



**Chelsea and Westminster Hospital**  
NHS Foundation Trust

# COUNCIL OF GOVERNORS MEETING



# COUNCIL OF GOVERNORS MEETING

 23 January 2025

 16:00 GMT Europe/London



## AGENDA

1. General Business .....	1
1.0 CoG Agenda - 23 January 2025 (FINAL).pdf .....	2
1.1 Welcome and apologies for absence .....	4
1.2 Declarations of Interest .....	5
1.3 Minutes of previous meetings .....	6
1.3a CoG Meeting -17 October 2024.pdf .....	7
1.3b Extraordinary CoG Meeting - 28 November 2024 (Final).pdf.....	12
2. Updates .....	14
2.1 Chair's Report and NWL Acute Provider Collaborative (APC) Update .....	15
2.1 CWFT Council of Governors Chairs Report 23.01.25 final.pdf .....	16
2.2 Chief Executive's Report and Trust Update .....	19
2.2 CEO Report January 2025 FINAL.pdf .....	20
3. For Discussion .....	25
3.1 Annual Report from the Chair of the People and Workforce Committee.....	26
3.1 Annual Report Cover Sheet.pdf .....	27
3.1a Annual Report from the Chair of the People and Workforce Committe (2025).pdf.....	29
3.2 Quality Update .....	34
3.2 Quality Update.pdf .....	35
3.3 Council of Governors Membership and Engagement Committee Report.....	41
3.4 Governors Away Day 2025 .....	42
4. For Approval .....	43
4.1 Updated Terms of Reference .....	44
4.1 Updated Terms of Reference Cover Sheet.pdf .....	45
4.1a COG Membership and Engagement Committee Terms of Reference (updated Jan 2025).pdf.....	48
4.1b COG NED Nominations Remuneration Committee Terms of Reference (updated Jan 2025).pdf.....	50
4.1c Appendix 1 - Constitution re NED noms and rems cttee.pdf.....	52
5. Other Business - Items for Noting .....	54
5.1 Any Other Business, including .....	55
5.2.1 COG and Briefing Forward Plan and Schedule of meetings 2024-2026.pdf.....	56
5.2.2 COG Attendance Record (2024-2025).pdf .....	62

## 1. GENERAL BUSINESS

---

### REFERENCES

Only PDFs are attached

 1.0 CoG Agenda - 23 January 2025 (FINAL).pdf



Council of Governors Meeting

**Microsoft Teams** [Need help?](#)

**[Join the meeting now](#)**

Meeting ID: 340 906 923 459

Passcode: hRP2bc

**Dial in by phone**

[+44 20 3321 5208,477845726#](#) United Kingdom, London

[Find a local number](#)

Phone conference ID: 477 845 726#

For organizers: [Meeting options](#) | [Reset dial-in PIN](#)

**Date:** 23<sup>rd</sup> January 2025

**Time:** 16:00 – 18:30

**AGENDA**

	<b>1.0</b>	<b>GENERAL BUSINESS</b>		
16:00	1.1	Welcome and Apologies for absence Apologies: Simon Mansfield	Verbal	Chair
16:02	1.2	Declarations of interest	Verbal	Chair
16:03	1.3	- Minutes of CoG Meeting held on 17 <sup>th</sup> October 2024 - Minutes of Extraordinary CoG Meeting held on 28 <sup>th</sup> November 2024	Paper	Chair
	<b>2.0</b>	<b>UPDATES</b>		
16:05	2.1	Chair’s Report and NWL Acute Provider Collaborative (APC) Update	Paper	Chair
16:20	2.2	Chief Executive’s Report	Paper	Chief Executive Officer
	<b>3.0</b>	<b>FOR DISCUSSION</b>		
16:45	3.1	Annual Report from the Chair of the People and Workforce Committee	Paper	Chair of the People and Workforce Committee

17:05	3.2	Quality Update	Paper	Chair of the Quality Committee/Chief Nursing Officer
17:50	3.3	Council of Governors Membership and Engagement Sub-Committee	Verbal	Corporate Governance
17:55	3.4	Governors Away Day 2025	Verbal	Director of Corporate Governance
	<b>4.0</b>	<b>FOR APPROVAL</b>		
	4.1	Updated Terms of Reference <ul style="list-style-type: none"> <li>• CoG Membership and Engagement Committee</li> <li>• CoG Nominations and Remuneration Committee</li> </ul>	Paper	Director of Corporate Governance
	<b>5.0</b>	<b>OTHER BUSINESS – ITEMS FOR NOTING</b>		
18:20	5.1	Any other business, including:  *5.1.1 CoG Forward plan and schedule of Council of Governor meetings 2025/26 *5.1.2 Governor attendance register	Paper  Paper	Chair/Lead Governor
		Date and Time of the Next Meeting 16 <sup>th</sup> April 2025 - venue and time tbc (a 'Hold The Date' request has gone out to the Council for 16 <sup>th</sup> April and once everything has been confirmed, the details will be forwarded to the Governors).		Chair

## 1.1 WELCOME AND APOLOGIES FOR ABSENCE

## 1.2 DECLARATIONS OF INTEREST

## 1.3 MINUTES OF PREVIOUS MEETINGS

- Minutes of CoG Meeting held on 17th October 2024
- Minutes of Extraordinary CoG Meeting held on 28th November 2024

---

### REFERENCES

Only PDFs are attached



1.3a CoG Meeting -17 October 2024.pdf



1.3b Extraordinary CoG Meeting - 28 November 2024 (Final).pdf

**DRAFT MINUTES OF COUNCIL OF GOVERNORS (COG)****17th October 2024 – 15:30 – 17:00hrs****In person and MS Teams****Main Boardroom, LG Floor, Chelsea and Westminster Hospital**

<b>Present:</b>	Matthew Swindells	North West London (NWL) Acute Provider Collaborative (APC) Chair in Common	(Chair)
	Stephen Gill	Vice Chair and Senior Independent Director	(SG)
	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)
	Ian Dalton	Patient Governor	(ID)
	Christopher Digby-Bell	Patient Governor	(CDB)
	Simon Dyer	Patient Governor	(SD)
	Stuart Fleming	Public Governor	(SF)
	Minna Korjonen	Patient Governor	(MK)
	Nina Littler	Deputy Lead Governor/Public Governor	(NL)
	Professor Mark Nelson	Staff Governor – Medical and Dental	(MN)
	Cllr Will Pascal	Appointed Governor	(WP)
	David Phillips	Patient Governor	(DP)
	Lucinda Sharpe	Staff Governor – Nursing and Midwifery	(LS)
	Desmond Walsh	Appointed Governor	(DW)
	Laura-Jane Wareing	Public Governor	(LJW)
	Jo Winterbottom	Public Governor	(JW)
<b>In Attendance:</b>	Lesley Watts CBE	Chief Executive Officer	(LW)
	Robert Bleasdale	Chief Nursing Officer	(RB)
	Nicola Rose	Deputy Chief Nurse	(NR)
	Carolyn Downs	Non-Executive Director	(CD)
	Patricia Gallan	Non-Executive Director	(PG)
	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)
	<b>Apologies:</b>		
	Aman Dalvi	Non-Executive Director	(AD)
	Stella Macaskill	Patient Governor	(SMa)
	Ras. I Martin	Public Governor	(RIM)
	Parvinder Singh Garcha	Public Governor	(PSG)
	Syed Mohinuddin	Non-Executive Director	(SMo)
<b>Did not attend:</b>	Julie Carter	Public Governor	(JC)
	Nara Daubeney	Public Governor	(ND)

## **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 advised the Committee that this meeting would be finishing slightly earlier than scheduled in order to hold a private CoG Session.

The Chair welcomed HS to her first CoG meeting, and reminded the Council that HS was the Chair of the Quality Committee at Imperial College Healthcare NHS Trust (ICHT), and a member of both the People & Workforce Committee, and the Finance & Performance (F&P) Committee at Chelsea & Westminster Hospital NHS Foundation Trust (CWFT).

### **1.2 Declarations of interest**

There were no declarations of interest.

### **1.3**

#### **Minutes of previous quarterly CoG meeting held on 18<sup>th</sup> July 2024**

The minutes were approved.

#### **Minutes of the Extraordinary CoG meeting held on 1st August 2024**

The minutes were approved.

## **2.0 UPDATES**

### **2.1 Chair's Report and NWL APC Update**

The Chair summarised his report, and commented briefly on Lord Darzi's report on the NHS that had been recently published, he added that the Trust would start to address the recommendations that had been made in the report. The Chair also commented that as part of the overall NHS plan it was essential that more investment needed to be made in community services and primary care.

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

LW summarised her report and one of the key items related to the increasing number of mental health patients in the Trust's emergency departments, and confirmed that there was ongoing work with the mental health Trusts, and local authorities to ensure that services were available for these patients.

LW also referred to the performance of the Trust's emergency department (ED) and confirmed that it was one of the best performing ED's in London and nationally. LW also commented on the period of civil unrest that had taken place in August, and noted the huge impact that this had had on patients and staff, especially on the West Mid (WM) site. LW added that this gave the Trust the opportunity to rethink the discussion on violence and aggression towards the staff, and also reset the thinking towards how we supported staff regarding culture and religion, the Trust held a series of 'all-staff' webinars which had been well-received by the organisation.

NR summarised Martha's Rule, and confirmed that the Trust was one of the pilot sites to implement this patient safety initiative which gives hospital in-patients, families, staff, and carers who have concerns about a patient's deteriorating condition access to a rapid review from a critical outreach team. NR added that this was managed through the Planned Care Division, and emphasised the Trust's openness and transparency.

Other highlights from the report noted:

- a marathon session of robotic surgery had taken place which the whole organisation had responded to, along with other hospitals who provided equipment;
- the new Therapies Department at the Chelsea (CW) site was now open;
- work was ongoing re the Treatment Centre at the Chelsea (CW) site and the Ambulatory Diagnostic Centre (ADC) at the West Mid (WM) site;
- the Trust's Critical Care Outreach Team had won the Patient Safety Team of the Year award at the HSJ (Health Services Journal) Awards 2024; and

- today (17<sup>th</sup> October) was the fifth anniversary of CW+ Innovation.

LW also commented on issues that the Governors had requested further information on.

The first topic related to the results of the Coroner's Inquest following the deaths of two babies who were in the Trust's Neonatal Intensive Care Unit (NICU) in 2020. It was confirmed that the Serious Incident (SI) processes that had been implemented in 2021 following these incidents were still in place now, and the Council was assured that learning had been embedded. LW added that to ensure transparency and duty of candour, the parents, families, regulators, and media had been advised of the incidents. The Chair recalled these incidents and noted that every effort had been made to not only ensure that learning had come from this, but that communication with the parents was clear and compassionate.

NR added further that the Trust had recently adopted the Patient Safety Incident Response Framework (PSIRF). NR added that those who had been involved in incidents were also involved in the learning that came from them.

The second topic was re Dr Y Jabbar, a former surgeon at this Trust and who also worked for Great Ormond Street Hospital (GOSH). LW confirmed that the Trust, GOSH and other hospitals that Dr Jabbar had worked in were reviewing his work, and this was ongoing. LW confirmed that from the Trust reviews to date there was no evidence of patient harm.

The final topic that the Governors requested an update on related to Physician Associates. NR confirmed that Physician Associates were employed at the Trust and reiterated that they were neither doctors or nurses, but were in post to support the medical workforce and worked under strict guidelines. NR assured the Council that a governance process was in place regarding the Physician Associates. MC asked if patients were aware that they were being treated by a Physician Associate. LW reiterated that a Consultant led the treatment of patients, and a Physician Associate was part of the wider group providing the treatment.

CBD asked for an update regarding the two major building projects that were currently underway. SG confirmed that the Treatment Centre at CW was on track and on budget, and the ADC at WM was also on track with part of the contingency budget having been utilised.

### **2.3 Governor's Election 2024 – update**

PJ provided an update with regards to the Governor Elections, and confirmed that we had received fifteen nominations for the constituencies where there were vacant seats. PJ added that following the election there would still be six vacant seats (out of 31 seats in total). The Council discussed this further and agreed that more needed to be done to communicate what a Governor and the Council does, particularly to Staff. PJ confirmed that we had extended the reach into the community and agreed more could be done.

### **2.4 NED Recruitment – Update**

AP noted that stakeholder panels had taken place earlier this week and the NED interviews would be taking place on 22 October to recommend the appointment of a NED Chair of the CWFT F&P Committee, who would also sit on The Hillingdon Hospitals NHS Foundation Trust (THHFT) Board as a member of the Audit and Risk Committee and the Quality Committee.

SG added that an Extraordinary CoG Noms and Rems Committee meeting had been scheduled to take place on 24 October to recommend the appointment, and an Extraordinary CoG meeting would be taking place on 25 October to ratify this appointment, the invitations for both meetings had been sent out to the Council.

## **3.0 QUALITY**

### **3.1 Annual Report from the Chair of the Quality Committee**

SG covered the key aspects with regards to the Quality Chair's Annual Report, these included the following:

- The most recent Care Quality Commission (CQC) Trust Maternity review report confirmed the rating remained the same as previously ('outstanding' for WM and 'good' for CW);
- the Trust was on track to be fully compliant for Maternity Incentive Scheme (MIS) Year 6 by the deadline of end of March 2025;
- the multiple national maternity reports had been consolidated into a single maternity improvement plan, with progress tracked; and
- the Trust was consistently ranked as one of the safest and best performing Trusts in the country.

SG added it was hoped that the industrial action had ceased, as this had had a significant impact on the Trust's plan to reduce the Patient Waiting List. SG reiterated LW's comments regarding the increased numbers of mental health patients being treated in Accident & Emergency (A&E) which was an issue across the NHS, and it was essential that the right services and staff training were available to support this.

SG commented that all the staff at the Trust continued to face unrelenting pressure from high patient demand, and had worked at a consistently high level since winter 2019 (pre-Covid).

The Council discussed this further and NL raised the issue of reputational risk. SG commented that the Trust had a reputation for providing high quality patient-centric care. LS added that there was a fast news-cycle, and instances such as the CQC reporting on our reputation was positive.

NC commented on the enhanced use of data referenced in Lord Darzi's report on the NHS and asked what the Quality Committee had done in relation to this. SG confirmed that, as Chair of the NWL Collaborative Quality Committee and the NWL Collaborative Digital and Data Committee, both committees had spent time reviewing this, and added that to the need for better analytics was recognised. LW added further that data relating to training, productivity and outcome was used internally and checked throughout the year.

JW raised the issue of how busy A&E had been in July 2024, and asked if this was a trend. LW confirmed that the admission rate had increased and the Trust dealt with, amongst others, comorbidities, frailty, diabetes, and Unitary Tract Infections (UTIs). ID referred to SG's comment on how busy the staff at the Trust had been since 2019, and asked about staff retention. LW confirmed that the staff retention rate was at a positive level, and a lot of work had gone into maintaining this.

### **3.2 Quality Update – including:**

- **Patient Experience;**
- **Flu Plan;**
- **Health and Safety;**
- **Dementia;**
- **Maternity; and**
- **Accessibility update.**

Due to time constraints to allow for the Private CoG meeting which immediately followed this item was not discussed at the meeting, but the slides together with the related 2023/24 Annual reports were forwarded to the Council on 18<sup>th</sup> October for their reference and information.

## **4.0 FOR DISCUSSION**

### **4.1 Council of Governors Membership and Engagement Sub-Committee Report**

DP provided an update to the Council, and added that he would be chairing his final Membership and Engagement Sub-Committee meeting in November. DP extended his thanks to the Non-Executive Directors and the Executives for their support over the last nine years. The Chair thanked DP for his contributions as a Governor, and for chairing the Membership and Engagement Sub-Committee.

## **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 Chair noted that this was SG's last quarterly CoG meeting, and thanked him for his commitment and support over the last seven years. This was echoed by the Council.

The Chair also noted that this was the last CoG meeting for DP, LJW, SMa and SD, and extended his thanks to them all for their work as Governors. The Chair especially thanked SD for his six years as Lead Governor.

The date of the next quarterly CoG meeting was confirmed as 23 January 2025.

Meeting closed at 16:45hrs.

**MINUTES OF EXTRAORDINARY COUNCIL OF GOVERNORS (COG) MEETING****28th November 2024 15:30 – 16:00 via MS Teams**

<b>Present:</b>	Matthew Swindells	North West London (NWL) Acute Provider Collaborative (APC) Chair in Common	(Chair)
	Patricia Gallan	Vice Chair	(PG)
	Richard Ballerand	Public Governor	(RB)
	Maureen Chatterley	Public Governor	(MC)
	Nigel Clarke	Lead Governor/Public Governor	(NC)
	Ian Dalton	Patient Governor	(ID)
	Dr Nara Daubeney	Public Governor	(ND)
	Stuart Fleming	Public Governor	(SF)
	Parvinder Singh Garcha	Public Governor (vote by proxy)	(PSG)
	Nina Littler	Public Governor	(NL)
	Ras. I Martin	Public Governor	(RIM)
	Professor Mark Nelson	Staff Governor (vote by proxy)	(MN)
	Clr Will Pascal	Appointed Governor	(WP)
	David Phillips	Patient Governor	(DP)
	Lucinda Sharpe	Staff Governor	(LS)
	Dr Desmond Walsh	Appointed Governor	(DW)
<b>In Attendance:</b>	Peter Jenkinson	Director of Corporate Governance	(PJ)
	Alexia Pipe	Chief of Staff to the NWL APC Chair	(AP)
	Marie Price	Deputy Director of Corporate Governance	(MP)
	Graham Chalkley	Corporate Governance Officer	(GC)
<b>Apologies:</b>	Caroline Boulliat Moulle	Patient Governor	(CBM)
	Cass J Cass-Horne	Public Governor (vote by proxy)	(CJCH)
	Christopher Digby-Bell	Patient Governor	(CDB)
	Simon Dyer	Patient Governor (vote by proxy)	(SD)
	Minna Korjonen	Patient Governor (vote by proxy)	(MK)
	Stella Macaskill	Patient Governor	(SM)
	Laura-Jane Wareing	Public Governor (vote by proxy)	(LJW)
	Jo Winterbottom	Public Governor	(JW)
<b>No response:</b>	Julie Carter	Public Governor	(JC)

**1.0 GENERAL BUSINESS****1.1 Welcome and apologies for absence**

The Chair welcomed everyone to the meeting and the apologies were noted.

**1.2 Declarations of interest**

There were no declarations of interest.

**1.3 Minutes of the previous meeting held on 25<sup>th</sup> October 2024**

The minutes from the previous meeting were approved.

**2.0 FOR APPROVAL****2.1 Appointment of Single Accountable Officer**

The Chair referred to the paper that had been submitted to the Council of Governors (CoG) which advised of the process regarding this appointment, and confirmed that two candidates were eligible to apply for this post. The Chair added that one candidate withdrew from the process, and it was agreed that even though there was only one candidate – Lesley Watts (LW) – the appointment process would continue and a formal interview would take place.

The Chair confirmed that the interview panel consisted of himself, Patricia Gallan (PG) - Vice Chair from Chelsea and Westminster Hospital NHS Foundation Trust (CWFT), Carolyn Downs (CD) – Vice Chair from The Hillingdon Hospital NHS Foundation Trust (THHFT), Nigel Clarke (NC) Lead Governor from CWFT Council of Governors (CoG), Caroline Clarke (CC) the Regional Director for the NHS in London, and Yemisi Gibbons (YG), was the external assessor. The Chair added that Ian Bendall (IB), from THHFT CoG was unwell on the day, so was unable to join the panel with no time to find a replacement.

The Chair advised that LW had performed exceptionally well and was an outstanding candidate, and added that the CoG Nominations and Remuneration Committee had unanimously recommended this appointment and this was now presented to the Council for their approval. The Chair added further that the same approval process would be followed at THHFT. The Chair also advised that the salary for this appointment would be finalised and that if everything was approved, a formal offer to LW would be made the following week and a formal announcement of the appointment will be made a week later.

NC added that even though LW would be spending more time at THHFT, a Deputy CEO would not be appointed. MC added that the WM site had a long way to go to reach the standard of the CW site, and wanted assurance that WM would not be neglected in any way. The Chair confirmed the intention to continue to maintain and improve provision at WM. MC also asked if a successor would be appointed when LW retired. The Chair commented that LW assured the interview panel that she would remain in post for a few years.

NL asked if any issues had been raised as to why a Deputy CEO role at CWFT would not be appointed. The Chair confirmed that the two Hospital Directors had taken on additional responsibilities which worked well. PSG commented that it was essential that the same team dynamics at CWFT were established at THHFT, and echoed MC's comments regarding WM, and added that THHFT was a big task to take on and because LW would spend less time at WM which could lead to a negative impact, and suggested that this was reviewed in eighteen months' time. NC added that LW's style indicated that she would go about this and ensure that standards at both sites were maintained. NC added that if there were any concerns this would be raised by the Board. The Chair was confident that LW's appointment would work, but if not this would be reviewed by the Board. PSG noted that there were issues with other hospitals in London North West (LNW) regarding the raising of standards, and questioned as to whether it was too big a task for THHFT to achieve. RIM understood the concern of standards slipping at CW and WM sites, but was confident the Board would step in if needed, and added that LW could improve the standard at THHFT and any risk would be mitigated by the Board. WP confirmed that he approved this appointment and noted that LW would have some understanding of the challenges she would be facing.

***The Council of Governors approved the appointment of LW as Single Accountable Officer.***

DP requested that an update of the inquest currently underway was added to the agenda for the CoG meeting taking place on 23<sup>rd</sup> January 2025. This was noted.

### **2.1a Recommendation of the appointment of Catherine Williamson, a new Academic NED**

The Chair advised the Council of Catherine Williamson (CW) and summarised her work and experience. DW added that CW was based at King's College and was highly regarded and had a wealth of experience, and would be a major driving force for research at this Trust.

***The Council of Governors approved the appointment of CW as a new Academic NED.***

## **3.0 OTHER BUSINESS**

### **3.1 Any Other Business**

The Chair noted that this was the last CoG meeting that three of the Governors would be attending, and extended his thanks to them and to Stella Macaskill (SM) who was not present, for their commitment and hard work as a Governor.

Date and time of next meeting: Thursday 23 January 2025.

Meeting closed at 16:00.

## 2. UPDATES

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

UPDATE

---

### REFERENCES

Only PDFs are attached

 2.1 CWFT Council of Governors Chairs Report 23.01.25 final.pdf



**CONFIDENTIAL**

<b>TITLE AND DATE</b> <i>(of meeting at which report to be presented)</i>	Council of Governors Meeting 23 January 2025
--	---

<b>AGENDA ITEM NO.</b>	2.1
------------------------	-----

<b>TITLE OF REPORT</b>	Council of Governors Chair’s Report
------------------------	-------------------------------------

<b>AUTHOR NAME AND ROLE</b>	Matthew Swindells, Chair – North West London Acute Provider Collaborative (APC)
-----------------------------	---

<b>ACCOUNTABLE EXECUTIVE DIRECTOR</b>	
---------------------------------------	--

<b>PURPOSE OF REPORT</b>									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Decision/Approval</td> <td style="width: 30%;"></td> </tr> <tr> <td>Assurance</td> <td></td> </tr> <tr> <td>Info Only</td> <td style="text-align: center;">X</td> </tr> <tr> <td>Advice</td> <td></td> </tr> </table> <p style="font-size: small;">Please tick above and then describe the requirement in the opposite column</p>	Decision/Approval		Assurance		Info Only	X	Advice		
Decision/Approval									
Assurance									
Info Only	X								
Advice									

<b>REPORT HISTORY</b> Committees/Meetings where this item has been considered	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Committee</th> <th style="width: 33%;">Date of Meeting</th> <th style="width: 33%;">Outcome</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Committee	Date of Meeting	Outcome						
Committee	Date of Meeting	Outcome								

<b>SUMMARY OF REPORT AND KEY MESSAGES THE MEETING NEEDS TO UNDERSTAND</b>	An update on CWFT and the APC from the Chair to the Council of Governors
---	--

<b>KEY RISKS ARISING FROM REPORT</b>	
--------------------------------------	--

<b>STRATEGIC PRIORITIES THIS PAPER SUPPORTS</b> (please confirm Y/N)	
Deliver high quality patient centred care	Y
Be the employer of Choice	Y
Deliver better care at lower cost	Y

<b>IMPLICATIONS ASSOCIATED WITH THIS REPORT:</b>															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 70%;">Equality And Diversity</td><td></td></tr> <tr><td>Quality</td><td></td></tr> <tr><td>People (Workforce or Patients/Families/Carers)</td><td></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>	Equality And Diversity		Quality		People (Workforce or Patients/Families/Carers)		Operational Performance		Finance		Public Consultation		Council of Governors		
Equality And Diversity															
Quality															
People (Workforce or Patients/Families/Carers)															
Operational Performance															
Finance															
Public Consultation															
Council of Governors															

please mark Y/N – where Y is indicated please explain the implications in the opposite column	
---	--

REASON FOR SUBMISSION TO THE BOARD IN PRIVATE ONLY (WHERE RELEVANT)	
Commercial Confidentiality	N
Patient Confidentiality	N
Staff Confidentiality	N
Other Exceptional Circumstances (please describe)	

## Main report

### Pressures

All four Trusts have seen huge winter pressures over these past few months, I want to thank colleagues who are dealing with the extraordinary level of demand we've seen especially in the last few weeks, particularly from flu and Norovirus which is translating into extended waits in A&E, handover delays, and a general strain on most services.

At the time of writing, we are still awaiting the official NHS planning guidance for the coming financial year, in the meantime, the four finance teams as well as the wider organisations are working on our best assessment of what the guidance is likely to say and are preparing our finance, operational and workforce plans to ensure we are in the best possible place to start in April 2025. As a Board we are aware of what a challenging year it is likely to be next year, with many constraints on finances and what we are able to do that is new, we will need to stretch our resources by continuing to adapt how we provide care, using our current funding and staff to deliver more for patients.

### CWFT and THHFT Strategic Partnership

Building on the existing strategic partnership between Chelsea and Westminster Hospital NHS Foundation Trust (CWFT) and The Hillingdon Hospitals NHS Foundation Trust (THHFT) Boards, as you are aware, they have agreed to appoint a Joint Chief Executive Officer to further strengthen the partnership and importantly ensure both Trusts continue to deliver high quality care.

It was officially announced last month that Lesley Watts has been appointed as the Joint Chief Executive of both CWFT and THHFT, and took up the post on 13 January 2024. The new leadership model, with a Joint Chief Executive overseeing both organisations, aims to increase joined-up decision making for local people, improve care, share best practice and expertise and make better use of NHS resources.

THHFT Chief Executive, Patricia Wright stood down from her role as Chief Executive on 13 January and is continuing in the Trust until the end of this month to support Lesley and ensure a smooth handover.

### Appointments and Recruitment

I am delighted to welcome our latest Non-Executive Director (NED) on to the Board in Common, Mike O'Donnell, who started with the APC on 1 November, is the Chair of the Finance and Performance Committee at CWFT and sits on the Quality and Safety Committee and Audit Committee at THHFT. Mike's background is in Local Government,

public sector and financial services, he is an experienced NED and CEO with a strong track record.

This month we also welcome Catherine Williamson as the new Academic NED, she will work across ICHT and CWFT. Catherine is currently Professor of Women's Health / Honorary Consultant in Obstetric Medicine at Imperial College London and also a Director at Tommy's National Research Centre for Preterm Birth. I am delighted to have her on the Board and look forward to her sharing her expertise on our Quality Committees.

### **CW Innovation 5-year anniversary event**

Back in October, I opened the CW Innovation 5 year anniversary event led jointly by CWFT and its charity, CW+, it is one of the most productive and active health innovation programmes in the NHS, supporting the development of products and services that improve patient care and the way our hospitals are run.

It was a celebration to showcase what has been achieved to date with the partnership and articulate the programme's ambition for the next 5 years. We were joined by NHS leaders including Caroline Clarke, NHS London Regional Director and Sara Nelson, Programme Director at DigitalHealth.London. It was interesting to explore the importance of innovation in building a more responsive, affordable and sustainable model of care with some many key stakeholders.

### **Transforming the Acute and Out of Hospital Interface in North West London**

I joined Penny Dash, Chair of the North West London Integrated Care Board (NWL ICB) and Tom Kibasi, Chair of the Community and Mental Health Trusts in North West London on a panel at a workshop in November. The focus was on developing Integrated Neighbourhood Teams to improve care in people's homes and enhance the acute and out-of-hospital interface. The success of this programme is critical to our plans to keep people out of hospital, lower the rate of increase in demand on hospitals and pivot towards a more locally based service.

### **CWFT Visit**

On 15 January at Chelsea hospital and this time with a group of CWFT NEDs I went to the Kobler and John Hunter Clinics in St Stephen's Centre, visiting the Sexual Health and HIV services. We met with Sara Day, Consultant for Sexual Health and HIV, Christopher Higgs, Deputy Director of Nursing for HIV/Sexual & Gender Health & Dermatology and Adam Gray Divisional Director of Operations - Specialist Care, who showed us the fantastic and often ground breaking work their teams do while navigating the complex commissioning funding in these areas. We also had a walk around the Emergency Department with Laura Bewick, the Hospital Director to better understand the flow and the patient's journey when they visit the department.

## 2.2 CHIEF EXECUTIVE'S REPORT AND TRUST UPDATE

### REFERENCES

Only PDFs are attached

 2.2 CEO Report January 2025 FINAL.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

### 1.0 Key messages

#### 1.1 Supporting services during winter

Winter is one of the most challenging times and this year is no exception with increased demand for our services. Thanks to the commitment of our staff, who stepped up measures to ensure that our patients receive the care they need, even as demand reaches unprecedented levels.

A focus on the wellness of our staff and ensuring our pathways are winter ready has been a key priority for our organisation. Planning was pivotal across all divisions to successfully prepare for high demand this winter. Staff COVID-19 and flu vaccinations were also rolled out from the start of October, with a focused vaccination Well-fest week. We also stepped up a wider 'ready for winter' programme aligned to NHS England winter priorities and see this as trust-wide aim.

1.2 I am proud to announce that our Trust has signed the HIV Confident Charter Mark, highlighting our commitment to promoting an inclusive and stigma-free environment for people living with HIV, whether as employees or patients. HIV Confident is a partnership between National AIDS Trust, aidsmap and Positively UK, supported by Fast Track Cities London. This supports our wider work in leading HIV care.

### 2.0 Quality and safety

2.1 We continue to achieve above the national benchmark for a number of our core services. The CQC published results for the 2024 Urgent and Emergency Care Survey, which summarises the experiences of people who attended our (A&E) or (Urgent Treatment Centre) between 1 January to 29 February 2024. The survey asked patients' views on: interactions with our staff, involvement in decisions and being treated with respect and dignity. We have been identified as performing 'better than expected' and above the national average.

The National CQC Maternity Survey 2024 published in November, with 18,951 responses from women who gave birth in February 2024 across England. The report covers all aspects of maternity care, and I am pleased to share that our services were rated 'Good' overall when compared nationally.

Overall patient responses for the three main sections were as follows: labour and birth (8.3/10), staff caring for you (8.7/10) and care in hospital after birth (7.8/10). These results reflect the care, dedication and compassion our teams provide to expectant mothers, their families and newborns.

2.2 Infections, such as C-difficile and MRSA continue to run above thresholds locally, which is consistent with the sector, regional and national picture. This remains a focus for all staff, with continued communications and engagement to ensure best practice in terms of infection prevention and control, particularly during the winter period. The Acute Provider Collaborative (APC) Infection Prevention and Control (IPC) Working Group is focussing on the analysis and learning from across all four trusts to support improvement.

### **3.0 Operational performance**

#### **3.1 Performance Summary**

The Trust met the NHS England Cancer targets for 31-Day, 62-Day and the 28-Day Faster Diagnostics Standards in October 2024. Our performance in respect of A&E 4-hr waiting times was at 74.27%, a drop in our usual levels of performance with significant challenges reported across both sites.

Flow throughout the organisation has been challenged, with the Flow Board continuing to provide oversight of across all relevant areas. The elective Referral to Treatment (RTT) 18-week wait (ww) performance remained relatively stable in November 2024, standing at 63.37%.

While progress continues to be made in the backlogs and with the achievement of the 78 ww target, the focus has shifted to chronological booking for the 52ww backlog cohort and long-waiting pathways as enhanced oversight and targeted interventions continue for at-risk specialities: Urology, ear, nose and throat (ENT), Paediatrics ENT, Trauma & Orthopaedics, Colorectal Surgery, Plastic Surgery and General Surgery.

### **4.0 Finance and estates**

#### **4.1 Finance:**

The Trust is reporting a year to date (YTD) deficit of £0.52m, which is a £0.19m favourable variance to plan. The month 8 in-month position was a £0.4m deficit, which was in line with the Trust's financial recovery plan.

Our cost improvement programme (CIP) delivery has improved month on month and is reporting a YTD favourable position of £0.65m ahead of plan, with the current CIP forecast showing full delivery for the year against our £23.5m target.

The key drivers of the YTD position include the impact of last year's industrial action (now funded), escalation beds remaining open, non-pay inflation above funded levels, and registered mental health nurse/specialising increases. The position has been partially offset by non-recurrent benefits YTD relating to the CNST Maternity Incentive Scheme and prior year over-performance.

The Trust's elective recovery fund YTD performance equates to 141% compared to the target of 117% (19/20 baseline), which is an income over-performance of £23.61m and will be largely offset against additional costs, but is in line with our priority to treat as many long-waiting patients as quickly as we can.

The forecast remains unchanged at breakeven. The cash balance at M8 is £134.05m. The YTD gross capital spend is £27.38m against a YTD plan of £41.10m.

The Trust, with system partners, is now part of the Investigation and Intervention regime. The Trust already meets many of the best practice requirements regarding financial governance and controls, however enhanced controls have been put in place in some areas – such as vacancy control.

## 4.2 Site Developments

Neptune Ward has been transformed thanks to a collaborative effort from our ward staff, the Play Team, Estates and Facilities Teams, the CW+ Arts in Health Team, West London Children's Healthcare. Together, they have created an innovative, playful space designed to appeal to children and young people aged from 0 to 16. The new features including bespoke artist commissions, lighting, cabinetry and built-in seating which come together to create a therapeutic environment that supports our patients, their families, and carers throughout their hospital experience. It is fantastic to see the new facilities become fully operational this week and I know the new space will be greatly appreciated by both patients and staff.

**The Treatment Centre refurbishment** continues with all demolition and strip out on the ground floor now complete. The revised date for completion is May 2025.

**Ambulatory Diagnostic Centre** works are fully underway with over 35% of the programme has been completed on site, and the ground floor slab successfully installed on time. In the recent weeks a mobile crane was delivered to site, with a steel frame erected on the 2 December 2024. We continue to meet with local residents which has proved beneficial with ongoing engagement for the development.

## 5.0 People

5.1 December saw us celebrate the contribution of our staff and volunteers through our Great Big Thank You week. A range of wellbeing and recognition events were delivered across all sites including complimentary food, live performances, sustainable Christmas decorations competition and massages and pamper sessions for our hard working staff. We received over 700 nominations from staff and members of the public for the work our teams do to deliver excellent patient care and supporting each other. The winners and runner ups were recognised at awards ceremonies at each hospital site, an excellent opportunity to celebrate our PROUD values.

The NHS Staff Survey closed and we are pleased to have seen an increased response rate. We look forward to receiving the results and working with our colleagues to continue to improve staff experience at the Trust.

We also finalised the review of our senior leadership structure and were pleased to confirm the appointment of Laura Bewick and Sheena Basnayake to the newly designated Board roles of Hospital Managing Directors at the Chelsea and West Middlesex sites respectively. These roles will assume accountability for operational performance and replace the previous Chief Operating Officer role.

My appointment as CEO of the Hillingdon Hospital NHS Foundation Trust was confirmed and communicated to staff across both Trusts and external stakeholders. I look forward to working with the teams at both hospital trusts in the coming months.

## **6.0 Equity, diversity and inclusion (EDI)**

- 6.1 We continue to celebrate the diversity of our workforce and our patients with our staff networks increasing in popularity and impact. Our Disability Staff network led events in recognition of Disability History month held a festive tea and chat in December and are supporting us to review our approach to supporting colleagues with a disability.

We are actively seeking the views of our staff and patients through the annual Equality Delivery System and will be using the feedback to inform service developments.

## **7.0 Research and innovation**

- 7.1 Dr Keerti Gedela, Consultant Physician at 56 Dean Street and the National Institute for Health and Care Research (NIHR) North London Regional Research Delivery Network, premiered their EDI Public Engagement film 'Trust; Overcoming Mistrust in Health Research' at our Medicinema to stakeholders and partner contributors.

The film highlights the critical issue of mistrust in clinical research and healthcare while uniting community research champions, patients, NHS Trusts and research teams across North London. The film features pioneering initiatives including a maternal health research project led by Natasha Singh, Consultant Obstetrician at the Trust. After the exclusive showing, a panel discussion focused on the systemic challenges related to mistrust in healthcare and research and actions to take forward.

- 7.2 We are taking part in a national Generation study to identify rare conditions in babies earlier. The Generation study will evaluate the utility and feasibility of using whole genome sequencing to screen newborns for a larger number of childhood-onset rare genetic conditions, with the aim of improving their health outcomes and quality of life through more timely diagnosis and access to care and treatment. To date, we have recruited over 550 participants – offering all parents of newborns to test for more than 200 rare conditions – where early awareness and intervention can make life changing differences.
- 7.3 We are now deploying AI to identify and discharge patients with benign lesions. We have led the way for artificial intelligence (AI) in dermatology, transitioning from pilot to standard practice, and now serving as a blueprint for other healthcare systems across the globe to follow suit. By doing this, we will be able to discharge and reassure patients with benign lesions more quickly whilst releasing up to 30% of appointments with consultants for patients with skin cancer and inflammatory skin diseases like eczema and psoriasis.

We are pleased to launch this innovative AI pathway for skin cancer. This technology represents a significant advancement in our ability to diagnose and manage skin cancer more effectively, allowing our specialist dermatologists to spend time with more urgent cases sooner – ultimately saving lives and improving the patient experience.

## **8.0 Recognition and celebrating success.**

- 8.1 CQC National Report on Maternity- our maternity services were recognised in the latest national CQC report on maternity services for best practice, showcasing a number of initiatives led by the service, such as the telephone triage staffed by midwives. The service was also recognised for the 12 maternity cultural safety champions. The purpose of the cultural safety champions was to address inequalities and improve equity for staff and people using services with protected characteristics. The champions delivered cultural safety training as part of yearly mandatory training. Finally the adoption of a board safety champion was highlighted, mentioning the open forums run both virtually and in the maternity unit regularly to gather feedback from staff and listen to their concerns or queries.
- 8.2 Our staff were recognised in multiple categories at the London Health Care Support Worker (HCSW) Awards event. It was fantastic to see so many HCSWs recognised for the hard work, dedication and exemplary care they help provide to our community.
- 8.3 I would like to congratulate our maternity and neonatal colleagues, who recently won the Capital Midwife Health and Wellbeing Blueprint Bronze Award, sponsored by NHS England. Having a robust and utilised health and wellbeing programme is something we are extremely proud of at the Trust, and the Capital Midwife Maternity Staff Wellbeing Blueprint outlines the five core areas in which we support and improve the wellbeing of our maternity and neonatal staff. We were awarded for offering a best practice health and wellbeing programme that includes feedback from our staff.
- 8.4 We welcomed colleagues from NHS England in November, to share the work that has been achieved as part of the national People Promise Exemplar programme. The People Promise interventions aim to improve staff experience and staff retention at our Trust, which we are already seeing with early improvements in staff retention, turnover and vacancy rates. Staff from our nursing retention team, staff safety group, e-rostering team, HR Business Partners, employee services and ward managers involved in self-rostering, showcased the scale of work that has been achieved.
- 8.5 In partnership with our charity, CW+, we hosted a memorable evening of 'Arts for All' activities at the Wellcome Collection. Visitors joined in a range of performances including storytelling and dance, immersive puppetry and music and explored 'Jason and the Adventure of 254', a free exhibition by artist Jason Wilsher-Mills. The event was part of Wellcome Collection's Perspective Tours series, in which experts in connected fields are invited to bring their unique perspective to its exhibitions.

### 3. FOR DISCUSSION

## 3.1 ANNUAL REPORT FROM THE CHAIR OF THE PEOPLE AND WORKFORCE COMMITTEE

---

### REFERENCES

Only PDFs are attached

-  3.1 Annual Report Cover Sheet.pdf
-  3.1a Annual Report from the Chair of the People and Workforce Committe (2025).pdf



<b>TITLE AND DATE</b> (of meeting at which the report is to be presented)	Council of Governors meeting – 23 January 2025											
<b>AGENDA ITEM NO.</b>	3.1											
<b>TITLE OF REPORT</b>	People and Workforce Annual Report											
<b>AUTHOR NAME AND ROLE</b>												
<b>ACCOUNTABLE NON-EXECUTIVE DIRECTOR</b>	Ajay Mehta, Chair of People and Workforce Committee											
<b>THE PURPOSE OF THE REPORT</b> <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		<p>The purpose of this report is to highlight the key achievements of the People and Workforce Committee during the last year.</p>			
Decision/Approval												
Assurance	x											
Info Only	x											
Advice												
<b>REPORT HISTORY</b> Committees/Meetings where this item has been considered)	<table border="1"> <thead> <tr> <th>Name of Committee</th> <th>Date of Meeting</th> <th>Outcome</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Name of Committee	Date of Meeting	Outcome								
Name of Committee	Date of Meeting	Outcome										
<b>SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND</b>	<p>Some of the key achievements of the People and Workforce Committee over the last twelve months have included:</p> <ul style="list-style-type: none"> <li>• Belonging - EDI;</li> <li>• Growing For The Future; and</li> <li>• Presentation of Staff Stories at each committee meeting.</li> </ul>											
<b>KEY RISKS ARISING FROM THIS REPORT</b>												
<b>STRATEGIC PRIORITIES THAT THIS PAPER SUPPORTS (please confirm Y/N)</b>												
Deliver high quality patient centred care	Y											
Be the employer of Choice	Y											
Deliver better care at lower cost												

<p><b>IMPLICATIONS ASSOCIATED WITH THIS REPORT FOR:</b></p> <table border="1" style="width: 100%;"> <tr> <td>Equality And Diversity</td> <td style="text-align: center;">X</td> </tr> <tr> <td>Quality</td> <td></td> </tr> <tr> <td>People (Workforce or Patients/ Families/Carers)</td> <td style="text-align: center;">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>
Equality And Diversity	X														
Quality															
People (Workforce or Patients/ Families/Carers)	X														
Operational Performance															
Finance															
Public Consultation															
Council of Governors															

<b>REASON FOR SUBMISSION TO THE BOARD IN PRIVATE ONLY (WHERE RELEVANT)</b>	
Commercial Confidentiality	<b>N</b>
Patient Confidentiality	<b>N</b>
Staff Confidentiality	<b>N</b>
Other Exceptional Circumstances (please describe)	

## **Chelsea and Westminster Hospital NHS Foundation Trust (CWFT) People and Workforce Committee – Chair’s Annual Report to the Council of Governors (CoG), January 2025.**

This report summarises the work of the CWFT Board People and Workforce Committee for the period January 2024 to December 2024.

### **1-Introduction/Governance Structure:**

#### **(i)-CWFT People and Workforce Committee:**

The CWFT People and Workforce Committee now meets quarterly. It provides the Trust Board of Directors with assurance on matters related to its staff, and the development thereof to the highest standards and that 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) People Committee in Common (CiC), which is managed by London North West University Healthcare (LNWUH).

#### **(ii)-NWL APC People Committee in Common (CiC):**

The role of the Collaborative People Committee in Common is threefold:

- To oversee and receive assurance that the Trust level People Committees are functioning properly and identify areas of risk where collaborative-wide interventions would speed and improve the response;
- to oversee and receive assurance relating to the implementation of collaborative-wide interventions for short and medium term improvements; and
- to identify, prioritise, oversee and assure strategic change programmes to drive collaborative-wide and ICS integrated improvements.

### **2-CWFT Board People and Workforce Committee Purpose/Objectives:**

The purpose of the Committee is to gain assurance, on behalf of the Board of Directors that the Trust is making sufficient progress towards delivery of its People Strategy, with a focus on health and wellbeing and a more consistent and inclusive positive experience for all staff. The Committee’s role is to:

- Ensure that the Trust’s activities enable colleagues to feel supported in their work, and consistently experience and live the Trust’s PROUD values.
- Oversee the development of a consistent culture where people feel safe and able to raise concerns and that concerns raised are suitably addressed.
- Ensure the Trust’s activities are systematically and effectively promoting health and wellbeing, and psychological safety.
- Ensure the Trust is actively seeking to reduce inequalities in staff experience and is promoting equality, diversity and inclusion in a systematic and effective way.
- Shape, approve and drive the Trust’s People and Organisational Development Strategy and assure its implementation to ensure appropriate impact.
- Ensure that the Trust has a comprehensive Leadership Development and Talent Management Programme in place designed to reinforce the culture the Trust is seeking to achieve and evaluate the effectiveness of the programme to inform further improvements.
- Ensure that the Trust has oversight of the Education, Skills and Capability agenda and that this is shaped to meet the needs of the changing workforce.

- Review all relevant people-related policies to ensure they will positively enhance the Trust’s culture and receive assurance on their implementation timeliness, fairness, integrity and consistency.
- Shape, approve and drive improvements arising from the triangulation of feedback from staff surveys, exit interviews, Freedom to Speak Up Guardians and other sources.
- Ensure engagement and consultation processes with staff, stakeholders and communities reflect the ambition and values of the Trust and also meet statutory requirements
- Review and drive innovative performance improvement against key elements of the NHS People Plan and Trust People Strategy including:
  - Looking after our people;
  - Belonging at our trust;
  - New ways of working and delivering care; and
  - Growing for the future.
- Review, assess and gain assurance on the effectiveness of mitigations and action plans as set out in the Board Assurance Framework specific to the Committee’s purpose and function.

### **3-CWFT People and Workforce Committee Membership and Attendance:**

**(i)-NED membership:** Other than myself as People and Workforce Committee Chair, the NED committee members during the 12-month period to December 2024 were:

Syed Mohinuddin (throughout the 12 months); Carolyn Downs (to October); and Helen Stephenson (from October).

### **(ii)-Executive Director membership:**

Lesley Watts (Chief Executive Officer); Roger Chinn (Medical Director); Robert Bleasdale (Chief Nursing Officer), and Lindsey Stafford-Scott (Chief People Officer).

Other attendees at these meetings include Nicola Rose (Deputy Chief Nurse), Laura Brown, (Acting Deputy Director of Learning & OD), John Wall, (Acting Deputy Chief People Officer) and Onai Muchemwa (Deputy Chief People Officer).

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.

Over the last 12 months, the Committee met six times.

### **4 - Key items achieved by the People and Workforce Committee:**

- 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. This also led to the formation of the four *strategy delivery* subgroups (as above). There are a range of work streams under these sub-groups including Equality Diversity and Inclusion (EDI), reward and recognition, Conflict Resolution Framework, Safety at work initiatives, Bullying and Harassment, and Violence Reduction, Health and Wellbeing, and Flexible Working. Overall, there has been good progress against the People Strategy, with a key focus on psychological safety.
- The establishment of a new Staff Safety Group allowing 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 are well supported and able to drive improvements, which has led to a revised staff networks policy, development programme and support arrangements.
- The development and implementation of an Employee Engagement plan including 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.

## **5 – Areas of Focus for the committee**

### **5.1 Belonging - Equality, Diversity and Inclusion (EDI)**

Equality Delivery System (EDS) implementation by NHS provider organisations is mandatory in the NHS Standard Contract, and requires the Trust to assess its performance around achieving equity in the services they provide for their local communities and providing better working environments, free of discrimination. It is not a self-assessment tool, but must be carried out in discussion with external stakeholders and the Trust’s workforce.

The Trust’s EDS was delivered in partnership across the NWL APC, and helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS.

The grading exercising took place between Q3 2023/24 and Q1 2024 /25 and stakeholders were asked to assess and grade our Trust against the EDS 11 areas spread across three domains - Commissioned or provided services, Workforce health and wellbeing, and Inclusive Leadership – and under each of those domains, selected services were rated using the following scale: undeveloped activity, developing activity, achieving activity, excelling activity, achieving activity, and excelling activity.

The committee also reviewed the Annual Workforce Race Equality Scheme (WRES) and Workforce Disability Equality Scheme (WDES) reports noting improvements across a range of indicators, although noting that there remains a disparity in experience between White and BAME and Disabled staff which requires continued focus.

WRES, WDES and EDS reports and objectives have been published on our website, and objectives included in the Trust’s wider EDI action plans 2024/25 which have now been mapped to the APC Equity, Diversity and Inclusion Action Plan 2024/26.

### **5.2 - Growing For The Future - Update**

The “Growing for the Future” subgroup is one of the four subgroups under the People Strategy delivery plan, and this has six work streams – Recruitment, New Roles, Retention, Volunteering, Apprenticeships, and Widening Participation in Employment – and the outcomes will inform the Trust’s future People Strategy and plan.

#### **Recruitment**

- An assessment against the NHS England (NHSE) Overhauling recruitment toolkit took place, and the opportunities for improvement were identified and implemented including TRAC (online recruitment) system upgrades;
- Direct overseas recruitment saw additional candidates appointed across hard to fill groups including NICU nurses and Anaesthetists with no agency placement fees; and
- successful recruitment has seen vacancy levels reduce to 5.75%, one of the lowest levels in the sector.

#### **New Roles**

- The Trust’s approaches to Advanced Practice against the governance maturity matrix was assessed, and full compliance across all areas planned;
- PA-specific personal development role (PDR) was developed and generic JDs developed for a number of advanced practice roles were produced;

- Quarter one for 2024/2025 had an increased focus on Physicians' Associates, and a task and finish group assessed the compliance with recently issued national Guidelines to inform future workforce plans.

#### **Retention**

- A deep dive into retention data was completed and priorities were identified;
- revised managing exits guide was developed including new exit & joiner interviews;
- the Trust was successful in its application to join the NHS People Promise Exemplar programme and via this funding a People Promise manager was appointed; and
- Voluntary turnover continued to decrease and was below 11% for the first time

#### **Volunteering**

- Volunteer activity remained strong with over 250 active volunteers each month delivering circa 2760 hours in February 2024 (an increase of 15% from the same time last year); and
- a project to review the Volunteer strategy was implemented and introduced a different, more clinically led model of volunteering.

#### **Apprenticeships**

- The Trust saw an increase in apprenticeship levy usage of 16% this year (to the value of approximately £146k), but the ability to hit 70% was limited by the national withdrawal of funding for backfill of roles;
- the Trust was assessed as having made significant improvements when Ofsted followed up on their inspection;
- a new functional skills provider was appointed and supported completion for Health Care Support Worker (HCSW) apprentices (a key focus of the Ofsted inspection); and
- the Trust launched a specific NHS Team leader apprenticeship co-delivered by the Trust with Uxbridge college, the aim of which was to register the Trust as a Structured Clinical Management (SCM) centre, in order to deliver this independently as a main provider and generate additional income.

#### **Widening Participation in Employment**

- The Trust was actively engaged in a care leavers into employability course, a programme run by ICS and has successfully supported refugees into roles within the Trust.

#### **5.3 – Staff Stories**

The Staff Stories involved a member of Trust staff attending the meeting and presenting their own experiences of working in the Trust, and a story was presented at each of the committee meetings that took place in 2024.

These stories dealt with topics such as the diversity of the Trust's apprenticeship population and the alternative routes into a clinical career; addressing issues of disability in the NHS; the experience of receiving a Great Big Cheer award for the recognition of the work and commitment that an individual has displayed at the Trust; and an insight into the work that the Transplus facility does and experience as a transgender person.

The presentation of the Staff Stories at these meetings continued to make us aware of a variety of issues which in turn enable us to improve services across the Trust for all staff.

A particular focus for 24/25 was to fully track the progress and actions following each story to demonstrate impact. This was achieved through a more detailed staff story tracker which the Committee reviewed at each meeting – for example an international medical graduate who shared their experience is now an IMG education fellow supporting new recruits with the on-boarding and seeking feedback on their experience.

#### **6-2023/24 People and Workforce Priorities:**

The People and Workforce Priorities continue to be:

- EDI – Model Employer Goal (MEG) targets
- Reducing violence and aggression
- Improving PDR (appraisal) compliance
- Retention of staff
- Health and wellbeing

**7-Comments/Assurance:**

I am pleased to report that performance against core People Metrics remains broadly positive with reductions in vacancies, turnover and formal Employment Relations cases. Sickness rates have remained relatively low and Core Training rates have been at or above target. This is also reflected across the APC where Trusts are seeing positive performance outcomes. There remains work to do to improve PDR (Appraisal) compliance and in delivering improved outcomes for BAME and disabled colleagues where their employee experience remains sub-optimal in comparison to their White or non-disabled counterparts. Whilst these will be areas of increased focus in 2024/25, the People & Workforce Committee will continue to monitor the delivery of the Trust's People Strategy and seek assurance that the workforce is healthy and well, has a safe and non-discriminatory working environment, and everyone has opportunities to develop.

**Ajay Mehta**  
**Chair of CWFT People and Workforce Committee**

**January 2025**

## 3.2 QUALITY UPDATE

### REFERENCES

Only PDFs are attached

 3.2 Quality Update.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 26<sup>th</sup> November 2024.

#### 2. Key issues to escalate to the Trust Standing Committee

- 2.1 **Infection control** – the Committee discussed the infection control position at the Trust and noted that the Trust had exceeded the thresholds for C.Difficile (C.Diff) and MRSA. The Committee noted the review process in place and the increasing rates regionally and nationally of C.Diff. The Committee escalated the position to the APC Quality Committee for review as part of the Acute Provider Collaborative (APC) Infection Prevention Control Working Group.

**Patient experience** – The national inpatient experience report was received, alongside the Urgent and Emergency Care (UEC) survey results. Improvements were noted for inpatient survey and the Trust was a positive outlier for type 1 UEC performance. The opportunity to benchmark and share practice across the APC was discussed, and the need to triangulate this with other sources of patient feedback.

**Coroner's case** – the Committee noted a recent coroner's case where there had been discussion between professional regarding the need for referral and criteria following a still birth/neonatal death. It was noted that the medical examiner's office now has oversight of all deaths but it was agreed to also update the APC committee regarding the case for shared learning.

#### 3. Key actions/decisions

- 3.1 The items discussed at the Committee were received for assurance, with a number of annual reports deferred to the subsequent meeting due to time constraints. Committee members agreed that the Committee's forward plan would be reviewed to support improved agenda planning in future.

#### 4. Key highlights – Safety and Quality Improvement

##### 4.1 Patient Story – Butterfly Volunteer

The Committee heard a patient story from Sarah, who has been a butterfly volunteer since November 2022. The "Butterfly" end of life care volunteering service offers a lifeline to patients and those important to them during one of life's most challenging times in hospital. Sarah shared a typical day in the life

of a butterfly volunteer sharing examples of how she has helped patients and their families.

#### 4.2 **Integrated Quality and Performance Report**

The Trust Integrated Quality and Performance Report for October 2024 was reviewed at the Trust Quality Committee on 26<sup>th</sup> November 2024. This section provides narrative regarding the Trust performance against each of the measures and any action being taken to improve these.

The Committee heard that in October 2024, A&E 4-hour performance was 76.35%, below the nationally mandated target of 78%. Cancer performance remained strong for 31-Day and 28-Day standards with 62-Day performance just below the 85% standard at 84.34%.

In terms of referral to treatment (RTT) the Committee noted there were no patients waiting above 78ww for the second consecutive month. In addition to this 52ww decreased to 660 (-82), 65ww decreased to 20 (-3).

#### 4.3 **SI Report and PSIRF Implementation Plan**

The committee received an update for a 12 month period on PSIRF with 109 safety learning responses commissioned. The Initial Incident Review Group continues in its effectiveness with 95 incidents being escalated and discussed there. The Committee were updated on the PSIRF implementation progress with training compliance continuing on an upwards trajectory.

#### 4.4 **Learning from Deaths Q2 Report**

The Committee were informed the Trust remains the best performing acute (non-specialist) provider in England in terms of relative risk of mortality with a Trust wide SHMI of 0.66. The mortality review process continues in its effectiveness and the Committee heard that in Q2 there were no cases of sub-optimal care that might have or would have reasonably be expected to have made a difference to the patient's outcome.

#### 4.5 **Quality Priority Q2 Update**

A summary of the progress and risks for each quality priority were discussed. It was noted that the Trust had gone live with Call 4 Concern in September with success.

#### 4.6 **Patient Safety Group Report Q2**

A summary of the effectiveness of the Patient Safety Group was presented for Q2 including an overview of PSIRF, Duty of Candour, Patient Safety Alerts as

well as a summary of learning response outputs. Each of the sub-group updates were included in the report.

#### 4.7 **Ward Accreditation and CQC Regulatory Compliance Report**

An overview of the Ward Accreditation Programme was provided including its evolution into a strengthened model as well as a summary of the accreditations which have taken place this year. This included the outputs of unannounced out of hour's inspections which took place. The Committee heard some of the themes noted and were informed of associated actions plans to address these.

The Committee were informed of the CQC readiness process taking place following a Trust Wide Gap analysis across the key domains and plans for CQC readiness.

#### 4.8 **Medicines Optimisation Report**

The Quality Committee were asked to note the key developments and achievements relating to medicines optimisation, including controlled drugs and Medication Safety assurance for quarters 1 and 2. Discussions on 2 incidents took place whereby greater than moderate harm was caused with good assurance provided that process had been followed after and learning was taken.

#### 4.9 **Infection Prevention and Control (IPC) – 6 month position**

A comprehensive overview of the Trust IPC position was provided and it was noted that there has been three cases of MRSA bacteraemia and 42 C-Diff cases within the financial year. Learning from analyses were shared and the IPC work programmes to drive improvements was discussed.

#### 4.10 **Quality Improvement and Transformation Programme**

A summary of the Trusts approach to Quality Improvement was provided as well as an overview of the Trust wide transformation programmes, including productivity and efficiency programmes. Oversight structures were noted providing high level assurance.

#### 4.11 **Maternity Q2 Report (Quality and Workforce)**

The Committee received two comprehensive reports from Maternity and Neonates detailing staffing and workforce measures contributing towards the Maternity Incentive Scheme (MIS).

## 5. Key highlights – Strategy, Governance and Risk

### 5.1 Clinical Effectiveness Group Q2

The Committee noted the update which included an overview of national clinical audits, national confidential enquiries, NICE guidance and clinical guidelines.

### 5.2 Patient and Public Engagement and Experience Group Q2 Report

The Committee were provided with an overview of the Patient and Public Engagement and Experience Group's activities for Q2 including divisional updates and patient stories shared.

The national adult inpatient survey 2023 benchmarking report was shared which provided a detailed results summary as well as national benchmarking data. A full and detailed action plan was noted. The additional FFT questions the Trust has commissioned were included which allows the Trust to have greater insight on an ongoing basis into the experience of our patients. A briefing paper was also included on the national Urgent and Emergency Care 2024 Survey.

### 5.3 HSERG Update Q2

The Q2 report from HSERG was noted which included an overview of the groups activity as well as a summary of the sub group activity and effectiveness.

### 5.4 Risk Assurance Report Q2

The Risk Assurance Report was noted with discussions on the process for reviewing and updating risks being under review in addition to the report structure being reviewed to improve usability.

### 5.5 Vaccination Programme Update

Current uptake of vaccinations was shared with the Committee. The report was updated as of the 20<sup>th</sup> November with 19.54% of staff being vaccinated. Uptake for the flu vaccine was greater than that of COVID.

## 6 Key highlights – Annual Reports

### 6.1 Safeguarding Annual Report

The Safeguarding Annual report detailed activity across adult and children's safeguarding as well as prevent and domestic abuse. The work of the Joint

Safeguarding Group was detailed as well as compliance with statutory standards.

Safeguarding activity has increased and cases are becoming more complex. Training activity was reviewed and the detailed work plan for 2024/25 was discussed and noted.

## 6.2 **Learning Disabilities Annual Report**

The Learning Disabilities Annual Report detailed activity for 2023/24. Following covid there was an increase in activity for patients with a learning disability, this has now however decreased back to pre-covid level. The trust participate in the national LEDER programme. Average length of stay for patient with a Learning Disability is increasing and is a key focus for the team in 2024/25.

## 6.3 **End of Life Care Annual Report**

The end of life care quality priority running from 2022-2024 had two key areas of focus; utilising the universal care plan (UCP) and improving the fast track process. Progress with the quality priority was demonstrated by the improved access to the UCP via the EPR and the fast track process was redesigned. Training continues across the Trust and the butterfly volunteer programme continues to expand.

## 6.4 **Medical Examiners Annual Report**

The Committee heard the background and function of the Medical Examiner's Office and a summary of their achievements in 2023/24 was shared. External changes were detailed which the service has adequately adapted to. The issues to address and plans for the next year were detailed.

## 6.5 **Organ Donation Annual Report**

The Committee noted the report and the small volume of activity the Trust has. Improvement priorities for the coming year were noted.

## 6.6 **Radiation Safety Annual Report**

The Committee were informed of the activity of the Radiation Safety Group which reports to the Health, Safety and Environmental Risk Group. 6 recommendations are in place to be addressed over the coming year which included high level action plans.

**6.7 Transfusion Annual Report**

The Committee were informed that our transfusion services are safe and align to national performance. It was noted that our blood banks meet national standards. Education and training is ongoing and with a new chair for the Transfusion safety group improved governance is expected.

### 3.3 COUNCIL OF GOVERNORS MEMBERSHIP AND ENGAGEMENT

#### COMMITTEE REPORT



4. FOR APPROVAL

## 4.1 UPDATED TERMS OF REFERENCE

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

---

### REFERENCES

Only PDFs are attached

-  4.1 Updated Terms of Reference Cover Sheet.pdf
-  4.1a COG Membership and Engagement Committee Terms of Reference (updated Jan 2025).pdf
-  4.1b COG NED Nominations Remuneration Committee Terms of Reference (updated Jan 2025).pdf
-  4.1c Appendix 1 - Constitution re NED noms and rems cttee.pdf



**CONFIDENTIAL**

<b>TITLE AND DATE</b> <i>(of meeting at which report to be presented)</i>	Council of Governors (CoG) Meeting 23 <sup>rd</sup> January 2025
--	---

<b>AGENDA ITEM NO.</b>	4.1
------------------------	-----

<b>TITLE OF REPORT</b>	Updated Terms of Reference
------------------------	----------------------------

<b>AUTHOR NAME AND ROLE</b>	Graham Chalkley, Corporate Governance Manager Marie Price, Deputy Director of Corporate Governance
-----------------------------	---

<b>ACCOUNTABLE EXECUTIVE DIRECTOR</b>	Peter Jenkinson, Director of Corporate Governance
---------------------------------------	---

<b>PURPOSE OF REPORT</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width: 70%;">Decision/Approval</td> <td style="width: 30%; text-align: center;">X</td> </tr> <tr> <td>Assurance</td> <td style="text-align: center;">X</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	X	Assurance	X	Info Only		Advice		The updating of the Trust’s Constitution and departure of several long-standing governors in late 2024 has led to the review of the Terms of Reference (ToR) for the two CoG Committees.  Further to this, vacancies for committee members have arisen, and any eligible CoG member who would like to join a committee is advised to contact the Lead Governor and Corporate Governance team to express their interest.
Decision/Approval	X								
Assurance	X								
Info Only									
Advice									

<b>REPORT HISTORY</b> Committees/Meetings where this item has been considered	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Committee</th> <th style="width: 33%;">Date of Meeting</th> <th style="width: 33%;">Outcome</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Committee	Date of Meeting	Outcome			
Committee	Date of Meeting	Outcome					

<b>SUMMARY OF REPORT AND KEY MESSAGES THE MEETING NEEDS TO UNDERSTAND</b>	Review and updating of the Terms of Reference for two CoG Committees.
---	---

<b>KEY RISKS ARISING FROM REPORT</b>	
--------------------------------------	--

<b>STRATEGIC PRIORITIES THIS PAPER SUPPORTS</b> (please confirm Y/N)	
Deliver high quality patient centred care	
Be the employer of Choice	
Deliver better care at lower cost	

<b>IMPLICATIONS ASSOCIATED WITH THIS REPORT:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Equality And Diversity</td> <td style="width: 30%;"></td> </tr> <tr> <td>Quality</td> <td style="text-align: center;">X</td> </tr> <tr> <td>People (Workforce or Patients/Families/Carers)</td> <td style="text-align: center;">X</td> </tr> <tr> <td>Operational Performance</td> <td style="text-align: center;">X</td> </tr> <tr> <td>Finance</td> <td style="text-align: center;">X</td> </tr> <tr> <td>Public Consultation</td> <td></td> </tr> <tr> <td>Council of Governors</td> <td style="text-align: center;">X</td> </tr> </table>	Equality And Diversity		Quality	X	People (Workforce or Patients/Families/Carers)	X	Operational Performance	X	Finance	X	Public Consultation		Council of Governors	X	
Equality And Diversity															
Quality	X														
People (Workforce or Patients/Families/Carers)	X														
Operational Performance	X														
Finance	X														
Public Consultation															
Council of Governors	X														

please mark Y/N – where Y is indicated please explain the implications in the opposite column	
---	--

<b>REASON FOR SUBMISSION TO THE BOARD IN PRIVATE ONLY (WHERE RELEVANT)</b>	
Commercial Confidentiality	Y/N
Patient Confidentiality	Y/N
Staff Confidentiality	Y/N
Other Exceptional Circumstances (please describe)	

## Updates to Council of Governors' Committees' Terms of Reference

### 1.0 Introduction

1.1 The Trust's Constitution was reviewed and updated in April 2024, and this was approved at the Council of Governors (CoG) meeting that took place on 17<sup>th</sup> April 2024. In addition, following the recent changes in the membership of the Council of Governors, with several long-standing governors reaching the end of their terms, there are some gaps in terms of committee memberships.

Following these changes, the Terms of Reference for two of the CoG committees – the Membership and Engagement Committee and the NED Nomination and Remuneration Committee – were reviewed and updated to ensure clarity regarding the responsibilities and function of each committee.

### 2.0 Proposed amendments to the ToR for the CoG Membership and Engagement Committee

2.1 The key amendments to these ToRs include the following and are highlighted in track changes within the updated document:

- The number of members of this Committee (changed from nine to six);
- the frequency of the Committee meetings (changed from bi-annual to quarterly in line with current practice).

The membership of the Committee had not been confirmed previously, however the Lead and Deputy Lead Governors were regular attendees. CoG members who would like to join the committee are invited to express an interest directly to the Lead Governor and Corporate Governance team.

### 3.0 Proposed amendments to the ToR for the CoG NED Nominations and Remuneration Committee

3.1 These terms of reference had not been updated for four years and did not reflect the duties of the Committee as set out in the Trust's constitution, and these have been fully redrafted using a consistent template in line with the Membership and Engagement Committee ToR.

3.2 The key amendments to the ToRs for this Committee include:

- The number and composition of members of this Committee, also ensuring that the Deputy Lead Governor is included within the membership;
- clarification of the Committee's responsibilities; and
- confirmation of the number of members required to attend these meetings to ensure quoracy.

3.3 An appendix with extracts from the Trust's Constitution regarding the Council of Governors NED Nominations and Remuneration Committee and associated duties is attached for reference.

3.4 With the recent departure of long standing governors there are two vacancies for members, both of whom should be patient or public governors.



## **Council of Governors' Membership and Engagement Committee**

### **Terms of Reference**

#### **1.0 Authority**

- 1.1 The Council of Governors' Membership and Engagement Committee is constituted as a Committee of the Council of Governors under Standing Orders 4 and 5 of Annex 7 to the Trust Constitution. The purpose of this Committee is to assist the Council of Governors to implement and develop the Trust's Membership Recruitment, Engagement and Communications Strategy and to facilitate communication between the Trust's members and the Council of Governors.
- 1.2 Its terms of reference shall be as set out below and shall not be amended, revoked or replaced except by a resolution passed at a general meeting of the Council of Governors.

#### **2.0 Role**

- 2.1 The Council of Governors' Membership and Engagement Committee shall be responsible for providing advice and support on:
- a) the production of material to recruit new members for the Trust and to engage members in the work of the Trust;
  - b) the content of the material on the hospital's website and publicity materials for use across the hospital sites and within the community;
  - c) the use of the Council of Governors' budget for the implementation and development of the Trust's Membership Recruitment, Engagement and Communications Strategy, membership engagement and communication calendar of events and membership recruitment calendar of events;
  - d) ensuring that publicity material is written in plain English, free of jargon and unexplained acronyms.
- 2.2 The Council of Governors shall not delegate any of its powers to the Committee and the Committee shall not exercise any of the powers of the Council of Governors.

#### **3.0 Membership of the Committee**

- 3.1 The Committee shall comprise 6 elected Governors (including the Chair of this Committee) from the public, patient and staff constituencies who are concerned with the implementation and development of the Trust's Membership Recruitment, Engagement and Communications Strategy.
- 3.2 The following Trust staff shall be members of the Committee:
- a) The Director of Corporate Governance or Deputy Director of Corporate Governance;
  - b) The Director of Communications or suitable deputy
  - c) The Corporate Governance Officer
  - e) In addition, the -Committee may invite other people to attend including those from an external organisation

#### **4.0 Quorum**

4.1 A quorum shall comprise:

- (1) 3 Governors
- (2) 2 trust staff: one of either Director of Corporate Governance, or Board Governance Manager and Membership Officer.

#### **5.0 Frequency of meetings**

5.1 The Committee shall meet quarterly per year and report to the Council of Governors after each meeting.

#### **6.0 Attendance requirements**

6.1 Committee members are expected to attend a minimum of 75% of the meetings that take place in a year.

#### **7.0 Planning and administration of meetings**

7.1 The Committee shall elect from its membership a Governor to serve as Chair to serve for term agreed by the Committee. The Chair will be eligible for re-election after the term has expired.

7.2 The Corporate Governance Officer will support the planning of the Committee.

7.3 The Corporate Governance Officer will act as secretary to the Committee.

7.4 The Membership, Engagement and Communications and Recruitment Plans will be agreed by the Committee and ratified by the Council of Governors.

#### **8.0 Review**

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

Reviewed by the Membership and Engagement Sub-Committee on 20 April 2017  
Approved by the Council of Governors on 18 May 2017  
Reviewed by the Membership and Engagement Sub-Committee on 19 April 2018  
Approved by the Council of Governors on 17 May 2018  
Reviewed by the Membership and Engagement Sub-Committee on 31 January 2019  
Approved by the Council of Governors on 25 April 2019  
Reviewed by the Membership and Engagement Sub-Committee on 25 March 2020  
Approved by the Council of Governors on 23 April 2020  
Reviewed and approved by the Council of Governors 23 January 2025



**Council of Governors' Non-executive Director (NED) Nominations and Remuneration Committee**

**Terms of Reference**

**1.0 Authority**

- 1.1 The Council of Governors' NED Nominations and Remuneration Committee is constituted as a Committee of the Council of Governors under Standing Orders 4 and 5 (5.7) of Annex 7 to the Trust Constitution.
- 1.2 Its terms of reference shall be as set out below and shall not be amended, revoked or replaced except by a resolution passed at a general meeting of the Council of Governors.

**2.0 Role**

- 2.1 The Council of Governors' NED Nominations and Remuneration Committee, with appropriate advice, shall be responsible for *making recommendations* on the following to the Council of Governors:
  - a) Appointment and removal of the Chair and Non-executive Directors;
  - b) the remuneration and allowances, and other terms and conditions of office, of the Chair, Vice Chair and the other Non-executive Directors ;
  - c) the appointment by the Non-executive directors of the Chief Executive and Accounting Officer;
  - d) any disqualification of a candidate or member of the Council of Governors if they have acted counter to the Trust's values or acted in such a way as to bring the Trust into disrepute.
- 2.2 The Council of Governors shall not delegate any of its powers to the Committee and the Committee shall not exercise any of the powers of the Council of Governors.

**3.0 Membership of the Committee**

- 3.1 The Committee shall comprise of six elected patient and public governors (including the Chair of this Committee) plus the Trust Chair. The membership shall include the lead and deputy lead governor, and at least two patient and two public governors.

The Trust Chair will, ordinarily, Chair the Committee. Where the Committee's business includes discussion with regard to the Chair's role, the Vice Chair will Chair the meeting.

The Committee may choose to invite other members of staff to act as advisors to the Committee (e.g. Chief Executive, Executive Directors with responsibility for HR and Governance), where appropriate. In addition, an independent external adviser may be invited to attend for all or part of any meeting, as and when appropriate.

A member of the Corporate Governance Team will ordinarily attend meetings of the Committee in order to take minutes.

#### **4.0 Quorum**

- 4.1 A quorum shall comprise:
- (1) Three elected Governors
  - (2) Trust Chair or Vice Chair

#### **5.0 Frequency of meetings**

- 5.1 The Committee shall meet at least bi-annually and report to the Council of Governors after each meeting.
- 5.2 Further meetings will be arranged where necessary to undertake specific items of business in accordance with the Committee's duties.

#### **6.0 Attendance requirements**

- 6.1 Committee members are expected to attend a minimum of 75% of the meetings that take place in a year.

#### **7.0 Planning and administration of meetings**

- 7.1 The Corporate Governance Officer will support the planning of the Committee.
- 7.2 The Corporate Governance Officer will act as secretary to the Committee.

#### **8.0 Review**

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

**Appendix 1 – Extracts from [Trust Constitution](#) regarding the Council of Governors NED Nominations and Remuneration Committee and associated duties**

**MAIN CONSTITUTION**

**34. Board of Directors – Remuneration and Terms of Office**

34.1. The Council of Governors at a general meeting of the Council of Governors shall decide the remuneration and allowances, and the other terms and conditions of office, of the Chair, Vice Chair and the other Non-Executive Directors. In doing so, the Council of Governors shall be guided by the recommendations of a Committee of Governors known as the Non-Executive Director Nominations and Remuneration Committee.

**ANNEX 6 ADDITIONAL PROVISIONS - COUNCIL OF GOVERNORS**

**1. Roles and responsibilities of the Council of Governors**

1.1. The roles and responsibilities of the Council of Governors at a general meeting (which may be the Trust's annual members' meeting), which are to be carried out in accordance with this Constitution, the Trust's Authorisation and Monitor's Code of Governance, are :

(a) subject to paragraph 27 of this Constitution, to appoint or remove the Chair and the other Non-Executive Directors;

(b) subject to paragraph 34 of this Constitution, to decide the remuneration and allowances, and other terms and conditions of office, of the Chair, Vice Chair and the other Non-Executive Directors;

(e) approve (by a majority of the Council of Governors voting in favour) an appointment by the Non-Executive Directors, of the Chief Executive and Accounting Officer; and

1.2. Paragraph 17 of the constitution sets out provisions as to the duties of the Council of Governors.

**2. Disqualification** 2.1. The following may not become or continue as a member of the Council of Governors:

(xi) a person who is found to have acted counter to the Trust's values or acted in such a way as to bring the Trust into disrepute. Basic background checks, including online and social media searches, will be completed before newly elected or re-elected Governors take up their posts. Any concerns raised through this process, would be considered by the Council of Governors Nominations and Remuneration Committee, with any exclusion under provisions in Annex 1 and Sections 2 and 3 below, to be determined by the full Council of Governors

**ANNEX 7 STANDING ORDERS FOR THE PRACTICE AND PROCEDURE OF THE COUNCIL OF GOVERNORS**

5.7. The Council of Governors shall establish the Non-Executive Director Nominations and Remuneration Committee and such other Committees or Working Groups as required to assist the Council of Governors in discharging its responsibilities.

2.4. Terms of office of the Chair and Directors - The remuneration and terms of office of the Chair and Non-Executive Directors shall be decided by the Council of Governors at a general meeting of the Council of Governors in accordance with paragraph 34 of the Constitution.

## 28. Board of Directors – Appointment and Removal of the Chief Executive and other Executive Directors

29.1. The Chair and the other Non-Executive Directors shall appoint or remove the Chief Executive.

29.2. The appointment of the Chief Executive shall require the approval of a majority of the Council of Governors present at a meeting of the Council of Governors.

## ANNEX 6 ADDITIONAL PROVISIONS - COUNCIL OF GOVERNORS

### 1. Roles and responsibilities of the Council of Governors

1.1. The roles and responsibilities of the Council of Governors at a general meeting (which may be the Trust's annual members' meeting), which are to be carried out in accordance with this Constitution, the Trust's Authorisation and Monitor's Code of Governance, are:

(e) approve (by a majority of the Council of Governors voting in favour) an appointment by the Non-Executive Directors, of the Chief Executive and Accounting Officer; and

## 5. OTHER BUSINESS - ITEMS FOR NOTING

## 5.1 ANY OTHER BUSINESS, INCLUDING

- 5.1.1 CoG Forward plan and schedule of CoG meetings 2025/2026
- 5.1.2 Governor attendance register

---

### REFERENCES

Only PDFs are attached

-  5.2.1 COG and Briefing Forward Plan and Schedule of meetings 2024-2026.pdf
-  5.2.2 COG Attendance Record (2024-2025).pdf



Council of Governors (CoG's) Forward Plan 2024 - 2026

	23 January 2025 COG Meeting 16:00 – 18:30 hours	20 March 2025 CoG Briefing Session 16:00 – 17:00	16 April 2025 CoG Away Day (TBC) Time TBC
<b>Statutory/Mandatory Business</b>	<ul style="list-style-type: none"> <li>Minutes of Previous Meeting, including Action Log</li> <li>Annual Report from the People and Workforce Committee (Chair – Ajay Mehta)</li> <li>NWL Collaborative Update</li> <li>Update from Membership and Engagement Sub-Committee</li> </ul>	Annual Plan/Strategy Review	Briefing topic/presentations to be confirmed
<b>Papers for information</b>	<ul style="list-style-type: none"> <li>Chair's Report</li> <li>Chief Executive Officer's Report</li> <li>Quality Update</li> <li>Governors Elections 2024 – update</li> <li>Accessibility work update</li> </ul>		
<b>Other Business</b>	<ul style="list-style-type: none"> <li>Governors Away Day 2025 – update</li> <li>Any other business (Forward plan/Schedule of meetings/Governor attendance register)</li> </ul>		

	16 April 2025 COG Meeting (TBC) Time TBC	19 June 2025 CoG Briefing Session 16:00 – 17:00	17 July 2025 (TBC) CoG Meeting Time TBC
<b>Statutory/Mandatory Business</b>	<ul style="list-style-type: none"> <li>Minutes of Previous Meeting, including Action Log</li> <li>Annual Report Finance and Performance Committee (Chair – Mike O’Donnell)</li> <li>NWL Collaborative Update</li> <li>Update from Membership and Engagement Sub-Committee</li> </ul>	Briefing topic/presentation to be confirmed	<ul style="list-style-type: none"> <li>Minutes of Previous Meeting, including Action Log</li> <li>To receive the Annual Report and Accounts which will be formally presented at the Annual Members Meeting</li> <li>Annual Report from the Chair of the Audit &amp; Risk Committee (Chair – Aman Dalvi)</li> <li>Update from Membership and Engagement Sub-Committee</li> </ul>
<b>Papers for information</b>	<ul style="list-style-type: none"> <li>Chair’s Report</li> <li>Chief Executive Officer’s Report</li> <li>Quality Update (Research and Development; Medication Safety; Learning from Deaths/Mortality; Maternity)</li> <li>Accessibility work update</li> </ul>		<ul style="list-style-type: none"> <li>Chair’s Report</li> <li>Chief Executive Officer’s Report</li> <li>Quality Update</li> <li>Accessibility work update</li> <li>Any other business (Forward plan/ Schedule of meetings/Governor attendance register)</li> </ul>
<b>Other Business</b>	Any other business (Forward plan/Schedule of meetings/Governor attendance register)		

	25 September 2025 CoG Briefing Session 16:00 – 17:00 hours	16 October 2025 (TBC) CoG Meeting 16:00 – 18:30 hours	22 January 2026 (TBC) CoG Meeting 16:00 – 18:30 hours
<b>Statutory/Mandatory Business</b>	Winter Planning	<ul style="list-style-type: none"> <li>• Minutes of Previous Meeting, including Action Log</li> <li>• Annual Report from the Quality Committee (Chair – Mike O Donnell)</li> <li>• Performance and Quality Report (including Winter Preparedness and Workforce Performance Report)</li> <li>• NWL Collaborative Update</li> <li>• Update from Membership and Engagement Sub-Committee</li> </ul>	<ul style="list-style-type: none"> <li>• Minutes of Previous Meeting, including Action Log</li> <li>• Annual Report from the People and Workforce Committee (Chair – Ajay Mehta)</li> <li>• NWL Collaborative Update</li> <li>• Update from Membership and Engagement Sub-Committee</li> </ul>
<b>Papers for information</b>		<ul style="list-style-type: none"> <li>• Chair’s Report</li> <li>• Chief Executive Officer’s Report</li> <li>• Governors Elections 2025 – update</li> <li>• Accessibility work update</li> </ul>	<ul style="list-style-type: none"> <li>• Chair’s Report</li> <li>• Chief Executive Officer’s Report</li> <li>• Quality Update (Mental Capacity Act &amp; Deprivation of Liberty; End of Life Care; Human Tissue Authority and Human Fertilisation and Embryology Authority Report; Safeguarding Adults and Children)</li> <li>• Governors Elections 2025 – update</li> <li>• Accessibility work update</li> </ul>
<b>Other Business</b>		<ul style="list-style-type: none"> <li>• Any other business (Forward plan/Schedule of meetings/Governor attendance register)</li> </ul>	<ul style="list-style-type: none"> <li>• Governors Away Day 2026 – update</li> <li>• Any other business (Forward plan/Schedule of meetings/Governor attendance register)</li> </ul>

	19 March 2026 CoG Briefing Session 16:00 – 17:00 hours	15 April 2026 (TBC) CoG Awayday Time TBC	15 April 2026 (TBC) CoG Meeting Time TBC
<b>Statutory/Mandatory Business</b>	Annual Plan/Strategy Review	Briefing topic/presentations to be confirmed	<ul style="list-style-type: none"> <li>• Minutes of Previous Meeting, including Action Log</li> <li>• Annual Report Finance and Performance Committee (Chair – tbc)</li> <li>• NWL Collaborative Update</li> <li>• Update from Membership and Engagement Sub-Committee</li> </ul>
<b>Papers for information</b>			<ul style="list-style-type: none"> <li>• Chair’s Report</li> <li>• Chief Executive Officer’s Report</li> <li>• Quality Update (Research and Development; Medication Safety; Learning from Deaths/Mortality; Maternity)</li> <li>• Accessibility work update</li> </ul>
<b>Other Business</b>			<ul style="list-style-type: none"> <li>• Any other business (Forward plan/Schedule of meetings/Governor attendance register)</li> </ul>

	18 June 2026 CoG Briefing Session 16:00 – 17:00 hours	16 July 2026 (TBC) CoG Meeting Time TBC	24 September 2026 (TBC) CoG Briefing Session 16:00 – 17:00 hrs
<b>Statutory/Mandatory Business</b>	Briefing topic/presentation to be confirmed	<ul style="list-style-type: none"> <li>• Minutes of Previous Meeting, including Action Log</li> <li>• To receive the Annual Report and Accounts which will be formally presented at the Annual Members Meeting</li> <li>• Annual Report from the Chair of the Audit &amp; Risk Committee (Chair – Aman Dalvi)</li> <li>• Update from Membership and Engagement Sub-Committee</li> </ul>	Winter Planning
<b>Papers for information</b>		<ul style="list-style-type: none"> <li>• Chair’s Report</li> <li>• Chief Executive Officer’s Report</li> <li>• Quality Update</li> <li>• Accessibility work update</li> </ul>	
<b>Other Business</b>		<ul style="list-style-type: none"> <li>• Any other business (Forward plan/ Schedule of meetings/Governor attendance register)</li> </ul>	

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



**Council of Governors – Attendance Record 2023/2025**

<b>Governor</b>	<b>17.04.2024</b>	<b>17.04.2024 Awayday</b>	<b>18.07.2024</b>	<b>17.10.2024</b>	<b>17.10.2024 (Private Session)</b>	<b>23.01.2025</b>	<b>16.04.2025 (Date TBC)</b>	<b>16.04.2025 Awayday (TBC)</b>	<b>17.07.2025 (Date TBC)</b>	<b>16.10.2025 (TBC)</b>	<b>22.01.2026 (TBC)</b>
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 Daubney	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						

<b>Governor</b>	<b>17.04.2024</b>	<b>17.04.2024 Awayday</b>	<b>18.07.2024</b>	<b>17.10.2024</b>	<b>17.10.2024 (Private Session)</b>	<b>23.01.2025</b>	<b>16.04.2025 (Date TBC)</b>	<b>16.04.2025 Awayday (TBC)</b>	<b>17.07.2025 (Date TBC)</b>	<b>16.10.2025 (TBC)</b>	<b>22.01.2026 (TBC)</b>
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.