



Chelsea and Westminster Hospital
NHS Foundation Trust


**COUNCIL OF GOVERNORS MEETING -
17 APRIL 2024 - SMALL HALL, CHELSEA
OLD TOWN HALL**





COUNCIL OF GOVERNORS MEETING - 17 APRIL 2024

- SMALL HALL, CHELSEA OLD TOWN HALL

 17 April 2024

 12:30 GMT+1 Europe/London

 Chelsea Town Hall



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1. GENERAL BUSINESS

REFERENCES

Only PDFs are attached

 1.0 Agenda COG - 17 April 2024.pdf



Council of Governors Meeting

Location: Small Hall, Chelsea Old Town Hall, King's Rd, London SW3 5EE.

Date: 17th April 2024


Time: 12:30 – 15:00

AGENDA

	1.0	GENERAL BUSINESS		
	1.1	Welcome and Apologies for absence Apologies: Minna Korjonen, Maureen Chatterley, Ras. I Martin, Stuart Fleming, Richard Ballerand	Verbal	Chair
	1.2	Declarations of interest	Verbal	Chair
	1.3	<ul style="list-style-type: none"> - Minutes of previous meeting held on 25th January 2024 - Minutes of Extraordinary CoG Meeting held on 26th February 2024 - Action Log 	Paper	Chair
	2.0	UPDATES		
	2.1	Chair's Report and NWL Acute Provider Collaborative (APC) Update	Paper	Chair
	2.2	Chief Executive's Report and Trust Update	Paper	Chief Executive Officer
	3.0	FOR DISCUSSION		
	3.1	Annual Report from the Chair of the Finance and Performance Committee	Paper	Chair of the Finance and Performance Committee
	3.2	Staff Survey Update	Paper	Vice-Chair
	3.3	Updating the Trust Constitution	Paper	Director of Corporate Governance
	3.4	AccessAble work update	Paper	Vice Chair
	3.5	Council of Governors Membership and Engagement Sub-Committee Report	Verbal	Chair of Council of Governors Membership and Engagement Sub-Committee
	4.0	QUALITY		
	4.1	Quality Update with a focus on: <ul style="list-style-type: none"> • Quality Priorities 24/25 	Paper	Chair of the Quality Committee (Vice

		<ul style="list-style-type: none"> • Chelsea and Westminster NHS Trust • North West London Acute Provider Collaborative • Quality Account 23/24 production 		Chair)/Chief Nursing Officer
	4.2	Schedule of future topics for deep dives	Paper	Chair of the Quality Committee
	5.0	OTHER BUSINESS – ITEMS FOR NOTING		
	5.1	<p>Any other business, including:</p> <p>*5.1.1 CoG Forward plan and schedule of Council of Governor meetings 2024-2025</p> <p>*5.1.2 Governor attendance register</p>	Paper Paper	Chair/Lead Governor
		<p>Date and Time of the Next Meeting</p> <p>18th July 2024, Main Boardroom on the Lower Ground Floor at Chelsea and Westminster Hospital and MS Teams, 14:00 – 15:00</p>	Verbal	

1.1 WELCOME AND APOLOGIES FOR ABSENCE

 Chair

1.2 DECLARATIONS OF INTEREST

1.3 MINUTES OF PREVIOUS MEETING HELD ON 25 JANUARY 2024, MINUTES
OF EXTRAORDINARY COG MEETING HELD ON 26 FEBRUARY 2024, AND
ACTION LOG

- Minutes of previous meeting held on 25 January 2024
- Minutes of Extraordinary CoG meeting held on 26 February 2024

REFERENCES

Only PDFs are attached



1.3a CoG Meeting - 25 January 2024.pdf



1.3b Extraordinary CoG Meeting - 26 Feb 2024.pdf

**DRAFT MINUTES OF COUNCIL OF GOVERNORS (COG)****25th January 2024 – 16:00-18:30hrs****In person and MS Teams****at Chelsea and Westminster Hospital NHS Foundation Trust (CWFT), Main Boardroom**

Present:	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	(RB)
	Caroline Boulliat Moulle	Patient Governor	(CB)
	Nigel Clarke	Public Governor	(NC)
	Cass J Cass-Horne	Public Governor	(CJCH)
	Maureen Chatterley	Public Governor	(MC)
	Ian Dalton	Patient Governor	(ID)
	Christopher Digby-Bell	Patient Governor	(CDB)
	Simon Dyer	Lead Governor/Patient Governor	(SD)
	Stuart Fleming	Public Governor	(SF)
	Parvinder Singh Garcha	Public Governor	(PSG)
	Minna Korjonen	Patient Governor	(MK)
	Rose Levy	Public Governor	(RL)
	Nina Littler	Public Governor	(NL)
	Stella Macaskill	Patient Governor	(SMa)
	Ras. I Martin	Public Governor	(RIM)
	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)
In Attendance:	Lesley Watts CBE	Chief Executive Officer	(LW)
	Robert Bleasdale	Chief Nursing Officer	(RB)
	Lindsey Stafford-Scott	Chief People Officer	(LSS)
	Patricia Gallan	Non-Executive Director	(PG)
	Catherine Jervis	Non-Executive Director	(CJ)
	Neville Manuel	Non-Executive Director	(NMa)
	Peter Jenkinson	Director of Corporate Governance	(PJ)
	Onai Muchemwa	Deputy Chief People Officer	(OM)
	Temi Alao	Associate Director of People	(TA)
	Marie Price	Deputy Director of Corporate Governance	(MP)
	Graham Chalkley	Corporate Governance Officer	(GC)
Apologies:	Julie Carter	Public Governor	(JC)
	Nara Daubeney	Public Governor	(ND)
	Aman Dalvi	Non-Executive Director	(AD)
	Carolyn Downs	Non-Executive Director	(CD)
	Ajay Mehta	Non-Executive Director	(AM)
	Neena Modi	Non-Executive Director	(NMI)
	Syed Mohinuddin	Non-Executive Director	(SMo)
	Alexia Pipe	Chief of Staff to the Chair - NW London	(AP)

1.0 GENERAL BUSINESS

1.1 Welcome and apologies for absence

The Chair welcomed the Governors and those in attendance to the meeting. The Chair welcomed the new Governors – Maureen Chatterley (MC), Ian Dalton (ID) and Lucinda Sharpe (LS) - as this was their first Council meeting since being elected as Governors in November 2023.

The Chair noted apologies as above and outlined the order of business for the meeting.

1.2 Declarations of interest

No declarations of interest were received.

1.3

Minutes of previous meeting held on 19th October 2023

The minutes were approved.

Minutes of the Extraordinary CoG meeting held on 7th December 2023

The minutes were approved.

Action Log

There were no outstanding actions.

2.0 UPDATES

2.1 Chair's Report and NWL APC Update

The Chair summarised his report, and highlighted three key aspects:

First that just over a year ago the two Councils of Governors (CoGs) at CWFT and at The Hillingdon Hospitals NHS Foundation Trust (THHT) were presented with the proposals regarding the formation of the Acute Provider Collaborative (APC) and the related governance structure, and it was agreed that approximately one year after its implementation an audit would be conducted. The Chair advised that the internal auditors had confirmed that in terms of governance each Trust was fulfilling its statutory duties, and the feedback had generally been positive with a number of recommendations. The Chair added that one item that feedback had been received on was regarding the Non-Executive Director (NED) walkabout programme, which had been suspended during Covid. The Chair advised the CoG that this programme was being reinstated, starting this year.

The Chair commented on the second aspect which was development of an overarching Collaborative Strategy in addition to the existing 4 Local Trust Strategies. WP asked when the APC Strategy would be published, and the Chair confirmed that this was currently being worked on with an estimated 6-month timeline. LW commented on this further, and noted that the aim of this Strategy was to bring the Collaborative together. WP asked if this fitted in with the Integrated Care Board (ICB) strategy and LW confirmed that it did and emphasised how the Trusts worked with partners and local authorities.

NC commented that the recent NWL APC Board in Common (BIC) meeting commented on a review of Governance, and that even though lots had been done there was still a lot of work to do. SG commented that considering the APC was a new and developing governance model that the Internal Audit report confirmed we were in a relatively positive position whilst fully recognising ongoing improvements required. The Chair added that this was an evolving structure, and any issues were being addressed as and when they arose. LW added further that the Chief Executive Officers of the four Trusts within the Collaborative met with the Care Quality Commission (CQC) to hear about the new inspection framework, noting the CQC would be looking at where the most concerns were nationally. LW added that it was anticipated that the CQC would undertake an inspection of the Trust in 2024.

CDB commented that the purpose of the audit was to address if the Collaborative Governance arrangements were robust, but the results of the audit did not confirm whether it was working well or if there was a better system in place beforehand. JW asked whether a strategy was in place before

the Collaborative had started. The Chair confirmed that a plan was presented to the Board and the CoG, and assured the Council that the Collaborative Strategy would not replace the strategies that the four Trusts currently had in place, and individual CEOs would continue to enact their respective strategies within the remit of the Collaborative Strategy. The Chair added that there was always more to do and learn from what was and was not working, and noted that as we were looking to learn from other NHS Collaboratives they were also learning from us.

NL commented that a lot of work was required to achieve this Collaborative vision which would mean time away from the individual Trust, and asked whether any areas would be at risk because of this. LW summarised that CEOs would deliver on their local Trust strategy within the funds that were available, and it was essential that we learnt from one another and that wherever patients were based in NWL, that they had an equity in terms of pathways, experience, and outcomes.

2.2 Chief Executive's Report and Trust Update

LW summarised her report, and advised that January was always one of the busiest times of the year for the NHS across the country, and this was made more challenging due to the industrial action. LW noted the phenomenal level of commitment from the staff that ensured the Trust continued to provide a high level of safe and effective care.

CDB asked for the status of the two major construction projects that were currently underway – the Treatment Centre at Chelsea and the Ambulatory Diagnostic Centre (ADC) at the West Middlesex site. In relation to the ADC, SG confirmed that we now had full planning permission and had recently awarded the construction contract. The final approved costs including contingency are in excess of the original outline budget but are within acceptable planning parameters. The project is fully funded for the final approved amount with construction estimated to be approximately 2.5 years starting in 2024.

LW updated on the recent departure of Robert Hodgkiss (RH), Chief Operating Officer (COO) to take on a new role in East Kent. JW asked if there would be a replacement for the COO, and LW confirmed that the recruitment process for this post would commence once this busy period had passed. The Chair added that it was essential that the right person was appointed at the right time hence starting the process a little later.

LW added that it was likely that industrial action would continue and be disruptive, but stressed that the performance of the Trust had been maintained through the commitment of the staff.

3.0 FOR DISCUSSION

LSS joined the meeting.

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

SG introduced the paper on behalf of the Chair of the People and Workforce Committee, AM, who unfortunately was unable to attend the CoG for personal reasons. SG commented that AM and LSS had produced a short set of slides to highlight key points from the Annual Report.

LSS summarised the key points on the slides that accompanied the report that had been submitted to the Committee, and these included the following:

People and Organisational Development Strategy and Governance

- The Governance framework and the People Strategy had both been refreshed; and
- a deep dive on one of the sub-groups is reported back at each People and Workforce Committee meeting.

Equality Diversity and Inclusion

- The Trust's Diversity and Inclusion Champions Programme was relaunched;
- the creation of the Belonging sub-group;

- the launch of a new policy for the Trust's Staff Networks, which includes protected time and resources for Chairs and to support events;
- the relaunch of ENRICH (Equality network for Race, Inclusion and Cultural Heritage); and
- events of celebration including black History Month, PRIDE and South Asian Heritage Month.

Health and Wellbeing

- LSS pointed out that this Trust had one of the best Health and Wellbeing initiatives in the country;
- 1164 days had been booked with Back Up Care helping staff with emergency care for a loved one – LSS noted that this was a great retention tool; and
- the Trust now has over 150 Mental Health Practitioners.

Retention

- LSS commented that that there had been a focus on retention, and a deep dive on retention had taken place as staff turnover was higher than target.

NHS Staff Survey 2022

- LSS confirmed that the Trust consistently performed well within the national average.

Workforce Performance

- The Trust had maintained an excellent performance, and performed well compared to other Trusts;
- the staff sickness levels were good;
- it was noted that annual appraisals/PDRs had been impacted by periods of industrial action, and this was being addressed;

LSS commented that a question had been raised as to why the Trust had a 10% vacancy rate, yet only approximately fifty posts had been advertised. LSS reminded the Council that the Trust undertakes bulk recruitment, and added that in December 2023 there had been over one hundred and ninety offers of employment, and of these one hundred and twenty people had started in post.

NL raised the issue of part-time opportunities at the Trust, and noted that as work/life balance had been given as one reason for leaving the Trust, why had more part-time posts not been advertised. LSS confirmed that flexible working was a key commitment of the Trust, flexible working would also be considered for the full-time posts that were advertised and that some appointments had been made from this. LW added further that more people work either part-time or have flexible working arrangements in the Trust than ever before.

RL asked whether the Trust still did overseas recruitment, and LSS confirmed that despite some challenges, the Trust continued to recruit to nursing and midwifery and medic posts from overseas.

SG commented that the assurance section of the report referred to benchmarking, and followed on from LSS's comments, the Trust has benchmarked very well. SG added that the Trust was not complacent regarding these results, and were always looking to improve.

DP asked whether if there could be more reference to volunteering within the Trust. LW added that the Trust wholeheartedly supported the Volunteers and the voluntary effort and that this would be included in future reports.

NL asked for more information regarding the Apprenticeship Levy, and LSS confirmed that we spent more of the Levy –money provided by the Government – than any other Trust, and a lot of work had gone into this scheme. The Chair added that the Trust took this initiative seriously, as it provided the opportunity to develop careers.

LSS left the meeting.

3.2 Role of the Lead Governor and Deputy Lead Governor

PJ summarised the paper that set out the proposals and presented a comprehensive role description of the Lead Governor and Deputy Lead Governor roles. PJ reminded the Council that only Patient and Public Governors were eligible to stand for election.

PJ added that the election process for both roles would be staggered, and if the Council approved these proposals they could be implemented as soon as possible.

The Council discussed the proposals in the paper further. CDB noted that the Lead Governor should not represent the views of the other Governors, and it was essential that the Lead Governor maintained an independent role, which was not clear in the paper. MK advised that she did think that the Lead Governor *was* to represent the views of the other Governors and that this worked well currently. SD pointed out that part of the Lead Governor's role was to represent the views of the other Governors, but the proposals in the paper asked for more specificity regarding this. The Chair agreed that the point regarding independence for the role should be incorporated and added that in practical terms it did work that the Lead Governor represented other governors, but it should be clarified that this is in certain circumstances.

RB agreed that a Deputy Lead Governor role was needed and was a welcome move forward, and this role would be a great assistance to the Lead Governor.

The Council discussed the paper further and PJ confirmed that any amendments that came up during this meeting would be incorporated into the two role descriptions. JW asked that lines of communication could be added to the role description of the Lead Governor to be the first point of contact for Governors in terms of any issues. MP commented that the Corporate Governance Team would be the first point of contact for any queries that the Governors may have, and these could be forwarded to the Lead Governor if required.

It was agreed that the election process for the Lead Governor role could start as early as 2 February but that there was flexibility re the closing date for nominations to allow for more time for candidates to express their interest. PJ reminded the Council that there would be a staggered election process for both roles. The one-year length of term for the Deputy Lead Governor role was discussed, and it was agreed that this would be extended to two years and subject to renewal.

The Council of Governors approved the proposals for the Lead Governor and Deputy Lead Governor with the suggested amendments as discussed and agreed during this meeting.

Action:

Lead Governor and Deputy Lead Governor role descriptions to be amended following discussion and approval by the Council of Governors. The amendments agreed were:

- 1. Corporate Governance to be the first point of contact for any queries or issues that the Governors may have and, if required, this query is forwarded to either the Lead Governor or Deputy Lead Governor to address.*
- 2. The length of time regarding the appointment for the Deputy Lead Governor role to be amended from one year to **two years**.*
- 3. The Lead Governor election notice to be published to the Council of Governors on or after Friday 2 February 2024 and extended to allow sufficient time for nominations.*
- 4. The paragraph on the independence of the Lead Governor to be strengthened.*

3.3 Council of Governors Membership and Engagement Sub-Committee Report

DP noted that the Meet a Governor sessions continued to take place, but asked if more Governors could participate in these and to contact the Corporate Governance Team to confirm dates and location. DP also added that the Members' News that was published monthly was more focused, and featured information regarding Trust Volunteers.

DP requested that the Health Awareness sessions that had taken place previously were reinstated. PJ added that the Integrated Care Board (ICB) ran Health Awareness sessions and they had been contacted with regards to working with them on this aspect, and the dates regarding these will be published as soon as they had been confirmed. This was noted.

DP left the meeting.

3.4 AccessAble Work Update

SG reminded the CoG that the issue of accessibility across the Trust was started several years ago with the formation of a sub-committee of the CoG (Chaired by SG) SG added that the program had now moved into implementation and an Executive working group (Chaired by the Deputy Chief Nurse) had been set up. The paper provided an update on the detailed action plan which was monitored at the Executive Management Board (EMB), with quarterly reports to the People & Workforce Committee and to the CoG. MK thanked SG for his continued efforts regarding accessibility. SG acknowledged this and thanked MK for her support and insightful contributions when this program had been launched. CDB also extended his thanks to SG for his efforts regarding this.

3.5 Governors Away Day 2024

PJ confirmed that this year's Governors Away Day would be taking place on 17 April 2024 at the Chelsea Town Hall. PJ added that the next CoG Meeting would be incorporated into the agenda for the Away Day, and the agenda for both would be confirmed in the coming weeks.

The Council suggested items for the Away Day agenda, including the Diversity of the Governors as suggested by R.IM.

RB joined the meeting.

4.0 QUALITY

SG reiterated that it was initially agreed by the CoG that a minimum of thirty minutes would be dedicated to Quality at each CoG meeting, but based on feedback from the Governors following the October CoG that more time was needed to address this topic, therefore the Quality update had been extended to 45 minutes. SG confirmed that the paper that had been submitted to the Council before this meeting was a summary of the Quality Committee meeting that had taken place in November 2023, plus a brief update of the Quality Committee meeting from December 2023 was included at the end of the paper.

RB summarised the key points from the additional slides that accompanied the Quality Update paper.

4.1 Quality Update with a focus on:

Maternity

- A business case for investment of phase 3 of be presented at Finance and Performance Committee (F&P) in March 2024;
- There will be a focus on retention, and the recruitment and retention strategy will launch in March 2024;
- Review of continuity of carer, especially for vulnerable and at-risk patients;
- Following Maternity CQC inspections in February 2023, both sites retained their overall CQC ratings: 'Good' at Chelsea and 'Outstanding' at West Middlesex;
- Mothers and Babies: Reducing Risk through Audit and Confidential Enquiries (MBRRACE) 2021 has highlighted that perinatal mortality rates across the service are lower than Trusts of a similar size, and there is continued improvement in compliance with data monitoring standards across both sites;
- Maternity Single Delivery Plan launched in March 2023 bringing together into one overall plan the actions arising from the recent National Maternity reports and recommendations;

- Maternity Incentive Scheme (MIS) – Year 5: launched 31st May 2023, with a deadline for submission 1st February 2024; the Trust has successfully achieved the 10 standards (Safety Actions) the last 4 years, and will be submitting a compliant response for year 5;
- Maternity cultural safety team - the Cultural Safety Champions have developed over the past three years with the purpose of creating a maternity service that tackles the systemic inequalities faced by marginalised populations, and have achieved many successes including being shortlisted for a Nursing Times award regarding reducing inequalities, a Capital Midwife anti-racism award and increasing the number of cultural safety champions and representation.

SG confirmed that he and RB were Board Maternity Safety Champions and conducted monthly walkabouts where they spoke to patients, relatives and staff, and the information from these walkabouts was used to ensure continued improvement in this area. There was concern regarding reports of midwife shortages, but SG advised the Council that the Trust had a three-year action plan, and we were currently in a healthy position in relation to this as reflected in the data included in the slides. There was a discussion about the visits and who else was involved. SG and RB confirmed that there is also feedback and involvement from others, including the Chair of the Maternity and Neonatal Voices Partnership (MNVP) which is structured to represent the patient communities we serve.

Infection Prevention and Control (IPC)

- Mandatory training and surveillance programme in place across the Trust;
- Trust average hand hygiene compliance score is 96% with a 99% completion rate;
- Successfully achieving the national antimicrobial targets in the Commissioning for Quality and Innovation (CQUIN) and on the reduction of prescribing;
- Two Trust-attributed MRSA infections between April and September 2023 that occurred at the Neonatal unit at Chelsea during a period of increased MRSA incidence – even though this breached the national threshold of zero, this was a 66% reduction compared to the same period last year, and subsequently led to enhanced procedures (increased cleaning, daily audits, and reviews) and education for visitors and staff.
- Even though the Trust had a total of 28 Trust attributed cases of C.diff and 15 Community attributed cases, it continued to rank below the national average, and the action taken to address this included a Trust-wide education as part of IPC week regarding appropriate sampling, and the review of induction and training information.

Vaccination

- Current position for staff – Flu 34.27% and Covid 28.67%.
- Trust-wide vaccination clinics have been offered on both sites;
- staff webinars have been delivered for Q&A and vaccine hesitancy;
- rebrand of the campaign this year aiming at a shield of protection
- pop-up vaccination stands at key events such as meetings, Wellfest, Induction.

RB referred to the figures for the Flu and Covid vaccinations, but reiterated that the Trust was making every effort to vaccinate as many people as possible, and confirmed the cut-off dates for Covid (end of January 2024 which was the date for the national cut-off), and Flu (until the end of February 2024). The Chair echoed RB's comments and added that vaccination rates across the UK were low, and it was important for national bodies to find a new way to express how essential these vaccinations were.

4.2 Discussion on future topics for deep dives

SG asked the Council if there were any specific topics that they would like to see at the next Quality Update. Suggestions that came forward included complaints or areas of concern, patient experience, and patient communication. R.IM suggested equity within health and how the Trust addressed this. The Chair noted that health inequalities was a hot topic.

5.0 OTHER BUSINESS

5.1 Any Other Business

5.1.1 Forward Plan and schedule of Council of Governor meetings 2023- 2025

5.1.2 Governance attendance register

SG noted that Business Planning would be the topic for the CoG Briefing Session on 21st March 2024.

The Chair noted that there were two good slide presentations for today's meeting that had not been included in the original papers circulated to the CoG, and asked if these could be emailed to all Governors and attendees.

There was no other business.

The Chair thanked everyone for attending.

Date and time of next meeting: 17th April 2024 (time to be confirmed).

Meeting closed at 18.30hrs.

**MINUTES OF EXTRAORDINARY COUNCIL OF GOVERNORS (COG) MEETING****26th February 2024 16:30 - 17:00****Via MS Teams**

Present:	Matthew Swindells	North West London (NWL) Acute Provider Collaborative (APC) Chair in Common	(Chair)
	Richard Ballerand	Public Governor	(RB)
	Caroline Boulliat Moulle	Patient Governor	(CBM)
	Cass J Cass-Horne	Public Governor	(CJCH)
	Maureen Chatterley	Public Governor	(MC)
	Nigel Clarke	Public Governor	(NC)
	Ian Dalton	Patient Governor	(ID)
	Simon Dyer	Lead Governor/Patient Governor	(SD)
	Stuart Fleming	Public Governor	(SF)
	Minna Korjonen	Patient Governor	(MK)
	Rose Levy	Public Governor	(RL)
	Stella Macaskill	Patient Governor	(SM)
	Ras. I Martin	Public Governor	(RIM)
	Professor Mark Nelson	Staff Governor	(MN)
	Cllr Will Pascal	Appointed Governor	(WP)
	David Phillips	Patient Governor	(DP)
	Lucinda Sharpe	Staff Governor	(LS)
	Parvinder Singh Garcha	Public Governor	(PSG)
	Dr Desmond Walsh	Appointed Governor	(DW)
	Laura-Jane Wareing	Public Governor	(LJW)
	Jo Winterbottom	Public Governor	(JW)
In Attendance:	Stephen Gill	Vice Chair and Senior Independent Director	(SG)
	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)
Apologies:	Christopher Digby-Bell	Patient Governor	(CDB)
	Dr Nara Daubeney	Public Governor	(ND)
	Nina Littler	Public Governor	(NL)
No response:	Julie Carter	Public Governor	(JC)

1.0 STATUTORY/MANDATORY BUSINESS**1.1 Welcome and apologies for absence**

The Chair welcomed and thanked those attending for joining this Extraordinary Council of Governors (CoG) Meeting, and added that the purpose of this meeting was to confirm the result of the Lead Governor election.

The Chair noted apologies as above.

1.2 Declarations of interest

No declarations of interest were received.

2.0 FOR CONFIRMATION**2.1 Lead Governor Election Result**

The Chair provided a recap of the election process which had been approved by the CoG at the meeting on 25 January 2024.

The Chair summarised that there had been 20 votes, a turnout of 83.3%, 4 Governors had not voted, there were no invalid votes.

The Chair noted there were three candidates – NC, CDB and RIM – and confirmed that with 9 of the 20 votes NC was duly elected as the new Lead Governor. The Chair added that RIM had received 6 votes, and CDB 5 votes. The Chair congratulated NC and thanked both RIM and CDB for putting themselves forward.

SG extended his congratulations to NC, he also thanked SD for his work as Lead Governor over the last 6 years and for his overall contribution to the CoG. The Chair echoed these comments.

RB asked who the eligible candidates were for the Lead Governor role. The Chair and SG confirmed that as set out in the Constitution only Patient and Public Governors could stand, of these a subset of 10 Governors who met the criteria approved at the January CoG (minimum time served as a Governor and at least 2 years remaining) were eligible to stand in this election.

RB referred to the fact that only 20 Governors had voted, and noted that he had expected a ‘full house’ of all 24 current Governors would vote.

SD thanked everyone for their comments and support during his time as a Lead Governor, and added that he would be happy to speak to the new Lead Governor. MK extended her thanks to SD and noted that it had been a pleasure to work with him as Lead Governor. MK also congratulated NC.

NC thanked everyone and confirmed that he would contact SD to discuss the Lead Governor role. NC added that the Governors had given him a clear idea of what they wanted as Lead Governor, and was pleased that there would also be an election for the Deputy Lead Governor role. NC confirmed that he would work with the Governors to ensure that there was continuous support and constructive challenge for the Trust.

The Chair asked when the Deputy Lead Governor election would take place, GC confirmed that this was planned for June 2024.

DP added his congratulations to NC, and thanked CDB and RIM for standing, and he hoped that RIM would now stand for the Deputy Lead Governor role.

DP raised the issue of Governor non-attendance at the Quarterly CoG meetings, and asked what the process was if Governors did not attend two or three consecutive meetings and who were therefore generally not participating in their role as a Governor. MK noted that this was addressed in the Trust’s Constitution. Through discussion, the Chair commented that DP’s question related to how vigorously the Constitution was followed in dealing with these issues, he suggested the new Lead Governor would address this with himself and SG.

RL added that she agreed with DP’s comments, and asked why there were Governors who were not participating. RL also noted that that the candidate who came second in the Lead Governor election should become the Deputy Lead Governor as this would save time and money. The Chair commented that it had been previously agreed that the Deputy Lead Governor elections would take place separately from the Lead Governor elections.

In discussing the issue of Governor’s non-attendance further, SF commented that there could be genuine reasons or circumstances as to why a Governor could not attend a meeting, so the Council had to be cautious in addressing the issue, as this could work against us if we were trying to attract ‘new blood’ and a different demographic of people to become Governors.

DP asked if a report or recommendation regarding how the issue of dealing with non-attendance would be dealt with would be referred back to the Council. The Chair commented that the first step

would be to hold a meeting with SG, NC, DP and GC to discuss this further. SD noted that a procedure was already in place that was not onerous and could be continued.

3.0 OTHER BUSINESS

3.1 Any Other Business

There was no other business.

Date and time of next meeting: April Quarterly CoG and Annual CoG 'Away Day': Wednesday 17 April 2024.

Meeting closed at 17:00hrs.

2. UPDATES

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

UPDATE

REFERENCES

Only PDFs are attached

 2.1 CoGs Chairs Report 17 April 2024 final.pdf



CONFIDENTIAL

TITLE AND DATE <i>(of meeting at which report to be presented)</i>	Council of Governors Meeting 17 April 2024
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AGENDA ITEM NO.	2.1
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TITLE OF REPORT	Council of Governors Chair's Report
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AUTHOR NAME AND ROLE	Matthew Swindells, Chair – North West London Acute Provider Collaborative (APC)
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ACCOUNTABLE EXECUTIVE DIRECTOR	n/a
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PURPOSE OF REPORT									
<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		
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REPORT HISTORY 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								

SUMMARY OF REPORT AND KEY MESSAGES THE MEETING NEEDS TO UNDERSTAND	An update on CWFT and the APC from the Chair to the Council of Governors
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KEY RISKS ARISING FROM REPORT	
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STRATEGIC PRIORITIES THIS PAPER SUPPORTS (please confirm Y/N)	
Deliver high quality patient centred care	
Be the employer of Choice	
Deliver better care at lower cost	

IMPLICATIONS ASSOCIATED WITH THIS REPORT:															
<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></td> </tr> <tr> <td>People (Workforce or Patients/Families/Carers)</td> <td></td> </tr> <tr> <td>Operational Performance</td> <td style="text-align: center;">x</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 style="font-size: small;">please mark Y/N – where Y is indicated please explain the implications in the opposite column</p>	Equality And Diversity		Quality		People (Workforce or Patients/Families/Carers)		Operational Performance	x	Finance		Public Consultation		Council of Governors		
Equality And Diversity															
Quality															
People (Workforce or Patients/Families/Carers)															
Operational Performance	x														
Finance															
Public Consultation															
Council of Governors															

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)	

Appointments and Recruitment

I would like to begin my report by thanking Neville Manuel who is stepping down this month at the end of his term. Neville has been a Board member at The Hillingdon Hospitals NHS Foundation Trust (THHFT) for the last three year and at Chelsea and Westminster Hospital NHS Foundation Trust (CWFT) since September 2022. He has contributed hugely to those two trusts and to the Acute Provider Collaborative (APC), in particular bringing valuable insight as Chair of audit at THHFT and across the wider APC.

I am delighted to welcome Loy Lobo officially on to the Board in Common, who joined as NED at LNWH and ICHT in February. I am also very pleased to announce Vineeta Manchanda will be joining the North West London Acute Provider Collaborative from 1 May 2024. Vineeta will be a Board member for THHFT, where she will chair the Audit Committee, and a Board member for CWFT, where she will be a member of the Quality and Safety Committee and the Finance and Performance Committee. Loy and Vineeta bring an enormous range of NHS and industry experience to the APC.

As you may be aware, Steve Gill's end of term is due to finish in October 2024, which means he will be leaving his role as Vice Chair at CWFT and as a NED at THHFT. Also, Catherine Jervis is stepping down later this year, in September, as Vice Chair at THHFT and a NED at CWFT. We are in the early stages of planning the recruitment processes, please find a draft timetable (timings/headings subject to change) below. Once we have finalised the plans we will share final details.

Stage 1		
May 24	<ul style="list-style-type: none"> Vice Chair Expression Of Interest process 	Directors of Corporate Governance and Chief of Staff
May/June 24	<ul style="list-style-type: none"> Out to Tender for Search Company and Recruit Drafting of Recruitment Materials 	Chief People Officers and Chief of Staff
Stage 2		
June 24	Out to Advert for NED recruitment	
June/July 24	<ul style="list-style-type: none"> Hold Open Evening Close Advert Longlist Shortlist Arrange Interviews Confirm Stakeholder Panel Confirm Main Interview Panel 	
Late July 24	Hold Interviews	
Stage 3		
July/August 24	Approvals	Directors of Corporate Governance and Chief of Staff

The Acute Provider Collaborative

The NHS planning guidance was published by NHS England at the end of last month, 3 months later than usual, which means the deadline to submit our Business Plans is in May this year. In the papers that went to the April Board in Common (BiC) meeting you can see the latest iterations of the plans which show the work and preparation the teams across the four Trusts have been diligently doing so we can actively start 2024/25 in the best position to deliver our operational, financial and business plans from the start of the year.

It is an important time in the year, where we take stock and look back at what we have collectively achieved in the past twelve months. We have made great strides not just in our individual Trusts but across the Acute Provider Collaborative (APC) where we have improved in many areas in often challenging circumstances. Which is thanks to the hard work and dedication of all our staff and volunteers across the APC.

Following on from last year, we have again delivered more elective activity compared to pre-COVID levels; despite a challenging winter and an increase in demand we have improved our A&E performance across the board and in some Trusts delivered amongst the best performance in London; and we continue to provide one of the safest acute hospital care, as measured by the Summary Hospital-level Mortality Indicator, of any ICS in England. The Trusts continue to support each other to optimise acute care across North West London (NWL), to reduce the waiting list for patients on our long waiting pathways. A new patient safety incident response framework (PSIRF) is being implemented across the four Trusts with a new approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and delivering improvement.

Over the last year two Community Diagnostic Centres (CDC) have opened across the APC in Willesden and Wembley, with a third CDC due to open at Ealing in June. These centres will increase diagnostic test capacity across NWL. There has been plenty of capital activity over 2023/24 and going forward across our 12 sites, examples of these are, the Treatment Centre refurbishment at Chelsea Hospital and the Ambulatory Diagnostic Centre (ADC) at West Middlesex Hospital are both now underway. The major refurbishment of the Western Eye was completed last summer; the Modular Unit for an A&E ward at Northwick Park Hospital is nearing completion.

The governance model for the APC has been a good mechanism for encouraging and strengthening collaborative working between the Trusts, in particular allowing Trusts to focus on standardising and improving working practices for the benefit of patient outcomes. The internal audit review of the collaborative governance arrangements, completed in November 2022, concluded that the governance model for the Collaborative is operating appropriately overall to enable the individual Trust Boards to fulfil their required duties, but highlighted some areas for improvement to the existing model.

These included ensuring individual Trust issues are discussed adequately and improving reporting and risk management. A proposal went to April's BiC, for each Trust Board to delegate authority for the establishment of a Standing Committee of the Trust Board. The standing committee will provide an opportunity for each Trust Board to consider Trust performance, issues and risks, and receive assurance from executive directors, across all domains, and to provide assurance to the Trust Board, meeting in public as the Board in Common, that local issues and risks are being managed.

The review also identified the need for the APC to formally set its strategic direction, which we had already given some thought to and have now started this work to look at areas where we can work more effectively at scale together. We are engaging with staff and

patients across NWL to develop a shared strategy, which as an APC will focus our partnership over the next three years, setting out clear goals for what we would like to achieve together. The aim is for the APC strategy to come to July BiC and will be discussed with the CoGs in the coming months.

Staff Survey Results

On the 7 March 2023 NHS staff survey results were published, they provide excellent insight into where our people think we are doing well and where we need to do better. There are plenty of learnings to take out of the staff survey and much more work to do, but there has been significant improvements in all areas across the four Trusts. CWFT ranked the second best Trust to work at in London with over 70% of staff “agreeing” or “strongly agreeing” they would recommend it as a place to work.

Elective Orthopaedic centre (EOC)

NWL EOC activities have continued at pace to prepare for the shift to full capability from mid-April 24 as planned. This will provide two additional operating theatres (making a total of 5 theatres), a new 10 bedded recovery area and expanded ward and staff facilities; these new spaces were handed over from the contractor as scheduled on 28 March 2024.

Patient experience and feedback has been very positive with patients commenting specifically on the high quality of service with specific positive feedback on the flow of care during their admission, being kept well informed throughout the pathway, staff being attentive and helpful, and with overall satisfaction with the facilities. Over 110 patients have responded to the Friends and Family Test (FFT) survey with the overall positive rating being 95.8%. Additionally, no transport issues have been reported and the EOC patient pathway team are checking to ensure every patient is offered support in accordance with the designed transport plan.

The EOC focus is now on a safe transition to full delivery, ironing out the remaining teething issues of patient scheduling to improve overall productivity and welcoming the first partner surgeons from THHFT, who will use the centre for the first time, from early April. The official opening of the centre at Central Middlesex Hospital is scheduled for 13 May 2024.

Fit and Proper Person Test (FPPT) requirements

NHS England has developed a Fit and Proper Person Test (FPPT) Framework in response to recommendations made by Tom Kark KC in his 2019 review of the FPPT (the Kark Review). This also takes into account the requirements of the Care Quality Commission (CQC) in relation to directors being fit and proper for their roles.


The framework introduces a means of retaining information relating to testing the requirements of the FPPT for individual directors, a set of standard competencies for all board directors, a new way of completing references with additional content whenever a director leaves an NHS board, and extension of the applicability to some other organisations, including NHS England and the CQC

As Chair of each Trust, I am responsible for ensuring that each organisation conducts and keeps under review a FPPT to ensure board members are, and remain, suitable for their role. The Governance and HR teams have been working on assessing all Board members of the BiC to ensure we have the proper checks and information on file ahead of the NHSE submission later this year.

2.2 CHIEF EXECUTIVE'S REPORT AND TRUST UPDATE

REFERENCES

Only PDFs are attached

 2.2 CEO Report and Trust Update.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

Winter has presented a number of challenges, particularly for our colleagues who have been managing the increasing demand in our urgent treatment centre (UTC) and emergency department (ED) services. In February 2024, A&E 4-hour performance was 81.78%, which was the highest in London. Overall, activity levels were strong despite industrial action and winter pressures. Our operational teams remain focused on expediting long waiting pathways, and enhanced oversight and targeted interventions continue for at-risk specialities. Our focus on performance and discharge has ranked us consistently in London through the months of February and March and we are placed 8th nationally, despite managing through periods of industrial action and a rising demand of our services. This is thanks to the unwavering commitment and team work of all our staff.

Site developments continue to move forward at our hospital sites, and I am pleased to see the progress underway for our development projects—the Ambulatory Diagnostic Centre (ADC) at our West Middlesex Hospital site and the Treatment Centre refurbishment at Chelsea Hospital. As we commence works for the ADC, we are also ensuring that we involve local residents and staff on our plans with regular scheduled engagement events.

Our work within digital innovation has been recognised nationally with a number of our staff and services being shortlisted in the national HSJ Digital Awards for our pilot artificial intelligence (AI) project and for Digital Leader of the Year. Dora is an AI solution supporting patients through the cataract pathway, by delivering routine clinical conversations, booking appointments and check-ups, freeing up clinician time for work further along the care pathway. Our staff have also led and contributed to the national tech conference 'Rewired', leading on a number of talks on AI and Femtech for gynaecology treatment.

The results of the NHS Staff Survey 2023 show that the Trust is rated number two in London among our acute hospital peers as a place to work and is recognised as one of the leading trusts nationwide. This achievement offers valuable insight into our organisation's strengths and demonstrates what it is like to work and receive care at the Trust.

While the overall results are hugely positive there are areas we continue to need to improve—including the violence and discrimination our colleagues face at work which we

know has a huge impact. We will continue our focus to make Chelsea and Westminster Hospital NHS Foundation Trust a safe place to work where everyone can thrive.

2.0 Quality and safety

- 2.1 **Summary:** Over the past quarter the Trust is confirmed as compliant with all elements of year five of the Maternity Incentive Scheme. The level of Never Events is at five year to date, and a review of barriers is being completed. The new Patient Safety Incident Framework (PSIRF) methodology is being utilised across all services, but the trajectory for compliance with training remains a focus and is monitored through the Trust governance structure.
- 2.2 **Quality Priorities** – the proposed priorities for the year 2024/25 are: deteriorating patients, tobacco and smoking reduction, improving care for our frail patients, patient experience (nutrition and hydration) and continued implementation of PSIRF.
- 2.3 **Infection Control** - infections are running above thresholds locally, noting that this is consistent with the sector, regional and national picture. Clostridium Difficile (C. diff) infections are at 31 year to date. No lapses of care have been identified in the newly identified cases and the need for correct testing of patients has been reinforced. One Trust-attributed case of MRSA was also recorded for January 2024 (bringing the figure to a total of four cases year to date).
- 2.4 **Complaints** –97% of complaints were responded to within the 25-day KPI (target 95%) during January 2024, an improvement on the position last quarter. Compliance with responding to PALS concerns within five working days was at 91% (KPI 90%).
- 2.5 **Patient experience** – Admitted patients across both main hospital sites continue to report positive experiences of their care and the response rate to the Friends and Family Test survey remains over 35% of patients. A&E satisfaction rates remain consistent with previous months and themes from feedback continue to be shared with respective leads. Response rates for these areas is 2-3 times above the national average. Women accessing maternity care at Chelsea reported an improved experience in January compared to previous months. Findings where experience could be better have been shared with leads to support with ongoing improvement work.

3.0 Operational performance

- 3.1 A&E 4-hr waiting times, the Trust reported a combined performance of 81.87% with 24,661 attendances, which continues on a month-on-month improvement. Our urgent and emergency care (UEC) Winter Plan continues to focus on performance throughout the UEC pathway, from ED to discharges.

The Trust continued to make progress on reducing backlogs, as the 65ww and 78ww are showing corresponding decreases, despite another challenging period of industrial action and winter pressures. However, there was a slight increase in the 52ww cohort, and it is anticipated that the majority of those in this cohort are on a non-admitted pathway and require outpatient or diagnostic services. The NHS drive to book and see patients in the RTT long-waiting cohorts is expected to support improving this position. These patients are tracked and reported through the weekly Trust Elective Access meeting.

Cancer (Final Previous Month, Unvalidated Current month) 62-Day: The 62-day combined target was not compliant in January 2024. The unvalidated position for February 2024 is 82.39%, impacted by a high volume of breaches in Urology. Diagnostics have been somewhat challenged with reduced capacity following equipment failures in CT and MRI, which has had an adverse impact on this target. Recovery plans to improve diagnostic capacity are in place and monitored at the appropriate forums. 28-Day faster diagnosis standard (FDS): Performance against the FDS target was not compliant in January 2024 with a performance of 72.24%.

The February 2024 unvalidated position shows an improved position of 81.36%. 31-Day: The 31-day combined target was not compliant in January 2024, with a performance of 95.7%. The February 2024 unvalidated position shows an improved position with a performance of 98.44%. The cancer services are leading a weekly assurance meeting for those tumour sites that are driving some of the underperformance. These meetings are having a positive effect.

4.0 Finance and estates

4.1 Finance:

At month 11 the Trust is reporting a year to date adjusted surplus of £0.01m, this is £0.01m adverse against the year to date (YTD) plan. The YTD position is largely driven by;

- Consultant and Junior Doctors industrial action has created a £3.9m pressure, which is a combination of cost (£6.6m) and income loss (£6.0m), partially offset by funding (£8.7m);
- Non-pay inflation above the funded levels of £1.8m;
- Other items totalling a benefit of £2.4m; including CNST Maternity Incentive Scheme Bonus payment of £4.1m and balance sheet and other various items of (£1.8m);
- Cost Improvement Programme (CIP) delivery is ahead of plan £0.5m YTD;
- Elective recovery fund (ERF) over-performance £16.4m, offset by associated costs of £13.5m, net benefit of £2.9m.

The Trust's forecast is now breakeven, which accounts for additional funding received this month to offset cost pressures from the December to February industrial action. The capital spend at month 11 is £32.68m against a plan of £43.99m, due to timing differences in the capital programme. The gross forecast is £49.23m.

At the end of month 11 the cash balance was £164.74m.

4.2 Estates:

4.2.1 Treatment Centre at Chelsea and Westminster

The construction works on the lower ground floor at Chelsea are now moving at pace, with construction of walls now starting in the new Therapies Outpatient Department and admin areas. The construction is part of wider works linked to the redevelopment of the Treatment Centre, which will help increase its footprint by more than 70% and add two additional theatres. The Treatment Centre redevelopment will also improve recovery facilities for patients by developing a new overnight recovery area, thereby allowing more complex procedures to take place.

4.2.2 Ambulatory Diagnostic Centre (ADC) at West Middlesex

Construction work has commenced in March 2024 and aims to be complete by summer 2026. The new five-storey facility will provide vital diagnostic and treatment services in cancer, renal and imaging for local residents in Hounslow, Richmond and Ealing. It aims to reduce health inequalities, improve patient outcomes and provide care closer to home – freeing up space in the main hospital for inpatient care. Cancer and renal disease account for one of the largest health impacts for the local population. The ADC will double capacity for these services, ensuring that the local community can access treatment locally. The new £80 million investment is the largest capital project that the Trust has ever run, which includes a £16.5 million capital grant from NHS England. The centre will support outpatient care and will offer day services for patients, opening approximately 12 hours per day, six days a week.

5.0 People

- 5.1 The results of the NHS Staff Survey 2023 have been published, with more than half of our staff (51%) staff sharing their experience of working at Chelsea and Westminster Hospital NHS Foundation Trust, as well as our Bank only staff. Our Trust has been rated number two in London as a place to work and recognised as one of the leading trusts nationwide. I am encouraged and incredibly proud of the results for our Trust, which is a tribute to the work of more than 6,700 colleagues. Overall, our results indicate high levels of engagement, recognition and learning as more staff than ever are sharing their experiences. We also score higher than average for being compassionate and inclusive, and our staff feel that they have a voice that counts.

While the overall results are hugely positive, there are areas we continue to need to improve—including the violence and discrimination our colleagues face at work, which we know has a huge impact on everyone who works here. We will continue our focus to make Chelsea and Westminster Hospital NHS Foundation Trust a safe place to work where everyone can thrive.

- 5.2 We continue to run our core health and wellbeing (H&WB) offer consisting of 'Healthy Mind, Healthy Body', 'Healthy Living' and 'Feeling Safe'. We have continued with quarterly 'Wellfest' events where staff have access to self-care webinars, mindfulness sessions, bike doctor days, financial advice and interaction with a wide range of information and resource stalls from Schwartz rounds to Staff Networks. Mental Health First Aiders (MHFA) continue to offer support across the Trust, visiting wards and departments and working closely with managers. Our Wellbeing Lead is now a certified MHFA trainer and is training more staff to increase the number of MHFAs (currently 143). Our 110 Wellbeing Champions continue to be popular, providing support during industrial action periods and supporting the Trust wide vaccination programme and staff survey campaigns. We have continued contract reviews on a number of our H&WB related contracts to identify further opportunities for staff, increase awareness and enable equitable access. These include contracts offering salary sacrifice, psychological support, emergency childcare and nursery partnership options.
- 5.3 On 11 March, we launched the NHS-specific Team Leader Apprenticeship programme, developed in partnership with Harrow, Richmond, and Uxbridge College (HRUC). This aligns the apprenticeship standard with NHS-specific activities, allowing staff to learn on the job and apply new skills in their existing role within the NHS. The pilot cohort comprises staff from Chelsea and Westminster and Hillingdon Hospitals Trusts across a

range of teams including: research, nursing, midwifery, facilities, therapies, administrative and clerical. On completion, apprentices may apply to become an associate with the Chartered Management Institute (professional body for leaders and managers).

6.0 Equity, diversity and inclusion

6.1 In March we celebrated the contribution of our women on International Women's Day (IWD) 2024 with a week of events, talks and stalls right across the organisation. Our clinicians also led on our first women's health forum at West Mid which involved women from the Polish Society, the Asian Women's Resource Centre and the Hounslow Women's network, that brought together recommendations and steps that support better patient experience from all our communities. This has led to wider work linked with our patient experience team for positive progress.

A number of clinicians also took part in a local Women Convention and Expo event at the Hilton Hotel at Syon Park and met with community engagement officers, community groups and women's champions. Building these relationships within our community will be vital as we work collaboratively to tackle women's health inequalities.

6.2 Ramadan: we have been supporting the wellbeing and work environment for our staff observing the holy period of Ramadan with prayer mats provided and guidance to all our staff on supporting colleagues who are fasting during this period.

6.3 International Transgender Day of Visibility (TDoV) on 31st March is an important date for our services and staff, as it is dedicated to celebrating transgender and non-binary people. To mark this, we hosted a number of events with various members of staff, as well as a special guest from Trans Radio UK.

7.0 Chelsea and Westminster NHS Trust updates

7.1 The expansion of the Chelsea Centre for Gender Surgery (CCGS) aligns with Trust vision to become an international centre of excellence in Gender-affirming care. The remote monitoring pathway for TransPlus service users on hormone therapy will enable greater follow-up capacity without the need for service users to travel to a clinic in London. This is particularly important given the increase in proportion of service users living outside of London. We have increased awareness of '*Sexual Health Hounslow*' through campaigns and outreach re dermatology, also with improved coding to increase the accurate recording of activity, especially around outpatient procedures.

7.2 I am pleased to announce the launch of the Older Adult Cancer Service (OACS), which will see its first patients this month. The team aims to optimise care for older patients who are starting cancer treatment by offering holistic, one-stop clinic appointments with access to a specialist multidisciplinary team, including oncology and care of the elderly doctors, clinical nurse specialists, physiotherapists, occupational therapists and pharmacists. Oncology teams will be able to refer patients directly to the OACS.

7.3 We marked Endometriosis Action Month, a condition that affects 1 in 10 women. We continue to be leaders in women's health research and hosted patient engagement events across both sites to offer further information and support to those who have been diagnosed, as they consider their treatment options. In collaboration with NHS England,

Consultant Gynaecologist Dr Manou Manpreet Kaur at the Trust has supported a number of digital channels on the support available.

- 7.4 The Hot Topics in Global Health conference is set to take place on 13 and 14 May 2024 at Chelsea and Westminster Hospital. This two-day international conference aims to address the challenges and priorities of global health, particularly in low resource settings.

Clinicians and non-governmental organisation (NGO) workers, in various specialties such as neonatal and child health, maternal health, mental health, infectious diseases will take part. Speakers will include delegates from The Royal College of Paediatrics and Child Health, The Royal College of Physicians, The Royal College of Obstetricians and Gynaecologists, The London School of Hygiene and Tropical Medicine, Liverpool School of Tropical Medicine and The David Nott Foundation.

8.0 Research and innovation

- 8.1 Our Annual Report on Research was considered this quarter, setting out the impressive record of research and innovation within the Trust, along with an update on the implementation of the Research and Development Strategy. Our strategy sets out the aim of giving everyone the opportunity to take part in research with the objective of creating an environment which gives all those living in North West London or working in the Trust the opportunity to take part in research. The key focus for the coming year is to ensure that our research activities are further extended on the West Middlesex as well as Chelsea site, and to reflect the demographic profile of local residents. Above all the research undertaken must not only be interesting, but be translated into the improved care and experience of our patients.

9.0 Stakeholder engagement

9.1 Recognition and celebrating success.

- 9.1.1 We celebrated 10 years of Dean Street Express, our pioneering sexual health clinic, reflecting on a decade of ground-breaking achievements and innovations that have shaped the landscape of sexual health and HIV care in London. Dean Street Express, based in the heart of Soho, offered a unique one-stop shop approach, with walk-in appointments and testing onsite for sexually transmitted infections (STIs) with rapid results back in six hours, a method since recognised internationally as a first of its kind. The clinic has performed over 520,000 HIV tests over the past 10 years, as the dedicated team continue to work towards the Government's goal of eliminating HIV transmission in the UK by 2030.

A number of our staff joined the national health tech conference Rewired this year held in Birmingham. Our Digital Operations team joined NHS England to lead on a talk on the increasing role of AI and the need for health systems to focus on data quality. The Women's Health Research clinical leaders from West Mid also presented on the benefits of virtual reality to reduce pain and anxiety for procedures. Well done to everyone involved, highlighting our commitment to innovation and implementing beneficial health technology, while prioritising patient safety.



- 9.1.2 I am pleased to announce that the HIV team behind Klick have been awarded the Most Effective Contribution to Clinical Redesign Award in the HSJ Partnership Awards. The team attended the awards ceremony, where they were recognised as winners in this category for their work in redesigning clinical support for people living with stable HIV.
- 9.1.3 Christina Sothinathan, Innovation Business Partner, has also been shortlisted as Digital Leader of the Year. Christina works in the CW Innovation team and supports the Trust to implement digital solutions—including AI—to safely improve patient pathways and efficiency at the Trust.
- 9.1.4 The Heart Failure team at the Trust were recognised as finalists at the HSJ Partnership Awards in the HealthTech Partnership of the Year category. In collaboration with Patients Know Best, we have adopted a digital-first approach which exemplifies how digital solutions can enhance patient care and support patients living with heart failure.
- 9.1.5 Congratulations to Sandra De Oliveira Camillo, Healthcare Assistant in the Early Pregnancy Unit at the Chelsea site, who has been awarded the NHS Chief Nursing Officer and Chief Midwifery Officer Support Worker Excellence Award. Sandra has been recognised for this esteemed award due to her achievements in areas including patient care, respect, dignity, compassion and promoting equality, diversity and inclusion. Thank you for all your hard work, Sandra, and well done on this achievement.

3. FOR DISCUSSION

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

REFERENCES

Only PDFs are attached

-  3.1 Annual Report from the Chair of the Finance and Performance Committee (Cover Sheet).pdf
-  3.1a Annual Report from the Chair of the Finance and Performance Committee.pdf



CONFIDENTIAL

TITLE AND DATE <i>(of meeting at which report to be presented)</i>	Council of Governors Meeting – 17 April 2024
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AGENDA ITEM NO.	3.1
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TITLE OF REPORT	Finance & Performance Committee – Chair's Annual Report
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AUTHOR NAME AND ROLE	Patricia Gallan - Non-Executive Director and Chair of the Finance and Performance Committee
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ACCOUNTABLE EXECUTIVE DIRECTOR	Virginia Massaro, Chief Financial Officer
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PURPOSE OF REPORT <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 70%;">Decision/Approval</td> <td style="width: 30%;"></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> <p style="font-size: small; margin-top: 5px;">Please tick above and then describe the requirement in the opposite column</p>	Decision/Approval		Assurance	X	Info Only		Advice		To provide the Council of Governors with assurance on the deployment of the Terms of Reference of the Finance and Performance Committee and its associated work and activities over the past 12 months.
Decision/Approval									
Assurance	X								
Info Only									
Advice									

REPORT HISTORY 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								

SUMMARY OF REPORT AND KEY MESSAGES THE MEETING NEEDS TO UNDERSTAND	The report focuses on Committees’ areas of achievements and priorities.
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KEY RISKS ARISING FROM REPORT	
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STRATEGIC PRIORITIES THIS PAPER SUPPORTS (please confirm Y/N)	
Deliver high quality patient centred care	X
Be the employer of Choice	
Deliver better care at lower cost	X

IMPLICATIONS ASSOCIATED WITH THIS REPORT: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 80%;">Equality And Diversity</td> <td style="width: 20%;"></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 style="text-align: center;">Y</td> </tr> <tr> <td>Finance</td> <td style="text-align: center;">Y</td> </tr> <tr> <td>Public Consultation</td> <td></td> </tr> <tr> <td>Council of Governors</td> <td style="text-align: center;">Y</td> </tr> </table>	Equality And Diversity		Quality		People (Workforce or Patients/Families/Carers)		Operational Performance	Y	Finance	Y	Public Consultation		Council of Governors	Y	Annual report providing financial and performance assurance for COG members.
Equality And Diversity															
Quality															
People (Workforce or Patients/Families/Carers)															
Operational Performance	Y														
Finance	Y														
Public Consultation															
Council of Governors	Y														

please mark Y/N – where Y is indicated please explain the implications in the opposite column	
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REASON FOR SUBMISSION TO THE BOARD IN PRIVATE ONLY (WHERE RELEVANT)	
Commercial Confidentiality	Y/N
Patient Confidentiality	Y/N
Staff Confidentiality	Y/N
Other Exceptional Circumstances (please describe)	

Chelsea and Westminster Hospital NHS Foundation Trust (CWFT) Finance and Performance Committee – Chair’s Annual Report to the Council of Governors (CoG), April 2024.

This report summarises the work of the CWFT Board Finance and Performance Committee for the past year.

1-Introduction/Governance Structure:

(i)-CWFT Finance and Performance Committee:

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

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

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

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

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

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

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

In relation to Operational Performance the objectives are:

- Gaining assurance on the effective operational performance of the organisation, with a focus the constitutional standards.
- Review and monitor key performance indicators and progress in respect of the Elective Recovery Programme.
- Reviewing and recommending to the Board the Annual Operational plan.
- Review and monitor the outputs of the Performance metrics utilising the Integrated Quality & Performance Report.

In relation to Estates and Sustainability these objectives are:

- The Committee will monitor and oversee the delivery of the Trust's Estates, Facilities and capital development annual plan including funding and ongoing alignment with the Trust's objectives.
- The Committee will advise on and govern the delivery of the Estates Strategy ensuring ongoing alignment to Trust objectives.
- The Committee will monitor and oversee the delivery of the Trust's Sustainability Strategy through the receipt of periodic reports against sustainability Key Performance Indicators.

In relation to Risk these objectives are:

- The Committee will monitor risks identified in the Trust's Board Assurance Framework that have been allocated for oversight by the Committee
- The Committee will establish and maintain an overview of the Trust's financial risks and risks to the delivery of the Trusts IM&T, estates, facilities and sustainability plans and ensure the effectiveness and implementation of controls to mitigate risks.

2-CWFT Finance and Performance Committee Membership and Attendance:

(i)-Non-Executive Director (NED) membership: Nilkunj Dodhia's term as a NED and Chair of the Finance and Performance ended in 2023, with his last meeting as Chair of this Committee being 1 June 2023. My appointment as a NED began on 3 July 2023, with my first meeting as Chair of the Finance and Performance Committee taking place on 7 September 2023.

The other NED committee members during the 12-month period to April 2024 were:

Neville Manuel (throughout the 12 months), Peter Goldsbrough (to June 2023) and Carolyn Downs (from September 2023).

(ii)-Executive Director membership:

Lesley Watts (Chief Executive Officer) and Virginia Massaro (Chief Financial Officer), Chief Operating 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 as planned.

3 – Areas of focus and achievement

3.1 Annual Business Plan

The Committee reviews the draft business plan, scrutinising the content and proposals before recommendation to the Trust Board in Common. Progress against the Trust's Business Plan is then monitored at each meeting. The Trust has a strong track record of delivery against the Plan, and indications suggest that this is the position for 2024/25.

3.2 Financial performance

The Committee performs a key role in overseeing the financial performance of the organisation through review of standing reports at each meeting setting out the most recent financial position, including any risks to this. This includes a number of elements, including ensuring that the Trust delivers against the cost improvement programme (CIP) targets agreed in the business plan and also considers income from Trust activity. On both these measures the Trust has performed well in meeting set targets and for example exceeding income targets through treating as many patients as possible on the waiting list.

3.3 Business cases

The Committee reviews and approves business cases within agreed limits, scrutinising the proposals to ensure they are the right thing to do for patients, are within budget and deliver value for money. These have included additional bed capacity at West Middlesex, replacement to equipment (endoscopy, ventilation, boilers, PCs and laptops) and our flagship estate developments (see below). The Committee also considers post investment reviews to check that delivery has been in line with the proposed benefits as set out in the original case – e.g. robotic surgery. We have asked for future performance data to help us understand better whether further investment could potentially enhance performance and be value for money.

3.4 Estates projects

In addition to approving or recommending business cases for major schemes, the Committee tracks progress, including for the new Chelsea and Westminster Hospital Treatment Centre and the West Middlesex Ambulatory Diagnostic Centre (ADC). These are major flagship schemes which will have a significant positive impact on care and access for the local population.

3.5 Operational performance

The Committee considers the key NHS Constitutional and a range of other standards including: A&E, elective waiting lists, diagnostics and cancer referrals. The Trust is a top performer for many of these, including for example for A&E where the Trust performed above the NHSE target and secured additional capital investment monies/limit as a result.

3.6 Digital

The Committee receives updates on the Trust's digital programme and developments, an area the Trust is a national leader on, having secured national funding to develop more integrated digital systems to better coordinate care for patients.

4 – 2024/2025 Finance and Performance Committee Priorities:

The focus for the next year is close oversight of the financial position given the more challenging position for 2024/25, continued focus on elective recovery – treating those patients in priority order who have been waiting the longest, maintaining and improving on the strong operational performance (e.g. A&E, cancer, diagnostics), our digital programme and developments and our overall capital programme, with a focus on oversight of delivery and budget for the ADC and Treatment Centre.

5-Comments/Assurance:

The Committee has been very impressed with the financial management of the executive and its close scrutiny and management of the budgets, which has resulted in a break-even-surplus at the end of the year. The estates projects have received significant executive oversight which has ensured that contractual issues that could have potentially delayed delivery of programmes have been identified early and further those have been escalated to the F&P Committees for noting and action where appropriate.

Operational Performance has been challenging in the last 12 months with Elective Care Recovery remaining a point of note at each Committee. It should be noted that the Committee is satisfied that the Executive is taking robust action to continually review, mitigate and manage the waiting lists against a backdrop of industrial action and increased demand. It is recognised and applauded that invariably the Trust is in the top tier of performing hospitals and the effort and work that this has taken by all Staff and the Executive. In fully recognising the challenges involved and that much of this is out with the control of the Executive, performance will remain an area of focus for the Committee.

Patricia F. Gallan
Chair of CWFT Finance and Performance Committee


April 2024

3.2 STAFF SURVEY UPDATE

REFERENCES

Only PDFs are attached

 3.2 CW Staff Survey 2023 CoG (Cover Sheet).pdf

 3.2a CW Staff Survey 2023 - CoG.pdf



CONFIDENTIAL

TITLE AND DATE <i>(of meeting at which report to be presented)</i>	Council of Governors Meeting 17 April 2024
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AGENDA ITEM NO.	3.2
TITLE OF REPORT	National Staff Survey Results 2023
AUTHOR NAME AND ROLE	Onai Muchemwa, Deputy Chief People Officer
ACCOUNTABLE EXECUTIVE DIRECTOR	Lindsey Stafford Scott, Chief People Officer

<p>PURPOSE OF REPORT</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">Decision/Approval</td> <td style="width: 30%; text-align: center;">/</td> </tr> <tr> <td>Assurance</td> <td></td> </tr> <tr> <td>Info Only</td> <td></td> </tr> <tr> <td>Advice</td> <td></td> </tr> </table> <p>Please tick above and then describe the requirement in the opposite column</p>	Decision/Approval	/	Assurance		Info Only		Advice		<p>This paper provides a summary of the results for the 2023 National Staff Survey and sets out a plan for communication of results and improvement planning. The paper summarises the results of the survey for substantive staff and bank-only staff.</p>
Decision/Approval	/								
Assurance									
Info Only									
Advice									

REPORT HISTORY Committees/Meetings where this item has been considered	Committee	Date of Meeting	Outcome	
	WDC	28/02/2024		
	People and Workforce Committee	08/03/2024		

SUMMARY OF REPORT AND KEY MESSAGES THE MEETING NEEDS TO UNDERSTAND	<p>The National Staff survey was conducted in September to November 2023.</p> <p>The survey response rate was 51% (3523 responses), which is an improvement from 45% (2901 responses) in 2022. This was a total increase of 622 responses. The median response rate across all acute Trusts was 45%. We also saw 266 (14.6%) respondents complete our “Bank Only” survey against the national average response rate of 19%.</p>
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KEY RISKS ARISING FROM REPORT	Staff experience
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STRATEGIC PRIORITIES THIS PAPER SUPPORTS (please confirm Y/N)	
Deliver high quality patient centred care	Y
Be the employer of Choice	Y
Deliver better care at lower cost	

IMPLICATIONS ASSOCIATED WITH THIS REPORT:		
Equality And Diversity	Y	
Quality	Y	
People (Workforce or Patients/Families/Carers)	Y	
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	Y/N
Patient Confidentiality	Y/N
Staff Confidentiality	Y/N
Other Exceptional Circumstances (please describe)	Results are under embargo until 7th March 2024

Introduction

- The survey response rate for substantive staff was **51%** (3523 responses), an improvement from 45% (2901 responses) in 2022. The median response rate across all acute Trusts was **45%**. 266 (**14.6%**) respondents completed our “Bank Only” survey.

Substantive staff results

- Findings are reported against 9 themes made up of 7 People Promises, staff engagement and staff morale. The results show that out of 9 themes, scores in 6 themes are significantly better than the acute average. The theme where we score slightly below the acute average is “We work flexibly” (6.13 compared to an acute average of 6.20). As a Trust, we have improved significantly in “We are recognised and rewarded” and “We are always learning” compared to 2022.
- The scores for our “Friends are Family” test questions show an improvement in the number of staff who would “recommend my organisation as a place to work” from 65.56% in 2022 to 70.07% in 2023, which is better than the average acute score of 60.52%. In answer to the question “If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation”, 70.07% responded positively, which is statistically better than 2022’s 64.56% and the acute average score of comparison group at 60.52%. Finally, 83.45 % staff reported that they feel “Care of patients is my organisation’s top priority”, which is also significantly improved from last year’s 79.19% and better than the acute average score of 74.83%.
- At question level, compared to 2022, 52 questions (49%) have shown significant improvement, 2 questions (2%) have shown significant decline and 53 questions (50%) have no significant movement. The 2 questions where we scored significantly worse are around discrimination on the grounds of religion and age

Bank only results

- Overall, the People Promise scores for the 2023 National NHS Bank Staff Survey for the Trust are broadly the same as the substantive Trust scores. The scores for 8 out of 9 themes had no statistical difference to that of substantive staff scores. The theme of 'We are safe and healthy' and the subthemes of burnout, negative experiences and work pressure in particular are significantly better than the substantive staff scores.

Successes to celebrate

- The score for the theme of Staff Engagement and 5 of the People Promises are ahead of the sector benchmark.
- Almost half of all question level scores have significantly improved year on year, including questions on raising concerns, recognition and burnout.
- We rank 2nd in the top London Acute Trusts to work

Areas of focus for 2024

- Continue to reduce the incidence of violence and harassment, bullying and abuse staff face from patients and members of the public.
- Identify areas where staff are experiencing discrimination and seek to reinforce standards of acceptable behaviour from patients and colleagues.
- Seek to reduce the Trust’s reliance on amount of paid and unpaid overtime as this could be linked to lower scores on time pressure and work-related stress.

This report provides a breakdown of the findings against each theme, highlighting areas of statistical difference following analysis by our staff survey contractor, IQVIA.

People Promise elements and themes: Overview

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



We are compassionate and inclusive

We are recognised and rewarded

We each have a voice that counts

We are safe and healthy

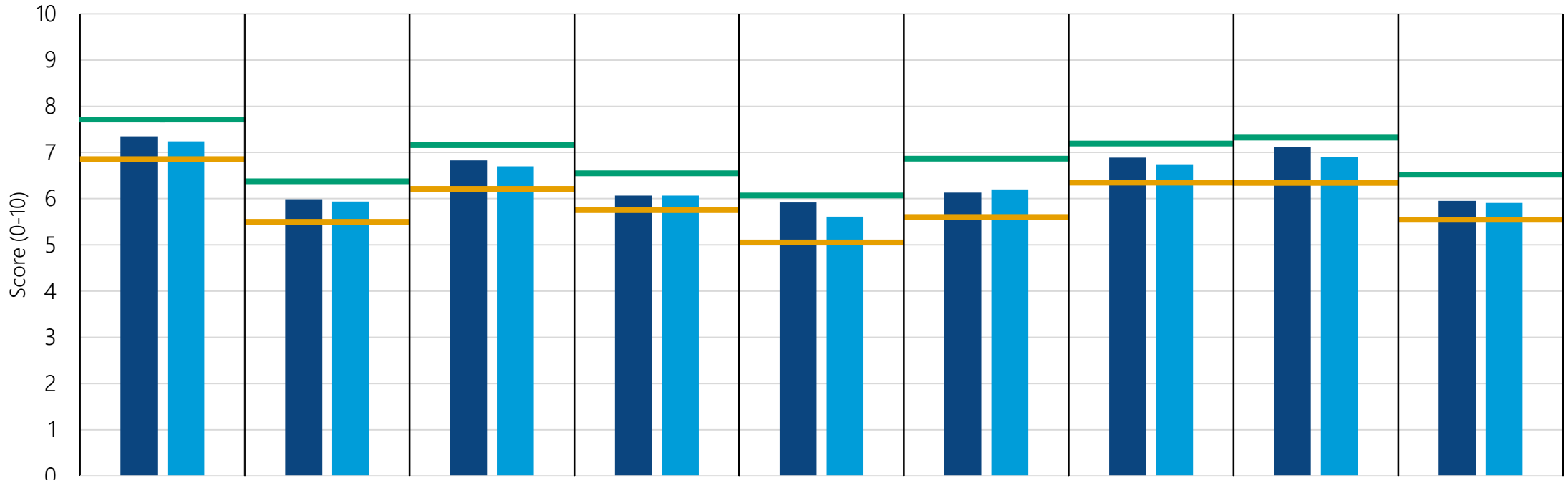
We are always learning

We work flexibly

We are a team

Staff Engagement

Morale



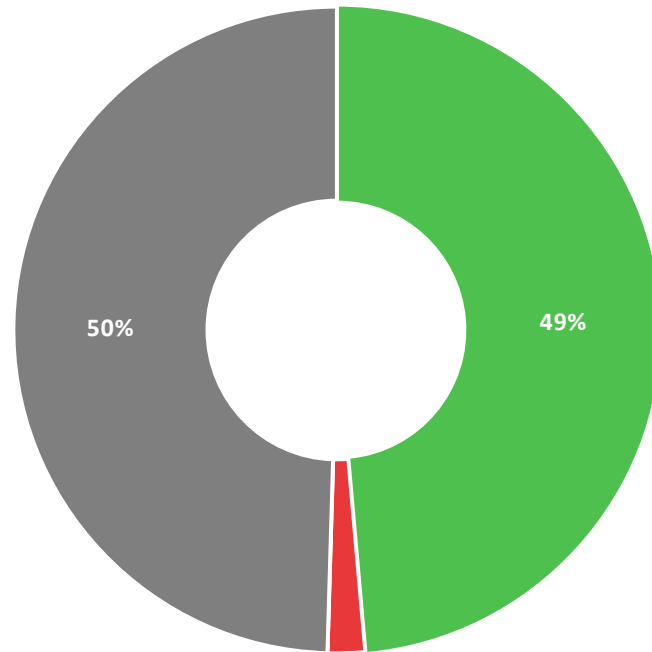
Your org	7.35	5.99	6.83	6.07	5.92	6.13	6.89	7.13	5.95
Best result	7.71	6.37	7.16	6.55	6.07	6.87	7.19	7.32	6.52
Average result	7.24	5.94	6.70	6.06	5.61	6.20	6.75	6.91	5.91
Worst result	6.85	5.50	6.21	5.75	5.05	5.60	6.35	6.34	5.54
Responses	3513	3514	3482	3474	3298	3485	3502	3515	3518

Summary of Scores

People Promise/Theme/Question	2022 Score	Significance	2023 Score	Significance	Sector Score
Theme - Staff engagement	7.09	Not Significant	7.25	Significantly Better	6.88
Theme - Morale	5.84	Not Significant	6.06	Not Significant	5.92
People Promise 1 - We are compassionate and inclusive	7.29	Not Significant	7.47	Significantly Better	7.24
People Promise 2 - We are recognised and rewarded	5.84	Significantly Improved	6.09	Significantly Better	5.91
People Promise 3 - We each have a voice that counts	6.83	Not Significant	6.93	Significantly Better	6.69
People Promise 4 - We are safe and healthy	5.95	Not Significant	6.16	Not Significant	6.07
People Promise 5 - We are always learning	5.65	Significantly Improved	5.98	Significantly Better	5.63
People Promise 6 - We work flexibly	6.09	Not Significant	6.24	Not Significant	6.17
People Promise 7 - We are a team	6.81	Not Significant	7.01	Significantly Better	6.73

Substantive Staff Survey Results

■ **Headline Findings – Question Local Changes**



- 52 (49%) question(s) scored significantly better than in 2022
- 2 (2%) question(s) scored significantly worse than in 2022
- 53 (50%) question(s) showed no significance in relation to the 2022 score or comparisons could not be drawn

Substantive Staff Survey Results

Staff Engagement

People Promise/Theme/Question	Org.	Clinical Support	Corporate Division	Emergency & Integrated Care	Enterprise Division	Planned Care	Specialist Care	W London Childrens Healthcare
Theme - Staff engagement	7.11	7.01	7.59	7.03	7.32	6.88	7.27	7.10
Subscore 1 - Motivation	7.04	6.99	7.47	6.93	7.35	6.92	7.07	7.06
Subscore 2 - Involvement	6.89	6.75	7.49	6.75	7.08	6.66	7.05	6.98
Subscore 3 - Advocacy	7.41	7.28	7.80	7.40	7.53	7.06	7.68	7.26
Responses	3,515	765	347	848	121	599	696	139

Unweighted Substantive Staff Survey Results

Thresholds: Red: -0.2 below organisation score, Green: +0.2 above organisation score

Staff Engagement

People Promise/Theme/Question	2022 Score	Significance	2023 Score	Significance	Sector Score
Theme - Staff engagement	7.09	Not Significant	7.25	Significantly Better	6.88
Subscore 1 - Motivation	7.07	Not Significant	7.17	Significantly Better	6.99
2a. I look forward to going to work.	52.1%	Significantly Improved	55.8%	Not Significant	54.2%
2b. I am enthusiastic about my job.	64.3%	Significantly Improved	67.8%	Not Significant	68.0%
2c. Time passes quickly when I am working.	70.4%	Not Significant	72.2%	Not Significant	71.3%
Subscore 2 - Involvement	6.95	Not Significant	7.02	Significantly Better	6.83
3c. There are frequent opportunities for me to show initiative in my role.	72.9%	Not Significant	73.7%	Not Significant	73.3%
3d. I am able to make suggestions to improve the work of my team / department.	69.4%	Not Significant	71.1%	Not Significant	70.8%
3f. I am able to make improvements happen in my area of work.	58.1%	Not Significant	59.4%	Significantly Better	55.9%

Substantive Staff Survey Results

Staff Engagement (continued)

People Promise/Theme/Question	2022 Score	Significance	2023 Score	Significance	Sector Score
Subscore 3 - Advocacy	7.26	Significantly Improved	7.52	Significantly Better	6.81
25a. Care of patients / service users is my organisation's top priority.	79.2%	Significantly Improved	83.4%	Significantly Better	75.2%
25c. I would recommend my organisation as a place to work.	64.6%	Significantly Improved	70.1%	Significantly Better	61.2%
25d. If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	72.2%	Significantly Improved	77.0%	Significantly Better	65.2%

Substantive Staff Survey Results

Morale

People Promise/Theme/Question	Org.	Clinical Support	Corporate Division	Emergency & Integrated Care	Enterprise Division	Planned Care	Specialist Care	W London Childrens Healthcare
Theme - Morale	5.94	5.85	6.35	5.89	5.89	5.83	6.00	5.88
Subscore 1 - Thinking about leaving	5.93	5.62	6.02	5.93	5.56	5.85	6.31	6.11
Subscore 2 - Work pressure	5.48	5.51	6.12	5.48	5.44	5.42	5.25	5.18
Subscore 3 - Stressors	6.40	6.42	6.91	6.26	6.67	6.22	6.44	6.36
Responses	3,518	765	348	849	121	599	697	139

Unweighted Substantive Staff Survey Results

Morale

People Promise/Theme/Question	2022 Score	Significance	2023 Score	Significance	Sector Score
Theme - Morale	5.84	Not Significant	6.06	Not Significant	5.92
Subscore 1 - Thinking about leaving	5.70	Significantly Improved	5.96	Not Significant	6.07
26a. I often think about leaving this organisation.	29.8%	Significantly Improved	26.8%	Significantly Better	28.6%
26b. I will probably look for a job at a new organisation in the next 12 months.	27.3%	Significantly Improved	24.0%	Significantly Worse	20.9%
26c. As soon as I can find another job, I will leave this organisation.	20.7%	Significantly Improved	18.0%	Significantly Worse	15.7%
Subscore 2 - Work pressure	5.34	Significantly Improved	5.66	Significantly Better	5.29
3g. I am able to meet all the conflicting demands on my time at work.	46.6%	Significantly Improved	50.8%	Significantly Better	47.0%
3h. I have adequate materials, supplies and equipment to do my work.	56.7%	Significantly Improved	61.2%	Significantly Better	56.5%
3i. There are enough staff at this organisation for me to do my job properly.	27.8%	Significantly Improved	34.8%	Significantly Better	31.6%

Substantive Staff Survey Results

Morale (continued)

People Promise/Theme/Question	2022 Score	Significance	2023 Score	Significance	Sector Score
Subscore 3 - Stressors	6.45	Not Significant	6.56	Significantly Better	6.39
3a. I always know what my work responsibilities are.	86.7%	Not Significant	87.7%	Significantly Better	86.5%
3e. I am involved in deciding on changes introduced that affect my work area / team / department.	52.6%	Not Significant	53.0%	Significantly Better	51.2%
5a. I rarely / never have unrealistic time pressures	22.8%	Not Significant	23.7%	Significantly Worse	25.2%
5b. I have a choice in deciding how to do my work.	50.0%	Not Significant	51.3%	Not Significant	52.4%
5c. Relationships at work are rarely / never strained	46.7%	Not Significant	48.8%	Significantly Better	46.0%
7c. I receive the respect I deserve from my colleagues at work.	70.7%	Significantly Improved	75.0%	Significantly Better	71.3%
9a. My immediate manager encourages me at work.	70.2%	Not Significant	71.9%	Not Significant	71.3%

Substantive Staff Survey Results



People Promises

We are compassionate and inclusive



People Promise/Theme/Question	Org.	Clinical Support	Corporate Division	Emergency & Integrated Care	Enterprise Division	Planned Care	Specialist Care	W London Childrens Healthcare
People Promise 1 - We are compassionate and inclusive	7.33	7.35	7.73	7.21	7.47	7.03	7.49	7.25
People Promise 1, Subscore 1 - Compassionate culture	7.60	7.47	7.82	7.63	7.64	7.31	7.85	7.45
People Promise 1, Subscore 2 - Compassionate leadership	6.95	7.02	7.64	6.81	7.16	6.74	6.89	6.58
People Promise 1, Subscore 3 - Diversity and equality	7.80	7.95	8.12	7.48	7.93	7.45	8.09	8.01
People Promise 1, Subscore 4 - Inclusion	6.97	6.94	7.35	6.92	7.15	6.64	7.13	7.02
Responses	3,513	764	348	849	121	596	696	139

We are compassionate and inclusive



People Promise/Theme/Question	2022 Score	Significance	2023 Score	Significance	Sector Score
People Promise 1 - We are compassionate and inclusive	7.29	Not Significant	7.47	Significantly Better	7.24
People Promise 1, Subscore 1 - Compassionate culture	7.48	Significantly Improved	7.70	Significantly Better	7.10
6a. I feel that my role makes a difference to patients / service users.	88.0%	Not Significant	89.5%	Significantly Better	87.8%
25a. Care of patients / service users is my organisation's top priority.	79.2%	Significantly Improved	83.4%	Significantly Better	75.2%
25b. My organisation acts on concerns raised by patients / service users.	73.7%	Significantly Improved	79.4%	Significantly Better	70.0%
25c. I would recommend my organisation as a place to work.	64.6%	Significantly Improved	70.1%	Significantly Better	61.2%
25d. If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	72.2%	Significantly Improved	77.0%	Significantly Better	65.2%

We are compassionate and inclusive (continued)



People Promise/Theme/Question		2022 Score	Significance	2023 Score	Significance	Sector Score
People Promise 1, Subscore 2 - Compassionate leadership		6.94	Not Significant	7.13	Significantly Better	6.95
9f.	My immediate manager works together with me to come to an understanding of problems.	67.3%	Not Significant	68.3%	Not Significant	68.1%
9g.	My immediate manager is interested in listening to me when I describe challenges I face.	69.8%	Not Significant	71.4%	Not Significant	70.7%
9h.	My immediate manager cares about my concerns.	67.7%	Not Significant	69.0%	Not Significant	69.3%
9i.	My immediate manager takes effective action to help me with any problems I face.	64.1%	Significantly Improved	67.0%	Not Significant	66.2%

We are compassionate and inclusive (continued)



People Promise/Theme/Question		2022 Score	Significance	2023 Score	Significance	Sector Score
People Promise 1, Subscore 3 - Diversity and equality		7.83	Not Significant	7.96	Not Significant	8.05
15.	Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?	51.6%	Not Significant	53.6%	Not Significant	55.0%
16a.	In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?	16.2%	Not Significant	15.0%	Significantly Worse	9.1%
16b.	In the last 12 months have you personally experienced discrimination at work from a manager / team leader or other colleagues?	11.9%	Not Significant	11.5%	Significantly Worse	9.6%
21.	I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).	69.4%	Significantly Improved	72.0%	Significantly Better	69.5%

Additional – Discrimination

Question	2022 Score	Significance	2023 Score	Significance	Sector Score
16c01. On what grounds have you experienced discrimination? Ethnic background	68.6%	Not Significant	66.8%	Significantly Worse	54.8%
16c02. On what grounds have you experienced discrimination? Gender	16.2%	Not Significant	19.7%	Not Significant	18.8%
16c03. On what grounds have you experienced discrimination? Religion	3.3%	Significantly Declined	5.4%	Not Significant	5.4%
16c04. On what grounds have you experienced discrimination? Sexual orientation	3.6%	Not Significant	3.9%	Not Significant	4.2%
16c05. On what grounds have you experienced discrimination? Disability	3.7%	Not Significant	5.3%	Significantly Better	8.1%
16c06. On what grounds have you experienced discrimination? Age	12.8%	Significantly Declined	17.2%	Not Significant	16.3%
16c07. On what grounds have you experienced discrimination? Other	18.4%	Not Significant	20.7%	Not Significant	23.1%

Additional – Unwanted sexual behaviour

Question	2022 Score	Significance	2023 Score	Significance	Sector Score
17a. In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace from patients / service users, their relatives or other members of the public?	-	N/A	8.2%	Not Significant	8.0%
17b. In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace from staff / colleagues?	-	N/A	4.1%	Not Significant	3.9%

Additional – Adjustments

Question	2022 Score	Significance	2023 Score	Significance	Sector Score
31b. Has your employer made reasonable adjustment(s) to enable you to carry out your work?	66.8%	Not Significant	66.5%	Significantly Worse	72.4%

We are compassionate and inclusive (continued)



People Promise/Theme/Question	2022 Score	Significance	2023 Score	Significance	Sector Score
People Promise 1, Subscore 4 - Inclusion	6.93	Not Significant	7.10	Significantly Better	6.86
7h. I feel valued by my team.	68.7%	Not Significant	70.7%	Not Significant	69.7%
7i. I feel a strong personal attachment to my team.	63.0%	Not Significant	64.6%	Not Significant	63.7%
8b. The people I work with are understanding and kind to one another.	70.0%	Significantly Improved	72.7%	Significantly Better	69.8%
8c. The people I work with are polite and treat each other with respect.	71.9%	Significantly Improved	74.3%	Significantly Better	70.7%

We are recognised and rewarded



People Promise/Theme/Question	Org.	Clinical Support	Corporate Division	Emergency & Integrated Care	Enterprise Division	Planned Care	Specialist Care	W London Childrens Healthcare
People Promise 2 - We are recognised and rewarded	5.94	5.90	6.68	5.83	6.15	5.66	5.94	5.91
Responses	3,514	763	348	848	121	600	695	139

We are recognised and rewarded



People Promise/Theme/Question	2022 Score	Significance	2023 Score	Significance	Sector Score
People Promise 2 - We are recognised and rewarded	5.84	Significantly Improved	6.09	Significantly Better	5.91
4a. The recognition I get for good work.	52.4%	Not Significant	54.7%	Not Significant	53.3%
4b. The extent to which my organisation values my work.	43.7%	Significantly Improved	47.6%	Significantly Better	43.7%
4c. My level of pay.	23.7%	Significantly Improved	27.4%	Significantly Worse	29.8%
8d. The people I work with show appreciation to one another.	66.3%	Significantly Improved	69.3%	Significantly Better	66.7%
9e. My immediate manager values my work.	70.6%	Not Significant	71.7%	Not Significant	71.4%

We each have a voice that counts



People Promise/Theme/Question	Org.	Clinical Support	Corporate Division	Emergency & Integrated Care	Enterprise Division	Planned Care	Specialist Care	W London Childrens Healthcare
People Promise 3 - We each have a voice that counts	6.81	6.75	7.25	6.77	6.94	6.49	6.96	6.87
People Promise 3, Subscore 1 - Autonomy and control	7.00	6.91	7.46	6.90	7.26	6.81	7.09	7.10
People Promise 3, Subscore 2 - Raising concerns	6.63	6.60	7.02	6.65	6.62	6.18	6.82	6.63
Responses	3,482	759	340	840	121	594	690	138

We each have a voice that counts



People Promise/Theme/Question	2022 Score	Significance	2023 Score	Significance	Sector Score
People Promise 3 - We each have a voice that counts	6.83	Not Significant	6.93	Significantly Better	6.69
People Promise 3, Subscore 1 - Autonomy and control	7.09	Not Significant	7.14	Significantly Better	6.96
3a. I always know what my work responsibilities are.	86.7%	Not Significant	87.7%	Significantly Better	86.5%
3b. I am trusted to do my job.	90.4%	Not Significant	90.5%	Not Significant	90.4%
3c. There are frequent opportunities for me to show initiative in my role.	72.9%	Not Significant	73.7%	Not Significant	73.3%
3d. I am able to make suggestions to improve the work of my team / department.	69.4%	Not Significant	71.1%	Not Significant	70.8%
3e. I am involved in deciding on changes introduced that affect my work area / team / department.	52.6%	Not Significant	53.0%	Significantly Better	51.2%
3f. I am able to make improvements happen in my area of work.	58.1%	Not Significant	59.4%	Significantly Better	55.9%
5b. I have a choice in deciding how to do my work.	50.0%	Not Significant	51.3%	Not Significant	52.4%

We each have a voice that counts (continued)



People Promise/Theme/Question	2022 Score	Significance	2023 Score	Significance	Sector Score
People Promise 3, Subscore 2 - Raising concerns	6.57	Not Significant	6.74	Significantly Better	6.42
20a. I would feel secure raising concerns about unsafe clinical practice.	70.7%	Not Significant	71.2%	Not Significant	70.4%
20b. I am confident that my organisation would address my concern.	58.1%	Significantly Improved	61.0%	Significantly Better	56.0%
25e. I feel safe to speak up about anything that concerns me in this organisation.	60.0%	Significantly Improved	63.2%	Significantly Better	61.4%
25f. If I spoke up about something that concerned me I am confident my organisation would address my concern.	50.3%	Significantly Improved	54.6%	Significantly Better	49.2%

Additional – Errors, near misses or incidents

Question		2022 Score	Significance	2023 Score	Significance	Sector Score
18.	In the last month have you seen any errors, near misses or incidents that could have hurt staff and/or patients/service users?	34.9%	Not Significant	36.4%	Not Significant	34.9%
19a.	My organisation treats staff who are involved in an error, near miss or incident fairly.	62.1%	Not Significant	63.7%	Significantly Better	59.9%
19b.	My organisation encourages us to report errors, near misses or incidents.	84.3%	Significantly Improved	86.4%	Not Significant	85.4%
19c.	When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.	68.1%	Significantly Improved	72.5%	Significantly Better	68.5%
19d.	We are given feedback about changes made in response to reported errors, near misses and incidents.	62.2%	Significantly Improved	65.4%	Significantly Better	61.0%

We are safe and healthy



People Promise/Theme/Question	Org.	Clinical Support	Corporate Division	Emergency & Integrated Care	Enterprise Division	Planned Care	Specialist Care	W London Childrens Healthcare
People Promise 4 - We are safe and healthy	5.96	6.14	6.68	5.66	6.42	5.74	5.91	5.86
People Promise 4, Subscore 1 - Health and safety climate	5.58	5.60	6.05	5.64	5.64	5.47	5.39	5.25
People Promise 4, Subscore 2 - Burnout	4.83	5.01	5.70	4.46	5.44	4.64	4.72	4.74
People Promise 4, Subscore 3 - Negative experiences	7.49	7.83	8.35	6.89	8.14	7.09	7.61	7.58
Responses	3,474	754	345	832	120	595	692	136

We are safe and healthy



People Promise/Theme/Question	2022 Score	Significance	2023 Score	Significance	Sector Score
People Promise 4 - We are safe and healthy	5.95	Not Significant	6.16	Not Significant	6.07
People Promise 4, Subscore 1 - Health and safety climate	5.50	Not Significant	5.75	Significantly Better	5.45
3g. I am able to meet all the conflicting demands on my time at work.	46.6%	Significantly Improved	50.8%	Significantly Better	47.0%
3h. I have adequate materials, supplies and equipment to do my work.	56.7%	Significantly Improved	61.2%	Significantly Better	56.5%
3i. There are enough staff at this organisation for me to do my job properly.	27.8%	Significantly Improved	34.8%	Significantly Better	31.6%
5a. I rarely / never have unrealistic time pressures	22.8%	Not Significant	23.7%	Significantly Worse	25.2%
11a. My organisation takes positive action on health and well-being.	57.4%	Not Significant	58.4%	Not Significant	57.1%
13d. The last time you experienced physical violence at work, did you or a colleague report it?	68.3%	Not Significant	70.5%	Not Significant	68.7%
14d. The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?	52.7%	Not Significant	54.5%	Significantly Better	49.6%

We are safe and healthy (continued)



People Promise/Theme/Question	2022 Score	Significance	2023 Score	Significance	Sector Score
People Promise 4, Subscore 2 - Burnout	4.84	Not Significant	5.04	Not Significant	4.99
12a. How often, if at all, do you find your work emotionally exhausting?	38.8%	Significantly Improved	34.9%	Not Significant	33.9%
12b. How often, if at all, do you feel burnt out because of your work?	36.4%	Significantly Improved	32.7%	Not Significant	31.4%
12c. How often, if at all, does your work frustrate you?	37.0%	Significantly Improved	32.2%	Significantly Better	36.5%
12d. How often, if at all, are you exhausted at the thought of another day/shift at work?	31.8%	Significantly Improved	29.1%	Not Significant	28.4%
12e. How often, if at all, do you feel worn out at the end of your working day/shift?	46.5%	Significantly Improved	42.0%	Not Significant	43.1%
12f. How often, if at all, do you feel that every working hour is tiring for you?	24.2%	Significantly Improved	22.0%	Significantly Worse	20.0%
12g. How often, if at all, do you not have enough energy for family and friends during leisure time?	32.8%	Not Significant	30.9%	Not Significant	30.4%

We are safe and healthy (continued)



People Promise/Theme/Question		2022 Score	Significance	2023 Score	Significance	Sector Score
People Promise 4, Subscore 3 - Negative experiences		7.52	Significantly Improved	7.73	Not Significant	7.78
11b.	In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?	35.6%	Not Significant	35.5%	Significantly Worse	30.5%
11c.	During the last 12 months have you felt unwell as a result of work related stress?	47.2%	Not Significant	44.9%	Significantly Worse	42.5%
11d.	In the last three months have you ever come to work despite not feeling well enough to perform your duties?	56.8%	Not Significant	55.0%	Not Significant	55.3%
13a.	In the last 12 months how many times have you personally experienced physical violence at work from patients / service users, their relatives or other members of the public?	18.0%	Significantly Improved	15.5%	Significantly Worse	14.1%
13b.	In the last 12 months how many times have you personally experienced physical violence at work from managers?	1.4%	Not Significant	1.4%	Significantly Worse	0.8%
13c.	In the last 12 months how many times have you personally experienced physical violence at work from other colleagues?	2.9%	Not Significant	2.6%	Significantly Worse	2.0%
14a.	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?	38.2%	Significantly Improved	32.1%	Significantly Worse	25.7%
14b.	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers?	12.6%	Significantly Improved	10.5%	Not Significant	10.1%
14c.	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?	21.0%	Significantly Improved	17.5%	Not Significant	18.8%

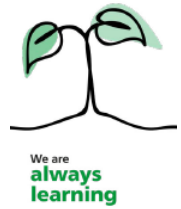
Additional – Health, well-being and safety at work

Question		2022 Score	Significance	2023 Score	Significance	Sector Score
10b.	On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours?	40.9%	Not Significant	43.3%	Significantly Worse	38.6%
10c.	On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours?	59.0%	Significantly Improved	56.3%	Significantly Worse	51.7%
11e.	Have you felt pressure from your manager to come to work?	25.8%	Not Significant	23.8%	Significantly Worse	21.8%

Additional – Food

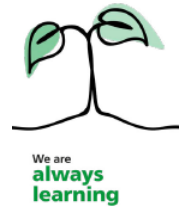
Question		2022 Score	Significance	2023 Score	Significance	Sector Score
22.	I can eat nutritious and affordable food while I am working.	-	N/A	51.4%	Not Significant	51.7%

We are always learning



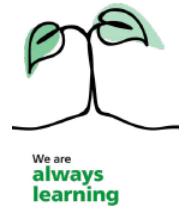
People Promise/Theme/Question	Org.	Clinical Support	Corporate Division	Emergency & Integrated Care	Enterprise Division	Planned Care	Specialist Care	W London Childrens Healthcare
People Promise 5 - We are always learning	5.98	5.70	6.32	6.10	5.84	6.07	5.94	5.99
People Promise 5, Subscore 1 - Development	6.64	6.27	6.89	6.81	6.57	6.61	6.76	6.73
People Promise 5, Subscore 2 - Appraisals	5.30	5.09	5.71	5.41	5.05	5.48	5.12	5.21
Responses	3,298	712	329	783	116	562	663	133

We are always learning



People Promise/Theme/Question	2022 Score	Significance	2023 Score	Significance	Sector Score
People Promise 5 - We are always learning	5.65	Significantly Improved	5.98	Significantly Better	5.63
People Promise 5, Subscore 1 - Development	6.50	Not Significant	6.66	Significantly Better	6.45
24a. This organisation offers me challenging work.	68.2%	Not Significant	69.0%	Not Significant	68.3%
24b. There are opportunities for me to develop my career in this organisation.	55.3%	Significantly Improved	59.0%	Significantly Better	56.5%
24c. I have opportunities to improve my knowledge and skills.	68.6%	Not Significant	70.6%	Not Significant	70.1%
24d. I feel supported to develop my potential.	56.2%	Not Significant	58.1%	Significantly Better	56.3%
24e. I am able to access the right learning and development opportunities when I need to.	58.2%	Significantly Improved	61.8%	Significantly Better	59.3%

We are always learning (continued)



People Promise/Theme/Question	2022 Score	Significance	2023 Score	Significance	Sector Score
People Promise 5, Subscore 2 - Appraisals	4.81	Significantly Improved	5.32	Significantly Better	4.80
23b. It helped me to improve how I do my job.	31.5%	Significantly Improved	35.4%	Significantly Better	26.6%
23c. It helped me agree clear objectives for my work.	38.9%	Significantly Improved	42.7%	Significantly Better	36.1%
23d. It left me feeling that my work is valued by my organisation.	35.2%	Not Significant	37.8%	Significantly Better	33.5%

Additional – Personal development

Question	2022 Score	Significance	2023 Score	Significance	Sector Score
23a. In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?	78.6%	Significantly Improved	82.5%	Not Significant	83.6%

We work flexibly



People Promise/Theme/Question	Org.	Clinical Support	Corporate Division	Emergency & Integrated Care	Enterprise Division	Planned Care	Specialist Care	W London Childrens Healthcare
People Promise 6 - We work flexibly	6.09	5.82	6.82	6.00	6.84	5.95	6.22	5.66
People Promise 6, Subscore 1 - Support for work-life balance	6.15	5.97	6.82	6.14	6.74	6.03	6.16	5.59
People Promise 6, Subscore 2 - Flexible working	6.04	5.67	6.82	5.87	6.94	5.89	6.27	5.74
Responses	3,485	754	348	842	121	589	692	139

We work flexibly



People Promise/Theme/Question	2022 Score	Significance	2023 Score	Significance	Sector Score
People Promise 6 - We work flexibly	6.09	Not Significant	6.24	Not Significant	6.17
People Promise 6, Subscore 1 - Support for work-life balance	6.17	Not Significant	6.31	Not Significant	6.23
6b. My organisation is committed to helping me balance my work and home life.	46.4%	Significantly Improved	50.5%	Significantly Better	48.0%
6c. I achieve a good balance between my work life and my home life.	51.2%	Significantly Improved	54.4%	Not Significant	55.0%
6d. I can approach my immediate manager to talk openly about flexible working.	65.8%	Not Significant	66.8%	Significantly Worse	68.6%
People Promise 6, Subscore 2 - Flexible working	6.00	Not Significant	6.17	Not Significant	6.11
4d. The opportunities for flexible working patterns.	51.1%	Significantly Improved	53.9%	Not Significant	55.2%

We are a team



People Promise/Theme/Question	Org.	Clinical Support	Corporate Division	Emergency & Integrated Care	Enterprise Division	Planned Care	Specialist Care	W London Childrens Healthcare
People Promise 7 - We are a team	6.86	6.82	7.45	6.80	7.08	6.67	6.84	6.63
People Promise 7, Subscore 1 - Team working	6.89	6.80	7.27	6.90	7.06	6.68	6.94	6.86
People Promise 7, Subscore 2 - Line management	6.83	6.84	7.63	6.71	7.09	6.65	6.74	6.42
Responses	3,502	761	347	845	121	596	694	138

We are a team



People Promise/Theme/Question	2022 Score	Significance	2023 Score	Significance	Sector Score
People Promise 7 - We are a team	6.81	Not Significant	7.01	Significantly Better	6.73
People Promise 7, Subscore 1 - Team working	6.81	Not Significant	7.01	Significantly Better	6.68
7a. The team I work in has a set of shared objectives.	73.9%	Not Significant	75.1%	Significantly Better	73.5%
7b. The team I work in often meets to discuss the team's effectiveness.	62.0%	Significantly Improved	65.9%	Significantly Better	61.2%
7c. I receive the respect I deserve from my colleagues at work.	70.7%	Significantly Improved	75.0%	Significantly Better	71.3%
7d. Team members understand each other's roles.	70.6%	Significantly Improved	74.3%	Significantly Better	71.5%
7e. I enjoy working with the colleagues in my team.	79.3%	Not Significant	81.0%	Not Significant	80.8%
7f. My team has enough freedom in how to do its work.	62.2%	Not Significant	63.1%	Significantly Better	60.1%
7g. In my team disagreements are dealt with constructively.	58.1%	Significantly Improved	60.8%	Significantly Better	56.7%
8a. Teams within this organisation work well together to achieve their objectives.	57.9%	Significantly Improved	62.2%	Significantly Better	54.9%

We are a team (continued)



People Promise/Theme/Question	2022 Score	Significance	2023 Score	Significance	Sector Score
People Promise 7, Subscore 2 - Line management	6.82	Not Significant	7.01	Significantly Better	6.78
9a. My immediate manager encourages me at work.	70.2%	Not Significant	71.9%	Not Significant	71.3%
9b. My immediate manager gives me clear feedback on my work.	63.8%	Significantly Improved	66.4%	Significantly Better	63.9%
9c. My immediate manager asks for my opinion before making decisions that affect my work.	59.6%	Significantly Improved	62.3%	Significantly Better	58.6%
9d. My immediate manager takes a positive interest in my health and well-being.	66.4%	Significantly Improved	69.1%	Not Significant	69.0%

Bank Survey - Summary of Scores

People Promise/Theme/Question	2022 Score	Significance	2023 Score	Significance	Sub. Score
Theme - Staff engagement	6.94	Not Significant	7.09	Not Significant	7.25
Theme - Morale	5.94	Not Significant	6.05	Not Significant	6.06
People Promise 1 - We are compassionate and inclusive	7.04	Not Significant	7.38	Not Significant	7.47
People Promise 2 - We are recognised and rewarded	5.84	Not Significant	6.11	Not Significant	6.09
People Promise 3 - We each have a voice that counts	6.40	Not Significant	6.69	Not Significant	6.93
People Promise 4 - We are safe and healthy	6.51	Not Significant	6.71	Not Significant	6.16
People Promise 5 - We are always learning	5.79	Not Significant	5.95	Not Significant	5.98
People Promise 6 - We work flexibly	5.99	Not Significant	6.29	Not Significant	6.24
People Promise 7 - We are a team	6.65	Not Significant	6.80	Not Significant	7.01

Bank Staff Survey Results

■ Next steps

The next phase of work will centre on three milestones; ongoing analysis and review of data, communicating results to staff and updates to improvement plans as a result of the survey.

Ongoing analysis and review of data: Further analysis will continue including WDES, WRES and at staff groups and protected characteristics levels. ICS and acute care collaborative analysis is also being undertaken.

Communicating results to staff: Results have been shared with the Divisions and we are communicating the results more widely across the organisation through Divisional boards, intranet, CEO webinars, team briefings and other communications.


Updates to plans:

- (i) **Trust Improvements:** There have been a number of Trust wide programmes developed in response to previous staff surveys. These have progressed through the People Strategy delivery plan under 4 key subgroups modelled on the pillars for the national People Promise: Looking after our people, growing for the future, belonging in the NHS and New ways of working. The 2023 Trust wide results will feed into the development of the **2024/25** priorities and our 2024/25 staff survey action plan. Trust wide actions will be monitored through WDC and People & Workforce committee.
- (ii) **Divisional Improvements:** Divisions are asked to develop improvement plans which mirror the Trust plans and this will be monitored through WDC.

3.3 UPDATING THE TRUST CONSTITUTION

REFERENCES

Only PDFs are attached

 3.3 Updating the Trust Constitution - Cover and Report - final.pdf



CONFIDENTIAL

TITLE AND DATE <i>(of meeting at which report to be presented)</i>	Council of Governors Meeting – 17 April 2024										
AGENDA ITEM NO.	3.3										
TITLE OF REPORT	Updating the Trust Constitution										
AUTHOR NAME AND ROLE	Marie Price, Deputy Director of Corporate Governance										
ACCOUNTABLE EXECUTIVE DIRECTOR	Peter Jenkinson, Director of Corporate Governance										
PURPOSE OF REPORT <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="padding: 2px;">Decision/Approval</td> <td style="width: 50px;"></td> </tr> <tr> <td style="padding: 2px;">Assurance</td> <td style="text-align: center;">X</td> </tr> <tr> <td style="padding: 2px;">Info Only</td> <td style="text-align: center;">X</td> </tr> <tr> <td style="padding: 2px;">Advice</td> <td></td> </tr> </table> Please tick above and then describe the requirement in the opposite column	Decision/Approval		Assurance	X	Info Only	X	Advice		To seek approval in principle to amendments to the Trust Constitution and to agree a process for finalising amendments.		
Decision/Approval											
Assurance	X										
Info Only	X										
Advice											
REPORT HISTORY Committees/Meetings where this item has been considered	Committee	Date of Meeting	Outcome								
	NIL										
SUMMARY OF REPORT AND KEY MESSAGES THE MEETING NEEDS TO UNDERSTAND	<p>The Trust's Constitution is updated periodically to reflect new requirements and improvements. Any amendments to the Constitution are to be approved by Council of Governors and the Trust Board.</p> <p>To ensure the Constitution is up to date it has been reviewed with a view to reflecting current custom and practice, new developments and requirements. Proposed amendments include:</p> <ul style="list-style-type: none"> Use of e-governance, voting and online meetings Reflecting the fit and proper persons (FPP) regulations in background checks for new Governors Reflecting integrated care system (ICS) and acute provider collaborative (APC) arrangements Reflecting inclusive language across the Constitution (replacing gender specific pronouns with generic pronouns). 										

	The Council are asked to agree, in principle, the proposed changes outlined in the paper, and the rationale for those amendments, and to then delegate authority to the Council Nominations and Remuneration Committee to sign off the detailed amendments ahead of approval by the Council of Governors and Board of Directors in May 2024.
KEY RISKS ARISING FROM REPORT	That the Constitution is not up to date, does not reflect current practice and new requirements.

STRATEGIC PRIORITIES THIS PAPER SUPPORTS (please confirm Y/N)

Deliver high quality patient centred care	
Be the employer of Choice	
Deliver better care at lower cost	

IMPLICATIONS ASSOCIATED WITH THIS REPORT:

Equality And Diversity	
Quality	
People (Workforce or Patients/Families/Carers)	
Operational Performance	
Finance	
Public Consultation	
Council of Governors	X

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	Y/N
Patient Confidentiality	Y/N
Staff Confidentiality	Y/N
Other Exceptional Circumstances (please describe)	

Updating the Trust Constitution

1. Introduction

- 1.1 All NHS Foundation Trusts (FTs) are required by schedule 7 of the NHS Act 2006 to have a Constitution. The Constitution is reviewed and updated periodically to reflect new requirements and improvements. All changes to the Constitution must be approved by a majority of the Trust Council of Governors and Trust Board of Directors.

2. Background

- 2.1 The Constitution was updated last year (2023) to reflect changes to the constituencies for the Council of Governors (CoG) following the Governor away day and development session in April and July 2023, with the intention of attracting a wider pool of candidates.
- 2.2 A more thorough review of the Constitution has not taken place for several years, with updates made on an ad hoc basis in response to issues arising. While this is positive and demonstrates there is agility and flexibility to make necessary changes, it has not provided for a more thorough review to bring the Constitution up to date in terms of the development of the acute provider collaborative (APC) and integrated care systems, inclusive language, updated 'fit and proper' persons requirements and modern developments such as e-voting and online meetings.

3. Review

- 3.1 This review seeks to update the Constitution in the following areas:
- **E-governance and online meetings:** In practice, Council of Governors meetings and voting have taken place electronically over the past four years, but the Constitution does not fully reflect this provision. It is proposed to update all sections that refer to meetings, decision making and voting to ensure that an online option is provided for.
 - **Fit and Proper Person requirements:** NHS England (NHSE) has published new guidelines relating to Trust's compliance with the requirements of the 'Fit and proper persons' regulation (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 19).

The intention of this regulation is to make sure that providers only employ 'fit and proper' staff who are able to provide care and treatment appropriate to their role and to enable them to provide the regulated activity. To meet this regulation, providers must operate robust recruitment procedures, including undertaking any relevant checks. They must have a procedure for ongoing monitoring of staff to make sure they remain able to meet the requirements, and they must have appropriate arrangements in place to deal with staff who are no longer fit to carry out the duties required of them. While these relate predominantly to executive and non-executive directors (NEDs), it is important to review and refresh the process regarding governors, particularly given there are elections due in November 2024.

Annex 6 of the Constitution includes provision for the Council to exclude Governors on the grounds they are not of good character, or they do not have the necessary qualifications, competence, skills and experience *inter alia*. However, to reflect the requirements of the FPP regulations for Trust Board members, amendment of the

Constitution in relation to Governors is proposed to clarify the process by which FPP checks are completed.

It is proposed that for new members of the Council, or upon re-election, basic background checks are completed, including searching social media and 'google' checks, before members take up their posts. Any concerns raised through this process would be considered by the Council Nominations and Remuneration Committee, with any exclusion under provisions in Annex 1 to be determined by the full Council of Governors.

- **Integrated systems and the north west London acute provider collaborative (APC):** While the Constitution refers to the APC and board meeting arrangements, it does not fully reflect the advent of integrated care systems (ICSs) and current governance arrangements for the APC, including a model of non-executive directors (NED) serving on the boards of two trusts within the APC and a Vice-Chair role that has a specific set of responsibilities in addition to their NED ones. The Constitution currently refers to a 'Deputy Chairman' role which has a limited set of duties, so does not reflect the arrangements in place at this time.

The Vice Chair role is a very different role from the Deputy Chairman, as can be seen from the job description attached.

It is also proposed to update the Constitution to clarify the system arrangements, including the governance arrangements for the Trust and APC, and the NED roles, including the process by which the Vice Chair is appointed. The Vice Chair role is in place for each of the APC Trusts and to ensure high calibre and experienced candidates, the process followed over the past year is to draw the Vice Chair from across the APC pool of NEDs. This selection process will, for the foundation trusts (FTs) within the APC, include Governor approval of any appointment.

- **Inclusive language:** the language in the Constitution is currently heavily male gendered, referring to all roles as 'he'. In order to bring this up to date it is proposed to use neutral language that does not imply or assume any gender.

4. Process of approval

- 4.1 Following discussion at the Council of Governors meeting, it is proposed to draft the proposed amendments to the Constitution in detail for consideration by the CoG Nominations and Remuneration Committee. A recommendation from this committee will then be presented to the full Council and the Trust Board of Directors for approval.

5. Recommendation

- 5.1 The Council of Governors are asked to consider the proposed changes to the Constitution and the rationale for such changes, in principle, and to delegate authority to the Nominations and Remuneration Committee to agree the detailed amendments for recommendation to the Council and the Trust Board of Directors for approval

3.4 ACCESSABLE WORK UPDATE

REFERENCES

Only PDFs are attached

 3.4 Accessibility Report COG April 2024 (002).pdf



CONFIDENTIAL

Council of Governors, Date

AGENDA ITEM NO.	3.4
REPORT NAME	Accessibility Audit of the Physical Environment Update April 2024
AUTHOR	Stephanie Stevenson-Shand; Corporate Nursing Programme Lead, Margaret Outaleb, Facilities manager and Andy Denton, Capital Project Manager
LEAD	Vanessa Sloane, Deputy Chief Nurse
PURPOSE	The purpose of this paper is to provide the Council of Governors with an update regarding progress against all accessibility requirements within the Chelsea & Westminster Hospital site. The initial focus is on this site with West Middlesex Hospital site to follow as part of a combined Trust wide plan following further audits.
REPORT HISTORY	
SUMMARY OF REPORT	<p>In late 2022 AccessAble undertook a review of both main hospital sites with regards to all areas of access for our patients, staff & visitors. Following the report for the Chelsea site an accessibility group has been established to develop and monitor the actions associated with these reports. This group will formally report to the Patient Experience Group on a quarterly basis and through to the Quality Committee as part of the patient experience report. Improvement work has focused on the Chelsea site whilst we awaited formal reports for West Middlesex and our sexual health services. This report provides an update on the initial improvement actions that have been completed. This has focused on:</p> <ul style="list-style-type: none">• Provision of hearing loops• Support for assistance pets• Automated door access• Wayfinding• Disability access/support in public bathrooms <p>For the Chelsea site the report provides details across 23 areas for improvement, of these 9 (39.13%) have been completed, 11 (47.82%) are in progress and 3 (13.04%) require a detailed business case and strategic planning which will be considered once reports have been received for all sites.</p>
KEY RISKS ASSOCIATED	Patients & staff unable to safely & effectively use facilities within our hospital sites.

FINANCIAL IMPLICATIONS	Work required has a financial implication & may require business plans to be submitted. Where possible alterations are being aligned to work already planned.
QUALITY IMPLICATIONS	Poor patient experience Non-compliance with national audits
EQUALITY & DIVERSITY IMPLICATIONS	Currently there are implications for those requiring physical, visual & hearing support within the Trust. These are being worked through to reduce the impact & ensure services are suitable for all
LINK TO OBJECTIVES	Deliver high quality patient care
DECISION/ ACTION	The Council of Governors are asked to note the contents of this report.

1. Introduction

This paper has been written to update the Council of Governors on the actions following feedback from AccessAble audits of the Trust as previously reported. AccessAble audit the sites on behalf of public, patients and staff with accessibility needs.

This report follows the earlier report from January 2024.

2. Background

An accessibility audit was carried out on the Chelsea site by AccessAble and a report produced outlining the status in regards to accessing the main hospital and services. An initial brief update was received on the 29th August 2022, which outlined the areas visited. In conjunction with the re-audit of the Chelsea site, West Middlesex site was also audited and detailed reports were received on the 22nd December 2022. In addition, the Trust's satellite sites (10 Hammersmith Broadway, 56 Dean Street and Dean Street Express) have been audited and the summary of the detailed audits has been shared with the steering group for detailed review and production of a Trust wide plan.

A review audit at Chelsea and West Middlesex site is taking place at the moment. The audit is not taking place in the satellite sites.

As part of this project AccessAble produce "Access Guides" which are on-line virtual guides outlining what to expect when visiting the Trust from a physical environment perspective, which will be launched when all audits have been successfully completed in late 2024. This will support visitors and patients to understand the provision of services to them and location of facilities across our sites.

AccessAble were asked to review their information and provide a clear updated report outlining specific non-compliances in order for the Trust to develop appropriate and targeted action plans. These also include identifying areas where similar issues and/or concerns could

potentially be addressed collectively and form part of a capital project if appropriate. This will be considered by the accessibility group who will develop a Trust wide plan.

3. Progress

A Steering Group has been formed and meets every other month. The group is open to all staff to join and includes members of the public and staff who themselves have accessibility requirements. The group also includes leads for patient experience, facilities, staff Health and Wellbeing and corporate nursing.

The Steering Group seeks to address and action the immediate recommendations provided and outlined by AccessAble starting on Chelsea & Westminster Hospital site. The decision was made to focus on this site before moving to West Middlesex Hospital site in 2024. However, equipment required to improve accessibility for our patients has been purchased for all sites.

The steering group reports quarterly to the Patient Experience Committee, and will formally report the progress through Executive Management Board to the Quality Committee. Annual auditing is undertaken by AccessAble.

Stephanie Stevenson-Shand has updated the Project Co-ordinator for the Access Kensington and Chelsea group and has attended their meeting in April explaining how we are improving accessibility at Chelsea and Westminster Hospital and also support any of their concerns when developing the Trust wide plan.

From the initial audit, the Steering group identified a number of urgent changes which have been completed.

Hearing Loops: The Steering group realised that there was only 1 working hearing loop at the hospital.

Therefore a hearing loop was quickly purchased and piloted by one of our staff who has a hearing impairment. As this was successful a number of hearing loops have been purchased for all hospital sites to ensure these are available from central areas. This has been communicated through Trust wide Communications and within divisional newsletters.

Assistance Pets: CW+ have agreed to support our patients and staff who rely on assistance pets and all areas have access to bottles and bowls for water. Small cooling blankets are also be available for assistance pets to lie on whilst waiting. These are available in all hospital sites.

One of our staff who has a assistance dog also highlighted that it is very difficult for her dog to find an area for toileting needs and therefore they are piloting a 'Piddle Patch' and will feedback to the steering group. If this is successful the steering group will work with infection control to provide these for patients and public who rely on assistance pets.

Automated Doors: The Trust has automated 24 sets of entrance doors to the main wards on the Chelsea site which have been well received by staff, visitors and patients.

Emergency Pull Cords: Pull cords in bathrooms were also found to be at differing heights meaning not all were accessible for those using wheelchairs, with the support of facilities 60% have been altered and with a further 35% being altered by the end of May.

Dropped Kerbs: The Corporate nursing team have worked with the local council to look at any areas of kerbs around the hospital which need to be dropped to allow easier access to the hospital for patients who are wheelchair users. We believe this has been completed successfully however we have asked AccessAble on their audit to see if there are any further improvements required.

Wayfinding: A specific group is looking at the hospital to support areas of need from the AccessAble report as well as any areas which have been highlighted by staff and the public. The PLACE (Patient-led assessments of the care environment) which is made up of patient and hospital representatives are due to feedback their assessment of the wayfinding improvements to the Accessibility steering group in May.

Listening to users: As well as including patient representatives and the corporate nursing team joining community accessibility groups; we are working closely with PAL's, Complaints and the Quality teams to identify any accessibility issues brought to the Trust's attention by staff or patients.

St Stephens: Some Trust buildings are also very difficult to remodel due to the age and structure of the buildings; St Stephens being the hardest to configure. Because of this building structure, the steering group are looking to support patients and staff with other solutions for this area if so required.

Medicinema: Issues with MediCinema were also identified by AccessAble, however this area has been removed from future audits as it is primarily a cinema experience which happens to be within a healthcare facility and has some adaptations. Services users will be supported to access this area with the support of healthcare and volunteer staff.

Improvements in progress: A successful business case has been approved for further facilities improvements which are in progress and are shown in the table below with further information available within the Appendix's A-D

Name of Project	Appendix
Accessible Toilets and Washrooms	Appendix A
Accessble toilets and washrooms in clinical areas	Appendix B
Stoma care compliant	Appendix C
Provide a mixture of seating in waiting areas	Appendix D

4. Audit and Summary Reports

The audit report from AccessAble was very repetitive and difficult to use as a project plan; therefore facilities and corporate nursing have pulled together a working project plan. This project plan will be used by the team and AccessAble for the next audit taking place at the moment.

In addition initial audit reports have been received for the West Middlesex site which were shared will be shared with the Accessibility Steering group and a plan will commence to provide improvements where they are required.

Our next update to the Patient Experience Group will include feedback from the latest AccessAble audit, and the production of a Trust wide plan.

The table below shows works required from the first AccessAble audit which is still completed, in progress or outstanding from the earlier audit of Chelsea and Westminster hospital.

Rag rating

Colour	Explanation
Red	This work will require substantial planning and funds. Often requiring a major change This will require a business and major capital business case
Amber	This work requires a project plan and/or system planning. The works are in progress
Green	This work has been completed

Summary

Area	Total number of changes	Completed	In Progress	Outstanding
General areas	8	3	2	3
Clinical areas	6	3	3	
Toilets	9	3	6	
Total (CW)	23	9	11	3

Area	Required work	Approx . Cost	Action/ Comments	Timeline
Entrances	Improve colour contrast around doors	£5k	Main hospital & ED entrances	

General circulating space	Use matt finish cleaning products on floors to minimise shine & potential glare		Working with ISS, the Trust's cleaning contractor, to ensure this is addressed operationally	In progress
	Avoid patterned flooring when replacing		Noted & will be reflected in refurbishments	
	Review wayfinding signage especially to Inpatient pharmacy Mars ward The Tent MacMillan Information & support centre		Wayfinding Project is addressing these items (including the below) as part of the overall Hospital wide project	In Progress
	Some people may not want to use lifts. Clearly sign stairs and develop processes to escort people via stairs if staff only access.		Wayfinding Project is addressing these items (including the below) as part of the overall Hospital wide project	In Progress
	Nosing & handrails need to be reviewed on the staircases		A full survey is required including the cost impact and will be updated for next meeting.	
	Check contrast markings on escalator steps and improve contrast to foot and head of escalators		This work has been completed	Completed
	For departments and wards with a 50m + journey look at how resting points can be provided		In line with the recommendation there is seating available at intervals in the atrium to and from the following wards/departments. <ul style="list-style-type: none"> • Blood Tests – Phlebotomy • Cashier • Children's Burns Unit / Mars Ward • Friends Patient & Staff Library • Apollo Ward 	Completed

<p>Reception areas</p>	<p>Look to provide hearing assistance systems at as many reception points as possible. AccessAble found that receptions at 30 departments did not have hearing assistance systems. In addition, check the hearing assistance systems that did not work when tested by AccessAble;</p>		<p>Hearing loops are now available at key locations on all sites. These are portable so can be moved to the required areas. There is a plan to purchase more in the future</p>	<p>Completed</p>
	<p>Provide a mixture of seating with and without arms in reception areas.</p> <p>Survey is currently in progress to ascertain the exact requirements / costs to further improve in each area and an update will provided for next meeting.</p> <p>Suggested that wards/departments with highest footfall or highest proportion of people with mobility difficulties, or those over 65+ are prioritised.</p>		<p>A mixture of seating has been provided in waiting areas within existing stock of seating and further improvements are planned.</p> <p>Departments/wards for suggested review;</p> <ul style="list-style-type: none"> ▪ Adult Trauma Orthopaedic Outpatients & Fracture Clinic – Completed and appropriate seating in place. ▪ Bereavement Services ▪ Burns Outpatients ▪ Centre for Clinical Practice – currently only with armrests. Completed and appropriate seating in place. ▪ Children’s Dental 	<p>April 2024</p>

			<ul style="list-style-type: none"> ▪ Children's Outpatients ▪ Children's Surgical Pre-Assessment and Admissions ▪ Dermatology, Plastic Surgery and Hand Management Outpatients ▪ ED Imaging Department ▪ Eye Clinic ▪ Gate 1 and 2 ▪ Gate 3 and 4 ▪ George Watts Day Care ▪ Gynaecology ▪ Maternity Assessment Suite ▪ Obstetrics Ultrasound and Fetal Medicine Unit ▪ Paediatric Ambulatory Care Clinic ▪ St. Stephen's Centre - John Hunter Clinic ▪ Therapy Services - Physiotherapy, Hand Therapy, Hydrotherapy and Burns Therapy ▪ Westminster Wing and Assisted Conception Unit 	
Changing Places	<ul style="list-style-type: none"> • Provide privacy screen 		All completed	

	<ul style="list-style-type: none"> • Ideally provide a full length or lowered mirror • Provide a towel dispenser as well as hand dryer 			
	<ul style="list-style-type: none"> • Provide wide tear off paper • Install spatula or automatic flush if possible 		Paper on order & flush being replaced with spatula by contractor	April 2024
Washrooms/Bathrooms	Some washrooms do not have a transfer space on to the toilet; many wheelchair users will not be able to use these toilets. They should be flagged as ambulant rather than accessible facilities.		Signage has been reviewed / action taken	Completed
	<p>The following accessible facilities are to be surveyed and costed – update to be provide at the next meeting.</p> <ul style="list-style-type: none"> ▪ Acute Assessment Unit ▪ Ann Stewart Ward (transfer space unable to be provided suggest label as ambulant) ▪ Annie Zunz Ward David Evans Ward - Male Shower & Female Shower ▪ Edgar Horne Ward - drop down rail by toilet on wrong side, missing wall mounted grab rails. Emergency alarm too short. ▪ Emergency Department – 			April 2024

	<p>(Emergency Obs Unit – Bay).</p> <ul style="list-style-type: none"> ▪ Intensive Care Unit (ICU) ▪ Josephine Barnes Ward (transfer space unable to be provided suggest label as ambulant) ▪ Lord Wigram Ward. ▪ Mercury Ward – wheel-in shower ▪ Nightingale Ward ▪ Rainsford Mowlem Ward – wheel-in shower ▪ St Mary Abbots Ward – wheel-in shower 			
	<p>Fit emergency alarm cords</p> <ul style="list-style-type: none"> • Mercury Ward - Washroom Wheel-in Shower. • Therapy Services (pending due to treatment centre plans and review by Working Group) - Physiotherapy , Hand Therapy, Hydrotherapy and Burns Therapy 	£5k each		April 2024
	<p>Move toilet roll closer to the toilet in the washrooms in Neptune, Jupiter Wards and Mercury Ward.</p>			Completed

	14 areas identified which need to be looked at in regards the feasibility of moving sink in reach of toilet in washrooms. Wheelchair user should be able to wash and dry hands before transferring.	£10 – 20k per area	Survey required	April 2024
	<p>The following departments and wards have accessible toilets with alarm cords that are too short;</p> <ul style="list-style-type: none"> ▪ Acute Assessment Unit ▪ Ann Stewart Ward ▪ Apollo Ward ▪ CAMHS, Perinatal & Parent Infant Mental Health Service and Paediatric Psychology ▪ Chelsea Community Hospital School ▪ Children's Burns Unit ▪ Children's Dental Health ▪ Children's Emergency Department ▪ Children's Outpatients ▪ Children's Surgical Pre-Assessment and Admissions ▪ CW+ MediCinema ▪ David Evans Ward ▪ Dermatology, Plastic Surgery 		Most areas have been addressed, awaiting final updated list & costs	April 2024

	<p>and Hand Management Outpatients</p> <ul style="list-style-type: none"> ▪ Diagnostics Centre ▪ Edgar Horne Ward ▪ Emergency Department ▪ Eye Clinic ▪ Gates 1 and 2 ▪ Gates 3 and 4 ▪ Gazzard Day Unit ▪ Gynaecology ▪ Imaging - X-Ray, CT Scanning, MRI, Bone Density, Ultrasound and Nuclear Medicine ▪ Lord Wigram Ward ▪ Mercury Ward ▪ Nell Gwynne Ward ▪ Neonatal Intensive Care Unit (NICU) ▪ Nightingale Ward ▪ Obstetrics Ultrasound and Foetal Medicine Unit ▪ Rainsford Mowlem Ward ▪ Saturn Ward ▪ Treatment Centre - Day Case Surgery & Procedures ▪ Westminster Wing and Assisted Conception Unit 			
	It was suggested that the Trust look at the feasibility of improving accessible toilets in		For review as part of redevelopment/ refurbishment plans	April 2024

	key areas that are central / high footfall – i.e. to meet BS8300:2018 and Stoma Friendly criteria.			
	Location of mirrors, shelves and hooks to be reviewed	TBC	has been agreed ready to be put in place once cost approved	April 2024
	It was noted that 36 departments had obstructed transfer spaces		we have worked with the wards, departments and housekeeping to ensure these are not obstructed by bins	Completed
Accessible Toilet(s) (Lower Ground Floor - Male - Right Hand Transfer).	<p>This accessible toilet is located on the Lower Ground Floor, to the left of Lift D, along the main corridor.</p> <ul style="list-style-type: none"> ▪ Add horizontal grab rail to door ▪ Add a dropdown rail on the transfer side ▪ Add a vertical wall-mounted grab rail on the transfer side ▪ Add horizontal wall-mounted grab rail on the opposite side of the seat to the transfer space ▪ Fit an emergency alarm – noted it will also need to be linked to security ▪ Place mirror within advised height ▪ Add wall mounted grab rails at sink ▪ Place a shelf at recommended height 	Approx £20k		April 2024

	<ul style="list-style-type: none"> ▪ Consider moving basin in reach of toilet in future ▪ Provide a towel dispenser as an alternative to hand dryer 			
Accessible Toilet(s) (Lower Ground Floor - Female - Left Hand Transfer)	<p>This accessible toilet is located on the Lower Ground Floor to the left of Lift D, along the main corridor.</p> <ul style="list-style-type: none"> ▪ Add horizontal grab rail to door ▪ Add a dropdown rail is on the transfer side ▪ Add a vertical wall-mounted grab rail on the transfer side ▪ Add horizontal wall-mounted grab rail on the opposite side of the seat to the transfer space ▪ Fit an emergency alarm - noted it will also need to be linked to security ▪ Place mirror within advised height ▪ Add wall mounted grab rails at sink ▪ Place a shelf at recommended height ▪ Consider moving basin in reach of toilet in future ▪ Provide a towel dispenser as an alternative to hand dryer 	Approx £20k		April 2024

<p>Accessible Toilet(s) (Ground Floor - Left Hand Transfer)</p>	<p>This accessible toilet is located on the Ground Floor, along the main corridor.</p> <ul style="list-style-type: none"> ▪ Replace alarm cord so it is in height - in addition it will need to link to security ▪ Place mirror within advised height ▪ Place a shelf at recommended height ▪ Provide a towel dispenser as an alternative to hand dryer – being actioned at the time of this update. 	<p>Approx £10k</p>		<p>April 2024</p>
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Appendix A

Accessible toilets

<p>Accessible Toilet(s) (Lower Ground Floor - Male - Right Hand Transfer).</p>	<p>This accessible toilet is located on the Lower Ground Floor, to the left of Lift D, along the main corridor.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Add horizontal grab rail to door <input type="checkbox"/> Add a dropdown rail on the transfer side <input type="checkbox"/> Add a vertical wall-mounted grab rail on the transfer side <input type="checkbox"/> Add horizontal wall-mounted grab rail on the opposite side of the seat to the transfer space <input type="checkbox"/> Fit an emergency alarm – linked to security <input type="checkbox"/> Place mirror within advised height <input type="checkbox"/> Add wall mounted grab rails at sink <input type="checkbox"/> Place a shelf at recommended height <input type="checkbox"/> Consider moving basin in reach of toilet in future <input type="checkbox"/> Provide a towel dispenser as an alternative to hand dryer
<p>Accessible Toilet(s) (Lower Ground Floor - Female - Left Hand Transfer)</p>	<p>This accessible toilet is located on the Lower Ground Floor to the left of Lift D, along the main corridor.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Add horizontal grab rail to door <input type="checkbox"/> Add a dropdown rail is on the transfer side <input type="checkbox"/> Add a vertical wall-mounted grab rail on the transfer side <input type="checkbox"/> Add horizontal wall-mounted grab rail on the opposite side of the seat to the transfer space <input type="checkbox"/> Fit an emergency alarm - linked to security <input type="checkbox"/> Place mirror within advised height <input type="checkbox"/> Add wall mounted grab rails at sink <input type="checkbox"/> Place a shelf at recommended height <input type="checkbox"/> Consider moving basin in reach of toilet in future <input type="checkbox"/> Provide a towel dispenser as an alternative to hand dryer
<p>Accessible Toilet(s) (Ground Floor - Left Hand Transfer)</p>	<p>This accessible toilet is located on the Ground Floor, along the main corridor.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Replace alarm cord so it is in height - link to security <input type="checkbox"/> Place mirror within advised height <input type="checkbox"/> Place a shelf at recommended height <input type="checkbox"/> Provide a towel dispenser as an alternative to hand dryer.

Appendix B

Accessible toilets and washrooms in clinical areas

<p>Accessible toilets : provide handrail + change signage to ambulant</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Ann Stewart Ward (transfer space unable to be provided suggest label as ambulant) <input type="checkbox"/> Annie Zunz Ward David Evans Ward - Male Shower & Female Shower <input type="checkbox"/> Edgar Horne Ward - drop down rail by toilet on wrong side, missing wall mounted grab rails. Emergency alarm too short. <input type="checkbox"/> Emergency Department – (Emergency Obs Unit – Bay). <input type="checkbox"/> Intensive Care Unit (ICU) <input checked="" type="checkbox"/> Josephine Barnes Ward (transfer space unable to be provided suggest label as ambulant) <input type="checkbox"/> Lord Wigram Ward. <input type="checkbox"/> Mercury Ward – wheel-in shower <input type="checkbox"/> Nightingale Ward <input type="checkbox"/> Rainsford Mowlem Ward – wheel-in shower <input type="checkbox"/> St Mary Abbots Ward – wheel-in shower
<p>Alarm Cords</p>	<p>The following departments and wards have accessible toilets with alarm cords that are too short;</p> <ul style="list-style-type: none"> <input type="checkbox"/> Acute Assessment Unit <input type="checkbox"/> Ann Stewart Ward <input type="checkbox"/> Apollo Ward <input type="checkbox"/> Children's Emergency Department <input type="checkbox"/> Children's Surgical Pre-Assessment and Admissions <input type="checkbox"/> David Evans Ward <input type="checkbox"/> Diagnostics Centre <input type="checkbox"/> Edgar Horne Ward <input type="checkbox"/> Eye Clinic <input type="checkbox"/> Gates 1 and 2 <input type="checkbox"/> Gates 3 and 4 <input type="checkbox"/> Gazzard Day Unit <input type="checkbox"/> Gynaecology <input type="checkbox"/> Lord Wigram Ward <input type="checkbox"/> Mercury Ward <input type="checkbox"/> Nell Gwynne Ward <input type="checkbox"/> Nightingale Ward <input type="checkbox"/> Obstetrics Ultrasound and Foetal Medicine Unit <input type="checkbox"/> Rainsford Mowlem Ward <input type="checkbox"/> Saturn Ward <input type="checkbox"/> Treatment Centre - Day Case Surgery & Procedures <input type="checkbox"/> Westminster Wing and Assisted Conception Unit

Appendix C

Stoma Friendly compliant

Stoma friendly	It was suggested that the Trust look at the feasibility of improving accessible toilets in key areas that are central / high footfall – i.e. to meet BS8300:2018 and Stoma Friendly criteria. This includes extra works required to changing places
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Appendix D

Provide a mixture of seating in waiting areas

<p>A mixture of seating has been provided in waiting areas within existing stock of seating and further improvements are planned.</p> <p>Provide a mixture of seating with and without arms in reception areas.</p> <p>Suggested that wards/departments with highest footfall or highest proportion of people with mobility difficulties, or those over 65+ are prioritised.</p>	<p>Departments/wards;</p> <ul style="list-style-type: none">▪ Adult Trauma Orthopaedic Outpatients & Fracture Clinic-▪ Bereavement Services▪ Burns Outpatients▪ Children's Dental▪ Children's Outpatients▪ Children's Surgical Pre-Assessment and Admissions▪ Dermatology, Plastic Surgery and Hand Management Outpatients▪ ED Imaging Department▪ Eye Clinic▪ Gate 1 and 2▪ Gate 3 and 4▪ George Watts Day Care▪ Gynaecology▪ Maternity Assessment Suite▪ Obstetrics Ultrasound and Fetal Medicine Unit▪ Paediatric Ambulatory Care Clinic▪ St. Stephen's Centre - John Hunter Clinic▪ Therapy Services - Physiotherapy, Hand Therapy, Hydrotherapy and Burns Therapy▪ Westminster Wing and Assisted Conception Unit
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3.5 COUNCIL OF GOVERNORS MEMBERSHIP AND ENGAGEMENT

SUB-COMMITEE REPORT

- Information Item

4. QUALITY

4.1 QUALITY UPDATE

Quality Update with a focus on:

- Quality Priorities 24/25
- Chelsea and Westminster NHS Trust
- North West London Acute Provider Collaborative

Quality Account 23/24 Production

REFERENCES

Only PDFs are attached



4.1 and 4.2 Council of Gov quality update April 2024 (002).pdf



Council of Governors

Quality Update
17th April 2024





■ Council of Governors – 17th April 2024

Quality Account

Summary from quarter 3 position



■ What is the Quality Account

A Quality Account is a report about the quality of services offered by an NHS healthcare provider and is a requirement under the Health Act 2009 and subsequent Health and Social Care Act 2012.

The reports are published annually by each provider, including the independent sector, and are available to the public.

Quality Accounts are an important way for local NHS services to report on quality and show improvements in the services they deliver to local communities and stakeholders.

The quality of service is measured through looking at:

- patient safety
- how effective patient treatments are
- patient feedback about care provided

There is a requirement for Trusts to report on a number of metrics which are reported nationally. These are based on the recommendation of the National Quality Board, and are closely aligned to the NHS Outcomes Framework.

■ What is the Quality Account

In presenting the data Trusts are required to report:

- their performance against these indicators; presented in a table format, for at least the last two reporting periods
- the national average
- a supporting commentary, which may explain variation from the national average and any steps taken or planned to improve quality

NHS foundation trusts are no longer required to produce a Quality Report as part of their annual report. NHS foundation trusts will continue to produce a separate quality account for 2023-24.

There is no national requirement for NHS trusts or NHS foundation trusts to obtain external auditor assurance on the quality account or quality report, with the latter no longer prepared.

Integrated care boards (ICBs) have assumed responsibilities for the review and scrutiny of quality accounts. ICBs must clarify with providers where they are expected to send their quality account.

■ Timeline for completion

The Department of Health and Social Care requires providers to submit their final Quality Account to the Secretary of State by June 30 2024, in addition to having an accessible format clearly available on the Trust Website.

Date	Description
28 th Feb	Draft quality priorities to Executive Management Board
5 th March	Report on process and indicative timetable to Quality Committee
6 th March	Share timetable and commission writing content
5 th April	Deadline for draft content (noting some from analytics will not be available)
24 th April	Draft Annual Report shared at Executive Management Board
6 th May	DATE FOR FINAL CONTENT and Report presented to Quality Committee (7 th May 2024)
w/c 13 th May	Final draft report circulated to key stakeholders for review and statement i.e. CoG, Healthwatch, RBKC
w/c 10 th June	Communications - Format Final Document (alongside Trust Accounts)
18 th June	Final Quality Account to Quality Committee
19 th June	Submit final Quality Account to ICB
30 th June	Deadline for Quality Account to be uploaded onto CWFT website and link sent to: england.quality-accounts@nhs.net



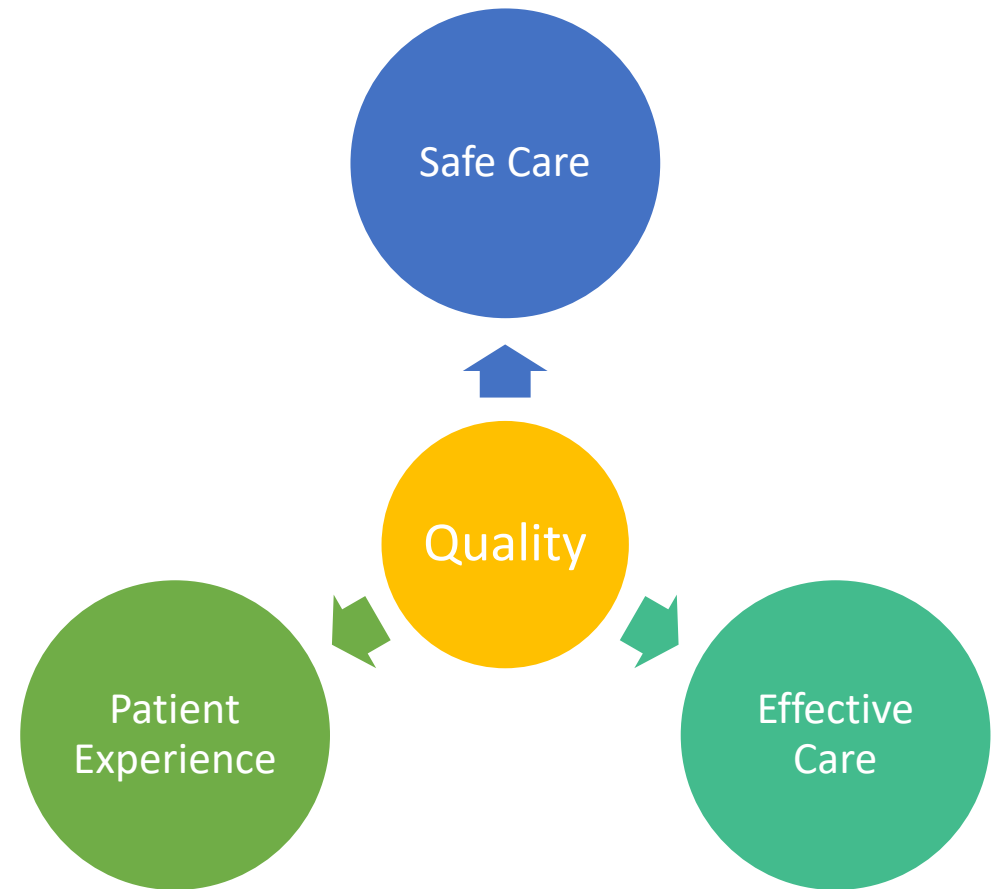
■ Council of Governors – 17th April 2024

Quality Priorities 2024/25



Quality Priorities Background

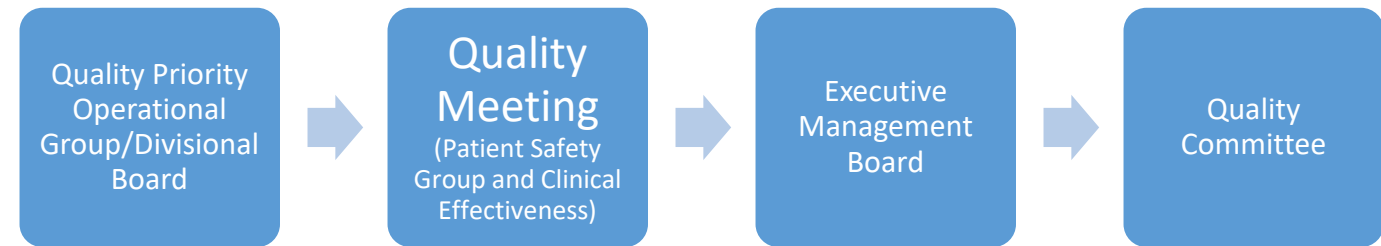
- Since 2009 all Trusts have to produce a Quality Report/Account
- In addition to nationally mandated metrics, Trusts set local quality priorities annually which are reported as part of the account
- The account summarises our performance and improvements for the previous year and sets the priorities and objectives for the year ahead (2024/25)
- Each priority is aligned to one of more of the Trusts strategic objectives, in addition to one of the core domains of quality as defined by the quality account



Quality Priorities 2024/25

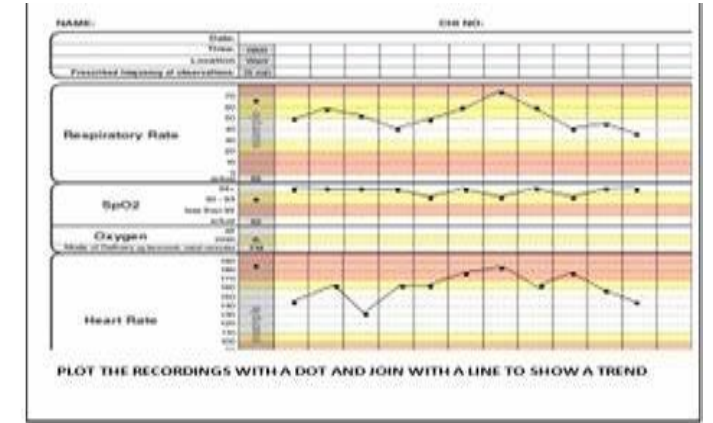
- When setting the priorities it is important that we consider the requirement to address health inequalities. Therefore in addition to the 3 areas previously stated, a priority aligned to health inequalities has been chosen.
- Priorities for the year have been aligned to divisions, with a formal SRO and support allocated to lead the improvement across the Trust and will report through existing governance structure
- Each priority will establish metrics for delivery and improvement, with timeline for delivery and associated project risk management
- Priorities have been included as part of business planning so they are aligned with any investments, local or national strategy and part of the divisions priorities for the year

Priority	division
Deteriorating Patient- (PEWS)	West London Children's and Specialist Care
Deteriorating Patient- (Call 4 Concern)	Planned Care
Improving care for our frail patients	Emergency and Integrated Care
Tobacco/Smoking reduction	Enterprise and Specialist Care
Patient Safety Incident Response Framework	Clinical Support Services
Patient Experience	Corporate



Quality Priorities 2024/25- Deteriorating Patients (Implementation of PEWS and Call for Concern)

- Improving the identification and management of deteriorating patients is one of the improvement work streams across the acute provider collaborative.
- Nationally there is a requirement for Trusts to implement the Paediatric Early Warning Score (PEWS), which will be complimented with a programme of training for staff.
- The Call for Concern is linked to the national announcement in February for Trusts to implement Martha's Rule. This follows the family of Martha Mills campaigning to help improve the care of patients experiencing acute deterioration.
- The concept builds on critical care outreach teams and allows patients, families, careers and advocates to have access to the same 24/7 rapid review from a critical care outreach team which they can contact via mechanisms advertised around the hospital and more widely if they are worried about the patient's condition.



Quality Priorities 2024/25- Improving Care for our Frail Patients (year two)

- Increasingly older population, living with multiple co-morbidities accessing hospital services
- Prolonged hospital admissions can lead to deterioration and avoidable harm
- Need to ensure integration of teams and services across the hospital and the wider community to provide proactive and seamless care pathways.
- By addressing frailty at the front door and initiation of the CGA we will identify patients who are at risk of adverse outcomes in hospital and those who are at risk of a prolonged hospital admission.
- We will reduce avoidable admissions and select suitable patients for further treatment and monitoring in the community or home setting on discharge.

Metric (for those with CFS 5+)
Reduction of non-elective admissions
Increase numbers seen in SDEC with CFS 5+
To reduce length of stay for those with CFS 5+
To reduce those readmitted within 30/60/90 days
Complete CFS at the front door (CQUIN metric)
Initiation of CGA (CQUIN metric)
Reviewing mandatory frailty training for staff working in ED and admission areas
Increase virtual ward referrals



Quality Priorities 2024/25- Tobacco/Smoking reduction

- Improving the population's health and preventing illness and diseases to reducing health inequalities.
- Approx. 64,000 people die from smoking related illnesses in England every year, and 2 out of every 3 smokers will die due to a smoking related disease.
- Being in hospital is a significant event in someone's life and people can be more open to making healthier choices
- The Long Term Plan commits to providing NHS funded tobacco dependency treatment to all inpatients who smoke, with everyone admitted overnight being able to access services.
- Within this priority we will also expand the reduction priority to staff

Metric
Percentage of in patients with Smoking status recorded
Percentage of known inpatient smokers referred to smokeless
Percentage of known inpatient smokers receiving very brief advice (VBA)
Percentage of known inpatient smokers offered NRT
Number of staff members seen by smokeless (cumulative figure)



Quality Priorities 2024/25- Improve patient experience (Nutrition and Hydration)

- Access to adequate Nutrition and Hydration is vital to promote healing and recovery
- The National Inpatient Survey and patient feedback has shown that improvements are needed regarding quality of food and support with nutrition and hydration
- Appropriate assessment of a patients needs is an important component of this, and where required onward referral to dietetic services

Metric
Percentage of patients that have had a MUST assessment completed
Percentage of patients who were referred on to dietician support if triggered/indicated as a result of the MUST?
FFT response on percentage of inpatients getting meal support* 'Did you get enough help and support with your meals?'



Quality Priorities 2024/25- Implementation of the Patient Safety Incident Response Framework (*Year two*)

- PSRIF is a national (contractual requirement) approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.
- Across the Acute Provider Collaborative we have worked to standardise the approach to training and implementation of the principles
- Further embedding of the approach and training is required, in addition to the development of individual Trust improvement priorities in line with the PSIRF plan

Metric
Training compliance for: All staff: Level 1- Essentials for patient safety Level 1 - Essentials of patient safety for boards and senior leadership teams
Band 6 & above and medical professionals: Level 2 – Access to Practice
Number of open SI and actions from 2023/24





■ Council of Governors – 17th April 2024

APC Quality Work streams

Quality work streams for the APC 2024/25

Maternity
and
Neonatal
standards

Infection
Prevention and
Control

Mental Health
in an acute
setting

Embedding the
PSIRF
approach

National
Standards for
Invasive
Procedures
(NatSSIPs2)



■ Council of Governors – 17th April 2024

Quality update Schedule

■ Schedule for quality report to CoG

- As part of the agreed process to update the council of governors on the quality position of the Trust the following schedule is proposed
- A quarterly update will be provided to the CoG aligned to the annual reporting cycle of the Quality Committee, in addition to the normal Trust performance report
- This will avoid the creation of additional work and cover the mandatory annual reports

Quarter 2 (July 2024)	Quarter 3 (October 2024)	Quarter 4 (January 2025)	Quarter 1 (April 2025)
Infection Control	Radiation Protection	Mental Capacity Act & Deprivation of Liberty	Research and Development
Patient Experience	Resuscitation	End of Life Care	Medication Safety
Trust Quality Account and Priorities	Health and Safety	Human Tissue Authority and Human Fertilisation and Embryology Authority report	Learning from Deaths/Mortality
	Annual report from Quality Committee	Safeguarding Adults and Children	Maternity

4.2 SCHEDULE OF FUTURE TOPICS FOR DEEP DIVES

5. OTHER BUSINESS - ITEMS FOR NOTING




5.1 ANY OTHER BUSINESS

Any Other Business, including:

- 5.1.1 - CoG Forward Plan and schedule of Council of Governor meetings 2024-2025
- 5.1.2 - Governor Attendance Register

REFERENCES

Only PDFs are attached

-  5.1.1 - COG and Briefing Forward Plan and Schedule of meetings 2023-2025.pdf
-  5.1.2 COG Attendance Record (2023-2024).pdf
-  NHS Acronyms.pdf



Council of Governors (CoG's) Forward Plan 2024 - 2025

	17 April 2024 CoGs Awayday (TBC) Time TBC	17 April 2024 CoGs Meeting (TBC) Time TBC (1.5 hours)	19 June 2024 CoGs Briefing Session (TBC) 16:00 – 17:00 hours
Statutory/Mandatory Business	<ul style="list-style-type: none"> • Council of Governors Effectiveness Survey • Chair and Lead Governor 	<ul style="list-style-type: none"> • Minutes of Previous Meeting, including Action Log • Annual Report Finance and Performance Committee (Chair – Patricia Gallan) • NWL Collaborative Update • Update from Membership and Engagement Sub-Committee 	Share updated Trust Strategy
Papers for information		<ul style="list-style-type: none"> • Chair's Report • Chief Executive Officer's Report • Quality Update • Accessibility work update 	
Other Business		<ul style="list-style-type: none"> • Any other business (Forward plan/Schedule of meetings/Governor attendance register) 	

	18 July 2024 CoGs Meeting 14:00 – 15:00 hours	26 September 2024 CoGs Briefing Sessions (TBC) 16:00 – 17:00 hours	17 October 2024 CoGs Meeting (TBC) 16:00 – 18:30 hours
Statutory/Mandatory Business	<ul style="list-style-type: none"> Minutes of Previous Meeting, including Action Log To receive the Annual Report and Accounts which will be formally presented at the Annual Members Meeting Annual Report from the Chair of the Audit & Risk Committee (Chair – Aman Dalvi) Update from Membership and Engagement Sub-Committee 	Winter Planning	<ul style="list-style-type: none"> Minutes of Previous Meeting, including Action Log Annual Report from the Quality Committee (Chair – Steve Gill) Performance and Quality Report (including Winter Preparedness and Workforce Performance Report) NWL Collaborative Update Update from Membership and Engagement Sub-Committee
Papers for information	<ul style="list-style-type: none"> Chair’s Report Chief Executive Officer’s Report Quality Update Accessibility work update 		<ul style="list-style-type: none"> Chair’s Report Chief Executive Officer’s Report Quality Update Governors Elections 2024 – update Accessibility work update
Other Business	<ul style="list-style-type: none"> Any other business (Forward plan/Schedule of meetings/Governor attendance register) 		<ul style="list-style-type: none"> Any other business (forward plan/Schedule of meetings/Governor attendance register)

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

	16 April 2025 CoGs Away Day (TBC) Time TBC	16 April 2025 COGs Meeting (TBC) Time TBC (1.5 hours)	19 June 2025 CoGs Briefing Session (TBC) 16:00 – 17:00
Statutory/Mandatory Business	Briefing topic/presentation to be confirmed	<ul style="list-style-type: none"> • Minutes of Previous Meeting, including Action Log • Annual Report Finance and Performance Committee (Chair – Patricia Gallan) • NWL Collaborative Update • Update from Membership and Engagement Sub-Committee 	Briefing topic/presentation to be confirmed
Papers for information		<ul style="list-style-type: none"> • Chair’s Report • Chief Executive Officer’s Report • Quality Update • Accessibility work update 	
Other Business		<ul style="list-style-type: none"> • Any other business (Forward plan/Schedule of meetings/Governor attendance register) 	

	17 July 2025 CoGs Meeting (TBC) Time TBC	25 September 2025 CoGs Briefing Sessions (TBC) 16:00 – 17:00 hours	16 October 2025 CoGs Meeting (TBC) 16:00 – 18:30 hours
Statutory/Mandatory Business	<ul style="list-style-type: none"> Minutes of Previous Meeting, including Action Log To receive the Annual Report and Accounts which will be formally presented at the Annual Members Meeting Annual Report from the Chair of the Audit & Risk Committee (Chair – Aman Dalvi) Update from Membership and Engagement Sub-Committee 	Winter Plan	<ul style="list-style-type: none"> Minutes of Previous Meeting, including Action Log Annual Report from the Quality Committee (Chair – Steve Gill) Performance and Quality Report (including Winter Preparedness and Workforce Performance Report) NWL Collaborative Update Update from Membership and Engagement Sub-Committee
Others for information	<ul style="list-style-type: none"> Chair’s Report Chief Executive Officer’s Report Quality Update Accessibility work update 		<ul style="list-style-type: none"> Chair’s Report Chief Executive Officer’s Report Governors Elections 2025 – update Accessibility work update
Other Business	<ul style="list-style-type: none"> Any other business (Forward plan/Schedule of meetings/Governor attendance register) 		<ul style="list-style-type: none"> Any other business (Forward plan/Schedule of meetings/Governor attendance register)



Council of Governors – Attendance Record 2023/2024

Governor	Category	Constituency	19.04.2023	19.04.2023 Awayday	12.07.2023 Development Session	20.07.2023	19.10.2023	25.01.2024	TOTAL
Lisa Addison	Patient	Patient Constituency	✓	✓	Apologies	Apologies	Apologies	Apologies	2
Richard Ballerand	Public	Royal Borough of Kensington and Chelsea	✓	Apologies	Apologies	Apologies	✓	✓	3
Caroline Boulliat-Moulle	Patient	Patient Constituency	✓	✓	Apologies	✓	✓	✓	5
Julie Carter	Public	London Borough of Ealing	Apologies	Apologies	DNA	DNA	DNA	DNA	NIL
Cass J. Cass-Horne	Public	City of Westminster	✓	✓	✓	✓	✓	✓	6
Maureen Chatterley	Public	London Borough of Richmond Upon Thames	N/A	N/A	N/A	N/A	N/A	✓	1
Nigel Clarke	Public	London Borough of Hammersmith and Fulham	✓	✓	✓	✓	✓	✓	6
Ian Dalton	Patient	Patient Constituency	N/A	N/A	N/A	N/A	N/A	✓	1
Dr Nara Daubeney	Public	London Borough of Wandsworth	✓	✓	Apologies	Apologies	Apologies	DNA	2

Christopher Digby-Bell	Patient	Patient Constituency	✓	✓	Apologies	✓	✓	✓	5
Simon Dyer	Patient/Lead Governor	Patient Constituency	✓	✓	✓	✓	✓	✓	6
Stuart Fleming	Public	London Borough of Wandsworth	Apologies	Apologies	Apologies	✓	✓	✓	3
Parvinder Singh Garcha	Public	London Borough of Hounslow	✓	✓	✓	✓	Apologies	✓	5
Minna Korjonen	Patient	Patient Constituency	✓	✓	✓	Apologies	✓	✓	5
Rose Levy	Public	London Borough of Hammersmith and Fulham	✓	✓	✓	✓	✓	✓	6
Nina Littler	Public	Royal Borough of Kensington and Chelsea	✓	✓	✓	✓	✓	✓	6
Stella Macaskill	Patient	Patient Constituency	✓	✓	✓	Apologies	✓	✓	5
Ras. I Martin	Public	Rest of England	✓	✓	Apologies	✓	✓	✓	5
Mark Nelson	Staff	Staff: Medical and Dental	✓	✓	✓	✓	✓	✓	6
Cllr Will Pascal	Appointed	Royal Borough of Kensington and Chelsea	✓	✓	Apologies	✓	✓	✓	5

David Phillips	Patient	Patient Constituency	✓	✓	✓	✓	✓	✓	6
Lucinda Sharpe	Staff	Staff: Nursing and Midwifery	N/A	N/A	N/A	N/A	N/A	✓	1
Dr Desmond Walsh	Appointed	University Governor (Imperial College)	✓	✓	Apologies	✓	Apologies	✓	4
Laura-Jane Wareing	Public	London Borough of Hounslow	Apologies	Apologies	✓	✓	✓	✓	4
Jo Winterbottom	Public	City of Westminster	✓	✓	✓	Apologies	Apologies	✓	4
VACANT	Public	London Borough of Richmond Upon Thames							
VACANT	Staff	Non-Clinical Staff							
VACANT	Staff	Non-Clinical Staff							
VACANT	Staff	Allied Health Professionals, Scientific and Technical							
VACANT	Staff	Nursing and Midwifery							
VACANT	Appointed	Local Authority							

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



Acronyms

The following document explains some acronyms and terms which Staff and Governors may come across in their role.

A			
A&E	Accident & Emergency	AHSN	Academic Health Science Network
ARC	Audit & Governance Risk Committee	ALOS	Average Length of Stay
AGM	Annual General Meeting	AMM	Annual Members Meeting
AGS	Annual Governance Statement	AO	Accountable Officer
AHP	Allied Health Professionals	ALB(s)	Arms Length Bodies
AHSC	Academic Health Science Centre		
B			
BAF	Board Assurance Framework	BAME	Black Asian Minority Ethnic
BCF	Better Care Fund	BoD	Board of Directors
BMA	British Medical Association		
C			
CAMHS	Child and Adolescent Mental Health Services	CFO	Chief Financial Officer
CapEx		CMO	Chief Medical Officer
CBA	Cost Benefit Analysis	CNO	Chief Nursing Officer
CBT	Cognitive Behavioural Therapy	CoG	Council of Governors
CCG	Clinical Commissioning Group	COO	Chief Operating Officer
CDiff	Clostridium difficile	CPD	Continuing Professional Development
CE / CEO	Chief Executive Officer	CQC	Care Quality Commission
CF	Cash Flow	CQUIN	Commissioning for Quality and Innovation
CFR	Community First Responders	CSR	Corporate Social Responsibility
CHC	Continuing Healthcare	CT	Computed Tomography
CIP	Cost Improvement Plan		



D			
DBS	Disclosure and barring service	DoF	Director of Finance
DGH	District General Hospital	DPA	Data Protection Act
DHSC	Department of Health and Social Care	DPH	Director of Public Health
DNA	Did Not Attend	DTOCs	Delayed Transfers of waiting Care
DNAR	Do Not Attempt Resuscitation	DTC	Diagnostic and Treatment Centre
E			
E&D	Equality and Diversity	EOLC	End of Life Care
ED(s)	Executive Directors or Emergency Department	EPR	Electronic Patient Record
EHR	Electronic Health Record	ESR	Electronic staff record
F			
FFT	Friends and Family Test	FT	Foundation Trust
FIC	Finance and Investment Committee	FTE	Full Time Equivalent
FOI	Freedom of Information	FTSU	Freedom to speak up
G			
GMC	General Medical Council	GDP	Gross Domestic Product
GDPR	General Data Protection Regulations		
H			
HCAI	Healthcare Associated Infection	HRA	Health Research Authority
HCA	Health Care Assistant	HSCA 2012	Health & Social Care Act 2012
HDU	High Dependency Unit	HSCIC	Health and Social Care Information Centre
HEE	Health Education England	HTA	Human Tissue Authority
HR	Human Resources	HWB / HWBB	Health & Wellbeing Board
I			
IG	Information Governance	ICU or ITU	Intensive Care Unit Intensive therapy unit
ICP	Integrated Care Pathway	IP	Inpatient
ICS	Integrated Care system	IT	Information Technology



ICT	Information Communications Technology	IV	Intravenous
K			
KLOE(s)	Key Line of Enquiries	KPIs	Key Performance Indicators
L			
LD	Learning Disability	LOS	Length of Stay
M			
M&A	Mergers & Acquisitions	MRI	Magnetic Resonance Imaging
MHPRA	Medicines and Healthcare Products Regulatory Agency	MRSA	Methicillin-Resistant Staphylococcus Aureus
MIU	Minor Injuries Unit	MSA	Mixed Sex Accommodation
MoU	Memorandum of Understanding		
N			
NAO	National Audit Office	NHSI	NHS Improvement
NED	Non Executive Director	NHSLA	NHS Leadership Academy
NHS	National Health Service	NHSP	NHS Professionals
NHS111	NHS nonemergency number	NHSX	
NHSBSA	NHS Business Services Authority	NICE	National Institute for Health and Care Excellence
NHSBT	NHS Blood and Transplant	NIHR	National Institution for Health Research
NHSE	NHS England	NMC	Nursing and Midwifery Council
O			
OD	Organisational Development or Outpatients Department	OSCs	Overview and Scrutiny Committees
OOH	Out of Hours	OT	Occupational Therapy
OP	Outpatients		
P			
PALS	Patient Advice & Liaison Service	PHSO	Parliamentary and Health Service Ombudsman
PAS	Patient	PICU	Psychiatric Intensive



	Administration System		Care Unit or Paediatric Intensive Care Unit
PbR	Payment by Results or 'tariff'	PLACE	Patient-Led Assessments of the Care Environment
PCN	Primary care network	POD	People and Organisational Development Committee
PDSA	Plan, do, study, act	PPI	Patient and Public Involvement
PFI	Private Finance Initiative	PTS	Patient Transport Services
PHE	Public Health England		
Q			
QA	Quality assurance	QIA	Quality Impact Assessment
QC	Quality Committee	QOF	Qualities and Outcomes Framework
QI	Quality improvement		
R			
R&D	Research & Development	RoI	Return on Investment
RAG	Red, Amber, Green classifications	RTT	Referral to Treatment Time
RGN	Registered General Nurse		
S			
SALT	Speech and Language Therapist	SLA	Service Level Agreement
SFI	Standing Financial Instructions	SoS	Secretary of State
SHMI	Summary Hospital Level Mortality Indicator	SRO	Senior Responsible officer
SID	Senior independent Director	STP	Sustainability and Transformation Partnership
SIRO	Senior Information Risk Officer	SUI	Series Untoward Incident / Serious Incident
SITREP	Situation Report	SWOT	Strengths, Weaknesses, Opportunities, Threats
T			
TTO	To Take Out		
V			
VTE	Venous Thromboembolism	VfM	Value for Money



W			
WLF	Well Led Framework	WRES	Workforce Race Equality Standard
WDES	Workforce Disability Equality Standard	WTE	Whole-time equivalent
Y			
YTD	Year to Date		