



Chelsea and Westminster Hospital
NHS Foundation Trust

COUNCIL OF GOVERNORS MEETING



COUNCIL OF GOVERNORS MEETING



1 May 2025



14:00 GMT+1 Europe/London



AGENDA

1. General Business	1
1.0 Agenda COG.pdf	2
1.1 Welcome and Apologies for Absence	4
1.2 Declarations of Interest	5
1.3 Minutes from previous meeting held 23rd January 2025.....	6
1.3a CoG Meeting - 23 January 2025.pdf	7
2. Updates	13
2.1 Chair's Report and NWL Acute Provider Collaborative (APC) Update	14
2.1. Chairs Report NWL APC Public BiC 29 April 2025 v2.pdf	15
2.2 Chief Executive's Report and Trust Update	21
2.2 CEO Board Report Cover Sheet.pdf	22
2.2a CEO Board Report April 2025 CW FINAL.pdf	24
3. Quality	31
3.1 Quality Update	32
3.1 Quality Report.pdf	33
4. For Discussion	38
4.1 Presentation from CW+	39
4.2 Annual Report from the Chair of the Finance and Performance Committee.....	40
4.2 Annual Report Cover Sheet.pdf	41
4.2a Annual Report from the Chair of the Finance and PerformanceCommitte (2025)+VM.pdf	43
5. OTHER BUSINESS - ITEMS FOR NOTING	48
5.1 Any Other Business, including	49
5.1.2 - COG and Briefing Forward Plan and Schedule of meetings 2025-2026.pdf.....	50
5.1.3 COG Attendance Record (2024-2025).pdf	55

1. GENERAL BUSINESS

REFERENCES

Only PDFs are attached



1.0 Agenda COG.pdf



Council of Governors Meeting

Date: 1st May 2024

Time: 14:00 – 16:30

Location: MS Teams

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AGENDA

	1.0	GENERAL BUSINESS		
14:00	1.1	Welcome and Apologies for absence	Verbal	Chair
14:05	1.2	Declarations of interest	Verbal	Chair
14:06	1.3	Minutes of previous meeting held on 23 rd January 2025	Paper	Chair
	2.0	UPDATES		
14:08	2.1	Chair's Report and NWL Acute Provider Collaborative (APC) Update	Paper	Chair
14:20	2.2	Chief Executive's Report and Trust Update	Paper	Chief Executive Officer
	3.0	QUALITY		
14:50	3.1	Quality Update	Paper	Chair of the Quality Committee (Vice Chair)/Chief Nursing Officer
	4.0	FOR DISCUSSION		
15:50	4.1	Presentation from CW+**	Paper	Sarah McCullough/Chloe Roberts, CW+

16:00	4.2	Annual Report from the Chair of the Finance and Performance Committee	Paper	Chair of the Finance and Performance Committee/Chief Financial Officer
	5.0	OTHER BUSINESS – ITEMS FOR NOTING		
16:25	5.1	Any other business, including: *5.1.1 Membership and engagement update *5.1.2 CoG Forward plan and schedule of Council of Governor meetings 2025-2026 *5.1.3 Governor attendance register	Verbal Paper Paper	Chair/Lead Governor
		Date and Time of the Next Meeting 17 th July 2025, MS Teams (Time TBC)	Verbal	


**NB – the slides for the presentation will be shared on the screen at the meeting.

1.1 WELCOME AND APOLOGIES FOR ABSENCE

1.2 DECLARATIONS OF INTEREST

REFERENCES

Only PDFs are attached

 1.3a CoG Meeting - 23 January 2025.pdf



DRAFT MINUTES OF COUNCIL OF GOVERNORS (COG)

23rd January 2025 – 16:00 – 18:30

In person and MS Teams

Main Boardroom, LG Floor, Chelsea and Westminster Hospital

Present:	Matthew Swindells	North West London (NWL) Acute Provider Collaborative (APC) Chair in Common	(Chair)
	Patricia Gallan	Vice Chair	(PG)
	Richard Ballerand	Public Governor	(RBD)
	Caroline Boulliat Moulle	Patient Governor	(CB)
	Maureen Chatterley	Public Governor	(MC)
	Nigel Clarke	Lead Governor/Public Governor	(NC)
	Cass J Cass-Horne	Public Governor	(CJCH)
	Ollie Dacanay	Staff Governor	(OD)
	Ian Dalton	Patient Governor	(ID)
	Nara Daubeney	Public Governor	(ND)
	Christopher Digby-Bell	Patient Governor	(CDB)
	Stuart Fleming	Public Governor	(SF)
	Jerry Folkson	Public Governor	(JF)
	Parvinder Singh Garcha	Public Governor	(PSG)
	Minna Korjonen	Patient Governor	(MK)
	Nina Littler	Deputy Lead Governor/Public Governor	(NL)
	Simon Mansfield	Public Governor	(SM)
	Ras. I Martin	Public Governor	(RIM)
	Professor Mark Nelson	Staff Governor – Medical and Dental	(MN)
	Fiona O'Farrell	Patient Governor	(FOF)
	Cllr Will Pascal	Appointed Governor	(WP)
	Nathalie Podder	Public Governor	(NP)
	Lucinda Sharpe	Staff Governor – Nursing and Midwifery	(LS)
	Linda Vassallo	Staff Governor – Non Clinical	(LV)
	Desmond Walsh	Appointed Governor	(DW)
	Jo Winterbottom	Public Governor	(JW)
In Attendance:	Lesley Watts CBE	Chief Executive Officer	(LW)
	Robert Bleasdale	Chief Nursing Officer	(RB)
	Lindsey Stafford-Scott	Chief People Officer	(LSS)
	Carolyn Downs	Non-Executive Director	(CD)
	Vineeta Manchanda	Non-Executive Director	(VM)
	Ajay Mehta	Non-Executive Director	(AM)
	Helen Stephenson	Non-Executive Director	(HS)
	Peter Jenkinson	Director of Corporate Governance	(PJ)
	Alexia Pipe	Chief of Staff to the NWL APC Chair in Common	(AP)
	Marie Price	Deputy Director of Corporate Governance	(MP)
	Graham Chalkley	Corporate Governance Officer	(GC)
	Apologies:		
	Aman Dalvi	Non-Executive Director	(AD)
	Syed Mohinuddin	Non-Executive Director	(SMo)

1.0 GENERAL BUSINESS

1.1 Welcome and apologies for absence

The Chair welcomed members of the CoG and those in attendance to the meeting, apologies were noted, and the meeting was quorate. The Chair asked that as this was the first meeting where the newly-appointed Governors were in attendance, those attending introduced themselves.

1.2 Declarations of interest

There were no declarations of interest.

1.3

Minutes of previous CoG meeting held on 17th October 2024

The minutes were approved.

Minutes of the CoG Private session held on 17th October 2024

The minutes were approved.

Minutes of the Extraordinary CoG meeting held on 28th November 2024

The minutes were approved.

2.0 UPDATES

2.1 Chair's Report and NWL APC Update

The Chair commented on how busy the Trust had been over the winter and Christmas period, and wanted to pass on his thanks to all staff for their hard work.

The Chair added that there were many things happening across NWL, and began by advising the Council that the Hillingdon Hospital (THFT) would now be rebuilt following an announcement from the Secretary of State that funding would be given to build a brand new hospital over a five-year period. The Chair commented that this was great news and much needed, but also added that there was disappointing news as the work on the St Mary's, Hammersmith and Charing Cross Hospitals would be delayed until 2030. The Chair commented that it was essential that the hospitals within the Collaborative needed investment, and we would continue to focus on the work that was underway at the West Middlesex site and other sites within NWL.

2.2 Chief Executive's Report and Trust Update (plus verbal update on recent matters)

LW followed on from the Chair's comment regarding how busy the Trust had been over the winter period, and noted that even though this winter was very challenging, the Trust had done well. LW summarised the key points in her report, which included the following:

- The Trust's A&E performance had fallen slightly and a contributing factor to this was the number of patients being admitted and the flow of patients through the hospital.
- There was a continued focus on what the Trust did to ensure that all staff were happy and well at work, and one initiative was the vaccination scheme that took place at the end of 2024 and, even though the staff take up was disappointing, the Trust still achieved one of the highest numbers in London.
- Even though the Trust's financial performance continued to be very challenging, it was confirmed that Chelsea and Westminster would balance its books for 2024/25, and staff were made aware that it was essential to use Trust resources carefully, and staff had gone above and beyond to achieve this.
- The work on the Treatment Centre at the Chelsea site and the Ambulatory Diagnostic Centre (ADC) at West Middlesex was progressing well.
- The Trust was involved in a national generation study to identify rare conditions in babies born prematurely.

LW also provided an update regarding a Coroner's Case and confirmed that the Trust was still in the process of responding, and that a further meeting regarding this particular case was due to take place.

NC commented on the Trust's financial performance and referred to the Investigation and Intervention (I & I) process that was currently taking place. LW added that the collaborative

was going through the I & I process, and it was seen that this process would be supportive and help the Trust.

MK commented on the vaccination programme and asked if there were any plans for more staff to attend vaccinations. LW confirmed that there was the expectation that all staff were vaccinated but added that this could not be mandated, and added that staff were regularly reminded to practice measures that would stop infections spreading.

CDB asked for an update regarding the Treatment Centre and the ADC and if they were both on budget and on time, especially as at the last update the Council was advised that there were issues regarding the ADC project. LW confirmed that the Treatment Centre was on time and on budget, and will open as planned in May 2025. LW added that the ADC was also progressing well.

In further discussion, MN commended the work of all of the staff across the Trust, and the managers who were responsible for co-ordinating their work. LW advised the Council that staff were recognised and praised for their hard work.

MC commented on Physician Associates and expanding the use of them. LSS confirmed that they were part of the Trust's People Strategy and they were a growing part of the workforce that provided support. MC asked if patients were aware that a Physician Associate was not a doctor, and LSS confirmed that patients were aware of this and this issue was addressed further via lanyards and ID badges with titles, and protocols were also in place when they introduced themselves to patients. MC was further assured that unqualified staff were not used and that patients were aware that they were under the care of a team led by a Consultant.

DW asked what wellness initiatives was provided to staff, and LSS confirmed that the People and Workforce presentation provided further information on this, but added that the Trust was one of the best Trusts regarding what we offered to staff with regards to providing physical and mental health support and well-being, and this was reflected in the results from the staff survey.

LW also commented on a project run by Kathryn Mangold (KM, Lead Nurse For Learning Disability & Transition) regarding young people with learning difficulties, which would help staff to understand how those with everyday difficulties navigated these issues.

3.0 FOR DISCUSSION

3.1 Annual Report from the Chair of the People and Workforce Committee

AM summarised the role and responsibilities of the People and Workforce Committee and what issues and topics the meetings covered. The key aspects of the People and Workforce Chair's report included the following:

- The Trust's People Strategy for 2024/2025 was approved in June 2024, and was designed for delivery against the four pillars of the People Promise, which in turn led to the formation of four strategy delivery subgroups, which dealt with a range of work streams including Equality Diversity and Inclusion (EDI), Health and Wellbeing, and Flexible Working.
- The establishment of a new Staff Safety Group which allowed the Trust to triangulate data around staff safety from a variety of sources including Datix incidents, accidents and Freedom to Speak Up reports.
- A review of the Trust's staff networks to ensure they were well supported and able to drive improvements, which had led to a revised staff networks policy, development programme and support arrangements.
- The development and implementation of an Employee Engagement plan that included the introduction of an all-staff forum and consolidation of the Trust's Kindness Campaign.
- The publication of the 2023/24 Staff Survey Results and clear actions within the people strategy delivery groups identified to address areas of concern.
- The procurement and implementation of a new Learning Management System to better support delivery and monitoring of core and mandatory training.

- A comprehensive review of the PDR process with a clear plan for targeted improvements to improve quality and compliance.

LSS referred to the issues that had been raised in the staff survey, one of which was violence and aggression towards staff. LSS noted that this was deeply troubling and was an occurrence across the NHS, and a lot of work had gone into addressing this issue. LW also referred to the Equality Delivery System (EDS) implementation, and noted that the Trust's EDS was delivered in partnership across the NWL APC.

FOF asked how often the Staff Survey was issued and how was the information from the survey fed back. AM confirmed that the survey was issued annually and even though it was comprehensive there were a substantial amount of questions. RB clarified that the questions in the survey were nationally mandated and additional questions could not be added.

RIM asked whether staff at the Trust declared their disability, and what precautions were in place for staff to ensure that they were not discriminated against. LSS commented that this aspect was hard to draw conclusions from due to the lack of reporting, but this issue was followed up in the staff survey and through working with the Trusts Disability Network.

PDG commented on Diversity Training, and asked whether EDI training would be delivered. AM noted that the quality of EDI training had been disappointing in the past, but the provider for this training had recently changed. LSS added that the new EDI training addressed cultural inclusivity and included religion and belief. LW reiterated that being unfailingly kind to all was one of the most important aspects of the Trust, and this was something that had always been followed. The Council discussed this issue further.

CDB commented asked what made this Trust one of the best to work for. AM commented that the Trust was an employer of choice, and LW added that what the staff say about us and themselves reflected this.

AM concluded by saying that this had been a busy year and a busy agenda for the People and Workforce Committee, and added that addressing issues from the Staff Survey and implementing the People Strategy were key priorities. AM noted that LSS and Onai Muchemwa (OM, Deputy Chief People Officer) were both leaving, and thanked them for their hard work and commitment. AM also thanked the NEDs who attended the People and Workforce Committee for their continued support.

3.2 Quality Update

PG provided a summary of the Quality Committee meeting that took place on 17th January, and confirmed that high-risk points would be relayed back to the NEDs and that NC would also be kept updated.

RB provided an update regarding key Quality issues, which included the following:

- **Winter Plan** – the issue of Corridor Care was raised and even though this was in action at other Trusts, it was not practiced at this Trust. A new ward had been opened at the WM site which provided additional space, and there was a day room with bedded spaces but it was stressed that there was a clear criteria in order that patients could be admitted there.
- **Patient Experience** - the national inpatient experience report was received - alongside the Urgent and Emergency Care (UEC) survey results – and the Trust was a positive outlier for type 1 UEC performance.
- **Martha's Rule** – this had been launched at the Trust in Q2, and provided either the patient (or family member or carer) with the option to obtain a second opinion. It was noted that there had been a positive uptake with three cases asking for a second opinion or treatment.
- **Length of Stay** – this had reduced from fourteen-and-a-half days to nine days;
- **CQC Preparedness** – a team of subject matter experts would attend a ward unannounced and provide an assessment, which allowed the Trust to prepare for the CQC inspection.

- **End of Life (EOL) Care** – a key aim regarding EOL care was to ensure that the patient could be moved from the hospital to wherever they wished to spend their final days.
- **Human Fertilisation and Embryology Authority (HFEA)** – the Trust’s licence had been issued which would expire in November 2026, and an inspection would take place every two years. The Trust was fully compliant following an inspection that took place in April 2024.

MC commented on EOL Care and asked if the patients were aware or were able to state where they wanted to die. RB confirmed that this was part of the training regarding EOL Care, and added that this issue was raised as early as possible with patients in order that it could be planned, but also noted that on some occasions it was too late to have this discussion. PG referred to a recent Quality Committee meeting that took place last year where one of the Trust’s Butterfly Volunteers attended the meeting and provided an overview of this scheme and what they did.

FOF asked if patients – including outpatients – were asked for feedback when they were discharged. RB advised that the Trust had a Friends and Family questionnaire that asked for this feedback, this could now be accessed via a QR Code and the questionnaire could be completed online, and additional questions had also been added.

3.3 Council of Governors Membership and Engagement Sub-Committee

MP confirmed that the last meeting for this Sub-Committee had taken place on 14th November and was David Phillips’s (DP) last meeting as Chair. MP summarised that purpose of these committee meetings and advised that it looked at the Trust’s Membership and Engagement plan, and some measures that had been put in place over the last few years including the Meet a Governor sessions and the monthly newsletter.

MP added that the aim was to build on these and expand the Trust’s outreach and work with Healthwatch, and the meetings provided updates and the opportunity for the committee to suggest improvements. MP added that this committee needed a refresh and some new input.

3.4 Governors Awayday 2025

PJ provided the Council with an update regarding the Governors Awayday and confirmed that it would be taking place on Wednesday 16th April. It was noted that this date fell during the Easter Holidays, and some Governors may not be able to attend. It was agreed that another date would be arranged to hold the Governors Awayday and once this had been confirmed the details would be forwarded to the Council.

Action:

New date for the CoG Awayday to be arranged and the details to be forwarded to the Council.

4.0 FOR APPROVAL

4.1 Updated Terms of Reference

- **CoG Membership and Engagement Committee**
- **CoG Nominations and Remuneration Committee**

PJ commented that the Constitution was updated and approved by the Council in April 2024 and that following this, the Terms of Reference for the two sub-committees - CoG Membership and Engagement Committee and CoG Nominations and Remuneration Committee – were revised and updated.

PJ added that there were vacancies on both Committees, with the aim of there being six core members on the Membership and Engagement Committee and that any Governor can join. PJ stressed that the Nominations and Remuneration Committee was more formal and that two members were required to join. PJ added that Governors can submit their interest to join either Committee to Corporate Governance.

NC echoed MP’s comments regarding the Membership and Engagement Committee, and added that the intention was for the Meet a Governor sessions to take place outside of the hospital to enable us

to reach out to the community even more, and added that a letter would be going out to external stakeholders proposing our intentions.

NC added that the Chair of this committee would be selected by the members attending at the first meeting. MP added that the details of the next meeting for this committee would be confirmed soon.

The Council approved the revised Terms of Reference for both committees.

5.0 OTHER BUSINESS – ITEMS FOR NOTING

5.1 Any Other Business

5.2.1 CoG Forward Plan

This was noted.

5.2.2 Governor Attendance Register

This was noted.

The Council requested that an update on the APC strategy and EDI be added to the agenda for the next Council of Governors meeting.

Meeting closed at 18:00hrs.

2. UPDATES

2.1 CHAIR'S REPORT AND NWL ACUTE PROVIDER COLLABORATIVE (APC)

UPDATE

REFERENCES

Only PDFs are attached



2.1. Chairs Report NWL APC Public BiC 29 April 2025 v2.pdf

NWL Acute Provider Collaborative Board in Common (Public)

29/04/2025

Item number: 2.1

This report is: Public

NWL Acute Collaborative Chairs Report

Author: Matthew Swindells

Job title: Chair in Common

Accountable director: Matthew Swindells

Job title: Chair in Common

Purpose of report

Purpose: Information or for noting only

The Board in Common is asked to note the report.

Report history

Outline committees or meetings where this item has been considered before being presented to this meeting.

N/A

Executive summary and key messages

This report provides an update from the Chair in Common across the North West London Acute Provider Collaborative (APC).

Strategic priorities

Tick all that apply

- ☐ Achieve recovery of our elective care, emergency care, and diagnostic capacity
- ☒ Support the ICS's mission to address health inequalities
- ☒ Attract, retain, develop the best staff in the NHS
- ☒ Continuous improvement in quality, efficiency and outcomes including proactively addressing unwarranted variation
- ☒ Achieve a more rapid spread of innovation, research, and transformation

[Click to describe impact](#)

Chair's Report

Impact assessment

Tick all that apply

- ☒ Equity
- ☒ Quality
- ☒ People (workforce, patients, families or careers)
- ☒ Operational performance
- ☒ Finance
- ☒ Communications and engagement
- ☐ Council of governors

Click to describe impact

Reason for private submission

Tick all that apply

- ☐ Commercial confidence
- ☐ Patient confidentiality
- ☐ Staff confidentiality
- ☐ Other exceptional circumstances

If other, explain why

The Acute Provider Collaborative

As this is the first Board meeting of the new financial year, I'd like to take a moment to look back to the end of the last financial year. Firstly, congratulations to the four Trusts that make up the Acute Provider Collaborative (APC) for finishing the financial year by hitting the £50m deficit target that we had agreed. The past year has been one of the toughest I have experienced in my 35 years in the NHS and the efforts to bring finances back under control after a difficult first 6 months have been tremendous. In the strange way that NHS funding works, our Trusts, absorbed a huge amount extra activity during the year, particularly non-elective, for which income was fixed at the start of the year and therefore over-performance funding wasn't received in year but was calculated as part of a "true-up" for the new financial year. Once that played through it amounted to £75m in unfunded activity, making it clear how well our Trusts had done.

We have also shown the largest growth in elective activity in London compared to the pre-COVID baseline, hit our A&E targets, have some of the best ambulance handover times to hospital staff across London and have met the cancer 28 days' faster diagnosis' standard (people referred on an urgent suspicion of cancer having their diagnosis of cancer confirmed or clear within 28 days) across the APC.

I am proud we continue to deliver care as the safest group of hospitals in the NHS as measured by Summary Hospital-level Mortality Indicator (SHMI), with three of our four Trusts in the top 10 nationally on the SHMI and all four Trusts better than the NHS benchmark.

The four Trusts have had a focused approach to tackling health inequalities and improving equity of access across all North West London, improving access to outpatient services, particularly for populations facing barriers to care, further details of this work will be highlighted at today's Board in Common (BiC) meeting.

The APC is now on a single Electronic Patient Record (EPR), the largest single record in the NHS, so patients can move between hospitals confident that their records will move with them. I am also delighted that over the last two years all the People Promise elements in the NHS staff survey have seen improvements, in some areas there have been significant improvements in our results. The APC strives to be an employer of choice, and we could not deliver all of the achievements above without our fantastic staff, volunteers and partners.

NHS England and Integrated Care Boards (ICBs) changes, impact on the APC

As people will have seen in the newspapers, the Government recently announced that NHS England (NHSE), the organisation that oversees the NHS in England, will shed staff and merge into the Department of Health and Social Care (DHSC). While this doesn't affect our hospitals directly, the move is part of a wider cost saving programme that all NHS organisations are facing.

NHSE has formed a new top leadership team with the departure of the Chair, the Chief Executive, the Chief Finance Officer and several other senior officials. Penny Dash has left as Chair of the North West London Integrated Care Board to become Chair of NHS England. The new Chief Executive is Sir Jim Mackey, most recently Chief Executive of Newcastle University Hospital and the new CFO is Elizabeth O'Mahoney, formally Regional Director for the South West of England. Sir Jim has recently announced changes for Integrated Care Boards (ICBs) and Trusts. ICBs are required to reduce their running costs

by 50% by December this year.

As we start the new financial year, each of the Trust Boards have approved their business plans for 2025/26, with the Acute Provider Collaborative (APC) agreeing a balanced budget for 2025/26. There has been some further discussion with ICB and NHSE regarding the operational plans, in particular the planned elective activity, and these revised plans are on today's Board in Common agenda for final approval. The plans set out what we have to deliver operationally and financially to meet the requirements of NHSE and NWL ICB, there are three key parts to the NHS business planning guidance for acute Trusts, planned care, emergency care and living within our means. This year will be challenging, as there is a requirement to reduce costs by 1% on last year's baseline, achieve a 4% improvement in productivity overall and improve performance against key operational standards.

The plans we are setting out are designed to meet this ambitious challenge, but it requires significant work by both the Trusts and the wider health system. The Trusts will need to make big changes to reduce cost whilst improving quality, without putting an unreasonable burden on our hard working staff. The wider health system will need to put in place the plans that have been in gestation for the past couple of years to avoid unnecessary A&E attendances, manage more patients in the community, and reduce the number of patients in hospital who would be better cared for elsewhere. The ICB has set the Trusts' funding based on no growth in emergency or elective demand. This won't happen by magic and failure to make the changes in neighbourhood care to manage demand growth down to zero will make our plans to deliver shorter waiting and better quality within our budget increasingly hard to achieve.

As we look into the coming year, the challenge will be great, but with our strengthened leadership team and tighter collaboration between our Trusts, we are as well placed as any hospitals to face the future.

Board changes

This month Tina Benson the Chief Operation Officer (COO) at THHFT has left the Trust and has moved to Frimley Park Hospital as their COO. Tracey Cotterill has also left THHFT after several months as interim Chief Financial Officer. On behalf of the Board, I would like to thank them for their hard work and dedication to the Trusts and APC. This will also be the last Board in Common meeting for Claire Hook, COO and Deputy Chief Executive at Imperial College Hospital, as she will leave the Trust in June 2025 to take up a new role as COO at the Francis Crick Institute. Clare has made an outstanding contribution to the NHS through her long career and has made a huge contribution to the improvements we can all see at ICHT over the past few years. She leaves Imperial as one of the top Trusts in the country and we will all miss her.

At an Executive level there have been some changes at CWFT and THHFT to further strengthen and enhance collaboration. Virginia Massaro has been appointed as the Chief Finance Officer for both CWFT and THHFT, Jason Seez has been appointed as the Chief Infrastructure and Redevelopment Officer for both CWFT and THHFT. Alan McGlennan has been appointed as the Managing Director for THHFT, this is a new post which has been created to take on accountability for the management and leadership of the hospital sites. Alan will also maintain his role as the Chief Medical Officer. Further Executive changes can be found in Lesley Watts' Chief Executive report.

Redevelopment Update

In February this year, the New Hospital Programme (NHP) confirmed that Imperial College

Healthcare NHS Trust can proceed to the next phase of the redevelopment of St Mary's Hospital in Paddington. This phase will focus on detailed design and planning, with the aim of securing full planning consent for a new hospital within a redeveloped life sciences campus by 2027/28. A first tranche of funding is expected imminently, forming part of an anticipated £50 million total required to complete this phase of work. In the meantime, ICHT is establishing a joint taskforce with Westminster City Council to accelerate the St Mary's redevelopment by identifying and securing additional funding.

Following the NHP's confirmation that Charing Cross Hospital and Hammersmith Hospital sites are also part of Wave 3 (i.e. not beginning until 2035), ICHT has submitted a bid for funding to continue master planning efforts. We are actively exploring options for how best to support life sciences around these hospital sites in particular how the Imperial West Tech corridor will support the case for redevelopment of both hospitals, particularly given their strategic links with the White City Innovation District.

ICHT has received funding to address significant maintenance backlogs at both Hammersmith and Charing Cross hospitals. This investment will also contribute to the Trust's decarbonisation goals, supporting the delivery of more sustainable and energy-efficient facilities.

ICHT redevelopment team continues to work closely with the NHP team to take forward the schemes and will continue to engage with colleagues across the Trust and our stakeholders as this progresses.

Stanton Williams has been appointed as the architect for the new Fleming Centre following a competitive RIBA process. The research and public engagement facility will be built on the St Mary's Hospital campus in Paddington and is due to open in 2028, marking the centenary of the discovery of penicillin by Sir Alexander Fleming at the hospital.

The next phase will involve detailed design, public consultation (scheduled for May/June), and submission of a planning application in partnership with Westminster City Council.

Following the government's recent review of the NHP, on 10 January 2025 the Secretary of State for Health and Social Care published his report and announced that the new Hillingdon Hospital will proceed as a wave 1 scheme, with construction expected to start 2027/28 and a capital envelope of £1-£1.5bn.

Alongside the seven high priority RAAC (reinforced autoclaved aerated concrete) hospitals which were outside the scope of the review, we are one of a small number of schemes that have been selected to proceed in wave 1. This is a significant milestone for THHFT and the community we serve. The redevelopment will allow us to create a modern, state-of-the-art facility designed to meet the needs of our patients, staff, and visitors for generations to come.

The next phase of the journey will now begin, focusing on planning and construction and are committed to keeping everyone informed as we progress at every stage. Immediate next steps include agreeing the detailed programme of work with the NHP and the THHFT redevelopment team will soon start work on progressing the design for the new hospital and aligning it to the NHP's standardised design approach.

The enabling works for the Hillingdon scheme continue to progress including the Furze project which is due to complete September 2025. Business cases for the remaining schemes are going through assurance with NHP and NHSE London and are expected to be approved in the new financial year. This will deliver a cleared site for construction to

begin on the new hospital in 2027/8.

Acute Provider Collaborative Visits

On 28 January I visited the Paediatric Emergency Department (ED) at THHFT, thanks to Katrina Warkcup, ED Matron, who showed me the department and walked me through the pathway at the site. It was good to see the close working with the adult ED and the streaming taking place to ensure patients are being seen as quickly and effectively as possible to help the flow from the front door.

On 30 January I visited the Dean Street Clinic, which houses the sexual health services CWFT provides in the heart of Soho, Dr Tara Suchak, Clinical Lead for Dean Street and Jon Clark, Clinic Manager with their team gave me a tour of the centre, showing the wider range of services they deliver and highlighting the community outreach work they do to support all of the community to access their services.

On 8 April I visited the Oncology Outpatient service at Charing Cross hospital, I went with a group of ICHT NEDs to meet some of the team, thanks to Eleanor Ewers, Trust lead SACT Nurse & Matron, Vicky Kidner, Oncology lead nurse and Harr Monaghan, General Manager for walking us through the service and highlighting the partnership work across our cancer network.

2.2 CHIEF EXECUTIVE'S REPORT AND TRUST UPDATE

REFERENCES

Only PDFs are attached

-  2.2 CEO Board Report Cover Sheet.pdf
-  2.2a CEO Board Report April 2025 CW FINAL.pdf



CONFIDENTIAL

TITLE AND DATE <i>(of meeting at which report to be presented)</i>	Council of Governors Meeting – 1 May 2025											
AGENDA ITEM NO.	2.2											
TITLE OF REPORT	Chief Executive Officer's Report											
AUTHOR NAME AND ROLE	Emer Delaney, Director of Communications											
ACCOUNTABLE EXECUTIVE DIRECTOR	Lesley Watts, Chief Executive Officer											
PURPOSE OF REPORT <table border="1"><tr><td>Decision/Approval</td><td></td></tr><tr><td>Assurance</td><td></td></tr><tr><td>Info Only</td><td></td></tr><tr><td>Advice</td><td></td></tr></table> Please tick above and then describe the requirement in the opposite column	Decision/Approval		Assurance		Info Only		Advice		This report provides Governors with assurance on key operational and strategic issues pertinent to Chelsea and Westminster Hospital NHS Foundation Trust.			
Decision/Approval												
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REPORT HISTORY Committees/Meetings where this item has been considered	<table border="1"><tr><th>Committee</th><th>Date of Meeting</th><th>Outcome</th></tr><tr><td>Board In Common (BIC)</td><td>10 April 2025</td><td></td></tr><tr><td></td><td></td><td></td></tr></table>	Committee	Date of Meeting	Outcome	Board In Common (BIC)	10 April 2025						
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SUMMARY OF REPORT AND KEY MESSAGES THE MEETING NEEDS TO UNDERSTAND	<ul style="list-style-type: none">• The Trust has a significant financial challenge and cost reduction plan for 2025/26, including a cost improvement plan (CIP) target that is higher than 2024/25, and a reduction in elective funding. The 2025/2026 operational plan includes around £33.5m of savings/cost improvements and the requirement for every service and team to manage within their budget. It is essential that we maintain a grip on resources from the start of the financial year as the challenge will increase as the year progresses.• There has been a review of the Executive team structure, with a number of changes and appointments to strengthen the executive leadership and enhance collaboration with the APC. These appointments are effective from 1 April 2025.• The Trust Quality Priorities for 2025/2026 include Violence and Aggression, Reducing medication incidents with moderate harm or above, Single Delivery Plan, and Dementia.• The 2024 annual staff survey results reported us as performing significantly better than the national average in a number of areas, and the standout results included us being rated number											

	<p>one for learning culture in all London NHS providers; we were also recommended as one of the top places to work in London; and there was an increase in the Trust's positive action on health and well-being for staff.</p> <ul style="list-style-type: none"> The Trust was recognised at the HSJ Partnership Awards 2025 for our commitment to innovation, collaboration, and excellence in patient care, and our Sexual Health London (SHL) e-service won Environmental Sustainability Project of the Year. 														
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REASON FOR SUBMISSION TO THE BOARD IN PRIVATE ONLY (WHERE RELEVANT)	
Commercial Confidentiality	Y/N
Patient Confidentiality	Y/N
Staff Confidentiality	Y/N
Other Exceptional Circumstances (please describe)	

Chief Executive Officer's Report –Chelsea and Westminster Hospital NHS Foundation Trust

Accountable director: Lesley Watts
Job title: Chief Executive Officer

Executive summary and key messages

1. Key messages

- 1.1** The Trust has a significant financial challenge and cost reduction plan for 2025/26, including a cost improvement programme (CIP) target of £33.5m (£10m higher than 2024/25) and reduction in elective funding, resulting in a further cost reduction of £10m. Our CIP identification for 2025/26 is at 70%, with a c£10m unidentified gap. This is a £0.8m pressure per month and therefore, non-recurrent means are required to be implemented from 1st April to mitigate the unidentified CIP gap until it is closed.

Our own operational plan for 2025/26 includes around £33.5m of savings/cost improvements as well as an absolute requirement for every service and team to manage within their budget. It is absolutely essential that we maintain a grip on our resources from day one of the financial year as we know that the challenge increases as the year progresses. To achieve this, will require a further organisational shift and accountability to cost improvement, ensuring our focus remains on high quality patient care. The implementation plan is currently being finalised, and will be approved and monitored closed through the organisation's governance.

- 1.2** We have undertaken a review of our executive team structure with a number of changes/appointments to strengthen our executive leadership and enhance collaboration in the Acute Provider Collaborative. These appointments are effective from 1 April 2025 and represent a new chapter for Chelsea and Westminster Hospital NHS Foundation Trust.
- 1.3** Our pioneering AI-driven tele-dermatology service has been hailed a Global first. Using world-first AI technology, the DERM AI app is able to process rapid and highly accurate skin cancer checks, autonomously discharging patients with benign lesions. This innovation has allowed us to see thousands of patients more efficiently, easing pressure on our dermatology teams and reducing waiting times and anxiety for patients on the suspected skin cancer pathway. This was featured in The Times and international media.
- 1.4** Our emergency department (ED) teams at both sites delivered an excellent performance over a 24-hour period - achieving a combined performance for the Trust of 83.1%. This has contributed to a combined A&E performance for March of 79.3% against the 78% standard (Chelsea 80.8% and West Middlesex

77.9%), and a combined year-to-date performance of 77.9%. Our teams have done significant work to reduce the number of patients experiencing long waits for treatment. At the start of this financial year, we had around 1,800 patients who had waited over 52 weeks for treatment, in March it was reported at 403 and is continuing to reduce daily.

- 1.5** In partnership with the London Fire Brigade (LFB), we successfully led a major live fire evacuation drill in the paediatric ward at West Middlesex University Hospital. The mock exercise tested response times, staff coordination, and evacuation procedures in a challenging environment with poor visibility, loud alarms, and trip hazards. Volunteers and staff played a crucial role in ensuring a realistic and rigorous scenario. These simulations are a vital part of testing our preparation and resilience in emergency response planning.
- 1.6** BAFTA Award for MediCinema: our cinema which provides a positive experience to many of our patients was honoured with the Outstanding British Contribution to Cinema award. The charity provides therapeutic cinema experiences to adults and children in NHS hospitals. Now, after 25 years, the work of MediCinema –for which Chelsea is one of the original sites across the UK is being recognised with BAFTA’s Outstanding British Contribution to Cinema.
- 1.7** Marking our 10-year merger of Chelsea and West Middlesex, we are leading on a site-to-site walk on 28 September, to mark a decade since Chelsea and West Middlesex merged into one Trust. Staff and the public will walk from Chelsea and Westminster Hospital to West Middlesex Hospital (the scenic route along the Thames). Please do join us.

2. Quality and Safety

- 2.1** The rate of Inpatient Falls was 3.3 in February (per 1000 occupied bed days) below Trust target of 4.6 and below the national average of six.
- 2.2.** 47 hospital acquired pressure ulcers and moisture associated skin damage were reported in February, a rate of 1.6 per 1000 bed days, above the Trust’s threshold of 1.0.
- 2.3** Complaints response time remains strong with 25 complaints received in February, the lowest in the last 12 months and for the first time since July 23, we are meeting the Trust target of < 25. Taking the lessons from complaints is a key element of our learning culture.
- 2.4** As we aim to deliver high-quality patient-centred care, it is essential to focus our resources on initiatives where data, national and local priorities indicate a need for improved patient safety, experience, addressing health inequalities, and clinical effectiveness. Extensive data collection and information gathering have highlighted the importance of the selected quality priorities.

These initiatives have been chosen based on an analysis of patient outcomes, incident reports, and compliance with national healthcare standards. Throughout the business planning process, we have worked with divisions to

ensure that their unique insights and needs were considered. This collaboration has been instrumental in defining our priorities for 2025/26 as follows:

- ☐ Deteriorating Patient (PEWS)
- ☐ Implementation of NatSSIPs2
- ☐ Violence and Aggression
- ☐ Reducing medication incidents with moderate harm or above
- ☐ Single Delivery Plan
- ☐ Dementia
- ☐ Deteriorating Patient (SEPSIS)

3.0 Operational performance

3.1. A&E 4-hr Waiting Times

In February 2025, the Trust A&E 4-hour reported target was 74.11%. The Trust met the NHS England Cancer 28- Day Faster Diagnostics Standards whilst the 31-Day, 62-Day were non-compliant in January 2025.

The 74.11% A&E performance represented a slight reduction from January's performance and below the national target. The flow remains challenged across both sites with a sustained increase in long-stay MH patients and discharge to assess (DTAs) remaining in ED.

3.2 18 Weeks RTT

Elective Referral to Treatment (RTT) 18-Week Wait performance decreased in February 2025, reported at 60.72%. Elective admitted and outpatient activity levels are above operational plans.

For February 2025, the total RTT Patient Treatment List (PTL) increased to 64,944 (+503), 52ww reduced to 537 (-132), 65ww reduced to 19 (-2) and there is one patient waiting above 78ww. For the 65ww position of the 19 breaches, one is complex, four relate to patient choice and 14 are due to capacity.

The focus is backlog eradication for the 65ww, continually addressing chronological booking for the 52ww backlog cohort and long-waiting pathways as enhanced oversight and targeted interventions continue for at-risk specialities.

4. Financial performance

4.1. At M11, the Trust remains on track for a break-even position at year end.

4.2. The Trust's financial performance for month 11 continues the improvement in run rate, driven by income and reduced agency costs. The Trust remains on track with its recovery plan but recognises there is still much to do in Month 12.

4.3 The Trust's 2025/26 operating plan was approved by the board on 27 March

at a breakeven position. The plan includes a cost saving requirement of £33m with an additional £10m reduction required due to the Elective Recovery Fund cap.

- 4.4** The Trust has implemented a number of steps for a step change in cost reductions. We are determined to treat as many patients as possible, to continue to look after our staff and of course do this within the determined financial constraints.
- 4.5** Implementation of the Trust's business plan will be monitored closely throughout the organisation's governance and through the Finance and Performance Committee.

5. People

- 5.1** I am delighted to announce the following appointments to strengthen our executive leadership across both Chelsea and Westminster NHS FT and the Hillingdon Hospital's NHS FT, making the best use of our resources and leadership:

- Virginia Massaro (Previously chief finance officer at Chelsea) – has been appointed as the chief finance officer for both Chelsea and Hillingdon.
- Kevin Croft (Previously chief people officer at Imperial) – has been appointed as the chief people officer for Imperial, Chelsea and Hillingdon.
- Jason Seez (Previously deputy CEO at Hillingdon) - has been appointed as the chief infrastructure and redevelopment officer for both Chelsea and Hillingdon
- Peter Jenkinson (Previously director of corporate governance for Imperial and Chelsea) – has been appointed as the director of corporate governance for Imperial, Chelsea and Hillingdon.
- Emer Delaney (Previously director of communications at Chelsea) – has been appointed as the director of communications for both Chelsea and Hillingdon.
- Osian Powell (Previously Divisional Director of Operations for Planned Care) has been appointed Director of Transformation for Chelsea and Westminster.

5.2 Annual NHS Staff Survey results

The 2024 annual staff survey results reported us as performing significantly better than the national average in a number of areas, including staff engagement, morale, learning, flexible working and staff feeling safe and healthy. This year, we will be focusing more on respect, understanding others' roles, and harassment and bullying—experiencing harassment, bullying or abuse from colleagues.

Standout results

- Number one for learning culture in all London NHS providers
- 84% of staff agreed that Care of patients is my organisation's top priority.
- An increase in colleagues recommending Chelsea and Westminster as one of the top places to work in London, well above the sector average.
- Out of the nine NHS People Promise themes, we scored significantly above the national benchmark in eight.
- An increase in the Trust takes positive action on health and well-being for staff. This includes increases in staff feeling they have the opportunity and ability to access learning and development and improved scores on questions relating to support and relationships with immediate line managers.

- 5.3.** We wished farewell to Chief People Officer, Lindsey Stafford-Scott, who left after almost four years at the Trust. During her time here, Lindsey has helped transform the organisation from transitioning payroll providers, implementing new core HR operating model and supporting the Trust create a positive workplace culture.

5.4 Generation Smoke Free —12 March

We supported National No Smoking Day on 12 March as an important reminder of the impact of second-hand smoke in a hospital setting. The government's Tobacco and Vapes Bill aims to protect children and the most vulnerable by targeting settings such as hospitals and playgrounds where there is prolonged exposure to second hand smoke. We have a duty of care to protect the health of those who use or work in our services and to promote healthy behaviour.

6. Updates from the Council of Governors (CoG)

- 6.1** The CoG formally met in public on 23 January 2025. The CoG received the annual report from the Chair of the People and Workforce Committee, a briefing on Quality and made plans for the away day. New members, elected in late 2024 were welcomed to the meeting.

7. Research and innovation

- 7.1** 56 Dean Street and sexual health services welcomed DHSC, UKHSA, and NHS England representatives to discuss HIV prevention, treatment, PrEP use, and support services. The visit was a successful showcase of the innovative work that the service provides.

8. Equity, diversity and inclusion

- 8.1** We recognised Ramadan, for our staff and community in Chelsea and Westminster Hospital as an important period of reflection, compassion and togetherness. Many of our staff celebrated Eid-al-Fitr with their friends and

family recently and a number of staff shared welcome treats with their colleagues on the day. Thanks to the generosity of local charity, Aariyan and Bader Community Initiative and the support of local Councillor, Samia Chaudhary, 50 Iftar food gifts were donated to staff at West Middlesex Hospital who were observing Ramadan.

- 8.2** International Women's Day was marked with a series of events open to all colleagues, including an all staff webinar (run by our Women's Network) and a series of inspirational online talks held across the sector

9. Recognition and celebrating success

- 9.1** Congratulations to Cormack Mylchreest who won Newcomer of the Year at this year's MyPorter Awards. The awards shine a spotlight on remarkable individuals and teams within healthcare porter and domestic services.

Cormack who was born at Chelsea and Westminster Hospital, and has been diagnosed with cerebral palsy, works as an ISS Healthcare Porter for two days and volunteers for three days. He continues to be a beloved and recognised colleague and always manages to leave a smile on every face he meets.

- 9.2** We have been recognised at the HSJ Partnership Awards 2025 for our commitment to innovation, collaboration, and excellence in patient care. Our Sexual Health London (SHL) e-service, which has revolutionised access to sexual health testing while significantly reducing plastic waste won Environmental Sustainability Project of the Year.

We also received the award for Most Effective Contribution to Improving Cancer Outcomes for our pioneering AI-powered tele-dermatology service, improving early cancer detection and patient outcomes. Additionally, our AI integration in dermatology received high commendation for Effective Contribution to Integrated Health and Care.

- 9.3** On National Apprenticeship Week (10–16 February), we recognised the impact of our apprenticeships and the contributions of our staff. We hosted a number of workshops and events to celebrate the week. Thanks to colleagues who shared their inspirational stories on their apprenticeship journey.
- 9.4** Jasjit Syan, Clinical Research Fellow in Cardiology at the Trust, recently presented at the Royal Society of Medicine's annual health inequalities conference. He led a session on how wearable devices impact clinical outcomes and the challenges of digital health adoption, particularly for underrepresented communities. The session explored practical solutions, including co-designing digital health tools with underrepresented communities, improving accessibility and leveraging community-based initiatives to support uptake.
- 9.5** To mark Endometriosis Action Month, our women's health teams held patient engagement sessions at both sites. At Chelsea, nearly 40 patients attended a

panel discussion and Q&A with our gynaecology, endometriosis, colorectal and gastroenterology consultants and physiotherapists. A new art piece by patient and photographer Natalie Blake was also unveiled which will go up in the gynaecology outpatient department. At West Mid, Lauren Trepte, Research Midwife led a listening event for 15 patients, supported by Natalie Nunes, Consultant Gynaecologist, to explore a variety of themes including nutrition, barriers to care, research, treatment advances and more.


- 9.6** We have Women's Health Group, led by our colleagues Archana Dixit, Natasha Singh and Darshana Rathod, hosted the Punjabi Women's Health Group event—an open conversation about women's health with members of the Punjabi community. Local Punjabi women shared personal insights into the health needs of their community and discussed how their needs can be met, focusing on topics including dementia, mental health, and care of elderly women.

3. QUALITY

3.1 QUALITY UPDATE

REFERENCES

Only PDFs are attached

 3.1 Quality Report.pdf

Trust Standing Committee Quality Committee Highlight Report

1. Purpose and Introduction

- 1.1 This report provides a summary of the items discussed and agreed at the Quality Committee meeting held on 4th March 2025.

2. Key issues to escalate to the Trust Standing Committee

- 2.1 It was agreed that an update on the Prevention of Future Deaths report would be shared with the Acute Provider Collaborative (APC) Executive Management Board (EMB), the APC Quality Committee, and shared in full with the Trust's response at the Trust Standing Committee (please see agenda item 8.2).

2.2 Key actions/decisions

- Serious Incidents/Patient Safety Incident Reporting Framework (PSIRF): There are currently 13 open cases, with a plan in place to address them. A brief report on actions taken will be prepared.
- Research and Development: A research-themed patient story will be presented to the Quality Committee.

3.0 Key highlights – Safety and Quality Improvement

3.1 Integrated Quality and Performance Report (IQPR)

The committee received a summary of the report. It was noted that the Trust Summary Hospital-level Mortality Indicator (SHMI) performance remains one of the best in the country and this was further discussed as part of the learning from deaths/Mortality Surveillance group report.

The Never Event previously briefed to the committee was noted and an investigation was underway. This totals three never events for the Trust in year, with immediate mitigations and improvement works noted.

To date this financial year there have been a total of 54 C.Diff cases against a 2024/25 target of 33. This increase is reflected both locally and nationally. Each case has undergone root cause analysis (RCA). It was noted that ribotyping results received do not indicate local transmission, and the Trust is complaint against the hand hygiene target.

The committee noted the pressure on services through the elective and non-elective pathway. A discussion took place regarding the potential impacts on quality and safety when systems are operating at increased pressure and the complexity of managing the operational plan in the current financial climate.

It was noted that a robust approach is in place to prioritise patients based on clinical need, and efforts have been made to improve waiting lists.

3.2 Mortality Surveillance Group/Learning from Deaths Report

The report confirmed that the Trust is the best performing acute (non-specialist) provider in England in terms of relative risk of mortality with a Trust wide SHMI of 0.70 (where a number below 1 is better than expected mortality) for period September 2023 and August 2024 (Source HES). This positive assurance is reflected across the Trust as both sites continue to operate significantly below the expected relative risk of mortality.

During the 12-month period to the end of December 2024; 1,292 in-hospital adult or child deaths were recorded on the Trust mortality review system (Datix), of these 93% were screened and 43% had a full mortality case review closed following speciality discussion.

During Q3 24/25; There were no cases of sub-optimal care that might have or would reasonably be expected to have made a difference to the patient's outcome.

Coroner's Inquest - Prevention of Future Deaths Report

The Committee noted the Coroner's report and the Trust's response, with a meeting to be arranged to discuss the matter further with the CEO and Chief Medical Officer (CMO). The revised approach to the review of deaths through the Medical Examiner's Office was highlighted as an additional safety net, to ensure that appropriate referrals were made.

The Chair questioned whether staffing levels had impacted the case, but it was confirmed this was not a factor, as appropriate interventions were made. An error in not reporting the case to the Coroner was acknowledged, with staff advised that it is always better to report, with the reporting criteria clarified with staff.

3.3 Health, Safety and Environmental Risk Report

The report highlighted an increase in incidents affecting staff in Q3. Emergency and Integrated Care (EIC) remains the top reporting division followed by the Planned Care Division (PCD) and Specialise Care Divisions (SCD). Violence and aggression remains the top reported incident affecting staff, followed by staffing issues, which are those that have an impact on staff as opposed to those impacting patient safety. Conflict resolution level two training has been procured for the Trust and is being targeted to areas of highest risk and staff identified through lone worker risk assessments.

No incidents required investigation under the PSIRF methodology in Q3 and two incidents were graded as severe harm and were RIDDOR reportable. There were no HSE inspections in the reporting period. A summary of sub-group effectiveness was included in the report.

The focus of the sub-groups' objectives included statutory and mandatory training, with external training also being provided. The Committee discussed how this training could help address the rise in incidents by improving staff awareness, de-escalation skills, and fostering

tolerance and understanding for those under stress. It was also reminded that "unfailingly kind" is one of the Trust's PROUD values, emphasising compassion, dignity, and respect for all.

3.4 Clinical Effectiveness Group (CEG)

The Trust is fully participating in 48 National Clinical Audits and partially participating in three. Nine relevant NICE guidelines have been disseminated to Trust leads for review, and the committee was assured on the process for tracking these.

By the end of Quarter 3, only 5% of clinical guidelines were overdue for review representing a continued improvement over recent years in compliance rates. The figure has since improved further.

3.5 Patient and Public Experience and Engagement Report (PPEG) (Including Complaints and PALS)

The Quarter 3 report highlighted patient stories and engagement as a key focus for the Patient and Public Engagement and Experience Group. Work by the Cancer Support Worker was particularly noted for engaging seldom-heard populations near the West Middlesex hospital, aiming to reduce barriers to treatment access. Other key highlights reported by the divisions included preventing deconditioning and reducing waiting times.

The report also mentioned a decline in divisional complaint compliance, which will be addressed in the 2025-2026 PPEG forward plan, with additional support and training being provided to central and divisional teams.

3.6 Patient Safety (PSG) Group Quarterly Report

The Committee was advised that Duty of Candour was a key focus for the PSG and added that the divisional positions were now monitored monthly through this group. Divisional governance managers are reviewing the position to ensure accurate capture and reporting, in addition to sharing best practice.

The committee noted that during the reporting period 6 National Patient Safety Alerts were received, with three closed and plans for closure of the remaining three.

The committee noted the continued improvement in Patient Safety Syllabus training, with 85% compliance for level 1 and 49% level 2.

3.7 Quality Priorities

Overall there has been positive progress across the quality priorities at the end of Q3. Since the launch of Martha's Rule in 2024, there have been 45 calls, including duplicates, mainly from medical or surgical wards. Of these, only 18 were deemed appropriate for review by the Critical Care Outreach Team. It was agreed that the communication provided to patients regarding Martha's Rule would be shared with the Committee.

Positive improvements in the nutrition and hydration priority were noted, with percentage of patients assessed exceeding the target, and patients reporting they received support with meals. The group is now working on the sustainability of the improvements.

The key risk escalated to the committee was a delay to the PEWS (national paediatric early warning system) build in Cerner. This is a national delay with Cerner and was being monitored closely. Preparation works were being implemented whilst waiting for the build to be completed, such as the development of training material.

3.8 National Maternity Survey 2024 – Full benchmarking report

The National Maternity Survey report highlighted that the Trust benchmarked positively and was one of the best performers in London in the 2024 results. There were areas of poorer experience, particularly around communication during labour and birth and involving patients in their care.

Following the 2023 survey, a detailed action plan was introduced, resulting in improvements. Following the results of the 2024 survey the action plan has been reviewed with the maternity team and patient representatives and will be monitored quarterly through the report to the Quality Committee.

4. Key highlights – Strategy, Governance and Risk

4.1 Board Assurance Framework (Quality Risks)

There were four risks aligned to this Committee in the BAF, and there was a move in a positive direction regarding Research and Development, noting the positive work in this area. This was rated nine previously moving to six against a target of six, which was within the target range.

4.2 Risk Assurance Framework (Quality Risks)

The Committee noted that the work undertaken to ensure risks were reviewed within timescale, with three (2%) being overdue, which was a significant improvement on previous quarters. The committee received a verbal update that these risks had subsequently been reviewed. There were no risks which required escalating to the Committee during the reporting period.

5 Key highlights – Annual Reports

5.1 Seven day services standards compliance annual report

The report assessed the Trust's delivery of seven-day services, with a focus on four priority standards (Time to first consultant review, Access to diagnostic services, Access to consultant-led interventions, Ongoing review by consultant daily for emergency admissions). While the Trust was broadly compliant, there were issues with MRI coverage due to difficulties providing seven-day cover. Challenges in getting patients to testing centres were also noted, and it was suggested that this be reviewed in the Clinical Effectiveness Group.

5.2 Medication Safety Annual Report 2023/24

This annual report was noted, with the Committee advised that an additional six-month report for the current year would be presented in June which would be more relevant to this Committee. It was noted that for the reporting period the overall medication incident reporting rate was 4.43/1000 bed days which was above the target of 4.2, and an improved reporting rate from 2022-2023, demonstrating an improved reporting culture.

No incidents during this period resulted in severe harm to patients. There were four incidents relating to controlled drugs which were escalated to the Controlled Drugs Accountable Officer and managed appropriately.

4. FOR DISCUSSION

4.2 ANNUAL REPORT FROM THE CHAIR OF THE FINANCE AND PERFORMANCE COMMITTEE

REFERENCES

Only PDFs are attached



4.2 Annual Report Cover Sheet.pdf



4.2a Annual Report from the Chair of the Finance and PerformanceCommitte (2025)+VM.pdf



TITLE AND DATE (of meeting at which the report is to be presented)		Council of Governors meeting – 23 January 2025											
AGENDA ITEM NO.		4.2											
TITLE OF REPORT		Finance and Performance Annual Report											
AUTHOR NAME AND ROLE													
ACCOUNTABLE NON-EXECUTIVE DIRECTOR		Mike O'Donnell, Chair of Finance and Performance Committee											
THE PURPOSE OF THE REPORT <table border="1"> <tr> <td>Decision/Approval</td> <td></td> </tr> <tr> <td>Assurance</td> <td>x</td> </tr> <tr> <td>Info Only</td> <td>x</td> </tr> <tr> <td>Advice</td> <td></td> </tr> </table> <p>Please tick below and then describe the requirement in the opposite column</p>		Decision/Approval		Assurance	x	Info Only	x	Advice		The purpose of this report is to highlight the key achievements of the Finance and Performance Committee during the last year.			
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SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND		Some of the key achievements of the People and Workforce Committee over the last twelve months have included:											
KEY RISKS ARISING FROM THIS REPORT													
STRATEGIC PRIORITIES THAT THIS PAPER SUPPORTS (please confirm Y/N)													
Deliver high quality patient centred care	Y												
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<p>IMPLICATIONS ASSOCIATED WITH THIS REPORT FOR:</p> <table border="1" data-bbox="113 210 596 555"> <tr> <td>Equality And Diversity</td><td>X</td></tr> <tr> <td>Quality</td><td></td></tr> <tr> <td>People (Workforce or Patients/ Families/Carers)</td><td>X</td></tr> <tr> <td>Operational Performance</td><td></td></tr> <tr> <td>Finance</td><td></td></tr> <tr> <td>Public Consultation</td><td></td></tr> <tr> <td>Council of Governors</td><td></td></tr> </table> <p>please mark Y/N – where Y is indicated please explain the implications in the opposite column</p>	Equality And Diversity	X	Quality		People (Workforce or Patients/ Families/Carers)	X	Operational Performance		Finance		Public Consultation		Council of Governors		<p>The key risks are highlighted above and throughout the report.</p>
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Commercial Confidentiality	N
Patient Confidentiality	N
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Other Exceptional Circumstances (please describe)	

Chelsea and Westminster Hospital NHS Foundation Trust (CWFT) Finance and Performance Committee – Chair’s Annual Report to the Council of Governors (CoG), May 2025.

This report summarises the work of the CWFT Board Finance and Performance Committee for the period April 2024 to March 2025.

1-Introduction/Governance Structure:

(i)-CWFT Finance and Performance Committee:

The CWFT Finance and Performance Committee provides the Trust Board of Directors with assurance on matters related to finance and performance, ensuring there are appropriate processes in place to identify any risks and issues and manage them accordingly.

Escalation reports from these meetings are presented at the North West London Acute Provider Collaborative (NWL APC) Finance and Performance Committee, which is managed through the Chelsea and Westminster Hospital NHS Foundation Trust (CWFT) Governance Team.

The NWL APC Finance and Performance Committee and the CWFT Finance and Performance Committee shall conduct objective reviews of financial and investment policy, operational performance, estates and sustainability, Information Management and Technology (IM&T) and commercial development issues on behalf of the Trust Board.

The Trust Committee’s objectives in relation to the oversight of financial and planning performance are:

- To consider, advise and govern the Trust’s medium-term financial strategy, in relation to both revenue and capital.
- To consider the Trust’s annual financial targets and govern performance against them.
- To review the annual budget, before recommending approval to the Trust Board of Directors.
- To consider the Trust’s financial performance, in terms of the relationship between underlying activity, income and expenditure, and the respective budgets.
- To review proposals for business cases over £200,000 revenue between funding and costs and/or over £200,000 capital investment, where no budget has been previously approved by the Trust Board and their respective funding sources prior to submission to the Board and any business cases greater than £1m within budget.
- Maintain an oversight of the robustness of the Trust’s key income sources and contractual safeguards, including oversight of major income streams.
- Conduct post investment reviews of major investments and/ or business cases.

In relation to investment policy, management and reporting, these objectives are:

- To approve and keep under review, on behalf of the Board of Directors, the Trust’s investment strategy and policy (including the Trust’s treasury policy).
- To maintain an oversight of the Trust’s investments, ensuring compliance with the Trust’s policy and regulatory requirements.
- To maintain an oversight of the Commercial Development Opportunities and Workstreams within the Trust ensuring these are aligned to Trust Strategy and objectives.

In relation to Operational Performance the objectives are:

- Gaining assurance on the effective operational performance of the organisation, with a focus the constitutional standards.
- Review and monitor key performance indicators and progress in respect of the Elective Recovery Programme.

- Reviewing and recommending to the Board the Annual Operational plan.
- Review and monitor the outputs of the Performance metrics utilising the Integrated Quality & Performance Report.

In relation to Estates and Sustainability these objectives are:

- The Committee monitoring and overseeing the delivery of the Trust's Estates, Facilities and capital development annual plan including the funding and ongoing alignment with the Trust's objectives.
- The Committee providing advice on and governing the delivery of the Estates Strategy, and ensuring ongoing alignment to Trust objectives.
- The Committee monitoring and overseeing the delivery of the Trust's Sustainability Strategy through the receipt of periodic reports against sustainability Key Performance Indicators.

In relation to Risk, these objectives are:

- The monitoring of the risks that had been identified in the Trust's Board Assurance Framework (BAF), and which have been allocated for oversight by the Committee.
- The Committee establishing and maintaining an overview of the Trust's financial risks and risks to the delivery of the Trusts IM&T, estates, facilities and sustainability plans, and ensure the effectiveness and implementation of controls to mitigate risks.

2- CWFT Finance and Performance Committee Membership and Attendance:

(i)-Non-Executive Director (NED) membership: Patricia Gallan's final meeting as Chair of the Finance and Performance was 23 September 2024. My appointment as a NED began on 1 November 2024, and, along with Patricia Gallan, co-chaired the Finance and Performance Committee meeting that took place on 25 November 2024. I chaired the Finance and Performance Committee meeting on 30 January 2025 and 24 March 2025.

The other NED committee members during the 12-month period up to and including March 2025 were: Patricia Gallan (up to November 2024), Carolyn Downs (up to September 2024), Vineeta Manchanda (from May 2024) and Helen Stephenson (from November 2024).

(ii)-Executive Director membership:

Lesley Watts (Chief Executive Officer); Virginia Massaro (Chief Financial Officer), Sheena Basnayake (Managing Director, West Middlesex Hospital) and Laura Bewick (Managing Director, Chelsea and Westminster Hospital).

Other attendees at these meetings include Peter Chapman (Deputy Director of Finance - Financial Operations) and Chirag Tank (Deputy Director of Finance, Financial Planning & Strategy).

The attendance at these meetings is consistent, with regular participation from all attendees with in-depth discussion and robust challenge on the topics presented on the agendas.

Between April 2024 and March 2025, the Committee met seven times.

3 - Key items achieved by the Finance and Performance Committee:

3.1 Business Plan 2025/2026

- Operational, Workforce and Finance elements were submitted to NWL ICB on 21st March;
- The Trust aims to breakeven in 25/26;
- The Cost Improvement Plans (CIPs) totalled £33.5m, and there was a focus on cost reduction, with a £10m increase from 24/25;
- The £14m Elective Recovery Fund (ERF) reduction includes £10m in additional cost savings beyond CIP targets;

- An investment freeze was also implemented - £5m in business cases were removed, and there would be no further new investments unless these were externally funded;
- Capital Plan cost £63m in total, which included £10m bids that were awaiting NHSE approval;
- In relation to performance, Cancer and A&E were compliant, but Referral to Treatment (RTT) and Diagnostics were both non-compliant due to reduced elective activity due to the reduction in the elective recovery fund;
- The Workforce had a 243 WTE reduction, and it was noted that if this could be delivered through a reduction in bank and agency staff. Further work by Divisions was to ensure that plans were in place to meet the reduction.
- A £9.9m unidentified CIP gap was reported, and mitigations from 1st April that included vacancy controls, temporary staffing limits, and non-pay restrictions.
- Final Plan Submission was submitted to ICB on 27th March following the Board in Common meeting.

The Concerns and risks regarding the Business Plan included:

- The halts in the Business Cases included Birthrate Plus, NICU staffing, and data assurance had also been stopped, and these were flagged as risks.
- The operational impact would lead to waiting lists and diagnostics figures being affected, and the national RTT and diagnostics targets would not be met.
- It was expected that the DMO1 compliance target of 95% would not be met, and over 60% of patients would be waiting six weeks and over before they could be seen. The clinical needs would be prioritised with Internal Diagnostic Board oversight in order to mitigate this.
- Redundancies had not been planned, and the aim was to make savings through efficiency/bank/agency reductions and not recruiting.
- The Trust would not receive external deficit support funding from the ICB as other APC Trusts did, and the 3.5% CIP target was the lowest in the APC due to fixed pass-through costs.
- Inflation was also included as a risk, as there were potential cost increases (energy in particular) that could exceed the national 3% uplift assumption, and as a result contingencies would need to be implemented.

The proposed next steps included:

- Quality, Equality and Health Inequalities reviews would take place for all CIPs, and service changes and ERF reduction plans were to ensure patient safety.
- An executive summary would outline trade-offs, including the £900k/month CIP gap.
- The Finance and Performance Committee agreed the plan for onward approval, and recognised the challenges that lay ahead.

3.2 Treatment Centre at CW

This project was on budget and would be completed in time with a completion date of mid-June, with the first patients to be admitted end of June/early July. The full business case for this project was approved by this Committee in 2024 which enabled more of phase two of the works to take place.

3.3 Ambulatory Diagnostic Centre (ADC) at WM

This project had a £2.4m contingency in place and it remains on budget and on schedule, and the key focus was the operational readiness. One risk consideration was that as this project and the Treatment Centre at the Chelsea and Westminster site were activity-dependent Business Cases, there were concerns over investing in the infrastructure for both without there being assured activity growth due to the change in Elective Recovery Funding and, as a result, risk mitigation strategies under review.

3.4 Digital Update

The digital programme would cover the four Acute Provider Collaborative (APC) trusts and the wider Integrated Care System (ICS). The Committee was provided with the progress in relation to the digital agenda, further details on the embedding of the products within the organisation was also requested that detailed the benefits and outcomes with the clear Trust-level governance processes. Details regarding the single warehouse and risk management regarding cyber-attacks was provided including detail on the additional resilience that was being added, including through the cloud.

3.5 Investigation and Intervention Report

This report provided a positive assessment – the Trust had a strong governance and effective budget oversight and engagement in place, and there were grip and control measures in place that would be going into 2025/26. The action plans included the establishment of Task and Finish groups to tackle priority areas. The report also stated that in relation to financial oversight there were strong controls in place with an ongoing review.

3.6 Elective Recovery Programme Update

There had been an inpatient list clean up as there had been an increase due to non-RTT adjustments, and this was part of an ongoing review. There had been an increase in Elective Admissions and a decrease on day cases, and the Outpatient activity had increased which had exceeded planned levels year to date. The number of patients waiting 52 weeks and 65 weeks for treatment had been reduced, and there were no patients waiting over 78 weeks for treatment.

The cancer backlog for patients waiting 62 days had reduced to 77, which was within the Trust's control total. The backlog for patients waiting six weeks for diagnostics had improved across all modalities and there were fewer long-waiters. The focus remained on at-risk specialties.

3.7 Gender Affirmation Surgery

Two gender surgeons and two clinical nurse specialists were now in post, with a recently recruited surgical fellow via NHS England (NHSE) also joining the team. A bespoke training programme had been rolled out trust-wide, patient champions has been engaged to link in directly with patients and a Trust response to the Cass Review was produced and had been shared with the Trust's Executive Management Board (EMB).

The communications and engagement approach had been discussed with internal stakeholders, including the EMB given some of the sensitivities, and NHSE had provided supervision in this regard. There had been considerable focus on engagement and communications at the outset through the Gender Board, with a focus on research and learning also. The progress in developing the service to date was received positively by the Committee, and updates on the service would be provided.

3.7 WM Soft Facilities Management Benchmarking

The FPC approved secured an 11-year contract extension for Soft Facilities Management at the West Middlesex site (via the PFI contract), that would deliver £64k annual savings (total £767k over 11 years), £538k ISS-funded investments to enhance WM services, and £300k upgrade for Rumbles Restaurant to improve offerings and customer experience.

3.8 Healthcare Support Worker banding Review

NHSE's national review clarified Band 2 and Band 3 role profiles, and confirmed that some Band 2 roles would be regraded to Band 3. 426 Trust staff were affected (Bands 2–3), with some eligible for back pay based on precedent. The financial impact of this was a total £1.2m in back pay (this had been accounted for in 2024/2025) and £400k annually had been built into future plans.

A productivity prospect was also highlighted, and the affected staff would take on enhanced responsibilities whilst exploring options for transitioning into Band 3 roles, and performance reviews were in place for all impacted staff.

4- 2025/2026 Finance and Performance Priorities:

- Delivering on the Trust's 2025/2026 Financial Plan
- Ensuring grip and control measures remain in place
- Ensuring focus is applied to areas where the Trust can increase productivity and reduce costs
- Mitigation is implemented in all areas where there are possible risks

5-Comments/Assurance:

Since joining the Trust as a Non-Executive Director at the end of 2024, it has been impressive to see the financial management of the executive and the management of budgets and funding, and how mitigation is implemented in areas as and when it is required.

The impact of the news at start of the 2025/2026 financial year has been felt throughout the NHS, and will be a significant challenge to Chelsea and Westminster and all of the staff. However – at this early stage of the financial year - it is evident that all staff are rising to this challenge, and are working hard to ensure that we continue to provide services and reduce costs that will assist in delivering on the Trust's Financial Plan for this year.

Mike O'Donnell

Chair of CWFT People and Workforce Committee

April 2025

5. OTHER BUSINESS - ITEMS FOR NOTING

5.1 ANY OTHER BUSINESS, INCLUDING

- 5.1.1 Membership and engagement update
- 5.1.2 CoG Forward plan and schedule of Council of Governor meetings 2025-2026
- 5.1.3 Governor attendance register

REFERENCES

Only PDFs are attached



5.1.2 - COG and Briefing Forward Plan and Schedule of meetings 2025-2026.pdf



5.1.3 COG Attendance Record (2024-2025).pdf



Council of Governors (CoG's) Forward Plan 2025 - 2026

	1 st May 2025 CoG Meeting 14:00 – 16:30 (via Teams)	19 th June 2025 CoG Briefing Session 16:00 – 17:00	17 th July 2025 CoG Meeting 14:00 – 15:30 (TBC)
Statutory/Mandatory Business	<ul style="list-style-type: none"> Minutes of Previous Meeting including Action Log Annual Report from the Finance and Performance Committee (Chair – Mike O' Donnell) NWL Collaborative Update Update from Membership and Engagement Sub-Committee 	<ul style="list-style-type: none"> Briefing topic/presentation to be confirmed 	<ul style="list-style-type: none"> Minutes of Previous Meeting, including Action Log To receive the Annual Report and Accounts which will be formally presented at the Annual Members Meeting Annual Report from the Chair of the Audit & Risk Committee (Chair – Aman Dalvi) Update from Membership and Engagement Sub-Committee
Papers for information	<ul style="list-style-type: none"> Chair's Report Chief Executive Officer's Report Quality Update Accessibility work update 		<ul style="list-style-type: none"> Chair's Report Chief Executive Officer's Report Quality Update Accessibility work update Any other business (Forward plan/ Schedule of meetings/Governor attendance register)
Other Business	<ul style="list-style-type: none"> Any other business (Forward Plan/ Schedule of meetings/Governor attendance register) 		

	25 th September 2025 CoG Briefing 16:00 – 17:00	15 th October 2025 CoG Awayday Time (TBC)	15 th October 2025 CoG Meeting Time (TBC)
Statutory/Mandatory Business	<ul style="list-style-type: none"> Briefing topic/presentation to be confirmed 	<ul style="list-style-type: none"> Running order to be confirmed 	<ul style="list-style-type: none"> Minutes of Previous Meeting, including Action Log Annual Report from the Quality Committee (Chair – Patricia Gallan) NWL Collaborative Update Update from Membership and Engagement Sub-Committee
Papers for information			<ul style="list-style-type: none"> Chair's Report Chief Executive Officer's Report Quality Update Governors Elections 2025 – update Accessibility work update
Other Business			<ul style="list-style-type: none"> Any other business (Forward plan/Schedule of meetings/Governor attendance register)

	December 2025 (Date TBC) CoG Briefing 16:00 – 17:00	22 nd January 2026 CoG Meeting 16:00 – 18:30	15 th April 2026 CoG Awayday Time (TBC)
Statutory/Mandatory Business	<ul style="list-style-type: none"> Briefing topic/presentation to be confirmed 	<ul style="list-style-type: none"> Minutes of Previous Meeting, including Action Log To receive the Annual Report and Accounts which will be formally presented at the Annual Members Meeting Annual Report from the Chair of the People and Workforce Committee (Chair – Ajay Mehta) Update from Membership and Engagement Sub-Committee 	
Papers for information		<ul style="list-style-type: none"> Chair's Report Chief Executive Officer's Report Quality Update Accessibility work update 	
Other Business		<ul style="list-style-type: none"> Any other business (Forward plan/Schedule of meetings/Governor attendance register) 	

	15 th April 2026 CoG Meeting Time (TBC)	18 th June 2026 CoG Briefing 16:00 – 17:00	16 th July 2026 (TBC) CoG Meeting 14:00 – 15:30
Statutory/Mandatory Business	<ul style="list-style-type: none"> Minutes of Previous Meeting including Action Log Annual Report from the Finance and Performance Committee (Chair – Mike O’ Donnell) NWL Collaborative Update Update from Membership and Engagement Sub-Committee 	<ul style="list-style-type: none"> Briefing topic/presentation to be confirmed 	<ul style="list-style-type: none"> Minutes of Previous Meeting, including Action Log To receive the Annual Report and Accounts which will be formally presented at the Annual Members Meeting Annual Report from the Chair of the Audit & Risk Committee (Chair – Aman Dalvi) Update from Membership and Engagement Sub-Committee
Papers for information	<ul style="list-style-type: none"> Chair’s Report Chief Executive Officer’s Report Quality Update Accessibility work update 		<ul style="list-style-type: none"> Chair’s Report Chief Executive Officer’s Report Quality Update Accessibility work update
Other Business	<ul style="list-style-type: none"> Any other business (Forward Plan/ Schedule of meetings/Governor attendance register) 		<ul style="list-style-type: none"> Any other business (Forward plan/ Schedule of meetings/Governor attendance register)

	24 th September 2026 CoG Briefing 16:00 – 17:00	15 th October 2026 CoG Meeting 16:00 – 18:30	
Statutory/Mandatory Business	<ul style="list-style-type: none"> Briefing topic/presentation to be confirmed 	<ul style="list-style-type: none"> Minutes of Previous Meeting, including Action Log Annual Report from the Quality Committee (Chair – Patricia Gallan) Performance and Quality Report (including Winter Preparedness and Workforce Performance Report) NWL Collaborative Update Update from Membership and Engagement Sub-Committee 	
Papers for information		<ul style="list-style-type: none"> Chair's Report Chief Executive Officer's Report Governors Elections 2026– update Accessibility work update 	
Other Business		<ul style="list-style-type: none"> Any other business (Forward plan/Schedule of meetings/Governor attendance register) 	



Council of Governors – Attendance Record 2023/2025

Governor	17.04.2024	17.04.2024 Awayday	18.07.2024	17.10.2024	17.10.2024 (Private Session)	23.01.2025	01.05.2025	17.07.2025 (Date TBC)	15.10.2025 (Venue TBC)	22.01.2026 (TBC)
Richard Ballerand	Apologies	Apologies	✓	✓	✓	✓				
Caroline Boulliat-Moulle	Apologies	Apologies	✓	✓	✓	✓				
Cass J. Cass-Horne	✓	✓	✓	✓	✓	✓				
Maureen Chatterley	Apologies	Apologies	Apologies	✓	✓	✓				
Nigel Clarke	✓	✓	✓	✓	✓	✓				
Rodelix (Ollie) Dacanay	N/A	N/A	N/A	N/A	N/A	✓				
Ian Dalton	✓	✓	✓	✓	✓	✓				
Dr Nara Daubeney	Apologies	Apologies	DNA	DNA	DNA	✓				
Christopher Digby-Bell	Apologies	Apologies	✓	✓	✓	✓				
Stuart Fleming	Apologies	Apologies	✓	✓	✓	✓				
Jerry Folkson	N/A	N/A	N/A	N/A	N/A	✓				

Governor	17.04.2024	17.04.2024 Awayday	18.07.2024	17.10.2024	17.10.2024 (Private Session)	23.01.2025	01.05.2025	17.07.2025 (Date TBC)	16.10.2025 (Venue TBC)	22.01.2026 (TBC)
Minna Korjonen	✓	Apologies	✓	✓	✓	✓				
Nina Littler	✓	✓	Apologies	✓	✓	✓				
Simon Mansfield	N/A	N/A	N/A	N/A	N/A	✓				
Ras. I Martin	Apologies	Apologies	DNA	Apologies	✓	✓				
Mark Nelson	Apologies	Apologies	✓	✓	✓	✓				
Fiona O'Farrell	N/A	N/A	N/A	N/A	N/A	✓				
ClIr Will Pascal	✓	✓	✓	✓	✓	✓				
Nathalie Podder	N/A	N/A	N/A	N/A	N/A	✓				
Lucinda Sharpe	✓	✓	✓	✓	✓	✓				
Parvinder Singh Garcha	Apologies	Apologies	Apologies	✓	✓	✓				
Linda (Lin) Vassallo	N/A	N/A	N/A	N/A	N/A	✓				
Dr Desmond Walsh	✓	✓	✓	✓	✓	✓				
Jo Winterbottom	✓	✓	✓	✓	✓	✓				

Patient Governors – 8; Public Governors – 14; Staff Governors – 6; Appointed Governors – 3.