



Chelsea and Westminster Hospital
NHS Foundation Trust

COUNCIL OF GOVERNORS MEETING

COUNCIL OF GOVERNORS MEETING



22 October 2025



14:00 GMT+1 Europe/London

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1. GENERAL BUSINESS

REFERENCES

Only PDFs are attached



1.0 Draft Agenda COG - October 2025.pdf



Council of Governors Meeting

Date: 22nd October 2025

Time: 14:00 – 16:00

Location: Main Boardroom, Lower Ground Floor, Chelsea and Westminster Hospital/MS Teams

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AGENDA

14:00	1.0	GENERAL BUSINESS		
	1.1	Welcome and Apologies for absence	Verbal	Chair
	1.2	Declarations of interest	Verbal	Chair
	1.3	Minutes of CoG Meeting held on 17 th July 2025	Paper	Chair
14:05	2.0	QUALITY		
	2.1	Annual Report from the Chair of the Quality Committee and Quality Update, including Winter Plan and update on vaccinations	Paper	Vice Chair/Chief Nursing Officer
15:05	3.0	UPDATES		
	3.1	Chair's Report and NWL Acute Provider Collaborative (APC) Update	Paper	Chair
	3.2	Chief Executive's Report and Trust Update	Paper	Chief Executive Officer
15:30	4.0	FOR APPROVAL		
	4.1	Council of Governors – Members and Elections Next Steps	Paper	Director of Corporate Governance
15:50	5.0	OTHER BUSINESS – ITEMS FOR NOTING		
	5.1	Any other business, including: *5.1.1 - CoG Forward Plan and schedule of CoG meetings and CoG Briefings 2025- 2027; *5.1.2 – Governor Attendance Register	Paper	Chair
		Date and Time of the Next Meeting 22 nd January 2026 - CoG Meeting 16:00 – 18:30 (Main Boardroom, Lower Ground Floor, Chelsea and Westminster Hospital).		Chair

1.1 WELCOME AND APOLOGIES FOR ABSENCE

1.2 DECLARATIONS OF INTEREST

1.3 MINUTES OF COG MEETING HELD ON 17TH JULY 2025

REFERENCES

Only PDFs are attached

 1.3 CoG Meeting - 17 July 2025.pdf



DRAFT MINUTES OF COUNCIL OF GOVERNORS (COG)

17th July 2025 14:00 – 15:30

MS Teams

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)
	Cass J Cass-Horne	Public Governor	(CJCH)
	Maureen Chatterley	Public Governor	(MC)
	Nigel Clarke	Lead Governor/Public Governor	(NC)
	Ollie Dacanay	Staff Governor	(OD)
	Ian Dalton	Patient Governor	(ID)
	Fiona O'Farrell	Patient Governor	(FOF)
	Jerry Folkson	Public Governor	(JF)
	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)
	Clr Will Pascal	Appointed Governor	(WP)
	Nathalie Podder	Public Governor	(NP)
	Lucinda Sharpe	Staff Governor – Nursing and Midwifery	(LS)
	Desmond Walsh	Appointed Governor	(DW)
In Attendance:	Lesley Watts CBE	Chief Executive Officer	(LW)
	Robert Bleasdale	Chief Nursing Officer	(RB)
	Virginia Massaro	Chief Financial Officer	(VM)
	Aman Dalvi	Non-Executive Director	(AD)
	Carolyn Downs	Non-Executive Director	(CD)
	Vineeta Manchanda	Non-Executive Director	(VM)
	Ajay Mehta	Non-Executive Director	(AM)
	Mike O'Donnell	Non-Executive Director	(MOD)
	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:	Caroline Boulliat Moulle	Patient Governor	(CB)
	Nara Daubeney	Public Governor	(ND)
	Christopher Digby-Bell	Patient Governor	(CDB)
	Stuart Fleming	Public Governor	(SF)
	Parvinder Singh Garcha	Public Governor	(PSG)
	Linda Vassallo	Staff Governor – Non Clinical	(LV)
	Jo Winterbottom	Public Governor	(JW)
	Syed Mohinuddin	Non-Executive Director	(SMo)
	Catherine Williamson	Non-Executive Director	(CW)

1.0 GENERAL BUSINESS

1.1 Welcome and apologies for absence

The Chair welcomed the Governors and the NEDs who were attending this meeting. The apologies were noted.

1.2 Declarations of interest

There were no declarations of interest.

1.3

Minutes of previous CoG meeting held on 1st May 2025.

The minutes were approved.

2.0 UPDATES

2.1 Chair's Report and NWL Acute Provider Collaborative (APC) Update

The Chair commented that the new financial year had brought challenges and noted that at the end of the first quarter, the finances for the Collaborative were under control. The Chair also noted that he had attended the HSJ Digital Awards ceremony, and noted that work using AI at CW was recognised at the ceremony. The Chair added that the Trust also won an award for the best patient safety programme, and extended his congratulations to all those who work in this area.

The Chair also commented on the launch of the 10-Year Plan which had received extensive media coverage. The Chair referred to key items in the Plan which included the creation of Neighbourhood Health Teams and primary care hubs, the focus on the use of digital technology and AI to assist clinicians, and the commitment to build an electronic patient record that would bring a patient's medical history from different organisations into one place, and which could be accessed by clinicians and the patient.

The Chair also commented on the reduction of Integrated Care Boards (ICB) in the country, which would be reduced to just over twenty. The Chair advised the Council that we were focused on implementing plans for this year and looking at a medium strategy covering three to five years. The Chair also acknowledged that there would be continuing financial and clinical challenges.

2.2 Chief Executive's Report and Trust Update

LW summarised that a lot of information in the update was in the public domain and acknowledged that even though there continued to be challenges, a lot had been achieved, and referred to the opening of the Day Surgery Unit (DSU) at CW as an example.

2.3 APC Governance Update

The Chair commented on the continuing pressure on staff throughout the Collaborative and how they had risen to the challenge, but also noted the continuing financial challenges that we faced. It was acknowledged that there were high expectations regarding the quality of service that we provide but there would be a lot less money to support this. The Chair added that this was a challenge throughout the NHS as we took on more responsibilities and also faced pressure from local authorities.

The Chair explained that the four statutory organisations would be maintained and three Chief Executive Officers would continue to oversee them - one CEO for CW/HH, one for Imperial and one for LNW. The Chair advised that the next stage would be to appoint a Single Accountable Officer to oversee all four Trusts, which would help us streamline our response to the challenges that we faced as well as our decision making. A formal process to appoint to this post would take place, and the Chair reminded the Council that the interview panel for this post would include the Lead Governor from both CW and HH, and the appointment would be ratified by the Governors at both Trusts in October.

RIM commented that CW was acknowledged as the best Trust in the Collaborative and one of the best Trusts in the country, and asked what the comparison was within the Collaborative. LW responded by saying that this Trust would always do its best and strive to do more and improve the quality of care that we provide, but stressed that the most important aspect was the patients. Even though it was impressive and important it was to be involved in high profile and innovative projects, LW commented the ability to provide an excellent service to all was first and foremost.

3.0 QUALITY

3.1 Quality Update including

- **Report on Quality Priorities 2025/2026**

PG summarised what RB would be presenting to the Governors today, and confirmed that these were also discussed at the Quality Committee meetings.

RB confirmed that the report that had been sent to the Governors prior to this meeting had also been tabled at the last Trust Standing Committee meeting, and recapped the Quality Priorities for 2024/2025 which included tobacco and smoking reduction and improving the care of frail patients.

RB summarised the Quality Priorities for 2025/2026 which included Dementia and Violence and Aggression against staff. RB noted that Deteriorating Patient (PEWS) had been deferred as a Quality Priority to this year, and this system had been in place for adults for some time but had now been introduced for children. RB confirmed that this went live in June 2025 and was in place in the Trust. RB commented that there would be a focus on the annual reports regarding each of the different areas that were presented to the Quality Committee, and this would be brought to the next Council of Governors meeting.

MK commented on the abolishment of Healthwatch, the scheme which provided patients with a forum to air their views in order for the NHS to improve services, and which the Trust worked closely with. MK asked if a similar scheme would be implemented to replace Healthwatch. RB acknowledged what Healthwatch's aims and objectives were, and added that even though Healthwatch may not exist in its current form, the services it provided remained. RB noted that the Trust had other alternatives that would offer and provide the same services. NC commented that even though the Quality Priorities change annually, those that were no longer priorities continued to be monitored.

4.0 FOR DISCUSSION

4.1 To receive the Annual Report and Accounts which will be formally presented at the AMM later on 17th July 2025

VM summarised the Annual Report and confirmed that the Trust's audit was completed at the beginning of July. VMM reminded the Council that the Trust achieved its break-even plan at the end of 2024/2025, and added that the Annual Report would be presented at the AMM later that day.

4.2 Annual Report from the Chair of the Audit and Risk Committee (ARC)

AD summarised the Annual Report from the ARC, and commented on the objectives regarding finance and corporate governance. AD noted on the role of the auditors and confirmed that, following their review of a number of our metrics, the Trust received a 'green light' for five of these and 'moderate assurances' for the rest.

AD added that following an audit of eighteen of the Trust's internal policies, 50% of these were substantial and 50% received 'moderate assurance'. AD confirmed that the 'moderate assurance' score was a result of processes and procedures not being followed correctly and paperwork not being completed. The Chair thanked AD for attending today's meeting.

5.0 OTHER BUSINESS – ITEMS FOR NOTING

5.1 Any Other Business

5.1.1 CoG Forward plan and schedule of Council of Governor meetings and CoG Briefings 2025/2026

This was noted.

5.1.2 Governor attendance register

This was noted.

Industrial Action

LW reminded the Council that not all doctors at the Trust would be striking during this period of industrial action, and confirmed that preparation in all clinical divisions was underway. LW added that the key aim was to ensure that no appointments were cancelled, and we were also looking at

risks to ensure that we would be appropriately covered. MS and LW commended the staff who stepped up to provide cover during the last period of industrial action. LS added that morale in Maternity and Neonatal services was low, and it was disappointing that industrial action was taking place again and noted the additional work that would take place because of this.

NL followed on from LS's comments regarding morale, and suggested that a Senior Leadership Walkaround should take place during the period of industrial action. Even though it was noted that staff at the Trust would be stretched, LW agreed with this suggestion and added that, in relation to this, we needed to do more for our outside clinics.

Capital Projects

NC asked for the current status of the capital projects. VM confirmed that the DSU was completed on time and within budget. VM added that the Ambulatory Diagnostic Centre (ADC) was also on time, and was due to open in August 2026.

Overseas Employment

NC asked what the constraints were in relation to overseas employment, and it was noted that all overseas Nursing and Midwifery recruitment had stopped.

Appointment of Single Accountable Officer

As the Council's ratification of the Single Accountable Officer appointment was due to take place in October, PJ asked whether the Awayday taking place on 15th October would need to be rescheduled, as the next CoG meeting would be held during the Awayday. It was noted that the Awayday would go ahead as planned, but this ratification would take place during an extraordinary/special CoG meeting.

Apprenticeship Levy

NL noted that there was £1.2m to use from the Apprenticeship Levy that the Trust received, and if this could be used elsewhere in the Trust. LW commented that we would need to take a balanced approach and look at costs before using any funds from the levy.

Low Cost Workers/Volunteers

NL commented that hundreds of people in the community wanted to support the Trust through working as volunteers. LW noted NL's comments, but was concerned of the quality of workers that could be appointed. NL confirmed that there were robust procedures in place to mitigate this.

Meeting closed at 15:20hrs.

2. QUALITY

2.1 ANNUAL REPORT FROM THE CHAIR OF THE QUALITY COMMITTEE AND QUALITY UPDATE, INCLUDING WINTER PLAN

REFERENCES

Only PDFs are attached



2.1 Annual Report from the Chair of the Quality Committe COG 2025 (004).pdf



Chelsea and Westminster Hospital NHS Foundation Trust (CWFT) Audit and Risk Committee Chair's Annual Report to the Council of Governors (CoG), October 2025.

This report summarises the work of the CWFT Board Quality Committee for the period October 2024 to September 2025.

1 Introduction/Governance Structure:

1.1 CWFT Quality Committee:

I was appointed Chair of the CWFT Quality Committee in July 2022, and the Committee met six times between October 2024 and September 2025. Escalation reports from the CWFT Quality Committee flow into the CWFT Board Standing Committee (SC), and the North West London Acute Provider Collaborative (NWL APC) Quality Committee in Common (CiC).

1.2 CWFT Board Standing Committee (SC)

The CWFT Board Standing Committee was established in July 2024 as part of the revisions to the Trust and NWL APC governance structure, and the role of the Trust Standing Committee is to oversee the delivery of the Trust strategy and strategic priorities, the achievement of constitutional and regulatory standards, and to provide assurance to the Trust Board that Trust risks and issues relating to this are being managed. As the Trust Vice Chair, I am also the Chair of the Board Standing Committee, which meets quarterly in October, January, April and July, prior to the quarterly meetings of the NWL APC Board in Common (BiC)

1.3 NWL APC Quality CiC

I was appointed as the Chair of the NWL APC Quality CiC November 2024 following the previous chairs term ending as a Non-Executive.

The role of the NWL APC Quality CiC is:

- To oversee and receive assurance that the four Trust level Board Quality Committees are functioning properly and identify areas of risk where collaborative-wide interventions would speed up and improve the response.
- To oversee and receive assurance relating to the implementation of collaborative-wide interventions for short and medium term improvements.
- To identify, prioritise, oversee, and assure, strategic change programmes to drive NWL APC-wide and NWL Integrated Care System (ICS) improvements.
- To draw to the NWL APC Board in Common's (BiC's) attention matters they need to agree on, approve, or note.

The NWL APC Quality CiC meets Quarterly in March, June, September and December.

Reports from the NWL APC Quality CiC flow into the NWL APC BiC, which meets Quarterly in October, January, April, and July.

2. CWFT Board Quality Committee Purpose/Objectives:

The CWFT Quality Committee provides assurance and oversight of the delivery of one of the Trust's three strategic priorities: **'To deliver high quality patient centred care'**.

The Quality Committee's purpose is to provide the Trust's Board with assurance that quality within the organisation is being delivered to the highest possible standards and that there are appropriate policies, processes, and governance in place to continuously improve care quality, and to identify gaps and manage them accordingly. This aim applies to all forms of delivery of care equally, whether face to face, remotely, or by using a digital pathway.

The Quality Committee oversees the three themes that define quality:

- The **EFFECTIVENESS** of the treatment and care provided to patients – measured by both clinical outcomes and patient-related outcomes.
- The **SAFETY** of treatment and care provided to patients – safety is of paramount importance to patients and is the bottom line when it comes to what services must be delivered.



- The EXPERIENCE patients have of the treatment and care they receive – how positive an experience people have on their journey through the organisation can be even more important to the individual than how clinically effective care has been.

The Quality Committee's work also relates directly to each of the Trust's 'PROUD' Values:

Putting patients first; **R**esponsive to and supportive of patients and staff; **O**pen, welcoming, and honest; **U**nfailingly kind, treating everyone with respect, compassion, and dignity; **D**etermined to develop our skills and continuously improve the quality of care.

The Committees Objectives are set out in the CWFT Board Quality Committee Terms of Reference (ToR) Appendix 1.

The committee receive quarterly reports from the main quality and safety groups as detailed in appendix 2. The groups and chairs are:

- I. Patient Safety (Dr Gary Davies, Hospital Medical Director - Chelsea site).
- II. Clinical Effectiveness (Dr Sanjay Krishnatmoorthy, Hospital Medical Director – West Middlesex site).
- III. Patient & Public Experience (Lee Watson, Hospital Director of Nursing - Chelsea site).
- IV. Health, Safety & Environmental Risk (Robert Bleasdale, Chief Nursing Officer).
- V. Joint Safeguarding (Nicola Rose, Deputy Chief Nurse).

3. CWFT Board Quality Committee Membership and Attendance:

3.1 NED Membership

In addition to myself as Chair of the Quality Committee, the other Non-Executive Director member during the 12-month period to September 2025 was Vineeta Manchanda. Catherine Williamson was appointed as Academic Non-Executive Director in January 2025.

3.2 Executive Director Membership

Dr Roger Chinn (Chief Medical Officer) and Robert Bleasdale (Chief Nursing Officer).

Other attendees include Nicola Rose (Deputy Chief Nurse); Dr Gary Davies (Hospital Medical Director – Chelsea site); Dr Sanjay Krishnamoorthy (Hospital Medical Director – West Middlesex site); Laura Bewick (Hospital Managing Director – Chelsea site); Sheena Basnayake (Hospital Managing Director – West Middlesex site); Victoria Cochrane (Divisional Director of Nursing and Midwifery) and Lee Watson (Hospital Director of Nursing, Chelsea site).

During the reporting period the meeting was quorate for all meetings.

Meeting attendance is excellent, everyone actively participates with in-depth discussion, a high degree of candour and robust challenge.

Name	Nov 2024	Jan 2025	Mar 2025	Jun 2025	Jul 2025	Sep 2025	Membership Type
Patricia Gallan (Chair, NED)	✓	✓	✓	✓	✓	✓	Member
Robert Bleasdale (Chief Nursing Officer)	✓	✓	A	✓	✓	✓	Member
Dr Roger Chinn (Chief Medical Officer)	✓	✓	✓	✓	✓	A	Member
Vineeta Manchanda (Non-Executive Director)	✓	✓	✓	✓	✓	✓	Member
Catherine Williamson (Non-Executive Director)	-	-	-	-	A	A	Member



Name	Nov 2024	Jan 2025	Mar 2025	Jun 2025	Jul 2025	Sep 2025	Membership Type
Executive Director)							

4. 2025/2026 Quality Priorities

The committee received and approved the Trust annual Quality Account which provided assurance on the statutory reporting within the account, in addition to a range of additional quality improvement projects.

As part of the Account the committee agreed the Quality Priorities for 2025/26 and noted the governance and reporting structure associated with them. The agreed priorities are:

- Deteriorating Patient – (National Paediatric Early Warning Score)
- Implementation of NatSSIPs2 (National safety standards for invasive procedures)
- Violence and Aggressions
- Reducing Medication Incidents
- Single Delivery Plan (Maternity)
- Dementia

5. Comments/Assurance

My assurance as Chair of the CWFT Board Quality Committee to the CWFT Board Standing Committee, the NWL APC Quality CiC, the NWL APC BiC and to the CWFT CoG is that the CWFT Quality Committee is functioning well and fulfilling its purpose.

On behalf of the Committee, I confirm that we are assured regarding the overall quality of care that the Trust provides to its patients, and evidence to support the assurance includes:

Clinical Effectiveness

- The Trust is the best performing acute (non-specialist) provider in England for relative risk of mortality.
- There is robust participation in National Clinical Audits (NCAs), and 93% compliance with NICE guidelines.
- Systems for the review and monitoring of clinical guidelines are well established, ensuring evidence-based practice.

Maternity

- All CQC 'must do' and 'should do' actions from the February 2024 review have been completed.
- The Chelsea and Westminster site is compliant with Neonatal Medical Workforce standards.
- The Trust is fully compliant with Year 6 of the Maternity Incentive Scheme (MIS).
- The Trust was one of the best performing in London in the 2024 National Maternity Survey.
- Maternity vacancy rates have reduced, with full recruitment anticipated by year end and processes for management of staffing and red flags well embedded.
- The service has received the Capital Midwife Anti-Racism Quality Award and an award for Health and Wellbeing.
- The service has a process for undertaking reviews of still births and neonatal deaths, and works across the APC and LMNS to share practice and improve patient experience.

Patient Safety

- The Trust is compliant with the Human Fertilisation and Embryology Authority (HFEA) Code of Practice and holds the necessary HTA licences for Mortuary and Burns services.
- The Patient Safety Incident Response Framework (PSIRF) is fully implemented, with positive levels of incident reporting.



- There are processes in place for the monitoring and shared learning from incidents, with executive oversight for learning responses and completion of actions within timescales.
- Duty of Candour written notification compliance is 95%.
- Dementia screening and tier one training rates are consistently at or above 90%.
- The Trust was a pilot site for Marthas rule which has been embedded as part of NHS England pilot and work across the APC
- An internal review of the Trusts progress against PSIRF and the improvement plants is being completed to inform future practice

Safeguarding

- The Trust meets all statutory safeguarding requirements for adults and children, with 96% staff training compliance.
- Governance is led by the Chief Nursing Officer, with oversight from the Joint Safeguarding Group and quarterly Quality Committee reporting.
- There are robust systems for managing adult and children's safeguarding, with significant increases in referrals and strong management of complex cases.
- Level 3 safeguarding training compliance for children is 91%; learning disability and mental capacity training compliance is high, including 90% for Oliver McGowan Tier 1, with the Trust working across the APC for implementation of Tier 2.
- Specialist leads and IDVAs are in place for domestic abuse and Prevent, with increased reporting and collaborative management.

Health, Safety and Environmental Risk

- 95% of incidents in 2024/25 were investigated and closed, with most causing no or low harm, and learning shared to prevent recurrence.
- The Trust has high compliance rates in key safety training areas, including a notable increase in Conflict Resolution Level 2 training following its release in year to support staff.
- Active sub-groups regularly report on targeted safety improvements, such as reducing nitrous oxide use and needle stick injuries, ensuring compliance with best practice.
- No HSE investigations or enforcement actions occurred in the last year, and all issues from a May 2024 inspection were promptly resolved.
- The Trust routinely reviews and ratifies key safety policies and undertakes proactive risk management, including audits and maintenance to mitigate risks at all levels.
- Safe staffing is ensured through bi-annual reviews and daily monitoring, with compliance to national standards.
- There is full compliance with mortuary and post-mortem safety recommendations, strong medication safety governance, and robust resuscitation and emergency preparedness.
- Regular audits ensure environmental and operational safety, including infection control, fire, and equipment standards.

Patient Experience and Engagement

- Patient stories and engagement are central to service improvement, directly informing changes such as better pre-appointment information and support for seldom-heard groups.
- The Trust acts on patient feedback through initiatives like refurbishing waiting areas, improving signage, and resolving issues identified by patients and carers ("You Said, We Did").
- A range of patient forums and advisory groups co-produce care plans and provide peer support, ensuring diverse voices shape service delivery.
- Complaints and PALS data are actively reviewed, with learning shared and actions taken to address recurring issues such as communication and waiting times.
- Staff are frequently praised for their kindness and professionalism, with schemes like the Butterfly Volunteer Scheme and outstanding maternity care highlighted by patients and families.

Whilst the Quality Committee had assurance regarding the governance structures in place and



adherence to regulatory frameworks during the reporting period we asked for further assurance and monitoring on several items following reports to the Quality Committee:

Maternity

- Provide regular updates regarding compliance with year 7 of the Maternity Incentive Scheme and Single delivery plan
- Review of still birth and Neonatal deaths across the APC and any associated learning

Patient Safety

- Recovery plan to ensure closure of investigations and associated actions within agreed timescales
- Improvement plan for associated mandatory training subjects
- Close monitoring of infection control rates and themes from RCAs completed
- Monitoring of flu vaccination uptake
- Analysis of coronial inquests across NWL and number of PFD's national to establish if the Trust is an outlier and any opportunities for learning

Patient Experience and Engagement

- Development and monitoring of action plan in response to national patient surveys
- Analysis of the increase in complaints seen over summer, and improvement actions to meet complaints response timescale

Health Safety and Environmental Risk

- Monitoring of actions to address violence and aggression through the Trust Quality Priority report, including uptake of level 2 conflict resolution training
- Assurance of Trust position following the learning from a fire at Imperial, including the Trust position on fire dampers on transfer of services from JCA

Clinical Effectiveness

- Assurance of the Trust position against the recommendations from the Fuller Inquiry as part of the Mortuary annual report
- Update on the Trust position working across the APC for the adoption of the new Sepsis guidance
- Assurance regarding review of policies and guidance, as there has been a slight decline in position

Annual Reports Overview (2024/25)

November 2024

- Safeguarding Annual Report (Adults & Children)
- Learning Disability Service Annual Report
- End of Life Care Annual Report
- Medical Examiner Office Annual Report
- Organ Donation Annual Report
- Radiation Protection/Safety Group Annual Report
- Transfusion Annual Report

January 2025

- Human Fertility and Embryology Annual Report
- Research and Development Annual Report
- Mental Capacity Act/Deprivation of Liberty Annual Report (including MHA compliance)
- Safe Staffing Annual Report
- Legal Services Annual Report
- Resuscitation Group Annual Report
- Mortuary Annual Report (including Fuller Inquiry Actions)



March 2025

- Seven-Day Services Standards Compliance Annual Report
- Medication Safety Annual Report 2023/24

June 2025

- Infection Prevention and Control (includes decontamination)
- Patient Experience and Engagement Annual Report (including Complaints)
- Safeguarding Annual Report (Adults & Children)
- Mental Capacity Act/Deprivation of Liberty Annual Report (including MHA compliance)
- Duty of Candour Annual Report
- Legal Services Annual Report
- Draft Quality Account 2024-25

July 2025

- Health and Safety Annual Report
- Falls Annual Report (including Hip Fracture)
- Dementia Annual Report
- Radiation Protection/Safety Group Annual Report
- Medication Safety Annual Report
- Learning Disability Service Annual Report

September 2025

- Seven-Day Services Standards Compliance Annual Report
- Human Tissue Authority (HTA) Annual Report
- Medical Examiner's Annual Report

In summary:

The Trust continues to demonstrate strong assurance across safeguarding, health and safety, medication safety, and operational standards. Governance structures are robust, statutory compliance is maintained, and a culture of continuous improvement is evident through regular audit, training, and learning from incidents. The Council of Governors can be assured that the organisation is committed to delivering safe, high-quality, and patient-centred care.

Patricia Gallan

Vice Chair and Chair of the Quality Committee

Appendix A - Quality Committee - Terms of Reference

1. Constitution

The Quality Committee is established as a sub-committee of the Board of Directors of Chelsea and Westminster Hospital NHS Foundation Trust (CWFT).

All staff members are directed to cooperate with any request made by the Quality Committee.

The Quality Committee will review these Terms of Reference on an annual basis as part of a self-assessment of its effectiveness. Any changes recommended to the Terms of Reference will require Trust Board approval.

2. Authority

The Quality Committee is directly accountable to the Trust's Board of Directors through the Trust's Standing Committee of all Board members.

The Quality Committee is authorised by the Board of Directors to act within these terms of reference. In doing so, the Committee may instruct professional advisors and request the attendance of individuals and authorities from outside its membership, and the Trust, with relevant experience and expertise if it considers this necessary for or expedient to fulfilling its functions.



3. Aim

- 3.1 The Quality Committee provides the Trust's Board with assurance that quality within the organisation is being delivered to the highest possible standards and that there are appropriate policies, processes and governance in place to improve care quality continuously and to identify gaps and manage them accordingly. This aim applies to all forms of care delivery equally, whether face-to-face, remotely or by using a digital pathway, and these Terms of Reference should be read accordingly.

4. Objectives

- 4.1 This Committee oversees the three themes that define quality:
- **The EFFECTIVENESS of the treatment and care provided to patients** – measured by both clinical outcomes and patient-related outcomes
 - **The SAFETY of treatment and care provided to patients** – safety is of paramount importance to patients and is the bottom line when it comes to what services must be delivered
 - **The EXPERIENCE patients have of the treatment and care they receive** – how positive an experience people have on their journey through the organisation can be even more important to the individual than how clinically effective care has been.
- 4.2 The Committee's objectives are:
- To have oversight of the Trust's Quality Strategy and Plan including to agree on the annual quality priorities and monitoring progress against them;
 - To monitor the impact on quality of any strategic change programme such as reconfiguration of clinical pathways, and national initiatives such as 'Getting it Right First Time'.
 - To approve the Trust's annual quality account.
 - To monitor the Trust's Quality Dashboard.
 - To consider matters referred to the Quality Committee by its sub-groups as shown below;
 - To monitor Trust compliance with statutory Health and Safety requirements
 - To monitor the extent to which the Trust meets the requirements of commissioners and regulators.

About **EFFECTIVENESS**

- To have oversight of the annual clinical audit programme
- To make recommendations to the Audit and Risk Committee concerning the annual programme of internal audit work, to the extent that it applies to matters within these terms of reference;
- To have oversight of Trust-wide compliance with clinical regulations and Central Alert System requirements.
- To ensure the review of patient safety incidents (including near-misses, complaints, claims and Coroner Prevention of Future Deaths reports) from within the Trust and wider NHS to identify similarities or trends and areas for focussed or organisation-wide learning;
- To monitor the impact on the Trust's quality of care of the Improvement Programme and any other significant reorganisations;
- To ensure the Trust is outward-looking and incorporates the recommendations from external bodies into practice with mechanisms to monitor their delivery.

About **SAFETY**

- To have oversight of the Trust's Mortality and Morbidity Surveillance Group, and to monitor Trust performance in these areas
- To have oversight of the Trust's Maternity Improvement Programme and to monitor Trust performance in this area
- To have oversight of and review quality-related risks on the Trust's Risk Assurance Framework;



- To review and monitor the Quality Committee elements of the Trust's Board Assurance Framework.
- To scrutinise serious incidents, analyse patterns and monitor trends and to ensure appropriate follow-up within the Trust;
- To monitor progress and approve the Trust quality priorities such as the Trust work plan on sepsis and deteriorating patients;
- To provide the Board with assurance regarding Adult and Child Safeguarding requirements and processes;
- To monitor nurse staffing levels by safe staffing benchmarks;
- To have oversight of infection protection and control and to scrutinise the annual Infection Protection and Control report on behalf of the Board;
- To have oversight of health and safety and environmental risk and monitor progress;
- To promote within the Trust a culture of open and honest reporting of any situation that may threaten the quality of patient care by the trust's policy on reporting issues of concern and monitoring the implementation of that policy;
- To ensure compliance with standards set by statutory and regulatory bodies about quality of care delivery;
- To ensure that where practice is of high quality, that practice is recognised and propagated across the Trust.

In relation to **EXPERIENCE**:

- To have oversight of the Trust's performance against the five key areas as described by the Care Quality Commission: Safe, Effective, Caring, Responsive and Well Led.
- To monitor the Trust's compliance with the national standards of quality and safety of the Care Quality Commission, and NHS Improvement's licence conditions that are relevant to the Quality Committee's area of responsibility, to provide relevant assurance to the Board so that the Board may approve the Trust's annual declaration of compliance and corporate governance statement;
- To monitor the Trust's Friends and Family Test response rates and recommendation rates;
- To provide the Board with assurance that complaints are handled in both a timely and effective manner
- To scrutinise patterns and trends in patient survey results, Friends and Family results, complaints and PALs data, and ensure appropriate actions are put into place
- To oversee the Trust's work progress on Patient Experience.

In relation to **Risk**:-

- The Committee will monitor risks identified in the Trust's Board Assurance Framework that have been allocated for oversight by the Committee
- The Committee will establish and maintain an overview of the Trust's quality risks and risks to the delivery of the Trust quality and safety plans and ensure the effectiveness and implementation of controls to mitigate risks

5. Method of Working

5.1 All Committee Members will:

- Be open to making their contributions
- Be honest and transparent with comments, criticism and compliments
- Listen to advice and comments
- Make their contributions concisely and keep focused on the desired outcomes
- Ensure that every decision or question should be viewed from the perspective of the service user.

5.2 The Quality Committee will have a standard agenda. At every meeting, the following item headings will be on the agenda:

1. Apologies for absence
2. Declarations of interests
3. Minutes of the previous meeting



4. Business to be transacted by the Committee
5. Any other business
6. Date of next meeting

5.3 All Minutes of the Quality Committee will be presented in a standard format. All meetings will receive an action log (detailing progress against actions agreed at the previous meeting) for review and follow-up.

6. Membership

6.1 The membership of the Quality Committee shall consist of:

- One Non-Executive Director who will Chair the meeting
- A minimum of two other Non-Executive Directors
- Chief Medical Officer
- Chief Nursing Officer

A Managing Director and/or Divisional Director of Operations will be invited to the meeting.

The Chief Executive, while not a member, shall receive a standing invitation to all meetings of the Committee.

The Committee may invite other Trust staff to attend its meetings as appropriate.

The Committee is authorised by the Board of Directors to request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary.

6.2 A Deputy for the Chief Nursing Officer and Chief Medical Officer will attend in their absence.

6.3 The Director of Nursing (Chelsea site), Director of Nursing (West Middlesex site) and the Medical Directors for each site each have a standing invitation to attend meetings of the Committee.

6.4 The Chair of the Board in Common may attend local Board committee meetings at his / her discretion but is not considered a standing member of the committee. If the Chair in Common attends, then he/she counts towards the quorum necessary for the transaction of business at that meeting and has voting rights at the committee.

7. Quorum

7.1 The Quality Committee will be deemed quorate to the extent that the following members are present:

- Two Non-Executive Directors, one of whom should Chair the meeting
- Chief Medical Officer or deputy
- Chief Nursing Officer or deputy

7.2 For the avoidance of doubt, Trust employees who serve as members of the Quality Committee do not do so to represent or advocate for their respective department, division or service area but to act in the interests of the Trust as a whole and as part of the Trust-wide governance structure.

7.3 If a meeting is not quorate it may still proceed, however, any decisions taken in principle at a non-quorate meeting must be ratified subsequently by a quorum of members.

8. Frequency of Meetings

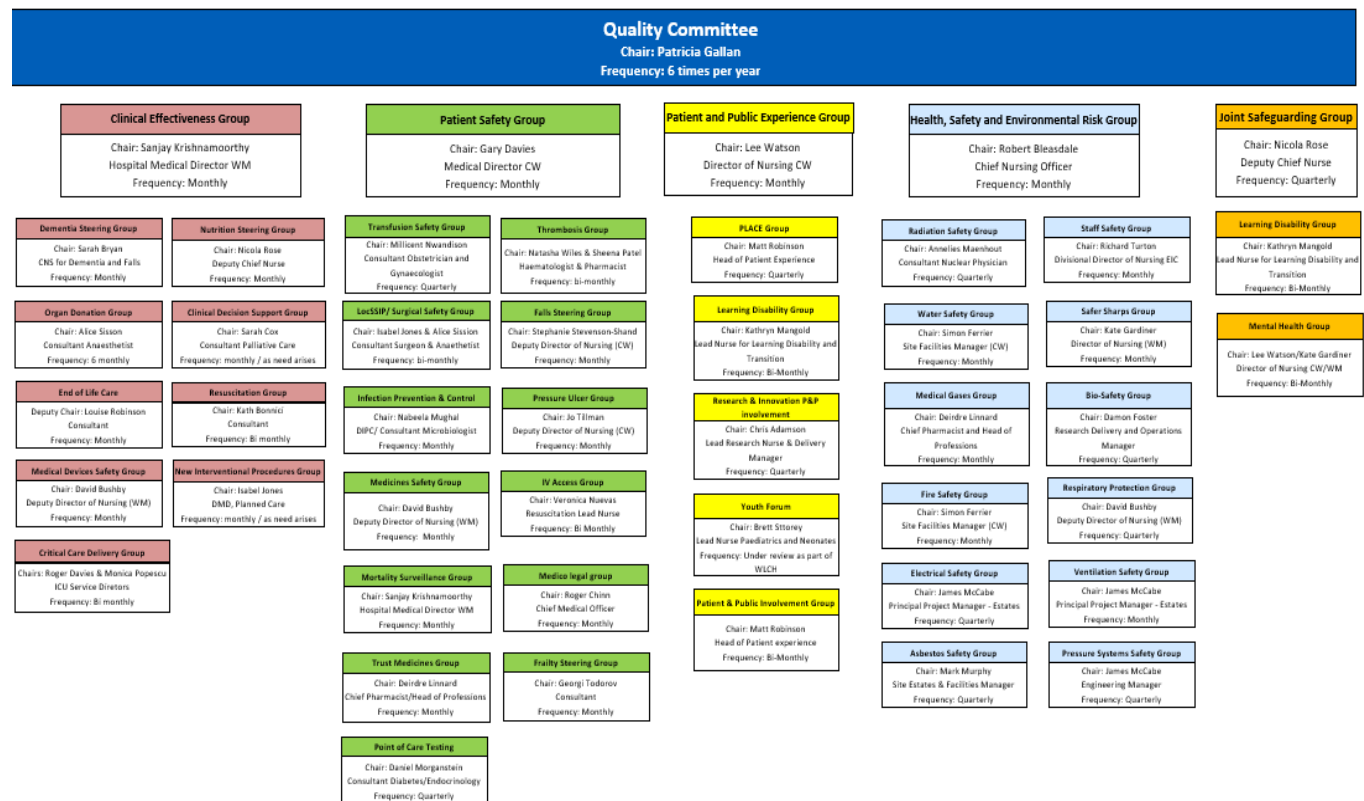
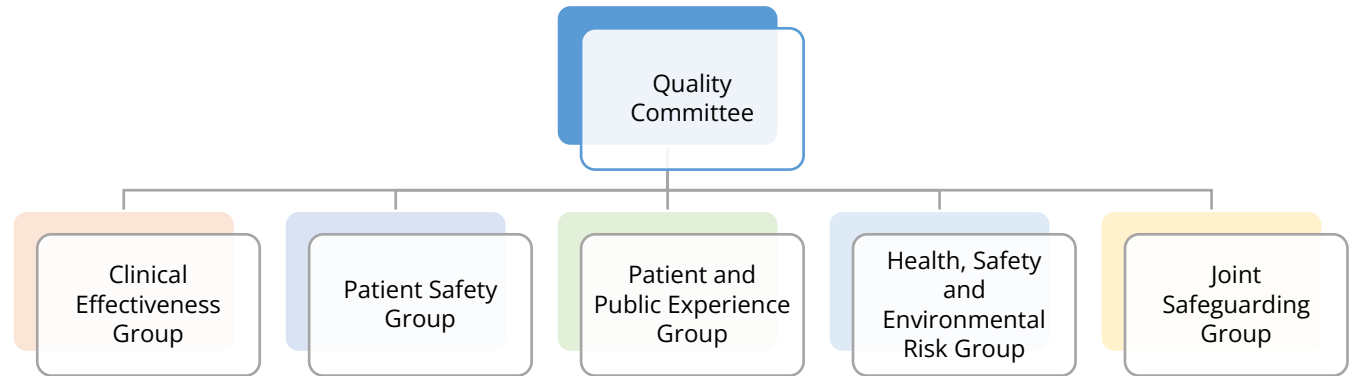
8.1 Meetings will be held at least five times a year with additional formal meetings as deemed necessary.



- 8.2 Additional meetings may be held on an exceptional basis at the request of any three members of the Quality Committee.
- 8.3 Urgent items may be handled by e-governance.
- 8.4 Members are expected to attend a minimum of 75% of Committee meetings throughout the year.
- 9. Secretariat**
- 9.1 Meeting minutes, agendas and forward work plans to be maintained by the Trust's Governance Team.
- 9.2 Minutes, agenda and papers to be circulated by the Board Governance Manager.
- 10. Reporting Lines**
- 10.1 The Quality Committee will report to the Trust Standing Committee on a quarterly basis, with a summary report drafted. Matters of material significance in respect of quality which require collaborative consideration will be escalated to the following meeting of the Collaborative Quality Committee. However, any items that require urgent attention will be escalated to the Chief Executive and Chairman at the earliest opportunity and formally recorded in the Quality Committee minutes.
- 10.2 The following groups shall report to the Quality Committee:
- Clinical Effectiveness Group
 - Patient Safety Group
 - Patient & Public Experience Group
 - Health, Safety and Environmental Risk Group
 - Joint Safeguarding Group (*NB mental health and learning disability groups report through to this*)
- 10.3 The above groups will report as per the Quality Committee work plan, and at times when requested by the Quality Committee. The reports provided by the groups should be in written format unless agreed by the Committee Chair.
- 10.4 The above groups' Terms of Reference will be reviewed by the Quality Committee annually.
- 10.5 The Quality Committee has key relationships with all other Board committees via its membership. In addition, there are links to Commissioners and other providers through the Medical Director, Chief Medical Officer and Chief Nursing Officer.
- 11. Openness**
- 11.1 The agenda, papers and minutes of the Quality Committee are considered to be confidential.
- Reviewed by: Quality Committee
Date: 7 January 2020
Approved by: Board of Directors
Date: March 2020
Review date: December 2020
Approved by: Board of Directors
Date: March 2021
Reviewed by: Quality Committee
Review Date: April 2022
Reviewed by: Quality Committee
Date: September 2022
Reviewed by: Quality Committee
Date: July 2024
Reviewed by: Quality Committee
Date: June 2025



Appendix B: Meeting Structures for Clinical Governance and Quality Reporting



3. UPDATES

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

UPDATE

REFERENCES

Only PDFs are attached



3.1 CWFT Council of Governors Chair's Report.pdf

CW Council of Governors Meeting

22/10/2025

Item number: 3.1

This report is: Public

Council of Governors Chair's Report

Author: Matthew Swindells

Job title: Chair – North West London Acute Provider Collaborative (APC)

Purpose of report

Purpose: An update on CWFT and the APC from the Chair to the Council of Governors.

Equity and Inclusion

I wanted to start my report by recognising that over recent weeks and months, many of our colleagues have been subject to intimidation, abuse and even overt racism, as discussions around challenging issues such as immigration and national identity have become increasingly polarised.

Recently, the appalling terrorist attack on a synagogue in Manchester has also caused fear and grief among our Jewish communities, and I welcome the response from staff across the APC, which has been one of unity and support.

The NHS is brought to you by a culturally and ethnically diverse workforce representing 216 nationalities and with ethnic minority (global majority) staff making up half of hospital and community health services doctors and one third of nurses. We are determined to maintain a safe and supportive environment for our staff to work and our patients to be treated. We will not tolerate behaviour from anyone that threatens this.

These issues have been brought home to us recently in a powerful letter to the Observer from Ealing Hospital consultant surgeon Sala Abdalla, published in full on [LNWH's website](#), written in response to the growing tide of intolerance towards refugees in the UK, and reflecting her deep personal experiences as a child refugee fleeing political persecution in Sudan.

It is a compelling reminder that the NHS has always thrived on the talent, compassion and commitment it has found both among those born here in the UK and among those have joined us from across the globe.

In North West London, we are proud to serve some of the most diverse communities in the country and continue our work to address health inequalities, with some initiatives recently recognised at national awards.

We are equally proud that colleagues across our four Trusts are so representative of these communities, and are conscious of our responsibilities to ensure that each of us has fair access to opportunities, a kind and respectful working environment, and full support when subjected to unacceptable language or behaviour.

We remain committed to equity and inclusion, and continue our work in partnership with patients and staff to make a fairer NHS for everyone.

North West London and North Central London Integrated Care Boards (ICBs) Merger

Last month Mike Bell was announced as the new Chair and Frances O'Callaghan as the Chief Executive Officer (CEO) for North West London and North Central London Integrated Care Boards (ICBs). Mike will Chair and Frances will lead both organisations and will eventually become the Chair and CEO of the newly merged ICB when it comes into effect in April 2026. On behalf of the Board we look forward to working with them on delivering on the 10-year plan and achieving better health outcomes for our population. We welcome and look forward to working with Mike and Frances. One key area for partnership working will be the transition to 'fair share' financial allocations, NHSE's new approach to ensuring allocations reflect population need fairly and consistently and phase out 'ad hoc' support. North West London is currently significantly under its 'fair share' allocation and we are in discussions with NHS England's London Regional Office to ensure that the merger with North Central ICB does not stop the appropriate increase in funding from coming to our local NHS.

National Oversight Framework (NOF)

As I outlined in my report at the last Board in Common (BiC), NHS England (NHSE) introduced a new National Oversight Framework (NOF) in June 2025 to promote consistent, transparent assessments of the performance of NHS organisations, and encourage improvement in areas prioritised by the national planning guidance. The first comparative scores were published for NHS Trusts in September 2025. A paper went to our BiC on 21 October and full details of the NOF can be found there.

Digital transformation

The North West London Acute Provider Collaborative (NWL APC) is driving digital transformation to enhance patient care, operational efficiency, and health equity across our four Trusts. By addressing challenges such as financial constraints, legacy systems, and workforce skill gaps, the APC is aiming to implement agile strategies, strategic investments, and a robust data governance.

A key achievement is the successful implementation of a unified electronic patient record (EPR) system across 12 hospitals, enabling seamless real-time data sharing, improved clinical decisions, operational efficiency, and patient outcomes. Additionally, the APC prioritises patient empowerment through digital engagement, integrating tools like the NHS App to facilitate easy access to health information, appointments, and provider communication, fostering greater self-management and reducing health inequalities.

Complementing these achievements, the collaborative is at the NHS's work to develop a clinically safe federated data platform (FDP), leveraging cutting edge technology and building the foundations for the AI revolution. This transformative platform will facilitate intelligent orchestration of care pathways, providing multidisciplinary teams with actionable insights for coordinated, responsive, and personalised patient care. This not only ensures optimal resource utilisation but also consistently improves clinical and operational outcomes by enhancing interoperability across health and social care ecosystems.

The APC is seen as a leading innovator in digital transformation and we have hosted a number of visits over the last few months, especially looking at how we are utilising the FDP to support all our staff in how they deliver care. We welcomed the, then, Secretary of State for Science, Innovation and Technology, the Rt Hon Peter Kyle MP, to CWFT to showcase how we are using AI to enhance patient care and support our clinical teams. Also at CWFT, His Excellency Mansoor bin Ebrahim bin Saad Al Mahmoud, Minister of Public Health of Qatar visited to see first-hand the work the Trust is doing to deliver healthcare with the support of AI. LNWH hosted Penny Dash, Chair and several Non-Executive Directors (NEDs) at NHSE to again showcase the digital innovation happening at the Trust.


Board Change

Helen Stephenson, NED at ICHT and CWFT is sadly stepping down at the end of this calendar year. On behalf of the Board, I wanted to thank her for a contribution across the APC and especially as Chair of the Quality Committee at ICHT.

3.2 CHIEF EXECUTIVE'S REPORT AND TRUST UPDATE

REFERENCES

Only PDFs are attached

 3.2 CW CEO Board Report October CW.pdf

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 We welcomed the Secretary of State for Science, Innovation and Technology, the Rt Hon Peter Kyle MP, to our Chelsea site to showcase how we are using artificial intelligence (AI) to enhance patient care and support our clinical teams. This was part of a wider Government announcement on AI in public services for which Chelsea and Westminster Hospital is part of the National Exemplars Programme. The visit provided an overview of the impact it is having across the organisation and included demonstrations of AI diagnostics in dermatology, an AI-driven discharge summary prototype and Dora, the AI chatbot which is helping ophthalmology patients stay informed while reducing admin for clinicians. Coverage of this visit was covered across major broadcasters including BBC Breakfast, GB News, ITV news, LBC, The Guardian, The Telegraph and The Mirror.
- 1.2 NHS England launched its new Oversight Framework, which ranks trusts nationally across quality, safety, access, workforce and efficiency, with ratings published on a public dashboard. Our Trust is in segment 3 (of 4) due to a national rule linked to our financial deficit, which caps ranking regardless of clinical performance. Without this segmentation, we would be 8th nationally among acute trusts—instead, we are 28th. This highlights strong performance, but also the need to improve our financial position. Segmentation is reviewed quarterly and we are working hard to progress.

By domain (1 – high, 4 – low) the trust is scored as follows:

- access to services – 1
 - effectiveness and experience of care - 1
 - patient safety - 2
 - people and workforce - 1
 - finance and productivity - 1
- 1.3 The Paediatric Emergency Department at Chelsea reopened its newly refurbished waiting area and triage rooms. The project began in May, with

seven weeks of construction works. The redesigned space offers a more welcoming and child-friendly environment for young patients and their families. This transformation was made possible through close collaboration between the clinical team, CW+, White Arkitekter (designers of Neptune Ward), artist Gráinne Nagle and Capital Projects Team.

- 1.4 In August, we officially opened the Discharge Ready Unit (DRU) at Chelsea on our Rainsford Mowlem ward, supporting patients medically fit for discharge but awaiting external placement. This nurse-led unit builds on the success of the DRU at West Mid, reducing length of stay and improving patient functionality.

2. Quality and Safety

- 2.1 Friends and Family Test scores remain strong, with 97.3% of adult inpatients reporting they were treated with dignity and respect. Emergency Department (ED) experience scores are below Trust targets but align with the London average, with improvement work underway focusing on waiting times and communication. Feedback from Children and Young People is now reported separately, with lower response rates under review with West London Children's Healthcare to ensure the data is collected, considered and acted upon.
- 2.2 Infection control remains a priority, with five cases of *Clostridioides difficile* (C. difficile) reported this month—25 year-to-date against a threshold of 33—and one case of Methicillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia, classified as Community Onset Hospital Acquired. All cases are being monitored through the Infection Control Committee.
- 2.3 Four incidents resulting in severe harm or death were reported this month and are currently under review in line with the Patient Safety Incident Response Framework (PSIRF) and the Trust's internal governance processes.
- 2.4 Medication safety and management targets continue to be met.
- 2.5 Venous thromboembolism (VTE) assessments exceed targets across both sites, though further analysis is required on Hospital Acquired VTE cases. Dementia screening declined due to challenges with staffing, however improvement discussions are ongoing.

3. Operational performance

- 3.1 Accident and Emergency (A&E) four-hour performance was reported at 76.82%, slightly below the 78% standard.
- 3.2 NHS England Cancer 28-Day Faster Diagnostics and 31-Day treatment standards were met, while the 62-Day standard was not achieved for July.
- 3.3 Elective activity targets have been met year-to-date, though outpatient activity is below plan due to the Elective Recovery Fund (ERF) cap and industrial action in July. Referral to Treatment (RTT) 18-week wait performance met the 60% national target, though backlog challenges persist, with 1,337 patients waiting over 52 weeks (+100) and 39 patients waiting over 65 weeks (+26). There are no patients waiting over 78 weeks. The new requirement of 65% is prioritised for delivery by year-end.
- 3.4 Diagnostic performance against the Diagnostic Imaging and Reporting (DM01) standard was 86.08%, below the 95% target. West Middlesex achieved 100% compliance for medically optimised patients with fractured neck of femur (NOF) taken to theatre within 36 hours, compared to 84.2% at Chelsea. Improvement plans are in place and monitored through the Executive Management Board.

4. Financial performance

- 4.1 The financial position remains challenging, however the position for month five shows an improving picture. Enhanced governance, scrutiny and focused actions continue to ensure the Trust returns to plan.
- 4.2 The Trust's adjusted financial position at Month 5 is a £3.36 million deficit, which is £2.39 million adverse to plan. This reflects ongoing operational pressures and reduced outpatient activity linked to ERF constraints and industrial action.

5. People

- 5.1 ISS night cleaners at both sites were celebrated in a powerful online photo story published by the Wellcome Collection. The photo exhibition was a tribute to the teams working behind the scenes to keep hospital environments safe, hygienic and operational through the night. The series features portraits and

interviews by photographer Lewis Khan, highlighting the lives, routines and vital roles of ISS Facility Services staff and unsung healthcare heroes.

- 5.2 We hosted PROUD and Long Service Award ceremonies, recognising colleagues and teams across all divisions. The PROUD Award winners were all nominated by their peers for their outstanding contributions. At the Long Service Awards in July we celebrated 23 long-serving colleagues, whose combined service totals 645 years—an incredible milestone.
- 5.3. The nominations for our annual Great Big Cheer Awards opened; giving colleagues a chance to celebrate the incredible work of our staff by nominating an outstanding colleague or team. Awards ceremonies will take place in December at Chelsea and West Mid hospitals as part of Great Big Thank You Week (8–12 December), a celebration of the amazing contributions of our staff and volunteers.
- 5.4 Senior leaders from across the Trust came together at a summit in September, to address what matters right now. The focus of the event was on tackling and problem-solving patient flow, outpatient productivity and theatre productivity, and on how, through our enablers of quality, people and technology, we will deploy immediate plans. These plans will be the foundation of our focus over the next 6–12 months.
- 5.5 We launched the NHS National Staff Survey (NSS 2025) with over 15% of staff completing it in its first week. This strong early response highlights how much colleagues value the opportunity to shape our organisation. The survey plays a vital role in improving staff experience and patient care, and we know that staff survey results are an important factor in us being a Trust where people want to work.

6. Updates from the Council of Governors (CoG)

- 6.1 The CoG formally met in public on 17 July 2025. The CoG received the annual report from the Chair of the Audit and Risk Committee, a briefing on future developments for the APC and received the Trust's annual report and accounts.

- 6.2 CoG members attended a briefing session to hear about the NHS Year Plan, and how this related to the APC and Trust Strategies. CoG members were also updated on the new NOF approach and what this meant for the trust.

7. Equity, diversity and inclusion

- 7.1 During National Inclusion Week, the Trust paid tribute to the wealth and expertise of our diverse team by sharing the individual stories of our staff, reminding us the role of inclusion in the workplace and why it matters. Stories were featured across the organisation and we hosted webinars for staff to attend.

8. Recognition and celebrating success

- 8.1 Our virtual ward work received national recognition, with the cardiac digital care team winning the *Harold Thimbleby Award* for Digital Transformation at the Royal College of Physicians' Excellence in Patient Care Awards 2025. The project, which supports patients remotely via virtual wards, was praised for its inclusive design and alignment with clinical pathways—improving outcomes and optimising NHS resources. It also supports patient flow and reduces admissions through early discharge.
- 8.2 Our Antimicrobial Stewardship (AMS) programme was highly commended at the HSJ Patient Safety Awards 2025, achieving second place nationally for improving medication safety. The team's proactive approach has reduced high-risk antibiotic use, lowered fluoroquinolone prescribing by 35%, and delivered over £200,000 in annual savings.
- 8.3 The Laparoscopic Surgical Skills Course at West Mid has been accredited by the Royal College of Surgeons (RCS), following excellent feedback from the RCS Quality Assurance panel. This reflects the high standards delivered by our surgical fellows, residents, consultants, and the wider West Mid team.

4. FOR APPROVAL

4.1 COUNCIL OF GOVERNORS ? MEMBERS AND ELECTIONS NEXT STEPS

REFERENCES

Only PDFs are attached

 4.1 COG briefing note - election deferral.pdf

DRAFT - Briefing Note: Update on National Developments re Governors, APC Developments and Proposal re Election Timelines

1. Overview

This briefing outlines the developments affecting the future structure of Foundation Trust governance, as set out in the NHS 10-Year Plan (*Fit for the Future*), the plans for establishing a Single Accountable Officer/Group CEO for the North West London (NWL) Acute Provider Collaborative and given this context, proposes a deferral of the upcoming Council of Governors elections for those whose term is due to expire in February 2026.

2. National Policy Change – Removal of Statutory Governor Requirement

The NHS 10-Year Plan includes a proposal to **remove the statutory requirement for Foundation Trusts to have Councils of Governors**. The relevant extract states:

“We will remove the requirement for FTs to have governors. While governors have provided helpful advice and oversight for some FTs, we expect the next generation of NHS FTs to put in place more dynamic arrangements to take account of patient, staff and stakeholder insight. This should include systematic measures of patient reported experiences and outcomes, as we detail in chapter 6.”

This marks a significant shift in national policy and signals a move toward more flexible, locally tailored governance models. Implementation will require legislation, with guidance anticipated over the coming six months.

3. Local Strategic Context – APC Transition and SAO Model

In parallel, our organisation is undergoing strategic transformation through the transition to the new Acute Provider Collaborative (APC) model, including the establishment of a Single Accountable Officer (SAO) / Group Chief Executive. The Trust will continue to have a local Trust Chief Executive with to retain stability and focus locally, however there will be some reshaping of governance and leadership structures and across APC trusts.

Maintaining continuity within the Council of Governors during this period will support effective oversight and engagement as the new model is embedded.

4. Proposal – Deferral of Elections

It is proposed that elections for governors whose terms expire in February 2026 be deferred by nine months, aligning them with the elections already scheduled for those whose terms expire in November 2026. This approach offers several benefits:

- Ensures **continuity and experience** within the Council during a period of strategic change.
- Avoids the need to run **two separate election processes within a twelve-month period**, reducing administrative burden and cost.
- Allows time for **further clarity from government** regarding the future role of governors.
- Ensures the new **Single Accountable Officer / Group CEO model is embedded**, providing a more stable governance environment.

5. Next Steps

- Feedback from board members and governors is invited on the proposed deferral.
- Further updates will be provided as national legislation and APC governance structures evolve, with the revised timetable in line with the deferral shared for information. Impacted governors will be contacted directly.

Governor terms - **yellow Jan 26 expiry**, **blue Nov 26 expiry**.

Class / Organisation	Constituency	First name	Last name	Term	Date elected or appointed	Date elected/Re-elected or appointed	Date elected/Re-elected or appointed	Term Expiry	Status
					(1 st)	(2 nd)	(3 rd)		
Imperial College	Appointed / University	Dr Desmond	Walsh	2nd	October 2018	October 2021		September 2024	Renew - awaiting update from Imp College – contact DW
Royal Borough of Kensington and Chelsea	Appointed / Local Authority	Cllr Will	Pascal	1st	May 2022			April 2025	CONTACT WP and RBKC
Royal Borough of Kensington and Chelsea	Public	Richard	Ballerand	3rd	November 2017	November 2020	November 2023	November 2026	
Royal Borough of Kensington and Chelsea	Public/Deputy Lead Governor	Nina	Littler	1st	Februray 2023			January 2026	
City of Westminster	Public	Cass J.	Cass-Horne	2nd	November 2019	February 2023		January 2026	
City of Westminster	Public	Jo	Winterbottom	1st	February 2023			January 2026	
London Borough of Wandsworth	Public	Stuart	Fleming	2nd	November 2021	November 2024		November 2027	
London Borough of Wandsworth	Public	Nara	Daubeney	1st	February 2023			January 2026	
London Borough of Ealing	Public	Nathalie	Podder	1st	November 2024			November 2027	
London Borough of Richmond Upon Thames	Public	Maureen	Chatterley	1st	November 2023			November 2026	
London Borough of Hammersmith and Fulham	Public	Simon	Mansfield	1st	November 2024			November 2026	
London Borough of Hammersmith and Fulham	Public/Lead Governor	Nigel	Clarke	1st	February 2023			January 2026	

Class / Organisation	Constituency	First name	Last name	Term	Date elected or appointed	Date elected/Re-elected or appointed	Date elected/Re-elected or appointed	Term Expiry	Status
					(1 st)	(2 nd)	(3 rd)		
London Borough of Hounslow	Public	Parvinder Singh	Garcha	2nd	November 2021	November 2024		November 2027	
London Borough of Hounslow	Public	Jerry	Folkson	1st	November 2024			November 2027	
Rest of England	Public	Ras. I	Martin	1st	February 2023			January 2026	
Patient	Patient	Caroline	Boulliat Moulle	2nd	November 2019	February 2023		January 2026	
Patient	Patient	Minna	Korjonen	3rd	November 2018	November 2021	November 2024	November 2027	
Patient	Patient	Christopher	Digby-Bell	3rd	November 2017	November 2020	November 2023	November 2026	
Patient	Patient	Dalton	Ian	1st	November 2023			November 2026	
Patient	Patient	Fiona	O'Farrell	2nd	Previously served as Governor at CWFT from Jan 2019-Jan 2022	November 2024		November 2027	
Medical and Dental	Staff	Mark	Nelson	3rd	November 2017	November 2020	November 2023	November 2026	
Nursing and Midwifery	Staff	Lucinda	Sharpe	1st	November 2023			November 2026	
Non-Clinical Staff	Staff	Linda (Lin)	Vassallo	1st	November 2024			November 2027	
Non-Clinical Staff	Staff	Rodelix (Ollie)	Dacanay	1st	November 2024			November 2027	
Patient	Patient							VACANT	
Patient	Patient							VACANT	
Patient	Patient							VACANT	
London Borough of Richmond Upon Thames	Public							VACANT	
Allied Health Professionals, Scientific and Technical	Staff							VACANT	
Nursing and Midwifery	Staff							VACANT	-

Class / Organisation	Constituency	First name	Last name	Term	Date elected or appointed	Date elected/Re-elected or appointed	Date elected/Re-elected or appointed	Term Expiry	Status
					(1 st)	(2 nd)	(3 rd)		
Hounslow	Appointed/Local Authority							VACANT	Appoint

5. OTHER BUSINESS - ITEMS FOR NOTING

*5.1.1 - CoG Forward Plan and schedule of CoG meetings and CoG Briefings 2025- 2027

*5.1.2 - Governor Attendance Register