



Chelsea and Westminster Hospital
NHS Foundation Trust


COUNCIL OF GOVERNORS MEETING - THURSDAY 17TH OCTOBER 2024




COUNCIL OF GOVERNORS MEETING - THURSDAY

17TH OCTOBER 2024

 17 October 2024

 15:30 GMT+1 Europe/London




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1. GENERAL BUSINESS

REFERENCES

Only PDFs are attached

 1.0 Agenda COG - 17 Oct 2024.pdf



Council of Governors Meeting

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Date: 17th October 2024

Time: 15:30 – 17:00

AGENDA

	1.0	GENERAL BUSINESS		
	1.1	Welcome and Apologies for absence Apologies:	Verbal	Chair
	1.2	Declarations of interest	Verbal	Chair
	1.3	<ul style="list-style-type: none"> - Minutes of CoG Meeting held on 18th July 2024 - Minutes of Extraordinary CoG Meeting held on 1st August 2024 	Paper	Chair
	2.0	UPDATES		
	2.1	Chair’s Report and NWL Acute Provider Collaborative (APC) Update	Paper	Chair
	2.2	Chief Executive’s Report and Trust Update (plus verbal update on recent matters)	Paper	Chief Executive Officer
	2.3	Governor’s Election 2024 – Update	Paper	Director of Corporate Governance
	2.4	NED Recruitment – Update	Verbal	Chief of Staff to the Chair

	3.0	QUALITY		
	3.1	Annual Report from the Chair of the Quality Committee	Paper	Chair of the Quality Committee
	3.2	Quality Update – including: <ul style="list-style-type: none"> • Patient Experience; • Flu Plan; • Health and Safety; • Dementia; • Maternity; and • Accessibility update. 	Paper	Chair of the Quality Committee/Chief Nursing Officer
	4.0	FOR DISCUSSION		
	4.1	Council of Governors Membership and Engagement Sub-Committee Report	Paper	Chair of Council of Governors Membership and Engagement Sub-Committee
	5.0	OTHER BUSINESS – ITEMS FOR NOTING		
	5.1	Any other business, including: <ul style="list-style-type: none"> *5.1.1 CoG Forward plan and schedule of Council of Governor meetings 2024/25 *5.1.2 Governor attendance register 	Paper Paper	Chair/Lead Governor
		Date and Time of the Next Meeting 23 rd January 2025, Main Boardroom, Lower Ground Floor at Chelsea and Westminster Hospital and MS Teams, 16:00 – 18:30		Chair

1.1 WELCOME AND APOLOGIES FOR ABSENCE



1.2 DECLARATIONS OF INTEREST

1.3 1.3 MINUTES OF COG MEETINGS

- 1.3a Minutes of CoG Meeting 18 July 2024
- 1.3b Minutes of Extraordinary CoG Meeting 1 August 2024

REFERENCES

Only PDFs are attached

-  1.3a CoG Meeting -18 July 2024.pdf
-  1.3b Extraordinary CoG Meeting - 1 August 2024 (SG).pdf

**DRAFT MINUTES OF COUNCIL OF GOVERNORS (COG)****18th July 2024 – 14:00 – 15:30hrs****In person and MS Teams****Main Boardroom, LG Floor, Chelsea and Westminster Hospital**

Present:	Matthew Swindells	North West London (NWL) Acute Provider Collaborative (APC) Chair in Common	(Chair)
	Stephen Gill	Vice Chair and Senior Independent Director	(SG)
	Richard Ballerand	Public Governor	(RBD)
	Caroline Boulliat Moulle	Patient Governor	(CB)
	Nigel Clarke	Lead Governor/Public Governor	(NC)
	Cass J Cass-Horne	Public Governor	(CJCH)
	Ian Dalton	Patient Governor	(ID)
	Christopher Digby-Bell	Patient Governor	(CDB)
	Stuart Fleming	Public Governor	(SF)
	Minna Korjonen	Patient Governor	(MK)
	Stella Macaskill	Patient Governor	(SMa)
	Professor Mark Nelson	Staff Governor – Medical and Dental	(MN)
	Cllr Will Pascal	Appointed Governor	(WP)
	Lucinda Sharpe	Staff Governor – Nursing and Midwifery	(LS)
	Desmond Walsh	Appointed Governor	(DW)
	Laura-Jane Wareing	Public Governor	(LJW)
	Jo Winterbottom	Public Governor	(JW)
In Attendance:	Lesley Watts CBE	Chief Executive Officer	(LW)
	Robert Bleasdale	Chief Nursing Officer	(RB)
	Aman Dalvi	Non-Executive Director	(AD)
	Ajay Mehta	Non-Executive Director	(AM)
	Virginia Massaro	Chief Financial Officer	(VM)
	Peter Jenkinson	Director of Corporate Governance	(PJ)
	Marie Price	Deputy Director of Corporate Governance	(MP)
	Magdalena Farias	Corporate Governance Administrator	(MF)
	Graham Chalkley	Corporate Governance Officer	(GC)
	Alexia Pipe	Chief of Staff to the Chair in Common	(AP)
Apologies:	Maureen Chatterley	Public Governor	(MC)
	Nina Littler	Public Governor	(NL)
	David Phillips	Patient Governor	(DP)
	Carolyn Downs	Non-Executive Director	(CD)
	Patricia Gallan	Non-Executive Director	(PG)
	Catherine Jervis	Non-Executive Director	(CJ)
	Neena Modi	Non-Executive Director	(NMI)
	Syed Mohinuddin	Non-Executive Director	(SMo)
Did not attend:	Julie Carter	Public Governor	(JC)
	Nara Daubeney	Public Governor	(ND)
	Simon Dyer	Patient Governor	(SD)
	Ras. I Martin	Public Governor	(RIM)
	Parvinder Singh Garcha	Public Governor	(PSG)

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

The Chair welcomed members of the CoG and those in attendance to the meeting, apologies were noted, and the meeting was quorate.

The Chair advised the Council that Rose Levy (RL) had resigned from the Council with immediate effect, and that her vacancy as Public Governor for Hammersmith and Fulham would be advertised at the Governor elections later in the year.

The Chair also confirmed that one of the Non-Executive Directors (NEDs) – Professor Neena Modi (NM) – had also resigned.

1.2 Declarations of interest

LJW confirmed that she would be attending the PPG (Patient Participation Group) Community Care Meeting, and would be a conduit between the Trust and the Community.

1.3

Minutes of previous meeting held on 17th April 2024

The minutes were approved.

Minutes of the Extraordinary CoG meeting held on 29th May 2024

The minutes were approved.

Minutes of the Extraordinary CoG meeting held on 27th June 2024.

The minutes were approved.

Action Log

There was nothing to report.

2.0 UPDATES

2.1 Chair's Report and NWL APC Update

The Chair commented on the recent General Election, and congratulated the MP's who had been elected or re-elected and noted that those who had stood down had been incredibly supportive of the NHS.

The Chair summarised his report, he confirmed that the APC Strategy had been presented at the Board in Common (BiC) meeting earlier that week, and this had been well-received. The Chair added that work had begun in standardising 27 Clinical pathways across the NWL APC.

The Chair confirmed that Phase 1 of the APC Equity, Diversity, and Inclusion (EDI) Action Plan had been presented at the BiC meeting. The Chair commented that the first phase focused on staff, that the second phase would look specifically at patients and communities, and would be presented at the next BiC meeting in October.

The Chair also advised the Council that the term of office for two of the APC's Vice-Chairs – SG and CJ – were ending in October and September respectively. The Chair confirmed that PG and CD had been approved as the new VCs, the recruitment process to replace them was underway, the interviews to recruit two additional NEDs would be taking place in late July, with Extraordinary CoG meetings to review/approve the proposed candidates to be set up in early August.

2.2 Chief Executive's Report and Trust Update

LW commented that both sites remained busy in what would normally be a quieter period of the year. She summarised other positive achievements since the last meeting which included the opening of a new ward at the West Middlesex (WM) site which would help improve patient care.

LW also commented on the Trust's performance and added that there was always room for improvement, even though what we had achieved was impressive vs National benchmarks. LW noted that the A&E 4-hour performance was over 80% in March 2024 vs. the National Target for 2023/24 of 76% and this performance had continued in April and May with both months exceeding the 78% target for 2024/25, this was a tribute to the hard work of all staff at the Trust.

LW referred to the amount of work that had been done with regards to staff engagement and, specifically, staff diversity. LW noted that the Trust was slightly off-plan in terms of its financial performance in April and May, but was confident that it would deliver on the 2024/25 brake-even financial plan. It was noted that work on the Treatment Centre at the Chelsea and Westminster (CW) site was progressing well, and the ground-breaking ceremony for the Ambulatory Diagnostic

Centre (ADC) at WM was taking place next Tuesday. LW referred to the Research and Innovation Quality Improvement (RIQI) event that had just taken place at WM which had been well-received. LW also commented on the graduation ceremony which had taken place the day before this meeting, and explained that this was for the interns with learning difficulties who work at the Trust as part of Project Search.

MK thanked LW for the positive update, and commented on the low percentage rate of staff who had been vaccinated. Bearing this in mind, MK asked that the Board continued to monitor this to be safe against any other future infections. LW assured the Council that the Trust had not stopped advising staff to be vaccinated, and confirmed that the legal requirement for staff to be vaccinated applied to a limited number of specific infections. LW reiterated that staff would be advised and encouraged to be vaccinated.

NC noted that the adverse financial performance vs. budget for May year to date was £1.96m. VM confirmed that the deficit for the first quarter was £1.2m, which is £0.6m adverse to budget, and reiterated that the forecast for the Trust's financial plan remained that it would break even for the full year.

3.0 FOR DISCUSSION

3.1 To receive the Annual Report and Accounts which will be formally presented at the AMM later on 18 July

LW covered key aspects with regards to the Annual Report, and advised the Council that the Annual Report had to be prepared in a specific format and covered the work that the Trust does.

LW continued by saying that this Trust was one of the safest in the country to be treated in, and noted that the report showed that we have performed consistently highly vs. national benchmarks, and as a result had been provided with additional funding which had been re-invested in the Trust. LW added that this had not been achieved without challenges, the figures relating to Cancer standards were an example that even though these had improved, it was noted that there was still work to do.

LW also commented on Equality Diversity and Inclusion (EDI) and specifically the diversity of our workforce. LW added that the Trust treated patients from all over the world and they were treated equally. LW also pointed out that the staff turnover at the Trust was currently the lowest it had been for several years. LW ended by thanking all of the staff at the Trust.

CDB raised the issue of Capital Projects, and noted that the Trust did not have the best track record of bringing projects in on time and within budget. AD confirmed that steps had been taken to correct what had gone wrong in previous instances, and referred to the Treatment Centre at the CW site and the Ambulatory Diagnostic Centre (ADC) at the WM site as examples, and added that these were scheduled to be completed on time and on budget.

CDB asked LW for her view with regards to integrated care and if the Integrated Care System (ICS) was now off-target. LW commented that we continued to provide care for patients, but this care should continue at home once they had been discharged. LW confirmed that this aspect had not been delivered within NWL and this was to be discussed further within the NWL ICS.

VM commented that it was a statutory requirement that the Trust's Accounts were laid before Parliament, and confirmed that this had taken place the previous week. VM summarised the report and confirmed that the Trust received a cash grant from the NHS NWL ICB for the development of the Elective Care Transformation Programme, and a cash grant had also been received from NHS England for the purchase of medical equipment to support the Gender Affirmation Services (GAS). The Council discussed this further and NC asked for clarification as to what the Trust's cash reserves were. VM confirmed that this related to cash in the bank. It was also agreed that VM would meet NC to explain in more detail.

The Chair added that the Annual Report and the Accounts would also be presented at the Annual Members' Meeting that would be taking place later this afternoon.

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

AD summarised this report and confirmed that he had been Chair of ARC for the past two years and the other NEDs on this Committee were CJ and SM. AD added that ARC had met five times within the last year, and that ARC provided an independent and objective review of the organisation.

AD commented on the system of internal controls and confirmed that these were agreed with the External and Internal auditors who reported back to ARC. AD also commented on the Annual Accounts which were presented to ARC and these were recommended to be approved. AD acknowledged the hard work of VM and her team, and they had done an excellent job to ensure the Accounts were completed and audited in time.

AD confirmed that no issues had been found following the external audit. In discussing the internal audit, AD summarised the key issues that had arisen which included counter fraud, and AD assured the Council that all processes regarding counter fraud were regularly reviewed. It was also noted that cyber security was an important priority and AD confirmed that the Trust covered all areas regarding this. AD summarised that the Trust had received a 'moderate' score following the internal audit, and it was noted that this was a positive score providing good assurance.

WP asked whether any other external organisations had experienced cyber hacking as some hospitals recently had, and whether we recognised that there was any risk. AD confirmed that this was considered a long-term risk that could have a far-reaching impact. The Chair added that this issue had been discussed at the September NWL APC Digital and Data Committee and confirmed that a cyber-security review of all suppliers was taking place.

NC commented on ARC's priorities that were listed in the report, and asked which ones stood out over any others. It was confirmed that the priorities listed were the internal audit topics approved for 2024/25, and all would be completed, the list was not in priority order. It was noted that these had been agreed and scheduled with the internal auditors BDO, the Chairs of the Trust sub-Committees and the Executive Directors, with the final reports due to go back to ARC throughout 2024/25.

3.3 Council of Governors Membership and Engagement Sub-Committee Report

PJ provided an update in DP's absence, and confirmed that the next Membership and Engagement Sub-Committee meeting was next Thursday and all of the Council were invited to attend. PJ noted that there would be a focus on the Governor Elections which would be taking place in November, and it had been recognised that we needed to generate interest in certain constituencies where there was no Governor representation, as it was essential to maintain a vibrant and engaged Council.

PJ also confirmed that the current membership was just over 19000, and reiterated that a QR code had been set up to make it easier for those to become a member, and this code was permanently displayed at both sites.

4.0 QUALITY

4.1 Quality Update

4.2 AccessAble Work Update

SG confirmed that the 2023/24 Annual Quality Report previously approved by the CoG was now available on the Trust website, that the Annual Infection Prevention and Control (IPC) and Annual Falls Report had been circulated prior to this meeting.

RB provided an update regarding Accessibility, and confirmed that the Accessibility Steering group not only provided a structure but also listened to the voices of both patients and staff. RB added that a survey had taken place across both sites, and of the 23 actions that came up following these

surveys, 18 had been completed which included the implementation of hearing loops, the provision of assistance pets on the wards, and automated doors. RB summarised that the next steps included reviewing the 2023/24 AccessAble Audit results and the development of a new action plan.

RB summarised the Falls Annual Report, and the Falls Prevention Steering Group used the information that they received from both main hospital sites and reported this to the Patient Safety Group who in turn reported to the Quality Committee.

RB added that falls per 1000 bed days at the Trust had improved in 2023/24, and the Risk Assessment Completion showed that compliance with both the falls risk assessment and the bed rails risk assessment had also improved in 2023/24. RB confirmed that the National Audit of Inpatient Falls (NAIF) was reported annually, and the Trust scored better than the national average. Information regarding the National Hip Fracture Database (NHFD) was also provided to the Council which was broken down by site, it highlighted that the Trust was performing better than the national average. RB summarised that the Trust consistently learnt from these incidents and that the recently implemented Patient Safety Incident Response Framework (PSIRF), supported the key principles of patient safety, which allowed for effective learning. The 2024/25 Trust Priorities and Improvement Plan was also discussed, and the Trust would continue to prioritise reducing inpatient falls with harm through the Falls Reduction Steering group.

SG confirmed that the Quality update and Accessibility slides presented would be circulated to the Council for their further information and reference.

Through discussion, the Council asked for assurance that the learning aspect was being passed down and, specifically referenced the Falls Report which was ninety pages and contained a lot of information and data, and asked how learning and the information from reports such as these could be passed down to those who needed it.

SG commented that these reports were in a statutory format and contained a large amount of valuable information. These reports were not the primary vehicle for dissemination of information and learning.

LW confirmed that the information would cover all aspects of training and learning, and would be cascaded to staff.

5.0 OTHER BUSINESS – ITEMS FOR NOTING

5.1 Any Other Business

5.1.1 Updates from Governor Focus Conference

NC summarised the Governor Focus Conference which several Governors had attended, and confirmed that there had been a good presentation from Sir Julian Hartley (JH, CEO NHS Providers) regarding the new Government, along with useful discussions on topics including Governors holding NEDs to account. NC confirmed that this conference had been a useful way to engage in discussion with other Governors.

5.2.1 CoG Forward Plan

The Chair confirmed that there would be a CoG Briefing Session on 20 September and the next full CoG Meeting would be taking place on 17 October.

5.2.2 Governor Attendance Register

The Chair commented that there were some Governors who had not been able to attend many meetings, and advised that the Trust Corporate Governance Team would reach out to them to check whether they wished to remain a Governor in preparation for the November 2024 Governor Elections.

Meeting closed at 15:30hrs.

**MINUTES OF EXTRAORDINARY COUNCIL OF GOVERNORS (COG) MEETING****1st August 2024 16:00 – 16:30 via MS Teams**

Present:	Matthew Swindells	North West London (NWL) Acute Provider Collaborative (APC) Chair in Common	(Chair)
	Stephen Gill	Vice Chair and Senior Independent Director	(SG)
	Maureen Chatterley	Public Governor	(MC)
	Nigel Clarke	Lead Governor/Public Governor	(NC)
	Ian Dalton	Patient Governor	(ID)
	Stuart Fleming	Public Governor	(SF)
	Nina Littler	Public Governor	(NL)
	Stella Macaskill	Patient Governor	(SM)
	David Phillips	Patient Governor	(DP)
	Lucinda Sharpe	Staff Governor	(LS)
	Dr Desmond Walsh	Appointed Governor	(DW)
In Attendance:	Alexia Pipe	Chief of Staff to the NWL APC Chair	(AP)
	Marie Price	Deputy Director of Corporate Governance	(MP)
	Graham Chalkley	Corporate Governance Officer	(GC)
Apologies:	Richard Ballerand	Public Governor (vote by proxy)	(RB)
	Cass J Cass-Horne	Public Governor (vote by proxy)	(CJCH)
	Christopher Digby-Bell	Patient Governor	(CDB)
	Parvinder Singh Garcha	Public Governor (vote by proxy)	(PSG)
	Minna Korjonen	Patient Governor (vote by proxy)	(MK)
	Ras. I Martin	Public Governor	(RIM)
	Cllr Will Pascal	Appointed Governor (vote by proxy)	(WP)
	Laura-Jane Wareing	Public Governor (vote by proxy)	(LJW)
	Jo Winterbottom	Public Governor	(JW)
	Lesley Watts	Chief Executive Officer	(LW)
	Peter Jenkinson	Director of Corporate Governance	(PJ)
No response:	Caroline Boulliat Moulle	Patient Governor	(CBM)
	Julie Carter	Public Governor	(JC)
	Professor Mark Nelson	Staff Governor (vote by proxy)	(MN)
Did not attend:	Dr Nara Daubeney	Public Governor	(ND)
	Simon Dyer	Patient Governor	(SD)

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

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

The meeting was quorate based on the 8 Governors present and the 6 proxy votes.

[Sec. note – email to the Governors who did not attend the Extraordinary CoG meeting was sent on 1st August 2024.]

1.2 Declarations of interest

There were no declarations of interest.

2.0 FOR APPROVAL

2.1 Recommendation of the appointment of Non-Executive Director (Board member for Imperial College Healthcare NHS Trust (ICHT) and Board member for Chelsea and Westminster Hospital NHS Foundation Trust (CWFT) effective 1 October 2024.

The Chair commented that the purpose of this meeting was to approve the appointment of one Non-Executive Director (NED) who would chair the Quality Committee at ICHT and be a member of the People & Workforce Committee; and the Finance & Performance Committee at CWFT.

The Chair advised the Committee that the details of the successful applicant – Dame Helen Stephenson (HS) – had been forwarded to the Council prior to this meeting. The Chair continued by saying that HS was an experienced executive and NED, however she had not worked on NHS boards before.

NC followed by saying that the Chair’s summation of HS was a good description and added that HS was extremely competent, and her CV showed she had a good grasp of working to a high standard.

The Chair reiterated the recruitment process for this post and confirmed that the CoG Nominations & Remunerations Committee had met earlier today and approved the recommendation of this appointment.

The Council of Governors approved the appointment.

The Chair also advised the Committee that a candidate for the second NED post was interviewed whilst they were on leave. This potential appointment was subject to a further interview in person with Lesley Watts (LW) and Patricia Gallan (PG).

NL asked whether there was anyone on the new CWFT Finance & Performance Committee who had an accounting qualification as there was the ongoing importance of finance for the Trust, and it was essential that a rigorous process was in place to ensure that the right person was appointed.

The Chair acknowledged that this was a fair challenge, but assured NL that there was appropriate support within the Finance & Performance Committee.

NL accepted that a rigorous process was in place.

3.0 OTHER BUSINESS

3.1 Any Other Business

NL asked if more notice could be afforded to the Council when arranging meetings such as these. The Chair acknowledged NL’s comments and added that there had been a quick turnaround with this process as the interviews had only taken place on 31 July, and it was essential that the CoG Nominations & Remunerations and the CoG meetings held as soon as possible.

Date and time of next meeting: Thursday 17 October 2024, 16:00 – 18:30hrs

Meeting closed at 13:20.

2. UPDATES

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

UPDATE

REFERENCES

Only PDFs are attached



2.1 CWFT Council of Governors Chair's Report 18.10.24 final.pdf



CONFIDENTIAL

TITLE AND DATE <i>(of meeting at which report to be presented)</i>	Council of Governors Meeting 18 October 2024
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AGENDA ITEM NO.	2.1
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TITLE OF REPORT	Council of Governors Chair’s Report
------------------------	-------------------------------------

AUTHOR NAME AND ROLE	Matthew Swindells, Chair – North West London Acute Provider Collaborative (APC)n/a
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ACCOUNTABLE EXECUTIVE DIRECTOR	
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PURPOSE OF REPORT									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Decision/Approval</td> <td style="width: 30%;"></td> </tr> <tr> <td>Assurance</td> <td></td> </tr> <tr> <td>Info Only</td> <td style="text-align: center;">X</td> </tr> <tr> <td>Advice</td> <td></td> </tr> </table> <p>Please tick above and then describe the requirement in the opposite column</p>	Decision/Approval		Assurance		Info Only	X	Advice		
Decision/Approval									
Assurance									
Info Only	X								
Advice									

REPORT HISTORY Committees/Meetings where this item has been considered	Committee	Date of Meeting	Outcome

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

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

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

Main report

1. Independent Investigation of the NHS in England

1.1 The new Government have been in office for almost three months; one of their first actions was to ask Lord Ara Darzi, a consultant surgeon at Imperial College Hospital NHS Trust (ICHT), to undertake an independent review into the performance of the NHS in England. The report is a diagnosis of the challenges the NHS is facing, looking specifically at what the issues are but not the solutions to solve them. The report is evidence based, using verifiable data throughout, and it has been widely welcomed as the definitive description of the landscape which will feed into a 10-year plan (discussed below). Whilst the department of health and social and NHS are now embarking developing the plan, there is much in Lord Darzi's report that we can be starting address now and doesn't require us to wait for another publication.

[Lord Darzi's report can be found here.](#)

1.2 The Prime Minister has announced there will be a new NHS 10-year plan, expected to be published in spring 2025. The plan will focus broadly on three key areas, firstly a move from hospital to home for patients who don't need to be in hospital; secondly a shift from "analogue to digital" with greater use of technology and automation to support staff and patients; and thirdly, more focus on the prevention to reduce the need for future treatment.

2. The Acute Provider Collaborative

2.1 A proposal from the four CEOs to identify the most significant strategic risks facing the Collaborative and to outline the options available in terms of governance structures that could assist in addressing these risks has been discussed at CWFT and THHFT Standing Committees.

2.2 The risks being faced by the APC are significant financial pressures, in particular by THHFT. Three options were considered at the Board in Common Cabinet in addressing the risks. The Cabinet agreed that option 3 of the paper was preferred, having a shared leadership model with a single Accountable Officer across CWFT and THHFT. The paper was updated to go to the CWFT and THHFT Trust Standing Committees for their approval on the recommended approach ahead of the final decision.

3. Appointments and Recruitment

3.1 I am delighted to welcome Dame Helen Stephenson on to the BiC, Helen started with the APC on 1 October, she is the Chair of the Quality Committee at ICHT and sits on the People and Finance and Performance Committees at Chelsea and Westminster Hospital

NHS Foundation Trust (CWFT). Helen is an experienced NED and CEO with a strong track record in the public and voluntary sector. She has recently retired as the Chief Executive of The Charity Commission for England and Wales.

3.2 As I reported at the last BiC, Steve Gill, Vice Chair at CWFT will be stepping down at the end of this month, at the end of his term. I would like to take this opportunity to thank Steve for the tremendous work and dedication he has shown to CWFT over the last seven years. He has especially supported me in his Vice Chair role at the Trust and the wider APC, working closely with the Council of Governors and as Chair of the Quality Committee. Since September 2022 Steve has also been a NED on THHFT Board and I know has shown the same amount of commitment there as he has at CWFT. Enjoy your retirement Steve, we wish you all the best for the future.

3.3 In July, we held interviews for two vacant NED posts, one of which has now been filled by Helen Stephenson, we did not recruit into the other role:

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

There are interviews for this post next week and an update will be shared thereafter.

3.4 Across the four Trusts a new role of chief information officer (CIO) for the North West London Acute Provider Collaborative has been created, congratulations to Robbie Cline, who has been appointed. Kevin Jarrold has retired from his role as the joint chief information officer (CIO) for ICHT and CWFT. He has done a wonderful job across the NWL data and digital agenda, I wanted to add my thanks for the work he has done across the sector.

4. Redevelopment and Capital Projects.

4.1 On the 29 July 2024, the Chancellor announced a review of the New Hospital Programme (NHP) to ensure that it has a 'thorough, realistic and costed timetable for delivery'. NHP expect the review to be completed shortly, with the outcome part of the Governments wider spending review process, feeding into the Chancellors Autumn Budget on 30 October 2024. The review will exclude RAAC schemes and those with FBC approval, leaving 25 schemes in scope including Hillingdon, St Mary's. Charing Cross and Hammersmith. The outcome of the review is expected to be a new programme with clarity on where each scheme is in the programme and the profile of spend. Both redevelopment teams continue to work closely with the NHP team to take forward the schemes and will continue to engage with colleagues across the Trust and our stakeholders as this progresses.

5. Annual Members/General Meetings

5.1 In July CWFT and ICHT had their AMM and AGM respectively, then in September the final two meetings for THHFT and LNWH took place. These meetings allow for staff and members of the public to hear first-hand a review of 2023/24 from each of the Trusts, highlighting the achievements across the organisations and a chance look ahead to our challenges, opportunities and plans for this current year. A huge thank you to all our staff and volunteers. They have demonstrated huge commitment and expertise, often working as one team in our Trusts and achieving a huge amount in the face of some very significant challenges. I also want to thank our patients, members of the public and voluntary sector organisations and leaders. We are very proud of our strong relationships with our local communities.

6. Acute Provider Collaborative Visits

- 6.1 On Friday 26 July, I joined Danny Beale, newly elected MP for Uxbridge for a visit of the Hillingdon site, the visit was to learn more about the new hospital programme and a chance to visit staff at the site.
- 6.2 At the end of July, I attended the opening of the Acute Medical Centre (AMC) at Northwick Park hospital.
- 6.3 On 30 July I had a delightful session with the THHFT Estates and Facilities team to hear all about the work they are doing to across the THHFT hospital sites and also the decant programme to get THHFT ready for a new hospital. I was pleased to be able to celebrate with them winning the Health, Estates and Facilities Management Association (HEFMA) Team of the Year Award 2024.
- 6.4 On 3 September I visited CWFT Dean Street clinic, visiting Dean Street Express, meeting lead, Dr Tara Suchak, Clinic Manager Jon Clark and Senior Nurse Miriam O'Connor.
- 4.2 On the 10 September I was at Ealing hospital, I visited Ward 6N and 5N, two Care of the Elderly wards. I was shown around by Junierose Gazzingan, Matron Care of the Elderly Ward 5N and 6N, Julie Labial , 6N Ward Manager , Geeta Sharma, 5N Ward Manager and Sybil Fagbohunge, Corporate Senior Nurse. The team showed me the work on the Timely Care Hub, which has recently been rolled out on all wards across LNWH. I also had a walk around with Christian Bonita, Superintendent Lead MRI, at the recently opened Community Diagnostic Centre (CDC), which is a state of the art diagnostic facility. It provides a full range of tests including CT, MRI and ultrasound scans.
- 4.3 On 1 October, I with a group of the ICHT NEDs who did a visit of the Acute Medicine Unit (AMU) and Emergency Department (ED) at Charing Cross hospital, to get a better understanding of flow for our patients when they first arrive at the Trust. We were taken around by Brenda Deocampo, Lead Nurse Acute Medicine, Amy Hill Matron ED and Emma Tippins Lead Nurse Urgent & Emergency Medicine.
- 4.4 On 2 October, I again visited care of the elderly wards, this time at West Middlesex with NEDs from CWFT. We saw the Trust's Discharge Ready Unit, Crane Ward, which is a nurse led ward and supports getting older patients discharged as quickly and smoothly as possible. Jenny George, Head of Service Improvement and Efficiency and Dharmen Govinden, Deputy Director of Nursing within the Emergency and Integrated Care division showed us around, accompanied by Sanjay Krishnamoorthy, Medical Director for West Middlesex Hospital.
- 4.5 Site visits/walkabouts are an important element in enabling Board members to learn about the services provided within their trusts. More importantly, they provide more direct insight about the experience of patients and staff, supporting triangulation of information and data presented in committee and board meetings. I want to thank all the staff who have taken time out of their busy days to show me the great work they and their team are doing for patients in NWL.

2.2 CHIEF EXECUTIVE'S REPORT AND TRUST UPDATE

REFERENCES

Only PDFs are attached



2.2 CEO Report cover sheet.pdf



2.2a CWFT CEO Report October 2024 - FINAL.pdf



CONFIDENTIAL

TITLE AND DATE <i>(of meeting at which report to be presented)</i>	Council of Governors Meeting – 17 October 2024
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AGENDA ITEM NO.	2.2										
TITLE OF REPORT	Chief Executive Officer’s Report										
AUTHOR NAME AND ROLE	Emer Delaney, Director of Communications										
ACCOUNTABLE EXECUTIVE DIRECTOR	Lesley Watts , Chief Executive Officer										
PURPOSE OF REPORT <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 70%;">Decision/Approval</td> <td style="width: 30%;"></td> </tr> <tr> <td>Assurance</td> <td style="text-align: center;">X</td> </tr> <tr> <td>Info Only</td> <td></td> </tr> <tr> <td>Advice</td> <td></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">Please tick above and then describe the requirement in the opposite column</p>	Decision/Approval		Assurance	X	Info Only		Advice		This report provides Governors with assurance on key operational and strategic issues pertinent to Chelsea and Westminster Hospital NHS Foundation Trust.		
Decision/Approval											
Assurance	X										
Info Only											
Advice											
REPORT HISTORY Committees/Meetings where this item has been considered	Committee	Date of Meeting	Outcome								
	Board In Common (BiC)	15 October 2024									
SUMMARY OF REPORT AND KEY MESSAGES THE MEETING NEEDS TO UNDERSTAND	<ul style="list-style-type: none"> Preparation for the winter months with a focus on the wellness of staff and ensuring our pathways are winter ready remains a key priority. Planning is underway across all divisions to prepare for high demand this winter. Staff COVID-19 and flu vaccination will roll out from the start of October, with a focused vaccination Wellfest week from 7 October. In August, we led a proactive response to the threat of civil unrest with a planned protest close to our West Middlesex hospital site, and the proactive response by our organisation with a number of forums, transport and out of hours support and catering demonstrated the best of our people and communities, coming together to say no to acts of racism. It showed the strength of feeling within our community here at Chelsea and Westminster Hospital and in times of adversity we stand together in solidarity. National Awards and CQC Maternity report – we were incredibly proud to see our Critical Care Outreach Team be awarded winner of the overall Patient Safety Team category at the HSI Patient Safety Awards and to be featured as best practice in the recent National CQC Maternity report. 										

KEY RISKS ARISING FROM REPORT		
STRATEGIC PRIORITIES THIS PAPER SUPPORTS (please confirm Y/N)		
Deliver high quality patient centred care		Y
Be the employer of Choice		Y
Deliver better care at lower cost		Y
IMPLICATIONS ASSOCIATED WITH THIS REPORT:		
Equality And Diversity		
Quality		
People (Workforce or Patients/Families/Carers)		
Operational Performance		
Finance		
Public Consultation		
Council of Governors	X	
please mark Y/N – where Y is indicated please explain the implications in the opposite column		

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



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

Accountable director: Lesley Watts
Job title: Chief Executive Officer

Executive summary and key messages

1.0 Key messages

1.1 Preparation for the winter months with a focus on the wellness of our staff and ensuring our pathways are winter ready remains a key priority for our organisation. Planning is underway across all divisions to prepare for high demand this winter. Staff COVID-19 and flu vaccination will roll out from the start of October, with a focused vaccination Wellfest week from 7 October. We have stepped up a wider 'ready for winter' programme aligned to NHS England winter priorities and see this as trust-wide aim.

In August, we led a proactive response to the threat of civil unrest with a planned protest close to our West Middlesex hospital site. The proactive response by our organisation with a number of forums, transport and out of hours support and catering demonstrated the best of our people and communities, coming together to say no to acts of racism. It showed the strength of feeling within our community here at Chelsea and Westminster Hospital and in times of adversity we stand together in solidarity.

This has presented an opportunity to reflect on a broader conversation about our staff and patients feeling safe and welcomed in our organisation. We have launched a new staff-led forum which seeks to examine staff user experience for everyone employed by the Trust - we have also used this period to proactively champion our role as an inclusive workplace aligned to National Inclusion Week.

1.2 National Awards and CQC Maternity report – we were incredibly proud to see our Critical Care Outreach Team be awarded winner of the overall Patient Safety Team category at the HSJ Patient Safety Awards and to be featured as best practice in the recent National CQC Maternity report.

1.3 Our focus to be a sustainable provider continues with the redevelopment of the Lakeside at our West Mid site. The Green Up project will improve the quality of green spaces at West Mid by promoting accessibility to nature and the outdoor environment. Enhancements to a currently under-used Lakeside area will include new planting, creating accessible pathways and a space for workshops. This will lead to opportunities for patients, staff and visitors to acquire new skills through a participation programme, enhancing wellbeing in the process.

2.0 Quality and safety

- 2.1 We are committed to ensuring there is a continuous improvement in the experiences of our patients, their family and carers and of the quality of care that we provide. To support this we gather information on patient experience from various sources and work with patients, carers and external stakeholders to ensure that the services we provide are responsive to the needs of our population. Our annual 2024/2025 Patient Experience Annual Report 2023-24 provides a vital overview on patient voice involvement and also the progress being undertaken in our organisation over the last year. Significant work has been undertaken across 2023/24 to ensure the process of engaging with patients and it is envisaged that the benefits of this hard work will be seen in 2024/25. The report is included within the Quality section of the agenda at this meeting.
- 2.2 Infections, such a C-difficile are running above thresholds locally, which is consistent with the sector, regional and national picture. It is however a focus for all staff, and additional communications have been cascaded to ensure best practice in terms of infection prevention and control, with a focused 'gloves-off' campaign underway.
- 2.3 Our Trust has been chosen as one of the pilot sites to roll out the national patient safety initiative under Martha's Rule, which we will be launching at the end of this month. As members may be aware, Martha Mills died in 2021 after developing sepsis in a London hospital, where she had been admitted with a pancreatic injury after falling off her bike. Martha's family's concerns about her deteriorating condition were not responded to, and in 2023 a coroner ruled that Martha could have survived had she been moved to intensive care earlier.

3.0 Operational performance

- 3.1 In August 2024, the A&E 4-hour reported performance stood at 82.13%, one of the strongest performers nationally. The Trust met the NHS England Cancer targets for 31-Day and the 28-Day Faster Diagnostics Standards in July 2024.
- 3.2 Operational teams remain focused on expediting long- waiting pathways and enhanced oversight and targeted interventions continue for at-risk specialities: Trauma and Orthopaedics, Colorectal Surgery, Plastic Surgery and General Surgery. Elective Referral to Treatment (RTT) 18-week wait performance remained challenged in August 2024, standing at 62.74%. Elective admitted and outpatient activity levels in August are above operational plans. For August 2024, the total RTT Patient Treatment List (PTL) increased to 62,132 (+882), 52ww decreased to 963 (-112), 65ww decreased to 113 (-67) and 78ww decreased to 5 (-12) and are on track to deliver in line with the trajectories set.

4.0 Finance and estates

4.1 Finance:

The financial position remains challenging for the Trust. At month five, the Trust is reporting a £2.8m deficit, which is £2.1m adverse variance to plan. This is largely driven by cost improvement plan (CIP) slippage of £1.3m, increased registered mental health nurse (RMN) spend, increased medical pay, the funding gap for the West Middlesex Urgent Treatment Centre and general non-pay increases/inflationary pressures.

Elective recovery fund (ERF) performance is over-performing (141% delivery against the 2019/20 baseline vs 117% planned) which will be offset against additional costs.

Additional controls have been implemented, which include non-pay controls, escalated sign off processes for additional waiting list initiatives, a reduction in agency staff and all divisions are working up recovery plans to get back to budget. The forecast for a break-even position at year end remains, with a focus on ensuring this is achieved.

The year to date capital spend is £17.1m against a plan of £21.4m and a full year forecast of £72.6m. The variance is due to timing differences between the plan and actual programmes. The largest programmes in 2024/25 are the Ambulatory Diagnostics Centre, the Treatment Centre and Neptune Ward refurbishments along with IT and Medical Equipment replacement programmes.

4.2 Site Developments

Our newly refurbished Therapy Outpatients Department at the Chelsea Hospital re-opened after six months of building works to create the new facility. The department features a new and improved hand therapy area, rehabilitation gym, consulting spaces for pelvic health and musculoskeletal physiotherapy and a burns therapy area – with all care delivered by our outpatient physiotherapists and occupational therapists.

Ambulatory Diagnostic Centre – in July we held a ground-breaking ceremony at West Middlesex University Hospital, marking the start of building works for our new £80m Ambulatory Diagnostic Centre (ADC), which will improve diagnostic and treatment times within our local community. This £80m investment is the largest capital project that the Trust has ever run. The ADC is expected to drive significant growth in activity over the first decade from its opening with a 43% increase in elective diagnostic capacity. This expansion will translate to approximately 67,000 additional imaging scans, ensuring timely and efficient diagnostic services for patients.

5.0 People

- 5.1 Dr Iain Beveridge, Hospital Medical Director at our West Mid site has stood down from his role as Medical Director. Iain initially joined the Trust as Registrar then returned as a consultant in Gastroenterology and was particularly supportive during the merger between our two hospitals. Iain will remain with the Trust, continuing to provide outstanding care as a part-time Gastroenterology Consultant. Thank you Iain for the leadership you have shown over the past 30 years.

6.0 Equity, diversity and inclusion (EDI)

- 6.1 National Inclusion Week –to mark the week we held several events with a focus on in-person activities to ensure more face to face engagement and listening events with our staff. Our EDI team held a cross-section of interactive webinars for all staff to attend, including some hosted by Inclusive Employers. We also shared personal stories from numerous staff on what inclusion means to them in the workplace- we shared a number of compelling stories of staff in their words.

- 6.2 Shameema Ali, Senior Communications and Engagement Manager, has joined a national independent taskforce to address the lack of diversity in NHS communications across England. The taskforce has been established by the NHS Confederation, NHS Providers and the Centre for Health Communications Research, as published in PR Week this week. Well done to Shameema for your involvement in addressing and improving diversity in NHS communications and for representing our organisation.
- 6.3 Dr Natasha Singh, Consultant Obstetrician at Chelsea and Westminster Hospital and Emer Delaney, Director of Communications at the Trust, met with women from the Muslim Women's Association in a Hounslow mosque, to give health advice regarding type 2 diabetes. They also heard from the local community who shared their view on effective health communications and how we can better support their needs.

7.0 Research and innovation

- 7.1 Jonathan Valabhji, Clinical Chair in Medicine and Consultant Diabetologist at the Trust, has led research published in the Nature Medicine journal. The paper explores the burden of diabetes-associated multiple long-term conditions on years of life spent with illness and on life expectancy, both at an individual and community level. The paper highlights the need to prioritise effective prevention and management approaches to multiple long term conditions.

The Lancet Diabetes and Endocrinology journal, finds that intensive lifestyle interventions that include a period of total diet replacement can lead to remission of type 2 diabetes. The study found that almost a third of participants receiving the intervention in real-world settings within the NHS put their type 2 diabetes in remission, results of which have received widespread coverage nationally.

8.0 Recognition and celebrating success.

- 8.1 CQC National Report on Maternity- our maternity services were recognised in the latest national CQC report on maternity services for best practice, showcasing a number of initiatives led by the service, such as the Telephone triage staffed by midwives. The service was also recognised for the 12 maternity cultural safety champions. The purpose of the cultural safety champions was to address inequalities and improve equity for staff and people using services with protected characteristics. The champions delivered cultural safety training as part of yearly mandatory training. Finally the adoption of a board safety champion was highlighted, mentioning the open forums run both virtually and in the maternity unit regularly to gather feedback from staff and listen to their concerns or queries.
- 8.2 Our maternity team at West Middlesex University Hospital featured in a photography editorial in The Times on International Day of the Midwife. The award winning photographer James Kent shared the moments of his daughter's birth at West Middlesex Hospital in 2020. The article titled 'It takes a village' highlights the multi-disciplinary team of healthcare professionals, including midwives, Operating Department Practitioners (ODPs), anaesthetists, obstetric surgeons and nurses who work together to bring life into the world, and shares some of their own personal stories. These photos were recently

displayed in an exhibition at West Middlesex hospital which was opened by the Chief Midwife for London.

- 8.3 National Patient Safety Award- Our Critical Care Outreach teams won the Patient Safety Team of the Year award at this year's HSJ Patient Safety Awards. The Critical Care Outreach Team, Advanced Clinical Practice won for its impact in improving the recognition and escalation of deteriorating patients (REDP) in the adult in-patient wards. The REDP project supports early recognition and escalation when a patient's condition is deteriorating, helping to increase the chances of survival and recovery. This award is testament to the incredible work that the entire team is doing to support vulnerable patients, taking the initiative to make early, lifesaving interventions.
- 8.4 Ganesh Sathyamoorthy, Assistant Director for the National Institute for Health and Care Research (NIHR) Applied Research Collaboration (ARC) has been nominated for a National BAME Health and Care Award for unsung heroes from ethnic minority backgrounds. This category recognises individuals who have made a huge impact in securing a community development beneficial to the local ethnic minority population through working directly with other agencies.

REFERENCES

Only PDFs are attached

 2.3 Governors Election 2024 - update.pdf



CONFIDENTIAL

TITLE AND DATE <i>(of meeting at which report to be presented)</i>	Council of Governors Meeting – 17 October 2024
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AGENDA ITEM NO.	2.3
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TITLE OF REPORT	Governor’s Election 2024 - Update
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AUTHOR NAME AND ROLE	Graham Chalkley, Corporate Governance Officer
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ACCOUNTABLE EXECUTIVE DIRECTOR	Peter Jenkinson, Director of Corporate Governance
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PURPOSE OF REPORT <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 70%;">Decision/Approval</td> <td style="width: 30%;"></td> </tr> <tr> <td>Assurance</td> <td style="text-align: center;">X</td> </tr> <tr> <td>Info Only</td> <td></td> </tr> <tr> <td>Advice</td> <td></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">Please tick above and then describe the requirement in the opposite column</p>	Decision/Approval		Assurance	X	Info Only		Advice		This report provides the Council with an update regarding the 2024 Governor Elections.
Decision/Approval									
Assurance	X								
Info Only									
Advice									

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

SUMMARY OF REPORT AND KEY MESSAGES THE MEETING NEEDS TO UNDERSTAND	2024 Governor Elections are underway, with the nomination stage closing on 30 th September. There were fifteen seats available in nine constituencies, and we received fifteen nominations for six of these constituencies. The voting begins on 24 th October and closes on 20 th November.
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KEY RISKS ARISING FROM REPORT	There are six seats in four constituencies that remain vacant.
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STRATEGIC PRIORITIES THIS PAPER SUPPORTS (please confirm Y/N)	
Deliver high quality patient centred care	X
Be the employer of Choice	
Deliver better care at lower cost	

IMPLICATIONS ASSOCIATED WITH THIS REPORT: <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></td> </tr> <tr> <td>Finance</td> <td></td> </tr> <tr> <td>Public Consultation</td> <td></td> </tr> </table>	Equality And Diversity		Quality		People (Workforce or Patients/Families/Carers)		Operational Performance		Finance		Public Consultation		
Equality And Diversity													
Quality													
People (Workforce or Patients/Families/Carers)													
Operational Performance													
Finance													
Public Consultation													

Council of Governors	X	
please mark Y/N – where Y is indicated please explain the implications in the opposite column		

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

The nomination process for the 2024 Governor Elections opened on 2 September and closed on 30 September.

The aim for this election cycle was to achieve a broader demographic from constituencies where there were Governor vacancies in order to reflect the communities that the Trust serves as well as the staff of the Trust.

We had a total of fifteen seats in the following constituencies:

Patient Constituency (5 seats)

Public: London Borough of Wandsworth (1 seat)

Public: London Borough of Ealing (1 seat)

Public: London Borough of Hammersmith and Fulham (1 seat)

Public: London Borough of Richmond upon Thames (1 seat)

Public: London Borough of Hounslow (2 seats)

Staff Governor: Nursing and Midwifery (1 seat)

Staff Governor: Allied Health Professionals, Scientific and Technical (1 seat)

Staff Governor: Non Clinical (2 seats)

The response was encouraging as we received a total of fifteen nominations. However, these nominations were not for every constituency, and we still have seats in the following constituencies:

Patient Constituency (3 seats)

London Borough of Richmond Upon Thames (1 seat)

Staff Governor: Nursing and Midwifery (1 seat)

Staff Governor: Allied Health Professionals, Scientific and Technical (1 seat)

The voting for the election begins on **Thursday 24th October** and closes at **17:00** on **Wednesday 20th November**, and the candidate statements will be available when the ballot opens.

The results of the election will be announced on **Thursday 21st November**, and will be looking to arrange the induction for the new Governors in early December, and the new Governors will attend the Council of Governors meeting that will be taking place on Thursday 23 January 2025.

The term of office for these Governors is up to three years when they will be eligible to stand for re-election. In this cycle, the term of office for the seat in Hammersmith and Fulham is for 2 years.

2.4 NED RECRUITMENT - UPDATE





- Information Item

3. QUALITY

3.1 ANNUAL REPORT FROM THE CHAIR OF THE QUALITY COMMITTEE

REFERENCES

Only PDFs are attached

-  3.1a Annual Report from the Chair of the Quality Committee - COG October 2024.pdf
-  3.1b - Quality Committee Terms of Reference - July 2024.pdf
-  3.1c - Quality Committee organogram (updated Oct 2024).pdf
-  3.1d Quality planner 2024-25 v3.pdf

Chelsea and Westminster Hospital NHS Foundation Trust (CWFT)

Quality Committee Chair's Annual Report to the Council of Governors (CoG), October 2024.

This report summarises the work of the CWFT Board Quality Committee for the 12-month period October 2023 to September 2024.

1. Introduction/Governance Structure:

1.1 CWFT Board Quality Committee

I was appointed as the CWFT Non-Executive Director (NED) Maternity & Neonatal Board Safety Champion in March 2021, and subsequently as Chair of the CWFT Quality Committee in July 2022.

The CWFT Quality Committee meets 6 times per year, escalation reports from the CWFT Quality Committee flow into the CWFT Board Standing Committee (SC), and the North West London Acute Provider Collaborative (NWL APC) Quality Committee in Common (CiC).

1.2 CWFT Board Standing Committee (SC)

The CWFT Board Standing Committee was established in July 2024 as part of the revisions to the Trust and NWL APC governance structure. As Trust Vice Chair I am the Chair of the Board Standing Committee.

The role of the Trust Standing Committee is to oversee the delivery of the Trust strategy and strategic priorities, the achievement of constitutional and regulatory standards, and to provide assurance to the Trust Board that Trust risks and issues relating to this are being managed.

The CWFT Board Standing Committee meets Quarterly in July, October, January, and April, prior to the quarterly meetings of the NWL APC Board in Common (BiC).

1.3 NWL APC Quality CiC

I was appointed as the Chair of the NWL APC Quality CiC in September 2022 coincident with the establishment of the NWL APC.

The role of the NWL APC Quality CiC is:

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

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

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

2. CWFT Board Quality Committee Purpose/Objectives:

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

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

The Quality Committee oversees the three themes that define quality:

- The **EFFECTIVENESS** of the treatment and care provided to patients – measured by both clinical outcomes and patient-related outcomes.
- The **SAFETY** of treatment and care provided to patients – safety is of paramount importance to patients and is the bottom line when it comes to what services must be delivered.
- The **EXPERIENCE** patients have of the treatment and care they receive – how positive an experience people have on their journey through the organisation can be even more important to the individual than how clinically effective care has been.

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

Putting patients first; Responsive to and supportive of patients and staff; Open, welcoming, and honest; Unfailingly kind, treating everyone with respect, compassion, and dignity; Determined to develop our skills and continuously improve the quality of care.

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

The CWFT Quality Committee has a broad scope illustrated by the Quality governance architecture. See Appendix 2.

The main Groups and their Chairs are:

(i)-Patient Safety (Dr Gary Davies, Medical Director Chelsea site).

(ii)-Clinical Effectiveness (Dr Iain Beveridge, Medical Director West Middlesex site until September 2024, and Sanjay Krishnatmoorthy with effect from 1 October 2024).

(iii)-Patient & Public Experience (Lee Watson, Director of Nursing, Chelsea site).

(iv)-Health, Safety & Environmental Risk (Robert Bleasdale, Chief Nursing Officer).

(v)-Joint Safeguarding (Nicola Rose, Deputy Chief Nurse).

3. CWFT Board Quality Committee Membership and Attendance:

3.1 NED membership

Other than myself as Quality Committee Chair, the NED committee member during the 12-month period to September 2024 were:

Neville Manuel (to April 2024); Prof. Neena Modi (to July 2024); Vineeta Manchanda (from May 2024); Pat Gallan (from September 2024).

Neville Manuel reached the end of his term of office at the end of April 2024.

Prof. Neena Modi stood down as a NED in July 2024.

Vineeta Manchanda was appointed as a NED with effect from 1 May 2024.

Pat Gallan was appointed as a NED with effect from 1 July 2023, and appointed as Vice Chair and Senior Independent Director (SID) with effect from 1 November 2024. Pat will be taking over as Chair of the Quality Committee and attended the meeting on 10 September 2024.

3.2 Executive Director Membership

Robert Hodgkiss (Chief Operating Officer to December 2023); Dr Roger Chinn (Chief Medical Officer); Robert Bleasdale (Chief Nursing Officer).

Other attendees include Nicola Rose (Deputy Chief Nurse); Dr Gary Davies (Hospital Medical Director – Chelsea site); Dr Iain Beveridge (Hospital Medical Director – West Mid site); Laura Bewick (Hospital Director – Chelsea site); Sheena Basnayake (Hospital Director – West Mid site); Victoria Cochrane (Divisional Director of Nursing and Midwifery) and Lee Watson (Director of Nursing, Chelsea site). Meeting attendance is excellent, everyone actively participates with in-depth discussion, a high degree of candour and robust challenge.

Between September 2023 and September 2024, the Committee met 6 times.

4. Items Covered by the CWFT Board Quality Committee

See Appendix 3, Quality Committee Report Plan Cycle 2024/25.

5. 2024/2025 Quality Priorities

- Deteriorating patient covering both Paediatric Early Warning System (PEWS) and Call 4 Concern.
- Tobacco and smoking reduction
- Improving care of our frail patients
- Patient experience (nutrition and hydration)
- Implementation of Patient Safety Incident Response Framework (PSIRF)
- Transitional Care (Transition is defined as a purposeful and planned process of supporting young people to move from children's to adults' services).

6. Comments/Assurance

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

On behalf of the Committee, I confirm that we are assured regarding the overall quality of care that the Trust provides to its patients.

Evidence to support the assurance includes:

The Trust being shortlisted by the HSJ for Trust of the Year 2023.

Maternity:

The CQC February 2024 Trust Maternity review report confirmed no change to the prior Maternity inspection grading of Outstanding (West Mid.) and Good (Chelsea), in the context of over 85% of the CQC Maternity report grades have seen a 'downgrade' in ratings.

All 3 CQC 'Must Do' actions are complete; of the 14 'Should Do' actions 10 are complete and 4 are on track.

The Maternity Single Delivery Plan was launched in March 2023, status: 26 actions compliant; 16 partially compliant with action plans in place; 1 non-compliant with plan in progress.

Saving Babies Lives Version 3 (SBLv3) had seen significant improvement in compliance now at 91% with an action plan in place to be fully compliant by March 2025.

The Trust is on track to be fully compliant for Maternity Incentive Scheme (MIS) Year 6 by the end of March 2025. Of the 10 actions: 4 are compliant, 6 are partially compliant with plans in place to achieve compliance by the deadline.

Both hospital sites were re-accredited under the Baby Friendly Initiative (BFI) which supports breastfeeding and parent infant relationships.

The Maternity and Neonatal Voices Partnership (MNVP) continues to provide strong and active support and feedback to help drive continuing improvements in service delivery.

The recently published CQC National Report on Maternity recognised the Trust's maternity services for several areas of best practice:

- The Telephone triage staffed by midwives;

- The 12 maternity cultural safety champions to address inequalities and improve equity for staff and people using services with protected characteristics;

- The adoption of an Exec and NED board safety champion was highlighted, mentioning the open forums run both virtually and in the maternity unit regularly to gather feedback from staff and listen to their concerns or queries.

The Trust continues to achieve the highest performance benchmarks.

The aggregate adjusted score of 10 key performance indicators covering quality, finance, workforce, operational targets, and patient feedback. The Trust has consistently ranked in the top decile Nationally.

Consistently recognised as one of the safest hospitals with the lowest mortality rates in England, Summary Hospital-level Mortality Indicator (SHMI) at 70 (vs. Standard of 100) for August YTD.

Ongoing reductions in the longest waiting patients, the Trust achieved zero 104 week wait patients at the end of March 2022 and has maintained that position; the Trust reached zero 78-week waiters (ww) at the end of September; the Trust had 113 patients waiting 65 weeks at the end of August and is on track to reduce the 65-ww to zero by the end of December; there were 963 patients waiting over 52 weeks at the end of August.

A&E four hour wait standard was 82.1% in August and 80.8% August year to date (YTD) against the national target of 78% for 2024/25, in the top decile nationally, however there are continued challenges from September onward with demand remaining high.

Cancer 31-day (96% target) and 28-day Faster Diagnosis Standard (FDS) (75% target) were achieved in July and July YTD, 62-day achieved 82.4% in July vs. the 85% target.

The Quality Improvement (QI) 'culture' of the organisation is very much in evidence, with multiple QI projects underway throughout the Trust. There is emphasis on ensuring the learnings from incidents and complaints are truly learned, and changes in practice truly embedded, so that root causes are addressed to minimise the likelihood that these issues will recur.

However, patient numbers at CWFT's emergency department continue to be very high. GP referrals into acute care are very high. As noted above the backlog of elective care patients that accrued during the pandemic is large and the reduction of the overall Patient Tracking List (patients waiting for care) has been impacted by Industrial action, despite elective care activity 'throughput' at 141% of pre pandemic levels (vs. target of 117%).

The Trust's close working relationships across the NWL APC and mutual aid with the other acute Trusts is benefiting patients by enabling more patients to be seen in a timely manner.

But there are significant challenges at the Trust and across NHSE re overall performance recovery. The biggest risks to the quality of care that CWFT Quality Committee members consistently express are:

(i)-The impact of Industrial Action.

(ii)-Volume of demand in urgent and emergency departments, including ambulance handovers and patient discharge.

(iii)-Higher levels of mental health patients presenting at urgent and emergency departments.

(iv)-Workforce, overall motivation remains good, and staffing levels are safe but, having worked at or above capacity through the Covid-19 pandemic and now heading into the 2024 'Winter' pressures the workforce continues to experience relentless pressure of patient activity levels, plus ongoing small numbers, but increasing frequency, of patients and their relatives being aggressive and abusive towards our staff.

S. Gill

Vice Chair & Senior Independent Director (SID) - CWFT.

Chair of the CWFT Board Standing Committee.

Chair of the CWFT Board Quality Committee.

Chair of the CWFT Nominations & Remunerations Committee.

CWFT NED Maternity & Neonatal Board Safety Champion.

Chair of the NWL APC Quality Committee in Common.

Chair of the NWL APC Digital & Data Committee in Common.

NED – The Hillingdon Hospitals NHS Foundation Trust (THHFT), member of the Finance & Performance Committee.

October 2024



Quality Committee Terms of Reference

1. Constitution

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

All members of staff are directed to co-operate with any request made by the Quality Committee.

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

2. Authority

The Quality Committee is directly accountable to the Trust's Board of Directors.

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

3. Aim

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

4. Objectives

4.1 This Committee oversees the three themes that define quality:

- **The EFFECTIVENESS of the treatment and care provided to patients** – measured by both clinical outcomes and patient-related outcomes
- **The SAFETY of treatment and care provided to patients** – safety is of paramount importance to patients and is the bottom line when it comes to what services must be delivering
- **The EXPERIENCE patients have of the treatment and care they receive** – how positive an experience people have on their journey through the organisation can be even more important to the individual than how clinically effective care has been.

4.2 The Committee's objectives are:

- To have oversight of the Trust's Quality Strategy and Plan including to agree the annual quality priorities and monitor progress against them;
- To monitor the impact on quality of any strategic change programme such as reconfiguration of clinical pathways, national initiatives such as Getting it Right First Time.
- To approve the Trust's annual quality account before submission to the Board;

- To monitor the Trust's Quality Dashboard;
- To consider matters referred to the Quality Committee by its sub-groups as shown below;
- To monitor Trust compliance with statutory Health and Safety requirements
- To monitor the extent to which the Trust meets the requirements of commissioners and regulators.

In relation to **EFFECTIVENESS**

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

In relation to **SAFETY**

- To have oversight of the Trust's Mortality and Morbidity Surveillance Group, and to monitor Trust performance in these areas;
- To have oversight of the Trust's Maternity Improvement Programme and to monitor Trust performance in this area
- To have oversight of and review quality related risks on the Trust's Risk Assurance Framework;
- To review and monitor the Quality Committee elements of the Trust's Board Assurance Framework.
- To scrutinise serious incidents, analyse patterns and monitor trends and to ensure appropriate follow up within the Trust;
- To monitor progress and approve the Trust quality priorities such as the Trust work plan on sepsis and deteriorating patients;
- To provide the Board with assurance regarding Adult and Child Safeguarding requirements and processes;
- To monitor nurse staffing levels in accordance with safe staffing benchmarks;
- To have oversight of infection protection and control and to scrutinise the annual Infection Protection and Control report on behalf of the Board;
- To have oversight of health and safety and environmental risk and monitor progress;

- To promote within the Trust a culture of open and honest reporting of any situation that may threaten the quality of patient care in accordance with the trust's policy on reporting issues of concern and monitoring the implementation of that policy;
- To ensure compliance with standards set by statutory and regulatory bodies with regard to quality of care delivery;
- To ensure that where practice is of high quality, that practice is recognised and propagated across the Trust.

In relation to **EXPERIENCE**:

- To have oversight of the Trust's performance against the 5 key areas as described by the Care Quality Commission: Safe, Effective, Caring, Responsive and Well Led.
- To monitor the Trust's compliance with the national standards of quality and safety of the Care Quality Commission, and NHS Improvement's licence conditions that are relevant to the Quality Committee's area of responsibility, in order to provide relevant assurance to the Board so that the Board may approve the Trust's annual declaration of compliance and corporate governance statement;
- To monitor the Trust's Friends and Family Test response rates and recommendation rates;
- To provide the Board with assurance that complaints are handled both a timely and effective manner;
- To scrutinise patterns and trends in patient survey results, Friends and Family results, complaints and PALs data, and ensure appropriate actions are put into place;
- To oversee the Trust's work progress on Patient Experience.

In relation to Risk:-

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

5. Method of Working

5.1 All Committee Members will:

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

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

1. Apologies for absence
2. Declarations of interests
3. Minutes of the previous meeting
4. Business to be transacted by the Committee

5. Any other business
6. Date of next meeting

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

6. Membership

6.1 The membership of the Quality Committee shall consist of:

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

6.2 The Chief Nursing Officer and Chief Medical Officer need to have a deputy in their absence.

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

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

7. Quorum

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

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

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

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

8. Frequency of Meetings

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

8.2 Additional meetings may be held on an exceptional basis at the request of any three members of the Quality Committee.

8.3 Urgent items may be handled by email or conference call.

8.4 Members are expected to attend a minimum of 75% of Committee meetings throughout the year.

9. Secretariat

- 9.1 Meeting minutes, agendas and forward work plans to be maintained by the Head of Quality & Clinical Governance.
- 9.2 Minutes, agenda and papers to be circulated by the Board Governance Manager.

10. Reporting Lines

10.1 The Quality Committee will report to the NWL Acute Provider Collaborative Quality Committee after each meeting, who will in turn report into the NWL Acute Provider Collaborative Board in Common. The minutes of all meetings of the Quality Committee shall be formally recorded and submitted to the next Collaborative Quality Committee. Matters of material significance in respect of quality will be escalated to the following meeting of the Collaborative Quality Committee and the NWL Acute Provider Collaborative Board in Common. However, any items that require urgent attention will be escalated to the Chief Executive and Chairman at the earliest opportunity and formally recorded in the Quality Committee minutes.

10.2 The following groups shall report to the Quality Committee:

- Clinical Effectiveness Group
- Patient Safety Group
- Patient & Public Experience Group
- Health, Safety and Environmental Risk Group
- Safeguarding and Mental Health Group

10.3 The above groups will report as per the Quality Committee work plan, and also at times when requested by the Quality Committee. The reports provided by the groups should be in written format unless agreed by the chair.

10.4 The above groups' Terms of Reference will be reviewed by the Quality Committee annually.

10.5 The Quality Committee has key relationships with all other Board committees via its membership. In addition, there are links to Commissioners and other providers through the Medical Director, Chief Medical Officer and Chief Nursing Officer.

11. Openness

11.1 The agenda, papers and minutes of the Quality Committee are considered to be confidential.

Reviewed by: Quality Committee
Date: 7 January 2020
Approved by: Board of Directors
Date: March 2020
Review date: December 2020
Approved by: Board of Directors
Date: March 2021
Reviewed by: Quality Committee
Review Date: April 2022
Reviewed by: Quality Committee
Date: September 2022
Reviewed by: Quality Committee
Date: July 2024

Quality Committee

Chair: Steve Gill

Clinical Effectiveness Group

Chair: Iain Beveridge
Hospital Medical Director WM
Frequency: Monthly

Patient Safety Group

Chair: Gary Davies
Medical Director CW
Frequency: Monthly

Patient and Public Experience Group

Chair: Lee Watson
Director of Nursing CW
Frequency: Monthly

Health, Safety and Environmental Risk Group

Chair: Robert Bleasdale
Chief Nursing Officer
Frequency: Monthly

Joint Safeguarding Group

Chair: Nicola Rose
Deputy Chief Nurse
Frequency: Quarterly

Critical Care Delivery Group

Chair: Sanjay Krishnamoorthy
CD Emergency & Acute Medicine
Frequency: Bi monthly

Nutrition & Hydration

Chair: Emer Delaney
Nutrition Specialist Practitioner
Frequency: Quarterly

Transfusion Group

Chair: Anastasia Chew
Consultant haematologist
Frequency: Quarterly

Thrombosis Group

Chair: N Wiles/S Patel
Thrombosis leads
Frequency: bi-monthly

PLACE Group

Chair: Matt Robinson
Head of Patient Experience
Frequency: Quarterly

Radiation Safety Group

Chair: Annelies Maenhout
Consultant Nuclear Physician
Frequency: Quarterly

Staff Safety Group

Chair: Nicola Rose
Deputy Chief Nurse
Frequency: Monthly

Learning Disability Group

Chair: Kathryn Mangold
Lead Nurse for Learning Disability and
Transition
Frequency: Bi-Monthly

Organ Donation Group

Chair: Parvinder Garcha
Lay chair
Frequency: 6 monthly

Clinical Decision Support Group

Chair: Sarah Cox
Lead Consultant Palliative Care
Frequency: fortnightly / as need arises

Medical Devices Group

Chair: David Bushby
Deputy Director of Nursing WM
Frequency: Monthly

Falls Strategy Group

Chair: Stephanie Stevenson-Shan
Vaccination Lead
Frequency: Monthly

Learning Disability Group

Chair: Kathryn Mangold
Lead Nurse for Learning Disability and
Transition
Frequency: Bi-Monthly

Water Safety Group

Chair: Marie Courtney
Director of Estates & Facilities
Frequency: Monthly

Safer Sharps Group

Chair: Cathy Hill
Director of Nursing WM
Frequency: Monthly

Mental Health Group

Chair: Lee Watson/Cathy Hill
Director of Nursing CW/WM
Frequency: Bi-Monthly

End of Life Care

Chair: Iain Beveridge
Hospital Medical Director WM
Frequency: Monthly

Resuscitation Group

Chair: Kath Bonnici & Ruth Caulkin
Consultants
Frequency: Bi Monthly

Infection Prevention & Control

Chair: Nabeela Mughal
DIPC/ Consultant Microbiologist
Frequency: Monthly

Pressure Ulcer Group

Chair: Joanne Tillman
Deputy Director of Nursing CW
Frequency: Monthly

Research & Innovation P&P involvement

Chair: Chris Adamson
Lead Research Nurse & Delivery Manager
Frequency: Quarterly

Medical Gases Group

Chair: Deirdre Linnard
Chief Pharmacist and Head of
Professions
Frequency: Monthly

Bio-Safety Group

Chair: Damon Foster
Research Delivery and Operations
Manager
Frequency: Quarterly

Discharge Governance Group

Chair: Richard Turton
DDN, Emergency & Integrated Care
Frequency: Monthly

New Interventional Procedures Group

Chair: Isabel Jones
DMD, Planned Care
Frequency: monthly / as need arises

Medicines Safety Group

Chair: Hester Yorke/David Bushby
Consultant / Deputy Dir Nursing WM
Frequency: Monthly

IV Access Group

Chair: Kim Watts
Resuscitation Lead Nurse
Frequency: Bi Monthly

Youth Forum

Chair: Melanie Guinan
Lead Nurse Paediatrics and Neonates
Frequency: Under review as part of
WLCH

Fire Safety Group

Chair: Marie Courtney
Director of Estates & Facilities
Frequency: Monthly

Respiratory Protection Group

Chair: David Bushby
Deputy Director of Nursing (WM)
Frequency: Quarterly

Ventilation Safety Group

Chair: Marie Courtney
Director of Estates & Facilities
Frequency: Monthly

Electrical Safety Group

Chair: Marie Courtney
Director of Estates & Facilities
Frequency: Monthly

Mortality Surveillance Group

Chair: Iain Beveridge
Hospital Medical Director WM
Frequency: Monthly

Medico legal group

Chair: Roger Chinn
Chief Medical Officer
Frequency: Monthly

Trust Medicines Group

Chair: Deirdre Linnard
Chief Pharmacist
Frequency: Monthly

Dementia Steering Group

Chair:
Dementia Lead
Frequency:

LocSSIP Monitoring Group

Chair:
Patient Safety Lead
Frequency:

Trust Quality Committee: Cycle of Plan 2024-25

Month	Frequency	Paper author/lead	Job Title	Exec Lead	MAY (Local CW)	JUNE (NWL APC)	JULY (Local CW)	SEPTEMBER (Local CW)	SEPTEMBER (NWL APC)	NOVEMBER (Local CW)	DECEMBER (NWL APC)	JANUARY (Local CW)	MARCH (Local CW)	MARCH (NWL APC)
					Q1		Q2			Q3		Q4		
Date of paper circulation														
Internal submission for approval														
Papers to exec lead for review					4/17/2024	6/4/2024	6/26/2024	8/21/2024	9/3/2024	10/16/2024	12/3/2024	12/11/2024	2/19/2025	3/4/2025
Date presented at EMB					4/24/2024		7/3/2024	8/28/2024		10/23/2024		12/18/2024	2/26/2025	
Date papers due for circulation for quality committee					4/30/2024	6/7/2024	7/2/2024	9/3/2024	9/6/2024	10/29/2024	12/6/2024	12/31/2024	2/26/2025	3/7/2025
Date of Quality Committee					5/7/2024	6/18/2024	7/9/2024	9/10/2024	9/17/2024	11/5/2024	12/17/2024	1/7/2025	3/4/2025	3/18/2025
DEEP DIVES														
Deep Dives (clinical issues/areas of concern/national work)	As required					✓			✓		✓			✓
SAFETY & QUALITY IMPROVEMENT														
Integrated Quality and Performance Report	Each meeting/monthly	Ayo Ogunkolade	GM Performance and Planning	COO/DCEO	✓		✓	✓		✓		✓	✓	
Acute collaborative quality metrics	Quarterly	Ayo Ogunkolade	GM Performance and Planning	COO/CMO/CNO	✓	✓	✓		✓	✓	✓	✓		✓
Trust Quality Function Reports	Quarterly	Zohra Ali/Vivia Richards	Acting Associate Director of Quality Governance and Head of Risk and Assurance	CMO/CNO		✓		✓	✓	✓	✓		✓	✓
Serious Incident Report and PSIRF implementation and learning	Each meeting/monthly	Zohra Ali	Acting Associate Director of Quality Governance	CNO	✓		✓	✓		✓		✓	✓	
Mortality Surveillance Group/ Learning from Deaths report	Quarterly	Zohra Ali	Acting Associate Director of Quality Governance	CMO	✓	✓	✓		✓	✓	✓		✓	✓
Infection Control Report incl Antimicrobial Stewardship (bi annual update)	Biannual	Nabeela Mughal	Director of Infection Prevention and Control	CNO		✓		✓	✓				✓	✓
Health, Safety and Environmental Risk Report	Quarterly	Zohra Ali/Vivia Richards	Acting Associate Director of Quality Governance and Head of Risk and Assurance	CNO	✓	✓		✓	✓	✓	✓		✓	✓
Maternity Assurance Report (Quality and Workforce)	Quarterly	Vicki Cochrane	Divisional Director of Midwifery and Nursing	CNO	✓	✓	✓	✓	✓	✓	✓		✓	✓
Improvement Programme and Transformation	Bi-annual	Dominic Conlin	Director Strategy	CNO/CMO				✓	✓				✓	✓
Quality Priorities and CQUINS	Quarterly	Nicola Rose	Deputy Chief Nurse	CNO/CMO	✓			✓	✓				✓	✓
Patient Safety Group Report	Quarterly	Zohra Ali	Acting Associate Director of Quality Governance	CNO/CMO	✓	✓			✓	✓	✓		✓	✓
Accreditation and Regulatory Compliance incl CQC self assessment	Bi-annual	Jo Tillman and Chloe Newton	Deputy Director of Nursing/Head of Regulation	CNO	✓	✓				✓	✓			
Joint Safeguarding report (Adults/Children and LD)	Bi-annual	Nicola Rose	Deputy Chief Nurse	CNO				✓	✓				✓	✓
MCA/DOLS	Bi-annual	Nicola Rose	Deputy Chief Nurse	CMO				✓	✓				✓	✓
Health Inequalities Committee	Bi-annual	Dominic Conlin	Director of Strategy	CMO			✓					✓		

Month	Frequency	Paper author/lead	Job Title	Exec Lead	MAY (Local CW)	JUNE (NWL APC)	JULY (Local CW)	SEPTEMBER (Local CW)	SEPTEMBER (NWL APC)	NOVEMBER (Local CW)	DECEMBER (NWL APC)	JANUARY (Local CW)	MARCH (Local CW)	MARCH (NWL APC)
EFFECTIVENESS														
Clinical Effectiveness Group (CEG)	Quarterly	Zohra Ali	Acting Associate Director of Quality Governance	CMO	✓	✓		✓	✓	✓	✓		✓	✓
Trust Wide guideline updates: Clinical/Patient Care	Bi-annual	Zohra Ali	Acting Associate Director of Quality Governance	CNO			✓					✓		
Medication Management, Safety and Controlled Drugs Report	Bi-annual	Deirdre Linnard	Chief Pharmacist and Head of Professions	CMO	✓					✓ deferred from July to include Q1 and Q2				
EXPERIENCE														
Patient and Public Experience and Engagement Report (Including Complaints and PALS)	Quarterly	Lee Watson	Director of Nursing (CW)	CNO	✓	✓		✓	✓	✓	✓		✓	✓
National Inpatient Survey - <i>dates TBC Maternity/CYP/Impatient/ED</i>	Annual	Lee Watson	Director of Nursing (CW)	DQGC										
End of life care	Bi-annual	Iain Beverage	Hospital Medical Director (WM)	CNO/CMO				✓	✓				✓	✓

Month	Frequency	Paper author/lead	Job Title	Exec Lead	MAY (Local CW)	JUNE (NWL APC)	JULY (Local CW)	SEPTEMBER (Local CW)	SEPTEMBER (NWL APC)	NOVEMBER (Local CW)	DECEMBER (NWL APC)	JANUARY (Local CW)	MARCH (Local CW)	MARCH (NWL APC)
STRATEGY, GOVERNANCE & RISK														
Board Assurance Framework (Quality Risks)	Quarterly	Peter Jenkinson	Director of Corporate Governance	DCG		✓	✓	✓	✓	✓	✓		✓	✓
EQEHIA report	Quarterly			CMO/CNO	✓	✓		✓	✓	✓	✓		✓	✓
Risk Assurance Framework (Quality Risks)	Quarterly	Zohra Ali/Vivia Richards	Acting Associate Director of Quality Governance and Head of Risk and Assurance	CNO		✓	✓	✓	✓	✓	✓		✓	✓
Quality Account Priorities (2025/26)	Annual	Nicola Rose	Deputy Chief Nurse	CNO									✓	✓
Legal Services Update Incl. learning from Claims and inquests	Bi-annual	Rebecca Swinton-Bland	Head of Legal Services	CNO	✓	✓				✓	✓			
Flu plan and progress	Seasonal	Lee Watson	Director of Nursing (CW)	CNO				✓	✓	✓		✓		
Annual Review of CQC statement of Purpose	Annual	Chloe Newton	Head of Regulation	CCAO								✓		✓
Annual Reports														
Infection Prevention and Control (include decontamination)	Annual	Nabeela Mughal	Director of Infection, Prevention and Control	CNO	✓	✓								
Patient Experience and engagement annual report (including Complaints Annual Report)	Annual	Lee Watson	Director of Nursing (CW)	CNO				✓	✓					
Safeguarding Annual Report (Adults and Children)	Annual	Nicola Rose	Deputy Chief Nurse	CNO						✓	✓			
Falls annual report (including hip fracture report)	Annual	Nicola Rose	Deputy Chief Nurse	CNO			✓							
Dementia annual report	Annual	Nicola Rose	Deputy Chief Nurse	CNO						✓	✓			
Mental Capacity Act/Deprivation of Liberty annual Report (Including MHA compliance report)	Annual	Nicola Rose	Deputy Chief Nurse	CNO						✓	✓			
Resuscitation group annual report	Annual	David Bushby	Deputy Director of Nursing	CNO/CMO				✓ deferred from July		✓ deferred from September				
Radiation Protection/Safety group annual report	Annual	Hayley Connoley/ Annelies Maenhout	General Manager Cancer, Diagnostics And 'Decontamination' Radiology Consultant	CMO				✓ deferred from July		✓ deferred from September				
End of Life Care annual report	Annual	Iain Beverage/ Sarjey Krishnamoorthy	Hospital Medical Director (WM)	CNO/CMO						✓	✓			
Medical Devices Management annual report	Annual	David Bushby	Deputy Director of Nursing	CNO/CMO								✓		✓
Medications Safety annual report	Annual	Deirdre Linnard	Chief Pharmacist and Head of Professions	CMO									✓	✓
Human Tissue Authority (HTA) annual report	Annual	Paula Davis	DDN Planned Care	CMO/CNO								✓		
Human fertility and embryology annual report	Annual	Nick Wales	Divisional Medical Director SCD	CMO/CNO								✓		
Seven day services standards compliance annual report	Annual	Iain Beverage and Gary Davies (ZOHRA ALI)	Acting Associate Director of Quality Governance	CMO									✓	✓
Medical Examiner office Annual Report	Annual	Sarah Cox/ Elora Mukherjee	Consultant In Palliative Medicine/Consultant Acute Medicine and Lead Medical Examiner	CMO						✓	✓			

Month	Frequency	Paper author/lead	Job Title	Exec Lead	MAY (Local CW)	JUNE (NWL APC)	JULY (Local CW)	SEPTEMBER (Local CW)	SEPTEMBER (NWL APC)	NOVEMBER (Local CW)	DECEMBER (NWL APC)	JANUARY (Local CW)	MARCH (Local CW)	MARCH (NWL APC)
Health and Safety annual report	Annual	Zohra Ali/Vivia Richards	Acting Associate Director of Quality Governance and Head of Risk and Assurance	CNO				✓	✓					
Safe Staffing Annual Report	Annual	Cathy Hill	Director of Nursing (WM)	CNO/CMO				✓ deferred from July						
Learning Disability Service Annual Report	Annual	Nicola Rose	Deputy Chief Nurse	CNO						✓	✓			
Clinical Negligence Scheme for Trusts (Maternity)	Annual	Vicki Cochrane	Divisional Director of Midwifery and Nursing	CNO						✓	✓			
Research and Development Annual Report	Annual	Mark Johnson	Director of Research	CMO								✓		✓
Transfusion Annual report	Annual	David Bushby	Deputy Director of Nursing	CMO				✓ deferred from July		✓ deferred from September	✓			
NHS England Annual EPRR report	Annual	Catherine Sands	Head Of Emergency Preparedness Resilience And Response And Business Continuity / Lead For Mortuaries	DCEO/COO								✓		✓
Patient Equity Report	Annual	Lee Watson	Director of Nursing (CW)	CNO				✓	✓					
Duty of candour	Annual	Zohra Ali	Acting Associate Director of Quality Governance	CNO				✓	✓					
Legal Services Annual Report	Annual	Rebecca Swinton-Bland	Head of Legal Services	CNO				✓ deferred from July	✓					
Draft Quality Account 2024-25	Annual	Zohra Ali	Acting Associate Director of Quality Governance	CNO	✓	✓								
Risk Management Policy Review	Annual	Zohra Ali	Acting Associate Director of Quality Governance	CNO						✓	✓			
Approval of Annual Cycle of Committee Business	Annual	Nicola Rose	Deputy Chief Nurse	CNO	✓	✓								
Organ Donation	Annual							✓	✓	✓ deferred from September				
STANDING ITEMS														
Apologies for absence	Each meeting	Magdalena Farias	Corporate Governance	DCG	✓		✓	✓	✓	✓		✓	✓	✓
Minutes of last meeting	Each meeting	Magdalena Farias	Corporate Governance	DCG	✓		✓	✓	✓	✓		✓	✓	✓
Declarations of interest	Each meeting	Magdalena Farias	Corporate Governance	DCG	✓		✓	✓	✓	✓		✓	✓	✓
Action log and matters arising	Each meeting	Magdalena Farias	Corporate Governance	DCG	✓		✓	✓	✓	✓		✓	✓	✓
Patient Story	Each meeting	Nicola Rose	Deputy Chief Nurse	CNO	✓		✓	✓	✓	✓		✓	✓	✓
Issues for escalation to Collaborative Committee	Each meeting		Chair	DCG	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Issues to be escalated to the Board	Each meeting		Chair	DCG	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Forward planner	Each meeting	Magdalena Farias	Corporate Governance	DCG	✓		✓	✓	✓	✓		✓	✓	✓
COMMITTEE GOVERNANCE/ OTHER MATTERS														
Annual Review of Committee Effectiveness	Annual				✓ deferred from March	✓ deferred from March							✓	✓
Annual Review of Terms of Reference (Collaborative QC)	Annual				✓ deferred from March	✓ deferred from March							✓	✓

Month	Frequency	Paper author/lead	Job Title	Exec Lead	MAY (Local CW)	JUNE (NWL APC)	JULY (Local CW)	SEPTEMBER (Local CW)	SEPTEMBER (NWL APC)	NOVEMBER (Local CW)	DECEMBER (NWL APC)	JANUARY (Local CW)	MARCH (Local CW)	MARCH (NWL APC)
Annual Review of Terms of Reference	Annual				✓ deferred from March	✓ deferred from March							✓	✓
Annual Review of Committee Work Programme	Annual												✓	✓

3.2 QUALITY UPDATE

Quality Update including:

- Patient Experience
- Flu Plan
- Health and Safety
- Dementia
- Maternity
- Accessibility Update

4. FOR DISCUSSION

4.1 COUNCIL OF GOVERNORS MEMBERSHIP AND ENGAGEMENT

SUB-COMMITTEE REPORT

REFERENCES

Only PDFs are attached



4.1 CoG Membership and Engagement Sub-Committee Report.pdf



CONFIDENTIAL

TITLE AND DATE <i>(of meeting at which report to be presented)</i>	Council of Governors Meeting – 17 October 2024
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AGENDA ITEM NO.	4.1
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TITLE OF REPORT	Council of Governors Membership and Engagement Sub-Committee Report
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AUTHOR NAME AND ROLE	David Phillips, Governor and Chair of Membership and Engagement Committee
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ACCOUNTABLE EXECUTIVE DIRECTOR	Peter Jenkinson, Director of Corporate Governance
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PURPOSE OF REPORT <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 70%;">Decision/Approval</td> <td style="width: 30%;"></td> </tr> <tr> <td>Assurance</td> <td></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		To provide an update for governors on what was discussed at the membership and engagement committee, and a further update on progress regarding engagement from the governance team.
Decision/Approval									
Assurance									
Info Only	X								
Advice									

REPORT HISTORY Committees/Meetings where this item has been considered	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Committee</th> <th style="width: 20%;">Date of Meeting</th> <th style="width: 50%;">Outcome</th> </tr> </thead> <tbody> <tr> <td>CoG Membership and Engagement Committee Meeting</td> <td style="text-align: center;">25 July 2024</td> <td>Update on implementation of engagement plan discussed</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Committee	Date of Meeting	Outcome	CoG Membership and Engagement Committee Meeting	25 July 2024	Update on implementation of engagement plan discussed			
Committee	Date of Meeting	Outcome								
CoG Membership and Engagement Committee Meeting	25 July 2024	Update on implementation of engagement plan discussed								

SUMMARY OF REPORT AND KEY MESSAGES THE MEETING NEEDS TO UNDERSTAND	Overall progress in implementing the engagement plan is positive, with regular newsletters, ‘meet the governor’ sessions, engagement with Healthwatch and community partners, interest in governor elections and planned equalities, diversity and inclusion (EDI) training.
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KEY RISKS ARISING FROM REPORT	That the CoG and wider membership does not represent the communities served. This is being mitigated by targeted action and engagement to encourage wider diversity in applicants to become governors and members.
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STRATEGIC PRIORITIES THIS PAPER SUPPORTS (please confirm Y/N)	
Deliver high quality patient centred care	x
Be the employer of Choice	
Deliver better care at lower cost	

IMPLICATIONS ASSOCIATED WITH THIS REPORT:	
Equality And Diversity	X
Quality	x
People (Workforce or Patients/Families/Carers)	x
Operational Performance	
Finance	
Public Consultation	
Council of Governors	X

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

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

This report provides an update to the Council regarding the Membership, Involvement and Engagement Implementation Plan.

Members' News

These continue to be published monthly and provide up to date information on what is happening at the Trust, and the engagement for these newsletters continues to be positive. If any Governor wishes to contribute to these newsletters please advise the Corporate Governance Team.

Meet a Governor Sessions

Since these started in August 2023 we have run a total of 11 sessions, with more sessions to take place over the coming months at both sites. The logistics of running these sessions remotely and at other Trust sites is being considered, and the suggestions provided by the Membership and Engagement sub-committee are being taken on board. Any Governors who wish to participate in running these sessions – including Governors who may want to run sessions together– please contact the Corporate Governance Team.

Healthwatch presentations

We are continuing to build relationships with Healthwatch regarding the delivery of Healthwatch presentations and webinars, and the first presentation took place at the end of July. More presentations/webinars will be announced in due course.

Equality Diversity and Inclusion (EDI) Training

The EDI Training for all Governors that was planned for early-October was unfortunately postponed due to the limited response regarding attendance. It was agreed that with new Governors joining the Council at the end of 2024, these sessions will be arranged in the New Year and the details of the dates will be published then. Please note that **all** Governors will be expected to undertake EDI Training, which is a broader session providing tailored information on the Trust's staff and communities served in terms of demographics, support with being an active bystander and practical information to support governors in their activities.

Governor Interests and Training Form

All Governors were sent an 'interests and training form' following the Governor's Awayday that took place in April. The Corporate Governance Team will be sending out another request for these forms following this meeting, and this is a reminder for all Governors to please complete and return the form if they have not done so already.

5. OTHER BUSINESS ITEMS FOR NOTING



5.1 ANY OTHER BUSINESS

Any other business including:

- 5.1.1 CoG Forward Plan and schedule of CoG meetings 2024-2026
- 5.1.2 Governor Attendance Register

REFERENCES

Only PDFs are attached

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



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

	17 October 2024 CoG Meeting (TBC) 15:30 – 17:00 hours	5 December 2024 CoG Briefing Session 16:00 – 17:00 hours	23 January 2025 COG Meeting 16:00 – 18:30 hours
Statutory/Mandatory Business	<ul style="list-style-type: none"> Minutes of Previous Meeting, including Action Log Annual Report from the Quality Committee (Chair – Steve Gill) Performance and Quality Report (including Winter Preparedness and Workforce Performance Report) NWL Collaborative Update Update from Membership and Engagement Sub-Committee 	Briefing topic/presentation to be confirmed	<ul style="list-style-type: none"> Minutes of Previous Meeting, including Action Log Annual Report from the People and Workforce Committee (Chair – Ajay Mehta) NWL Collaborative Update Update from Membership and Engagement Sub-Committee
Papers for information	<ul style="list-style-type: none"> Chair's Report Chief Executive Officer's Report Quality Update (Radiation Protection; Resuscitation; Health and Safety) Governors Elections 2024 – update Accessibility work update 		<ul style="list-style-type: none"> Chair's Report Chief Executive Officer's Report Quality Update (Mental Capacity Act & Deprivation of Liberty; End of Life Care; Human Tissue Authority and Human Fertilisation and Embryology Authority Report; Safeguarding Adults and Children) Governors Elections 2024 – update Accessibility work update
Other Business	<ul style="list-style-type: none"> Any other business (Forward plan/Schedule of meetings/Governor attendance register) 		<ul style="list-style-type: none"> Governors Away Day 2025 – update Any other business (Forward plan/Schedule of meetings/Governor attendance register)

	20 March 2025 CoG Briefing Session 16:00 – 17:00	16 April 2025 CoG Away Day (TBC) Time TBC	16 April 2025 COG Meeting (TBC) Time TBC
Statutory/Mandatory Business	Annual Plan/Strategy Review	Briefing topic/presentations to be confirmed	<ul style="list-style-type: none"> • Minutes of Previous Meeting, including Action Log • Annual Report Finance and Performance Committee (Chair – tbc) • NWL Collaborative Update • Update from Membership and Engagement Sub-Committee
Papers for information			<ul style="list-style-type: none"> • Chair’s Report • Chief Executive Officer’s Report • Quality Update (Research and Development; Medication Safety; Learning from Deaths/Mortality; Maternity) • Accessibility work update
Other Business			<ul style="list-style-type: none"> • Any other business (Forward plan/Schedule of meetings/Governor attendance register)

	19 June 2025 CoG Briefing Session 16:00 – 17:00	17 July 2025 (TBC) CoG Meeting Time TBC	25 September 2025 CoG Briefing Session 16:00 – 17:00 hours
Statutory/Mandatory Business	Briefing topic/presentation to be confirmed	<ul style="list-style-type: none"> • Minutes of Previous Meeting, including Action Log • To receive the Annual Report and Accounts which will be formally presented at the Annual Members Meeting • Annual Report from the Chair of the Audit & Risk Committee (Chair – Aman Dalvi) • Update from Membership and Engagement Sub-Committee 	Winter Planning
Papers for information		<ul style="list-style-type: none"> • Chair’s Report • Chief Executive Officer’s Report • Quality Update • Accessibility work update 	
Other Business		<ul style="list-style-type: none"> • Any other business (Forward plan/ Schedule of meetings/Governor attendance register) 	

	16 October 2025 (TBC) CoG Meeting 16:00 – 18:30 hours	22 January 2026 (TBC) CoG Meeting 16:00 – 18:30 hours	19 March 2026 CoG Briefing Session 16:00 – 17:00 hours
Statutory/Mandatory Business	<ul style="list-style-type: none"> Minutes of Previous Meeting, including Action Log Annual Report from the Quality Committee (Chair – Patricia Gallan) Performance and Quality Report (including Winter Preparedness and Workforce Performance Report) NWL Collaborative Update Update from Membership and Engagement Sub-Committee 	<ul style="list-style-type: none"> Minutes of Previous Meeting, including Action Log Annual Report from the People and Workforce Committee (Chair – Ajay Mehta) NWL Collaborative Update Update from Membership and Engagement Sub-Committee 	Annual Plan/Strategy Review
Papers for information	<ul style="list-style-type: none"> Chair’s Report Chief Executive Officer’s Report Governors Elections 2025 – update Accessibility work update 	<ul style="list-style-type: none"> Chair’s Report Chief Executive Officer’s Report Quality Update (Mental Capacity Act & Deprivation of Liberty; End of Life Care; Human Tissue Authority and Human Fertilisation and Embryology Authority Report; Safeguarding Adults and Children) Governors Elections 2025 – update Accessibility work update 	
Other Business	<ul style="list-style-type: none"> Any other business (Forward plan/Schedule of meetings/Governor attendance register) 	<ul style="list-style-type: none"> Governors Away Day 2026 – update Any other business (Forward plan/Schedule of meetings/Governor attendance register) 	

	15 April 2026 (TBC) CoG Awayday Time TBC	15 April 2026 (TBC) CoG Meeting Time TBC	18 June 2026 CoG Briefing Session 16:00 – 17:00 hours
Statutory/Mandatory Business	Briefing topic/presentations to be confirmed	<ul style="list-style-type: none"> • Minutes of Previous Meeting, including Action Log • Annual Report Finance and Performance Committee (Chair – tbc) • NWL Collaborative Update Update from Membership and Engagement Sub-Committee 	Briefing topic/presentation to be confirmed
Papers for information		<ul style="list-style-type: none"> • Chair’s Report • Chief Executive Officer’s Report • Quality Update (Research and Development; Medication Safety; Learning from Deaths/Mortality; Maternity) • Accessibility work update 	
Other Business		<ul style="list-style-type: none"> • Any other business (Forward plan/Schedule of meetings/Governor attendance register) 	

	16 July 2026 (TBC) CoG Meeting Time TBC	24 September 2026 (TBC) CoG Briefing Session 16:00 – 17:00 hrs	15 October 2026 CoG Meeting 16:00 – 18:30 hours
Statutory/Mandatory Business	<ul style="list-style-type: none"> Minutes of Previous Meeting, including Action Log To receive the Annual Report and Accounts which will be formally presented at the Annual Members Meeting Annual Report from the Chair of the Audit & Risk Committee (Chair – Aman Dalvi) Update from Membership and Engagement Sub-Committee 	Winter Planning	<ul style="list-style-type: none"> Minutes of Previous Meeting, including Action Log Annual Report from the Quality Committee (Chair – Patricia Gallan) Performance and Quality Report (including Winter Preparedness and Workforce Performance Report) NWL Collaborative Update Update from Membership and Engagement Sub-Committee
Papers for information	<ul style="list-style-type: none"> Chair’s Report Chief Executive Officer’s Report Quality Update Accessibility work update 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Chair’s Report Chief Executive Officer’s Report Governors Elections 2025 – update Accessibility work update
Other Business	<ul style="list-style-type: none"> Any other business (Forward plan/Schedule of meetings/Governor attendance register) 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Any other business (Forward plan/Schedule of meetings/Governor attendance register)



Council of Governors – Attendance Record 2023/2025

Governor	19.10.2023	25.01.2024	17.04.2024	17.04.2024 Awayday	18.07.2024	17.10.2024	23.01.2025	16.04.2025	16.04.2025 Awayday	July 2025	Oct 2025	Jan 2026
Lisa Addison	Apologies	Apologies	Apologies	Apologies	Apologies							
Richard Ballerand	✓	✓	Apologies	Apologies	✓							
Caroline Boulliat-Moulle	✓	✓	Apologies	Apologies	✓							
Julie Carter	DNA	DNA	DNA	DNA	DNA							
Cass J. Cass-Horne	✓	✓	✓	✓	✓							
Maureen Chatterley	N/A	✓	Apologies	Apologies	Apologies							
Nigel Clarke	✓	✓	✓	✓	✓							
Ian Dalton	N/A	✓	✓	✓	✓							
Dr Nara Daubeney	Apologies	DNA	Apologies	Apologies	DNA							
Christopher Digby-Bell	✓	✓	Apologies	Apologies	✓							
Simon Dyer	✓	✓	✓	✓	✓							
Stuart Fleming	✓	✓	Apologies	Apologies	✓							

Governor	19.10.2023	25.01.2024	17.04.2024	17.04.2024 Awayday	18.07.2024	17.10.2024	23.01.2025	16.04.2025	16.04.2025 Awayday	July 2025	Oct 2025	Jan 2026
Parvinder Singh Garcha	Apologies	✓	Apologies	✓	DNA							
Minna Korjonen	✓	✓	✓	Apologies	✓							
Nina Littler	✓	✓	✓	✓	Apologies							
Stella Macaskill	✓	✓	✓	✓	✓							
Ras. I Martin	✓	✓	Apologies	Apologies	DNA							
Mark Nelson	✓	✓	Apologies	Apologies	✓							
CLlr Will Pascal	✓	✓	✓	✓	✓							
David Phillips	✓	✓	✓	✓	Apologies							
Lucinda Sharpe	N/A	✓	✓	✓	✓							
Dr Desmond Walsh	Apologies	✓	✓	✓	✓							
Laura-Jane Wareing	✓	✓	✓	✓	✓							
Jo Winterbottom	Apologies	✓	✓	✓	✓							

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