




**Chelsea and Westminster Hospital**  
NHS Foundation Trust

# COUNCIL OF GOVERNORS MEETING



# COUNCIL OF GOVERNORS MEETING

 25 January 2024

 16:00 GMT Europe/London



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## 1. GENERAL BUSINESS

Information Item

Chair

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### REFERENCES

Only PDFs are attached

 Item 1.0- Agenda COG - 25 January 2024.pdf



**Council of Governors Meeting**

**Location:** Hybrid meeting – Main Boardroom, Chelsea and Westminster Hospital NHS Foundation Trust/MS Teams

**Date:** 25<sup>th</sup> January 2024

**Time:** 16:00hrs – 18:30hrs

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### AGENDA

16:00	<b>1.0</b>	<b>GENERAL BUSINESS</b>		
16:00	1.1	Welcome and Apologies for absence	Verbal	Chair
	1.2	Declarations of interest	Verbal	Chair
	1.3	<ul style="list-style-type: none"> <li>- Minutes of previous meeting held on 19<sup>th</sup> October 2023</li> <li>- Minutes of Extraordinary CoG Meeting held on 7<sup>th</sup> December</li> <li>- Action Log</li> </ul>	Paper	Chair
16:10	<b>2.0</b>	<b>UPDATES</b>		
	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

16:30	<b>3.0</b>	<b>FOR DISCUSSION</b>		
	3.1	Annual Report from the Chair of the People and Workforce Committee	Paper	Chair of the People and Workforce Committee
	3.2	Role of the Lead Governor and Deputy Lead Governor	Paper	Director of Corporate Governance
	3.3	Council of Governors Membership and Engagement Sub-Committee Report	Verbal	Chair of Council of Governors Membership and Engagement Sub-Committee
	3.4	AccessAble work update	Paper	Vice Chair
	3.5	Governors Away Day 2024	Paper	Director of Corporate Governance
17:40	<b>4.0</b>	<b>QUALITY</b>		
	4.1	Quality Update with a focus on: <ul style="list-style-type: none"> <li>• Vaccination</li> <li>• Infection Prevention and Control</li> <li>• Maternity</li> </ul>	Paper	Chair of the Quality Committee/Chief Nursing Officer
	4.2	Discussion on future topics for deep dives	Verbal	Chair of the Quality Committee
18:25	<b>5.0</b>	<b>OTHER BUSINESS – ITEMS FOR NOTING</b>		
	5.1	Any other business, including: *5.1.1 CoG Forward plan and schedule of Council of Governor meetings 2023-2025j *5.1.2 Governor attendance register	Paper Paper	Chair/Lead Governor
18:30		Date and Time of the Next Meeting 17 <sup>th</sup> April 2024, Time and venue TBC		

## 1.1 WELCOME AND APOLOGIES FOR ABSENCE

● Information Item

👤 Chair



## 1.2 DECLARATIONS OF INTEREST

● Standing item

👤 Chair

## 1.3 MINUTES OF PREVIOUS MEETINGS




● Standing item      👤 Chair

- Minutes of previous meeting held on 19th October 2023
- Minutes of Extraordinary CoG Meeting held on 7th December
- Action Log

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### REFERENCES

Only PDFs are attached

-  Item 1.3 - COG Meeting 19 October 2023.pdf
-  Item 1.3a - Extraordinary CoG Meeting - 7 December 2023.pdf
-  Item 1.3b - Agenda item - COG action log.pdf

**DRAFT MINUTES OF COUNCIL OF GOVERNORS (COG)****19<sup>th</sup> October 2023 – 16:00 – 18:30hrs****In person and MS Teams****at Chelsea and Westminster 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)
Christopher Digby-Bell	Patient Governor	(CDB)
Simon Dyer	Lead Governor/Patient Governor	(SD)
Stuart Fleming	Public Governor	(SF)
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	(MN)
Cllr Will Pascal	Appointed Governor	(WP)
David Phillips	Patient Governor	(DP)
Laura-Jane Wareing	Public Governor	(LJW)

<b>In Attendance:</b>	Lesley Watts CBE	Chief Executive Officer	(LW)
	Robert Bleasdale	Chief Nursing Officer	(RB)
	Carolyn Downs	Non-Executive Director	(CD)
	Patricia Gallan	Non-Executive Director	(PG)
	Catherine Jervis	Non-Executive Director	(CJ)
	Neville Manuel	Non-Executive Director	(NM)
	Neena Modi	Non-Executive Director	(NMi)
	Peter Jenkinson	Director of Corporate Governance	(PJ)
	Alexia Pipe	Chief of Staff to the Chair - NW London	(AP)
	Marie Price	Deputy Director of Corporate Governance	(MP)
	Graham Chalkley	Corporate Governance Officer	(GC)

<b>Apologies:</b>	Rob Hodgkiss	Deputy CEO and Chief Operating Officer	(RH)
	Jeremy Booth	Patient Governor	(JB)
	Julie Carter	Public Governor	(JC)
	Nara Daubeney	Public Governor	(NDa)
	Parvinder Singh Garcha	Public Governor	(PSG)
	Catherine Sands	Staff Governor	(CS)
	Desmond Walsh	Appointed Governor	(DW)
	Jo Winterbottom	Public Governor	(JW)
	Aman Dalvi	Non-Executive Director	(AD)
	Ajay Mehta	Non-Executive Director	(AM)
	Syed Mohinuddin	Non-Executive Director	(SMo)

## **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 PG, CD and NMI to the meeting, as this was their first Governors meeting since joining the Trust as NEDs.

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 20 July 2023**

The minutes were approved.

#### **Minutes of the Extraordinary CoG meeting held on 5 September 2023**

The Chair confirmed that this meeting was held in order to discuss proposed changes to the constitution. The minutes were approved.

#### **Action Log**

There were no outstanding actions.

## **2.0 UPDATES**

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

In summarising his report, the Chair noted it was approximately one year ago that the NWL APC had been established, and was making progress against the agreed objectives. The Chair added that this was a significant change to the governance of the four Trusts within the NWL APC. The Chair confirmed that the Internal Auditors from the four Acute Trusts had been asked to conduct a governance review looking at how the Acute Provider Collaborative governance was running, and once the report had been received in a few weeks' time. The Governors discussed this further, and the Chair was asked what had been the three major achievements of the APC in the past year. The Chair confirmed that these were the delivery of joint working on the management of waiting lists and Emergency Departments; the delivery of a 'break-even' financial result for 2022/23 across the NWL APC; and approval from the Department of Health and Social Care to build the new Hillingdon Hospital at The Hillingdon Hospitals Foundation Trust (THHFT).

MN added that within the last year there had been much better clinical collaboration, and an improvement in patient outcomes and pathways.

NMI asked how the Trust was monitoring the impact and changes of patient outcomes and how we were capturing systematic outcomes. LW confirmed that a lot of time was spent looking at patient experience, but this needed to be articulated appropriately, and added that NMI's assistance with this would be welcomed.

### **2.2 CWFT Chief Executive's Report and Trust Update**

In summarising her report, LW discussed the key aspects, which included:

- a higher than planned incidence of in hospital acquired infections across the country, and the Trust was working with staff and providing education and development on this;
- the financial forecast was for the Trust to achieve the 'break even' plan for 2023/24, but this was not without risk;
- the Equality, Diversity and Inclusion (EDI) agenda which not only emphasised that the NHS had the most diverse workforce, but also reflected how essential it was that the Trust excelled in this in relation to the care of our patients and the work in the community;
- the Trust had been awarded the contract to deliver Transplus, which was also part of the EDI agenda;
- the Trust celebrated 75 years of the NHS; and
- CWFT had been shortlisted for the Health Service Journal (HSJ) Trust of the Year.

LW added that it was a challenging time for the Trust in trying to recover the position of the waiting lists and put patients first in the aftermath of Covid and the ongoing industrial action. LW paid tribute to all staff at the Trust for their hard work regarding this.

LW also commented that it was essential that patients were treated as quickly as possible. It was noted that patient discharge continued to be an issue across the four Trusts within the NWL APC with around 430 patients in beds who did not have the criteria to reside and could therefore be discharged if an agreed care plan was in place.

RIM referred to the EDI agenda and asked about vulnerable members of the community and what were the outcomes regarding this. LW commented that in general terms the outlook was positive, but there were some communities that were not coming into the Trust's services until very late. LW added that there were some cultural sensitivities surrounding this issue, and the Trust was working with leaders in the community on this.

### **2.3 Governors Election 2023 – Update**

PJ provided an update on the 2023 Elections, and reiterated the changes to the Constitution where the same number of Staff Governors was retained but the constituencies had been reconfigured. PJ added that it was a mixed picture regarding the nominations that had come in, specifically the staff nominations which was disappointing despite the additional efforts that had been made. PJ referred to the timescales of the election that were detailed in the paper, and that a New Governors' induction was scheduled to take place on Tuesday 5 December 2023.

### **2.4 NWL APC NED Recruitment – Update**

The Chair confirmed that there were 2 NED appointments. 1 NED hosted by THHFT who would also sit on the CWFT Board; 1 NED hosted by London North West University Healthcare NHS Trust (LNWH) who would also sit on the Imperial College Healthcare NHS Trust (ICHT) and the recruitment process for these roles had begun, the Chair stressed that the NEDs appointed would reflect the population that we serve. AP added that the closing date for applications was 5 November 2023, and two Lead Governors (from CWFT and THHFT) would be on the interview panel, and that DP had kindly agreed to assist on the Stakeholder panel. PJ confirmed that an Extraordinary CoG Nominations and Remunerations Committee meeting would be arranged in late November to recommend the approval of the appointments, and an Extraordinary CoG Meeting would also be arranged for the Governors to approve the appointments.

MN asked whether the CoG would see the details of those that had been appointed. The Chair confirmed that this would happen – the CoG Nominations and Remunerations Committee discusses and recommends the approval of the appointments and the Governors approve the appointments. NL asked if there would be a diverse interview panel for these posts, and AP confirmed that there would be. The Chair added that an accredited diversity expert would also be part of the interview panel.

## **3.0 QUALITY**

RB joined the meeting.

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

SG reiterated that Quality would be a standing item for all CoG meetings from now on, and this would ensure that all Governors were involved in the discussions regarding Quality.

SG confirmed that a template that CWFT Chairs of the committees will use when presenting their annual report had been created, this report being the first one to use the updated template which focused on 6 areas:

Governance Structure; Purpose/Objectives; Membership and Attendance; Topics covered and discussed by the Committee; Priorities; and Assurance.

SG referred to the membership of the Quality Committee, which included NEDs MN and NMi, the Deputy CEO, Chief Medical Officer, and the Chief Nursing Officer. SG added that the NWL APC Chair and LW had a standing invitation to attend these committee meetings.

SG highlighted a key item in the report, which was the assurance that the Trust was delivering against the objectives and performing at the level that we had set, and this was evidenced in the report through examples.

In discussion of the report, NM confirmed that this was an accurate report and he endorsed SG's comments. SG also commented on the Trust's workforce and added that it had been under constant pressure since Winter 2019 and that the staff had performed to a high standard throughout.

NL commented on the abuse towards staff, and acknowledged that some abuse was a result of frustration and anxiety. LW referred to the Trust's Kindness Campaign, and added that abuse and physical injury to staff was unacceptable, and this was something that was being addressed. RB added that there had been an overall increase of violence and aggression towards staff, and training was being provided to both existing and new staff. RB confirmed that the Trust induction addressed this, and that nurse training had also changed to provide appropriate training. RB continued by saying that acceptable standards of behaviour were managed robustly and Clinician-led. LW added that the Kindness Campaign had been adopted by other Trusts across London.

RL raised the issue of the situation in Israel and Gaza, and expressed concern that some doctors may voice support for terrorist organisations. LW assured RL and the Governors that the language used at the Trust was very important, and there was communication from her office on how to act, be kind and show support and awareness of colleagues' backgrounds. LW added that social media was not to be used to promote views, and that social media posts of all staff were checked.

NC referred to the difference between the 2023 CQC maternity services inspection rating at West Middlesex (Outstanding) and at Chelsea (Good). SG confirmed that there were regular walkabouts at both sites by the Board Maternity and Neonatal Safety Champions (SG & RB) and service users and staff were also consulted. LW added that West Middlesex should be proud of what they achieved, and this was an excellent result.

### **3.2 Quality Update – including Performance & Quality Report plus CQC patient survey results and next steps**

RB summarised the key items from the Quality Update and noted that the report presented in the pack to the Governors had also been presented to the NWL APC Quality Committee in Common (CiC).

- Infection prevention and control – the target threshold at CWFT was low compared to other hospitals and increases in trajectory above planned levels was a concern across NHSE;
- National PLACE inspection – this was patient-led and the Trust stood above the London and National average, and the next PLACE inspection was happening at the end of October;
- Midwifery recruitment – even though there was a national shortage, the Trust had recruited 50 new midwives;
- 'Flu and Covid vaccinations – over 1000 staff had been vaccinated at the 'jab-a-thon' last week. To date since mid-September 20% of staff had been vaccinated for the 'flu and 17.6 % for Covid, and a roving 'jab-a-thon' was planned in the coming weeks;
- CQC Patient Survey – the dates for these inspections were changing to February/March annually, and it was noted that an action plan regarding food and food provision which would help patients with eating and drinking was to be presented at the CWFT Executive Management Board (EMB) and approved by the Quality Committee. Patients would be asked about their level of care and these results would provide a wider picture.

LW referred to the figures regarding the 'flu and Covid vaccinations, and noted that all staff had a duty of care towards patients and colleagues, and would be encouraged to be vaccinated.

NL and RL referred to the action plan regarding food and food provisions for patients and agreed that patients needed help in being fed, and it was asked whether there was training that could be offered to the volunteers as soon as they were in post. RB added that food was treated as medicine and the use of the volunteers and the Mealtime Champion role was essential in going forward.

The Chair noted that, following the October NWL APC Board in Common (BiC) meeting, the next quarterly Quality report to the CoG would refer to the EDI Strategy. The Chair added that it was essential to drive equity through the quality of the services that the Trust provides.

RB left the meeting.

#### **4.0 FOR DISCUSSION**

##### **4.1 Role of the Lead Governor**

PJ commented that this had been discussed at the CoG Awayday in April and the CoG Development Session in July and had been brought back to the Governors for further consideration. PJ added that the paper that had been presented sets out 3 options for the Governors to consider:

- the core/minimum Lead Governor role as prescribed by NHSE;
- the current Lead Governor role at CWFT; and
- an enhanced Lead Governor role.

PJ added that the purpose of this paper was to achieve a general consensus and a role description would be developed from this.

Lead Governor SD commented that this was not an easily defined role, and when asked how much of his time was spent on the duties of being a Lead Governor, SD confirmed it was approximately one day per week.

SM added that she had attended training courses that showed that the Lead Governor role was more detailed and not realistic for a volunteer. WP followed by saying that this role needed a consistent approach, and support was required. CDB added by saying that a Lead Governor needed to be ostensibly independent. MN commented that a Lead Governor was needed and that a Deputy Lead Governor could be possibly be appointed to ensure continuity.

MP referred to options 2 and 3 from the paper, and noted that 'Lead Governor' was from NHSE, and was a misnomer. SF added that the term 'Lead Governor' was important, and that a Deputy could also be appointed. MK echoed the comments by MN and SF, and added that the Governors benefit from having a Lead Governor in place. RL agreed with the comments made by CDB and MP and the role should provide more support to the Governors and act as a liaison, rather than lead. DP agreed with comments that had been made that this was a two-person role.

PJ commented on the discussion regarding the Lead Governor role, and noted that the consensus was that option 3 presented in the paper was the preferred option but this would be expanded to feature a Lead Governor and Deputy Lead Governor role to ensure continuity and succession planning. SG reiterated that only a Patient or Public Governor was eligible to stand for the Lead Governor post.

MN left the meeting.

##### **Action:**

***Following the discussion with the Council of Governors, a role description for Lead Governor and Deputy Lead Governor would be presented at the Council of Governors meeting on 25 January 2024. (Action: PJ/MP)***

DP added that he would be leaving the meeting and confirmed that PJ would be providing an update regarding the Membership and Engagement Implementation Plan. DP also passed his congratulations on to LW following her being awarded her CBE.

DP left the meeting.

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

PJ provided an update on behalf of DP on the Membership and Engagement Implementation Plan, and what had been done so far:

- Meet a Governor sessions – these sessions had been running since August at both major hospital sites and for most of the sessions there has been good attendance, with more sessions at both sites to be arranged for November and December;
- Members’ Newsletters – these have been issued monthly since July and it was reiterated that this newsletter was for members and requests for contributions was published in each edition. Bespoke newsletters had also been produced and issued and this will continue as and when required;
- Governor’s Elections – the elections were advertised via the Staff newsletters, members’ newsletter, and mail outs to all members with information also being sent out to other Trust sites such as Dean Street; and
- Further consolidation of relationships with the Healthwatch and voluntary organisations within the Trust’s catchment, who have promoted the ‘Meet a Governor’ sessions and the Governor Elections.

PJ added that Health Awareness sessions were also being planned, and a short film was being produced to try and increase membership recruitment. PJ added further that ‘Becoming a member’ leaflets had been distributed to different departments in the Trust, but on the recommendation of infection control a QR code was going to be set up to make it easier for those to join the Trust.

#### **4.3 AccessAble work update**

SG commented that the report that had been submitted for this meeting had been deferred and an updated report would be presented at the CoG meeting in January 2024.

#### **4.4 Governors Away Day 2024 – Plan**

PJ confirmed that a ‘hold the date’ request for 17 April 2024 had been sent to all Governors for the Governors Awayday, with the Agenda and location to be agreed.

NL asked if there was anything that could be learnt from the Governors from other Trusts within the Collaborative. The Chair commented that the separate groups could get together on occasion but it was not likely to merge them. The Chair added that he would be happy to receive suggestions regarding this.

### **5.0 OTHER BUSINESS**

#### **5.1 Any Other Business**

##### **5.1.1 Forward Plan**

##### **5.1.2 Schedule of Council of Governor meetings 2023/2024**

##### **5.1.3 Governance attendance register**

The Chair confirmed that these items were for noting.

The Chair also congratulated LW on receiving her CBE.

Meeting closed at 18.15hrs.

Date and time of next meeting: 25 January 2024, 16:00hrs – 18:30hrs.



**MINUTES OF EXTRAORDINARY COUNCIL OF GOVERNORS (COG) MEETING****7 December 2023 16:00 – 16:30****Via MS Teams**

<b>Present:</b>	Matthew Swindells	North West London (NWL) Chair in Common	(Chair)
	Richard Ballerand	Public Governor	(RB)
	Caroline Boulliat Moulle	Patient Governor	(CBM)
	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)
	Nina Littler	Public Governor	(NL)
	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	Patient Governor	(LJW)
	Jo Winterbottom	Public Governor	(JW)
<b>In Attendance:</b>	Lesley Watts	Chief Executive Officer	(LW)
	Peter Jenkinson	Director of Corporate Governance	(PJ)
	Alexia Pipe	Chief of Staff to the Chair - NW London	(AP)
	Marie Price	Deputy Director of Corporate Governance	(MP)
	Graham Chalkley	Corporate Governance Officer	(GC)
<b>Apologies:</b>	Stephen Gill	Vice Chair and Senior Independent Director	(SG)
	Cass J Cass-Horne	Public Governor	(CJCH)
	Christopher Digby-Bell	Patient Governor	(CDB)
	Dr Nara Daubeney	Public Governor	(ND)
	Stella Macaskill	Patient Governor	(SM)
	Ras. I Martin	Public Governor	(RIM)
<b>No response:</b>	Julie Carter	Public Governor	(JC)

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

The Chair welcomed the Governors and those in attendance to the meeting, and thanked everyone for attending this Extraordinary Council of Governors Meeting (CoG) which was being held to approve the Council of Governors Nominations and Remuneration Committee recommendation for a new Non-Executive Director (NED) appointment.

The Chair also noted apologies as above.

**1.2 Declarations of interest**

No declarations of interest were received.

## **2.0 FOR APPROVAL**

### **2.1 Outcome of Development Session and Proposed Amendments to Trust Constitution**

The Chair reiterated that this meeting was being held to approve the appointment of Vineeta Manchanda (VM) to the appointment of NED. The Chair confirmed that VM will be Chair of the Audit and Risk Committee at the Hillingdon Hospitals NHS Foundation Trust and also be a member of the Quality and Safety Committee and the Finance and Performance Committee at Chelsea and Westminster Hospital NHS Foundation Trust. It was noted that VM's role as NED will start 1 May 2024.

The Chair referred to VM's CV, and noted that she was currently the Chair of the Risk and Audit Committee at Bedfordshire, Luton & Milton Keynes Integrated Care Board (ICB). The Chair added that two Governors – SD and RIM – had sat on the interview panel for this post, and DP had sat on the stakeholder panel for this post. SD commented that there was a good standard of application, and 5 strong candidates had been interviewed in total.

The Chair opened this up to the Council to discuss.

DW referred back to a comment that had been made when appointing a NED, which was that knowledge of the NHS was not essential: DW stressed he felt that some knowledge of how the NHS worked was required. SD commented that those with experience in different sectors would not be excluded when shortlisting for NED appointments. The Chair added that the main aim was to ensure that there was a strong Board with different skills and experiences. The Chair again referred to VM's CV and highlighted that she had experience of being on the Governing Body of CCGs and a Children's Trust, and was now at an ICB, and this reaffirmed the solid NHS experience she had.

LW commented that, whether this was in relation to the NHS or not, good governance and knowledge of how a large organisation worked were the most important things – knowledge of the NHS was good, but a second order. LW added that NEDs needed the experience of bringing challenge to the Executives.

NC agreed that VM was an excellent candidate, but raised a question regarding the process of her appointment, as point 4.1 of the paper that had been submitted to the Council stated that the CoG were to approve this appointment. The Chair assured the CoG that VM had accepted a verbal conditional offer, and was aware that a formal offer would be made once the appointment process had been completed and all on-boarding checks were finalised. SD added further that the Chair explained the process to all candidates at their interview.

The Chair asked the CoG whether they approved the Nominations and Remuneration Committee recommendation for the new appointment of VM as NED.

*The CoG unanimously approved the appointment of VM as a NED.*

## **3.0 OTHER BUSINESS**

### **3.1 Any Other Business**

There was no other business.

Date and time of next meeting: Thursday 25 January 2024, 16:00hrs – 18:30hrs.

Meeting closed at 10.15am.



### Council of Governors –Action Log

Date	Minute number	Action	Current Status	Due/ Completion Date	Lead
19 Oct 2023	4.1	<b>Role of the Lead Governor</b> Following the discussion with the Council of Governors, a role description for Lead Governor and Deputy Lead Governor drafted.	A role description for Lead Governor and Deputy Lead Governor would be presented at the Council of Governors meeting on 25 January 2024.	25/01/2024	PJ/MP
19 April 2023	2.2	<b>Council of Governors Nominations and Remuneration Committee</b> CoG meeting to be called to approve the recommendations in relation to the appointment of the NEDs	Council of Governors meeting took place on Wednesday 3rd May to approve the appointment of the NEDs <b>ACTION COMPLETED</b>	03/05/2023	GC

## 2. UPDATES

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

### UPDATE

Information Item

Chair

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#### REFERENCES

Only PDFs are attached

 Item 2.1 CoGs Chairs Report 25 January 2024 final.pdf



**CONFIDENTIAL**

<b>TITLE AND DATE</b> <i>(of meeting at which report to be presented)</i>	Council of Governors Meeting 25 January 2024
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<b>AGENDA ITEM NO.</b>	2.1
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<b>TITLE OF REPORT</b>	Council of Governors Chair's Report
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<b>AUTHOR NAME AND ROLE</b>	Matthew Swindells, Chair – North West London Acute Provider Collaborative (APC)
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<b>ACCOUNTABLE EXECUTIVE DIRECTOR</b>	n/a
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<b>PURPOSE OF REPORT</b> <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></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; margin-top: 5px;">Please tick above and then describe the requirement in the opposite column</p>	Decision/Approval		Assurance		Info Only	x	Advice		
Decision/Approval									
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<b>REPORT HISTORY</b> Committees/Meetings where this item has been considered	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Committee</th> <th style="width: 33%;">Date of Meeting</th> <th style="width: 33%;">Outcome</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Committee	Date of Meeting	Outcome						
Committee	Date of Meeting	Outcome								

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

<b>IMPLICATIONS ASSOCIATED WITH THIS REPORT:</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <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; margin-top: 5px;">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		
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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)	

## 1. The Acute Provider Collaborative

In support of the ongoing development of the Acute Provider Collaborative (APC) and the governance model, the four Trust Boards commissioned the internal auditors of the four Trusts to conduct a review of the effectiveness of the current governance model. When the Council of Governors (CoGs) originally approved the APC forming, we agreed that a formal review would take place once the Collaborative had been set up for a year to check progress.

The purpose of the review was to provide an opinion on the following questions:

- Can the Trusts discharge their duty appropriately?
- Are the Collaborative governance arrangements robust?
- Are there any risks to address in the current governance model?

The findings, recommendations and proposed response are included in a paper which went to this month's Board in Common (BiC), but in summary:

- i. The governance model is operating appropriately overall to enable the individual Trust Boards to fulfil their required duties, although there are some areas for improvement.
- ii. Board in Common (BiC) meetings are largely sufficient for the individual Trust responsibility and in the main there is adequate public transparency on required Trust Board matters.
- iii. The governance model has been a good mechanism for encouraging and strengthening collaborative working between the four Trusts, in particular allowing Trusts to focus on standardising and improving working practices for the benefit of patient outcomes.
- iv. At a collaborative level, the governance model is operating largely effectively given the nascent period of its operation. The clarity of Board members' roles and responsibilities in the APC and the collaborative meetings have and continue to develop which should enhance both the efficiency and effectiveness of these forums.

However, we also recognise that risks in the governance model were identified, with recommended actions included to further mitigate those risks. The key areas for improvement can be categorised into three areas, development of a strategic direction and enabling strategies, Trust level engagement and oversight, including Non-Executive Director (NED) visits and Executive governance structures and operating model. The work to develop the APC strategy has commenced and the other matters are being discussed by the Executives and NEDs with a view to bringing recommendations to the next Board in Common meeting.

## 2. Elective Orthopaedic centre (EOC)

The North West London Elective Orthopaedic Centre (EOC) opened on 4 December 2023 in a phased approach bringing together surgeons from London North West University

Healthcare NHS Trust (LNWH), Imperial College Healthcare NHS Trust (ICHT) and Chelsea and Westminster Hospital NHS Foundation Trust (CWFT) with LNWH theatre and ward teams at Central Middlesex Hospital in a new improvement for patient care. The centre will help us treat more orthopaedic patients more fairly and more swiftly than ever before. The first patient to be treated at the EOC underwent a partial knee replacement in the morning and was on their way home to Acton later the same day.

The EOC is a positive demonstration so far, of what we can do when we align and work in partnership with our neighbours across North West London.

### **3. Industrial Action**

We recognise that this time of year is challenging for teams across all the North West London hospitals as we are in the depths of winter, and industrial action both before and after the festive bank holiday period will undoubtedly have increased this pressure. I would therefore like to extend our particular gratitude to all our people, staff and volunteers who have gone to such lengths to keep these essential services running for our communities. We were very glad to welcome our junior doctors back after each strike, and it is important that we note how much we value and respect their work.

### **4. Appointments and Recruitment**

As you are aware we recently ran a recruitment campaign to appoint two Non-Executive Directors on to the BiC. We are currently going through the necessary on-boarding checks so Vineeta Manchanda can start her NED role on 1 May 2024. The CoGs approved her appointment in December and once we have full references, Fit and Proper Person information received we will officially confirm her position. Her specific role is:

- Board member for The Hillingdon Hospitals NHS Foundation Trust, where they will chair the Audit Committee, and Chelsea and Westminster Hospital NHS Foundation Trust, where they will be a member of the Quality and Safety Committee and the Finance and Performance Committee.

I was pleased to officially announce Loy Lobo at this month's BiC, he will join LNWH and ICHT as a NED and will start on 15 February 2024 when Janet Rubin comes to the end of her term at LNWH and ICHT.

### **5. Health Service Journal (HSJ) awards**

In November the Health Service Journal (HSJ) held their annual awards ceremony and I was delighted to see how many people, projects and initiatives were represented from across North West London. Professor Jonathan Valabhji, now a Professor of Medicine at Imperial College London based at CWFT won Clinician of the Year for his work at NHS England as National Clinical Director for Diabetes and Obesity.

The highest rated of the Acute Trusts, CWFT was highly commended in the Trust of the Year category, recognising the outstanding care which staff provide on a daily basis and how the Trust is at the forefront of healthcare research and innovation, CWFT is consistently ranked in the top five in many areas for quality and performance, making it one of the top performing Trusts in the country.



North West London Integrated Care System (ICS), South East London ICS, Imperial College Health Partners and Vizify were highly commended in the Data-Driven Transformation Award for the London Asthma Decision Support Tool (LADS) which is a NHS data tool that brings together air pollution, demographic and social deprivation data with routinely collected NHS data which allows clinical teams to intervene much earlier in the patient pathway and improve outcomes, but also focus on identifying and investigating areas of health inequity across the capital.

Across NWL several projects were nominated for awards, in the Driving Efficiency Through Technology category the NWL APC was nominated for The Care Coordination Solution (CCS) which creates a pathway management solution with a single point of access which is helping Trusts to treat patients faster and in the right order. It supports staff in areas such as outpatients, diagnostics, theatre management and discharge. CCS has been developed by CWFT and rolled out extensively across many Trusts in England and is part of the NHS's national Federated Data Platform (FDP) programme.

ICHT who are a partner in the APC was nominated in the Towards Net Zero Award category for the Green Shoots: Empowering Staff To Make Carbon And Cost Savings In Challenging Financial Times project which looks at innovative approaches from staff to reduce the Trust's carbon footprint, which has seen ICHT NHS carbon footprint fall by 13% from 2019/20 levels

There were two other nominations in our sector, Central and North West London FT: North West London Young Adult Mental Health And Wellbeing Partnership were nominated in the Reducing Healthcare Inequalities for Children and Young People Award and finally in the NHS Communications Initiative of the Year category West London Trust, Imperial College London and InnerEye Productions were nominated for their [Nexus](#) project which is a film aimed at raising awareness among medical staff and the wider public of the impact of lockdown on young people's mental health.

## 6. CW+ Event

I joined a CWFT event hosted by CW+ on 'Stimulating a Thriving Life Sciences Sector' on Thursday 2 October, it was a chance for key stakeholders to get together to discuss life sciences and how we can use research to drive progress and growth across the sector. I chaired a very interesting panel session with some leading figures from across the life sciences sector to discuss how we can work together to make a thriving UK life sciences industry and how North West London can be at the forefront in this area.

## 2.2 CHEF EXECUTIVE'S REPORT AND TRUST UPDATE

● Information Item

👤 Chief Executive Officer

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### REFERENCES

Only PDFs are attached



Item 2.2 CEO Report Jan 24.pdf

# Chief Executive Officer's Report and Trust Update to Council of Governors

Accountable director: Lesley Watts  
Job title: Chief Executive Officer

## Executive summary and key messages

### 1. Key messages

- 1.1 Winter months have seen an increase in demand and pressure on our organisation and for the wider NHS, as we see respiratory conditions on the increase in the capital. We launched our Winter Plan with key initiatives in place to support the Trust meet an increase in non-elective demand over the winter period, as well as service specific plans for each of the affected service areas.

Key initiatives are aimed at reducing demand on front door services, and supporting hospital flow through either admission avoidance or earlier discharge. These include urgent treatment centre (UTC)/emergency department (ED) demand management and flow, front door frailty service, admission avoidance and earlier discharge (same day emergency care (SDEC), virtual wards). Use of digital tools to support flow and discharge, seven day working, phasing of elective demand. New initiatives for 23/24 include the implementation of the front door frailty service, Discharge Ready Unit and the provision of an additional ward at the West Middlesex Hospital site.

- 1.2 In collaboration with the UK Health Security Agency, we led [the PrEP Impact Trial](#), the largest ever real-world study of its kind, with over 157 sexual health clinics across the country. The results, which confirm the efficacy of PrEP in reducing the chances of getting HIV by 86% are now published in the Lancet, and has attracted International news coverage including BBC News and Evening Standard. It is fantastic to see our ground-breaking research at the forefront of sexual health care.
- 1.3 Staff engagement and wellbeing remains one of our top priorities. This year we held our first ever Great Big Thank You Week, celebrating the incredible dedication of our people. As we look back at the past year, there have been many special moments and phenomenal achievements. We have continued our performance as one of the leading Trusts in the country, received Good and Outstanding CQC ratings for maternity, seen the commissioning of TransPlus, celebrated NHS75 with Amanda Pritchard, innovated through technology, and continue to be the Trust with the lowest mortality rates in England.
- 1.4 We were delighted to be awarded a high commendation in the Trust of the Year category at this year's HSJ Awards 2023, which recognises outstanding contributions to health and patient care. This national recognition is true testament to the dedication and

commitment from our workforce, and the exceptional care that is provided day in day out at the Trust.

- 1.5 Our focus on innovation continues, we have launched a pilot in the Ophthalmology Department to contact patients on the cataract surgery pathway using an AI-powered solution called Dora delivered by Ufonia. Patients will receive a telephone call from Dora and can have an informed conversation about their cataract surgery. This pilot study emphasises safety and serves as a concept test rather than a full-fledged service. We are implementing strict gateways to ensure acceptance and closely monitoring the implementation of Dora to prioritise patient well-being and responsible use of AI technology.
- 1.6 Chelsea and Westminster marked 35 years of HIV care at the Trust and celebrated the 35th anniversary of the Kobler clinic. The clinic was first opened on 13 September 1988 by Diana, Princess of Wales, and became the first NHS service designed specifically for HIV patients. It is now one of the largest specialist HIV units in Europe, seeing approximately 5,000 patients. The Kobler Clinic has contributed to leading research, innovation and care, highlighting the pioneering work led by Chelsea and Westminster NHS Foundation Trust.

## 2. Quality and safety

- 2.1 **Infection Control** - Clostridium Difficile (CDI): There were four cases of C.difficile in month bringing the total to 18 against a threshold of 25. Although no lapse in care identified, two cases did not fit with C.difficile clinical infection and a number of issues have been picked up through a lessons learnt process.
- 2.2 **Complaints** –91% of complaints were responded to within the 25 day KPI (target 95%) during September. Four were not responded to within the timeframe, due to delays in receiving the investigation outcome in order to draft a response in the timeframe. Compliance with responding to PALS concerns within five working days was 97% (KPI 90%).
- 2.3 **Patient experience** – some reduction in satisfaction ratings through the Friends and Family Test (FFT) have been identified in relation to emergency care and maternity. Improvement action plans are being developed in relation to this. The Trust has recently received the CQC maternity 2023 survey results, so an analysis of these findings in conjunction with FFT and other feedback data will commence in October to help identify the main areas of focus going forward.
- 2.4 **Patient Safety Incident- supporting PSIRF (Patient Safety Incident Response Framework)**

Our implementation and planning for PSIRF has been driven through a Trust level task and finish group chaired, which also formed part of the Acute Provider Collaborative Quality workstream to ensure consistency and cross organisational support was embedded. Focus on uptake of the training, now in place across the Trust, is a key priority.
- 2.5 **In-patient survey**

Following the drop in some of the core elements of the national survey a detailed action plan and focussed work is in place to address this. A task and finish group has been established to monitor the progress of this through the Executive Management Board, with the Quality Committee receiving regular updates.

## 2.6 Vaccination campaign continues

Work to ensure vaccination uptake from staff is continuing in line with the Flu and Covid Vaccination plan. Staff vaccination clinics have been in place across our sites, complimented by staff peer vaccinators and vaccination at key events such as the Health Care Support Workers development day. We have focussed on areas with low uptake through peer vaccinators and dedicated educational sessions.

## 3. Operational performance

3.1 A&E 4-hour performance was 78.8% which was the second highest position in London and sixth nationally. Our Trust achieved NHS England targets for Cancer 2-Week Wait Referrals, 31-Days Diagnosis to Treatment and Cancer Faster Diagnostic Standard (FDS). The Trust remains a top performer nationally for cancer treatment waiting times and 6-Week Diagnostic standards. Elective RTT 18-week wait performance remained challenged at 59.9%.

Elective activity was strong despite industrial action. Admitted activity exceeded operational plans by ~4% and non-admitted outpatient activity met plans. The total PTL increased to 60,093 (+1,467), 52ww decreased to 1,837 (-18), 65 weeks increased to 562 (+76) and 78ww increased to 85 (+9). Enhanced oversight and targeted interventions remain in place for at-risk specialities: Trauma and Orthopaedics, Colorectal Surgery, Plastic Surgery, Vascular and General Surgery.

In terms of A&E, there was a reduction in performance for this measure with significant flow challenges on both sites during the first two weeks of September. Recovery has been hampered by taking on the UTC contract, the embedding of new staff, implementation of new IT systems (Cerner) and new processes. Improvements are anticipated as the West Middlesex UTC performance has stabilised during the first weeks of October.

## 4.0 Finance and estates

### 4.1 Finance:

At month 7 the Trust is reporting an in-month surplus of £0.27m and a year to date (YTD) deficit of £0.64m when adjusted for the financial impact of donated assets. This is £0.79m adverse against the YTD plan. The YTD adverse variance is largely driven by: Consultant and junior doctors' industrial action has created a £7.1m pressure, which is a combination of cost (£3.9m), income loss (£4.6m), partially offset by 2% ERF baseline adjustment gain (£1.5m); non-pay inflation above the funded levels, which is relating to a number of specific items such as utilities, PFI and Hard facilities management (FM) (£1.1m), which is net of new inflation funding received from NWL Integrated Care Board (ICB), however still causing a cost pressure; non-recurrent benefits of £5.0m, including CNST Maternity Incentive Scheme Bonus £1.7m and balance sheet items £0.9m; ERF over-performance of £6.1m, offset by associated costs of £5.0m, net benefit of £1.1m; and other benefits of £1.5m.

Due to the year to date position across the Acute Provider Collaborative (APC), the APC risk and escalation process and financial grip and control measures have been implemented and a 2023/24 recovery plan has been developed across the four Trusts.

The Trust's forecast was a £835k deficit (primarily driven by the industrial action) compared to the break-even plan. Additional funding to support the industrial action was announced in November and the Trust's allocation of this funding has not been reflected in the month 7 position or forecast.

#### 4.2 **Estates:**

Estates and Facilities continues to focus on the procurement strategy for the next 12-18 months. This will affect all four main contracts, as follows: NEPTS Cross site; Soft FM Contract at CW; Hard FM Contract at CW and satellite sites; and Soft FM benchmarking at WM.

The department have also been pivotal to the recent success of the Great Big Thank You Week working with the Communications Team in planning and arranging multiple events across all Trust locations. ISS has been very supportive in the preparation of the events.

The annual PLACE audit was carried out on 24-26 October. Initial feedback from the patient representatives across both sites was excellent. The scores have been uploaded and official results are due to be published early 2024.

#### 4.3 **Service and estates developments**

Treatment Centre at Chelsea and Westminster: The redevelopment of the treatment centre, which will help to address issues with patient flow and allow for an increase in the volume and complexity of activity, is on track. The project now moves from stage two to stage three procurement and RIBA design. An amended and full business case is due to be approved by 2024 with the expectation that the project is delivered on time and within costs by March 2025.

Ambulatory Diagnostic Centre (ADC) at West Middlesex: Positive progress with the development of the ADC continues. The new centre, which is at the centre of the 10 year strategic masterplan for the West Middlesex site, will include elective ambulatory imaging, medical oncology and haematology treatments, renal dialysis and training/education. The outcome of the recent procurement exercise was considered by the Finance and Performance Committee in December and subject to Board approval, the contract will be awarded in early 2024. Planning permission has been granted and the project is on track for delivery with works expected to commence in February 2024.

In addition, the further development of the gender affirming surgery provision at the Trust is progressing with support and full funding from NHS England for the next phase. This will support the aim of establishing the Chelsea Centre for Gender Surgery as a centre of excellence.

### 5.0 **People**

5.1 In terms of the key metrics, we have seen some positive progress, with the voluntary turnover and vacancy rate reduced. PDR compliance remains a key area of focus with each division developing revised trajectories for end of year. Core skills training is just short of the required compliance rate, but improved in month seven. Trust average sickness rates are steady at 3.64%, just above the 3.3% target.

5.2 A detailed piece of work has been undertaken to reconcile the HR establishment with the financial system – electronic staff record and general ledger. The work has progressed well with new rigour introduced in terms of establishment control in future.



5.3 Equity, diversity and inclusion (EDI) remains a key focus for the organisation (as summarised in the following section). The Workforce Race and Disability Equality Schemes have detailed action plans and were considered by the People and Workforce Committee, noting some positive progress in terms of increased access to development opportunities for BAME staff and lack of disabled staff entering capability processes. Further issues remain and the action plans seek to address these issues. The staff networks continue to grow, with additional funding, training and protected time for staff network chairs now agreed.

## **6.0 Equity, diversity and inclusion**

6.1 In November, our staff hosted a Diwali fundraiser musical to raise funds to support with tackling health inequalities for women of South Asian heritage within Hounslow. The sold-out performance was attended by Mayor of Hounslow, Cllr Afzaal Kiani, Kelly O'Neil, Director of Public Health and colleagues from across the Trust. Thank you to everyone who showed their support. The fundraiser was able to raise over £6,000 for CW+

6.2 Trans awareness week- each year in November, the week before Transgender Day of Remembrance on 20 November, we unite to mark Transgender Awareness Week to help raise visibility about transgender people and address some of the issues members of the community face. Voices from across the Trust and beyond, showcased the Trust's pioneering work in Trans Healthcare.

6.3 As mentioned above, we published our WRES, WDES (National publication deadlines 31st October 2023) and Gender Pay Gap (National publication deadlines 31 March 2023) reports, each showing our progress against the indicators. Each report details our action plan and has been published on our website and additionally, our Gender Pay Gap report was uploaded on the government portal.

We have continued to lead on the NWL ICB wide Civility and Respect project, this is a joint project with our partners Kinn. This immersive learning uses virtual reality to allow experiences and perspectives that are impossible to generate or replicate in other forms of training. We are coming to the evaluation stage of this project which will be the focus for Q4.

We have celebrated and marked events of celebration, South Asian Heritage Month, Black History Month, Diwali and Hanukkah to name a few over the last couple of months and are now working with our chaplaincy, EDI and communications team to agree our commitments for 2024 in supporting and celebrating diversity as our strength.

## **7.0 Chelsea and Westminster NHS Trust updates**

7.1 It was fantastic to see the opening of a new surgical simulation centre at West Middlesex. The new centre will support training opportunities for our junior doctors. Thank you to Anna Kamocka, Emma O'Hagan and James Brewer for supporting and for striving to help staff develop at the Trust.

7.2 Our outstanding maternity unit at West Middlesex has featured in a special photography issue of The Lancet. Photographer James Clifford Kent, spent a week shadowing Consultant Obstetrician and Labour Ward Lead, Ossie Osakwe, who supported the project and was part of the team who cared for James' wife and new-born daughter back

in 2020 at West Middlesex Hospital. The series documents the dedication, compassion and high-quality maternity care delivered by our teams and is a really powerful visual depiction of the brilliant work done every single day.

- 7.3 A new NWL community-based service for young people with an eating disorder opened in November. The Arc Day Programme for young people aged between 13 and 17 with an eating disorder, is now open in a new bespoke space on the Fulham Road. 'Best For You' and the North West London Child and Adolescent Mental Health Services Provider Collaborative worked together to launch this innovative new programme, which is clinically and operationally managed by CNWL.
- 7.4 I am excited to announce the launch of our Proud Podcast at the Trust, with the first episodes launched over the last two months. Being unfailingly kind is one of our key Trust values – treating patients, families, and each other with the kindness that we would show to our own loved ones. So, what better way to kick off this series by speaking about our Trust Kindness campaign, and why it is so important.

## **8.0 Research and innovation**

- 8.1 In collaboration with the UK Health Security Agency, led the PrEP Impact Trial, the largest ever real-world study of its kind, with over 157 sexual health clinics across the country. The results, which confirm the efficacy of PrEP in reducing the chances of getting HIV by 86% are now published in the Lancet, also picked up by other news outlets including BBC News and the Evening Standard. It is fantastic to see our ground-breaking research at the forefront of sexual health care.
- 8.2 Alongside CW+, we were proud to host a special life sciences event at our Chelsea site which brought together researchers, life science and commercial partners, donors and academics. Speakers, including Lord James O'Shaughnessy and our Chair Matthew Swindells, explored how a robust and prosperous life sciences industry can be cultivated in the UK. The event was a fantastic opportunity to highlight the Trust's proven track record in clinical research, innovation and analytics.

## **9. Stakeholder engagement**

- 9.1 Our Burns unit have been involved in the London Fire Brigade's #ChargeSafe campaign - raising awareness of the increase in fires and injuries from the incorrect storage and charging of e-bikes and e-scooters. As part of the campaign, BBC Breakfast interviewed Nicole Lee, Burns Matron and Isabel Jones, Burns and Plastic Surgery Consultant, as part of a feature which was broadcast this week.

## **10. Recognition and celebrating success.**

- 10.1 Professor Jonathan Valabhji OBE, Professor of Medicine based at the Trust was recognised as Clinical Leader of the Year at the HSJ Awards. As former NHSE National Clinical Director for Diabetes and Obesity, Jonathan recently joined the Trust, bringing a wealth of experience and expertise.
- 10.2 Beth Davies recently received a national award by the Royal College of Physicians for her presentation on the adult syncope pathway. The pathway aims to improve care and reduce admissions for those presenting with syncope in emergency departments. The




adult syncope pathway has run successfully for the past two years, resulting in the reduction of admission rates.


- 10.3 Miss Claudine Domoney, Consultant Obstetrician and Gynaecologist was awarded the London College Tutor of the Year. Obstetrics and gynaecology trainees were asked by Health Education England and the Royal College of Obstetricians and Gynaecologists to nominate doctors who have gone above and beyond to teach, supervise and advise or who have taken crucial pastoral roles in their journey as a trainee.
- 10.4 Dr Atika Sabharwal has been awarded the Association of Anaesthetists' Evelyn Baker Medal. This is one of the association's most prestigious awards which recognises the unsung heroes of anaesthesia.
- 10.5 We were delighted to announce that the Trust, in partnership with Patients Know Best, has been shortlisted in the HSJ Partnership Awards 2024 in the 'HealthTech Partnership of the Year' category. The nomination is in recognition of the digital first approach taken to support patients living with heart failure. Congratulations to everyone who has helped achieve this nomination. Winners will be announced on 21 March 2024.
- 10.6 The Trust marked Health Care Support Worker Day in November with a conference that celebrated the fantastic contributions and impact our support workers make every day in caring for our patients. It was great to see our support workers in attendance at the Trust's third Health Care Support Workers conference. We also marked Maternity Support Workers Day in December.
- 10.7 James Brewer (Consultant Upper GI Surgeon) has been nominated at the ASiT Silver Scalpel awards. This is awarded by the Association of Surgeons in Training (ASiT) to recognise the best surgical trainer in the UK. It is great to see James work in helping to train and improve the skills of future surgeons being recognised on a national level.

### 3. FOR DISCUSSION

🕒 16:30

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

 Discussion Item

 Chair of the People and Workforce Committee

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### REFERENCES

Only PDFs are attached

 Item 3.1 - Annual Report Cover Sheet.pdf

 Item 3.1 - Annual Report from the Chair of the People and Workforce Committee (2024) DRAFT.pdf



<b>TITLE AND DATE</b> (of meeting at which the report is to be presented)	Council of Governors meeting – 25 January 2024											
<b>AGENDA ITEM NO.</b>	3.1											
<b>TITLE OF REPORT</b>	People and Workforce Annual Report											
<b>AUTHOR NAME AND ROLE</b>												
<b>ACCOUNTABLE NON-EXECUTIVE DIRECTOR</b>	Ajay Mehta, Chair of People and Workforce Committee											
<b>THE PURPOSE OF THE REPORT</b> <table border="1" style="width: 100%;"> <tr> <td>Decision/Approval</td> <td></td> </tr> <tr> <td>Assurance</td> <td style="text-align: center;">x</td> </tr> <tr> <td>Info Only</td> <td style="text-align: center;">x</td> </tr> <tr> <td>Advice</td> <td></td> </tr> </table> <p>Please tick below and then describe the requirement in the opposite column</p>	Decision/Approval		Assurance	x	Info Only	x	Advice		The purpose of this report is to highlight the key achievements of the People and Workforce Committee during the last year.			
Decision/Approval												
Assurance	x											
Info Only	x											
Advice												
<b>REPORT HISTORY</b> Committees/Meetings where this item has been considered)	<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 33%;">Name of 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>	Name of Committee	Date of Meeting	Outcome								
Name of Committee	Date of Meeting	Outcome										
<b>SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND</b>	Some of the key achievements of the People and Workforce Committee over the last twelve months have included: <ul style="list-style-type: none"> <li>A refreshed People Strategy;</li> <li>a review and refresh of the Trust’s EDI 3-year plan;</li> <li>a review of the Trust’s staff networks; and</li> <li>the consolidation of the Trust’s Kindness Campaign.</li> </ul>											
<b>KEY RISKS ARISING FROM THIS REPORT</b>												
<b>STRATEGIC PRIORITIES THAT THIS PAPER SUPPORTS (please confirm Y/N)</b>												
Deliver high quality patient centred care	Y											
Be the employer of Choice	Y											
Deliver better care at lower cost												

<p><b>IMPLICATIONS ASSOCIATED WITH THIS REPORT FOR:</b></p> <table border="1" style="width: 100%;"> <tr> <td>Equality And Diversity</td> <td style="text-align: center;">X</td> </tr> <tr> <td>Quality</td> <td></td> </tr> <tr> <td>People (Workforce or Patients/ Families/Carers)</td> <td style="text-align: center;">X</td> </tr> <tr> <td>Operational Performance</td> <td></td> </tr> <tr> <td>Finance</td> <td></td> </tr> <tr> <td>Public Consultation</td> <td></td> </tr> <tr> <td>Council of Governors</td> <td></td> </tr> </table> <p>please mark Y/N – where Y is indicated please explain the implications in the opposite column</p>	Equality And Diversity	X	Quality		People (Workforce or Patients/ Families/Carers)	X	Operational Performance		Finance		Public Consultation		Council of Governors		<p>The key risks are highlighted above and throughout the report.</p>
Equality And Diversity	X														
Quality															
People (Workforce or Patients/ Families/Carers)	X														
Operational Performance															
Finance															
Public Consultation															
Council of Governors															

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

## **Chelsea and Westminster Hospital NHS Foundation Trust (CWFT) People and Workforce Committee – Chair’s Annual Report to the Council of Governors (CoG), January 2024.**

This report summarises the work of the CWFT Board People and Workforce Committee for the period January 2023 to December 2023.

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

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

The CWFT People and Workforce Committee meets six times per year. It provides the Trust Board of Directors with assurance on matters related to its staff, and the development thereof to the highest standards and that there are appropriate processes in place to identify any risks and issues and manage them accordingly.

Escalation reports from these meetings are presented at the North West London Acute Provider Collaborative (NWL APC) People Committee in Common (CiC), which is managed by London North West University Healthcare (LNWUH).

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

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

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

### **2-CWFT Board Quality Committee Purpose/Objectives:**

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

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

- Review all relevant people-related policies to ensure they will positively enhance the Trust’s culture and receive assurance on their implementation timeliness, fairness, integrity and consistency.
- Shape, approve and drive improvements arising from the triangulation of feedback from staff surveys, exit interviews, Freedom to Speak Up Guardians and other sources.
- Ensure engagement and consultation processes with staff, stakeholders and communities reflect the ambition and values of the Trust and also meet statutory requirements
- Scrutinise and provide assurance on the self-certification to NHSI of continuity of service condition 7 – availability of resources and the corporate governance statement in so far as they relate to the aims and objectives of the Committee
- Review and drive innovative performance improvement against key elements of the People Strategy including:
  - Looking after our people;
  - Belonging at our trust;
  - New ways of working and delivering care; and
  - Growing for the future.
- Review, assess and gain assurance on the effectiveness of mitigations and action plans as set out in the Board Assurance Framework specific to the Committee’s purpose and function.

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

**(i)-NED membership:** Other than myself as People and Workforce Committee Chair, the NED committee members during the 12-month period to December 2023 were:

Syed Mohinuddin (throughout the 12 months); Associate NED Martin Lupton (to July 2023); Carolyn Downs (from September 2023).

Martin reached the end of his term of office as the Academic NED for CWFT and ICHT at the end of August 2023 and was replaced by Carolyn Downs in September 2023.

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

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

Other attendees at these meetings include Vanessa Sloane (Deputy Chief Nurse), Helen Aaron (Deputy Chief People Officer) and Onai Muchemwa (Deputy Chief People Officer (interim)).

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.

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

- A refreshed People Strategy was approved which led to the formation of four *Belonging delivery* subgroups (as above). There are a range of work streams under these sub-groups including Equality Diversity and Inclusion (EDI), reward and recognition, Conflict Resolution Framework, Safety at work initiatives, Bullying and Harassment, and Violence Reduction, Health and Wellbeing, and Flexible Working. These direct, enable and monitor activity to ensure that effective staff support structures are in place. The EDI subgroup has a focus on specific interventions to sustain diverse representation at senior level roles, inclusive leadership development and strengthening staff networks. It also monitors compliance with and delivery of the Equality Delivery System 2022.

- A review and refresh of the Trust's EDI 3-year plan to address the actions required from the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), and Gender Pay Gap (GPG) reports.
- A review of the Trust's staff networks to ensure they are well supported and able to drive improvements, which has led to a revised staff networks policy, development programme and support arrangements.
- Focus on the delivery of our Model Employer Goals resulting in an Increase in numbers of BAME staff in Bands 8a and above.
- The consolidation of the Trust's Kindness Campaign.
- The publication of the 2022/23 Staff Survey Results and clear actions within the people strategy delivery groups identified to address areas of concern.

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

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

The Trust established its 3-year Equality, Diversity and Inclusion (EDI) plans in 2021, and the 2022-23 objectives were a reinforcement of those that were already being implemented in order to ensure that we continued to achieve tangible outcomes.

The key highlights and successes of EDI include:

- Setting up of an Access-Able Working Group that was chaired by our Deputy Chief Nurse of which our Disabled Staff Network are key stakeholders.
- Increasing the scope and equitable access to our health and wellbeing offer aimed at supporting specific groups and those at intersection, including staff who may come from poorer socio-economic backgrounds.
- Expanding the numbers of Mental Health First Aiders (>150) and Wellbeing Champions (>80) at the Trust, which was in response to widely documented research that people from under-represented groups were more likely to experience mental and physical health issues.

In order that we can build on everything that we achieved, we must continue to address persistent challenges. Year on year, our metrics demonstrate that people from underrepresented groups have on a number of dimensions, less favourable access, experience and outcomes. It is essential that our staff are engaged effectively, and we must clearly communicate our plans which in turn would enable them to speak up and share their experiences.

In order to bring this all together, it was recommended that our future objectives should focus on:

- Culture and leadership;
- Integrating patient and staff EDI outcomes;
- Addressing workforce inequalities; and
- Social inclusion.

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

Retention was identified as a key priority in the NHS at both a local and national level, and also a key workstream under this pillar of the Trust's People Strategy, and a subsequent deep dive into the key areas most affected by staff turnover took place in order to ensure that future activity was directed in a targeted way to those staff groups most impacted.

- Turnover of staff has remained consistently high at CWFT, and this was broadly in line with the NWL sector but above the NWL Acute Provider Collaborative (APC) average.



- The age range for those most likely to leave the Trust was between 20 and 40. Determining the reasons for leaving the Trust was a challenge, but staff maintaining a work/life balance remained an important factor in leaving the Trust, and those who left primarily went to work in another Trust or increasingly accepted jobs in the private sector.

The committee discussed the findings at length and sought assurance that retention activities be developed to address the specific areas of concern. A range of initiatives has been delivered across the Trust in support of the retention plan, and this includes health and wellbeing provision; recruitment campaigns for high vacancy roles; education and training provision, such as apprenticeships; reward and recognition; and locally developed pledges in response to the staff survey.

### **5.3 – Looking After Our People – Health and Wellbeing**

The committee received a range of reports and data related to the health and wellbeing of staff. These included sickness data and trends, vaccination status updates, delivery of health and wellbeing initiatives such as ‘Winter wellbeing’, ‘Wellfest’ and take up of salary sacrifice schemes and staff benefits. The committee received updates on the Trust’s progress as a Timewise Accredited Flexible Employer and efforts to recruit to hard to fill posts in order to reduce vacancies and reduce the pressure on staff.

The committee monitored risks to the health and wellbeing of staff with particular concern in relation to the impact of Industrial Action on the resilience of staff providing cover for absent colleagues. The various initiatives have been well received by staff and sickness remains low in comparison to sector averages.

Further, and following each period of industrial action, the People and Workforce Committee provided assurance in relation to the robust planning that the Trust had implemented regarding the Industrial Action, and submitted a report to me that ensured awareness and further assurance.

### **5.4 – New Ways of Working and Delivering Care**

The committee received updates on the two elements to this workstream, Delivering Care and Innovation, designed to improve the workforce framework for delivering care and the use of innovation used to support efficient delivery of people services to the Trust.

A core focus for 2022/23 was the establishment of the NWL International Medical Graduate Programme was established to improve the onboarding and recruitment experience of IMGs through the adoption of the NHS Standards of Welcoming and Valuing IMGs. With the support of the NWL MSIP, funding was made available to stand up a one year pilot to establish an NWL IMG Induction, develop educational modules and ongoing pastoral support schemes.

In addition work has continued to drive forward digital innovation, including Robotic process Automation, increasing use of the ChewestMe App for employee engagement and the roll out of e-rostering and e-job planning across the medical workforce.

A deep dive on this area will be presented to the P&W Committee in January 2024.

### **5.5 – Staff Stories**

The Staff Stories involved a member of Trust staff attending the meeting and presenting their own experiences of working in the Trust. These stories dealt with topics such as inclusion in the NHS,

retention and new ways of working, and addressed the positive and negative issues that were raised. One specific example of inclusion in the NHS related to a wheelchair user and challenges they faced during their Graduate Scheme Placement at the Trust.

From this story, a focus on devising an action plan around evacuation chairs for St Stephens Centre and Staff Disability toilets across the Trust was implemented, and the subsequent outcome resulted in evacuation chairs installed at St Stephens Centre and all other sexual health clinics, and signposting for staff only disabled toilet access was also clearly in place, and there was also consideration for new builds/upgrades of current facilities to increase number of staff only disabled toilets facilities. The action the Trust took on following other Staff Stories that had been presented included further training for colleagues regarding Inclusion and DBS processing; a review of Sickness and Flexible working policies to ensure fairness for all staff; and a review of inclusive language and equitable implementation of policies through manager training and monitoring.

The introduction of the Staff Stories at these meetings made us aware of a variety of issues which in turn enabled us to improve services across the Trust for all staff.

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

The People Strategy and Plan expires in March 2024 and a final review of achievement against plan will be reported to the following P&W Committee. This review will inform the future people and workforce priorities for the coming year, which will likely include:

- Equality, Diversity and Inclusion
- Delivery of the NHS Long term workforce plan
- Scaling up of People Services (APC)

#### **7-Comments/Assurance:**

A number of reports and information were reviewed by the committee for assurance including:

- Freedom to Speak Up
- Guardian of Safe Working
- WRES
- WDES
- Gender Pay Gap
- Workforce performance reports/Quarterly performance heatmaps

I am pleased to report that performance against core People Metrics remains broadly positive with reductions in vacancies, turnover and formal Employment Relations cases. Sickness rates have remained relatively low and Core Training rates have been at or above target. There remains work to do to improve PDR (Appraisal) compliance and in delivering improved outcomes for BAME and disabled colleagues where their employee experience remains sub-optimal in comparison to their White or non-disabled counterparts. These will be areas of increased focus in 2024/25.

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

**January 2024**

## 3.2 ROLE OF THE LEAD GOVERNOR AND DEPUTY LEAD GOVERNOR


● Decision Item

👤 Director of Corporate Governance

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### REFERENCES

Only PDFs are attached

 Item 3.2 Lead governor and deputy paper Jan 24.pdf



<b>TITLE AND DATE</b>	Council of Governors Meeting 25 January 2024										
<b>AGENDA ITEM NO.</b>	3.2										
<b>TITLE OF REPORT</b>	<b>Lead Governor and Deputy Lead Governor - Proposals</b>										
<b>AUTHOR NAME AND ROLE</b>	Marie Price, Deputy Director of Corporate Governance										
<b>ACCOUNTABLE EXECUTIVE DIRECTOR</b>	Peter Jenkinson, Director of Corporate Governance										
<b>PURPOSE OF REPORT</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 70%;">Decision/Approval</td> <td style="width: 30%; text-align: center;">X</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	X	Assurance		Info Only		Advice		To outline and seek approval for the proposals and next steps in relation to the responsibilities of and election for the Lead Governor and Deputy Lead Governor roles.		
Decision/Approval	X										
Assurance											
Info Only											
Advice											
<b>REPORT HISTORY</b> Committees/Meetings where this item has been considered	<b>Committee</b>	<b>Date of Meeting</b>	<b>Outcome</b>								
	Issue discussed at April Council of Governors (CoG) away day, July development session and October Council of Governors' meeting.										
<b>SUMMARY OF REPORT AND KEY MESSAGES THE MEETING NEEDS TO UNDERSTAND</b>	<p>The Lead Governor role is subject to election in February 2024. The position does not have a specific role description beyond the brief summary of expectations set out in the Trust's Constitution.</p> <p>At the October Council of Governors (CoG) meeting, members agreed to proceed with the most comprehensive of the three options presented. This option goes beyond the basic requirements of NHS England and further than the already extended role the current lead governor undertakes.</p> <p>To support the lead governor in this and support succession planning, the CoG also agreed to establish a deputy position.</p> <p>The role descriptions are attached as appendices 1 and 2, and have been developed following review of similar roles in other Foundation Trusts (FTs). Following feedback, these will be updated and circulated to all governors, along with the process for election, which is set out in the Trust's Constitution (for Lead Governor).</p>										

	It is proposed to stagger the election for both roles, with the Lead Governor process to take place in February and the process for the Deputy Lead Governor process in June. This will allow for candidates interested in both roles to have the option of putting themselves forward once the outcome of the Lead Governor process is clear and will allow for reflection on the specific requirements of the deputy role, once the Lead Governor has begun and settled.														
<b>KEY RISKS ARISING FROM REPORT</b>	N/A														
<b>STRATEGIC PRIORITIES THIS PAPER SUPPORTS</b> (please confirm Y/N)															
Deliver high quality patient centred care	Y														
Be the employer of choice	Y														
Deliver better care at lower cost	Y														
<p><b>IMPLICATIONS ASSOCIATED WITH THIS REPORT:</b></p> <table border="1" data-bbox="113 801 810 1115"> <tr> <td>Equality And Diversity</td> <td>Y</td> </tr> <tr> <td>Quality</td> <td>Y</td> </tr> <tr> <td>People (Workforce or Patients/Families/Carers)</td> <td>Y</td> </tr> <tr> <td>Operational Performance</td> <td></td> </tr> <tr> <td>Finance</td> <td></td> </tr> <tr> <td>Public Consultation</td> <td></td> </tr> <tr> <td>Council of Governors</td> <td>Y</td> </tr> </table> <p>please mark Y/N – where Y is indicated please explain the implications in the opposite column</p>		Equality And Diversity	Y	Quality	Y	People (Workforce or Patients/Families/Carers)	Y	Operational Performance		Finance		Public Consultation		Council of Governors	Y
Equality And Diversity	Y														
Quality	Y														
People (Workforce or Patients/Families/Carers)	Y														
Operational Performance															
Finance															
Public Consultation															
Council of Governors	Y														

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

## Lead Governor and Deputy Lead Governor – Proposals

### 1.0 Introduction

- 1.1 At the last meeting of the Council of Governors (CoG), members decided that the role of Lead Governor should be enhanced beyond the core requirements as set out in [NHS England's Code of Governance for NHS Provider Trusts](#), updated in February last year. The current Lead Governor already acts beyond these core requirements, with a number of additional responsibilities. The CoG decided to further extend these. The CoG also agreed that a deputy role should be established, to provide support to the Lead Governor. It was agreed to set the requirements out in brief role descriptions.
- 1.2 The current Lead Governor's term ends in March 2024 (and they continue as a governor until November 2024). Given this and as set out in the Trust's Constitution, an election for Lead Governor should take place in February 2024. The process for election is set out in the Constitution. The role of deputy is not referenced in the Constitution given this is a new position, but a similar model for election is proposed, with this to follow the process for Lead Governor once the new post holder is confirmed.

### 2.0 Proposed role for Lead Governor and establishment of a Deputy Lead Governor:

- 2.1 The following outlines the remit of the Lead Governor role as set out in the preferred option agreed at the last CoG meeting. It was developed through reviewing the remit of Lead Governors at other Foundation Trusts (FTs), noting the point in bold below is the only formally required element of the role. The below summary has been further developed into a draft role description as set out in Appendix 1:

- **Liaison point between NHS England (NHSE) and the CoG in the event of concerns regarding Board performance**
- Interview panel member on non-executive director (NED) appointments
- Member of CoG committees
- Chairing Governor only meetings
- Participating in new Governor inductions
- Representing the Governors at the Annual Members' Meeting
- Liaison between Board and CoG
- Regular 1:1 with Trust Secretary
- Reviewing / promoting CoG effectiveness
- Coordinating consultation responses from Governors
- Mentoring other Governors
- Reviewing/promoting CoG Committee effectiveness
- Reporting to Board on CoG activities
- Updating Governors on key events
- Representing the interests of Governors
- Meeting with CoG Committee Chair/s
- Involvement in policy development

### 2.2 Establishing a Deputy Lead Governor

The CoG decided that a Deputy Lead Governor role should be established to provide support to the Lead Governor given the expanded remit of the role and to potentially support succession planning. The CoG did not specify the particular responsibilities of the deputy. The Constitution does not provide for a Deputy Lead Governor, and given it is not a required role, it does not specifically need to be included or require a constitutional amendment to be established. This can be set out in a process note for reference once agreed. To support succession planning and the opportunity for a range of Governors to apply for and gain experience in the role it is proposed that this role is for a one-year term, with the option of standing for an unlimited number of further terms. This is in line with many other FTs and given the role is

not a statutory requirement, there is the opportunity to be more flexible. The key responsibilities of the Deputy Lead Governor are suggested below:

- To act as Deputy in the absence of the Lead Governor.
- To support the resilience of the CoG by working with the Lead Governor to gain experience and knowledge.
- To provide support and a sounding board to the Lead Governor.
- In the permanent absence of the Lead Governor, to act as Lead Governor until further elections are held.
- To take on functions of the Lead Governor as mutually agreed and confirmed with Governance Team.

### **3.0 Process for electing the Lead Governor:**

3.1 The roles and responsibilities for lead governor as set out in the Trust's Constitution '*Annex 7 Standing Orders for the Practice and Procedure of the Council of Governors*' are as follows:

**Role and election of the Lead Governor** - For the purpose of facilitating liaison between the Board of Directors and the Council of Governors, the Council of Governors shall elect one of the public or patient Governors of the Trust to be the Lead Governor in accordance with the following process:

- when the Lead Governor position becomes vacant, the Chairman shall invite public Governors and patient Governors to put themselves forward for the post of Lead Governor;
- if more than one public Governor or patient Governor puts themselves forward for the post of Lead Governor, the Company Secretary will compile a list of Lead Governor candidates and will require the completion of an applicant form from each candidate detailing their election statement. Any applications made after the agreed closing date will be rendered invalid;
- the completed Lead Governor applicant forms will be distributed to the Council of Governors no less than five working days prior to a decision as to the appointment being made;
- the final election of the Lead Governor will take place at a Council of Governors meeting by paper ballot. The numerical outcomes of the election will be declared to the Council once the count has been made.
- Appointments will ordinarily last for a three year period. Should a vacancy arise prior to the expiry of the three year period or should the postholder be temporarily unable to fulfil their duties for any reason, the Council of Governors shall agree interim arrangements to fill the duties of the post.

**Issues to consider:** As advised in the report to the CoG in September, the Constitution currently states that the the Lead Governor will be eligible for re-election twice after initially being elected. Given each governor has a maximum opportunity of standing for three terms, each of three years, this does not fully align. While the Constiution refers to a paper ballot it is proposed that in line with practice over recent years that provision is made for secure electronic voting.

It is unlikely, and arguably unwise, to suggest that a new governor is able to automatically put themselves forward as a Lead Governor candidate should a vacancy arise. There is a further issue with alignment with term as governor and lead governor given both are for three years and governor terms are staggered depending on election timing. It is therefore proposed that candidates for Lead and Deputy Governor should have at least 12 months remaining in their term as a governor and further suggested that applicants for the Lead Governor role have been a Governor for six months' minimum and the Deputy for three months' minimum.

### **4.0 Proposed process for 2024**

4.1 The Chair invites the Council's eligible public and patient governors to put themselves forward for the post of Lead Governor week commencing 29 January 2024 with the final role description attached along with a simple application form to capture each candidate's election statement. This should be in line with the requirement as above for 12 months' minimum experience as a governor and at least 12 months'

remaining as a governor, which would provide a pool of 10 candidates. The pool of candidates will be published and shared with all governors.

- 4.2 An extraordinary Council of Governors meeting is held in the second or third week of February 2024, where the voting for the lead governor post will take place (or through the online secure voting option). The papers will be distributed to the governors no less than five working days prior to the date of the election.
- 4.3 The ballots will be counted during the meeting the outcome reported to CoG members after which this will be confirmed in writing to the successful candidate and announced to agreed stakeholders and trust members.
- 4.4 The process as set out outlines that the process is conducted by paper ballot, and has not been updated to reflect modern practice, where this can be done virtually. It is proposed that a secure option for e-voting be provided for.
- 4.5 The election to the Deputy Lead Governor post (for one year) will take place at the June CoG briefing session using the same approach and in line with the requirement of three months' minimum experience and at least 12 months' remaining. The eligible pool for this would be 12, noting that in future should current governors be re-elected, they would have the opportunity to apply during their new term.
- 4.6 A handover process for the current Lead Governor and successful candidate will be put into place to ensure a smooth handover.

## **5.0 Next steps and recommendations**

The CoG is asked to:

- 5.1.1 Agree the two role descriptions subject to any amendments agreed during the meeting.
- 5.1.2 To agree to a two phase election process for Lead and Deputy Lead Governor, with the first taking place in February and the second in June.



## Appendix 1

### Lead Governor Role Description

#### Accountability:

The Lead Governor is elected by the Council of Governors collectively as a serving Member of the Council. Only a public or patient governor can be appointed as Lead Governor and only the Council of Governors can appoint the Lead and Deputy Lead Governor. Candidates must have served as a Governor for six months before putting themselves forward for the role and have at least 12 months left on their term.

It is the Council of Governors as a whole that has the responsibilities and powers in statute and no individual governor. The position of Lead Governor carries no greater powers than any other member of the Council.

**Period of Office:** Minimum of 12 months and up to three years.

**Time Commitment:** The time commitment is on average approximately one day per month and should be considered in addition to the normal requirement on governors' time.

#### The Lead Governor aims to:

- Establish governor leadership that embodies and promotes the Trust's PROUD values and sets a positive example to all stakeholders.
- Encourage a unitary Council of Governors that engages constructively with the Board of Directors and the constituencies from which governors are elected.

#### Key Duties and Responsibilities

In addition to the responsibilities set out in the [NHS England's Code of Governance for NHS Provider Trusts](#) to specifically to act as '**liaison point between NHS England (NHSE) and the CoG in the event of concerns regarding Board performance**', the lead governor will:

- Represent the views and interests of governor colleagues and facilitate effective communication and engagement between the Council of Governors and the Board of Directors, including for consultation activities.
- Working with the Corporate Governance Team, support the development of the skills and strengths of the CoG, providing mentoring where appropriate
- Raise member and public awareness of governors and their role.
- Participate in the Governor induction process
- Represent the CoG at the Annual Members' Meeting.
- Foster an inclusive culture amongst governors.
- Take an active role in the activities of the CoG.
- Set a positive example through promoting and upholding the Trust's PROUD values.
- Work closely with the Deputy Lead Governor to support the effectiveness of the CoG
- Be an ex-officio member of the Council of Governors' (CoG) Nomination and Remuneration Committee.
- Participate in non-executive director recruitment as a member on stakeholder interview panels.
- Convene and chair Governor only meetings where agreed, for example informal pre-COG quarterly meeting.
- Chair meetings of the CoG where the Trust Chair, Vice Chair or other NED is not present or cannot chair the meeting, for example due to a conflict of interest.
- Meet with the Chair/ Vice Chair and Director/Deputy Director of Corporate Governance and Corporate Governance Officer on a regular basis to discuss relevant issues.
- Where appropriate, support the Chair/Vice Chair in ensuring that governors act within the Code of Conduct for Governors.

#### Key Relationships:

- Deputy lead governor
- Council of Governors
- Trust Vice Chair (and Senior Independent Director)
- Trust and Collaborative Chair
- Trust Members
- Director and Deputy Director of Corporate Governance
- Corporate Governance Officer and Governance Team
- Trust Non-Executive Directors

Occasionally:

- Trust Executives
- Lead Governor in fellow Collaborative Foundation Trust
- Lead Governor networks – regionally and nationally

## Appendix 2

### Deputy Lead Governor Role Description

#### Accountability:

The Deputy Lead Governor is accountable to the Council of Governors collectively as a serving Member of the Council. Only a public or patient governor can be appointed as Deputy Lead Governor and only the Council of Governors can appoint the Deputy Lead Governor. Candidates must have served as a Governor for three months before putting themselves forward for the role and have at least 12 months left on their term.

#### Role Summary:

The deputy lead governor plays an important role in deputising for the lead governor and to share the lead governor's workload which includes taking ownership of particular workstreams and leading on certain areas of work on behalf of the Council of Governors.

**Period of Office:** One year

#### Time Commitment:

The time commitment is on average approximately half a day per month and should be considered in addition to the normal requirement on governors' time.

#### The Deputy Lead Governor aims to:

- Establish governor leadership that embodies and promotes the Trust's values and sets a positive example to all stakeholders.
- Support the lead governor in encouraging a unitary Council of Governors that is engaged with the Board of Directors and the constituencies from which governors are elected.

#### Key Duties and Responsibilities:

The deputy lead governor will:

- Work closely with the Lead Governor and act as a sounding board as appropriate.
- Deputise for the Lead Governor as required.
- Support the resilience of the CoG by working with the Lead Governor to gain experience and knowledge.
- In the permanent absence of the Lead Governor, to act as Lead Governor until further elections are held.
- Foster an inclusive culture amongst governors.
- Set a positive example through promoting and upholding the Trust's PROUD values.
- Represent the views of governor colleagues and facilitate effective communication and engagement between the Council of Governors and the Board.
- Be an ex-officio member of the Council of Governors' (CoG) Nomination and Remuneration Committee.
- Participate in NED recruitment stakeholder panels.

#### Key Relationships


- Lead governor
- Council of Governors
- Trust Vice Chair (and Senior Independent Director)
- Trust and Collaborative Chair
- Trust Members
- Director and Deputy Director of Corporate Governance
- Corporate Governance Officer and Governance Team
- Trust Non-Executive Directors


Occasionally:

- Trust Executives
- Governor networks – collaborative, regional and national

## 3.3 COUNCIL OF GOVERNORS MEMBERSHIP AND ENGAGEMENT

### SUB-COMMITTEE REPORT

 Information Item

 Chair of Council of Governors Membership and Engagement Sub-Committee

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#### REFERENCES

Only PDFs are attached

 Item 3.3 Membership and Engagement update - Jan 2024.pdf

## January 2024

### Membership update

- Meet a Governor sessions – these sessions have been running since August at both sites and for the majority of the sessions there has been good attendance from members of the public. Information that provides useful contact details has been prepared and which the Governors can pass out, and any issues that arise is reported back to Corporate Governance who then forward the information on to the relevant department. We have already had one session take place this year (run by Stella Macaskill at West Middlesex), and Minna Korjonen will be running three more sessions in January and February 2024. If a Governor wants to run a Meet a Governor session, please contact the Corporate Governance Team to confirm the dates and venues. The sessions are advertised via the Members' Newsletters and social media and for the sessions that run at Chelsea and Westminster, these are promoted via the electronic screens at ChelWest.
- Members' News – these have been issued monthly since July 2023, and the January 2024 has just been published. This newsletter is for members and requests for contribution to the newsletters is sent out with each issue, along with information as to how get involved and either become a Governor or volunteer. Bespoke newsletters have also been produced and issued and this will continue as and when required.
- A short film was made just before Christmas with Ras. I, who kindly agreed to be involved, and the key aim of the film is to promote becoming involved with the Trust either as a member or as a Governor. Once the film is ready, it will be displayed on the screens and available online.
- We are continuing to consolidate our relationships with the Healthwatch and voluntary organisations within the Trust's catchment, and they have promoted the 'Meet a Governor' sessions and the Governor Elections.
- We are also looking at using ICB/ICS health awareness sessions on key topics and are looking to see if health and care professionals are able to deliver online sessions. The Director of Communications at the ICB/ICS has been contacted.

## 3.4 ACCESSABLE WORK UPDATE

Information Item

Vice Chair

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### REFERENCES

Only PDFs are attached

 Item 3.4 - AccessAble work update.pdf



**CONFIDENTIAL**

<b>TITLE AND DATE</b> <i>(of meeting at which report to be presented)</i>	Council of Governors Meeting – 25 January 2024										
<b>AGENDA ITEM NO.</b>	3.4										
<b>TITLE OF REPORT</b>	Accessibility Audit of the Physical Environment Update January 2024										
<b>AUTHOR NAME AND ROLE</b>	Stephanie Stevenson-Shand; Corporate Nursing Programme Lead  Margaret Outaleb, Facilities manager, and Andy Denton, Capital Project Manager										
<b>ACCOUNTABLE EXECUTIVE DIRECTOR and NON-EXECUTIVE DIRECTOR</b>	Vanessa Sloane, Deputy Chief Nurse  Steve Gill, Vice Chair and Chair of Quality Committee										
<b>PURPOSE OF REPORT</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 70%;">Decision/Approval</td> <td style="width: 30%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Assurance</td> <td style="text-align: center;">X</td> </tr> <tr> <td>Info Only</td> <td style="text-align: center;">X</td> </tr> <tr> <td>Advice</td> <td style="text-align: center;"><input type="checkbox"/></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	<input type="checkbox"/>	Assurance	X	Info Only	X	Advice	<input type="checkbox"/>	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.		
Decision/Approval	<input type="checkbox"/>										
Assurance	X										
Info Only	X										
Advice	<input type="checkbox"/>										
<b>REPORT HISTORY</b> Committees/Meetings where this item has been considered	Committee	Date of Meeting	Outcome								
<b>SUMMARY OF REPORT AND KEY MESSAGES THE MEETING NEEDS TO UNDERSTAND</b>	In late 2022 AccessAble undertook a review of both main hospital sites with regards to all areas of access for our patients, staff & visitors. This report provides an update on actions.										
<b>KEY RISKS ARISING FROM REPORT</b>	Patients & staff unable to safely & effectively use facilities within our hospital sites.										
<b>STRATEGIC PRIORITIES THIS PAPER SUPPORTS</b> (please confirm Y/N)											
Deliver high quality patient centred care	Y										
Be the employer of Choice											
Deliver better care at lower cost											
<b>IMPLICATIONS ASSOCIATED WITH THIS REPORT:</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 70%;">Equality And Diversity</td> <td style="width: 30%; text-align: center;">Y</td> </tr> <tr> <td>Quality</td> <td style="text-align: center;">Y</td> </tr> <tr> <td>People (Workforce or Patients/Families/Carers)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Equality And Diversity	Y	Quality	Y	People (Workforce or Patients/Families/Carers)	<input type="checkbox"/>	Equality And 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.				
Equality And Diversity	Y										
Quality	Y										
People (Workforce or Patients/Families/Carers)	<input type="checkbox"/>										



Operational Performance		Quality implications - Poor patient experience; Non-compliance with national audits.
Finance	Y	
Public Consultation		
Council of Governors		
please mark Y/N – where Y is indicated please explain the implications in the opposite column		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.
		The Council of Governors are asked to note the contents of this report.

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)	

## 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 July 2023.

## 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 22<sup>nd</sup> 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.

These audits are due to be repeated in April 2024.

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.

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.

## 3. Progress

A Steering Group has been formed and meets monthly with the first meeting held on the 20<sup>th</sup> April 2023. This group including leads for patient experience and corporate nursing 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.

Appropriate funding streams will need to be identified as part of this process and form part of any recommendations. This has been discussed with the Chief Financial Officer.

The steering group is open to all staff to join and includes members of the public and staff who themselves have accessibility requirements. Reporting is to Executive Management Board, Council of Governors and People and Workforce Committee. Annual auditing is undertaken by AccessAble.

Outpatients was chosen as the first area of focus as the steering group felt there were quick wins available such as ensuring hearing loops were available and in good working order.

From the initial audit the team realised that there were no working hearing loops available in the hospital and therefore a hearing loop was quickly purchased and piloted by one of our staff who has a hearing impairment. As this was successful a case is being developed at pace to ensure that there are hearing loops available across the sites for all patients and staff who require them in the hospital. A number of hearing loops have been purchased for all hospital sites to ensure these are available from a central area.

CW+ have agreed to support our patients and staff who rely on service dogs and all areas will have access to bottles and bowls for water. Small blankets will also be available for service dogs to lie on whilst waiting. We are hoping to have these available on all sites by end of January 2024.

One of our staff who has a service dog also highlighted to us that it is very difficult for her dog to find an area for toileting needs and therefore a 'Piddle Patch' will be provided in an area to be confirmed.

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.

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 these have now been altered.

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.

The Corporate nursing team are also working closely with PA's, Complaints and the Quality teams to identify any accessibility issues brought to the Trust's attention by staff or patients.

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.

When the hospital was audited by AccessAble a number of things were raised which are unable to be addressed at this time e.g. how many stairs go from floor to floor and parking stations which do not talk to you. These areas will be taken through the executive boards for discussion in order to agree some disclaimers with AccessAble.

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.

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.

#### **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 in April 2024.

In addition initial audit reports have been received for the West Middlesex site which were shared with the Accessibility Steering group at the last meeting.

**Appendix 1 – update**

Area	Required work	Approx. Cost	Action/ Comments	Timeline
<b>Entrances</b>	Improve colour contrast around doors	£5k	Main hospital & ED entrances	
<b>General circulating space</b>	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	March 2024
	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	TBC
	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	TBC
	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	
	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"> <li>• Blood Tests – Phlebotomy</li> <li>• Cashier</li> <li>• Children's Burns Unit / Mars Ward</li> <li>• Friends Patient &amp; Staff Library</li> <li>• Apollo Ward</li> </ul>	
<b>Reception areas</b>	Look to provide hearing assistance systems at as many		Hearing loops are now available at key	

Area	Required work	Approx. Cost	Action/ Comments	Timeline
	<p>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>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>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"> <li>▪ Adult Trauma Orthopaedic Outpatients &amp; Fracture Clinic – Completed and appropriate seating in place.</li> <li>▪ Bereavement Services</li> <li>▪ Burns Outpatients</li> <li>▪ Centre for Clinical Practice – currently only with armrests. Completed and appropriate seating in place.</li> <li>▪ Children’s Dental</li> <li>▪ Children’s Outpatients</li> <li>▪ Children's Surgical Pre-Assessment and Admissions</li> <li>▪ Dermatology, Plastic Surgery and Hand</li> </ul>	<p>TBC</p>

Area	Required work	Approx. Cost	Action/ Comments	Timeline
			Management Outpatients <ul style="list-style-type: none"> <li>▪ ED Imaging Department</li> <li>▪ Eye Clinic</li> <li>▪ Gate 1 and 2</li> <li>▪ Gate 3 and 4</li> <li>▪ George Watts Day Care</li> <li>▪ Gynaecology</li> <li>▪ Maternity Assessment Suite</li> <li>▪ Obstetrics Ultrasound and Fetal Medicine Unit</li> <li>▪ Paediatric Ambulatory Care Clinic</li> <li>▪ St. Stephen's Centre - John Hunter Clinic</li> <li>▪ Therapy Services - Physiotherapy, Hand Therapy, Hydrotherapy and Burns Therapy</li> <li>▪ Westminster Wing and Assisted Conception Unit</li> </ul>	
<b>Changing Places</b>	<ul style="list-style-type: none"> <li>• Provide privacy screen</li> <li>• Ideally provide a full length or lowered mirror</li> <li>• Provide a towel dispenser as well as hand dryer</li> </ul>		All completed	
	<ul style="list-style-type: none"> <li>• Provide wide tear off paper</li> <li>• Install spatula or automatic flush if possible</li> </ul>		Paper on order & flush being replaced with spatula by contractor	March 2024
<b>Washrooms/Bathrooms</b>	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	

Area	Required work	Approx. Cost	Action/ Comments	Timeline
	<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"> <li>▪ Acute Assessment Unit</li> <li>▪ Ann Stewart Ward (transfer space unable to be provided suggest label as ambulant)</li> <li>▪ Annie Zunz Ward David Evans Ward - Male Shower &amp; Female Shower</li> <li>▪ Edgar Horne Ward - drop down rail by toilet on wrong side, missing wall mounted grab rails. Emergency alarm too short.</li> <li>▪ Emergency Department – (Emergency Obs Unit – Bay).</li> <li>▪ Intensive Care Unit (ICU)</li> <li>▪ Josephine Barnes Ward (transfer space unable to be provided suggest label as ambulant)</li> <li>▪ Lord Wigram Ward.</li> <li>▪ Mercury Ward – wheel-in shower</li> <li>▪ Nightingale Ward</li> <li>▪ Rainsford Mowlem Ward – wheel-in shower</li> <li>▪ St Mary Abbots Ward – wheel-in shower</li> </ul>			TBC
	<p>Fit emergency alarm cords</p> <ul style="list-style-type: none"> <li>• Mercury Ward - Washroom Wheel-in Shower.</li> <li>• Therapy Services (pending due to treatment centre plans and review by Working Group) - Physiotherapy, Hand Therapy, Hydrotherapy and Burns Therapy</li> </ul>	£5k each		Funding agreed by VM Completion by end Feb 2024
	Move toilet roll closer to the toilet in the washrooms in Neptune, Jupiter Wards and Mercury Ward.			

Area	Required work	Approx. Cost	Action/ Comments	Timeline
	<p>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.</p>	<p>£10 – 20k per area</p>	<p>Survey required</p>	<p>Business case to be progressed Aim completion end March 2024</p>
	<p>The following departments and wards have accessible toilets with alarm cords that are too short;</p> <ul style="list-style-type: none"> <li>▪ Acute Assessment Unit</li> <li>▪ Ann Stewart Ward</li> <li>▪ Apollo Ward</li> <li>▪ CAMHS, Perinatal &amp; Parent Infant Mental Health Service and Paediatric Psychology</li> <li>▪ Chelsea Community Hospital School</li> <li>▪ Children's Burns Unit</li> <li>▪ Children's Dental Health</li> <li>▪ Children's Emergency Department</li> <li>▪ Children's Outpatients</li> <li>▪ Children's Surgical Pre-Assessment and Admissions</li> <li>▪ CW+ MediCinema</li> <li>▪ David Evans Ward</li> <li>▪ Dermatology, Plastic Surgery and Hand Management Outpatients</li> <li>▪ Diagnostics Centre</li> <li>▪ Edgar Horne Ward</li> <li>▪ Emergency Department</li> <li>▪ Eye Clinic</li> <li>▪ Gates 1 and 2</li> <li>▪ Gates 3 and 4</li> <li>▪ Gazzard Day Unit</li> <li>▪ Gynaecology</li> <li>▪ Imaging - X-Ray, CT Scanning, MRI, Bone Density, Ultrasound and Nuclear Medicine</li> <li>▪ Lord Wigram Ward</li> <li>▪ Mercury Ward</li> <li>▪ Nell Gwynne Ward</li> <li>▪ Neonatal Intensive Care Unit (NICU)</li> <li>▪ Nightingale Ward</li> <li>▪ Obstetrics Ultrasound and Foetal Medicine Unit</li> <li>▪ Rainsford Mowlem Ward</li> </ul>		<p>Most areas have been addressed, awaiting final updated list &amp; costs</p>	<p>Aim completion end March 2024</p>

Area	Required work	Approx. Cost	Action/ Comments	Timeline
	<ul style="list-style-type: none"> <li>▪ Saturn Ward</li> <li>▪ Treatment Centre - Day Case Surgery &amp; Procedures</li> <li>▪ Westminster Wing and Assisted Conception Unit</li> </ul>			
	It was suggested that the Trust look at the feasibility of improving accessible toilets in key areas that are central / high footfall – ie to meet BS8300:2018 and Stoma Friendly criteria.		For review as part of redevelopment/ refurbishment plans	
	Location of mirrors, shelves and hooks to be reviewed	TBC	has been agreed ready to be put in place once cost approved	End March 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	
<b>Accessible Toilet(s) (Lower Ground Floor - Male - Right Hand Transfer).</b>	<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"> <li>▪ Add horizontal grab rail to door</li> <li>▪ Add a dropdown rail on the transfer side</li> <li>▪ Add a vertical wall-mounted grab rail on the transfer side</li> <li>▪ Add horizontal wall-mounted grab rail on the opposite side of the seat to the transfer space</li> <li>▪ Fit an emergency alarm – noted it will also need to be linked to security</li> <li>▪ Place mirror within advised height</li> <li>▪ Add wall mounted grab rails at sink</li> <li>▪ Place a shelf at recommended height</li> <li>▪ Consider moving basin in reach of toilet in future</li> <li>▪ Provide a towel dispenser as an alternative to hand dryer</li> </ul>	Approx £20k		Funding agreed by VM. To progress business case. Aim completion by end March 2024



Area	Required work	Approx. Cost	Action/ Comments	Timeline
<b>Accessible Toilet(s) (Lower Ground Floor - Female - Left Hand Transfer)</b>	<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"> <li>▪ Add horizontal grab rail to door</li> <li>▪ Add a dropdown rail is on the transfer side</li> <li>▪ Add a vertical wall-mounted grab rail on the transfer side</li> <li>▪ Add horizontal wall-mounted grab rail on the opposite side of the seat to the transfer space</li> <li>▪ Fit an emergency alarm - noted it will also need to be linked to security</li> <li>▪ Place mirror within advised height</li> <li>▪ Add wall mounted grab rails at sink</li> <li>▪ Place a shelf at recommended height</li> <li>▪ Consider moving basin in reach of toilet in future</li> <li>▪ Provide a towel dispenser as an alternative to hand dryer</li> </ul>	Approx £20k		Funding agreed by VM. To progress business case. Aim completion by end March 2024
<b>Accessible Toilet(s) (Ground Floor - Left Hand Transfer)</b>	<p>This accessible toilet is located on the Ground Floor, along the main corridor.</p> <ul style="list-style-type: none"> <li>▪ Replace alarm cord so it is in height - in addition it will need to link to security</li> <li>▪ Place mirror within advised height</li> <li>▪ Place a shelf at recommended height</li> <li>▪ Provide a towel dispenser as an alternative to hand dryer – being actioned at the time of this update.</li> </ul>	Approx £10k		Funding agreed by VM. To progress business case. Aim completion by end March 2024

## 3.5 GOVERNORS AWAY DAY 2024


● Discussion Item

👤 Director of Corporate Governance

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### REFERENCES

Only PDFs are attached

 Item 3.5 - Governors Awayday 2024.pdf



**CONFIDENTIAL**

<b>TITLE AND DATE</b> <i>(of meeting at which report to be presented)</i>	Council of Governors – 25 January 2024
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<b>AGENDA ITEM NO.</b>	3.5
------------------------	-----

<b>TITLE OF REPORT</b>	Governors' Away Day
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<b>AUTHOR NAME AND ROLE</b>	Graham Chalkley, Corporate Governance Officer
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<b>ACCOUNTABLE EXECUTIVE DIRECTOR</b>	Peter Jenkinson, Director of Corporate Governance
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<b>PURPOSE OF REPORT</b> <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 style="text-align: center;">X</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	X	Advice		To provide the Council of Governors with an update regarding the Council of Governors Away Day on 17 April 2024.
Decision/Approval									
Assurance	X								
Info Only	X								
Advice									

<b>REPORT HISTORY</b> Committees/Meetings where this item has been considered	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Committee</th> <th style="width: 30%;">Date of Meeting</th> <th style="width: 40%;">Outcome</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">NIL</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Committee	Date of Meeting	Outcome	NIL					
Committee	Date of Meeting	Outcome								
NIL										

<b>SUMMARY OF REPORT AND KEY MESSAGES THE MEETING NEEDS TO UNDERSTAND</b>	
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<b>KEY RISKS ARISING FROM REPORT</b>	
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<b>STRATEGIC PRIORITIES THIS PAPER SUPPORTS</b> (please confirm Y/N)	
Deliver high quality patient centred care	
Be the employer of Choice	
Deliver better care at lower cost	

<b>IMPLICATIONS ASSOCIATED WITH THIS REPORT:</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 80%;">Equality And Diversity</td> <td></td> </tr> <tr> <td>Quality</td> <td></td> </tr> <tr> <td>People (Workforce or Patients/Families/Carers)</td> <td></td> </tr> <tr> <td>Operational Performance</td> <td></td> </tr> <tr> <td>Finance</td> <td></td> </tr> <tr> <td>Public Consultation</td> <td></td> </tr> <tr> <td>Council of Governors</td> <td style="text-align: center;">X</td> </tr> </table> <p style="font-size: small; margin-top: 5px;">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		Finance		Public Consultation		Council of Governors	X	
Equality And Diversity															
Quality															
People (Workforce or Patients/Families/Carers)															
Operational Performance															
Finance															
Public Consultation															
Council of Governors	X														


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)	

1. The Council of Governor’s Away Day will be taking place on **Wednesday 17 April 2024**. We are in the process of finalising the venue, but it is anticipated that the Away Day will be held at Chelsea Town Hall. As soon as the venue for the Away Day has been confirmed and the exact timeslot (the whole day is currently held in attendees’ diaries), we will ensure Governors are advised.
  
2. The agenda for the Away Day is being developed, and will include a review of what has been achieved following last year’s Away Day and subsequent Development Session (July 2023). The meeting will hear from the Lead Governor and consider the effectiveness and impact of the Council of Governors. The session will focus on priorities and objectives for 2024/2025. Further feedback on this is welcome.
  
3. A full Council of Governors’ meeting will also take place during the Away Day.

## 4. QUALITY

## 4.1 QUALITY UPDATE WITH A FOCUS ON:

Discussion Item

 Chair of the Quality Committee/Chief Nursing Officer

- Vaccination
- Infection Prevention and Control
- Maternity

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### REFERENCES

Only PDFs are attached



Item 4.1 Quality Report to CoG Jan 24 - FINAL.pdf

# Quality Report to Council of Governors January 2024

## 1. Introduction

This report is a summary following the November 2023 Quality Committee Meeting, which was reported to the North West London (NWL) Acute Provider Collaborative (APC) Quality Committee in Common (CiC) in December. The Trust's Quality Committee met in December and key updates from this meeting are included at the end of the report.

## 2. Executive summary

The November Chelsea and Westminster (CWFT) Quality Committee reviewed the Integrated Quality and Performance Report (IQPR) for September.

Industrial action negatively impacted patient care and necessitated requests for staff to work differently, however operational performance remained relatively strong.

The Trust is at risk of exceeding the threshold for Clostridium Difficile (C.Diff) with 18 cases to date against an annual threshold of 25. All cases have undergone a Root Cause Analysis (RCA) and whilst no lapses in care have been established further education regarding appropriate sampling was needed.

A Never Event occurred in November which related to the retention of a guide wire. An immediate review has taken place and actions implemented regarding initiation of local safety check lists.

Implementation and piloting of the Patient Safety Incident Response Framework (PSIRF) was progressing, and a trajectory for compliance with the e-Learning was being completed by all divisions following the launch of the training in August.

## 3. Integrated Quality and Performance Report (IQPR) for September 2023

### Performance Summary:

In September, A&E 4-hour performance was 78.8% which was the second highest position in London and sixth nationally. CWFT achieved NHS England targets for Cancer 2-Week Wait Referrals, 31-Days Diagnosis to Treatment and Cancer Faster Diagnostic Standard (FDS). The Trust remains a top performer nationally for cancer treatment waiting times and 6-Week Diagnostic standards.

Elective Referral to Treatment (RTT) 18-week wait performance remained challenged at 59.9%. Elective activity was strong in September despite industrial action. Admitted activity exceeded operational plans by ~4% and non-admitted outpatient activity met plans.

The total Patient Tracking List (PTL) increased to 60,093 (+1,467), 52 week waits (ww) decreased to 1,837 (-18), 65 ww increased to 562 (+76) and 78ww increased to 85 (+9). Enhanced oversight and targeted interventions remain in place for at-risk specialities: Trauma & Orthopaedics, Colorectal Surgery, Plastic Surgery, Vascular and General Surgery

**Incidents** – The committee noted that whilst not in the report for September, there had been an incident that met the Never Event Criteria in November relating to a retained guide wire. This was undergoing a rapid review and immediate safety actions had been put in place.

**Infection Prevention and Control (IPC)** - Clostridium Difficile (C.Diff): There were 4 cases of C.Diff in month bringing the total to date of 18 against an annual threshold of 25. Although no lapse in care identified.

**Complaints** – 91% of complaints were responded to within 25 days (target 95%) during September. Compliance with responding to PALS concerns within 5 working days was 97% (target 90%).

**Patient experience** – Friends and Family Test (FFT): There has been a reduction in patient satisfaction for those accessing emergency care across the Trust in September when compared to previous months. The leadership team are reviewing the comments and completing a thematic review to develop improvement actions. Maternity has also seen a reduction in satisfaction scores with a number of themes. The Trust has recently received the Care Quality Commission (CQC) maternity 2023 survey results, an analysis of these findings in conjunction with FFT and other feedback data will commence in October to help identify the main areas of focus going forward.

#### **4. Report from the Patient Safety Group and PSIRF implementation**

The committee noted that the implementation and planning for patient safety incident reporting framework (PSIRF) was being driven through a Trust level task and finish group linked to the NWL APC Quality Workstream to ensure consistency and cross organisational support was embedded.

The committee was pleased to note that the e-Learning training had now been launched across the Trust, but remained concerned regarding the relatively low uptake linked to the fact that the module was not part of the Trust learning management system. Divisions have been asked for a trajectory for increased compliance.

#### **5. National Inpatient survey (November 2022)**

The committee noted the results of the National Adult Inpatient survey and expressed concern at the deterioration in core elements of the patient experience. The committee were assured that the results were being taken seriously and were assured by the action plan that had been established and a task and finish group to monitor the progress of this reporting monthly updates to the executive management board (EMB).



It was also noted that the patient experience team were implementing other mechanisms of monitoring the patient experience throughout the year, such as ward accreditation and enhanced questions through the Friends and Family Test (FFT).

## **6. Flu / Covid Vaccination Plan**

The Quality Committee had endorsed the Trust's flu and covid plan and noted that staff vaccination clinics were in place across the sites, complimented by staff peer vaccinators and vaccination at key events such as the Healthcare support worker (HCSW) development day.

From December there would be a focus on areas of low uptake through peer vaccinators and dedicated educational sessions. The committee noted the Trust position to be 24% uptake for Covid and 27% flu vaccination. A verbal update on the latest figures will be provided at the meeting.

## **7. Safeguarding Adult and Children's Annual Report**

The committee received an update on the local and national requirements and on-going work within the safeguarding arena. The report identified a continuing trend of high referrals in all areas of safeguarding, with increasingly complex requirements of patients.

It was noted that level 3 (adult) training and WRAP (Workshop to Raise Awareness of Prevent) remains challenged, but the training has now been combined to help improve compliance.

The committee was assured that there was appropriate systems and processes in place for safeguarding to meet the regulatory requirements. The committee asked for further analysis on referral reasons and data by Local Authority (LA) for future reports to allow discussions with local authorities where required.

## **8. Radiation Protection/Safety Committee Annual report**

The committee received the annual report and were assured that there were appropriate monitoring systems in place, specifically a more rigorous monitoring system for personal dosimetry.

There had been 9 radiation exposure incidents reportable to the CQC, seven of which related to one shift that had been carried out by a locum radiographer and appropriate follow up interventions had occurred with the individual concerned.

## **9. End of Life (EOL) Care annual report**

The committee received the annual report for EOL Care, which also detailed the progress against the Trust Quality Priority, which has two focused areas: Personalised care through the use of the universal care plan (UCP); and timely discharge through the fast track discharge process.

Progress against the EOL Care work plan is monitored through the steering group. The committee were pleased to hear the expansion of Butterfly rooms and volunteer programme across the two hospital sites with support from CW+.

## 10. Human Tissue Authority (HTA) annual report

The committee noted the report which provided details of the inspection held against the licence held by the Trust relating to tissues and cells used within Burns and Orthopaedics. The committee noted that the DI (designated Individual) for the licence was responsible for the submission of compliance and annual activity to the HTA, which had oversight through the divisional management board to the EMB.

The committee noted that the Trust would undergo a site inspection by the HTA in December 2023, and in preparation a mock review was being arranged prior to this. In addition, a review of the evidence submission would take place.

## 11. Assurance reports

The table below provides a list of the assurance reports reviewed at the November 2023 Trust Quality Committee, alongside any issues requiring escalation.

Report title	Issues for escalation
Integrated Quality and Performance Report (IQPR)	Impact of industrial action has been felt across all services, and teams have been supported through this period. However there is an impact on the care received to patients as a result of cancelled activity. There has been an increasing number of mental health patients attending the ED who then remain in the department for a prolonged period. This is not the therapeutic environment for them and can have an impact on the rest of the department.  The Trust declared a never event in November relating to a retained guidewire.
Patient Safety Group and PSIRF implementation plan	PSIRF training compliance was low but a recovery plan is in place. Concerns were raised regarding the quality and content of the 4-day face to face training for senior leaders.
Medication Management, Safety and Controlled Drugs report	No issues for escalation to the collaborative
National Adult Inpatient Survey	No issues for escalation to the collaborative
Flu & Covid vaccination plan	The report to the November Quality Committee highlighted that 24% of all staff had been vaccinated for Covid, and this figure was the highest in the NWL Acute Provider Collaborative, and 27% of staff had had the 'flu vaccination – this figure was second highest to LNWH. It was also

Report title	Issues for escalation
	noted that webinars and podcasts featuring vaccinated staff who had previously been vaccine hesitant explaining why they changed their mind had been produced and this would be published to encourage members to get vaccinated.
Safeguarding Adults and Children's annual Report	No issues for escalation to the collaborative

The table below provides a list of the assurance reports reviewed at the December 2023 Trust Quality Committee, alongside any issues requiring escalation.

Report title	Issues for escalation
Integrated Quality and Performance Report (IQPR)	<p>Regarding the A&amp;E 4-hour waits, the Trust had been compliant in November 2023. In relation to the 62-week waiting list for Cancer, the Trust was compliant in October.</p> <p>Discussions regarding communication with patients had taken place, and that good communication could be a central focus on reducing delays. It was noted that all patients who had been waiting over 40 weeks had been contacted, and of these 3000 patients approximately 100 had replied.</p>
Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS) – Year 5	This scheme was introduced to continue to support the delivery of safer maternity care. The Trust is on target to achieve self-certification compliance (deadline for this is 1 <sup>st</sup> February 2024). <i>See below section 12.</i>
Flu and Covid Vaccination Plan	The report to the December Quality Committee highlighted that although the Trust was benchmarking well re other London Trusts with Covid vaccination rates of 27.5% and Flu vaccination rates of 32.2%, the financial Flu CQUIN target of 75% would not be achieved. The report was noted with a further update to be provided at the next (February 2024) Trust Quality Committee meeting.

## **12. Matters of note from the December Committee meeting**

The CWFT escalation issues to the NWL BIC from the December Quality Committee were:

- November Never Event
- IPC rates above trajectory
- PSIRF implementation
- Impact of industrial action

In addition a report on the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme Year 5 was considered by the BiC in January, which confirmed the Trust is on track to meet the deadline of 1 February 2024.

## 4.2 DISCUSSION ON FUTURE TOPICS FOR DEEP DIVES

● Discussion Item

👤 Chair of the Quality Committee

## 5. OTHER BUSINESS - ITEMS FOR NOTING

## 5.1 ANY OTHER BUSINESS

 Information Item       Chair/Lead Governor

Any other business, including:


- 5.1.1 CoG Forward Plan and schedule of Council of Governor meetings 2023-2025
- 5.1.2 Governance attendance register

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### REFERENCES

Only PDFs are attached

 Item 5.1.1 - COG and Briefing Forward Plan and Schedule of meetings 2023-2024.pdf

 Item 5.1.2 - COG Attendance Record (2023-2024).pdf



Council of Governors (CoG's) Forward Plan 2023/24

	7 December 2023 CoGs Briefing Session 16:00 – 17:00 hours	25 January 2024 COGs Meeting 16:00 – 18:30 hours	21 March 2024 CoGs Briefing Session 16:00 – 17:00
<b>Items for consideration</b>	ICS and APC strategy	<ul style="list-style-type: none"> <li>• Minutes of Previous Meeting, including Action Log</li> <li>• Annual Report from the People and Workforce Committee (Chair – Ajay Mehta)</li> <li>• Chair’s Report</li> <li>• Chief Executive Officer’s Report</li> <li>• Role of lead and deputy governor</li> <li>• Accessibility work update</li> <li>• Governors Away Day 2024 – update</li> <li>• Quality focus – report and discussion</li> <li>• Any other business (Forward plan/Schedule of meetings/Governor attendance register)</li> </ul>	Business planning

Schedule for 2024/25 to be considered at the April 2025 Away Day





**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		
Richard Ballerand	Public	Royal Borough of Kensington and Chelsea	✓	Apologies	Apologies	Apologies	✓		
Caroline Boulliat- Moulle	Patient	Patient Constituency	✓	✓	Apologies	✓	✓		
Julie Carter	Public	London Borough of Ealing	Apologies	Apologies	DNA	DNA	DNA		
Cass J. Cass- Horne	Public	City of Westminster	✓	✓	✓	✓	✓		
Maureen Chatterley	Public	London Borough of Richmond Upon Thames	N/A	N/A	N/A	N/A	N/A		
Nigel Clarke	Public	London Borough of Hammersmith and Fulham	✓	✓	✓	✓	✓		
Ian Dalton	Patient	Patient Constituency	N/A	N/A	N/A	N/A	N/A		
Dr Nara Daubeney	Public	London Borough of Wandsworth	✓	✓	Apologies	Apologies	Apologies		

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

David Phillips	Patient	Patient Constituency	✓	✓	✓	✓	✓		
Lucinda Sharpe	Staff	Staff: Nursing and Midwifery	N/A	N/A	N/A	N/A	N/A		
Dr Desmond Walsh	Appointed	University Governor (Imperial College)	✓	✓	Apologies	✓	Apologies		
Laura-Jane Wareing	Public	London Borough of Hounslow	Apologies	Apologies	✓	✓	✓		
Jo Winterbottom	Public	City of Westminster	✓	✓	✓	Apologies	Apologies		
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.