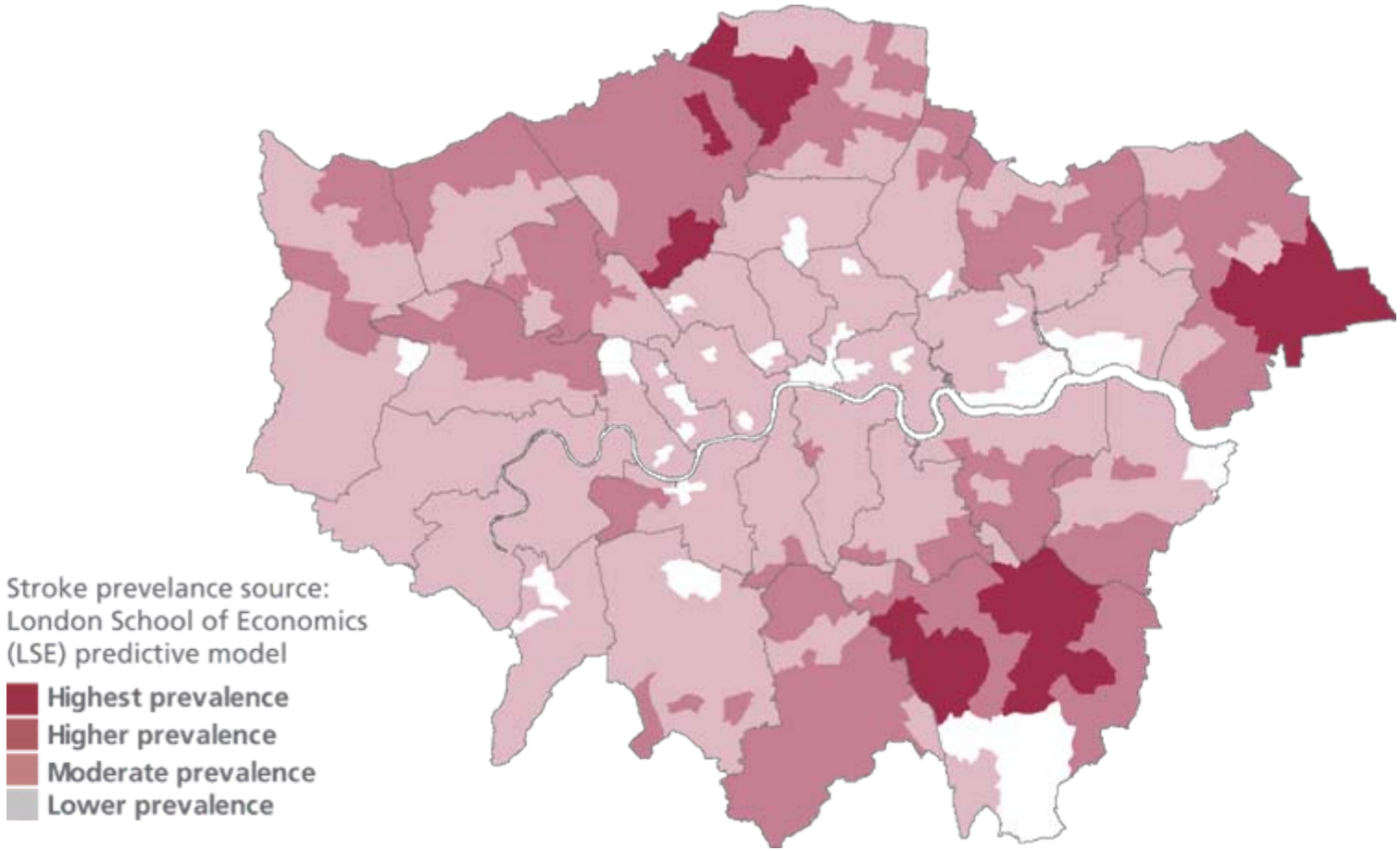
- A stroke is a type of brain injury. There are two types:
  – when blood vessels burst (haemorrhagic)
  – when blood vessels clot (ischaemic)
- Thrombolysis is treatment using a clot-busting drug that can only help ischaemic strokes.

Avoiding a stroke

Many strokes are preventable, particularly by lowering blood pressure. Simple steps can help reduce your risk:

- stop smoking – smoking can double your risk of having a stroke
- eat healthily – eat five portions of fruit and vegetables a day and reduce your salt intake
- drink alcohol sensibly – drinking too much alcohol raises your blood pressure
- exercise more – this lowers your blood pressure
- get your blood pressure checked.

The scale of the problem



- Second biggest killer and most common cause of disability
- 11,500 strokes a year in London – 2,000 deaths

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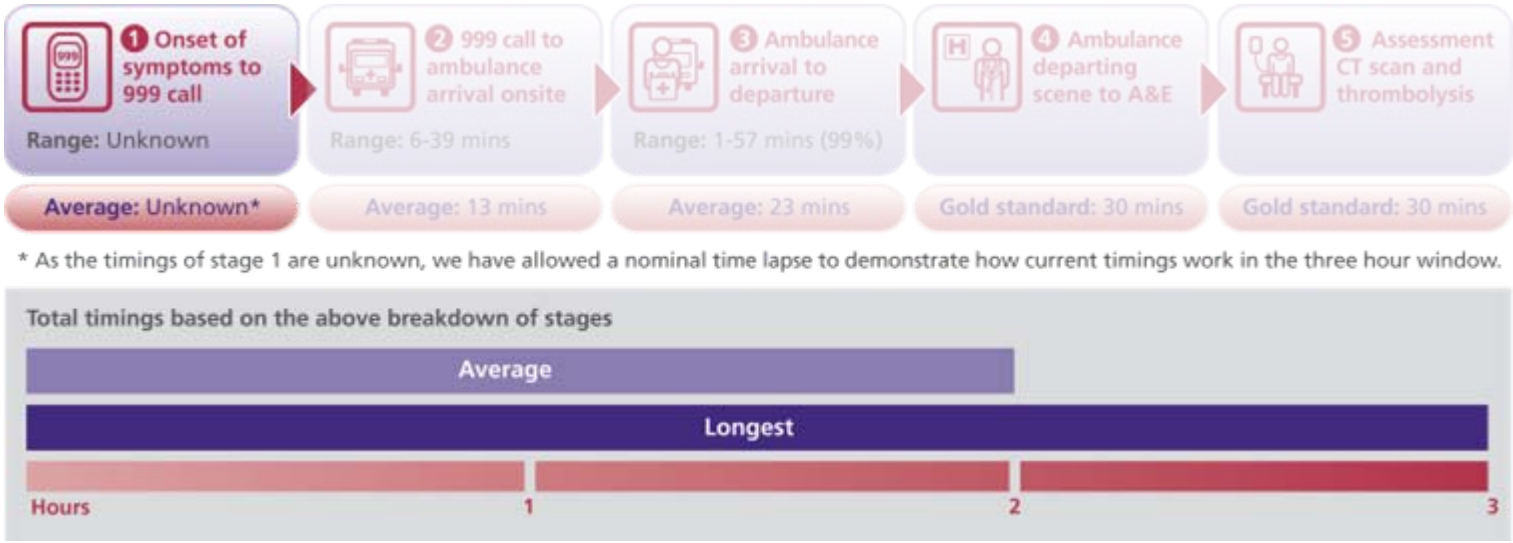
The case for change

- The UK is among the worst performers in Europe – you are almost twice as likely to die from stroke in the UK compared to France
- The Stroke Association support plans to create more specialised centres
- 25% more likely to recover and lead an independent life rather than die or be disabled if patients are treated on a specialist unit – could save 400 lives a year

What a good stroke service looks like

- 24 hour, 7 days a week service.
- A scan as quick as possible – patients lose brain cells every second they are left untreated
- Modern treatments such as clot-busting drugs for those that need them
- Specialist centres of care which have sufficient **numbers** of patients, and expert staff

Three hour window



Healthcare for London

NHS

The need for speed – get help FAST

Recognising a stroke

- **F**acial weakness – can the person smile?
- **A**rm weakness – can the person raise both arms?
- **S**peech problems – can the person speak clearly and understand what you say?
- **T**ime to call 999

Three hour window

* As the timings of stage 1 are unknown, we have allowed a nominal time lapse to demonstrate how current timings work in the three hour window.

Healthcare for London

NHS

The proposals for stroke

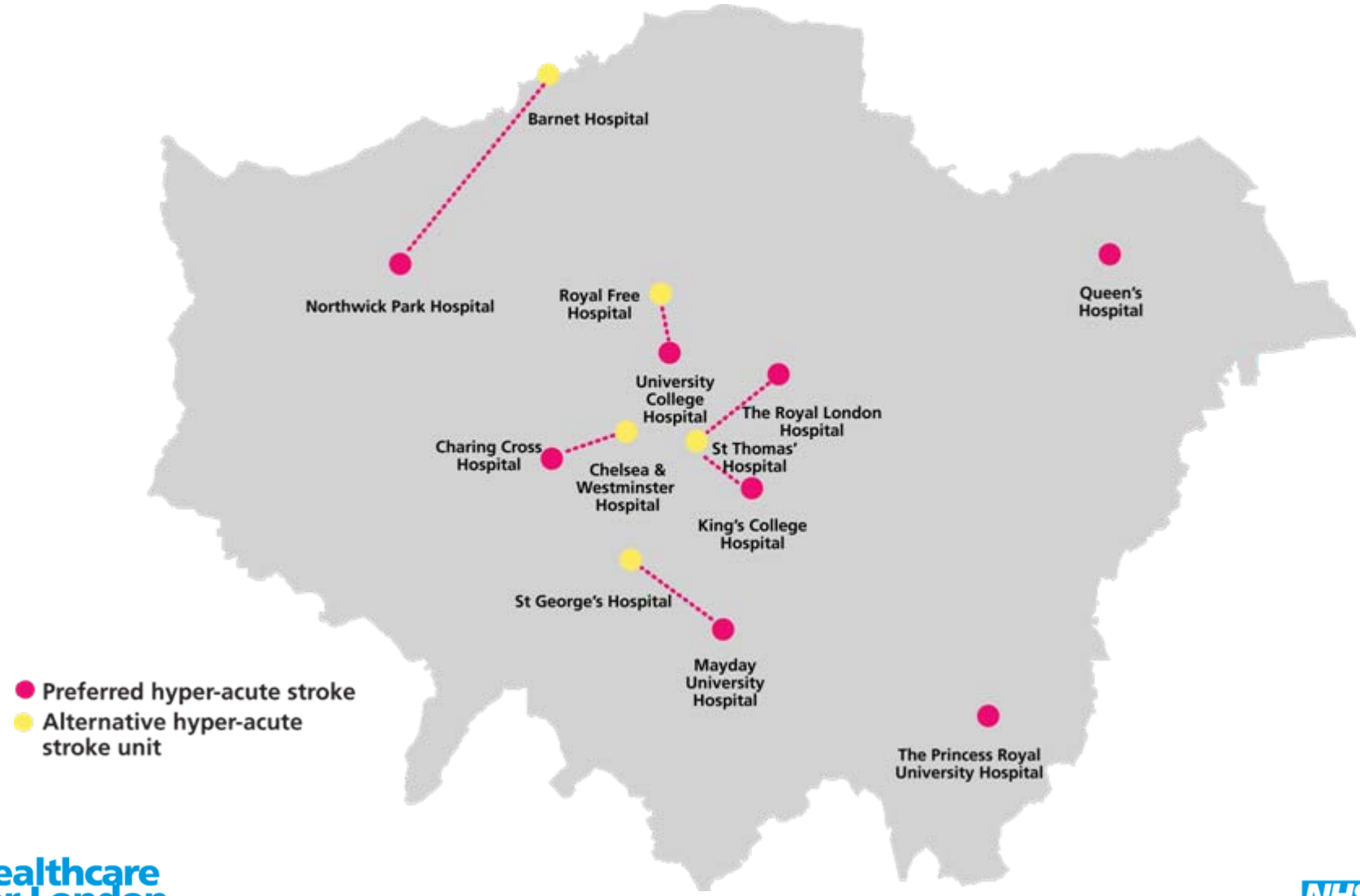
- Eight hyper-acute units where all patients would go for very specialised treatment. No-one would be more than a 30 minute ambulance journey from a centre and would be scanned and (if appropriate) thrombolysed within 30 mins of arrival at the centre
- Over 20 local stroke units where people would go after the first three days – for ongoing care and rehabilitation
- Transient ischaemic attack centres providing rapid testing and specialist services for people who have suffered a ‘mini stroke’.

Hyper-acute stroke units – our proposal

Healthcare for London

NHS

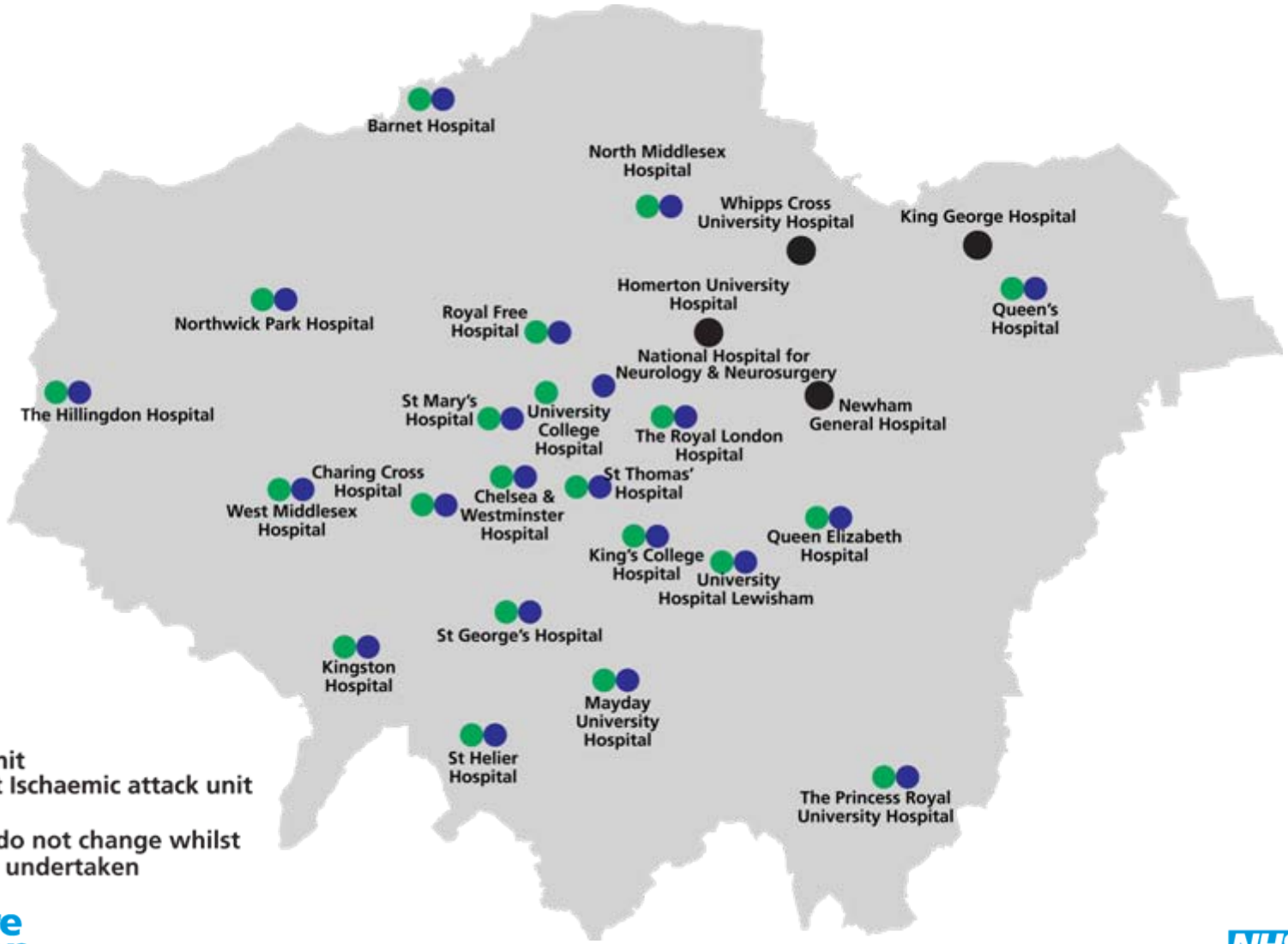
Hyper-acute stroke units



Healthcare for London

NHS

Stroke units and TIA services



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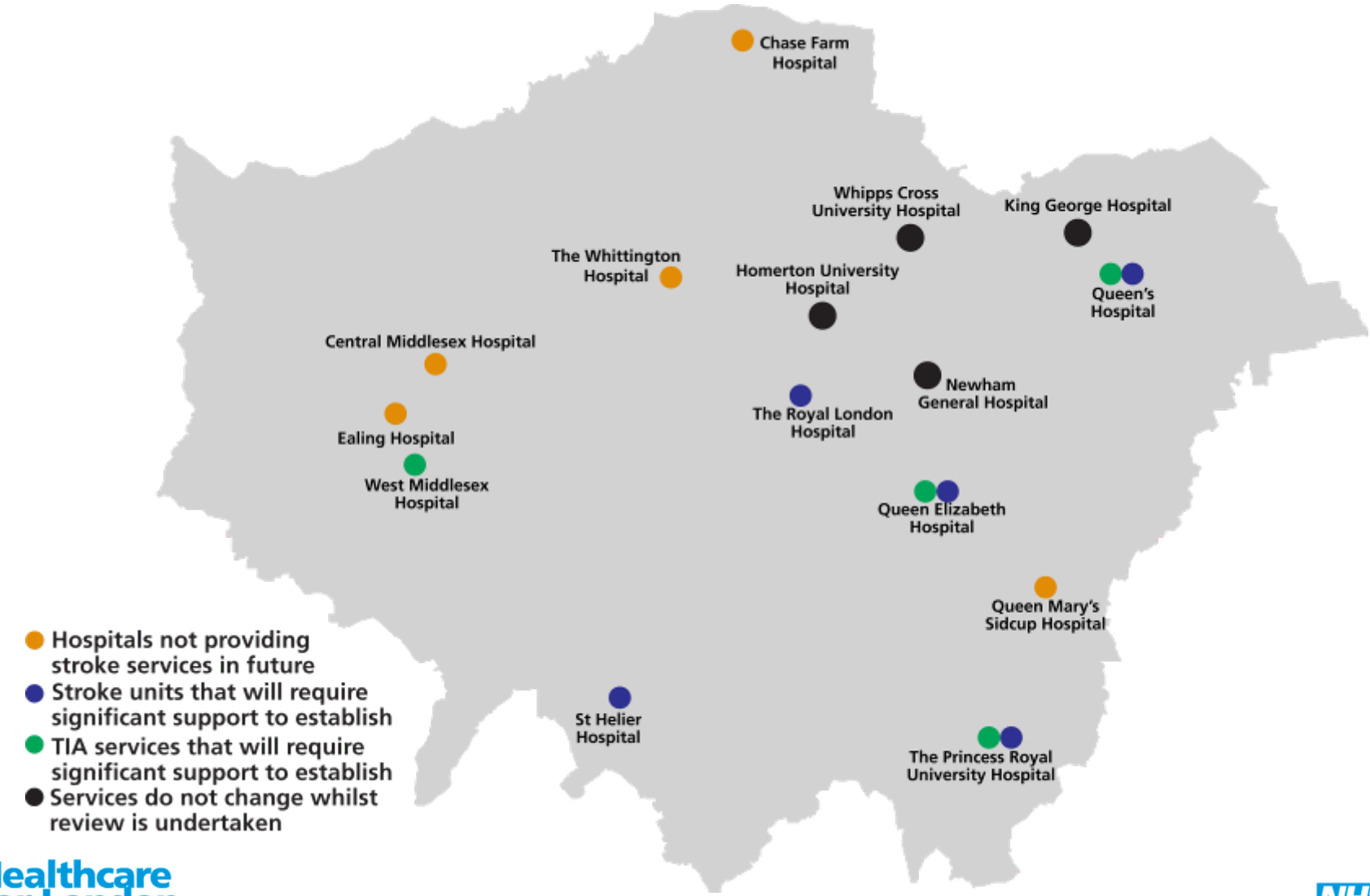
Stroke units and TIA services – some key issues



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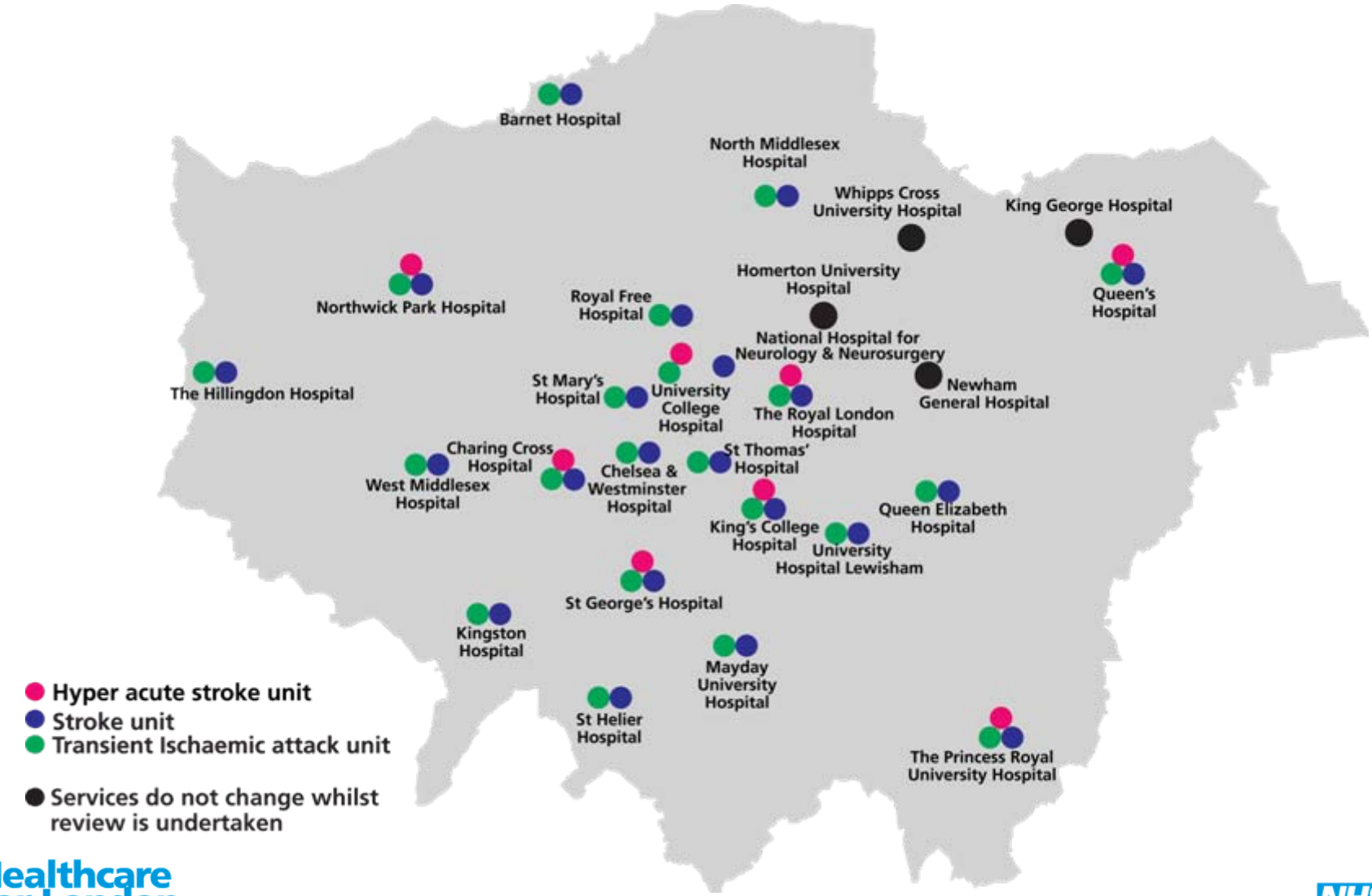
HASU, Stroke and TIA Units



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What are we asking?

- Do you agree with our proposal on HOW to treat stroke patients i.e. hyper-acute stroke units, stroke units and TIA services?
- Do you agree that eight hyper-acute units is right?
- Do you agree with our proposed sites for stroke services?
- Are there others that should be included / excluded?

Heart attacks – a case study

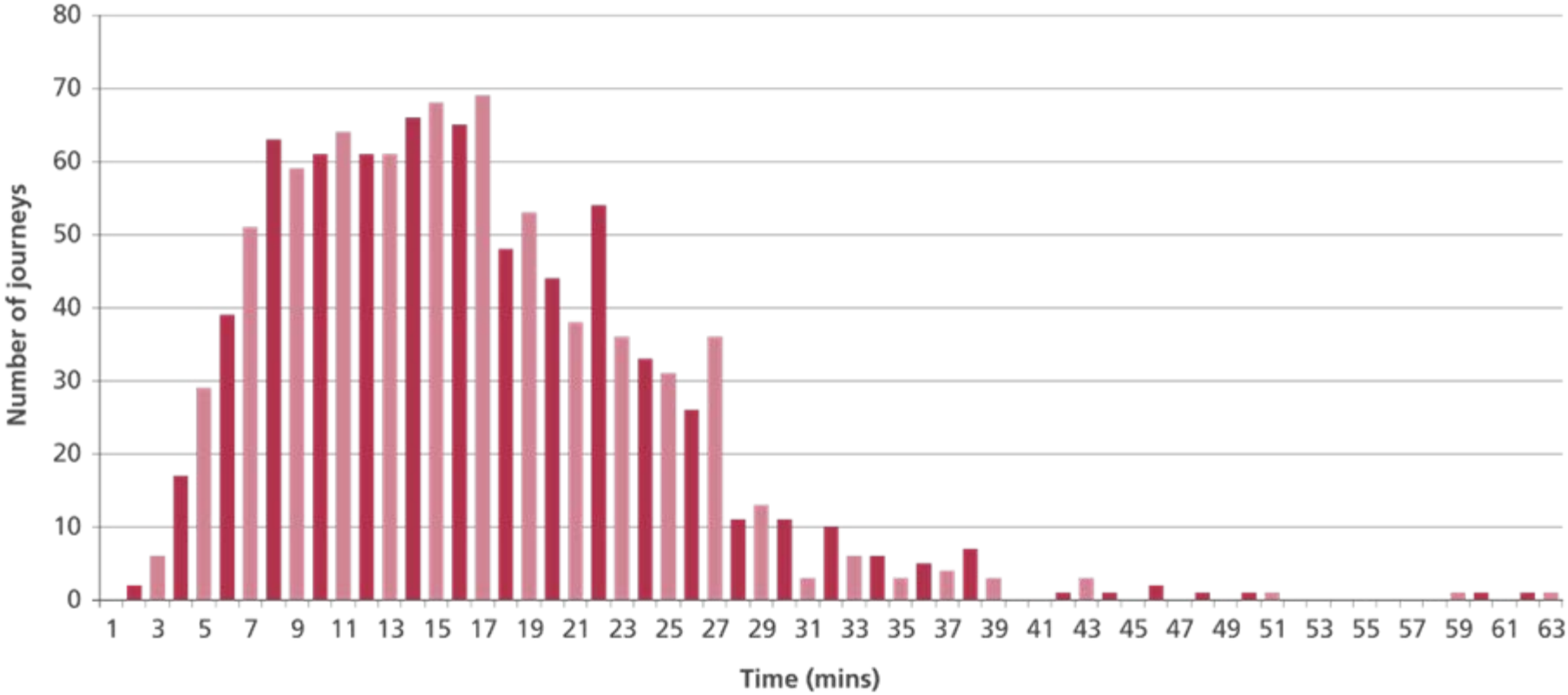
- Since 2005 patients go to one of eight specialist hospitals
- They benefit from angioplasty – a balloon that opens up blocked arteries
- Reduced deaths by 40%

Location of heart attack centres

Healthcare for London

NHS

London Ambulance Service ‘blue light’ journey times to heart attack centres 2007-08



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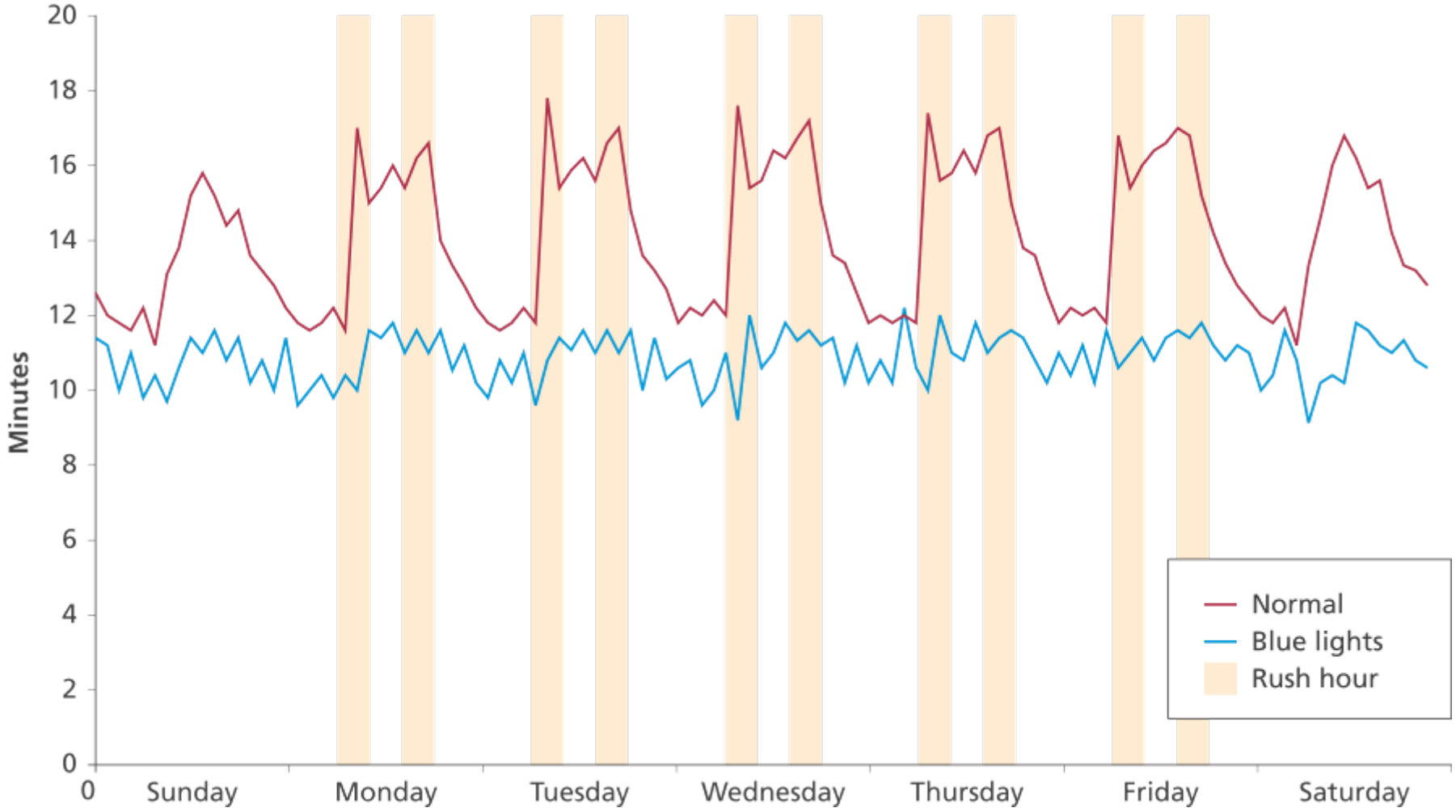
Average journey times in ambulances 2005-2008 blue call vs other



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Workforce and next steps

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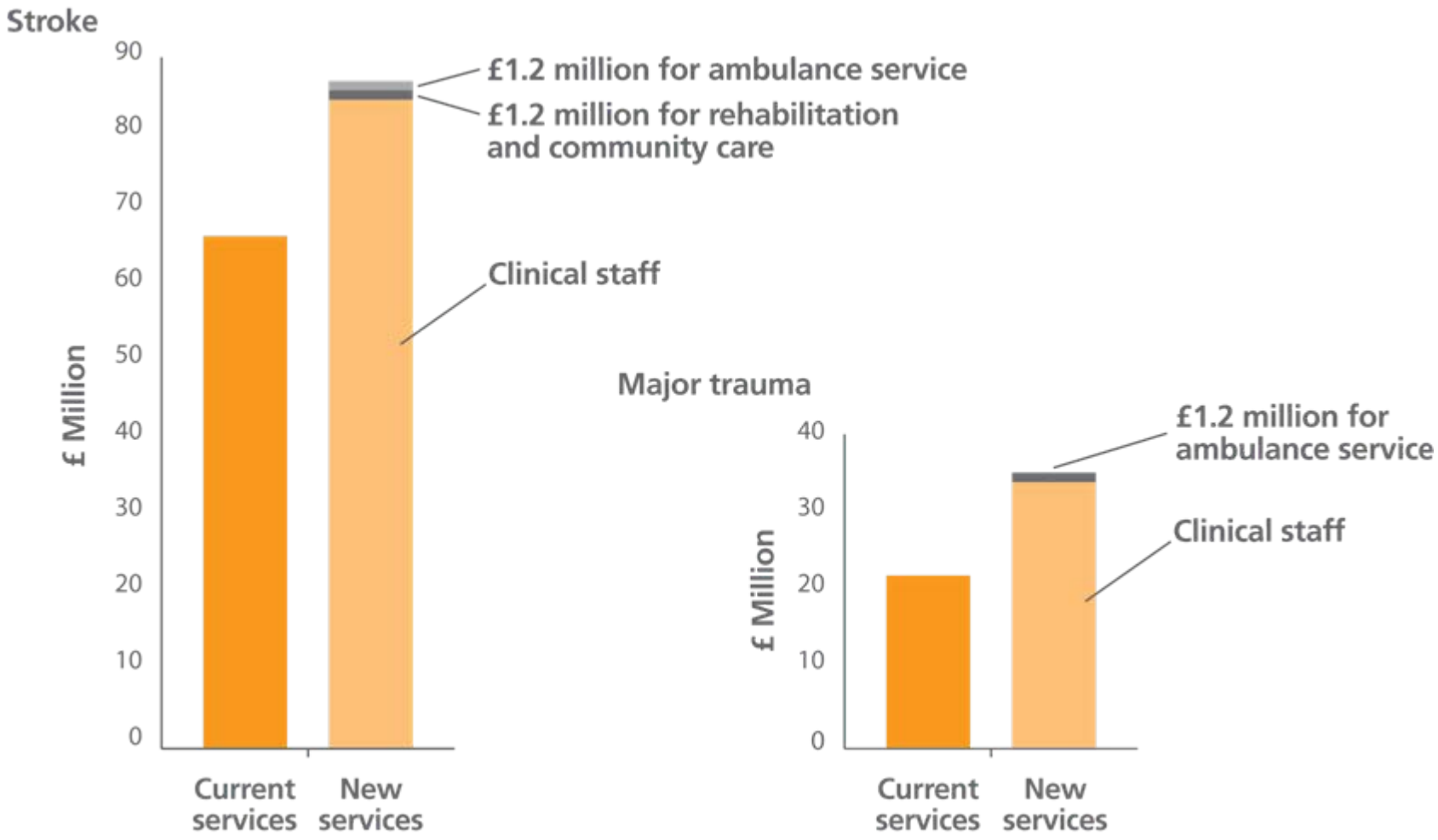
More staff, better trained

- More training, especially of London Ambulance Service staff
- More staff (especially recognising stroke services as a specialty). Hospitals tell us they are planning to recruit:
  - ✓ Approximately 600 nurses
  - ✓ 200 therapists (physiotherapists, occupational therapists, speech and language therapists)
  - ✓ More consultants and junior medical staff
- Need to develop services that are 24/7
- Some staff will work from different locations

Investment



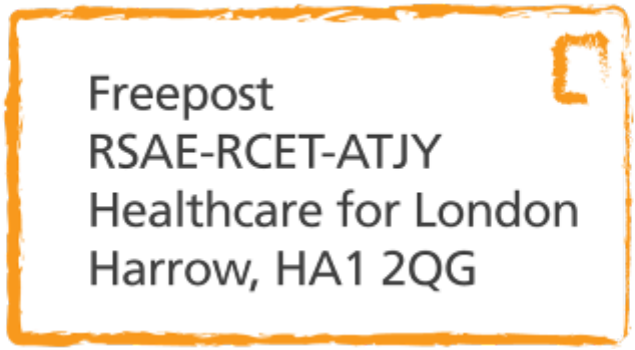
Healthcare for London

NHS

Have your say

We would like your comments and responses:

hfl@ipsos.com



0808 238 5481

- Full and compact versions of the consultation document are available. The compact is available on CD, in Braille, as Easy Read and in 15 languages
- Background reports are available on request and on the website

The consultation will close on:

8 May 2009

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Members' Council Meeting, 19 March 2009

AGENDA ITEM NO.	2.10/Mar/09
PAPER	Healthcare Commission Standards for Better Health, Members' Council commentary
AUTHOR	Mary Symons/Christine Blewett
LEAD	Prof. Sir Christopher Edwards, Chairman
EXECUTIVE SUMMARY	This paper outlines the commentary to be submitted to the Healthcare Commission.
DECISION/ ACTION	The Members' Council is asked to comment on and agree the commentary to be submitted to the Healthcare Commission.

Members' Council Commentary on the Standards for Better Health 2008/09

Introduction

Background

Notes on Away Day held on 4 December 2008

Ref	Summary and action points	Leads	Progress
1	Remain focussed on increasing our patient membership. Explore the best ways of using the kiosks and membership area to both engage with existing members and to recruit new ones.	FT Secretary	*Computershare* has been invited to the meeting to demonstrate the gap between benchmark performance and actual penetration into the different geographic, demographic and psychographic segments of membership constituencies. The initiatives for increasing membership including funding allocations will be based on gaps identified. One kiosk would be moved to outside the PALS area and there would be interior refurbishment including bench seating and screening to enhance the area. IT to resolve the technical problem of failing kiosks.
2	CG has agreed to meet with interested Council Members to discuss the best model for constituency meetings. The Council and Board felt it important to discern whether they were going out to 'listen' or to 'lend' information. It was felt a director should attend these meetings as well to answer immediate queries. It was agreed a system of tracking these queries and feeding back was necessary. This system will depend on how this will link in with PALS in future.	AM/CM	This model for constituencies meeting needs to be differentiated in light of the gaps identified. 'Mature' constituencies where the performance is meeting or exceeding expectations for representative membership would be modelled to along different lines from those 'emerging' constituencies where the Trust has not yet achieved its expectations. Development of a database to track actions is ongoing.

Ref	Summary and action points	Leads	Progress
3	Develop a set of specific proposals to support communications looking at how to take engagement forward and on how best to communicate with our respective constituents	AM	There are a number of noteworthy initiatives for engagement and communication: The Spring Seasonal Working Conference to which members are invited; The Engagement & Membership post which is about to be advertised; A special members' edition of the Trust News; quarterly staff and patient panels; and More effective data-mining of the membership database.
4	Hold a dedicated meeting with the Council on the long term vision and strategy for the hospital.	HL	HL is engaging a facilitator for a dedicated meeting in April 2009.
5	Produce a report for MC overviewing the themes coming from PALS and Complaints to direct their activity and focus	AM	The MC will be invited to contribute to the quality agenda via???
6	The Board is to come back with a clear proposal of what they would like from both the membership and the Council	Trust Board	This is the subject of item 2.8 for discussion.

Ref	Summary and action points	Leads	Progress
7	Create more task and finish groups to increased focus involvement	CE	A number of ideas for 'Task & Finish' groups were suggested. The meeting also explored existing representation in local networks and the opportunities for further involvement in local area agreements and local strategic partnerships. The meeting also acknowledged the utility of the mystery shopping.

Members' Council Meeting, 19th March 2009

AGENDA ITEM NO.	**2.2/Mar/09**
PAPER	'Support our stroke services' campaign
AUTHOR	Matt Akid, Head of Communications
LEADS	Professor Christopher Edwards, Chairman Heather Lawrence, Chief Executive
EXECUTIVE SUMMARY	This paper outlines the strategic aims and communications methods of the Trust's 'Support our stroke services' campaign.
DECISION/ ACTION	The Members' Council is asked to support the campaign and is invited to suggest additional ways in which it should be communicated.

‘Support our stroke services’ campaign

1. Introduction

1.1 The Trust has launched a campaign to encourage Foundation Trust members and staff in particular to support our bid to be designated as a specialist ‘hyper-acute’ stroke unit (HASU), local stroke unit and TIA (Transient Ischaemic Attack) centre.

1.2 Thanks to funding by the Members’ Council, the Chairman and Chief Executive have written personally to all patient and public members of the Foundation Trust, as well as a separate letter to Members’ Council representatives, to ask them to respond to Healthcare for London’s public consultation on proposals for stroke and major trauma services in London – copies of the 2 letters are attached to this paper for information.

1.3 The consultation document – *The Shape of Things to Come: Developing New, High-Quality Major Trauma and Stroke Services for London* – recommends that Chelsea and Westminster should be both a local stroke unit and a TIA centre.

1.4 Healthcare for London states that both Chelsea and Westminster and Charing Cross hospitals could “equally meet future standards for a HASU” but Charing Cross, part of Imperial College Healthcare NHS Trust, is the recommended option because of co-location with neurosurgery and better travel times.

1.5 However, the consultation document then goes on to explain that, if St Mary’s Hospital in Paddington – also part of Imperial College Healthcare NHS Trust - is designated as a major trauma centre, the HASU will be at St Mary’s.

1.6 This was not made clear in Healthcare for London’s press release launching the public consultation. The consultation questionnaire offers anyone responding to the consultation a choice of location for the HASU between Chelsea and Westminster and Charing Cross, not Chelsea and Westminster and St Mary’s.

1.7 The Trust is concerned that this may call into question the validity of the two reasons why Charing Cross, rather than Chelsea and Westminster, is the recommended location for a HASU because these reasons may not apply to St Mary’s.

1.8 Therefore the Trust has launched a public campaign to draw these isuses to the attention of Foundation Trust members, Trust staff and others who may feel it is appropriate to support Chelsea and Westminster’s bid for a HASU.

2. Strategic aims

The strategic aims of the ‘Support our stroke services’ campaign include:

- **To influence the public consultation in support of our bid for a HASU** – Healthcare for London says that public opinion, if supported by reasoned argument, during the public consultation which runs from 30 November to 8 May - will influence their decision-making process.

- **To actively engage Foundation Trust members in an issue of strategic importance to the Trust** – this is the first time that the Trust has sought to mobilise its membership on a single issue to demonstrate the strength of local 'ownership' of our Foundation Trust.

- **To involve the Members' Council in Trust strategy** – we have asked Members' Council representatives to 'champion' our campaign among their friends, relatives, colleagues or other networks as advocates of the Trust.

- **To raise awareness of the excellence of our stroke services** – the 2008 National Sentinel Stroke Audit, which is due to be published in the near future, ranks our stroke services as the 3rd best in London (also 3rd best in England, Wales, Northern Ireland and Channel Islands because the best performing hospital stroke services nationally are all in London). This campaign is a good opportunity to raise awareness of our achievement.

- **To act as a 'dry run' for a possible future campaign on specialist paediatrics** – the Trust is bidding to be the lead centre for specialist paediatric and neonatal surgery, and associated specialties, in North West London. Proposals for the future of these services are likely to be the subject of public consultation by North West London PCTs later in the year.

3. Communications methods

Communications actions in support of the strategic aims of the campaign include:

- **Mailing to all patient and public Foundation Trust members** – sent to members w/c 9 March either by post or email. It included details of the stroke campaign and an invitation to attend the Seasonal Working Conference on 27 March, as well as A5 publicity flyers with more information about both. The total cost of the mailing, funded by the Members' Council following agreement in principle at the Membership Development & Communication Sub-Committee on 24 February, was £7,368 (£5,796 for logistics of the mailing with Computershare and £1,572 for printing the publicity flyers with Prontaprint).

- **Mailing to Members' Council representatives** – sent out w/c 9 March.

- **Communicating with staff** – communication to date has included a front page article in the March edition of *Trust News* and a key message in the March edition of Team Briefing (internal briefing which is cascaded through the Trust by line managers).

- **Communicating with GPs**– email to be sent to all GPs in Kensington & Chelsea, Hammersmith & Fulham, Westminster and Wandsworth in March.

- **Involving stroke patients** – logistics of a mailing to ex-Stroke Unit patients are currently being explored.

- **Engaging key stakeholders/potential supporters** – the **Stroke Association**'s local Family & Carer Support Co-ordinator has been contacted and a mailing has been sent to all hospital **Friends** and **Volunteers** asking them to support the campaign.

- **Utilising electronic communications** – information about the campaign has been posted in a prominent location on the Home page of the Trust website.

4. Issues for consideration by the Members' Council

4.1 The Members' Council is invited to comment on the strategic aims and communications methods of the Trust's 'Support our stroke services' campaign – are there additional ways in which it should be communicated?

4.2 Members' Council representatives are asked if they are willing to support the campaign by 'championing' the Trust's bid to be designated as a hyper-acute stroke unit in any or all of the following ways:

- **Respond to the public consultation individually**
- **Respond to the public consultation collectively** - is a collective formal response to the public consultation by the Members' Council as a distinct entity either appropriate or desirable?
- **Encourage others to respond to the public consultation** - ask friends, relatives, colleagues or other contacts to support the Trust by taking part in the public consultation.
- **Help publicise the campaign** - distribute extra copies of the A5 publicity flyer to local organisations/outlets with whom you may have contacts.
- **Attend local public consultation events** – to be held by NHS Hammersmith & Fulham and NHS Westminster at:
    - The Lighthouse, 117 Lancaster Road, W11, 12.30-3.30pm, 25 March
    - The White Horse, 1-3 Parsons Green, SW6, 3.30-4.30pm, 2 April
    - Flemming Room, St Mary's Hospital, W2,10am-6pm, 24 April

  Details of public consultation events to be held closer to Chelsea and Westminster Hospital by NHS Kensington & Chelsea are not yet available.

Matt Akid
Head of Communications
March 2009

Choose Chelsea and Westminster

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Formatting date/address etc to go here

Dear

Chelsea and Westminster Hospital belongs to all who use its services or live locally and we would like to thank you for your support as a Foundation Trust member. We are writing to invite your involvement in two issues of great importance to us:

- Public consultation on stroke services in London
- Our Spring Seasonal Working Conference

Support our stroke services—back the bid!
We would like to encourage Foundation Trust members to back our bid to be a specialist 'hyper-acute' stroke unit (HASU), local stroke unit and TIA (Transient Ischaemic Attack) centre by responding to Healthcare for London's public consultation—*The Shape of Things to Come: Developing New, High-Quality Major Trauma and Stroke Services for London*.

We welcome Healthcare for London's proposals to save 500 lives a year by creating specialist stroke and major trauma centres. Stroke is the second biggest killer in London and the most common cause of disability.

We are delighted that Healthcare for London recommends Chelsea and Westminster Hospital as a local stroke unit and TIA centre in recognition of the excellent patient care provided by our dedicated Stroke Unit. The 2006 National Sentinel Stroke Audit ranked our stroke service as the best in North West London and one of the best six services in England.

Healthcare for London makes clear in its consultation that both Chelsea and Westminster and Charing Cross hospitals showed we could "equally meet future standards" for a HASU to treat the most seriously ill stroke patients in our area of London but recommends Charing Cross, part of Imperial College Healthcare NHS Trust, as our local HASU.

We understand how Healthcare for London came to this decision for two major reasons, namely co-location of stroke services and neurosurgery at Charing Cross and shorter travel times due to the hospital's geographical location.

However, having outlined why Charing Cross is the recommended option, Healthcare for London states that if St Mary's Hospital in Paddington—also part of Imperial College Healthcare NHS Trust—is designated as a major trauma centre, the HASU would be located at St Mary's rather than Charing Cross.

We are concerned that this may call into question the reasons why Charing Cross was recommended as the best location for a HASU and therefore we are drawing this issue to your attention because you may feel it is appropriate to support our bid. Question 7 of Healthcare for London's consultation document invites you to choose your preferred option and give your reasons for this choice.

We are delighted to have demonstrated that we could meet the standards required for a HASU because of the excellent reputation of our existing stroke services and the robustness of our plans to develop a specialist hyper-acute unit at Chelsea and Westminster.

We hope you will respond to the public consultation as a Foundation Trust member—please see the enclosed flyer to find out how you can have your say.

This consultation is part of a bigger picture—major changes to the way that NHS services are provided in London are being proposed which may have a significant impact on Chelsea and Westminster Hospital.

For example, Primary Care Trusts in North West London are currently considering the future of specialist paediatric and neonatal surgery, and associated specialties, in North West London. We currently provide the majority of this surgery in North West London and we are bidding to be the lead centre for these services which are likely to be the subject of public consultation later in the year.

If you would like to be actively involved in a future campaign to support our paediatric services, please contact Renae McBride (PR & Communications Manager—Paediatrics) on 020 8237 2710 or via email at renae.mcbride@chelwest.nhs.uk.

We will continue to keep you informed about issues of major strategic importance to the future of your hospital—and we hope you will support our stroke services by backing the bid.

Spring Seasonal Working Conference—come and share your experiences and ideas
Our Seasonal Working Conferences enable staff working across the hospital to hear about new developments to improve patient care—and to share their experiences and ideas.

We would like to invite Foundation Trust members to join us at our Spring Seasonal Working Conference so that we can listen and learn from you, and you can learn about our work to:

- Safeguard privacy and dignity
- Keep patients safe
- Maintain high standards of care
- Listen and learn from patients

This invitation is exclusive to Foundation Trust members with a limited number of places available on a first come, first served basis—please see the enclosed flyer for booking details.

The Spring Seasonal Working Conference will be held from 9am to 4:15pm on Friday 27 March at the Assembly Hall, Baden-Powell House, 65-67 Queen's Gate, SW7 5JS. It will include a number of short presentations and interactive sessions enabling Foundation Trust members and hospital staff to come together and share their experiences. Lunch will be provided and there will be morning and afternoon tea breaks. Please note that there is no charge for this event.

Yours sincerely

Professor Sir Christopher Edwards
Chairman

Heather Lawrence
Chief Executive

Choose Chelsea and Westminster

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

369 Fulham Road
London
SW10 9NH

Thursday 5 March 2009

Dear

The Trust's partnership with the Members' Council is one of our key strengths and it plays an increasingly important part in the life of the Trust—thank you for your continued involvement. We are writing to invite your active participation in two issues of great importance to the Trust:

- Public consultation on stroke services in London
- Our Spring Seasonal Working Conference

Support our stroke services—back the bid!
This month we are launching a major campaign to encourage Foundation Trust members to support our stroke services by backing our bid to be officially designated as a specialist 'hyper-acute' stroke unit (HASU), local stroke unit and TIA (Transient Ischaemic Attack) centre.

We are writing personally to all patient and public Foundation Trust members to urge them to respond to Healthcare for London's public consultation—*The Shape of Things to Come: Developing New, High-Quality Major Trauma and Stroke Services for London*.

We welcome Healthcare for London's proposals to save 500 lives a year by creating specialist stroke and major trauma centres. Stroke is the second biggest killer in London and the most common cause of disability—around 11,500 Londoners suffer a stroke each year.

We are delighted that Healthcare for London recommends Chelsea and Westminster Hospital as a local stroke unit and TIA centre in recognition of the excellent patient care provided by our dedicated Stroke Unit. The 2006 National Sentinel Stroke Audit ranked our stroke service as the best in North West London and one of the best six services in England.

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We understand how Healthcare for London came to this decision for two major reasons, namely co-location of stroke services and neurosurgery at Charing Cross and shorter travel times due to the hospital's geographical location.

However, having outlined why Charing Cross is the recommended option, Healthcare for London states that if St Mary's Hospital in Paddington—also part of Imperial College Healthcare NHS Trust—is designated as a major trauma centre, the HASU would be at St Mary's rather than Charing Cross.

We are concerned that this may call into question the reasons why Charing Cross was recommended as the best location for a HASU and therefore we are drawing this issue to your attention because you may feel it is appropriate to support our bid. Question 7 of Healthcare for London's consultation document invites you to choose your preferred option and give your reasons for this choice.

We are delighted to have demonstrated that we could meet the standards required for a HASU because of the excellent reputation of our existing stroke services and the robustness of our plans to develop a specialist hyper-acute unit at Chelsea and Westminster.

We hope you will respond to the public consultation because this is an issue of strategic importance to the future of your hospital—please see the enclosed flyer to find out how you can have your say.

In addition, we would be grateful for your support as a Members' Council representative in 'championing' our bid among your friends, relatives, colleagues or other networks—if you would like extra copies of the enclosed flyer, please contact Matt Akid (Head of Communications) on 020 8846 6828 or via email at matthew.akid@chelwest.nhs.uk.

This consultation is part of a bigger picture—major changes to the way that NHS services are provided in London are being proposed which may have a significant impact on the Trust.

For example, Primary Care Trusts in North West London are currently considering the future of specialist paediatric and neonatal surgery, and associated specialties, in North West London. We currently provide the majority of this surgery in North West London and we are bidding to be the lead centre for these services which are likely to be the subject of public consultation later in the year.

If you would like to be actively involved in a future campaign to support our paediatric services, please contact Renae McBride (PR & Communications Manager—Paediatrics) on 020 8237 2710 or via email at renae.mcbride@chelwest.nhs.uk.

We will continue to keep you informed about issues of major strategic importance to the future of your hospital—and we hope you will support our stroke services by 'championing' the bid.

Spring Seasonal Working Conference—come and share your experiences and ideas
Our Seasonal Working Conferences are held four times a year to enable nurses, midwives, allied healthcare professionals and other staff working across the hospital to hear about new developments to improve patient care—and to share their experiences and ideas.

We would like to invite Members' Council representatives and Foundation Trust members to join hospital staff at our Spring Seasonal Working Conference on Friday 27 March so that we can listen and learn from you, and so that you can find out more about what we are doing at Chelsea and Westminster to:

- Safeguard privacy and dignity
- Keep patients safe
- Maintain high standards of care
- Listen and learn from patients

This invitation is exclusive to Members' Council representatives and Foundation Trust members with a limited number of places available on a first come, first served basis—please see the enclosed flyer for booking details.

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Yours sincerely

Professor Sir Christopher Edwards
Chairman

Heather Lawrence
Chief Executive

Members' Council Meeting, 19 March 2009

AGENDA ITEM NO.	2.4/Mar/09
PAPER	Members' Council Funding Report
AUTHOR	Dianne Holman, Interim FT Secretary
LEAD	Prof. Sir Christopher Edwards, Chairman
SUMMARY	This paper provides an overview of the use of the Members' Council budget to Month 11 of FY 08/09 and proposals for FY 09/10 for discussion and agreement by the Council.
DECISION/ ACTION	The Council is asked discuss and agree proposals for the use of 09/10 allocation.

Members' Council Funding Report

1.0 Background

It was agreed at the November 2007 Members' Council meeting that a recurring budget of £100,000 per financial year be made available to the Members' Council to spend at their discretion on relevant projects. This budget was made available as of the current financial year (1 April 2008 – 31 March 2009).

2.0 Use of funds FY08/09

The table below sets out the annual budget, the actual use of funds to date and further spend to complete approved activities.

Activity	Budget	Year to date spend	Further spend to complete approved activities	Total Spend to year end	Balance
Development of Trust brand including: design templates, information stands, publicity materials for Open Day, Membership Recruitment Leaflet template and Council name badges	10,000	10,194		10,194	-194
Membership Leaflet Dispensers x 50	600			0	600
Purchase 48" Plasma Screen and related programming and software for members area.	15,000	19,745		19,745	-4,745
Design and work relating to membership area	11,000		9,663	9,663	1,337
Re-design of Membership Recruitment Leaflets with attached application form to reflect feedback. (10,000 print job)	3,000	5,683		5,683	-2,683
Joint Away Day	2,500	4,169		4,169	-1,669
Internet Diagnostic	5,000	7,134		7,134	-2,134
Discharge Leaflet x 65,000	9,635	8,200		8,200	1,435
Membership Week x 2	5,900	5,148		5,148	752
Mystery Shopping	3,525	3,525		3,525	0
One-off mailing to encourage members to back the Stroke Bid & attend Seasonal Conference	6,431	6,431		6,431	0
Paediatric DVD	20,000	10,054	10,054	20,108	-108
Unallocated	7,409			0	7,409
Total (rounded to nearest £1)	100,000	80,283	19,717	100,000	0

Approximately £92,591 was allocated to activities approved by the Member's Council. Against this allocation, a total of £80,283 was spent to Month 11 and it is estimated that a further amount of £19,717 is available for completing these activities.

3.0 Use of Funds 09/10

The recurring budget will be adjusted in the following financial year (2009/10) for the effect of inflation which is estimated at £500 bringing the total budget available in 2009/10 to £100,500.

In July 2008, the Members' Council agreed to proposals for recurrent funding of:

1. A bi-annual membership week leading up to the Open Day and the AGM, with external support from recruiters; and+
2. The development, design and printing of a discharge leaflet for all patients which includes information on infection control and membership with a detachable membership application.

The Open Day 2009 proposal will be presented to the Members' Council as a separate item later in the agenda.

The Members' Council is invited to discuss further proposals for 09/10 budget.

Members' Council Meeting, 19th March 2009

AGENDA ITEM NO.	2.5/March/09
PAPER	Development of the Trust website
AUTHOR	Matt Akid, Head of Communications
LEAD	Heather Lawrence Chief Executive
EXECUTIVE SUMMARY	This paper presents the results of two recent reports on the Trust website and outlines proposals to improve it as a key communications resource to market the Trust to patients and other key audiences.
DECISION/ ACTION	The Members' Council is invited to note the results of the two reports on the Trust website and is asked to agree the proposals to improve it – in addition, Members' Council representatives are invited to nominate themselves to sit on the proposed Trust Website Development Steering Group.

Development of the Trust website

1. Why does the Trust website matter?

1.1 Marketing directly to patients and the public (including existing and potential Foundation Trust members), GPs and other key stakeholders to champion the reputation of the Trust is a major challenge in the context of Patient Choice – especially in the financial climate of a 'credit crunch' which will impact on public sector spending.

1.2 A distinctive website articulating the Trust's 'offer' to its customers – safe, high quality clinical care provided by highly skilled, motivated staff in a clean, welcoming environment – is essential for Chelsea and Westminster to maintain and improve its reputation as a hospital of choice.

1.3 Although the internet still does not reach the entire population, the biggest consumers of healthcare – families and the over 50s – are online in large numbers. Increasingly the public expect to use the internet to find out information about NHS services as consumers of healthcare.

1.4 A good website is all part of improving the overall quality of service delivery because a clear, informative web presence contributes positively to overall patient experience.

1.5 Conversely, a poor website has a negative impact on patient experience – recent research by Harris Interactive shows that a bad shopping experience online directly colours a customer's perception of what their in-store experience will be like.

1.6 Therefore our Trust website must demonstrate to potential patients and their GPs why Chelsea and Westminster is the right choice for them by providing high quality, relevant information online and articulating the 'personality' – values and atmosphere – of the Trust and its staff.

2. How has the Trust website been developed to date?

2.1 The Trust website www.chelwest.nhs.uk was launched in February 2005, with a basic visual design and relatively limited information – development of the site was led by the Trust IT Department in the absence of a senior communications lead in the Trust.

2.2 Editorial responsibility for the content of the website transferred to the current Head of Communications who joined the Trust in February 2006, with technical support provided by a Web Developer based in the IT Department.

2.3 Maintenance of the website during this period has targeted improvements to the sections that statistics show are most used by visitors – for example, Maternity, HIV & Sexual Health and Paediatrics – as well as development of new sections – for example, Infection Control, Foundation Trust and Equality & Diversity.

2.4 However, no major structural changes to the website have been made and the visual design of the site has remained largely unchanged.

2.5 Nevertheless the increasing importance of the Trust website as a primary source of marketing our services to patients, GPs and other key stakeholders is demonstrated by the fact that the number of visitors to the website has almost doubled in the last 3 years:

October 2005	13,569
October 2006	14,715
October 2007	19,348
October 2008	23,512

2.6 Thousands of people already visit our website every month to access information but the site has potential to become a much more powerful and effective marketing tool for the Trust.

3. What do two recent reports say about the Trust website?

MediaCo website diagnostic

3.1 Thanks to funding from the Members' Council, the Trust commissioned a web marketing company called MediaCo to carry out a root and branch analysis of our website.

3.2 MediaCo produced a diagnostic report in late 2008 including a large amount of detailed, technical information about issues including how easy or difficult it is for web users to find specific information on the Trust website via search engines such as Google, how easy or difficult it is for visitors to find their way around the Trust site once they have located it, and how clear and readable the information on the site is for the average user.

3.3 The MediaCo diagnostic made 5 key recommendations to optimise the Trust website in line with best practice:

- Build text around a few key words or phrases to make it easier to find specific information on the site via search engines such as Google
- Avoid cramming too much text on each web page and use more key words
- Focus on the specific word or phrase that we want each page to rank highly for on search engines like Google
- Ensure all pages have unique, descriptive titles to make it easier for visitors to the site to find their way around
- Simplify individual URLs (website addresses) so that they are shorter, clearer and include key words or phrases we want to be ranked for on Google and other search engines

'NHS Foundation Trust websites: a communications review'

3.4 Precedent, a communications consultancy whose NHS clients have included NHS London, Royal Brompton & Harefield NHS Trust and the Foundation Trust regulator Monitor, published a report 'NHS Foundation Trust websites: a communications review' in late November 2008.

3.5 The report analysed 120 Foundation Trust websites and ranked them based on their performance against 4 criteria:

- Getting the basics right – for example, web accessibility for people with disabilities or for people whose first language is not English and providing basic information such as a location map on the Home page
- Meeting your objectives – for example, targeting information specifically at GPs to facilitate Patient Choice
- Communicating your offer – for example, using a clearly identifiable visual brand throughout the website and making a clear statement on the Home page of the Trust's 'offer' to patients (similar to the central promise that a commercial brand would make to consumers)
- Using new technology – for example, patient information videos

3.6 Precedent ranked the Chelsea and Westminster website as 'above average' for 3 of the 4 criteria - slightly below average for 'Communicating your offer'.

3.7 The report highlighted specific areas for improvement relating to the majority of Foundation Trust websites including ours:

- Ensure the website is fully accessible to all users
- Provide key information to market the Trust on the Home page
- Develop a section of the website specifically targeted at GPs
- Use a consistent visual brand and strong photography to articulate the personality of the Trust
- Explore the use of new media including video, blogs, and virtual tours to engage web users and bring the personality of the Trust to life
- Take control of the Trust's Wikipedia entry and improve the Trust's section of the NHS Choices website because web users often prefer to rely on independent assessments of NHS trusts' services to make their choices

4. How are we proposing to improve the Trust website?

4.1 The restructure of the Trust's Communications team in September 2008 led to the appointment of a member of staff with responsibility for graphic design and web design – he will play a key role in implementing proposed improvements to the Trust website, working closely with the Head of Communications and the Web Developer based in the IT Department who will provide technical support and advice.

4.2 A number of improvements have already been made:

- New visual identity developed in line with the Trust's brand which is already used for printed publications such as the annual report and Trust News - piloted in the new 56 Dean Street section of the website (screenshot attached)
- Key messages to communicate the reasons why patients should Choose Chelsea and Westminster – now featured prominently on the Home page (screenshot attached)
- Site now compliant with website accessibility standards – direct link to a tool which enables users to translate web pages now available via the Home page (screenshot attached)

4.3 The Members' Council is asked to comment on the following proposals to improve the website further:

- Roll out the new visual identity, piloted with 56 Dean Street, across the whole website

- Establish a GP section of the website with involvement from the Trust's GP Relationship Manager, local GPs and PCT representatives
- Pilot the use of new technology, specifically staff and patient video 'testimonials' and information videos, virtual tours and blogs (potentially from the Chairman, Chief Executive or even Members' Council representatives)
- Implement MediaCo's 5 key recommendations to optimise the website
- Take control of the Trust's Wikipedia entry and monitor it regularly
- Develop the Trust's section of the NHS Choices website

A Trust Website Development Steering Group will be established to oversee improvements to the Trust website and the Trust's presence elsewhere on the web (ie Wikipedia and NHS Choices)

4.4 Members' Council representatives are invited to nominate themselves to sit on this Group.

Matt Akid
Head of Communications
March 2009

Members' Council Meeting, 19th March 2009

AGENDA ITEM NO.	**2.6/Mar/09**
PAPER	Open Day 2009
AUTHOR	Matt Akid, Head of Communications
LEAD	Professor Christopher Edwards, Chairman
EXECUTIVE SUMMARY	This paper outlines proposed aims, themes and funding model of the Trust Open Day 2009.
DECISION/ ACTION	The Members' Council is invited to comment on the aims and themes suggested for the Open Day, and is asked for approval of the request for funding by the Council – Members' Council representatives are invited to nominate themeslves to sit on the Open Day Steering Group and/or Operational Group.

Trust Open Day 2009

1. Introduction

1.1 Since 1995 Chelsea and Westminster Hospital has held 9 Open Days. Last year's Open Day on Saturday May 10 2008 was the most successful yet. It attracted almost 1,700 visitors and included the national launch of NHS Employers' campaign to mark the NHS 60th anniversary.

1.2 **Open Day 2009** will be held from **11am-3pm** on **Saturday May 9**. It is an opportunity for the Trust to place itself at the heart of its community by opening its doors to local people and giving them a chance to become more involved in their local hospital. It enables Trust staff and their families to enjoy a family day.

1.3 In the context of Patient Choice and changes to NHS services under the Healthcare for London programme and the North West London review of specialist paediatrics, Open Day is also an opportunity for the Trust to market itself to a range of audiences.

1.4 Perhaps most importantly, Open Day is an opportunity to recruit new Foundation Trust members, demonstrate the value of active membership to existing members who are invited personally to the event by a letter from the Trust Chairman, and enable members to meet their elected representatives on the Members' Council.

2. Aims

Open Day 2009 should:

- **Market the Trust to Foundation Trust members and local residents -** actively marketing the Trust as a provider of choice is a necessity in the context of Patient Choice, competition from other providers including Imperial College Healthcare NHS Trust, and changes to NHS services in London under Healthcare for London and North West London review of paediatrics.

- **Develop communication between Members' Council representatives and Foundation Trust members** – enable Members' Council representatives to meet members and discuss their feedback about the Trust, demonstrate the value of active membership to members, and recruit new members.

- **Promote health and wellbeing** – in support of the direction of travel of national government policy and Healthcare for London.

- **Address issues of public concern** – in particular, infection control, cleaning and hospital food which are all 'big issues' in terms of public opinion about the reputation of the NHS.

- **Foster partnership working** – make the Open Day a 'one NHS' event with active involvement from charities associated with the Trust, local NHS, academic and other public sector organisations.

- **Improve staff morale** - involve staff and volunteers in a 'feelgood' event that makes us all feel positive and proud to work at Chelsea and Westminster, and gives staff an opportunity to 'show off' the hospital to family and friends.

3. Themes

3.1 Clear themes for Open Day 2009 are required to enable us to achieve the aims outlined above and to maximise this opportunity to market the Trust effectively – clear themes will also ensure that Trust staff taking part in the Open Day are fully aware of the key messages that should be included in display materials etc.

3.2 3 corporate objectives for 2009/10 were agreed at the Trust Board in January:

- Improve patient safety and clinical effectiveness
- Improve the patient experience
- Deliver excellence in teaching and research

3.3 These would be suitable themes for the Open Day and using them as the framework for the event would ensure that both staff and our local community become more familiar with the Trust's objectives.

4. Funding

4.1 The Open Day was formerly an event held once every two years, funded in full by the hospital's Charitable Trustees (now Chelsea and Westminster Health Charity) – a grant of £10,000 was typically requested. It is now an annual event.

4.2 Open Day 2008 – and a related 'branding' exercise to improve the Trust's communications with Foundation Trust members and other key stakeholders – was funded by a combination of a grant from the Charity and additional funding by the Members' Council and NHS Kensington and Chelsea (formerly Kensington and Chelsea PCT).

4.3 The cost of Open Day 2008 (excluding the branding exercise) was c. £15,000 – this included logistics, pre-event publicity, performing arts costs and visual materials for display stands.

4.4 A primary aim of the Open Day is to recruit new Foundation Trust members and demonstrate the value of active membership to existing members.

4.5 Therefore it is proposed that the Members' Council should be asked to consider funding the Open Day annually out of its discretionary budget in 2009/10 and in future annual budgets as a recurrent item – at an annual cost of £15,000.

4.6 By becoming the sole sponsor of the Open Day, the Members' Council would be able to demonstrate further its value to the membership. Members' Council representatives are invited to join the Open Day Steering Group and Operational Group to ensure full involvement of the Council in the strategic planning of the event.

4.7 This funding request was supported in principle at a meeting of the Membership Development & Communication Sub-Committee of the Members' Council on February 24.

5. Actions for decision by the Members' Council

5.1 The Members' Council is invited to comment on the aims and themes suggested for the Open Day as outlined above.

5.2 The Members' Council is asked for approval of the funding proposal for the Council to become the sole sponsor of Open Day 2009 and future Open Days.

5.3 Members' Council representatives are invited to nominate themselves to sit on the Open Day Steering Group and/or Operational Group:

- **Steering Group** – to provide high level oversight of the Open Day. Membership to include as a minimum the Chief Executive, a Non-Executive Director (Charles Wilson) and a Members' Council representative.
- **Operational Group** – to manage planning and implementation of the Open Day. Membership to include a Members' Council representative, as well as representatives of Trust charities, directorates and departments in the Trust, and contractors including ISS Mediclean. Group to be chaired by the Trust's Director of Governance & Corporate Affairs, line manager of the Head of Communications who has overall responsibility for project managing the Open Day.

5.3 All Members' Council representatives are asked to reserve the date of Saturday 9 May from11am-3pm in their diaries for themselves and their families to attend the Open Day.

5.4 The Members' Council is asked to consider if they wish the Trust to approach a suitable dignitary or VIP - for example the Mayor of London, Boris Johnson, or the Mayor of the Royal Borough of Kensington and Chelsea, to officially open the event.

Matt Akid
Head of Communications
March 2009

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Members' Council Meeting, 19th March 2009

AGENDA ITEM NO.	2.7/Mar/09
PAPER	Membership Report
AUTHOR	Dianne Holman, Interim FT Secretary
LEAD	Prof. Sir Christopher Edwards, Chairman
SUMMARY	This paper provides highlights on progress in relation to efforts to increase membership and engage with existing members and a membership report as at 25 February 2009.
DECISION/ ACTION	The Meeting is asked to note the report.

DISTRIBUTION	Board only ☐	Directors ☐	Trust Exec ☒	General ☐

LEGAL REVIEW REQUIRED?	No

MEMBERSHIP REPORT

1.0 Membership size and movements

OVERALL MEMBERSHIP OVERVIEW	Historical 06/07	Historical 07/08	Target 08/09	Current Situation 25 Feb 09
As at start	10,740	13,533	13,140	13,140
New Members	5,162	565	0	2,973
Members leaving or changing constituency	2,615	958	0	445
Members opting out	0	0	0	11
TOTAL	13,287	13,140	13,140	15,657
PUBLIC MEMBERSHIP OVERVIEW	**Historical 06/07**	**Historical 07/08**	**Target 08/09**	**Current Situation 25 Feb 09**
As at start	3500	6,982	6580	6,580
New Members	4192	76		207
Members leaving or changing constituency	710	478		239
Members opting out (Not applicable in this category)	0			
TOTAL	6,982	6,580	6,580	6,548
PATIENT MEMBERSHIP	**Historical 06/07**	**Historical 07/08**	**Target 08/09**	**Current Situation 25 Feb 09**
As at start	6536	5,898	6095	6,095
New Members	969	362		432
Members leaving or changing constituency	1607	165		206
Members opting out (Not applicable in this category)	0			
TOTAL	5,898	6,095	6,095	6,321
STAFF MEMBERSHIP	**Historical 06/07**	**Historical 07/08**	**Target 08/09**	**Current Situation 25 Feb 09**
As at start	704	653	465	465
New Members	1	127		2334
Members leaving or changing constituency	298	315		
Members opting out				11
TOTAL	407	465	465	2,788

2.0 Membership Commentary

Recruitment and Engagement

The overall membership has increased by 2332 members from 13,335 to 15,657 members since the period ended December 2008.

In the public and patients' constituencies, we have gained 19 new members since the beginning of the year, but we have lost 2 members due to people leaving the area, patients passing away and members choosing to leave. This means the overall increase in membership is currently 17, which is minimal.

Staff membership numbers have increased by 2,316 members as the 'opt out' clause has taken effect. Under the 'opt out' clause, all members of staff were advised that they would automatically become a member unless they elected to opt out. Only 11 members of staff have elected to opt out to date. This is now part of the recruitment process.

In March 2009, we will focus on integrating the Trust's volunteers with continuous service of more than 12 months into the staff constituency as is provided for in the Constitution.

We will continue to focus our efforts on increasing the patient membership this year. The main vehicles for doing this are the hospital discharge leaflet which includes a membership application form and the self-service kiosks which promote membership. The planned refurbishment of the area which will make this more of a discrete area, and the relocation of one of the kiosks to the PALS area will facilitate this.

With regards to increasing public membership, we will continue to work with the GP Liaison Manager and public Council Members to promote membership via GP surgeries, public libraries and community groups.

The responsibility for membership recruitment and engagement will transfer from the Foundation Trust Secretary post to the new PALS/Membership post, under the management of the Director of Nursing who is the lead for engagement and patient experience for the Trust. The recruitment process is underway. This will allow integration with PALS, which is a well recognised and highly regarded focus for patients and the public, as well as an increased focus on membership.

Diversity

A representative from Computershare presented slides to the Members' Council Development and Communications Sub Committee on building a representative membership and the challenges of growing membership. The sub-committee was presented with a breakdown of public membership by geography, age, ethnicity and the use of e-communications and benchmarks in order to identify areas of over or under representation. This will allow us to target our work accordingly.

Members' Council Meeting, 19th March 2009

AGENDA ITEM NO.	2.8/Mar/09
PAPER	Roles and Responsibilities of the Members' Council
AUTHOR	Dianne Holman, Interim FT Secretary
LEAD	Prof. Sir Christopher Edwards, Chairman
SUMMARY	An earlier paper on The Roles and Responsibilities of the Members' Council was agreed by the Board in February 2008. This paper is an updated version prepared in response to feedback from the Joint Away Day in December 2008. It incorporates provisions of the Trust's Constitution, the Code of Governance and Monitor's publication 'Developing the role of NHS foundation trust governors'. The main highlights include the dual roles of representing constituencies/stakeholders and scrutinising the Trust's performance; statutory responsibilities of the Members' Council and individual Council Members; wider responsibilities for building effective relationships, engagement, representation.
DECISION/ ACTION	The Members' Council is asked to discuss and confirm agreement to the revised paper.

ROLES AND RESPONSIBILITIES OF THE MEMBERS' COUNCIL

1.0 INTRODUCTION

Foundation trusts were established with a governance model that is rooted in the concept of local accountability: local people were given a genuine opportunity to influence the provision of acute hospital and mental health services in their area.

Council Members are the individuals that bind the Trust to its patients, staff and local stakeholders. They are direct representatives of local interests within the governance structure of the Trust. The functions they perform go beyond community liaison; they have statutory responsibilities with the potential to have a significant effect on the management of the Trust.

The governance structure of all foundation trusts is made up of the following components:

Members: patients, service users, staff and the general public from the local community. Members vote to elect representatives on the Members' Council. These elected representatives are called Council Members.

Members' Council: represents the interest of the members and partner organisations in the local community and holds the board to account for the performance of the Trust and exercises statutory duties.

Board of directors: made up of executive and non-executive board members with collective responsibility for the performance of the Trust and exercises power on behalf of the Trust.

As required by law, the chair of the Board of Directors also acts as chair of the Members' Council.

2.0 KEY ROLES OF MEMBERS' COUNCIL

2.1 Representation of constituencies and stakeholder organisations

The Members' Council represents the interest of the members of the Trust and partner organisations in the local health economy in the governance of the Trust.

The Members' Council comprises:

- Eight (8) elected Public Council Members from each of the 8 geographic regions;
- Ten (10) elected Patient Council Members;
- Six (6) elected Staff Council Members;
- Four (4) appointed PCT Council Members;
- Two (2) appointed Local Authority Council Members;
- One (1) appointed University / Medical School Council Member; and
- Three (3) appointed Partnership Council Members.

The Members' Council should give regular feedback about the Trust, its vision and its performance to the constituencies and the stakeholders that either elected or appointed them.

2.2 Trust Performance

The Members' Council should hold the Board to account for the performance of the Trust, including ensuring that the Board acts so that the Trust does not breach the terms of its authorisation.

3.0 KEY RESPONSIBILITIES

3.1 Statutory responsibilities of the Members' Council

As part of their overall role in scrutinising the performance of the Trust and representing members, Council Members are required to fulfil certain statutory duties.

The Members' Council:
a) Appoints and removes the Chairman and the other non-executive directors;
b) Approves the appointment (by the non-executive directors) of the Chief Executive;
c) Decides the remuneration and allowances, and other terms and conditions of office, of the non-executive directors;
d) Appoints and removes the Trust's financial auditors;
e) Appoints and removes any other external auditor appointed to review and publish a report on any aspect of the Trust's affairs; and
f) Is presented with the annual accounts, any report of the financial auditor on them and the annual report;
g) Provides views to the board of directors when the board is preparing the document containing information about the Trust's forward planning;
h) Responds as appropriate when consulted by the Board;
i) Undertakes such functions as the board shall time to time request;
j) Prepares and from time to time reviews the Trust's Membership Strategy and its policy for the composition of the Members' Council;
k) When appropriate, makes recommendations for the revision of the Constitution;
l) Reports on steps taken to secure a representative membership, the progress of the membership strategy, and any proposed changes to the policy for the composition of the Members' council and the non-executive directors;

Therefore, the Members' Council is in a position of considerable responsibility. They have genuine powers at their disposal and provide the Trust with a direct link to its membership base.

Notwithstanding, the Members' Council should acknowledge the overall responsibility of the board of directors for running the Trust and should not try to use the power of the Members' Council to veto decisions of the Board of Directors.

3.2 Statutory responsibilities of individual Council Members

Each individual Council Member also has a statutory responsibility for:

a) Acting in the best interests of the Trust and adhering to the trust's values and Code of Conduct

b) Signing and delivering the prescribed form confirming acceptance of the Code of Conduct for Council Members;
c) Disclosing all material interests; and
d) Undertaking any training which the Members' Council requires all Council Members to undertake.

3.3 Responsibilities of individual Council Members for building effective relationships

Council Members represent the views of the trust membership. Council Members are responsible for engaging members in their respective constituencies using a range of techniques including direct contact with individual members.

Maintaining contact between the Members' Council and the non-executive and executive directors is essential for Council Members to be informed about the work of the Trust and more broadly about the workings of the NHS.

Council members are responsible for:
a) Attending formal meetings of the Members' Council which are held regularly with the directors in attendance;
b) Adopting formal methods of joint working and communication between the Members' Council and the Board of Directors;
c) Developing informal relationships with other council members, the Chairman, executive and non-executive directors; and
d) Undertaking any induction and development programmes which are required.

3.4 Responsibilities of the Members' Council for the engagement of members

The Members' Council is responsible for engaging its members and encouraging participation in the Trust's activities, for example, The Annual General Meeting, the Annual Open Day, focus groups, and the Seasonal Working Conference.

Members will be informed in a variety of ways including semi-annual members' editions of Trust News, the Annual General Meeting, a dedicated Membership Area with screens and kiosks, www.chelwest.nhs.uk, educational events and direct contact.

3.5 Responsibilities of the Members' Council for representation of the Trust

The Members' Council are responsible for participating and representing the Trust, where it is reasonable, in 'Task & Finish' groups, local focus groups, and local area networks.

3.6 Responsibilities of individual Council Members undertaking specific responsibilities

Council Members are responsible for ensuring that, where they undertake specific responsibilities, for example, nominations, they are equipped with the relevant skills and experience, or alternatively, they request access to expert consultation at the Trust's expense.

4.0 CONFLICT RESOLUTION

The Members' Council is responsible for attempting to resolve any concerns at a local level.

The Trust Chairman is responsible for chairing both the Members' Council and the Board of Directors and will arbitrate on any disagreements:

- Should a resolution not be reached, the Chairman may ask the Senior Independent Director and the Deputy Chairman of the Members' Council to review the matter further; and
- In the event that they cannot reach a decision, the matter will be referred back to the Chairman for a final decision.

Healthcare Commission Standards for Better Health
Members' Council Commentary

1.0 Introduction

1.1 This paper outlines the commentary from the Members' Council on the Trust's declaration on the Standards for Better Health 9SfBH)

2.0 Background

2.1 Trusts are asked to assess themselves against 22 standards as part of the annual health check. Each standard has one or two elements and they are divided into seven domains, safety, clinical and cost effectiveness, governance, patient focus, accessible and responsive care, care environments and public health.

2.2 As part of the process, Trusts are asked to invite commentary from key stakeholders e.g. the local council Overview and Scrutiny Committee, the local Safeguarding Children's' Boards and for Foundation Trusts, the Members' Council. Commentaries are submitted by the Trust with the declaration

3.0 Process in the Trust

3.1 Each element within the standards was allocated a lead director and it was that director's responsibility to provide an assurance report, outlining whether it was considered that the Trust was complaint or not, and listing information and evidence to support the assessment, which is whether there was 'reasonable assurance' of no significant lapse' in meeting the standard. This year the assurance reports were considered by the Assurance Committee, which is chaired by a non-executive director and is attended by the executive team and others, and includes two members of the Members' Council. The Members' Council representatives agreed to lead the process of determining the Members' Council commentary, with support from the Director of Governance and Corporate Affairs.

4.0 Members' Council role

4.1 The Members' Council were asked to comment on the Trust's performance against the standards by either responding to a request by e mail/letter or attending a meeting prior to the Members' Council meeting in March 2009. The standards and elements were circulated and the Trust's response could be made available on request. The commentary is attached.

5.0 Action required

5.1 The Members' Council is asked to comment on the draft commentary and agree the final submission.

6.0 Timescales

6.1 The Trust's declaration must be submitted to the Healthcare Commission with the stakeholder commentaries by the end of April 2009.

Chelsea and Westminster Hospital NHS Foundation Trust

Healthcare Commission Standards for Better Health

Members' Council Commentary – Approved by the Members' Council March 2009

The Trust has recently agreed to the creation of an Assurance Committee to assure the board on patient and staff safety, quality, and a clean environment. Two members of the Members' Council are members of the committee and their views from this perspective are included in the commentary as well as the views of the other members of the Members' Council.

Generally the Members' Council believe that the Trust is well-rated and is very proactive. They are particularly pleased with the initiative to develop the membership by linking it with PALS and under the management of the Director of Nursing, who is also the lead for Patient and Public Involvement.

The Members' Council believe that it is a cost effective organisation and they welcome the focus on quality.

Standard 1a: Healthcare organisations protect patients through systems that identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experience and information derived from the analysis of incidents.

From the perception of attendance at the Assurance Committee, it is believed that the hospital has excellent systems in place to deal with patient safety.

Standard 2
The Members' Council is assured that current issues in child protection are being addressed.

Standard 4a: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the risk of healthcare acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in Methicillin-Resistant Staphylococcus Aureus (MRSA).

The results this year have shown a significant fall in incidences of MRSA. The hospital has to be congratulated on the systems that have been put in place to deal with hygiene and cleanliness. However it is not always clear when to use soap and when to use gel. In terms of cleanliness, this is good and there has been a massive improvement over the last few years. Cleaners are made to feel part of the team.

Standard 5b: Healthcare organisations ensure that clinical care and treatment are carried out under supervision and leadership.

Several members commented that the standard of clinical care and treatment was excellent. One person commented that she was given all the necessary tests required in the minimum amount of time and met the consultants to discuss the outcomes very soon afterwards. An improvement would be to keep patients better informed on how to communicate with the medical staff, for example written information on consultant ward rounds and doctor availability. Pre-assessment clinics are well regarded as a way of gaining information about their care whilst an inpatient.

More communication on discharge would be helpful with a particular focus on the integration between the hospital and community and primary care post discharge.

Standard 7a: Healthcare organisations apply the principles of sound clinical and corporate governance.

The Members' Council are assured that the Trust applies principles of sound clinical and corporate governance.

Standard 7e: Healthcare organisations challenge discrimination, promote equality, and respect human rights.

We need to take account of the special needs of patients, particularly the elderly and those with mental health needs.

Standard 14a: Healthcare organisations have systems in place to ensure that patients, their relatives and carers have suitable and accessible information about, and clear access to procedures to register formal complaints and feedback on the quality of services.

The Members' Council felt that the Trust could do more on making it easy to comment on their care. There is an excellent and well-staffed PALs department which is very well located. Patients need more encouragement to give feedback and more information on how to do it. The Trust should aim for a perception that patients are welcome to comment on their treatment and care.

The Trust has a policy of putting a document at every bedside explaining to patients how to complain and it is hoped that this will be effective.

Standard 17: The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.

The Members' Council believe that the hospital has a very open and engaging way of seeking views. They keep people involved via their newsletter, the websites, their focus group meetings. Of particular note is the involvement of the Members' Council in initiatives such as the Paediatric Strategy Away Day. The membership area is a good initiative but it is disappointing that the information kiosks are not working as well as they should.

General comments

Visitors have expressed concern about the stairwells being closed off and having to use the lifts which are unreliable. Security is good, recognising that there has to be a balance between protecting patients and staff, and accessibility.

CHELSEA & WESTMINSTER HOSPITAL NHS FOUNDATION TRUST

CAPITAL PROGRAMME REPORT 2008/2009

FORM F10
January 09

	CURRENT MONTH			YEAR TO DATE*				FULL YEAR FORECAST*			
SUMMARY	**BUDGET**	**ACTUAL**	**VARIANCE**	**BUDGET**	**ACTUAL**	**VARIANCE**	**COMMITTED**	**BUDGET**	**ACTUAL**	**VARIANCE**	**SLIPPAGE**
	£000	£000	**£000**	£000	£000	£000	£000	£000	£000	£000	£000
A. BUILDINGS											
Carried Forward Schemes	2	73	(71)	1,178	1,364	(186)	0	1,881	1,883	(2)	315
Special Projects	94	487	(393)	3,176	3,441	(265)	2	5,322	5,320	2	11,970
Backlog Life expired	73	84	(11)	971	530	441	77	2,056	2,056	0	242
Other Building Works	72	72	(0)	524	507	17	3	2,290	2,291	(1)	1,450
SUB TOTAL FOR BUILDINGS	241	716	(475)	5,848	5,842	7	82	11,549	11,550	(0)	13,977
B. EQUIPMENT	101	50	51	4,697	5,432	(735)	56	6,318	7,047	(728)	0
C. INFORMATION TECHNOLOGY	207	321	(114)	3,375	3,718	(342)	38	5,394	5,394	(0)	0
D. CONTINGENCY	0	0	0	0	0	0	0	22	22	0	0
TOTAL CAPITAL PROGRAMME	**549**	**1,088**	**(538)**	**13,920**	**14,991**	**(1,071)**	**176**	**23,283**	**24,012**	**(729)**	**13,977**

24,103
91

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Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Members Council Meeting, 19 March 2009

AGENDA ITEM NO.	3.1/Mar/2009
PAPER	Finance Report – January 2009
AUTHOR	Neil Callow, Deputy Director of Finance
LEAD	Lorraine Bewes, Executive Director of Finance
EXECUTIVE SUMMARY	The Trust is reporting a £9.38m income and expenditure surplus for the 10 months to 31st January 2009 (£1.46m above plan). The current month's performance shows an income and expenditure surplus of £0.61m which is £0.14m behind plan. The forecast surplus remains at £9.55m, which is £1.57m ahead of the annual planned surplus of £7.9m. The Trust cash position in the month is £32.83m which is behind the Monitor plan by £2.57m. The Trust has not drawn down the loan of £6.75m for Specialist Paediatrics included in the Monitor cash flow plan however this is partially offset by receiving £3m cash towards the Burns capital development. In addition revenue costs are net £2.34m higher than in the Monitor plan. The Capital Budget for the year has reduced to ££23.28m following deferral of a further £3.73m of schemes agreed at the Capital Programme Board on 28th January.
DECISION/ ACTION	The Members Council is asked to note the financial position for the period to 31st January 2009 and the updates in this report.

DISTRIBUTION	Board only ☐	Directors X	Trust Exec ☐	General ☐

LEGAL REVIEW REQUIRED?	Yes/ **No**/ Uncertain

Financial Summary to January 20098

1. Introduction

1.1. This paper sets out the financial position for the 10 month period to 31st January 2008.

2. Overall Financial Position (Form F1)

2.1 The following table summarises Income & Expenditure performance and financial risk ratings.

	Year to 31st Jan 2009				Forecast			
	Budget £'m	Actual £'m	Variance £'m	% Var	Budget £'m	Actual £'m	Variance £'m	%Var
Income	224.2	231.5	7.4	3.3%	268.9	279.7	10.8	4.0%
Expenditure	203.0	208.7	-5.7	-2.8%	244.8	253.7	-8.9	-3.6%
EBITDA	21.1	22.8	1.7		24.1	26.0	1.9	
EDITDA Margin %	9.4%	9.9%			9.0%	9.3%		
Interest, Dividends and Depreciation	13.2	13.5	-0.2		16.1	16.4	-0.3	
Surplus/Deficit (-ve)	7.9	9.4	1.5		8.0	9.5	1.6	
Surplus Margin %	3.5%	4.0%			3.0%	3.4%		
ROA %	5.6%	6.7%			5.6%	6.2%		
Liquidity (days)	62.4	56.0			61.2	41.7		
Risk Rating	5	5			5	5		

2.2 The income and expenditure position to the end of January is a surplus of £9.37m, which is £1.45m ahead of plan. Current month performance shows a surplus of £0.61m, which is a deficit of £0.14m against plan.

2.3 The EBITDA margin is 8.6% in January (plan 9.7%), bringing the year to date EBITDA margin to 9.9% (plan 9.4%). The forecast performance is equivalent to the maximum Monitor financial risk rating of 5 as planned taking into account all components of the risk rating.

2.4 The previous report highlighted the release of provisions and offsetting exceptional items to show the underlying financial position against plan. The following table updates this position and reconfirms an underlying shortfall against plan although with a balanced in-month position.

	Current Month £000s	**Year to Date £000s**	**Forecast £000s**
Reported surplus / (deficit) against plan as at 31/01/09	**(146)**	**1,455**	**1,575**
Release of Provision	0	-3,300	-2,595
Dean Street Lease	40	200	280
McKinseys SLM	0	200	200
Charity indemnity	0	300	300
Specialist paediatrics bid	102	102	235
Asset write-off	0	0	500
PICU training	0	0	50
Engaging public feedback workshops	0	0	50
Surplus / (deficit) against plan before release of provisions and exceptional items	**(4)**	**(1,043)**	**595**

2.5 Income exceeds plan for January by £1.85m but is offset by expenditure of £1.93m above plan resulting a decreased EBITDA against plan of £0.08m.

2.6 Net surplus is £0.15m below plan in January reflecting a deficit against interest receivable (£0.15m) offset by a surplus against depreciation (£0.08m)

2.7 £5.79m (86%) of the £6.76m annual savings requirement has been identified and is currently forecast to be delivered. £5.08m (90%) of the year to date target of £5.65m has been delivered.

2.8 The Trust cash position in the month is £32.83m which is behind the Monitor plan by £2.57m. The Trust has not drawn down the loan of £6.75m for Specialist Paediatrics included in the Monitor cash flow plan however this is partially offset by receiving £3m cash towards the Burns capital development. In addition revenue costs are net £2.34m higher than in the Monitor plan. In addition, Interest receivable is cumulatively lower than the Monitor plan by £0.33m.

2.9 The Key Performance Indicators (KPIs) for working capital that were agreed as part of the Monitoring Plan are shown in the table below against the year to date and forecast KPIs.

	Mar 08	Jan 09	Feb 09	Mar 09
KPIs	Opening Balance	Forecast	Forecast	Monitor Plan
Stock days	34	37	40	33
NHS Trade Debtor days	8	12	14	7
Non-NHS Trade Debtor days	11	10	8	12
Trade Creditor days (Trust calculation)	29	13	32	13
Liquid Ratio (days)	65	56	49	34
Return on Assets Employed	5.2%	6.7%	6.2%	5.6%

2.10 The year to date actual spend for Capital Programme is £14.99m and represents 64.39% of the budgeted amount for the Capital Programme for the year.

Lorraine Bewes
Director of Finance and Information
January 2009

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Members Council Meeting, 19 March 2009

AGENDA ITEM NO.	3.2/March/09
PAPER	Performance Report
LEAD EXECUTIVE	Lorraine Bewes – Director of Finance and Information
AUTHOR	Mohammad Wasim – Interim Information Manager Contact Number: 020 8237 2426
SUMMARY	The purpose of this report is to update the Board on the Trust's service performance for the period ending 31st January 2009. We are on track to meet all of the Monitor targets that are rolled forward from last year. We are currently on track to achieve an 'Excellent' rating for quality of services in the 2008/09 Annual Health Check for those targets that we can measure; however, several risks remain: • 18 week referral to treatment target – we achieve the target in January but we expect performance in February for admitted care to be close to the 90% target; • The HCC will assess us on the national staff survey and on the national patient survey, against which we cannot currently track our performance; • Our performance on the new 2 week cancer target could deteriorate, although our performance in January was good and this target is being closely monitored; • There remains a small risk that the HCC could reintroduce a target around Choose & Book, and our performance on slot availability dipped over the summer due to outpatient capacity issues. Continued focus is required on the 18 week target, on the 2 week cancer target and on Choose & Book. We expect to be able to update the Board on the National Patient Survey in the March board.
BOARD ACTION	The Trust Board is asked to note the report.

DISTRIBUTION	Board only ☐	Directors ☐	Trust Exec ☒	General ☐

LEGAL REVIEW EQUIRED?	No

PERFORMANCE REPORT FOR THE PERIOD JANUARY 2008

1. PURPOSE

1.1. The purpose of this report is to provide information about the Trust's performance for April to January 2009. The Trust Board is asked to note the report and conclusions.

2. CONTENT OF PERFORMANCE REPORT

2.1. The attached performance report comprises of the following components

- **Monitor Indicators – pg 1**
- **Healthcare Commission Indicators – pg 2**
- **Appendices**

  - **Stroke Care –pg 3**
  - **Efficiency and Resources and Access Summary – pg 4**
  - **Infection Control – pg 5**
  - **Engagement in clinical audits – pg 6**
  - **SLA Stretch Targets – pg 9**
  - **Discharge Summaries – pg 10**
  - **18 Weeks – pg 11**
  - **Theatres Resources – pg 12**
  - **Clinical Coding – pg 13**
  - **Choose and Book –p14**
  - **HR Graphs – pg 15**
  - **HR Tables – pg 16**
  - **SLA reports – pg 17**

3. SUMMARY OF PERFORMANCE REPORT

MONITOR (see page 1 of attached performance template)

3.1. The Trust is on track to meet all of the Monitor targets that can currently be measured.

3.2. There were 5 cases of MRSA bacteraemia up to the end of January against a target of no more than 16 cases

3.3. The number of C Diff cases was below the target in January. There have been 32 cases so far this year against a maximum target of 90 cases.

3.4. We have not had any breaches of the existing cancer 31 or 62 day targets, and our A&E performance year to date is 98.7% and our performance for this reporting month is 98.3%. This is a strong performance for A&E during a period when a number of London Trusts have struggled with the A&E target.

3.5. Our performance on the 18 week target for admitted was 91.1% and for non-admitted was 97.8% Section 6 below sets out the reason for concern despite these numbers being within the limits of the targets and the actions we are taking to improve our performance.

3.6. For the indicators that we can currently monitor, we are on track for a 'Green' rating for governance on the basis of year-to-date performance.

3.7. Our performance for the new 2 week wait for urgent referral is 97.25%. We have had three breaches in January. We had expected an increase in the number of breaches under the 2 week target as the rules have changed and no longer allow 'pauses' to the clock if a patient does not attend their appointment. More breaches are expected across the NHS as a result of this change in rules – a letter from the national cancer czar predicted average performance across the system would be 93% versus a previous threshold of 98% to achieve the old 2 week target. Our performance on the 2 week target is equivalent to 97.3% in January, which is some way above the national predicted average. This target will be kept under close review throughout the remainder of the financial year.

3.8. There are two other cancer targets that have been added by the HCC these are cancer patient waiting 31 days from diagnosis to treatment and cancer patients waiting 62 days from urgent referral to treatment. The threshold has not been agreed for these targets and will not be agreed before Aug 2009.

HEALTHCARE COMMISSION (page 2)

Existing commitments indicators

3.9. We are on track to receive a 'Fully Met' rating for the Existing Commitment indicator group even though there is one indicator where performance is below the necessary standard: Waiting times for Rapid Access Chest Pain Clinic.

3.9.1. Our Performance for Rapid Access Chest Pain Clinic in January was 100%. However, year-to-date performance is only 97.39% compared with an expected threshold of 98%. The Trust will achieve this target only if we have an increase of referrals and is expected to score "Underachieved" based on last year's thresholds (Underachieved = Greater than or equal to 90%).

3.9.2. There were no breaches in December and no breaches in January. The total number of patients seen in RAPC in January was 27. There is a significant risk of the Trust not achieving this target. In order to meet the standard the service would need to receive at least 67 referrals for the remaining two months which will make an average of 33.5 referrals per month, and see all of the patients within the two week standard. This analysis is detailed in the table below.

RACPC INCREASE OF REFERRALS			
	Total number of patients	**% Complete**	**Patients seen within the target**
April	30	100.00%	30
May	17	100.00%	17
June	17	100.00%	17
July	18	100.00%	18
August	16	**62.50%**	10
September	22	100.00%	22
October	27	100.00%	27
November	32	100.00%	32
January	27	100.00%	27
January	27	100.00%	27
February			
March			
Total	**233**		**227**

YTD Performance of RAPC			**97.42%**
Number of patients that should be seen each month within 14 days of the GP deciding to refer (to achieve 98%)			**33.50**

Table 3. RAPC analysis

3.10. The Trust's performance for Access to Genito-Urinary Medicine (GUM) clinics year to date is 100%.

3.11. The Trust's performance for Data quality for January is 94.3%. Our year-to-date position is now 96.1%, above the likely threshold of 95% for this target.

3.12. The Trust's performance against the Delayed transfer of care continues to be good. In January, the performance was 1.41%, and year to date is 2.59% against an expected threshold of 3.5%.

3.13. Our performance for waiting times in A&E being less than 4 hours is 98.3% for January and 98.7% year to date. Therefore, we expect a rating of 'Fully Met' for this indicator.

3.14. We have had no breaches of the Inpatients waiting longer than the 26 week standard year to date. We have had 1 breach of the Outpatient 13 week target in December in Pain Management and 1 breach in January in the Medical Day Unit (MDU).

3.14.1. The January breach patient was added to a separate waiting list for the MDU but the directorate were unaware that this list was in use and therefore it was not checked daily as other lists are. Once the breach was discovered the patient was immediately contacted and offered an appointment either on the 12th or 26th February, the patient opted for 26th February.

3.14.2. The separate waiting list in MDU has now been purged from Lastword so it cannot be used in future. In addition, the directorate performance team will continue to regularly review all priority action lists and actions bookings where necessary.

3.14.3. Our performance for the Outpatient 13 week target year to date is still well below target at 0.005% breaches versus a target maximum of 0.03% of all outpatients waiting longer than 13 weeks. There may be an additional breach for the month of January but this is yet to be confirmed. If confirmed the breach percentage will go to 0.007%.

3.15. Our performance to date for offering a date for a Cancelled Operation for non-clinical reasons is 99.14% (against a target of 95%) and our performance to date for cancelled operations by the hospital for non-clinical reasons is 0.53% (against a target of no more than 0.8%).

New National Priority indicators

3.16. For the New Priority targets we are on course to receive an "Excellent" rating based on the targets for which we can currently track progress. However, as noted previously, there are a number of targets against which we cannot currently assess performance. In particular, we do not yet know how we will perform in the National Staff Survey or in the National Patient Survey.

3.17. In addition, we are at some risk around the new rules for the 2 week cancer wait target which is explored in more detail in section 5 below.

3.17.1. We expect the Healthcare Commission to publish revised guidance on the 2008/09 indicators by the end of February 2009.

3.18. The HCC has published the complete threshold for the Infant health and inequalities: smoking during pregnancy and breastfeeding initiation.

3.18.1. Our performance to date on data completeness for breastfeeding initiation is 99.79% (against a target of 95%) and data completeness for smoking during pregnancy to date is 100% (against a target of 95%)

3.18.2. Our Performance against smoking difference compared with previous year for this month is -8.15% and year to date is -7.62% (against a difference less or equal than 0%), so we are on track to deliver this target.

3.18.3. Our Performance against Breastfeeding initiation compared with previous year for this month is 4.43% and year to date is 0.16% (against a difference greater or equal than -5%). Again, we are on track to deliver this target.

3.19. We regularly submit data to a number of heart audits. We can confirm that the Trust took part in the annual 2008 MINAP data validation exercise and our completion ratio for the key fields is greater than 90%. The Trust does not participate in the cardiac surgery or congenital heart audits as we do not offer those services here. We thus expect to be compliant with the target around 'Participation in heart disease audits'.

3.20. The Healthcare Commission will include an assessment of Stroke Care taken from the National Sentinel Audit data in 2008. The target has two indicators which we believe will have equal weighting: an indicator on the % of patients spending more than 90% of their time on the stroke unit (current performance 69%); an indicator which includes eight other measures from the Sentinel Audit – our current unweighted percentage score for these is 96.81%. The reason our 'percentage of patients spending more than 90% of their time on a stroke unit' is not higher is due to our clinical model of care in which patients are admitted to our Acute Medical Unit in the initial phase of their care. Although this is a clinically safer model for patients, as the intensity of medical staffing on AMU is higher than on the stroke unit, for patients who do not stay a long time (e.g. 7 days), a 1 day stay in AMU may make their proportion of time on the stroke unit drop below 90%. We have been unable to agree an exception to the target to take into account this clinically safe model of care.

3.21. Our performance against Cancer patients waiting 2 weeks from Urgent GP referral to first appointment for all Urgent Suspect Cancer Referrals indicator year-to-date is 99.65%. Our Performance for the long standing cancer commitments 31 day and 62 days for January and year to date was 100%. Due to a change of rules, we have had an increase in breaches of the 2 week urgent referral target.

3.22. Detail on the Trust performance against the 18 week referral to treatment target is in a separate section below. Quarter 4 of 2008/09 is vital in terms of 18 weeks as the Trust is to be judged on the performance in this Quarter.

3.23. The Trust is on track for achieving 2 of the 4 contract stretch targets so far this year: Clostridium Difficile cases (32), and MRSA cases (5). If current performance levels were maintained in these two targets then year-end performance would be equivalent to a level 3 and the Trust would receive incentive payments of £300,000 (Page 8). Discharge summaries are not on

track to achieve any level of contract stretch target performance with performance at 90.63% at the end of January. Actions to improve our performance on discharge summaries are highlighted in section 7 below. 18 week performance for admitted care is not of a high enough level to receive an incentive payment – we would have had to maintain at least a 92% performance on admitted care from December 08 to March 09 to qualify for an incentive, and our January admitted performance was 91.1%.

3.24. We have just received the results from the Picker Institute for the inpatient survey. The results are being analysed and a report will be made to the March board.

4. 18 WEEK ACTIVITY

4.1. 18 week performance for December 2008

	Treated within 18 weeks		**Not treated within 18 weeks**		**Total volume**	**Unknown clock start date volume**	**Data Completeness**
	%	Volume	%	Volume			
Admitted	90.70%	839	9.30%	86	925	12	95.70%
Non-admitted	98.66%	8307	1.34%	113	8428	8	103.60%

4.2. 18 week performance for January 2009

	Treated within 18 weeks		**Not treated within 18 weeks**		**Total volume**	**Unknown clock start date volume**	**Data Completeness**
	%	Volume	%	Volume			
Admitted	91.1%	1041	8.9%	101	1153	11	90.1%
Non-admitted	97.8%	10091	2.2%	227	10339	21	104.9%

Data completeness figure for non-admitted is currently being ratified

4.3. Predicted 18 week performance for February 2009

	Treated within 18 weeks		**Not treated within 18 weeks**		**Total volume**	**Unknown clock start date volume**	**Data Completeness**
	%	Volume	%	Volume			
Admitted worst case	88.35%	910	11.65	120	1030		
Admitted best case	90.5%	968	9.5	102	1070		

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4.4. The Trust will be measured for 18 week performance from January to March 2009, instead of the original December 2008 timescale. Performance will be measured against consistent performance month on

month achievement of 95% for non-admitted patients and 90% for admitted patients as well as achieving data completeness of between 90 and 110% for both indicators.

4.5. Data completeness has been consistently within the appropriate limits since November for both non-admitted and admitted.

4.6. Whilst non-admitted performance has remained strong, admitted performance had been consistently reduced since October, as was reported at the last board meeting

4.7. January 18 week admitted performance was achieved at 91.1%, which was a marginally better position than reported in the last report

4.8. In the last report there were three key actions highlighted as the key to maintaining performance which are continuing:

4.9. Provision of timely and accurate information to allow a weekly understanding of last week's performance on 18 weeks and forwards looking information which shows how many patients are likely to breach their 18 week pathways. This information is presented at every Monday Executive Meeting;

4.10. Acting on the information provided through proactive management of future waiting lists;

4.11. Individual action plans in targeted areas:

4.12. For admitted care, focusing on complex specialties such as paediatric dentistry and Bariatrics

4.13. For outpatient waits, executive bilaterals with the leads for key specialties have produced plans to reduce waits back to 4 weeks through adding appropriate capacity.

4.14. February performance is being actively managed to ensure the achievement of 90% for admitted patients and mechanisms have been put in place to ensure that there is Executive oversight of operational decisions.

4.15. Predicted volumes for February are low due to the loss of activity at the beginning of the month as a result of the snow. This has been compounded by half term, so volumes will be lower than last month.

4.16. The Trust is continuing to export patients to the private sector to offset the lower admitted volume and allow room for shared breaches (those patients that start and finish their pathways in different trusts) that are only notified after the month end.

4.17. Currently the volume of validation work necessary to get timely and accurate information for early decision making is unsustainable and inefficient. The Trust is therefore intending to commission the '10 partnership' to undertake a 'rapid' review of 18 week performance data and processes and make recommendations for improvement. Executive level meeting will continue through March and into April to ensure the appropriate level of oversight of this very important tar

5. ACTIVITY (page 4)

5.1. Overall outpatient activity in January was -5.57% lower compared with the same period last year.

5.1.1. There were 12346 new outpatient attendances in January 2009, which was -14.20% lower than last January. Year-to-date new outpatient activity is up by 28.5% on 2007/08 and is 10.72% up on the projected 2008/09 volumes in the capacity plan

5.1.2. Follow-up outpatient activity year-to-date is higher than at this point in 2007/08, and is 6.3% higher than in the corresponding month last year. The follow-up attendances to date are up by 9.44% compared with the capacity plan.

5.2. Daycase activity was slightly lower in January 2008 compared with last year, and year-to-date activity is up by 6.6%.

5.3. Elective inpatient activity is 1.2% higher year-to-date.

5.4. Total elective activity is up by 9.9% compared with the capacity plan.

5.5. Non-elective activity was 9.29% higher in January 2009 compared with January 2008, and the year-to-date activity is 0.8% higher than last year.

6. DISCHARGE SUMMARY TARGET (page 6)

6.1. The January 2008 Monthly Discharge Summary report highlights significant improvement on last month's report. The overall performance by month end is 97.40% of discharge summaries being completed versus 95.78% in December 2008.

6.2. The improvement follows the re-introduction of regular weekly operational meetings focusing on discharge summaries with the directorates. The daily and weekly reports have been overhauled and exclusions are validated off the reports. Directorate teams are also now using the reports to follow up late discharges with clinical teams. The central team is now able to provide an important focal point for co-ordinating, providing advice, training and support to the directorates. Finally, administrative support has been increased to the Treatment Centre and A&E to help facilitate the process.

6.3. Performance on discharge summary completion within 72 hours for the month of January was 90.6%. This still falls short of our target of 95% completion within 72 hrs.

7. CHOOSE AND BOOK (page 10)

7.1. Currently, the Healthcare Commission has not published a target for convenience and choice. This may be published at a later date therefore the performance on slot availability and directly bookable services is being monitored.

7.2. Slot availability is measured by the proportion of bookings where there were no slot issues and the appointment was made successfully. In 2007/8 the target was 80%. Average performance for the year to date is 75.35%, and was 84.29% in January – we would need three extremely good months from February-March to raise our performance to 80% for the year end total. Should the Healthcare Commission choose to re-introduce a target

around Choose & Book, we could be at risk of under-achieving this element but we do not believe this to be likely.

7.3. The number of services that are on C&B as directly bookable was 87% at the end of January. (The target for this indicator in 2007/8 was 60%).

8. EFFICIENCY (AND OTHER TARGETS) (pages 4 and 11)

8.1. Clinical Coding – By the end of January, 75.4% of clinical coding was being completed within the 7 day target (see page 11). The target for the year is 90%. Performance has dipped due to a reduction of capacity in the team through sickness and the loss of an agency coder. An action plan to bring performance back on track is being agreed with the Clinical Coding Manager.

8.2. Efficiency and Use of Resources –

- The Trust's day case rate has maintained to 74% in January 2008. The target for the year is 73%.
- Elective length of stay year to date is 1.86 (against a target 3.01) and non-elective length of stay year to date is 4.26 (against a target 3.19).
- The percentage of outcomes recorded in outpatients has improved compared with year-to-date of last year. Performance this January is 94.75% which is 0.75% up in comparison with January 2007.

9. HUMAN RESOURCES PERFORMANCE (pages 15-16)

9.1. 10.1 In January, the Trust staff inpost increased by 13.71wte in comparison to the previous month. This is the largest number of staff the Trust has ever employed for the third consecutive month. This is a total increase in the overall workforce of 74.34wte on the January 2008 position.

9.2. Unplanned turnover (i.e.: resignations) decreased again in January, now at 0.87%. This is a significant in month decrease of 0.28% on the same period last year, and the lowest rate of the last 11 months.

9.3. The full vacancy rate for the Trust in January is 10.61%, a decrease of 0.48% on the previous month. This is the lowest rate of the last 14 months.

9.4. The Trust's vacancy rates are calculated using the budgeted wte (based on reconciliations with the Finance department), and the wte staff in post at the end of the month. This represents the 'total vacancy' position. However, a truer measure of vacancies is those being actively recruited to, which we estimate to be approximately 40% of the full vacancy figure. This would give the Trust a current 'active' vacancy rate of 4.4%

9.5. The staff groups with the highest number of vacancies were, Nursing and Midwifery (Support) at 20.74%, Administrative & Clerical at 20.38%, and registered Professional & Technical staff (e.g.: pharmacy/lab technicians) at 13.91%.

9.6. The Trust's sickness rate rose to an in year high in December at 4.68%, up nearly 1.0% on last month. However, this is in line with data from December 2007, which had the highest sickness rate of that year, illustrating the seasonal effect of sickness. The increase was shown in both

short and long-term sickness rates. The number of sickness days by department (cost centre) and short/long-term is available in the 'Monthly Sickness by Department' report.

9.7. The average sickness rate for the year to date is 3.75% compared to last year's average rate of 4.16%.

9.8. Information on short term and long term sickness absence is now reported monthly to Directorates via the Performance Information Team. The HR team review every case of long term absence or high levels of intermittent short term absence, and have an action plan to address each individual case.

9.9. Overall Bank & Agency usage in January has increased by 8.47wte in comparison to the previous month, with total Bank usage of 239.42wte and total Agency usage of 207.36 wte. This is an increase of 62.22wte since the beginning of this financial year.

9.10. Bank and Agency usage covered 446.78wte posts. Trust vacancies were 306.18wte posts.

9.11. Key HR Metric targets have been proposed for the next financial year, 2009/2010. A paper is being presented to the Executive Team for their final approval, proposing the targets as follows:

HR Metric	Target
Turnover rates	14%
Stability rates	97%
Vacancies: Total Active	 10% 4%
Sickness absence rates	3.75%

These targets represent a requirement to improve our performance, and will compare favourably when considered alongside other similar London acute hospital Trusts.

10. SLA PERFORMANCE (page 17)

10.1. Overall contracted activity is ahead by 3% and this has resulted in a favourable variance of £4,070.83k to the end of month 10. This is up from £3,046.4k at month 9, but the Increase was expected given the usual increase in Activity in January

10.2. Elective and outpatient activity is significantly ahead of plan by 7% and 8 % respectively. Critical care has had a very busy month with a 7% increase both in Adults and Child. Excess bed days are down again by 5%. The A&I Directorate has increased its activity by 8% which has had a huge effect on income which has increased by 38%.

10.3. The activity figures in the SLA section of the report do not match the activity figures in the table shown in the Access section. The difference in figures is because the SLA report only includes contracted activity from PCTs with whom we have signed service level agreements. There are also some minor differences in the data definitions.

11. CONCLUSION

11.1. For those targets where we can track performance, the position so far is positive with the Trust on track to achieve the Monitor targets and on track with all Healthcare Commission targets other than Rapid Access Chest Pain.

11.2. However, significant risks remain around the new 2 week cancer waiting time target and on halting the deterioration in performance in the 18 week target. The Executive will devote considerable attention to both of these targets in the remainder of the year.

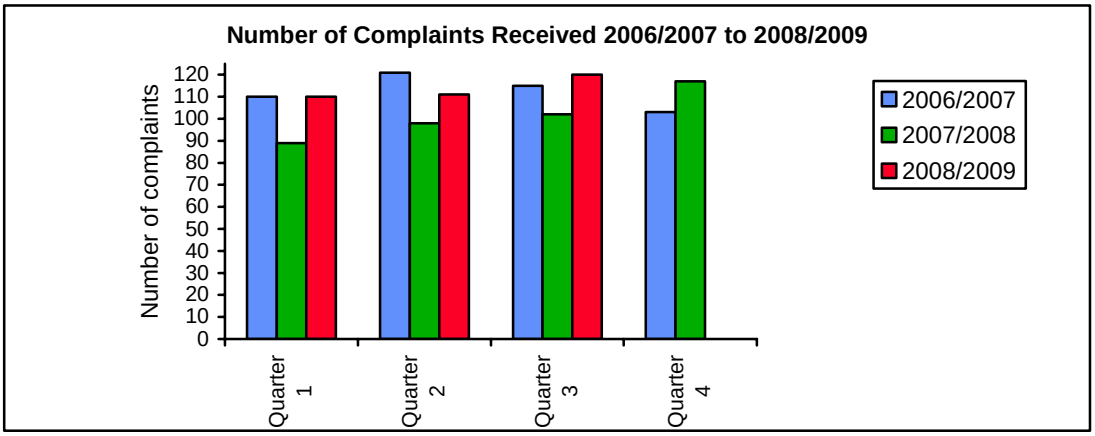
APPENDIX 1

Board Summary Complaints and PALS Report Quarter 3 2008/2009

1.0 Introduction

This report presents a summary of the feedback and trends identified through both the complaints process and the Patient Advice and Liaison Service (PALS) during the third quarter of the year 2008/2009.

2.0 Number of Complaints Received by the Trust 2006/2007 and 2007/2008/2008/2009



The Trust received formal complaints from a total of 120 complainants during this quarter. This compares with 102 complaints in the same quarter during the year 2007/2008.

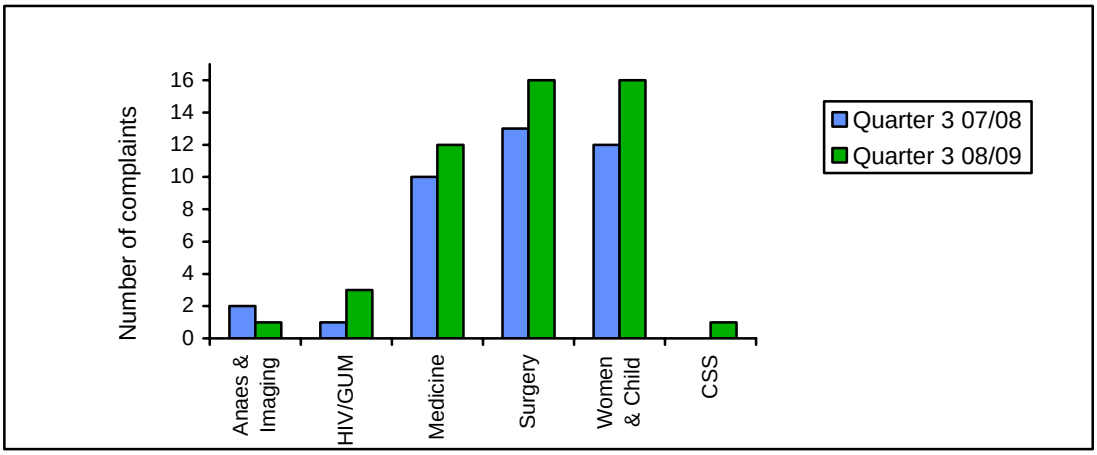
3.0 Complaint Management Performance Quarter 3 2008/2009

The Trust responded to 110 [92%] of complaints within the required performance standard. To achieve a performance standard within the top band (Band 5), as published by the Healthcare Commission, the Trust needs to achieve 90% of complaints responded to within 25 working days. Two Directorates, Medicine and Surgery did not achieve this performance standard for Quarter 3.

4.0 Complaints by Subject Quarter 3 2008/2009

The two primary subjects with the highest number of complaints are 'Aspects of Clinical Care or Treatment' and 'Attitude/Behaviour of Staff'. These two categories registered the highest number of complaints consistently throughout 2007/2008.

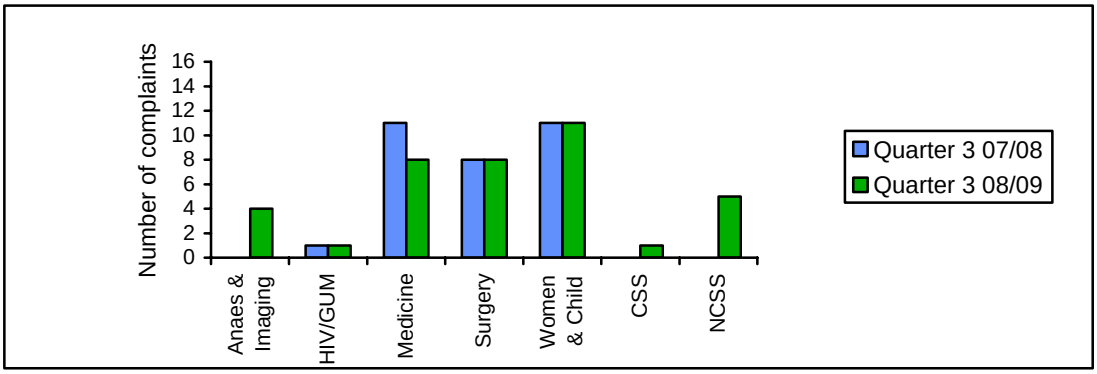
4.1 Complaints about Aspects of Clinical Care or Treatment Quarter 3 2007/2008 and 2008/2009



The Trust received 49 complaints relating to aspects of clinical care or treatment during the third quarter of 2008/2009.The largest number of complaints were received by Women and Children and the Surgical Directorates who both received 16.

	SURGERY	Women and children
Medical Staff	14	9
Midwives		6
Nurses	2	1

4.1 Complaints about Attitude and Behaviour of Staff Quarter 3 2007/2008 and 2008/2009



The Trust has received 40 complaints relating to aspects of staff behaviour or attitude during the third quarter of the year 2008/2009; this is an increase of 9 complaints compared with the same period in 2007/2008.

- The Medicine Directorate received 8 complaints (a decrease of 3 when compared with the same quarter in 2007/2008).
- The Women and Children's Directorate received 11 complaints (the same amount received in Quarter 3 2007/2008).
- The Surgical Directorate received 8 complaints (the same amount received in Quarter 3 2007/2008).

Across the Trust the staff groups receiving the largest number of complaints relating to attitude/behaviour are shown in the table below.

	Quarter 3 07/08	Quarter 3 08/09
Medical Staff	14	14
Midwives	4	5
Nurses	7	11
Admin & Clerical	5	5
Reception and Security		2
Other		3

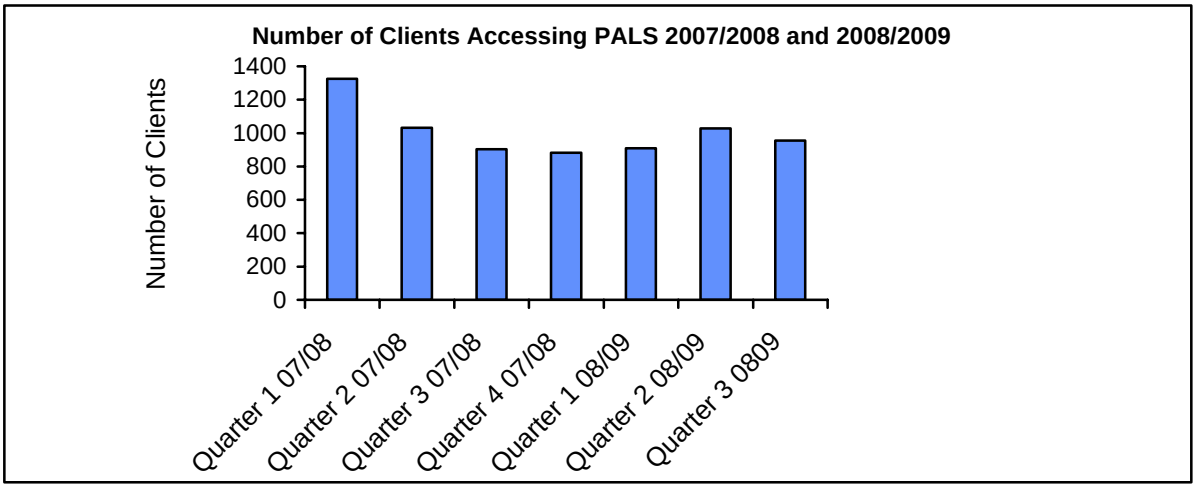
4.3 Complaints about Appointment Issues Quarter 3 2008/2009
The Trust received 24 [27 last quarter] complaints relating to issues or difficulties in arranging appointments or confirming admission arrangements. Only one formal complaint was received regarding difficulties in contacting the Surgical Admissions Office, this compare to 7 during the last quarter.

5.0 Healthcare Commission (HCC) - Independent Reviews
The Trust has received no reports from the HCC during quarter 3. Three complaints were referred to the Healthcare Commission during this quarter. Two were returned for further local resolution and one complaint is under investigation.

6.0 Health Service Commissioner (Parliamentary and Health Service Ombudsman)
No new complaints were referred to the Ombudsman during this quarter.

7.0 PALS Feedback

7.1 Number of Service Users Accessing the PALS Service Quarter Three 2008/2009
A total of 956 service users have contacted the PALS team during the third quarter of 2008/2009.



The apparent fall in the number of client contacts between quarter one 07/08 and the subsequent quarters is due to the change in the type of enquiries that are registered on the data base.

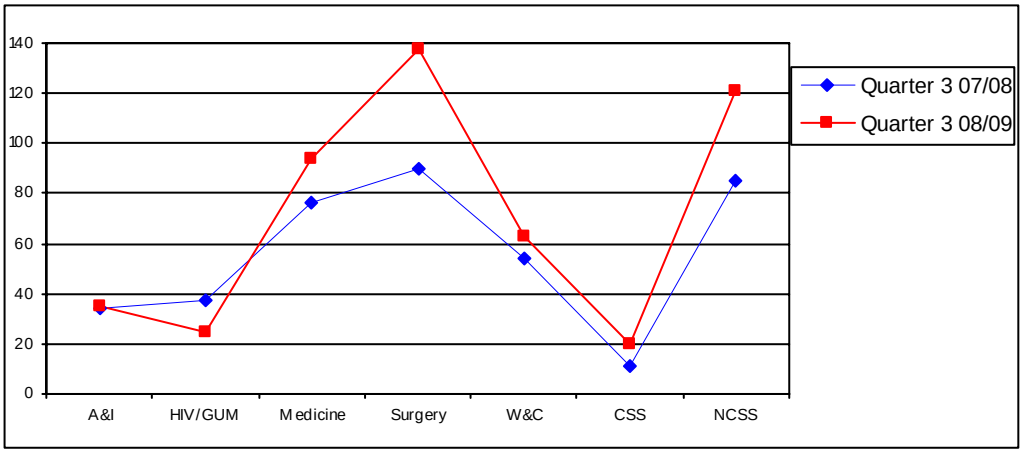
8.0 Positive Feedback
The PALS service received positive feedback from 94 service users this compares with 72 when compared with quarter three 2007/2008. 32% of the service users who gave positive feed back praised the attitude and behaviour of staff, 41% related to aspects of clinical care or treatment and 27% praised other aspects of the service.

The Medicine Directorate (30) and HIV/GUM Directorate (20) received the highest number of positive comments.

- In the Medicine Directorate 7 of the comments (17%) related to the Emergency Department and 7 (17%) of the comments related to General Medicine.
- In the HIV/GUM Directorate 11 of the comments (61%) related to the Victoria Clinic for Sexual Health. 7 of these related to one member of staff.

9.0 Concerns about Aspects of Service Provision Quarter Three 2008/2009
518 clients have expressed a concern about an aspect of the service provided by this hospital during the third quarter of this year (this compares with 383 concerns during the same period in 2007/2008).

Number of concerns received by Directorate Quarter 3 07/08 and 08/09



The most significant rise in concerns expressed about services relates to the Surgical Directorate, which received 138 (27%) of all concerns raised in this quarter).

41 concerns relating to admission arrangements were raised in quarter 3 2008/2009. This compares with 48 during the last quarter.

Of these concerns:

- 16 relate to clients not being able to make contact with the admissions office by telephone.
- 13 relate to clients not receiving written notification of surgery date.
- 12 relate to a delay in accessing an admission date.

During Quarter 3, the admissions department has been refurbished to improve the working environment for the team and visiting patients. A dedicated confirmation line has been introduced. The letters have been rewritten to reflect ward changes and ensure the information is current. An Information leaflet has also been written to support elective admissions. All staff in the admissions office have received customer care training.

9.1 Appointment Issues

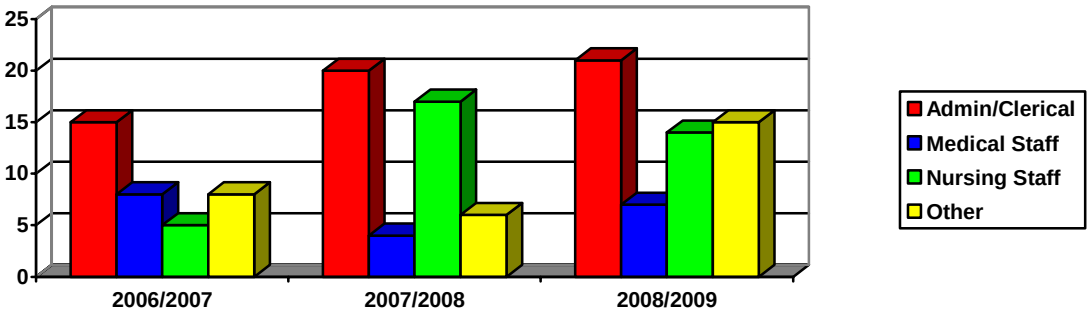
Issues relating to appointments continue to be the most frequently raised concern. During quarter 3 2008/2009 150 service users expressed concern about an appointment related issue. This compares with 78 in quarter 3 of 2007/2008.

- 15 clients expressed concern about difficulties accessing an appointment within the 18 Week Pathway.
- 23 clients expressed concerns about delays in accessing an appointment.
- 32 clients expressed concern they had not been notified in writing about appointments.
- 39 clients were concerned they could not get through to the relevant department by telephone.
- 13 clients were concerned that no follow up appointment was made for them.
- 10 clients expressed concern about discharge from clinic for not attending an appointment.
- 15 clients expressed concern about a cancelled or delay appointment.
- 3 clients expressed concern about booking an appointment through the Choose and Book system.

9.2 Attitude and Behaviour

There has been an increase of concerns relating to the attitude and behaviour of staff members. 57 clients expressed concern about this during quarter 3 2008/2009. When comparing quarter 3 to the previous two years, this has increased from 36 (2006/2007) and 47 (2007/2008).

Number of concerns received by staff type Quarter 3



10.0 Change of Practice Quarter Three 2008/2009

The following changes have been made to services as a result of complaints or feedback from PALS in this quarter:

- All Trust laptops, Personal Digital Assistants, Blackberries and mobile devices have been encrypted.
- HIV/GUM Directorate is developing a guidance chart to assess the patient's response to cryotherapy treatment.
- HIV/GUM Directorate to develop a discharge summary for all patients who are travelling and might need to access healthcare whilst abroad.
- Long-term Parents Forum has been established to support parents.
- Plans developed for a triage area in the antenatal ward to assess women in early labour.
- Introduction of the Productive Ward in two areas. A national initiative from the NHS institute which focuses on improving ward processes and environments to allow nurses to spend more time on patient care.
- Radiology has developed a post steroid injection information sheet.
- Log books have been introduced in OP4 to ensure timely follow up of telephone messages.
- The automated service now connects callers to an operator if no selection is made.
- Interpreters are booked for a minimum of one hour to allow for possible delays.
- Specific targeted customer care training has been developed for all front line staff

FINACIAL SUMMARY TO MONTH 10

Directorate	As At M2			As At M3			As At M4			As At M5			As At M6			As At M7			As At M8			As At M9			As At M10		
	Surplus / (Deficit) £000's	% £ Difference	% Activity difference	Surplus / (Deficit) £000's	% £ Difference	% Activity difference	Surplus / (Deficit) £000's	% £ Difference	% Activity difference	Surplus / (Deficit) £000's	% £ Difference	% Activity difference	Surplus / (Deficit) £000's	% £ Difference	% Activity difference	Surplus / (Deficit) £000's	% £ Difference	% Activity difference	Surplus / (Deficit) £000's	% £ Difference	% Activity difference	Surplus / (Deficit) £000's	% £ Difference	% Activity difference	Surplus / (Deficit) £000's	% £ Difference	% Activity difference
Surgery	389.57	9%	9%	521.68	8%	8%	1,062.63	12%	14%	1,285.91	12%	13%	1,639.16	12%	15%	2,008.93	13%	17%	2,568.03	15%	15%	2,694.63	14%	15%	3,113.93	14%	14%
Womens & Children	-339.44	-5%	-6%	-108.13	-1%	-1%	-174.90	-1%	3%	-752.85	-4%	1%	-360.30	-2%	3%	-324.05	-1%	2%	-546.38	-2%	2%	-692.19	-2%	1%	-838.61	-2%	2%
Medicine	218.93	4%	2%	376.56	4%	1%	452.88	4%	2%	248.23	2%	0%	723.12	4%	0%	938.49	5%	0%	1,173.14	5%	1%	1,081.93	4%	0%	1,358.52	7%	1%
HIV / GUM	26.22	0%	-2%	92.83	1%	-1%	203.86	1%	2%	440.03	2%	7%	430.40	7%	6%	475.84	2%	6%	550.87	2%	5%	804.59	2%	7%	874.55	7%	2%
Imaging & Anaesthetics	51.10	5%	35%	-47.90	-3%	33%	123.37	6%	41%	62.93	2%	34%	130.21	4%	34%	179.18	5%	34%	152.05	4%	32%	-17.10	-1%	34%	390.15	38%	8%
Other	9.63	0%	0%	-203.04	-3%	0%	-493.60	-3%	1%	-174.62	-1%	0%	-778.28	-2%	0%	-330.01	0%	0%	-555.39	-2%	0%	-825.45	-2%	0%	-827.71	-6%	0%
Total	**356.00**	**1%**	**1%**	**632.00**	**1%**	**2%**	**1,174.25**	**2%**	**4%**	**1,109.63**	**1%**	**3%**	**1,784.30**	**2%**	**3%**	**2,948.38**	**2%**	**3%**	**3,342.32**	**2%**	**3%**	**3,046.40**	**2%**	**3%**	**4,070.83**	3%	3%

Activity Type	As At M2			As At M3			As At M4			As At M5			As At M6			As At M7			As At M8			As At M9			As At M10		
	Surplus / (Deficit) £000's	% £ Difference	% Activity difference	Surplus / (Deficit) £000's	% £ Difference	% Activity difference	Surplus / (Deficit) £000's	% £ Difference	% Activity difference	Surplus / (Deficit) £000's	% £ Difference	% Activity difference	Surplus / (Deficit) £000's	% £ Difference	% Activity difference	Surplus / (Deficit) £000's	% £ Difference	% Activity difference	Surplus / (Deficit) £000's	% £ Difference	% Activity difference	Surplus / (Deficit) £000's	% £ Difference	% Activity difference	Surplus / (Deficit) £000's	% £ Difference	% Activity difference
Elective	520.45	13%	11%	833.83	14%	10%	1,288.66	16%	12%	1,612.83	16%	10%	1,359.89	11%	9%	1,542.16	10%	10%	1,996.28	12%	9%	1,751.51	9%	7%	2,319.34	11%	7%
Non-Elective	125.27	1%	1%	288.17	3%	0%	516.33	4%	2%	494.10	4%	1%	617.64	3%	0%	742.68	3%	0%	723.85	3%	0%	806.40	3%	0%	703.82	2%	1%
Outpatients	203.21	3%	3%	609.27	3%	3%	253.42	2%	6%	569.64	4%	7%	635.92	2%	9%	525.44	6%	9%	682.73	2%	6%	822.37	3%	6%	1,043.47	6%	8%
Excess Bed Days	-246.10	-30%	-31%	-287.37	-24%	-24%	-217.79	-13%	-11%	-226.34	-11%	-11%	-244.23	-11%	-11%	-306.54	-12%	-11%	-503.15	-15%	-16%	-601.67	-16%	-19%	-555.83	-7%	-5%
Critical Care- Adult	-200.90	-1%	-8%	-95.79	-7%	4%	-84.84	-5%	14%	-154.07	-8%	-7%	-246.81	-10%	6%	-245.02	-8%	4%	-144.87	-4%	5%	-387.04	-10%	5%	-4.85	11%	7%
Critical Care- Child				-403.44	-18%	-11%	-564.27	-18%	-17%	-550.18	-15%	-12%	-312.08	-7%	-10%	-376.32	-8%	-9%	-373.35	-5%	-6%	-279.69	-4%	-4%	-296.84	11%	7%
Other	-45.93	0%	0%	-312.67	-4%	0%	-17.27	0%	0%	-636.35	-3%	0%	-26.03	-1%	0%	1,065.98	0%	2%	960.82	2%	0%	934.52	2%	0%	861.73	-2%	1%
Total	**356.00**	**1.0%**	**0.7%**	**632.00**	**1.6%**	**1.1%**	**1,174.25**	**2.0%**	**4.0%**	**1,109.63**	**1%**	**3%**	**1,784.30**	**2%**	**3%**	**2,948.38**	**2%**	**3%**	**3,342.32**	**2%**	**3%**	**3,046.40**	**2%**	**3%**	**4,070.83**	3%	3%

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Members' Council Meeting, 19 March 2009

AGENDA ITEM NO.	3.3/March/09
PAPER	Minutes of the meeting of the Members' Council Membership Development and Communications Sub-committee held on 24 Feb 2009
AUTHOR	Dianne Holman, Interim FT Secretary
LEAD	Chris Birch, Acting Chairman
EXECUTIVE SUMMARY	This paper is the draft minutes of the meeting held on 24 February 2009
DECISION / ACTION	For Information.

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

DRAFT MINUTES

Present:	Chris Birch	CB	*Vice Chairman*
	Jim Smith	JS	
	June Bennett	JB	
	Cathy James	CJ	
	Alison Delamare	AD	
	Catherine Mooney	CM	*Director of Governance and Corporate Affairs*
	Dianne Holman	DH	*Interim FT Secretary*
	Matt Akid	MA	*Head of Communications*
In Attendance:	Andrew MacCallum	AMC	*Director of Nursing*
	Priti Bhatt	PB	*HR Manager E&D*
	Adrian Aggett	AA	*Representative - Computershare*
	Claire Kennedy	CK	*Communications Manager*

1 WELCOME & APOLOGIES

Apologies were received from Jane King, Martin Lewis, Martin Rowell, Jane Tippett and Sue Smith.

Chris Birch chaired the meeting in the absence of Martin Rowell and welcome DH, JS and others new to the group.

2 Minutes of the previous meeting held on 4 November 2008

The minutes were confirmed as an accurate record subject to the following amendment:
Page 1 Item 3
Delete sentence: 'CB asked that…….for sake of tracking.'
Replace with: 'CB asked that all papers are headed with name, date of meeting and agenda item number; and all pages of each paper are numbered.'

3 Matters arising from previous meeting held on 4 November 2008

CB asked to have the presentation of matter arising amended to include the actions taken.
Action: To amend presentation of Matters Arising DH

CM clarified the structure of the reference codes used in matters arising used for tracking. The number refers to the order of appearance and the month and year when the item was first discussed. This allows progress to be tracked over time.

3/Nov/08 Matters Arising Sept Minutes

Martin Lewis was approached to join the group..

Double-feature in Trust News later on the agenda

CM said exploring the possibility of having a Members' Council stand at the finishing tent at the Duathlon next year had been raised but suggested that this item was kept on matters arising to ensure that it was incorporated into the planning of the Duathlon when appropriate. CM

3/Nov/08 Membership Week

Constituency maps circulated in meeting by CM

5/Nov/08 Membership Strategy

Action: to re-organise tracker for better presentation. **DH**

Record of number of users of kiosks still outstanding **DH**

Recruitment opportunities discussed and members of the group described initiatives. Agreed to discuss again after Computershare report when clearer who to target.

Order of slides on LCD screen changed.

AM informed the group of plans to relocate one kiosk to outside the PALS area and develop the membership area with screens, bench seating and other interior refurbishments to facilitate comfort and privacy.

6/Nov/08

MA will address questions raised at the AGM in the next edition of Trust News. CM to send notes from that day CM

Membership Diversity is on the agenda.

Priti Bhatt at meeting

7/Nov/08

Action: to ascertain what proportion of members have given email addresses. **DH**

Funding paper is on the agenda.

The Terms of Reference have been circulated to CB.

Action: to review Terms of Reference for discussion at next meeting **ALL**

4 Membership Diversity

AA presented slides analysing the public constituency by geography, age, ethnicity, peer group, e-communication penetration, gender, socio-economic background. PB described the expanded role of the Equality & Diversity Manager and the 3 main equality schemes pursued by the Trust – race, disability and gender.

The slides highlighted the Trust's performance against benchmarks. The Trust is weak in the following areas: Wandsworth 1; age under 40 (in particular, teenagers); wealthy achievers and urban prosperous; old families in prosperous suburbs.

It was noted that the Trust had a better than average rate for e-communication penetration; however, it would be useful to further increase this rate in order to benefit from reduced costs, speed and environmental impact.
ACTION: to provide a list of email addresses from membership database. **DH**

MA said that the current supply of membership leaflets would run out in a few months and this was an opportunity for them to be re-designed. This could include guiding applicants that email would be the default mode of communications. AA offered to review the design specifications for best practice. DH/MA

AA also highlighted that his firm's analysis indicated that there were approximately 800 members where mail had been returned. **DH/AA**
ACTION: to develop plan to identify addresses of members where mail had been returned.

AA also highlighted the possibility of profiling members on the database by preferred level of involvement. JS reflected that this would be a very useful feature to employ in anticipation of the next Members' Council election later this year.

AA also confirmed that the lead time between application and confirmation was between 5 to 6 weeks because of monthly batch processing to manage costs and stressed the need to manage expectations in this area.

5 Briefing on Patient Feedback Initiatives

AMC reported that from the next financial year there would be three main types of patient feedback surveys, real time feedback, the national patient survey and members and staff panels in a similar way to residents

panels in local authorities. AMC asked that the Members' Council be involved in this work to help frame surveys and be involved in analysing the feedback.

6 Seasonal Working Conference

AM reported that members will be invited to the Seasonal working Conference to be held in South Kensington. The themes for this conference are: Listening & Learning from patients; Promoting privacy & Dignity; Keeping patients safe; keeping standards up and keeping up-to-date with issues. **MA**

ACTION: To include event details in one-off mailing

7 Membership Newsletter

CK circulated a list of proposed stories in the April/May 2009 edition and took additional suggestions. These include kiosks, feedback from the Seasonal Working Conference and targeting the Wandsworth 1 constituency.

8 Membership Area: Content for Plasma Screens and Self-Service Terminals

CB expressed his embarrassment that the touch screens were failing so frequently. CM said she understood and apologised. CM explained that a meeting was being arranged with the Assistant Director of IT to help resolve the problem. MA stressed that this must be resolved in time for the open day

AM proposed that the content of the screens is linked to the content of the Trust News rather than updating bi-weekly.

ACTION: to ensure that the membership area refurbishment is complete. **AMC**

To ensure that the screens malfunctioning is resolved in time for the Open Day on 9 May 2009 **CM/DH**

To link LCD screen information with Trust News **MA**

9 Membership Report

CM circulated a report for the period ended January 2009 showing the growth for the public, patient and staff constituencies. The group noted the report which showed the one-off growth in the staff constituencies as a result of the opt-put provision. CB queried the effect of growth in numbers for volunteers as a result of changes to the Constitution.

ACTION: to confirm that the arrangements for staff to be automatically members and have the option to 'opt **DH**

out' includes volunteers.

10 Web Diagnostics

MA explained the nature of the work done for web diagnostics. A full report will be presented to the Members' Council in March 2009. — MA

11 Members' Council Funding Report

CM guided the group through the paper and asked the group to focus on Item 5 in order to develop 09/10 funding requests.

MA explained that the Trust ran a well-established open day using funding from the Charity for the past 12 years. Last year the Open Day was funded jointly by the Charity, the Members' Council and Kensington and Chelsea PCT. The group endorsed the proposal that the Members' Council assume sole sponsorship of the event as it was a unique opportunity to raise the profile of the Council, the constituencies and drive engagement and recruitment.

ACTION: to make Open Day Sponsorship proposal to Members' Council — **MA**

CM briefed the group on suggestions developed at the recent Away Day. JB suggested that funds could be used for focus groups in between meetings of the Members' Council. Some Equality and Diversity themed proposals included signs to ask if adjacent leaflets needed to be translated; internet voice clips in foreign languages and support for the learning disabled

CB asked for the costs to be confirmed as the totals did not seem to be correct. — DH

AD was excused from the meeting at this time.

12 Any Other Business

MA presented a paper outlining a proposal for a membership mailing. The group endorsed the proposal that the Members' Council allocate remaining funds from its 08/09 budget to fund the cost of the mailing, subject to the Members' Council agreement.

ACTION: to make funding of mailing proposal to Members' Council — **MA**

JS was excused from the meeting at this time.

Some of the group enquired why Communications was linked with Membership Development. AM explained that the statutory responsibility under the FT regime to maintain and develop a representative membership was

based on quality communications.

AMC informed the group that the current post for engagement and partnership in nursing for would be changed to include membership engagement.
CB raised the issue of whether the group should meet more often. It was suggested that this was addressed as part of a review of the terms of reference of the group.
The group's Terms of Reference would be on the Agenda for review at the next meeting. CB offered to redraft the terms of reference and this was agreed.

ACTION: to circulate Terms of Reference with Minutes. **DH**

13 Date of next meeting

The next meeting is scheduled for 19 May 2009.

There being no further business, the meeting was adjourned.

Respectfully submitted	Approved by *To be approved at the next meeting in May*
Dianne Holman Interim FT Secretary	Chris Birch Acting Chairman