

Chelsea & Westminster Hospital NHS Foundation Trust
Council of Governors

Room A, West Middlesex Hospital

29 November 2018 14:00 - 29 November 2018 16:00



COUNCIL OF GOVERNORS
29 November 2018, 14.00-16.00
Room A, West Middlesex Hospital

Agenda

13.00 – 13.50	Lead Governor and COG Informal Meeting PRIVATE (attended by the Lead Governor and Governors only)				
	1.0	STATUTORY/MANDATORY BUSINESS			
14.00	1.1	Welcome and apologies for absence	Verbal		Chairman
14.02	1.2	Declarations of interest	Verbal		Chairman
14.05	1.3	Announcement of Election results (p.5)	Report	For Information	Chairman
14.10	1.4	Minutes of previous meeting held on 27 September 2018 and Action Log (p.9)	Report	For Approval / For Information	Chairman
14.15	1.5	QUALITY			
	1.5.1	Quality Committee Report to Council of Governors, including update on complaints (p17)	Report	For Information	Eliza Hermann, NED
14.40	1.6	Report of the Council of Governors' Nominations and Remuneration Committee meeting 5 November 2018 (p.24)	Report	For Approval	Deputy Chairman/Lead Governor
14.50	1.7	Council of Governors' Away Day actions (p.33)	Report	For Information	Chairman /Lead Governor
	2.0	PAPERS FOR INFORMATION			
15.00	2.1	*Chairman's Report (p.36)	Report	For Information	Chairman
15.05	2.2	*Chief Executive Officer's Report, including Winter Preparedness (p.39)	Report	For Information	Chief Executive Officer
15.10	2.3	*Performance and Quality Report, including 2.3.1 Workforce Performance Report (p.76)	Report	For Information	Chief Executive Officer
15.15	2.4	*Governors' questions (p.100)	Report	For Information	Chief Executive Officer
15.25	2.5	Membership Sub-Committee Report: November 2018 (p.103)	Report	For Information	Chair of Membership Sub-Committee

15.30	2.6	Quality Sub-Committee Report: November 2018 (p.109)	Report	For Information	Acting Chair
	3.0	OTHER BUSINESS			
15.35	3.1	Questions from the public	Verbal		Chairman
15.45	3.2	Any other business	Verbal		Chairman
15.50	3.3	Date of next meeting – 14 February 2019, 16.00-18.00 Boardroom, Chelsea and Westminster Hospital			
	4.0	PRIVATE SESSION (Council of Governors / Chairman/ Deputy Chairman / Company Secretary only)			
15.50	4.1	Reappointment of non-executive member of the Board	Paper	For decision	Chairman
16.00		Meeting closes			

*Items that have been starred will not be discussed, however, questions may be asked.



Council of Governors – Attendance Record 2018/19

Governor	Category	Constituency	17.05.18	26.07.18	27.09.18	29.11.18	15.02.18	TOTAL to date	15.11.18 Away Day	
Julia Anderson <i>Retired 30.06.18</i>	Appointed	Imperial College	✓					1/1		
Nowell Anderson	Public	Hounslow	✓	✓	✓			3/3	✓	
Richard Ballerand	Public	Kensington and Chelsea	X	✓	✓			2/3	✓	
Juliet Bauer	Patient		✓	X	✓			2/3	✓	
Ian Bryant <i>Terms ends 30.11.18</i>	Staff	Management	X	X	✓			1/3	✓	
Tom Church	Patient		✓	X	✓			2/3	✓	
Nigel Davies	Public	Ealing	X	X	✓			1/3	✓	
Christopher Digby-Bell	Patient		✓	✓	✓			3/3	✓	
Simon Dyer	Patient		✓	✓	✓			3/3	✓	
Cllr Catherine Faulks <i>Retired 21.05.18</i>	Appointed	Royal Borough of Kensington and Chelsea	✓					1/1		
Jodeine Grinham	Staff	Contracted Class	✓	X	✓			2/3	X	
Angela Henderson	Public	Hammersmith and Fulham	X	✓	✓			2/3	✓	
Anna Hodson-Pressinger	Patient		✓	✓	X			2/3	✓	
Elaine Hutton	Public	Wandsworth	X	✓	X			1/3	✓	
Kush Kanodia	Patient		✓	✓	✓			3/3	✓	
Paul Kitchener	Public	Kensington and Chelsea	✓	✓	✓			3/3	✓	
Minna Kodjonen <i>Appointed from 01.12.18</i>	Patient								✓	
Martin Lewis <i>Stepped down 20.11.18</i>	Public	City of Westminster	X	✓	X			1/3	✓	
Johanna Mayerhofer	Public	London Borough of Richmond upon Thames	✓	✓	✓			3/3	✓	
Chisha McDonald	Staff	Allied Health Professionals, Scientific and Technical	✓	✓	X			2/3	✓	
Lynne McEvoy <i>Retired 28.09.18</i>	Staff	Nursing and Midwifery	✓	✓	X			2/3		
Mark Nelson	Staff	Medical and Dental	Agreed leave of absence						N/A	N/A
Fiona O'Farrell	Public	London Borough of Richmond upon Thames	X	✓	✓			2/3		
Jennifer Parr <i>Appointed from 01/12/18</i>	Staff	Management							N/A	
Guy Pascoe	Public	Hammersmith and Fulham	✓	✓	✓			3/3	✓	
Andreea Petre-Goncalves <i>Term ended 30.11.18</i>	Patient		✓	X	X			1/3	X	
David Phillips	Patient		✓	✓	✓			3/3	✓	
Tom Pollak	Public	Wandsworth	X	✓	✓			3/3	✓	
Cllr Patricia Quigley <i>Appointed 25.07.18</i>	Appointed	London Borough of Hammersmith and Fulham		X	✓			½	X	
Sonia Samuels	Public	City of Westminster	✓	✓	X			2/3	X	
Jacquei Scott <i>Appointed from 01.12.18</i>	Staff	Nursing and Midwifery							✓	
Matthew Shotliff	Staff	Support, Administrative and Clerical	✓	✓	✓			3/3	X	
Dr Desmond Walsh <i>Appointed 05.10.18</i>	Appointed	Imperial College							✓	
Laura Wareing	Public	Hounslow	✓	X	✓			2/3	✓	



Council of Governors Meeting, 29 November 2018

AGENDA ITEM NO.	1.3/Nov/18
REPORT NAME	Announcement of Council of Governors election results
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Sir Thomas Hughes-Hallett, Chairman
PURPOSE	To update.
SUMMARY OF REPORT	<p>This paper updates on the election results and provide election statements of elected governors.</p> <p>Biographies of the existing governors who have been re-elected are not enclosed herewith since they are available on the Trust's website at the following link: http://www.chelwest.nhs.uk/about-us/get-involved/council-of-governors</p>
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	N/A
LINK TO OBJECTIVES	All.
DECISION/ ACTION	To note.



**Council of Governors election results
November 2018**

Patient Governors

- Juliet Bauer (re-elected)
- Tom Church (re-elected)
- Simon Dyer (re-elected)
- Anna Hodson-Pressinger (re-elected)
- Kush Kanodia (re-elected)
- Minna Korjonen (elected)
- David Phillips (re-elected)

Public Governors

- **Public Constituency: London Borough of Ealing** (1 to elect)
Nigel Davies (re-elected)
- **Public Constituency: London Borough of Hammersmith and Fulham** (1 to elect)
Angela Henderson (re-elected)
- **Public Constituency: London Borough of Hounslow** (2 to elect)
Nowell Anderson (re-elected)
Laura Wareing (re-elected)
- **Public Constituency: London Borough of Wandsworth** (1 to elect)
Elaine Hutton (re-elected)

Staff Governors

- **Staff Constituency: Management Class** (1 to elect)
Jennifer Parr (elected)
- **Staff Constituency: Nursing and Midwifery Class** (1 to elect)
Jacquei Scott (elected)

PATIENT GOVERNOR

Minna Korjonen

I have lived in Kensington and Chelsea since 2001. I work in education and consultation field and volunteer in our communities Borough wide.

I am familiar with the Governors' duties and responsibilities through the experience from similar roles e.g. the Board Directorship on the social housing and in a private sector; as a Member on the Health Watch Committee of Kensington&Chelsea; the GP Patient Participation Advisory Group and the wider PPG Network Group; the RBKC Disabled Forum; and the Independent Advisory Panel in policing.

I have gained valuable insight into the NHS in both professional and voluntary. I have participated in the Place Audits at CW Hospital, taken part in variety of events, groups and committees including to the framework "My Care My Way" in Adult health and social care context.

My personal experience as a patient receiving short and long-term physical care in this hospital has enabled me to observe the care from the patients' perspective. That has given me an insight into what works well and which areas should be developed. I am passionate about the well-being of the people in our communities.

My heart and passion lies with those most vulnerable; children, elderly and disabled. I have always been a strong advocate in both professional and voluntary basis with these groups.

I believe that investing more in preventative healthcare and support will be the key in the future, since the benefits could be seen throughout. With your support I would passionately advocate this as the Governor within the NHS.

Declaration of Interests:

Political Party: None

Financial or other interest in the Trust: None

STAFF GOVERNORS

Jennifer Parr

I have worked at Chelsea and Westminster Hospital NHS Foundation Trust for nearly 11 years. I originally came to work for the trust within a clinical role as nurse within Sexual Health and HIV. During my career at the trust I have developed many skills and been privileged to work within many roles both clinical and managerial. For the past two and a half years I have been the General Manager for Sexual Health, HIV and Dermatology and more recently been appointed the Head of Performance.

I believe I have many skills that I would bring to the role of Management Governor. I am very committed to delivering not only a great patient experience, but making the trust a place people want to work and develop. As I have worked in many areas of the trust I have a vast knowledge of how they operational work, and also strong working relationships with my fellow Senior Operations Team.

I want to stand for Governor as I believe that it will be an interesting experience, I will gain further insights and knowledge of working relationships as well as being able to work on bridging the relationship between Governors, Staff and the Public. I will be committed to being the voice of the Senior Operations Team, and continue the excellent work already commenced by the Board of Governors and maintaining the trust values.

Declaration of Interests:

Political Party: None

Financial or other interest in the Trust: I currently work at the trust.

Jacquei Scott

I am standing for the role of Nursing & Midwifery Governor because it would be an honour, and an exciting opportunity for me to represent staff views in the continued shaping of this Trust's future. It is important that staff feel their opinion is acknowledged and valued in major decisions taken by the Trust, as they are the greatest resource the NHS has.

I initially came to West Middlesex University Hospital in 2001, when I began my career as a Macmillan Cancer & Palliative Care Clinical Nurse Specialist. I left in 2004 to gain more experience and confidence in my role, returning in 2012. During the total of nine years working at West Middlesex, I feel it's fair to say, I know and am known by a lot of people in the hospital. I became the carer of my mother in 2007, and automatically went from being solely a member of staff to also being the carer/NOK of a regular patient. She died in West Middlesex, and I can't thank the staff enough for the care and respect they gave her during the many admissions.

I am very proud of our hospital and the Trust and would like to use this opportunity to give back to the Trust, using my experiences as a nurse and as a carer to continue being an advocate for our patients and their families, and a voice for my nursing and midwifery colleagues, ensuring the Trust continues to provide the highest quality patient care.

Declaration of Interests:

Political Party: None

Financial or other interest in the Trust: None



DRAFT
MINUTES OF COUNCIL OF GOVERNORS
27 September 2018, 15.00 – 16.45
Boardroom, Chelsea and Westminster Hospital

Present:	Sir Thomas Hughes-Hallett	Chairman	(THH)
	Nowell Anderson	Public Governor	(NA)
	Richard Ballerand	Public Governor	(RB)
	Juliet Bauer	Patient Governor	(JB)
	Ian Bryant	Staff Governor	(IB)
	Nigel Davies	Public Governor	(ND)
	Christopher Digby-Bell	Patient Governor	(CDB)
	Simon Dyer	Lead Governor/Patient Governor	(SD)
	Jodiene Gringam	Staff Governor	(JG)
	Angela Henderson	Public Governor	(AH)
	Kush Kanodia (from item 1.5.1)	Patient Governor	(KK)
	Paul Kitchener	Public Governor	(PK)
	Johanna Mayerhofer	Public Governor	(JM)
	Chisha McDonald	Staff Governor	(CMD)
	Fiona O'Farrell	Public Governor	(FOF)
	Guy Pascoe	Public Governor	(GP)
	Tom Pollak	Public Governor	(TP)
	David Phillips	Patient Governor	(DP)
	Councillor Patricia Quigley	Appointed Governor	(PQ)
	Matthew Shotliff	Staff Governor	(MS)
	Laura Wareing	Public Governor	(LWa)
In attendance:	Lesley Watts	Chief Executive	(LW)
	Karl Munslow-Ong	Deputy Chief Executive	(KMO)
	Nick Gash	Non-Executive Director	(NG)
	Eliza Hermann	Non-Executive Director	(EH)
	Steve Gill	Non-Executive Director	(SG)
	Jeremy Jensen	Non-Executive Director (Chairing)	(JJ)
	Andrew Jones	Non-Executive Director	(AJ)
	Liz Shanahan	Non-Executive Director	(LS)
	Chris Chaney	CEO, CW+	(CC)
	Julie Myers	Company Secretary	(JM)
Apologies:	Tom Church	Patient Governor	(TC)
	Anna Hodson-Pressinger	Patient Governor	(AHP)
	Elaine Hutton	Public Governor	(EHA)
	Martin Lewis	Public Governor	(ML)
	Mark Nelson	Staff Governor	(MN)
	Andrea Petre-Goncalves	Patient Governor	(APG)
	Sonia Samuels	Public Governor	(SS)
	Nilkunj Dodhia	Non-Executive Director	(ND)

1.0	STATUTORY/MANDATORY BUSINESS
1.1	<p>Welcome and apologies for absence</p> <p>THH welcomed members and attendees to the meeting and apologies for absence were noted (as per attendance list). A particular welcome was extended to Councillor Patricia Quigley who was attending her first meeting as an appointed Governor from the tripartite grouping of Royal Borough of Kensington and Chelsea, Westminster City Council and London Borough of Hammersmith and Fulham.</p>

1.2	<p>Declarations of interest No new declarations of interest were recorded.</p>
1.3	<p>Minutes of previous meeting held on 26 July 2018 and action log The minutes of the previous meeting were approved as a true and accurate record.</p> <p>Action 1.4.1: A date for THH and SG to meet staff Governors was still to be scheduled. THH reflected that attendance at the lunches he hosts for Governors has fallen away in recent months. This was an opportunity for each Governor to meet him, informally and in a small group, at least once a year. As some Governors indicated that they had not received recent invites, it was agreed that they would be reissued.</p> <p>Action: JM to liaise with THH PA to reissue dates for informal lunches with the Chairman.</p> <p>Action 1.3: TP reflected that the position of Blue Badge holders, and the inconsistency of treatment between Chelsea and Westminster Hospital and West Middlesex Hospital, continued to generate strong views. THH noted that the Company Secretary had recently circulated the latest statement from the Department of Health and Social Care on the subject. As advised at the July Council meeting, the matter would return to Council in 2019. He reminded Governors, however, that the decision on parking charges was not a decision taken by Council.</p>
1.4	<p>QUALITY</p>
1.4.1	<p>Audit and Risk Committee Report to Council of Governors NG presented his report as Chairman of the Trust's Audit and Risk Committee. He noted that he had chaired only two meetings, having only assumed the Chair in May 2018. He alerted Council to two specific areas of focus for the Committee in recent months:</p> <ul style="list-style-type: none"> • Internal audit – which looks at a number of areas not covered by external audit. A revised process had been put in place to make sure Board Committee Chairs were sighted on terms of reference for any internal audit to make sure the scope was correct and any subsequent recommendations followed through. He advised that he had made clear to auditors that the Trust expected an honest appraisal of any issues found, not simply 'green lights' • Scrutiny of external relationships (such as Sensyne Health) – these sorts of relationships were becoming increasingly important and the Committee was concerned to ensure that there was proper governance around them. As they were occasionally novel, they may not be the sort of arrangements that fitted well with the Trust's current Scheme of Delegations. <p>In response to a question from AH, NG explained that internal audits were carried out by KPMG and the list for the year was planned around key areas of risk, as well as providing some space for reactive audits should concerns arise in-year in any area. LW agreed adding that the priority list was also informed by: national risks; areas where regulators suggested there should be focus; and those area where the Trust might not be performing so well, or where staff, the Board or Council raised concerns. The function was essential to providing challenge and scrutiny to the executive. THH added that the Board would also occasionally ask the Audit and Risk Committee to scrutinise a particular issue to provide Board assurance. RB noted the importance of allowing auditors freedom to operate.</p> <p>In response to a question from SD, NG confirmed that business continuity planning had been an area of focus for the Committee as internal audit had flagged some issues that the executive needed to address.</p> <p>Council thanked NG for his report and looked forward to further updates at future Council meetings.</p>
1.4.2	<p>Estates Plans West Middlesex site AJ introduced himself and his responsibilities as a Non-Executive Director on the Trust Board. As well as being a member of Quality Committee, AJ also leads for the Board on the Trust's estates strategy working group. The group operates at both a strategic forward looking level, but also very practically, walking around the buildings and looking at plant. He took the Council through a series of slides on the plans for the estate at West Middlesex Hospital.</p> <p>AJ explained that the estates strategy is one of a number of components of the Trust's overall strategy. In developing the estates strategy it was important to think about the future healthcare needs of the population informed by</p>

	<p>discussion with clinicians. He reported that the Board was proud to be good custodians of the Trust estate, much work went on to maintain it, and there had been significant investment at both Chelsea and West Middlesex. He also paid special mention to CW+, which had played an important role in improving the patient experience and referenced, in particular, the current ICU/NICU development. He noted, though, that decisions to commit capital were not always within the Trust's gift as they relied on agreed capital allocations from the centre. But he stressed that the Board always had plans ready should capital become available.</p> <p>CDB thanked AJ for an inspiring report and referenced his own background in commercial property, recognising that the Trust was lucky to own two valuable pieces of real estate. He asked what plans the Trust had to maximise the value of those assets, including options for radical development such as, underground car parking with housing on top. AJ acknowledged the need to plan for the future and confirmed that the Trust had more detailed plans beneath the summary presented today. He reiterated that plans have to be clinically driven and have to be capable of being delivered within capital available. THH observed the broader context for land acquisition for housing across London but reflected that the NHS was unlikely to get capital for housing related developments in North West London because of the significant demand for real estate for health purposes in the area. CDB was reassured that all options were under consideration, noting that forward planning was essential for effective estates planning.</p> <p>In response to a question from TP, KMO confirmed that the plans addressed the next five year period: phase one was concerned with 2018 winter planning; phase two developments in 2019/20; and phase three from that point forward.</p> <p>LW addressed the implications of the STP, noting that the way health services were currently run in North West London (NWL) were unlikely to be sustainable. There would need to be more thought given to how providers could work together and this may include considering the NHS estate as 'one' across NWL. This would inevitably need to address political dimensions, most notably, the position of Charing Cross and Ealing and the very strong views these issues generated. Tackling these matters was essential: there were not going to be enough staff to continue to run all services safely otherwise. She confirmed that these matters would be brought back to Council for discussion as they developed as it was important that Governors made sure the views of Members were heard by the Board.</p> <p>In response to a question from NA, KMO confirmed that the Trust knew it needed to work up options for the replacement of the Education Centre at West Middlesex to create the right facilities for training. MS added that it was also important that the Trust factored in availability of training facilities when it requisitioned space for CERNER developments. KMO confirmed that this was factored into feasibility planning. IB agreed adding that some recent moves had been done at short notice and had affected staff morale. LW acknowledged the impact on staff of moving and apologised if the reason for pace had not been adequately explained.</p>
1.5	GOVERNANCE
1.5.1	<p>Improving Trust Board and Council of Governors' engagement</p> <p>JM introduced the paper which had been prepared at the request of the Chairman to identify options for improving the way that Council and the Board engaged. The starting point for the proposals was the statutory regime and the options were designed to address a small number of long-standing recurring issues raised by Governors and the Board. The proposals had been developed with the assistance of SD and NG.</p> <p>SD reported that Governors had considered the options and whilst they were broadly happy with what was being proposed, they would like to discuss in more detail at the upcoming Council awayday. In particular, the Governors would like to explore further the role of the Governors and the role of the Trust in relation to the Membership. DP agreed, adding he welcomed the proposals, which he supported as Chair of the Membership and Engagement Committee. He said that it had always been his view that the Trust should lead on membership engagement, led by Communications, and with support from the Committee: communications was the critical element of the relationship with the membership. THH thanked Governors for their response, explaining that the non-executive directors had similar views, in particular that the Trust is responsible for its relationship with its Members.</p> <p>With regard to the proposal for the Strategy and Engagement Group, SD and AH said that Governors were very interested in the proposal and were keen to understand how they could best contribute to this. TP agreed and noted that this Trust was unusual in having so many London Boroughs to communicate across. He was keen to see the Director of Communications have greater involvement. THH explained that the intention was to focus on strategic</p>

	<p>matters and build engagement in a more informal setting. Some of the challenges ahead were going to be difficult and it would be crucial that the Board and the Council were aligned wherever possible.</p> <p>Action: Gill Holmes, Director of Communications, to bring proposals for membership engagement to the Spring Council meeting.</p> <p>PK agreed that the proposals were moving in the right direction but stressed the importance of making sure discussion was not retrospective ie after debates had concluded. In this regard, he wondered whether meeting twice a year would be sufficient. FOF agreed that the paper was a good starting point and that as a new Governor; she welcomed the emphasis on training and development. She offered to provide feedback on her own experience as a new Governor. She also emphasised the need to work in partnership with other organisations active in the local community.</p> <p>Action: JM to seek feedback from FOF on new Governor induction.</p> <p>LS noted that the Trust now had significant online engagement with the public and patients. LW agreed that the Trust does all it can to engage and referenced the wide range of provider relationships including with local authorities. There might be merit in explaining more of this on the Trust's website.</p> <p>THH thanked Council for supporting the proposals and confirmed that they would be discussed in more detail at the November away day. In the meantime, the executive would arrange prospective dates for 2019/20 meetings in line with the proposal in the paper.</p>
1.5.2	<p>Governors' Away Day 15 November 2018 – plan</p> <p>THH outlined a proposed agenda for the November awayday:</p> <ul style="list-style-type: none"> • A focus on strategy • Review of the engagement proposals • Social lunch • Development session led by Governwell on the role of the Governor • An independently facilitated session on Trust values and how they inform internal Council workings <p>Any papers issued in advance would be for background reading only, and the CEO would be asked to set a small number of questions on which she would like to seek Governor views.</p> <p>CDB suggested that it may also be useful to ask someone from another Trust to talk about how their Council operates. THH agreed that this may be worth exploring.</p> <p>Action: JM to speak to Governwell regarding the role of a Governor session. Action: Presentation from NHS Providers Conference to be sent to Council. Action: VD to recirculate date for awayday to Council.</p>
1.5.3	<p>Governors' Elections</p> <p>JM reminded Governors of the current election and the timetable being worked to. All seats were expected to be contested.</p>
2.0	PAPERS FOR INFORMATION
2.1	<p>*Chairman's Report</p> <p>The Chairman advised that he was seeking a meeting with his peers at CQC, NHSI and NHSE on performance.</p> <p>The report was noted.</p>
2.2	<p>*Chief Executive Officer's Report</p> <p>LW introduced her report and updated Council on:</p> <ul style="list-style-type: none"> • Current performance levels;

	<ul style="list-style-type: none"> • The introduction of a clinical services division into the organisation structure • The awards received by staff in recognition of their work; • The increased engagement led by communications which was really helping to share all that was happening across the Trust with staff and patients; • The recent visit of the Secretary of State for a night shift on which he had provided very positive feedback • The 30 year anniversary of the Kobler centre; • The NHS ten-year plan; • Volunteering developments; • Work on alternative options for the Royal Brompton; • The CLAHRC proposal. <p>The report was noted.</p>
2.3	<p>*Performance and Quality Report, including 2.3.1 Workforce Performance Report</p> <p>AH asked how the Trust was preparing for winter, especially as summer had remained busy. LW explained that the Trust remained close to being the top performer although it may miss A&E targets this month. Morale remained very high. Contingency planning was underway including extra space for ambulatory care at West Middlesex. She reported that this winter would be tough.</p> <p>In response to a question from TP, LW confirmed that the Trust remained in line with its financial projections and was ahead by £300k at the end of August.</p> <p>The report was noted.</p>
2.4	<p>*Membership Sub-Committee Report September 2018</p> <p>The report was noted.</p>
2.5	<p>*Quality Sub-Committee Report September 2018</p> <p>SD asked Council to note that LWa was attending the Falls Working Group. He also confirmed that two winners had been identified for Council of Governor Quality Improvement Awards and that these would be presented at the Staff Awards event.</p> <p>The report was noted.</p>
2.6	<p>*Governors' Questions</p> <p>The report was noted.</p>
3.0	OTHER BUSINESS
3.1	<p>Questions from the public</p> <p>LWa, on behalf of a member of the public, asked why a proposal to establish an initiative called 'Fairy Godmothers' did not receive appropriate support. She explained that this was an initiative that had been organised, with volunteers in place, but which had fallen through. The initiative had been designed to help in Paediatrics.</p> <p>LW advised that she was not aware of this issue and CC from CW+ was asked to respond. CC advised that he was familiar with the issue and was candid in admitting that opportunities had been missed. He felt that this may have been due to the timing of the proposal which came when some restructuring was happening within the Trust's volunteering arrangements. He apologised for the failure to capture the opportunities and expressed his willingness to meet the patrons.</p> <p>Action: THH asked the CEO to investigate and to find out what had happened.</p> <p>KK asked whether the Trust had a view on recent media coverage of the suggestion that A&E attendances might need to be pre-booked. LW reflected that there were no current plans to change A&E target arrangements.</p>

	AH asked if the Trust would be celebrating AHP Day. LW confirmed that the Trust operated as a meritocracy and welcomed the right talent irrespective of background. She was sure AHP day would be celebrated.
3.2	Any other business There was none.
3.3	Date of next meeting – 29 November 2018, 14.00-16.00, Meeting Room A, West Middlesex Hospital

The meeting closed at 16:50pm

DRAFT



Council of Governors – 27 September 2018 Action Log

Date	Minute number	Action	Current Status	Lead
27 Sep 2018	1.3	<u>Minutes of previous meeting held on 26 July 2018 and action log</u> Action: JM to liaise with THH PA to reissue dates for informal lunches with the Chairman.	Ongoing. These will be generated for January 2019 onwards.	JM
	1.5.1	<u>Improving Trust Board and Council of Governors' engagement</u> Action: Director of Communications, to bring proposals for membership engagement to the Spring Council meeting.	This is on the forward plan for the May COG meeting.	Comms
		Action: JM to seek feedback from FOF on new Governor induction.	Discussion scheduled for 27 November 2018.	JM
	1.5.2	<u>Governors' Away Day 15 November 2018 – plan</u> Action: JM to speak to Governwell regarding the role of a Governor session.	Complete.	JM
		Action: Presentation from NHS Providers Conference to be sent to Council.	Complete: this was presented as part of the awayday.	JM
		Action: VD to recirculate date for awayday to Council.	Complete.	VD
	3.1	<u>Questions from the public</u> Action: THH asked the CEO to investigate an initiative called 'Fairy Godmothers' and to find out what had happened.	Update to follow.	LW
27 Jul 2018	1.3	<u>Blue Badge holders charges</u> Action: Car parking charges for Blue Badge holders to be added to the appropriate 2019 Council agenda.	This is on the forward plan for the May 2019 Council of Governors meeting.	JM
	1.4.1	<u>Our people, including staff survey</u> Action: Summary of discussions on working hours at Partnership	Update to follow.	SE

		Forum to be taken to PODC and reported to future Council and Board.		
		Action: Outcome of PODC deep dive into retention to be reported at future public Board meeting.	Update to follow.	SE
		Action: THH/SG to meet staff governors.	To be scheduled now that election results are known.	JM
		Action: Percentage BAME senior managers at Trust to be reported to at Board.	Update to follow.	SE
		Action: Team brief to be circulated with Public Board papers.	Complete.	GH
	2.3	<u>Performance and Quality Report</u> Action: Review of non-executive assurance of performance to be considered by Council twice annually.	This will be scheduled on the forward plan for 2019.	JM

Board Quality Committee - Chairman's Report to Council of Governors, November 2018

Following on from my previous reports to the Council of Governors, this report will focus on the work of the Board Quality Committee over the past 6 months.

Committee Terms of Reference

The Committee terms of reference can be summarised as:

The Trust aims to put the patient at the centre of care, and so the aim of the Committee is to provide the Board with assurance that the quality of care is delivered to the highest possible standards and that appropriate processes are in place to identify and manage any gaps. The Committee's remit includes oversight of -

- the **safety** of treatment and care provided to patients,
- the **effectiveness** of the treatment and care provided to patients, and
- the **experience** that patients have of the treatment and care they receive.

The 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 has a broad scope and a busy workload. The Quality governance architecture (attached) shows the four Groups that report to the Quality Committee, and their respective sub groups. The four Groups and their Chairs are

- Patient Safety (Zoe Penn, Medical Director),
- Clinical Effectiveness (Roger Chinn, Deputy Medical Director),
- Patient and Public Experience and Engagement (Nathan Askew, Director of Nursing, Chelsea site) and
- Health, Safety & Environmental Risk (Shân Jones, Director of Quality Governance).

Committee Membership and Attendance

A majority of Committee members are clinicians. Membership comprises: three Non Executive Directors, the Chief Executive, the Medical Director, the Chief Nurse, the Chief Operating Officer, the Deputy Medical Director, the Director of Quality Governance, and the Company Secretary. In addition the Directors of Nursing for each site, the Director of Improvement, the Director of Human Resources, and the Director of Communications each have a standing invitation to participate and usually do.

Attendance and active participation by all members is excellent.

Significant Items Covered

Following both hospitals being rated "Good" by the Care Quality Commission in March 2018, the Quality agenda is now headlined "The Journey to Outstanding". In keeping with that theme, Committee oversight is focussed on continuous improvement of care quality. This includes:

- CQC Actions.** The CQC did not specify any "must do" actions. However, the inspection report identified 57 "should do" actions and 90 "additional" actions, and the Committee monitors completion of these. At end October, of the "should do" actions 5 were completed and an additional 34 were on track for completion, leaving 18 in need of increased attention. Of the "additional" actions, 23 were completed and 38 were on track for completion, leaving 26 in need of increased attention.
- 2018-19 Quality Priorities.** The Committee maintains oversight of progress on the Trust's Quality Priorities. A 2nd Quarter update is due next month, but as of end 1st Quarter, the status could be summarised as:

1. 30% reduction in inpatient falls	Led by the Falls Steering Group, much good groundwork is being laid i.e. processes and tools, but this has yet to translate into a reduction in falls.
2. National Safety Standards for Invasive Procedures (NatSSIPs), including standardisation and 100% utilisation of WHO Safety Checklist with no Never Events and 90% reduction in Serious Incidents relating to invasive procedures.	Good progress on standardising NatSSIPs and writing and implementing local standards (LocSSIPs). One Never Event last month - no harm to patient. Investigation (including NED participation) pending and will be reviewed at Quality Committee when investigation complete.
3. NHS Resolution 10 Point Maternity Safety Plan	Initial completion and self-certification by Board in May 2018, with ongoing compliance since then (one of very few Trusts in England to achieve this).
4. 10% reduction in Trust-onset E. Coli bloodstream infections	Work underway particularly as relates to urinary catheter insertion and removal procedures.
5. Complaints Management - 90% of complaints acknowledged in 2 working days, 90% of complaints responded to in 25 working days, development of a Trustwide system demonstrating learning from complaints	See detailed information on pages 4 - 6.

- Ward Accreditation.** The Committee monitors the ongoing Ward Accreditation programme, which is driving significant improvements in quality and patient experience. 79 clinical areas have been assessed so far this year, and by the end of the year all 89 clinical areas throughout the Trust will have been assessed. As of end October:

- 3 units were rated Gold (Ron Johnson, Annie Zunz, and the Emergency Department - Adults at the Chelsea & Westminster site)
- 24 units were rated more highly than last year i.e. moved up a level, but
- 2 units moved down a level (Labour Ward Theatres from Silver to Bronze, and Neptune from Gold to Silver).

The Ward Accreditation process has become tougher since first launch 18 months ago, with a detailed checklist tool organised around the CQC's domains plus 9 mandatory safety areas such as fire procedures, sharps management, and infection prevention and control. A breach in any of the 9 mandatory safety areas automatically results in a White rating for the Ward. At the current time, the Trust has no Wards rated White.

- **Mortality Reviews.** Each Quarter the Committee reviews a detailed Mortality report. All in-hospital deaths are reviewed by the clinical divisions to identify any instances of suboptimal care and share all relevant learnings amongst the clinical teams. The two most prevalent themes in cases where there may have been suboptimal care are recognising and responding to the deteriorating patient, and establishing and sharing ceilings of care. The Committee is reassured by the Trust's lower than statistically-expected levels of mortality, as evidenced by our Standardised Hospital Mortality Index (SHMI) reducing from 86.4 a year ago to 81.7 now, which is among the lowest SHMIs nationally.
- **Serious Incidents.** At every meeting the Committee reviews learnings from Serious Incidents, including trend analysis by site and by type of incident, as well as individual Serious Incident investigation reports. Of note -
 - At end September, year to date the number of Serious Incidents is significantly down on the comparable period last year and the year before (29 vs 42 vs 54).
 - One of the reasons for fewer Serious Incidents is the Trust's ongoing focus on preventing Hospital Acquired Pressure Ulcers, of which there have been 4 year to date versus 9 in the comparable period last year (categories 3 and 4). The Trust's incidence of all categories of Hospital Acquired Pressure Ulcers continues to be well below the national average.
 - Although there is a wide spread of types of Serious Incidents, year to date the most prevalent is suboptimal care of the deteriorating patient. There is much work being done to ensure 100% utilisation of Early Warning Scores and rapid escalation protocols.
 - West Middlesex has experienced double the number of Serious Incidents versus Chelsea & Westminster so far this year, however, there is no discernible pattern or spike in a particular clinical area or ward.
 - As of earlier this month, all overdue actions resulting from Serious Incidents i.e. changes in process, additional training, sharing learnings, etc had been completed.

In addition to the above, at every meeting the Committee continues to review the Trustwide **Performance and Quality Report** containing over 100 performance metrics. Not all are discussed but Committee members commend areas of strong performance and query areas where the Trust isn't meeting regulatory or Commissioner-specified targets. Over the past 6 months the Trust's strong performance across many high-profile areas is noteworthy including A&E 4 hour wait performance, Referral to Treatment Time, Cancer metrics and many others.

Each month the Committee also receives a detailed report and meeting Minutes, (in an ongoing rota), from one of the four Groups and its attendant sub groups i.e. **Clinical Effectiveness, Patient Safety, Patient and Public Engagement and Experience, and Health, Safety & Environmental Risk.**

We query any issues and if needed, request follow-up assurance for the next month. Recent examples where the Committee requested additional assurance include:

- Medication incident reporting;
- Implementation of Responsible Consultant and Named Nurse policy;
- Compliance with mandatory safety training; and
- Duty of Candour notifications.

Complaints

The handling of patient complaints has been an area of concern to the Committee for some time. On the positive side, the Committee is assured that complaints are taken seriously and each one is investigated. Also the standard of the Trust's responses is not in doubt, as evidenced by the very low number of complaints that are appealed further. But the timeliness of response has been poor. This featured in a number of the CQC's negative comments during their inspection. In particular, not meeting the Trust's own targets for complaints' response times has seemed like an "own goal". The Committee has also been keen to ensure that key learnings from complaints are disseminated more widely throughout the organisation, so that underlying causes of complaints (for example, communication) can be improved.

Beginning six months ago, the Committee asked for and now receives each month a focussed report on complaints. This includes analysis of complaints themes, and performance against the Trust's two targets of acknowledging 90% of complaints within 2 days and responding to 90% of complaints within 25 days.¹

Recent performance against the 2 day acknowledgement target has been good:

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Total received	63	82	85	52	82	80	87	76	70	73	77	48	46	60
No acknowledged in 2 working days	60	79	77	45	77	79	73	65	69	64	54	46	44	59
% acknowledged in 2 working days	95%	96%	91%	87%	94%	99%	84%	86%	99%	88%	70%	96%	96%	98%

Trust wide formal complaints performance; acknowledgement, 1st September 2017 – 29th October 2018

¹ Certain types of complaints may take longer than 25 days to resolve, for example, those which are subject to an investigation as a Serious Incident or by outside authorities.

Performance against the 25 day response target has shown improvement but needs to get better. Beginning this month an extra layer of escalation has been added, so that the Chief Nurse will be notified 48 hours before the response deadline in an effort to accelerate the final response.

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Total due to be closed	74	73	79	82	94	82	93	93	102	78	88	63	40	41
No. closed within timeframe	26	30	39	40	44	47	50	42	72	84	77	47	30	31
% closed within timeframe	35 %	41 %	49 %	49 %	47 %	57 %	54 %	45 %	71 %	93 %	88 %	75 %	75 %	75 %

Trust wide formal complaints performance; closure, 1st September 2017 – 29th October 2018

Although it varies month to month, there are generally more complaints linked to the Chelsea & Westminster site than to West Middlesex (60% / 40% averaged over the past several months). Complaints vary widely in content, but the highest proportion has been consistent over time and relates to Communications With the Patient and/or Their Relatives, and Staff Member Attitude. Other recurring themes relate to Appointments, and Issues with Clinical Treatment. Complaints are reviewed and learning shared within clinical teams and through divisional quality meetings. However, the Committee has challenged management to find a way of demonstrating that behavioural improvement is actually occurring in response to these themes.

Each month the Committee reviews summaries of several compliments and complaints to deepen our understanding. A few recent complaints are as follows.

Emergency and Integrated Care

Family member of patient complained of patient's discharge from hospital, lack of communication regarding medication and attitude and behaviour of consultant.

Outcome: We apologised that the consultant did not introduce himself clearly when discussing discharge of patient and that the discharge options were not understood. We also confirmed that the information on the discharge summary was not clear and apologised for the inaccurate advice provided on discharge and resulting confusion regarding medication.

Delays with cardiology treatment.

Outcome: We apologised for the delay experienced for a specialised test to be carried out which had to be undertaken at another hospital. We also apologised for delays experienced waiting for an appointment with a cardiologist and for the error with the person's contact details which has been rectified.

Planned Care

Relative unhappy with poor arrangement and lack of communication of patient's discharge from ward.

Outcome: We apologised that the family had not been made aware of their relative's discharge from the ward and that best practice had not been followed. We also apologised that medication was not available on discharge, together with the discharge summary, however the medication was not needed at the point of discharge and there was time to forward the medication to the care home. We apologised that this was not communicated to the care home.

Patient referred by GP for ultrasound scan and after requesting this to be rescheduled, patient waited several months for a new date and after hearing nothing, called in and was told that the referral had been closed and patient needed to return to their GP.

Outcome: We apologised for the error and the distress caused and offered a revised appointment date.

Women, Neonates, Children and Young People, HIV / GUM, Dermatology and Private Patients

Patient expressed concern regarding gynaecology surgical outcome. Concerns regarding procedures undertaken, conflicting diagnoses, medication advice and incorrect information given in a report.

Outcome: We provided an explanation for the decisions regarding the clinical treatment provided and apologised that a surgeon had not spoken to patient following surgery. We explained that the case had been referred to the multi disciplinary team for further discussion, and that the issues raised had been discussed with the doctors involved to reflect on their conduct and use as a learning opportunity.

Complainant unhappy with experience at Dean Street. Felt interrogated by reception staff, was running late for her appointment and despite feeling that she needed to be seen urgently she was not seen.

Outcome: We explained that the clinic closes at 4pm on a Saturday. As patient was unable to make her appointment and arrived after the clinic was closed, we explained that the security guard would need to check with the clinical staff why someone may be attending after this time. We apologised that patient felt uncomfortable with the receptionist asking questions but explained the purpose of this is to make sure people are seen by the appropriate person as we run many different services. We also explained the rationale for strict appointment times due to the number of patients seen.

Committee Effectiveness and Forward Plan

Last month the Committee received a favourable report from KPMG, the Trust's internal audit partner, regarding the robustness of quality governance from "ward to Board". Next month all of the Board Committees including the Quality Committee will be completing their annual review of effectiveness.

The Committee maintains a rolling forward plan of agenda items. Over the next several months the focus will be similar to that of the past six months, with the same recurring items. Key additional items include the review and approval of the new 2019-22 Quality Strategy, review of recent mock inspections of clinical areas subject to imminent CQC inspection, and the Committee's annual review of the Trust's adult and child safeguarding practices and performance.

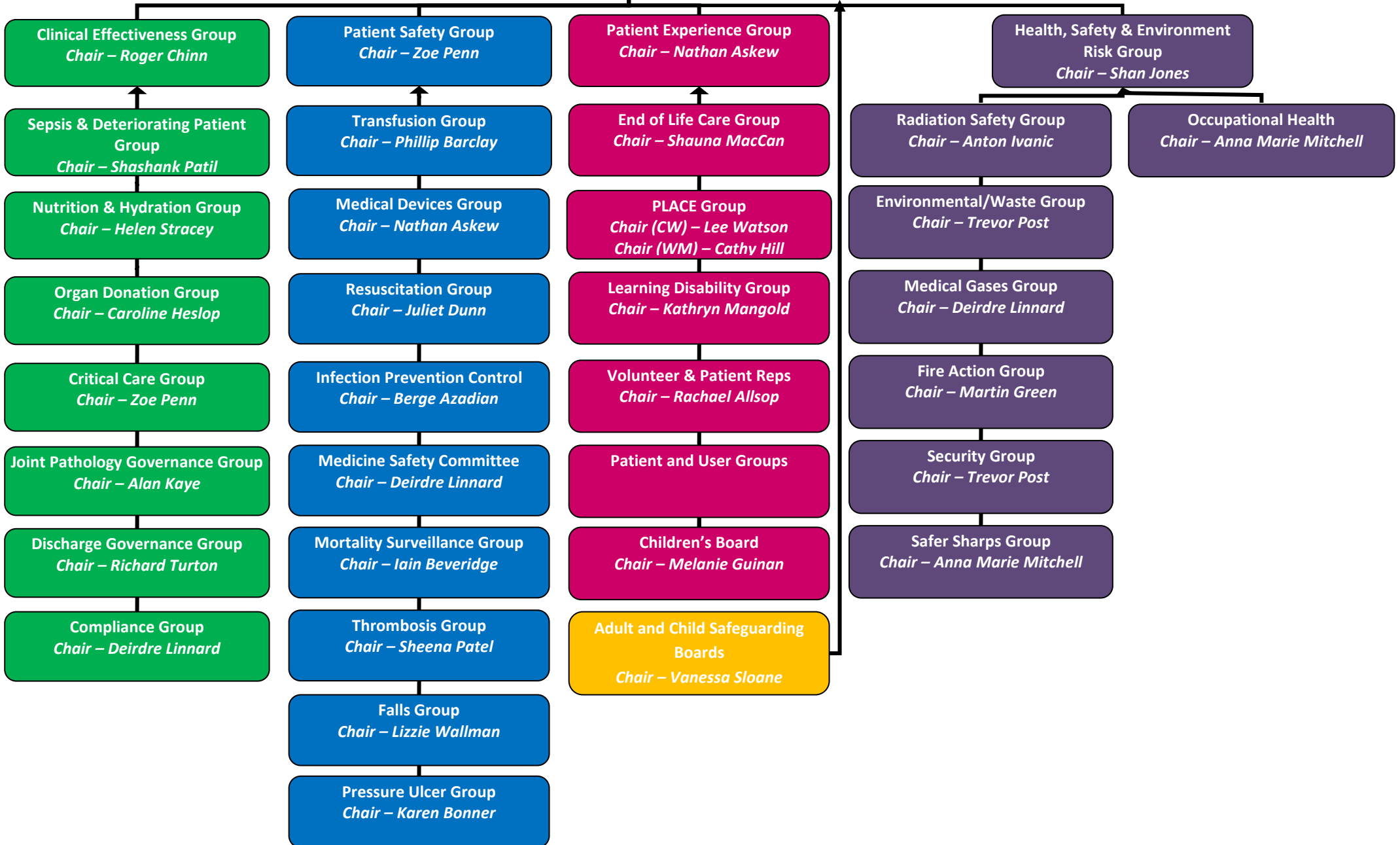
This is a brief update on the work of the Board Quality Committee, and I look forward to discussing this and answering any questions at the 29 November meeting of the Council of Governors.

Eliza Hermann
20 November 2018



Quality Committee

Chair – Eliza Hermann





Council of Governors Meeting, 29 November 2018

AGENDA ITEM NO.	1.6/Nov/18
REPORT NAME	Report of the Council of Governors' Nominations and Remuneration Committee including: <ul style="list-style-type: none">- process for appointing a new Chair- appointments to the Council Nominations and Remuneration Committee
AUTHOR/LEAD	Sir Thomas Hughes-Hallett, Chairman Jeremy Jensen, Senior Independent Director and Deputy Chair Simon Dyer, Lead Governor
PURPOSE	This paper reports on the outcome of matters discussed at the most recent meeting of the Council of Governors' Nominations and Remuneration Committee and seeks: <ul style="list-style-type: none">a) Approval to the process endorsed by Council Nominations and Remuneration Committee for appointing a Chair.b) Approval to the process endorsed by Council Nominations and remuneration Committee for appointing the membership of the Council Nominations and Remuneration Committee.
SUMMARY OF REPORT	The Committee met on 5 November 2018 and discussed the matters covered in this report. <ul style="list-style-type: none">a) Process for appointing the Chair of the Trust The attached paper summarises the proposal for appointing a new Chair for the Trust in anticipation of the standing down of Sir Thomas Hughes-Hallett in September 2019.b) Process for appointing membership of the Nominations and Remuneration Committee. The attached paper describes a process for refreshing the membership of the Nominations Remuneration Committee of the Council.
DECISION/ ACTION	The Council of Governors is asked: <ul style="list-style-type: none">- to approve the process endorsed by Council Nominations and Remuneration Committee for appointing a Chair.- to approve the process endorsed by Council Nominations and

	<p>Remuneration Committee for appointing the membership of the Nominations and Remuneration Committee. In addition, to consider the criteria for appointment and the involvement of the Lead Governor.</p>
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Issue A - Process for appointing a new Chair

Background

The Council's Nomination and Remuneration Committee, chaired by the Senior Independent Director, met on 5 November 2018 and discussed the process for appointing a new Chair for the Trust. The full paper discussed by the Committee is attached at **Annex A**.

This can be summarised as:

- Agreeing to appoint an external agency to assist Council in the search for a diverse field of candidates
- Agency appointment to be made in line with Trust procurement protocols with final decision made by CEO, informed by advice from SID, Lead Governor and CFO. Approach to securing diverse field of appointable candidates to be critical factor.
- Council Nominations and Remuneration Committee to:
 - brief the agency when appointed
 - agree the role specification and
 - agree the composition of an appropriately constituted Appointment Panel comprising a majority of Governors made up as follows:
 - Senior Independent Director (as Chair)
 - Three Governors (2 public/patient and 1 appointed)
 - Director of HR and Organisation Development (*non-voting* and to support the process from an HR perspective)
 - An independent assessor (*non-voting*)
 - Receive the recommendations of the Appointment Panel and make a recommendation on preferred candidate to Council
 - Council to decide on appointment of preferred candidate.

All of the detail attached to these steps can be found in the paper at Annex A.

The Committee endorsed the approach contained within the paper.

Decision 2

The Council of Governors is asked to approve the process endorsed by Council Nominations and Remuneration Committee for appointing a Chair.

Issue B - Process for appointing the membership of the Council Nominations and Remuneration Committee

Background

As part of its deliberations on the process to appoint a new Chair, the Council's Nomination and Remuneration Committee, chaired by the Senior Independent Director, also discussed how the membership of the Nominations and Remuneration Committee should be refreshed for the period ahead. This was in recognition of the importance of this Committee's work over the coming year.

The paper attached at Annex A, described the process used by Council in 2013, namely expressions of interest be sought from interested Governors, informed by a simple application form, which are then reviewed by the Chair of Council and Senior Independent Director.

The Committee's terms of reference specify that the membership is five publicly/patient elected Governors, the Lead Governor and the Trust Chairman.

The Committee endorsed the proposal to determine the membership of the Committee as described above.

Decision 2

The Council of Governors is asked to approve the process endorsed by Council Nominations and Remuneration Committee for appointing the membership of the Nominations and Remuneration Committee.

Further to the above, Council are asked to agree that the following be used as criteria for appointment to the Committee, and that the Lead Governor also be involved in confirming appointments:

- a. Experience / knowledge of board processes and the Trust
- b. Understanding of diversity
- c. Regular attendance at COG meetings

Annex A – Paper considered by Council of Governors’ Nomination and Remuneration Committee regarding the a process to appoint a Chair

Introduction

1. This document describes the roles and responsibilities involved in making appointments of the Foundation Trust Chair and Non-Executive Directors (NEDs). It proposes a process to make sure that appointments are made as smoothly and effectively as possible, including that appointments are made openly and transparently and in line with the Nolan principles and other good practice guidance.
2. The Council of Governors ultimately makes all Chair and NED appointments and receives assurance from the Council of Governors Nominations and Remunerations Committee (COG NomRem) on the probity of the process. COG NomRem has delegated responsibility from the Council to oversee the recruitment and selection process and recommend a suitable applicant for appointment to the Council for approval.
3. For reference, attached at **Appendix 1**, is a summary of the process adopted in 2013 for the appointment of the current Chairman.

Role of Governors

4. Under the terms of the constitution and NHS Act 2006, the Council of Governors has statutory responsibility for the appointment (and removal) of the Chair and NEDs. Oversight of this process is delegated to the Council of Governors Nominations and Remuneration Committee (CoG NomRem) who oversee the recruitment and selection process and recommend a suitable applicant for appointment to the Council for approval.

Role of the Board

5. Whilst bearing no direct responsibility for Chair and NED appointments, it is recognised that individual members of the Board, and in particular the Senior Independent Director, can and should make a valuable contribution to the appointment process. Typically this extends to the Chair chairing the appointing panel for the recruitment of new NEDs and the Senior Independent Director chairing an appointing panel for a new Chair (noting that the decision to appoint is by a majority of the Council of Governors).

Role of the CoG NomRem

6. The CoG NomRem currently comprises five publicly/patient elected Governors, the Lead Governor and the Trust Chairman. The Trust Chairman chairs the Committee unless the Committee’s business includes discussion with regard to the Chairman role, when the Senior Independent Director chairs the meeting.
7. As detailed in its terms of reference, the CoG NomRem has delegated responsibility for overseeing the recruitment process on behalf of the Council, and for the nomination of suitable candidates to Council for approval to appoint. This remit would extend to confirming that an external agency should be engaged to support the appointment process (although the procurement decision is ultimately made by the Trust executive in line with agreed Trust procurement processes), briefing the headhunters, agreeing the role specification and agreeing the composition of an appropriately constituted Appointment Panel.

Role of the Appointment Panel

8. Practically, the full CoG NomRem is too large to be an effective appointing panel. As such, identifying a smaller group to conduct longlisting, shortlisting and interviewing is recommended. Clearly it is key that this Panel comprises a majority of Governors and so the composition recommended for the Appointment Panel for the Chair is:
 - Senior Independent Director (as Chair)
 - Three Governors (2 public/patient and 1 appointed)
 - Director of HR and Organisation Development (non-voting and to support the process from an HR perspective)

9. In addition, CoG NomRem may wish to consider inviting an independent assessor to sit as part of the interview panel. This could be a Chair of another Foundation Trust or a senior colleague from eg NHS Improvement. This independent assessor should be able to ask questions and be involved in the discussions about the candidates but they would not have a vote. This is common practice and ensures an additional element of objectivity.

10. In selecting the Governors to sit on the Appointing Panel, the CoG Nom Rem should have due regard to the skills and experience required to make appointments of this kind and reflect carefully on both the diversity of the panel as well as its competence.

Timetable

11. Below is a generous outline timetable for the process to identify and appoint a new Chair by September 2019. This is informed by experience and it could certainly be compressed. Allowing a more generous time at the outset is usually wise. There is space built in for slippage early in the process and towards the end – but it has been proposed to allow for interviews to conclude before the summer break and a decision to be made at the July Council meeting.

12. Note: In light of elections, it is possible that the membership of the CoG NomRem will need to be revisited at the commencement of this process. The Trust’s Constitution is silent on how the membership of the COG NomRem is determined but the process followed in 2013 provides a good benchmark: namely, expressions of interest are sought from interested Governors informed by a simple application form, which are then reviewed by the Chair of Council and Senior Independent Director.

	Action	Date
	Composition of CoG NomRem confirmed post November 2018 elections	December/January
	Headhunters appointed, briefing meetings take place with key stakeholders, draft role specification and candidate pack prepared	December/January
	CoG NomRem: <ul style="list-style-type: none"> - Agree role specification and candidate pack - Agree proposed advertising and search approach with particular emphasis on ensuring a diverse pool of candidates - Agree Appointing Panel 	Early February
	Council of Governors informed of process and approve role specification formally	February

Flexibility here to allow process to run slightly later		
	Vacancy advertised and search commences	Early April
	Application deadline	Early May
	Appointing Panel longlisting meeting with headhunters - Agree longlist - Agree any areas to be probed	Mid May
	Opportunity for informal chat with Chair/CEO	Mid May to mid June
	Headhunters conduct longlisting interviews	Mid May to Mid June
	Appointing Panel shortlisting meeting with headhunters - Agree shortlist - Agree interview questions	Mid June
	Invite candidates to interview	Mid June
	Informal meetings with Chair/CEO/NEDs/Lead Governor	Mid/end June
	Formal interviews by Appointing Panel	Early July
	Appointment Panel acting as COG NomRem determines recommendation to Council	
	Advise successful candidate of outcome of interviews (subject to approval by CoG)	July 2019
	Council approve Chair appointment recommendation	July 2019
	New Chair start date	1.10.19

Appointment of headhunters

13. A tender exercise in line with agreed Trust procedures will be undertaken to identify a suitable agency to support the appointment of the Chair. In view of the likely cost, this can be conducted quickly and relatively with a call for proposals. Bids will be assessed against key criteria, an indicative list being:

- cost
- approach to diversity including proposal for delivering a diverse long and short list including evidence of delivering diversity in senior recruitment exercises
- value for money
- ability to meet the timetable
- the provider's understanding of the role, the sector and the local health economy.

14. We would anticipate bids being reviewed by the CEO, CFO (as Director of HR), SID and Lead Governor, with the final decision ultimately that of the CEO as Accountable Officer.

Post the appointment of headhunters

15. Detailed work on the role specification, candidate pack, search approach and advertising strategy is best commenced on the appointment of the preferred headhunters who should facilitate this. As part of their work, they should meet a wide variety of interested stakeholders to take their views on the requirements for the Chair at this time, including members of the Council of Governors, Non-Executive and Executive Directors of the Board and relevant external stakeholders.

Appendix 1 – Process used by the Trust when making appointment in 2013

Appointing the Nominations Committee

Governors were invited to express their interest in joining the Nominations Committee. Governors who expressed interest were interviewed by the Chair and Vice Chair of the Trust. Interviews were held and governors selected for the committee were informed in writing.

The Nominations Committee Interview Panel for the Chair comprised the following:

- Vice Chair of the Trust and Chair of the Committee
- 2 x Elected Governor
- 1 x Appointed Governor
- Independent Assessor
- Non-voting NED attendee
- Director of HR and OD in attendance (non voting)

The key steps in the recruitment schedule were as follows:

Expressions of Interest sought from recruitment agencies	Early July
Saxton Bampfylde confirmed as recruitment agency and contract agreed	11 September
Nominations Committee meet with Saxton Bampfylde and agree process timetable and next steps for Board skills analysis and candidate pack	10 October
Candidate information pack produced	Late October
Benchmarking for Chair salaries with other London trusts	Late October
Consultation for increasing Chair salary with CEO	Late October
Advertisement run	Late Oct/EarlyNov
Saxton Bampfylde hold discussions on skills and experience for prospective Chair with Board members	Early November
Saxton Bampfylde meet with Council to update on process and hear their views on the skills and experience they would like to see in a prospective Chair	6 November
Closing date for receipt of applications	7 November
Long-listing of candidates by Nominations Committee and ratification on salary	12 November
Saxton Bampfylde holds informal interviews with long-listed candidates	Mid-November

Shortlisting of candidates by Nominations Committee	28 November
Candidates visit the Trust: one-to-one meetings with shortlisted candidates and the CEO, selected executives, NEDs, concluding with a hospital tour conducted by the Lead Governor	Early December
Nominations Committee Interview Panel	13 December
Council of Governors meeting to appoint Chair	13 December

Nominations Committee Interview Panel

Candidates were asked to prepare a short response to the following question: *“Based on what you have seen and heard during your visit to the Trust, what would be your top three priorities for the Trust if you were appointed and how would you set about pursuing them”*.

Each candidate was interviewed using a selection of pre-agreed questions addressing a number of areas including, but not limited to, strategic leadership of the Trust and the Board, external relationships, engagement including with the Council of Governors, patient focus and personal commitment.



Council of Governors Meeting, 29 November 2018

AGENDA ITEM NO.	1.7/Nov/18
REPORT NAME	Feedback on findings from Council awayday
AUTHOR	Julie Myers, Company Secretary
LEAD	Sir Tom Hughes-Hallett, Chairman Simon Dyer, Lead Governor
PURPOSE	To share the actions agreed at the Council of Governors awayday held on 15 November 2018. It is presented for noting in the context of broader discussion of reflections on the awayday.
KEY RISKS ASSOCIATED	N/A
FINANCIAL IMPLICATIONS	N/A
QUALITY IMPLICATIONS	The proposals seek to enhance the ability of Council to fulfil its statutory functions, all of which adds to the Trust's ability to demonstrate that it is well-led.
EQUALITY AND DIVERSITY IMPLICATIONS	N/A
LINK TO OBJECTIVES	<ul style="list-style-type: none">• Excel in providing high quality, efficient clinical services• Improve population health outcomes and integrated care• Deliver financial sustainability• Create an environment for learning, discovery and innovation
DECISION/ ACTION	Council is asked to note the actions.

Actions agreed at Council of Governors away day – 15 November 2018

Action	Status	Owner
Director's updates: Schedule a briefing for Council of Governors on the services provided by the Trust in the community.	To be included in a 2019/20 training session.	JM/VD
Directors' updates: Circulate the WRES report discussed at November Public Board to Council of Governors.	Complete.	JM
Test bed case study: Update to be reported to Council of Governors during life cycle of the programme.	To be included in the 2019/20 forward plan.	JM
Test bed case study: Council of Governors' volunteer for working group to be sought.	Details of working group and call for volunteer to be circulated.	RH
Governwell training session: Thought to be given to ensuring 'holding to account' is part of the Annual Members Meeting.	To be considered during 2019 in preparation for 2019 Annual Members Meeting.	JM
Governwell training session: Governors to advise JM/VD if they require assistance in framing questions that seek assurance.	As required.	Governors
Governwell training session: Greater transparency on Governor attendance to be developed, including option for mandatory disclosure when seeking re-election.	a) Rolling log of attendance at Council meetings to be appended to every Council agenda. b) Investigation into ability to require mandatory disclosure at point of re-election to be investigated under election rules.	Complete JM
Effectiveness session: Development of an issue log.	Examples to be sought from other Foundation Trusts with a view to bringing potential models to Council in February for adoption 1 April 2019.	JM/VD
Effectiveness session: Council of Governors meetings to be held from 4pm – 6pm irrespective of site and with informal Governor meeting to be held immediately prior.	Timing to be adopted for all meetings from 1 January 2019 onwards. Review impact on attendance end 2019.	VD
Effectiveness session: Governors unable to attend informal Governor meeting to provide comments in advance to Lead Governor.	As required.	Governors

Effectiveness session: Dial in details to be provided for informal Governor meetings.	Complete. These to be available at every informal meeting.	VD
Effectiveness session: Lead Governor and Chairman to discuss manner of reporting discussion of informal Governor meeting.	THH/SD to discuss in due course.	THH/SD
Effectiveness session: Executive to consider alternative venues for Council of Governor meetings (ie alternative either Chelsea and Westminster Hospital or West Middlesex Hospital).	Ongoing.	VD
Effectiveness session: New Governors to be offered optional 'buddy'.	Complete. Invitation offered to new Governors.	JM
Effectiveness review: Governors to 'buddy up' to deliver 'Meet a Governor' sessions.	As required.	Governors
Effectiveness review: Governors to reflect on Chairman attendance at biannual informal meeting with Trust non-executive directors.	Governors to discuss.	SD



Council of Governors Meeting, 29 November 2018

AGENDA ITEM NO.	2.1/Nov/18
REPORT NAME	Chairman's Report (as presented to November Public Board)
AUTHOR	Sir Thomas Hughes-Hallett, Chairman
LEAD	Sir Thomas Hughes-Hallett, Chairman
PURPOSE	To provide an update to the Public Board on high-level Trust affairs.
SUMMARY OF REPORT	As described within the appended paper.
KEY RISKS ASSOCIATED	None
FINANCIAL IMPLICATIONS	None
QUALITY IMPLICATIONS	None
EQUALITY & DIVERSITY IMPLICATIONS	None
LINK TO OBJECTIVES	NA
DECISION/ ACTION	This paper is submitted for the Board's information.



Chairman’s Report November 2018

1.0 NED succession planning

The Council of Governors’ (CoG) Nominations and Remuneration Committee is due to meet on 5 November 2018 to discuss plans to identify my successor, as well as the wider requirements for non-executive director succession planning.

2.0 Staff Awards

I was delighted to attend the Staff Awards ceremony on 18 October. It was inspiring to see so many of our staff genuinely delighting in the achievements of their peers. I am grateful to the whole organisation for their work in putting on such an impressive event. We can be very proud.

3.0 Board committees

Further to my report at the September meeting I can confirm that Board Committee memberships will be changing from 1 November and will look as follows:

Audit and Risk		Quality		Finance and Investment		People and OD	
CURRENT	NEW	CURRENT	NEW	CURRENT	NEW	CURRENT	NEW
Nick Gash (Chair)	Nick Gash (Chair)	Eliza Hermann (Chair)	Eliza Hermann (Chair)	Jeremy Jensen (Chair)	Jeremy Jensen (Chair)	Steve Gill (Chair)	Steve Gill (Chair)
Nilkunj Dodhia	Nilkunj Dodhia	Andy Jones	Andy Jones	Nilkunj Dodhia	Nilkunj Dodhia	Eliza Hermann	Eliza Hermann
Liz Shanahan	Andy Jones	Nick Gash	Liz Shanahan	Liz Shanahan	Steve Gill		Nick Gash
						Martin Lupton	Martin Lupton

4.0 Governor elections

Elections are currently being held for 15 seats across our Council of Governors. This comprises: seven patient governors; one public governor for Ealing; one public governor for Hammersmith and Fulham; two public governors for Hounslow; one public governor for Wandsworth; one staff governor for management; and one staff governor for nursing and midwifery. All of the seats are contested which shows the enthusiasm our Members have for getting involved in the Trust. The polls close at 5pm on Friday 9 November 2018 and we will know the results on 12 November 2018. We wish all of the candidates the very best of luck.

5.0 Governor Away Day

Our Council of Governors will be holding its annual Away Day on 15 November at Cadogan Hall. We will have a challenging day as we work through the Trust’s future strategy in addition to a session led by NHS Providers’ Governwell unit on the role of Council. This will bring in some useful external perspective.

6.0 Annual Members Meeting

We enjoyed a well-attended Annual Members Meeting on 27 September 2018 in the Gleeson Lecture Theatre at Chelsea and Westminster Hospital. As ever, we spoke with a packed room of passionate patients, staff and members of the public. Alongside presentations on our Annual Report and Accounts and the work of Council, attendees heard thought-provoking presentations on end of life care and the role volunteers can play within it, and our planning for Winter.

As always, we took questions from those in attendance and the range of matters raised reiterates the importance of engaging with all who use and provide our services.

7.0 Internal and external engagements

Since the last Board meeting (6 September 2018) I have undertaken the following engagements:

- 20 Sept – call with Royal Wolverhampton re dementia volunteers
- 25 Sept – London Chairs’ meeting
- 26 Sept – Chairman and Governors’ meeting
- 3 Oct – Meeting with NHS Scotland
- 3 Oct – Meeting with NHS Lothian
- 9 – 10 Oct – NHS Providers Conference
- 15 Oct – visit to St Mary’s Trust with Chair of British Red Cross
- 16 Oct – Kings Fund Breakfast
- 18 Oct – Chairs’ advisory group with Baroness Harding, Chair, NHS Improvement (NHSI)
- 25 Oct – Speaker at Westminster Health Forum
- 25 Oct – meeting with Baroness Harding, NHSI and Peter Wyman, Care Quality Commission (CQC)

Sir Thomas Hughes-Hallett

Chairman



Council of Governors Meeting, 29 November 2018

AGENDA ITEM NO.	2.2/Nov/18
REPORT NAME	Chief Executive's Report (as presented to November Public Board)
AUTHOR	Karl Munslow Ong, Deputy Chief Executive Officer
LEAD	Lesley Watts, Chief Executive Officer
PURPOSE	To provide an update to the Public Board on high-level Trust affairs.
SUMMARY OF REPORT	As described within the appended paper. Board members are invited to ask questions on the content of the report.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	This paper is submitted for the Board's information.



Chief Executive's Report

November 2018

1.0 Performance

September was another very challenging month with the continued growth in non-elective and elective demand. Despite these challenges both of our sites responded incredibly well and whilst the A&E Standard was narrowly missed at 94.9%, we remain one of the top performers. The Referral to Treatment incomplete target was achieved on both sites as was the 62 Cancer Standards. We were however, non-compliant with the 2 week wait performance standard and the Diagnostic 6 week standard. Given some recent capacity challenges and increased demands in certain specialities, Rob Hodgkiss has invited the Intensive Support team in to work with the operational teams to undertake a thorough review of Demand and Capacity across the Trust to ensure we have the right capacity available to meet our demands.

2.0 Staff Achievements and Awards

Annual Staff Awards

On 18 October, we held our annual Staff Awards at Rooms on Regents Park, where we recognised the contribution of staff across both hospital sites. A record 800 nominations were received and a total of 17 awards were presented including Nurse of the Year, Team of the Year, Inspiring Leadership Award and the Chief Executive's Special award. The awards are supported by our fantastic charity, CW+. See this [short clip](#) of our patients thanking staff members. All winners and photos can be found on [our website](#).

Long Service Awards

In September, we held ceremonies at Chelsea, West Mid and Harbour Yard to recognise staff working in our corporate division and contract staff. The long service awards were re-introduced in the summer when we recognised long service staff working in each of our clinical divisions.

Our latest CW+ PROUD award winners:

- **Planned Care:** Peter Temple, Anatomical Pathology Technician, Sue Bellars, Health Records and Systems Manager and Kieran Penn, Senior Patient Administrator
- **Emergency and Integrated Care:** Suzzet Armstrong, Senior Staff Nurse, Endoscopy
- **Women and Children:** Madoussou Dosso, Caseload Midwife and the Paediatric High Dependency Unit team
- **Corporate:** Danielle McNeish, Temporary Staffing Team Leader

External recognition:

- The **financial planning and sexual health service teams** won the Innovative Project Award for sexual health eServices at the Finance for the Future Awards.
- The [Anticoagulation Team](#) at West Mid won an award for Best Comprehensive Thrombosis Management Centre at the prestigious Anticoagulation Achievement Awards.
- **Dr Olivera Potparic**, one of our anaesthetic associate specialists, won a national award from the Association of Anaesthetists of Great Britain and Ireland (AAGBI) for her role as national representative of associate specialists.
- **Staff at 56 Dean Street** won an award in September for their work supporting the sexual health of London's homeless community. The award was presented to Dr Tara Suchak, Joe Phillips and Julie Ross.
- Our Chief Executive **Lesley Watts** has been shortlisted for a HSJ award for CEO of the Year.
- **Dean Street PRIME** has been shortlisted in the HSJ Awards 2018 in the Patient Digital Participation category. Judging takes place in October with the awards on 21 November.

3.0 Communications and Engagement

We held our 2017/18 annual members meeting on Thursday 27 September at Chelsea and Westminster Hospital. Attendees heard presentations from the Chief Executive, Chief Financial Officer and Council of Governors. There was a chance to hear about the Trust's progress and performance over the last year, and plans for 2018/19. Before the meeting, attendees had the opportunity to take an art tour of works on display in the hospital.

Current key communication areas include

- Winter including staff flu immunisation
- Freedom to Speak up
- NHS staff survey
- Critical Care project
- Volunteering

Press coverage

- BBC Breakfast featured our maternity unit on 7 Sept as part of their three-part series looking back at the heat wave. They interviewed Claire Davidson, Maternity Matron & Gubby Ayida, Associate Medical Director.
- The BMJ in August featured an interview with consultant Physician Anton Pozniak, who runs the HIV service at our Chelsea site, as he became the first British president of the International AIDS Society.

Media requests:

MTV Digital recorded a feature on Dean Street's sexual health services on 24 October. As part of the filming they interviewed consultant Dr Tara Suchak. The piece is part of a series of programmes aimed at young people and will feature on their website and social media channels.

BBC's Victoria Derbyshire programme interviewed Dr Abtehale Al-Hussaini on 21 Sept on her work to treat women who have suffered SCAD heart attacks and want to have children. Broadcast date TBC.

Obstetrician Natasha Singh and Midwife Debora Alcayde took part in Health Foundation-sponsored filming on our maternity unit on 22nd October. Natasha has been leading a Quality Improvement project in the hospital alongside midwifery colleagues and this was an opportunity to showcase this work.

Hand Surgeon Max Horwitz was filmed in surgery as part of a documentary called 'Our brilliant hands' by Beach View films. Date of broadcast TBC.

Internal communications / ongoing activity

We are continuing to receive positive feedback to our new internal communications tool, Poppulo, and this is providing valuable data to help shape our strategy. All-staff messages such as the daily noticeboard and CEO newsletter regularly receive open rates in excess of 50% with more targeted communications such as the new divisional newsletters having even higher rates.

We are now well underway with our winter/flu campaign and have been communicating key messages across all of our communications channels, particularly encouraging staff to get their flu jab. This has supported Occupational Health to vaccinate over 1,800 staff to date.

Following our Staff Awards, we will shortly be releasing a survey for all attendees to fill out, helping us to improve the event in future years.

We are now working on the next edition of our Trust magazine Going Beyond, which will include features on winter planning and our staff awards. This will be published within the next few weeks.

The next all staff briefing will take place in the first week of November and will cover winter planning, outpatient transformation and enhanced supportive care. Podcasts are made [available on the intranet](#) and are being promoted for those who were unable to attend. The latest all staff briefing and the Trust's winter plan 2018/19 paper presented to the 1 November Board are attached to my report.

We also celebrated the ten year anniversary of the West Mids birth centre, the first hospital in London to achieve UNICEF Baby Friendly accreditation. We were joined by the Mayor of Hounslow and the first baby born at the birth centre.

In early October, we hosted a party for children and young people who were previously patients on our NICU. The story will be featured in the Chief Executive's newsletter, divisional newsletters and on social media.

Other key events

- #IWill Volunteers Week – Pears Foundations – West Mids from 12 November.
- 15 year anniversary of the redevelopment of West Mid hospital – 19 November.
- World AIDS Day – 1 Dec.
- Xmas Open Day: 11 Dec at Chelsea and 12 Dec at West Mids (TBC by Cabinet).

Social media

Our use of video has led to higher engagement across all digital channels such as:

- **Critical Care** – video with [Trystan Hawkins](#), director of Director of Patient Environment at CW+ talking about his role in the project.
- **Flu campaign launch**: Live tweets including a series of videos were produced to encourage staff to get vaccinated. Engagement has been high as the flu trolley has worked its way around wards. Videos featuring [frontline clinicians](#) and our [Medical Director](#) also performed well.
- **#BlackHistoryMonth** – showcasing our black role models during the month of October. Videos with [Dr Brent Bartholomew](#) and [Nelly Adjei](#) performed well.
- **Sepsis Day 2018**: We featured a series of videos for World Sepsis Day to launch our new screening tool. We produced videos featuring consultants at [West Mid](#) and [Chelsea](#), a [pharmacist](#), and [nurse](#)

We recorded a high number of Twitter impressions over the past 28- day period (310k), driven by our flu campaign, staff awards, Black History Month and celebrations around the West Mid 10 year anniversary. This continues our upward trend and has been achieved by featuring exciting and prominent campaigns and increasing the number of videos produced.

Website:

In September the Trust website had 132,000 visits, of which 2/3s were new and 1/3 were returning visitors. The top sections were 56 Dean St, 10 Hammersmith Broadway and John Hunter clinics, travel directions and contact info, and our clinical services.

2/3s of our visitors use mobile devices. 3/4s of users visit our website via a search engine, and Facebook remains the key driver on social media. The stats are consistent with this period one year ago.

Our program of revamping key pages on the website is on-going in line with demand and divisional priorities.

4.0 2019-20 Planning Assumptions

We have started planning for next year and detailed guidance and control totals for 2019/20 will be issued in December 2018, with the final plan due to NHS Improvement at the beginning of April 2019. Key risks for the Trust relate to the potential impact of tariff changes, particularly proposals to update high cost area uplifts (Market Forces Factor), which would have a significant impact on CWFT, identification and delivery of CIP plans, and commissioner affordability. The Executive will be considering the implications of these

changes in more detail once the guidance is issued with the Board asked to consider the potential impact early in the new calendar year.

5.0 Senior Team Changes

I am delighted to announce that Thomas Simons will be joining our Board as the new Executive Director of Human Resources and Organisational Development. Thomas is currently the Chief People Officer at East and North Hertfordshire NHS Trust, and has extensive experience working in the NHS which includes several years at Barts Health NHS Trust.

It's expected Thomas will take up his new role in early 2019 and in the meantime Sandra Easton, Chief Financial Officer, will continue to provide leadership for the HR and OD portfolios. I look forward to welcoming Thomas into our Trust.

Karl Munslow-Ong, our Deputy Chief Executive Officer, is leaving the Trust to take up the position of Chief Operating Officer at The Royal Marsden. While his departure is tinged with sadness, we are delighted that he is joining an outstanding institution and of course a very close partner of ours on the Fulham Road. He will start his new role on 5 November.

He has done a fantastic job here over the past three and half years, and brought with him a huge wealth of healthcare and organisational experience from working at Hillingdon Hospital and a variety of other NHS Trusts.

We have sadly also seen the recent departure of Gill Holmes, our Director of Communications. Gill has made a tremendous impact during her time with us. This is aptly demonstrated by the immense growth in our comms and engagement activities that I have outlined earlier in my report. Gill unfortunately has departed for personal reasons and we would like to wish her all the very best for the future.

After a significant period of stability amongst the senior team we are going through some transition and I am taking the opportunity to think carefully with my Exec colleagues about ensuring we have the right resources in place to deliver on all of our priorities. I will provide a further update at the January Board meeting.

6.0 Strategic Partnerships Update

STP update

As reported to Board in September, I indicated that there was a significant STP workstream being commissioned to review and refresh the clinical vision and look to better articulate a clinical strategy for the whole of North West London (NWL). Our Medical Director and Chief Nurse represented the Trust at an initial NWL clinical workshop on 19 October to help take this forward. The group were joined by colleagues from the London Clinical Senate so that our thinking is also able to inform, and be informed by, the Clinical Strategy for London.

I would expect this strategic workstream to be completed and be in a position to share a summary with Board in January where I propose to:

1. Reflect on an updated set of NWL strategic intentions and any emerging analysis of the NHS 10 Year Plan
2. How they align with our own developing strategy
3. How any revised priority areas better address the issue of scale and sustainability across NWL

To support this session I would also propose to ask clinical colleagues to present case studies as to how we have contributed to the NWL STP to date and where we have improved care and delivered benefits for the local population.

Integrated Care in Hounslow

Hounslow CCG has been working on an Integrated Care business case which they envisage would be developed into an operating and contract model for April 2020. The CCG Governing Body approved the approach set out in the form of an outline business case (OBC) in September and, subsequently, the CCG has been facilitating an emerging provider partnership to:

1. Establish a programme management approach; and to
2. Develop a model of governance that recognises the responsibilities of sovereign organisations but seeks to create a form of delegated authority for joint decision making.

The approach to date from the Trust has been to support this development. We believe it brings the following benefits:

- Is (indicatively) of sufficient scale to ensure our engagement given the population the proposal seeks to serve and the impact on our contract with Hounslow CCG
- Is consistent with our emerging ambitions to develop WMUH site as a hub for Integrated Care
- The clinical priority areas are aligned to our own strategic priorities and operating plan including:
 - Improving outcomes across the population we serve (Quality)
 - Career/workforce development to deliver integrated care (Employer of Choice)
 - Focus on reducing impact of loss making emergency care pathways (Use of Resource)

The proposal to sign a Memorandum of Understanding was discussed at our Strategic Partnership Board in October and while the Executive identified a number of risks the recommendations are:

1. Sign the MoU as a neutral and inclusive step
2. Continue to support the work programme through the Emergency & Integrated Care Division and site leadership at WMUH (including appropriate risk/benefit analysis)
3. Update Board on progress

External Work Programmes

The senior team continue to be engaged in a variety of external work programmes at a local, regional and national level. I am committing a significant amount of time to my STP leadership role and continue to chair the elective care programme for London, the national NHS Visitor & Migrant Cost Recovery Programme Senior Advisory Board and the NW London Outpatient Transformation Board.

All of my Exec team continue to contribute and lead a variety of STP work programmes. Rob Hodgkiss chairs the COO NW London network; Sandra Easton is chairing the national Healthcare Finance Managers Association (HFMA) Sustainability Committee; Zoe Penn is a member of Independent Reconfiguration Panel (Department of Health); Pippa is national advisor to the CQC and leads the maternity workstream for NW London; and Karl leads the joint work with Imperial College and Imperial College Healthcare Trust on developing a North West London option to retain the Royal Brompton Hospital in the sector.

Royal Brompton Hospital

We have continued our work with Imperial College, Imperial College Healthcare Trust and other sector partners to develop an alternative proposal to the move of Royal Brompton's services from the Fulham

Road to the St Thomas' site. We recently attended the Royal Borough of Kensington and Chelsea, Health Overview and Scrutiny Committee where we heard from NHS England (NHSE) on their role as the commissioner of the largest elements of Royal Brompton's clinical services. We have also met separately with NHSE to update them on our work and better understand how they intend to oversee the consultation process. We plan to submit our joint outline feasibility document to NHSE at the end of November.

7.0 Finance

At the end of September, month 6, our year to date adjusted position is a surplus of £1.84m which is in line with plan. Pay costs are £6.6m adverse to plan offset, in part, by underspends in non-pay. We have achieved 79% of our year to date savings target, so we are focussing on getting our delivery of savings back on track to deliver our overall financial position in 2018/19.

The Trust has revised the year-end forecast which now includes a non-cash receipt of £4m from the acquisition of shares from a company where the Trust, in return, provides it with research data and a strategic relationship. It has been agreed that the additional forecast £4m surplus will attract 2 for 1 bonus Sustainability and Transformation funding (£8m).

Lesley Watts
Chief Executive Officer
November 2018



October 2018

All managers should brief their team(s) on the key issues highlighted in this document within a week.

CernerEPR—upcoming events

Over the next year we'll be taking our CernerEPR system to the next level as we expand the system at West Middlesex and introduce the full range of functionality at Chelsea and Westminster. On 10 and 11 October there is a vital opportunity to see what our digital future looks like and to help shape the implementation. Each of the divisions is asking representatives—including medical, nursing, operational and AHP staff—to attend the event and to verify that the system will enable delivery of safe and effective patient care. You can find more information about this event on the [Cerner EPR intranet site](#). Talk to your manager if you think you need to be there.

Thank you to all our long serving staff

In May, we recognised staff with 25 or more years' service through the reintroduction of our long service awards. Throughout July and August each clinical division has held awards ceremonies at both hospitals for their staff with 10, 15 and 20 years' service. On 11, 25 and 26 September last week we held similar awards at Chelsea, West Mid and Harbour Yard for the corporate division and our contracted staff. Thank you to each of every one of you for your dedication and commitment to our organisation and we look forward to recognising more of our long serving staff next year. If you feel someone from your team has been missed off, please contact: communications@chelwest.nhs.uk

Latest CW+ PROUD award winners

Well done to our latest winners who have all demonstrated how they are living our PROUD values:

- Planned Care: **Peter Temple**, Anatomical Pathology Technician (C&WH); **Sue Bellars**, Health Records and Systems Manager (C&WH) and **Kieran Penn**, Senior Patient Administrator (C&WH)
- Emergency and Integrated Care: **Suzzet Armstrong**, Senior Staff Nurse, Endoscopy (C&WH)
- Women and Children: **Madoussou Dosso**, Caseload Midwife (C&WH) and the **Paediatric High Dependency Unit** team (C&WH)
- Corporate: **Danielle McNeish**, Temporary Staffing Team Leader (C&WH)

Visit the [intranet](#) to nominate a team or individual.

Nursing recruitment and retention

Recruitment continues apace as the Trust attended a Royal College of Nursing (RCN) recruitment fair two weeks ago in central London and offered 17 posts to Registered Nurses & Registered Mental Health Nurses. We have a team of nurses in the Philippines who are currently recruiting to the Chelsea Site. Over the past year we have seen a 7% reduction in nursing and midwifery vacancies within the Trust so a big thank you to all those who help with our recruitment events.

We recruited 18 new Health Care Assistants to the Trust in September and continue to recruit for the Nursing Associate Apprenticeship. Please contact cathy.hill@chelwest.nhs.uk if you are interested in applying.

Many of our student nurses have chosen to stay on with us as they qualify, so please do make them feel very welcome in the Trust.

We are working hard on improving our staff retention and have been congratulated by NHSI for our improvement over the last year, but we have much more to do in this area. Teamwork and friendliness of staff at work is a key driver that determines whether nurses will stay in post or not, so please remember this in your interactions with each other.

Mandatory and statutory training

The Trust has maintained 92% compliance for the 3rd Qlikview reporting period with all divisions now reaching 90% or above.

Information Governance continues to hover at 88%—the Trust target is 95% compliance. Patient handling compliance rates continue to rise following the alignment of the requirements to the national best practice.

Please note that there will be a new intercollegiate safeguarding children document released in Autumn which could significantly affect the numbers of staff needing to be trained at the higher levels.

Current compliance figures (at 16 September) are as follows:

Division	Compliance
Corporate	94%
Emergency and Integrated Care	92%
Planned Care	92%
Women, Neonatal, Children, Young People, HIV/Sexual Health	92%
Overall compliance	92%

NHS National Staff Survey

Please take time to fill in the national NHS staff survey which will be launched this week, on Tuesday 2 October. We value your feedback and have worked very hard to respond to the issues raised last year.

We know that the positive survey last year was mentioned by many staff in why they decided to come and work here. Let's work together, continue to improve and make this a wonderful place to work.

Financial performance

At the end of July, month 5, our year to date adjusted position is a £0.3m ahead of plan giving an overall surplus of £2m. Pay costs are over plan by £5.35m offset, in part, by underspends in non-pay and revenue in excess of plan. The Trust has achieved year to date CIPs of £7.37m against a target of £7.78m. The Trust needs to continue to work hard to get our CIP delivery back on plan as it is required to deliver £25.1m CIPs and has delivered 29% at month 5.

October All Staff Briefing:

- Mon 1 Oct, 9:30–10:30am—Harbour Yard
- Tue 2 Oct, 4–5pm—C&WH
- Thu 4 Oct, 10–11am —WMUH



Winter Plan – 2018/19

Chelsea and Westminster Hospital NHS Foundation Trust



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1 Introduction

1.1 Aims of the Plan

The Trust-wide Winter Plan sets out the organisations arrangements for ensuring service delivery throughout winter 2018-19. For the purposes this document 'winter' is defined as November through until March.

Although not an emergency or unexpected event, the winter period sees an increase in emergency and non-elective demand and increased clinical acuity of patients, resulting in increased pressure on patient flow and hospital resources.

The winter period also often brings with it untoward events such as widespread infectious diseases including Norovirus, and there is the risk of the onset of pandemic flu.

The plan follows guidance from the NHS England and NHS Improvement in terms of content and approach and recognises key risks to patient care, safety and experience, as well as to the organisation.

In partnership with winter plans across the wider health and social care system, the Trust plan sets out a number of initiatives to help meet the challenges of winter, as well as service specific plans for each of the effected service areas. Key initiatives include:

Front Door Schemes

- Expansion of Ambulatory Care services on both hospital sites
- Development of an Enhanced Care area within the AMU at West Middlesex

Bed Occupancy Schemes

- Focus on internal flow, Delayed Discharges and Long Stay Patients
- Increased discharges through Home First
- Management of escalation beds
- Phasing of elective activity

Trust Wide Schemes

- Improved senior support to site, 7 days per week
- Infection Prevention & Control
- Influenza
- Weather



2 Context

2.1 The Trust

Chelsea and Westminster Hospital NHS Foundation Trust (CWFT, the 'Trust') is a major, multi-site North West London healthcare provider and teaching hospital consisting of Chelsea and Westminster Hospital situated in the borough of Kensington and Chelsea, and West Middlesex University Hospital, situated in Hounslow.

Both hospitals offer core local services including 24/7 adult and paediatric A&E services with co-located Urgent Care Centres (UCCs), a full maternity service and a range of medical and surgical specialties.

The Trust has 1,000 beds and serves a local population of 1.1m. In 2017/18 there were over 300,000 attendances to the A&E and Urgent Care Centres across both sites; the 5th highest number of attendances at an acute Trust in England.

2.2 Performance

The Trust has continued to perform well against the 4 hour unscheduled care target (95%) in 2018/19, having achieved the target in all months to date. This is despite a 7% increase in emergency attendances.

Winter is historically the most challenging time in terms of our performance; however it is our expectation that we will continue to maintain a 95% achievement against the 4 hour target throughout the winter period as a minimum. This is reflected in a challenging STF trajectory:

	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
Trajectory	93.8	93.8	93.8	94.8	94.8	94.8	94.6	94.6	94.6	94.6	94.4	95.0
Performance	95.0	95.7	95.1	95.7	95.5							



3 Front Door Schemes

Evidence suggests that the longer patients wait in the Emergency Department the greater risk there is to morbidity and mortality, and that 'boarding' (patients remaining in the department whilst waiting for a suitable inpatient bed to become available) is likely to increase length of stay, detract from overall patient experience and risk breakdown in communications because of the number of hand offs/transfers involved. Patients waiting in the Emergency Department for an inpatient bed also reduce the capacity in the department to see and treat patients, resulting in longer waiting times in the department and impacting on the ability of ambulance teams to unload patients.

A number of schemes will therefore be in place for the winter period to maintain patient flow through, and safety in, the Emergency Department. This includes an increased ambulatory care offering, providing an alternative setting to care in the Emergency Department, and the creation of Enhanced Care Unit at West Middlesex for patients requiring admission from A&E resus. Opportunities to increase use of volunteers to support patient flow are also being explored.

3.1 Expansion of Ambulatory Care services on both hospital sites

The Trust currently runs an ambulatory care service on both sites but from November 2018 will be expanding the service to offer initially a 6 day clinically led service from 8am to 8pm with a nurse led service remaining on Sundays. The Trust will then shortly look to increase to a 7 day clinically led service. The expansion of services on both sites will help mitigate the forecasted growth in NEL activity by redirecting patients from ED into Ambulatory Care to avoid an admission, as well as enabling patients to be discharged from an inpatient stay with rapid follow up in AEC. The expanded services allow for a 30% increase from current activity on the West Mid site and 50% on the CW site.

The Trust is developing a standardised set of pathways that will be offered on both sites, with additional pathways already in place at the West Mid site. Each site is establishing hot clinics with a number of medical specialty teams to enable patients to be followed up in a more timely way.

To accommodate this expansion, the physical footprint of the service on both sites will increase and capital works have already commenced to enable the new ambulatory care services to be operational from November 2018. Key outcomes for the services will be



maintaining A&E 4 hour target, reducing avoidable non-elective admissions, and reducing LOS by providing a timely follow up in ambulatory care.

Table 1: Standardised cross site Ambulatory care pathways

DVT	Anaemia
Atrial Fibrillation	Cellulitis
OPAT(inc pyelonephritis and community acquired pneumonia and other)	Pulmonary Embolism
Deranged LFTs	Low risk chest pain
Headache	First Seizure

3.2 Development of an Enhanced Care Unit at West Middlesex

Over the winter period a 6 bedded Enhanced Care Unit (ECU) will be provided within the Acute Medical Unit (AMU) at West Middlesex. Adopting the model already in place on the Chelsea site, the ECU will be staffed with a 1:2 nurse to patient ratio, creating an area to bridge the current gap in service for patients at risk of deteriorating between Level 0 care (provided on the ward) or Level 2/3 care provided on the Intensive Care Unit (ICU). This will include patients with complex multi-organ general medical problems who are currently cared for in the Coronary Care Unit (CCU), and patients requiring Non-invasive Ventilation, who are cared for on either the AMU or Osterley 2 ward.

Medical staffing for the unit will be provided by a dedicated Medical Emergency Team created from within the current AMU staffing establishment. Funding for the increased nursing staffing has been agreed over the winter period.

It is anticipated that this Unit will be open from November and will have the following benefits to support the hospital site in dealing with winter pressures:

- Timely management of critically unwell patients, thereby decreasing overall inpatient length of stay
- Decrease in A+E resus breaches as there will be beds available to provide level 1 care outside of ITU



- Allow more timely discharge of patients from ITU through expedited discharges to an intermediate care facility
- Clear escalation pathways for acutely unwell patients on the ward, mitigating a recurrent theme in clinical incidents documented

4 Bed Occupancy Schemes

4.1 Internal Flow - Delayed Discharges and Long Stay Patients

A long stay patient is defined as an adult patient who has been in an acute bed for 21 days or longer. There is strong evidence that long stays in hospital lead to patient deconditioning, harm to patients and unnecessary additional demands on health services. The aim is to therefore discharge patients as soon as they no longer will benefit from acute hospital care, ideally to their original place of residence.

Delayed Discharges result in poor experience and greater risk for the patients concerned and prevents others accessing appropriate care settings for treatment in a timely way.

A number of initiatives will be used to help identify those patients who, with proactive management, will achieve a reduced length of stay:

- Daily senior led ward board rounds ensuring accuracy of EDD and recording of Red:Green
- Timely Care Huddles providing a daily review of individual delays and focus on resolution on the same day where appropriate with representatives from all those area that can support.
- Weekly review of the twenty patients with the longest stay in each hospital and proactive management of any blocks to their patient journey
- Daily DTOC conference calls discussing those patients who are medically optimised but have the greatest complexities to their discharge
- Aiming to have weekly ward rounds at West Middlesex with ICRS (others TBC) to review all medically optimised patients to understand if there are services in the community that could support an earlier discharge



4.2 Increased discharges through Home First

The Trust has established Home First pathways which enable patients to be discharged on the same day as they become medically optimised with assessment in their own home within two hours of discharge. This ensures that patients are not remaining in hospital awaiting further assessment particularly for therapies and social care and these assessments can be carried out back in their own home. At the CW site, patients are transferred from the acute provide to the Community Independence Service who undertake the initial assessment in the patient's home. For the WM site, the acute therapies team follow the patient home and undertake the initial assessment then handing over care provision to ICRS.

For winter the Trust will continue to maximise discharges through the Home First pathway for suitable patients who meet the criteria. Trajectories for the numbers of patients to be discharges have been set, and are monitored, by the A&E Operational Boards on each site.

The target number of patients to be discharged on the Home First pathway is 15 per week for West Mid and 30 per week for the CW site. At the CW site, this number includes referrals for reablement services being part of the Home First pathway which has not currently started. To support this:

- Regular Home First meetings between acute, community, social care providers and CCG representatives
- Dedicated Home First therapy lead as part of the discharge team at West Mid site
- Home First pathway introduced as part of nursing and therapies local induction
- Daily identification of patients suitable for Home First as part of MDT board rounds

4.3 Escalation Beds

It is known that the winter period will see an increased number of non-elective admissions at both hospitals, and that during the winter of 2017/18 escalation beds were opened on both sites to cope with this demand. On the Chelsea site this comprised of the use of Kobler Day Care beds at night (4 beds) and the use of Nightingale ward (28 beds), managed as escalation from Nell Gwynne Ward. On West Middlesex site, Day



Surgery Unit elective beds were used as escalation for non-elective patients, opening up to 10 beds for 21 days over the winter months and impacting on the ability to deliver elective care.

In anticipation of the need for additional escalation beds during winter 18/19, a review of the bed base on both sites has been completed an approach to opening escalation areas agreed.

On Chelsea site, the first area of escalation area to be use will be Nightingale ward, with capacity to open to 28 beds. The ward will be managed under the Medicine Division with consultant cover provided by the Care of the Elderly team and junior doctor cover provided by Gastroenterology. A Ward Manager has been recruited to manage this area and the band 6 workforce has been provided through over recruitment to the medical ward establishments. In opening these additional beds it is expected that the 6 medical beds on Saint Mary Abbott's (SMA) ward will be reprovided within the extended medicine bed base, with SMA becoming a purely surgical ward. The subsequent order of escalation areas is as follows:

- Nightingale 10 beds
- Nightingale increased to 28 beds (from 1st Nov)
- Kobler Day Care 4 beds
- Kobler Day Care open to 7 beds (recognising impact on Chemotherapy delivery)
- Endoscopy Recovery Unit to 10 beds (recognising the impact on endoscopy cancellations)

Due to a lack of physical space, there is limited ability to open an escalation area on West Middlesex site. During winter 17/18, elective activity on the West Middlesex site was reduced to allow conversion of a proportion of the existing elective bed base to non-elective beds, and this is also planned for winter 18/19.

To increase capacity for emergency surgical admission, a 6 bedded bay on Richmond will be converted to increase capacity in the Surgical Assessment Unit from 10 beds to 16. Reduced demand on elective beds will be achieved through a reduction in elective activity on week days. It is also planned that Day Surgery Unit will be used as escalation overnight, with the ability to open to 10 patients.



To increase capacity for emergency medical admissions, 11 beds on Syon 1 ward will be ring fenced for medical patients, reducing the need to 'outlie' medical patients in surgical beds. Consultant cover for these 11 beds will be provided by the medical specialty teams.

A checklist for opening escalation areas safely has been agreed and must be used when opening escalation beds, and can be found on the Trust intranet:

<http://connect/EasysiteWeb/getresource.axd?AssetID=28380&type=Full&servicetype=Attachment>

4.4 Phasing of Elective Activity

There is a significant risk to the cancellation of elective care if winter results in increased emergency admissions, especially at West Middlesex Hospital where the only physical escalation space is the Day Surgery Unit.

To mitigate this risk, there will be a planned reduction in elective cases at West Middlesex during week days. This will be achieved through moving lists to weekends or to the Chelsea site, and will be managed through the weekly 6-4-2 theatre scheduling meeting. Any cancelled elective theatre sessions will be replaced with outpatient clinics or additional ward rounds.

5 Trust-wide Schemes

5.1 Improved senior support to site, 7 days per week

With increased demand over winter, particularly out of hours, it is anticipated that additional on-site cover will be needed from the senior management team during weekends and evenings.

During the winter of 17/18 this was provided through the voluntary 'late' rota, with the Divisional Directors and General Managers providing on-site cover 17:00 – 22:00 to support the A&E and site teams. This rota was run separately to the Senior Manager On Call (SMOC) and Director On Call (DOC) Rotas.

For the winter of 18/19 it is felt that a more robust out of hours rota is needed, providing cover to both sites. A proposal has therefore been put forward to introduce a clinical late



and weekend rota, staffed separately to the SMOC and DOC rotas. This will be discussed with the staff involved and an agreed rota in place for November.

5.2 Infection Prevention & Control

Supply of beds was affected by diarrhoea and vomiting (D&V) and Norovirus at West Middlesex Hospital in winter 2017/18. Five Norovirus outbreaks occurred on five wards during the period September 2017 to January 2018 affecting 93 patients and 15 staff in total. No outbreaks were reported due to D&V and Norovirus in February, March and April, as seen in previous years (NHS Improvement and NHS England, 2017).

Chelsea and Westminster hospital has already seen one significant Norovirus outbreak in May 2018 - this saw 36 individuals affected on one ward including patients, staff and visitors. Twelve outbreak meetings were convened during the outbreak which lasted from 2nd to the 24th May. The IPC team visited the ward at least once a day to ensure that the recommended control measures were being followed. The team provided support, advice and feedback where practice needed to be improved, and education as required. There was a delay in identifying that there was an outbreak on the ward and therefore an 'outbreak decision tree' was developed by the IPC team which will help staff to identify outbreak situations sooner. This document will be available on the trust intranet.

A second Norovirus outbreak occurred at Chelsea and Westminster hospital in September 2018 which resulted in the closure of 1 bay for 11 days; 3 patients were diagnosed with confirmed Norovirus. This outbreak was quickly identified and infection control and containment measures were put in place immediately.

5.3 Influenza

The Trust has a comprehensive seasonal flu plan covering aspects relevant to patients, visitors and staff. Each winter staff are offered the flu vaccination to protect them from contracting the predicted circulating virus strains and transmitting it to vulnerable patients, as well as family and friends. Although not mandatory like certain other vaccines for clinical staff, we strongly encourage all staff to get the flu jab each year as part of their duty of care to our patients. The CQUIN (Commissioning for Quality and Innovation) target covering 2017/18 target was to immunise 70% of frontline healthcare



staff and we achieved this, reaching 72%. For the year 2018/19, the target is to immunise 75% of frontline healthcare workers.

There is also a plan to immunise inpatients over 65 years or those who meet the risk factor criteria with a hospital stay greater than 14 days and all maternity patients will be offered flu immunisation as part of their antenatal care.

The trust has also introduced the option of on-site influenza testing for patients which will speed up patient diagnosis; providing point of care testing with 2 hour processing turnaround time. This will have a positive impact on bed management and cross infection rates.

5.4 Business Continuity

The Trust has business continuity strategies and plans in place to deal with a range of challenges that might affect services and functions at any time – this includes staff shortages, denial of access, failure in technology and loss of utility. These plans enable a response to a disruptive challenge to take place in a coordinated manner including processes for recovery and restoration of essential functions and services.

Strategic and tactical level business continuity plans have been established. The roles and responsibilities of individuals are detailed and the recovery priorities summarised. The following of these plans will assist recovery, ensuring a return to business as usual in as timely a manner as is possible.

If operational activities were adversely impacted, without appropriate business continuity arrangements in place, the Trust could be considered not to be adequately prepared. This lack of preparedness could lead to a missed opportunity to mitigate poor resilience. Legislative measures and the main tools linked to business continuity are noted below:

- Civil Contingencies Act 2004.
<http://www.legislation.gov.uk/ukpga/2004/36/contents>
- Emergency Preparedness, Resilience and Response (Trust Intranet) (containing multiple documents). <http://connect/departments-and-mini-sites/epr/>

5.5 Weather



The Trust has a comprehensive Cold Weather Plan which comes into force on 1st Nov annually. The latest version can be found here - <http://connect/departments-and-mini-sites/epr/cold-weather/>. Our Cold Weather Plan contains trigger points and associated required actions for all Trust staff, including Estates and PFI partners.

At the time of writing Public Health England have not produced their annual advice. Once this has happened our plans will be modified to reflect such guidance.



6 Service Specific Action Plans

6.1 Emergency Medicine

Action	Lead	Action due date	Risk assessment	Update
Internal Escalation Plan to be agreed for managing demand within the Emergency Department	Kris Pillay	October 18	Green	
SOP to be developed for managing ambulance arrivals in order to maintain ambulance handover times	Michelle Earby	October 18	Green	
Agree procedure for managing mental health patients awaiting mental health bed to become available	Paul Morris	October 18	Green	'Deep Dive' into mental health delays to be held 21/09/18
Ensure junior doctor rotas are matched to demand on the Emergency Department	Laura Bewick	October 18	Green	Review of middle grade rota complete
Introduction of Band 4 'flow' coordinators to support the ED department	Andrea Fernandes/Charlotte Travill	November 18	Amber	Funding identified for 1 WTE from the West Middlesex ED budget
Increased streaming capacity at CW through addition of a 3 rd streaming nurse	Andrea Travers	October 18	Red	Previously funded through winter money – not currently identified for 18/19
Additional medical shifts during busy periods	Laura Bewick	October 18	Red	Previously funded through winter money



				– not currently identified for 18/19
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6.2 Medical Specialties

Action	Lead	Action due date	Risk assessment	Update
Review senior ward cover on medical wards with the view to increase consultant cover at ward/board rounds	Tom Cornwell	October 18	Green	Review of job plans to be completed following changes in the General Medicine On Call rota
Christmas specific outpatient and endoscopy capacity plan to be developed to ensure sufficient capacity for 2ww cancer patients	Sohib Ali/Elaine Elliott	November 18	Green	
Agree configuration of medical beds following the opening of Nightingale ward and the transfer of 6 medical beds on SMA to surgery	Tom Cornwell/Dilys Lai	October 18	Green	Options appraisal complete and to be agreed by divisional management team
Nursing staffing model for Nightingale ward to be agreed	Lizzie Wallman	September 18	Green	Ward Manager and band 6 posts recruited to. Band 5 model to be agreed



6.3 Discharge Teams

Action	Lead	Action due date	Risk assessment	Update
Support Discharge to Assess Pathway 3 model with early identification of suitable patients. Potentially developing the Band 7 Discharge Nurse role as an assessor	Richard Turton	Throughout winter period	Amber	
Ensure discharge concerns raised by the community continue to be discussed on a monthly basis and fed into the bimonthly clinical governance meeting	Sima Sheth	Throughout winter period	Green	
2B412 – ensuring early discharges in the day to ensure flow as well as reducing to 20% or fewer the number of discharges after 5pm	Richard Turton	Throughout winter period	Red	Requires greater view at all meetings and monitoring on a daily basis.
Daily Timely Care Huddles in place to allow resolution of 'red' days	Richard Turton	September 2018	Amber	Ongoing PDSA, to continue to develop and understand how red:green supports proactive patient pathway management
DTOC Calls in place with all relevant partners	Richard Turton	August 2018	Green	
Ensuring community beds are utilised to their maximum	Richard Turton	Throughout Winter	Amber	CW – CP to ensure close links with all care homes and liaise closely with CCG re. Trusted Assessor



WM – RRRT developing a Trusted assessor model for admissions to TMH

6.4 Emergency Surgery

Plan	Lead	Action completion date	Risk assessment	Action
Create DSU Escalation capacity to accommodate 10 patients	Faizal/Nuno	1st November 2018	Green	<ol style="list-style-type: none"> 1. Draw up Escalation process, ensuring right patients are transferred to DSU. 2. Identify patients suitable for DSU daily by 3.00 pm. 3. Identify correct staffing for DSU escalation
Increase SAU capacity to cope with emergency demand	Nuno/Tina	1st November 2018	Green	<ol style="list-style-type: none"> 1. Turn one elective bay (6 beds) into SAU. Remainder 6 beds to be used for electives. 2. Ensure right number/skill of nurses.
Ring-fence 11 beds (2 bays for Medicine on syon 1	Nuno/Dharmen	1st November 2018	Green	<ol style="list-style-type: none"> 1. Syon 1 to staff for 19 surgical beds and use any remainder staff to staff DSU escalation. 2. Medicine to identify core medical nurses to staff ring-fenced medical beds on syon1.
Review need for extra SHO from 5 pm -10 pm to cope with increase demand in surgical emergency cases	Jason/Faizal	1st November 2018	Green	<ol style="list-style-type: none"> 1. Review surgical emergency demand and flex staff accordingly. 2. Cover unfilled shifts with bank/ agency doctors if required.



Resident on call Registrars to cover surgery overnight supported by SHO to cover Surgery and T+O. Senior clinical advice for ED and IP to facilitate early morning discharges and appropriate admissions out of hours.	Gareth Teakle	Oct-18		<ol style="list-style-type: none"> 1. Establishment of on call reg rota (6WTE) with start dates by October 2018. 2. Highlight vacancies 4 weeks in advance and seek internal or bank cover.
Move Gastro and Medical patients from SMA/SAU to creat the additional trolley space and treatment area for surgical speacities to admit direct to from ED including plastics.	Gareth Teakle	Nov-18		<ol style="list-style-type: none"> 1. Move existing medical patients from SMA/SAU to allocated inpatient beds. 2. Conversion of one space to treatment area to support reviews, ambulatory care other than that provided in new area on ground floor and minor plastics treatments. 3. Convert additional spaces and one other bay to trolleys to create the SAU rapid flow model.
Use of ambulatory care on ground floor for surgical ED patients needing surgical or plastic review that may potentially breach.	Gareth Teakle	Nov/Dec -18		<ol style="list-style-type: none"> 1. Guidelines to be created for those patients suitable to move from ED in hours to ambulatory care for surgical or plastics review. 2. Resource to be identified to review patients from existing staff groups. Plastics change of roles and the additional funding for Surgical SHO to provide cover for ambulatory care and ED in hours.



6.5 Elective Surgery

Plan	Lead	Action completion date	Risk assessment	Action
Reduce elective activity from average of 36 to 24 per day.	Faizal/Paul/Kelly	1st November 2018	Green	<ol style="list-style-type: none"> 1. Review elective list /patients to be moved to Chelsea. 2. Liaise with GM for Paeds and Gynae 3. Review Daily catch up meeting at 3.15 pm to review next day elective list and capacity required.
Run weekly Saturday list x2 to accommodate reduced elective activity during the week.	Faizal/Paul	1st November 2018	Amber	<ol style="list-style-type: none"> 1. Offer Saturday list to specialities where RTT performance is pressured. 2. Ensure Theatre, Nursing, surgeons and ward staff available.
At weekly theatre scheduling meeting review list to be stood down 4 weeks in advance and seek capacity from Chelsea	Paul/Gareth/Faizal/Sunaina	1st October 2018	Amber	<ol style="list-style-type: none"> 1. Identify speciality list to be moved to Chelsea. 2. Respective GMs to liaise with clinical team and agree
Replace cancelled theatre lists with Opd activities and/ or ward duties	Jason/Faizal	1st November 2018	Green	<ol style="list-style-type: none"> 1. Communication to clinicians 2. Set up additional clinics to replace cancelled theatre lists
Limit overnight stays elective patients during pressured periods and/or require ITU/HDU.	Gareth Teakle	1st November 2018	Green	<ol style="list-style-type: none"> 1. Patients requiring elective admission with a LOS over 1 night to be limited on a Monday to support emergency admission over weekend. 2. HDU/ITU elective admissions limited to 1 per day with review the day before with site team and GM/DGM.
At 6-4-2 un-allocated theatre lists to be offered to WM surgery to support the reduction of elective flow on the WM site.	Gareth/Faizal	1st November 2018	Green	<ol style="list-style-type: none"> 1. Emailed lists sent to operational team at WM with the expectation that they will agree if the list is required a minimum of 4 weeks before date. 2. Movement of elective capacity to CW for day case patients especially those in



				pressured RTT positions on WM site with a reduction in operative capacity on Mondays on WM - planned.
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6.6 Plastics (General, Hands and Craniofacial)

Action	Lead	Action due date	Risk assessment	Update
Creation of admitting capacity on SMA/SAU direct from ED.	Gareth Teakle	1st November 2018	Green	1. Movement of Medical and Gastro patients from existing planned care bed base. 2. Agreement that patients requiring admission come direct to SMA/SAU rather than AAU."
Increase Cold capacity for post ED patients reducing un-necessary admissions	Gareth Teakle	1st November 2018	Green	1. ESP to run additional clinics adjacent to existing Consultant clinics. This is a cost pressure that is off set by income for an SP clinic with a minimum of 6 patients seen.
Plastic on-call Consultant review post admission to ensure patients cannot be ambulated.	Gareth Teakle	1st November 2018	Green	1. Current job plans means on call midweek consultant is on site until 7pm, they will review ALL plastic admissions through the day to ensure the patient needs to be in a bed overnight and has a plan for the following day.



Pilot e-trauma referral service in plastics	Gareth Teakle	1st November 2018	Green	1. e-trauma enables CW and WM patients to be reviewed virtually to ensure admission is required and if not the appropriate follow up is arranged the following day.
Saturday or Sunday plastic trauma list in TC	Gareth Teakle	1st November 2018	Green	1. To save patients sitting in a bed over the weekend opening up a dedicated trauma list for plastics over the weekend would potentially free beds up on Monday. Anaesthetist to be agreed weekly for session to run and either plastic reg or Consultant to run list.

6.7 Therapies

Action	Lead	Action due date	Risk assessment	Update
Support Home First model with early identification of suitable patients. Band 7 or above regular review of all patients with stay of over 14 days.	Chris Richards	Throughout winter period	Green	Bigger push on discharge to assess pathway 2 referrals to support more appropriate discharge planning to appropriate location
Review of outlier cover	Hannah Balcombe	End of November 2018	Green	



Senior therapy presence in ED to ensure early therapy intervention	Thomas Edwards	Throughout winter period	Green – WM Amber – C&W	Limited resources at C7W
Development of a frailty pathway	Chris Richards		Green – WM Amber - C&W	No identified frailty resource at C&W
ED & AAU therapy cover 08:00 to 20.00 daily	Thomas Edwards		Green	
Timely care huddle attendance	Chris Richards	End of September 2018	Amber	
Review of 7 day services following CW pilot	Chris Richards	End September 2018	Amber	

6.8 Maternity and Women's Services

Action	Lead	Action due date	Risk Rating	Update
Review of maternity capacity daily during winter months to potentially provide escalation beds for Gynae patients	Maternity bleep holder	01/12/2018	Green	Bookings appear to be on the increase – forecast being reworked to get clear picture of Dec, Jan deliveries.



Maternity team to attend daily 9am and 5pm bed meetings	Maternity bleep holder	1/11/2018	Green	
Maternity LoS –MCIG work	Sally Sivas	ongoing	Green	Continued work on Maternity PN and antenatal LoS reduction to support creation of capacity for Early pregnancy admissions where clinical and psychologically appropriate for Women
Continuation of acute gynae pathway through Elizabeth Suite – Ambulatory area (2 recliners) being created to support shorter LOS for Women	Sunaina Bhatia	01/11/2018	Green	Recliners approved by the charity.
Gynae theatre cases to be reviewed to minimize number of Inpatients per list – max 2 inpatients per list.	Shaun D'Souza	17/12/18	Amber	Risk – Service trying to get work from other trusts. This may impact this initiative
Ensuring capacity for ERPC lists to reduce admissions	Shaun D'Souza	01/11/2018	Green	ERPC activity being reviewed and worked into every Gyane list available.

6.9 Paediatrics



Site	Action	Lead	Action due date	Risk assessment	Update
WM	Open ward to 24 beds	Tracy Armstrong	21-Sep	Green	complete
WM	Issue updated nursing rota for increased beds/ lines of work to agency	Tracy Armstrong	21-Sep	Green	complete
WM	Financial implications of income/ pay costs	Nicola Sprigens/Geraldine Cochrane	21-Sep	Green	complete
WM	HR change consultation for nursing staff (flexibility to work across all areas)	Melanie Guinan	end oct	Amber	underway
WM	Completion of TNA and delivery of training (nursing) PILS APLS	Viviette Wallen- Mitchell	01-Nov	Amber	partially complete
WM	Update PSSU criteria to reflect new area	GB/DS/ Rasvana Akram	21-Sep	Green	complete
WM	Implement new PSSU area (aim open 22 Oct)	Rasvana Akram	19-Oct	Amber	underway
WM	Progress HDU plans with estates	Nicola Sprigens	ongoing	Amber	underway
WM	Implement new medical workforce plans	Anne Davies /Nicola Sprigens	15-Oct	Green	complete
WM	Confirm WM paed's elective programme accomodated	George Anastaopoulos/Tracy Armstrong	end oct	Green	complete
WM	Confirm weekend PED Consultant bank shifts covered with Emergency Medicine	Laura Bewick /Nicola Sprigens	12-Oct	Red	not complete
WM	Confirm 4th nurse per shift in PED with Emergency Medicine	Geraldine Cochrane/ Lizzie Wallman	12-Oct	Red	not complete
WM	Confirmaiton of Trust bank incentive scheme	Tom Strickland	23-Oct	Amber	not complete



CW	Implement 24/7 band 7 bleepholders	Melanie Guinan	mid Jan	Amber	underway
CW	Open Mecury escalation beds	Melanie Guinan/Simone Hunit		Amber	underway
CW	Ringfence PHSU for NHS-E winter pressure support	Melanie Guinan	01-Nov	Amber	underway
CW	update bed escalation policy	Melanie Guinan	26-Oct	Amber	underway
CW	Increase PAC capacity	Nicola Sprigens/Melanie Guinan	12-Nov	Amber	underway
CW	Implement COMET short stay pathway stage 1	James Ross	01-Aug	Green	complete
CW	Implement COMET short stay pathway stage 2	James Ross	mid Jan	Amber	underway

6.10 Pathology

Action	Lead	Action due date	Risk assessment	Update 28.08.2018
Monitoring of pathology KPIs by Pathology Service Manager	Saeed Parviz	Ongoing		Pathology Governance Group Meeting in place with KPIs shared with Divisions/Directorates.

6.11 Pharmacy



Action	Lead	Action due date	Risk assessment	Update
<p>WMUH</p> <p>Achieve TTA turnaround time of completing 85% of TTAs within 90 minutes</p> <p>Have 60% of TTAs screened on the ward (for targeted wards)</p> <p>At WMUH we have a critical shortage of technical support staff, sue to a large number of vacancies. We have gone out to advert twice with no success so are in the process of reviewing our current structure and looking at changing the job roles, to make recruitment easier</p>	<p>Chisha McDonald & Deirdre Linnard</p>			<p>Average turnaround time for 17/18 67% of TTAs completed within 90 minutes</p> <p>For Q1 18/19 average turnaround time for TTAs was 80% of TTA completed within 90 minutes</p> <p>Currently using bank and agency staff as an interim measure</p>
<p>CW</p> <p>Business case for additional pharmacy staff on AEC approved for December. This will provide extra resource to support winter pressures</p>	<p>Vanessa Marvin & Iun Grayston</p>			<p>No other business cases approved as AEC taken priority</p>



Action	Lead	Action due date	Risk assessment	Update
Plan at CW now is to have the new AEC bands 7 and 5 working under the LDP Medicine on rota in Ambulatory and Acute care. Adverts are out this week.	Vanessa Marvin			Adverts are out in September
Plan to have 2 x additional Medicines Management Technicians for AAU CW (8am to 8pm weekdays) to support nursing vacancies and IV administration.	Vanessa Marvin			<p>Funding for AAU CW site pilot from AAU budget, staff recruited and commence on AAU October 2017. Plan to roll out to WM site after 3 months, if pilot successful. Pilot was successful and in August 2018 the two fixed term MMT post were put onto permanent staff. NB MMTs are NOT administering IVs but are present at the time of the drug admin rounds to source out of stock items, keep stock tidy/manageable and counsel patients on anticoags etc.</p> <p>Need to review</p>
Review of weekend service across both sites	Chisha McDonald/ Deirdre			Part of the pharmacy Hospital Pharmacy Transformation Plan for 18/19.



Action	Lead	Action due date	Risk assessment	Update
	Richardson			With additional staff starting, we are planning to have a pharmacist on WMUH- AMU for a couple of hours on Saturday.

6.12 Mortuary

There are 31 adult body storage spaces (including 4 bariatric) at the Chelsea site and 49 (including 4 bariatric) at the West Middlesex site. There are 20 baby storage spaces at West Middlesex and 20 baby spaces at Chelsea. This takes the total capacity across the Trust to 80 adult spaces. An escalation policy is in place which is triggered when there are <10 spaces on any given site. There are 12 spaces in temporary mortuary fridges (Nutwells) at the Chelsea site and 12 spaces in temporary mortuary fridges (Nutwells) at the West Middlesex site (24 in total across both sites). A contract with local funeral directors (Barnes and Hicks) for five storage spaces. Additional Nutwell capacity can be hired in on an ad hoc basis. During working hours the mortuary staff will liaise with local funeral directors for the transfer of bodies to them or between sites. At weekends and out of hours the clinical site managers will coordinate.



Council of Governors Meeting, 29 November 2018

AGENDA ITEM NO.	2.3/Nov/18
REPORT NAME	Integrated Performance Report – September 2018
AUTHOR	Robert Hodgkiss, Chief Operating Officer
LEAD	Robert Hodgkiss, Chief Operating Officer
PURPOSE	To report the combined Trust’s performance for September 2018 for both the Chelsea & Westminster and West Middlesex sites, highlighting risk issues and identifying key actions going forward.
SUMMARY OF REPORT	<p>The Integrated Performance Report shows the Trust performance for September 2018.</p> <p>Regulatory performance – The A&E Waiting Time figure for September was 94.9% against the 95% standard. National figures show that this was the second highest performance in London and an improvement upon performance compared to September 2017 when we achieved 93.7%. The two Emergency Departments continue to be challenged by a year to date increase in attendances of 5.6%, which equates to 10,000 additional attendances in the last six months compared to the same period last year.</p> <p>The RTT incomplete target was achieved in September for the Trust, with performance of 92.03% following significant efforts by the operational and clinical teams after August’s non-complaint position. There continues to be no reportable patients waiting over 52 weeks to be treated on either site and this is expected to continue.</p> <p>Delivery of the 62 Day standard met the target in September. Each month of 2018/19 we have exceeded the national target. There are currently no reported breaches in the 31 day diagnosis to first treatment metric. However, work is required around the 2 week referral to first appointment metric.</p> <p>There were two reported CDiff infections in September – no lapse in care was identified in one case; the second noted a delay in isolation was noted.</p> <p>Access</p> <p>The Diagnostic wait metric returned 97.76% - missing the target due to issues in Radiology and Endoscopy at the West Middlesex site. A recovery plan is in place but the standard is unlikely to return to compliance in October but we are confident it will be back in a complaint position for November 2018.</p>

KEY RISKS ASSOCIATED:	There are continued risks to the achievement of a number of compliance indicators, including A&E performance, RTT incomplete waiting times while cancer 2 week, 31 and 62 day waits remains a high priority. The Trust will continue to focus on the Diagnostic Waiting time issues – especially Endoscopy - in the weeks to come.
FINANCIAL IMPLICATIONS	The Trust is reporting a YTD surplus of £1.84 which is £0.04m favourable against the internal plan.
QUALITY IMPLICATIONS	As outlined above.
EQUALITY & DIVERSITY IMPLICATIONS	None
LINK TO OBJECTIVES	Improve patient safety and clinical effectiveness Improve the patient experience Ensure financial and environmental sustainability
DECISION/ ACTION	For noting.

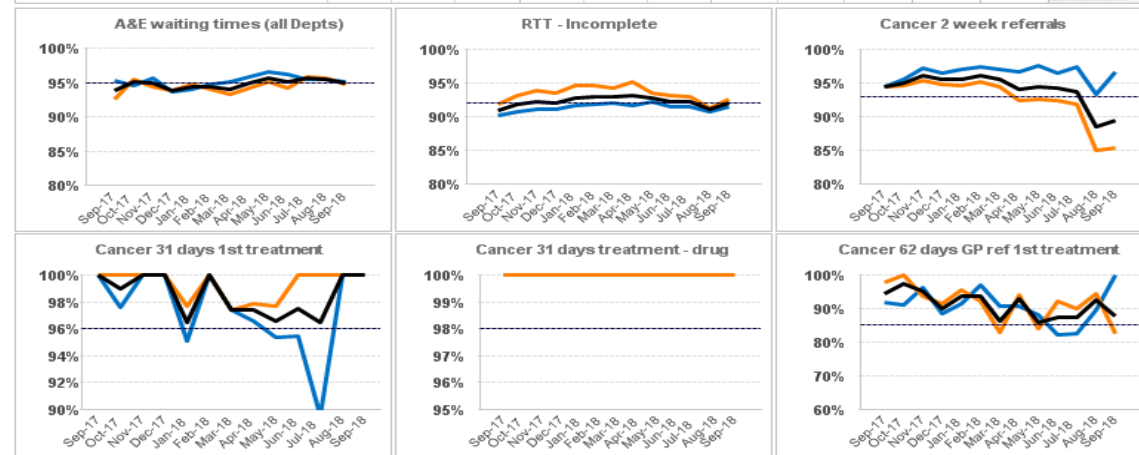


TRUST PERFORMANCE & QUALITY REPORT

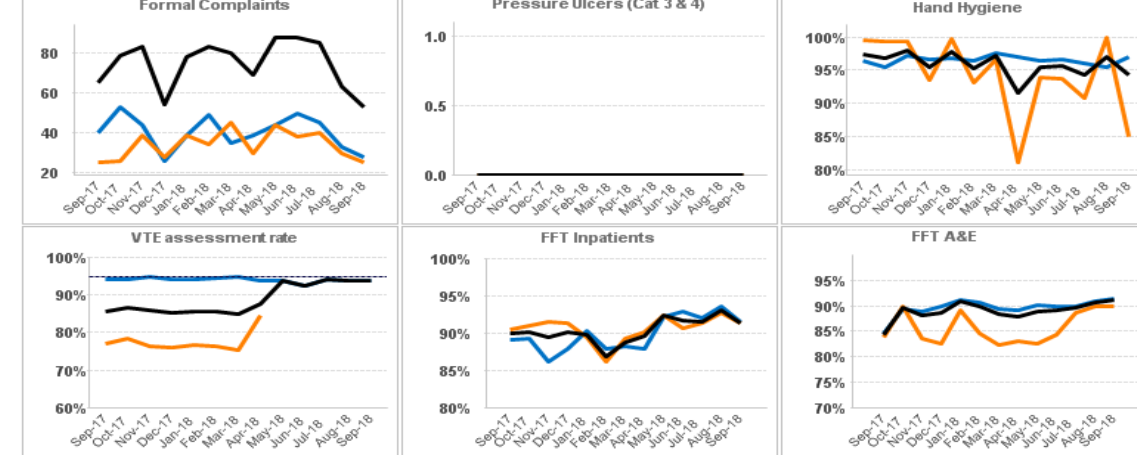
September 2018



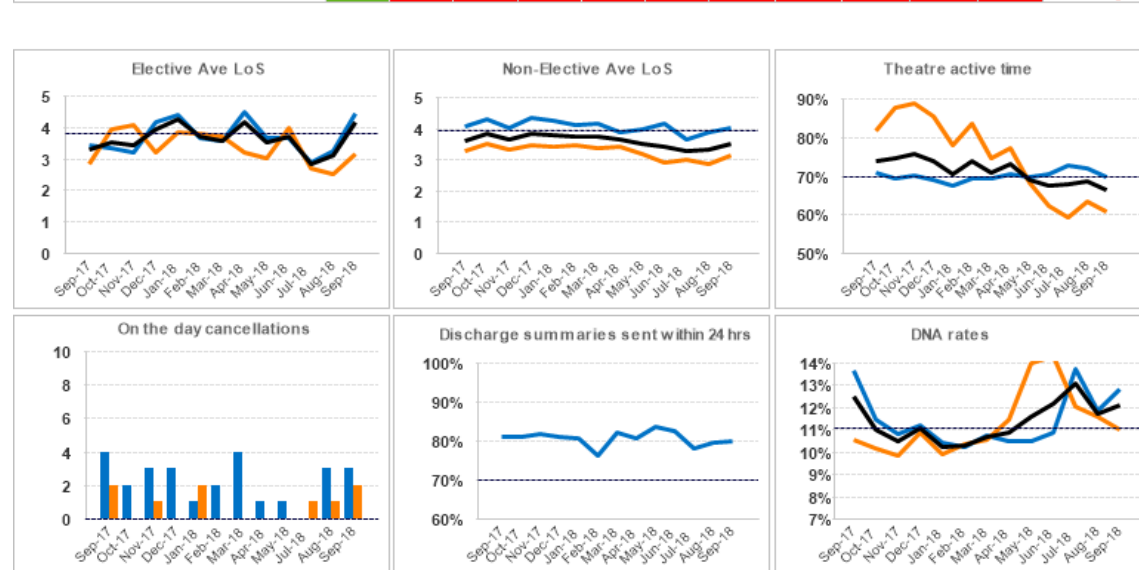
Regulatory Compliance												
Hospital Site	CWFT	CWFT	CWFT	WUMH	WUMH	WUMH	Combined Trust data: last Quarter, YTD & 13m trend					
Indicator	Jul-18	Aug-18	Sep-18	Jul-18	Aug-18	Sep-18	Jul-18	Aug-18	Sep-18	Quarter	YTD	Trend
A&E waiting times - Types 1 & 3 Depts (Target: >95%)	95.5	95.4	95.1	95.8	95.6	94.7	95.6	95.5	94.9	95.3	95.3	
RTT - Incomplete (Target: >92%)	91.6	90.8	91.4	92.9	91.3	92.6	92.2	91.1	92.0	91.8	92.2	
Cancer 2 week urgent referrals (Target: >93%)	97.5	93.3	96.7	91.9	85.0	85.5	93.8	88.6	89.4	90.7	92.4	
Cancer 2 week Breast symptomatic (Target: >93%)	n/a	n/a	n/a	91.1	93.3	89.3	91.1	93.3	89.3	91.4	92.0	
Cancer 31 days first treatment (Target: >96%)	86.9	100	100	100	100	100	96.5	100	100	98.6	97.8	
Cancer 31 days treatment - Drug (Target: >96%)	n/a	n/a	n/a	100	100	100	100	100	100	100	100.0	
Cancer 31 days treatment - Surgery (Target: >94%)	100	100	100	100	100	100	100	100	100	100	100.0	
Cancer 62 days GP ref to treatment (Target: >85%)	82.6	89.5	100	89.9	94.4	82.7	87.6	92.7	87.8	89.4	88.9	
Clostridium difficile infections (Targets: CW: 7; WM: 9; Combined: 16)	1	1	1	0	0	1	1	1	2	4	7	
Average Emergency PreOp LoS	0.57	0.51	0.40	0.87	1.08	1.15	0.70	0.79	0.75	0.75	0.77	
Average Elective PreOp LoS	0.09	0.11	0.23	0.08	0.03	2.54	0.09	0.09	0.82	0.31	0.22	



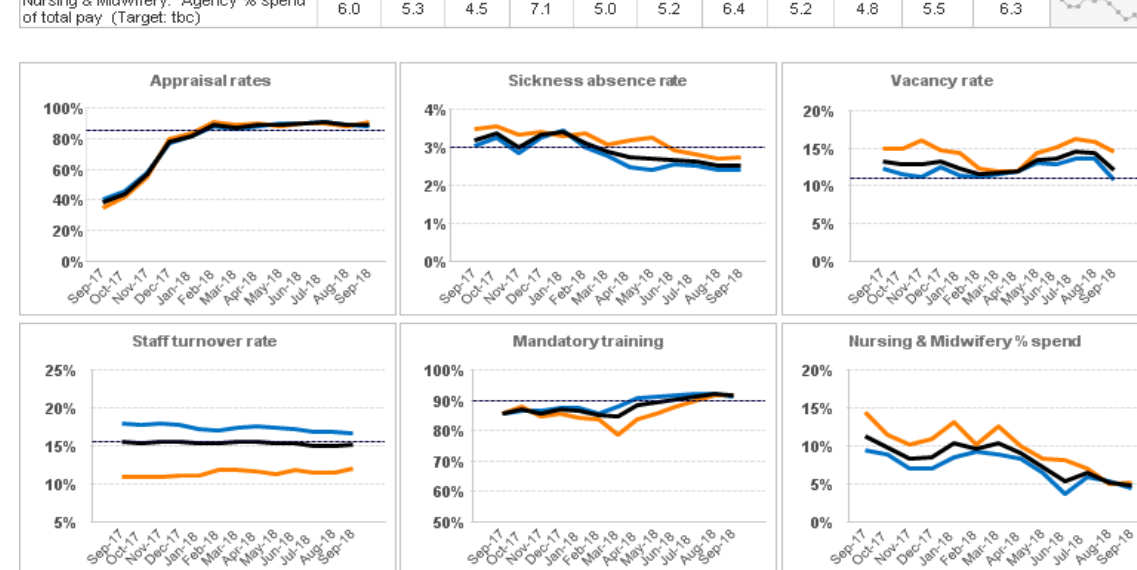
Quality												
Hospital Site	CWFT	CWFT	CWFT	WUMH	WUMH	WUMH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Jul-18	Aug-18	Sep-18	Jul-18	Aug-18	Sep-18	Jul-18	Aug-18	Sep-18	Quarter	YTD	Trend
Hand Hygiene (Target: >=90%)	96.1	95.5	97.0	90.9	100.0	85.0	94.3	97.1	94.3	95.3	94.8	
Pressure Ulcers (Cat 3 & 4)	0	0	0	0	0	0	0	0	0	0	0	
VTE assessment % (Target: >=95%)	94.2	93.7	94.0				94.2	93.7	94.0	94.0	91.5	
Formal complaints number received	45	33	28	40	30	25	85	63	53	201	446	
Formal complaints responded to <25days	33	24	11	30	21	9	63	45	20	128	316	
Serious Incidents	3	3	1	5	3	4	8	6	5	19	29	
Never Events (Target: 0)	0	0	1	0	0	0	0	0	1	1	1	
FFT - Inpatients recommend % (Target: >90%)	92.0	93.6	91.5	91.3	92.7	91.4	91.6	93.1	91.4	92.1	91.6	
FFT - A&E recommend % (Target: >90%)	89.9	90.8	91.4	88.6	89.9	89.9	89.7	90.6	91.1	90.5	89.6	
Falls causing serious harm	0	0	0	0	0	0	0	0	0	0	0	



Efficiency												
Hospital Site	CWFT	CWFT	CWFT	WUMH	WUMH	WUMH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Jul-18	Aug-18	Sep-18	Jul-18	Aug-18	Sep-18	Jul-18	Aug-18	Sep-18	Quarter	YTD	Trend
Elective average LoS (Target: <3.8)	2.9	3.3	4.4	2.7	2.5	3.2	2.8	3.1	4.2	3.4	3.6	
Non-Elective average LoS (Target: <3.95)	3.7	3.9	4.0	3.0	2.9	3.1	3.3	3.3	3.5	3.4	3.4	
Theatre active time (Target: >70%)	73.0	72.1	69.9	69.5	63.4	60.7	67.9	68.7	66.5	67.7	68.8	
Discharge summaries sent within 24 hours (Target: >70%)	78.2	79.7	80.0	dev	dev	dev	78.2	79.7	80.0	79.3	80.9	
Outpatient DNA rates (Target: <11.1%)	13.7	11.8	12.8	12.1	11.6	11.0	13.1	11.8	12.1	12.4	12.0	
On the day cancelled operations not re-booked within 28 days (Target: 0)	0	3	3	1	1	2	1	4	5	10	12	



Workforce												
Hospital Site	CWFT	CWFT	CWFT	WUMH	WUMH	WUMH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Jul-18	Aug-18	Sep-18	Jul-18	Aug-18	Sep-18	Jul-18	Aug-18	Sep-18	Quarter	YTD	Trend
Appraisal rates (Target: >85%)	90.5	88.7	87.9	90.1	88.3	90.4	90.4	88.6	88.7	89.2	89.3	
Sickness absence rate (Target: <3%)	2.52	2.41	2.41	2.80	2.69	2.73	2.61	2.50	2.52	2.54	2.62	
Vacancy rates (Target: CW<12%; WM<10%)	13.7	13.6	10.8	16.2	15.9	14.5	14.6	14.4	12.1	12.1	12.1	
Turnover rate (Target: CW<18%; WM<11.5%)	16.9	16.9	16.7	11.5	11.4	12.0	15.1	15.0	15.2	15.2	15.2	
Mandatory training (Target: >90%)	92.0	92.2	91.3	89.7	91.6	91.7	91.2	92.0	91.5	91.6	90.4	
Bank and Agency spend (£k)	£3,035	£2,527	£2,137	£2,282	£2,191	£2,295	£5,317	£4,718	£4,432	£14,467	£28,691	
Nursing & Midwifery: Agency % spend of total pay (Target: tbc)	6.0	5.3	4.5	7.1	5.0	5.2	6.4	5.2	4.8	5.5	6.3	





NHSI Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Jul-18	Aug-18	Sep-18	2018-2019	Jul-18	Aug-18	Sep-18	2018-2019	Jul-18	Aug-18	Sep-18	2018-2019 Q2	2018-2019	Trend charts
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	95.5%	95.4%	95.1%	95.8%	98.8%	95.6%	94.7%	95.8%	96.8%	95.5%	94.9%	95.7%	95.8%	-
RTT	18 weeks RTT - Admitted (Target: >90%)	76.1%	73.3%	73.2%	74.4%	71.7%	73.4%	70.2%	78.7%	74.2%	73.4%	71.8%	73.2%	76.5%	!
	18 weeks RTT - Non-Admitted (Target: >95%)	93.7%	94.7%	93.5%	94.3%	88.1%	84.9%	81.4%	87.6%	91.6%	90.9%	88.7%	90.4%	91.9%	!
	18 weeks RTT - Incomplete (Target: >92%)	91.6%	90.8%	91.4%	91.5%	92.9%	91.3%	92.6%	93.0%	92.2%	91.1%	92.0%	91.8%	92.2%	!
Cancer <small>(Please note that all Cancer indicators show interim, unvalidated positions for the latest month (Sep-18) in this report)</small>	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	97.5%	93.3%	97.0%	96.3%	91.9%	85.0%	84.3%	89.8%	93.8%	88.6%	89.4%	90.7%	92.4%	!
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	n/a	91.1%	93.3%	77.4%	90.5%	91.1%	93.3%	77.4%	88.4%	90.5%	-
	31 days diagnosis to first treatment (Target: >96%)	88.9%	100%	97.0%	95.8%	100%	100%	96.0%	98.6%	96.5%	100%	96.4%	97.6%	97.4%	-
	31 days subsequent cancer treatment - Drug (Target: >98%)	n/a	n/a	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-
	31 days subsequent cancer treatment - Surgery (Target: >94%)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-
	31 days subsequent cancer treatment - Radiotherapy (Target: >94%)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	-
	62 days GP referral to first treatment (Target: >85%)	82.6%	89.5%	94.7%	87.5%	89.9%	94.4%	83.6%	89.5%	87.6%	92.7%	87.4%	89.1%	88.8%	-
62 days NHS screening service referral to first treatment (Target: >90%)	n/a	n/a	n/a	n/a	87.5%	100%	100%	91.4%	87.5%	100%	100%	94.4%	91.4%	-	
Patient Safety	Clostridium difficile infections (Year End Targets: CW: 7; WMM: 9; Combined: 16)	1	1	1	3	0	0	1	4	1	1	2	4	7	!
Learning difficulties Access & Governance	Self-certification against compliance for access to healthcare for people with Learning Disability	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	-
	Governance Rating	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	-

Please note the following three items

n/a	Can refer to those indicators not applicable (eg Radiotherapy) or indicators where there is no available data. Such months will not appear in the trend graphs.
RTT Admitted & Non-Admitted are no longer Monitor Compliance Indicators	! Either Site or Trust overall performance red in each of the past three months

Trust commentary

A&E Waiting Times - % of patients waiting >4 hours in Department

The A&E 4hr standard was narrowly missed in September, with performance of 94.9% against the 95% standard. This was the second highest performance in London and an improvement upon performance in September 2017 of 93.7%. The two Emergency Departments continue to be challenged by a year to date increase in attendances of 5.6%, which equates to 10,000 additional attendances in the last six months compared to the same period last year.

Cancer Indicators

Cancer - 2 Weeks from referral to first appointment all urgent referrals - the September position is unvalidated but is currently non-compliant and is not expected to achieve the 93% standard. This has been driven by breaches in colorectal and skin. The trust is forecasting returning to a compliant position in October.

Breast Symptomatic is expected to be non-compliant in September, with 12 patient choice related breaches. In all instances patients were offered dates within two weeks, either declining or rescheduling appointments planned on target. The trust is looking to make more offers within the first week of the pathway to try and allow for reschedules and working with a script to highlight the importance of attending on within 2 weeks to patients

The 62 day screening standard is 100% compliant

Cancer - 62 days GP referral to first treatment - the September position is unvalidated but is currently compliant and expected to achieve the 85% standard. Currently performance is at 87.8%.

Clostridium difficile infections

2 case of healthcare associated *Clostridium difficile* infections on Nell Gwynn and Kew wards in September 2018. No lapse in care identified on Kew patient. A delay in sending a specimen and a delay in isolation was noted during the Root Cause Analysis on the Nell Gwynn patient.



Safety Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Jul-18	Aug-18	Sep-18	2018-2019	Jul-18	Aug-18	Sep-18	2018-2019	Jul-18	Aug-18	Sep-18	2018-2019 Q2	2018-2019	Trend charts	
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0		-
	Hand hygiene compliance (Target: >90%)	96.1%	95.5%	97.0%	96.5%	90.9%	100.0%	85.0%	91.3%	94.3%	97.1%	94.3%	95.3%	94.8%		-
Incidents	Number of serious incidents	3	3	1	9	5	3	4	20	8	6	5	19	29		-
	Incident reporting rate per 100 admissions (Target: >8.5)	8.8	8.4	8.5	8.1	9.7	9.4	9.8	9.5	9.2	8.9	9.1	9.1	8.8		-
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions (Target: 0)	0.02	0.02	0.07	0.02	0.00	0.02	0.04	0.01	0.01	0.02	0.05	0.03	0.02		!
	Medication-related (NRLS reportable) safety incidents per 100,000 FCE bed days (Target: >=280)	511.63	560.31	411.87	503.64	319.44	407.40	200.62	263.69	412.01	489.84	308.64	399.96	385.98		-
	Medication-related (NRLS reportable) safety incidents % with harm (Target: <=12%)	10.9%	16.2%	15.5%	13.2%	18.6%	13.0%	7.4%	13.4%	14.0%	15.0%	12.9%	14.1%	13.3%		!
	Never Events (Target: 0)	0	0	1	1	0	0	0	0	0	0	1	1	1		-
Harm	Safety Thermometer - Harm Score (Target: >90%)	97.2%	96.3%	96.6%	96.4%	90.7%	91.2%	95.9%	94.0%	93.5%	93.1%	96.2%	94.3%	95.0%		-
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	0	0	0	0	0	0	0	0	0	0	0	0	0		-
	NEWS compliance %	100.0%	96.0%	98.3%	97.5%	100.0%	97.8%	95.2%	98.1%	100.0%	96.8%	97.0%	97.4%	97.8%		-
	Safeguarding adults - number of referrals	28	23	31	149	15	17	0	60	43	40	31	114	209		-
	Safeguarding children - number of referrals	42	33	35	186	36	57	71	318	78	90	106	274	504		-
Mortality	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	81.7	81.7	81.7	81.7	81.7	81.7	81.7	81.7	81.7	81.7	81.7	81.7	81.7		-
	Number of hospital deaths - Adult	37	23	37	198	62	41	54	319	99	64	91	254	517		-
	Number of hospital deaths - Paediatric	1	1	2	5	0	0	0	0	1	1	2	4	5		-
	Number of hospital deaths - Neonatal	2	3	2	14	0	0	0	1	2	3	2	7	15		-
	Number of deaths in A&E - Adult	3	4	1	12	8	2	7	32	11	6	8	25	44		-
	Number of deaths in A&E - Paediatric	0	0	0	0	0	0	0	2	0	0	0	0	2		-
	Number of deaths in A&E - Neonatal	0	0	0	1	0	0	0	0	0	0	0	0	1		-
Please note the following		blank cell	An empty cell denotes those indicators currently under development							!	Either Site or Trust overall performance red in each of the past three months					

Trust commentary

Hand Hygiene Compliance

Hand hygiene compliance 91% (target 95%); Hand hygiene audit completion 91.5%(target 100%)

Chelsea and Westminster Site – 97% completion, 97% compliance

West Middlesex Site – 86% completion, 85% compliance*

* It is believed that the low rates for completion at WM are due to changes in the audit process. The number of clinical areas undertaking hand hygiene audits is increasing.



Trust commentary continued

Number of serious incidents

5 Serious Incidents were reported during Sep-18; compared to 6 reported in Aug-18.

4 incidents occurred on the WMH site with the remaining 1 on the CWH site. Table 2 within the SI report prepared for the Board reflects further detail regarding SI's, including the learning from completed investigations.

Incident reporting rate per 100 admissions

There is continued improvement in performance, with an overall reporting rate of 9.1% in Sept-18 (compared to 8.9% in Aug-18); higher than the target of 8.5%.

Higher reporting rates are associated with a more positive safety culture.

Work is underway to encourage the incident reporting rate at the CWH site, as this is below target.

Rate of patient safety incidents resulting in severe harm or death

6 incidents recorded as resulting in severe harm in Sept-18 (compared with one in Aug-18).

One incident led to a patient death; this is currently being investigated and is linked to recognition and rescue of a deteriorating patient.

2 out of the 6 incidents recorded as 'severe harm' relate to ophthalmology patients, where the degree of harm will be confirmed following clinical assessment, which may include surgical intervention.

Medication-related safety incidents

There is sustained improvement in the proportion of medication-related safety incidents reported.

The Medication Safety Group is leading a campaign to encourage staff to report no harm and near miss incidents, along with those that lead to harm.

Medication-related (reported) safety incidents per 100,000 FCE Bed Days

The Trust has achieved an overall reporting rate of NRLS reportable medication-related incidents of 309/100,000 FCE bed days in September 2018. This is higher than the Trust target of 280/100,000. There were 412 and 201 medication-related incidents per 100,000 FCE bed days at CW and WM sites respectively.

At both sites, there was a decline in reporting of medication incidents in this month compared to the previous months.

Medication-related (reported) safety incidents % with harm

The Trust had 12.9% medication-related safety incidents with harm in September 2018. This figure is lower than previous month, and is above the Carter dashboard National Benchmark (10.3%). The year to date figure is 13.3%.

There were 11 incidents with harm, 9 at CW site and 2 at WM site.

- Themes CW site (low harm): Incorrect preparation of medication administered; omitted doses due to incorrect documentation on administration chart; administration of medication when clinically not indicated; buprenorphine patch not changed; delayed prescribing of oxycodone PCA; delayed administration of pyridostigmine; incorrect prescribing of medications due to confusion between two patients on the ward; and misses doses of antibiotics.
- Themes CW site (moderate harm): Pharmacy dispensary error involving two antibiotics resulted in the incorrect administration of doses following hospital discharge
- Themes WM site (low harm): Discharge medications misplaced in pharmacy dispensary which were delivered to an incorrect ward resulting in a failed discharge and cancellation of package of care; and extravasation injury following amiodarone infusion

The Medication Safety Group continues to encourage medication-related incident reporting, monitor trends and aims to improve learning from medication related incidents.

Never Events

1 Never Event was reported, which relates to a unintended retained swab in the maternity unit at CWH. This incident is referred to within the Serious Incident Report and the outcome of the investigation will be reported to the Board.

Incidence of newly acquired category 3 & 4 pressure ulcers

The position for 2018/19 year to date is 4 compared to 9 for the same time period in 2017/18. This is a very positive reflection that the interventions put in place are working.

Safety Thermometer - Harm Score

The national safety thermometer data provides a benchmark for hospital acquired grade 2, 3 and 4 pressure ulcers. The nationally reported data for the Trust is showing a favourable position below the national average.

Safeguarding Adults

Recently appointed Adult safeguarding project officer will improve reporting from WM site. (12 were reported for September) WM capture of Domestic Abuse referral to IDVA continues to be a challenge.



Patient Experience Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Jul-18	Aug-18	Sep-18	2018-2019	Jul-18	Aug-18	Sep-18	2018-2019	Jul-18	Aug-18	Sep-18	2018-2019 Q2	2018-2019	Trend charts	
Friends and Family	FFT: Inpatient recommend % (Target: >90%)	92.0%	93.6%	91.5%	91.9%	91.3%	92.7%	91.4%	91.4%	91.6%	93.1%	91.4%	92.1%	91.6%		-
	FFT: Inpatient not recommend % (Target: <10%)	4.2%	3.0%	3.5%	4.0%	3.6%	3.1%	3.8%	3.5%	3.9%	3.1%	3.7%	3.5%	3.7%		-
	FFT: Inpatient response rate (Target: >30%)	45.6%	48.8%	40.5%	43.7%	39.5%	38.9%	37.4%	42.4%	41.9%	42.7%	38.5%	41.0%	42.9%		-
	FFT: A&E recommend % (Target: >90%)	89.9%	90.8%	91.4%	90.2%	88.6%	89.9%	89.9%	86.8%	89.7%	90.6%	91.1%	90.5%	89.6%		!
	FFT: A&E not recommend % (Target: <10%)	5.9%	5.8%	5.1%	6.0%	5.8%	5.4%	5.6%	7.2%	5.9%	5.7%	5.2%	5.6%	6.2%		-
	FFT: A&E response rate (Target: >30%)	21.0%	21.8%	23.6%	21.2%	19.4%	23.6%	18.1%	18.1%	20.7%	22.1%	22.3%	21.7%	20.5%		!
	FFT: Maternity recommend % (Target: >90%)	92.4%	91.2%	89.3%	91.0%	95.3%	93.8%	96.7%	95.3%	93.0%	91.6%	90.3%	91.5%	91.9%		-
	FFT: Maternity not recommend % (Target: <10%)	3.6%	4.7%	6.7%	5.3%	3.5%	4.1%	0.0%	2.5%	3.6%	4.6%	5.8%	4.8%	4.7%		-
	FFT: Maternity response rate (Target: >30%)	26.4%	22.8%	22.8%	23.2%	21.4%	25.3%	24.5%	25.0%	25.3%	23.1%	23.1%	23.6%	23.5%		!
Experience	Breach of same sex accommodation (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0		-
Complaints	Complaints formal: Number of complaints received	45	33	28	239	40	30	25	207	85	63	53	201	446		-
	Complaints formal: Number responded to < 25 days	33	24	11	177	30	21	9	139	63	45	20	128	316		-
	Complaints (informal) through PALS	172	145	135	801	50	27	51	428	222	172	186	580	1229		-
	Complaints sent through to the Ombudsman	0	0	0	0	0	0	0	0	0	0	0	0	0		-
	Complaints upheld by the Ombudsman (Target: 0)	0	0	0	0	0	0	1	1	0	0	1	1	1		-

Please note the following blank cell An empty cell denotes those indicators currently under development ! Either Site or Trust overall performance red in each of the past three months

Trust commentary

Friends and Family Test

Inpatient areas across both sites of the Trust continue to achieve above the 30% response rate and the 90% recommendation score. The West Middlesex Emergency Department narrowly missed the 90% recommendation score but the Trust achieved the target at an aggregate level. The response rate continues to increase for the Emergency Department at the Chelsea site but has decreased at West Middlesex. The recommendation score dropped slightly at the CW site this month though overall there continues to be improvement against the response rate target.

Same Sex accommodation

There have been no breaches in same sex accommodation

Complaints

96% of complaints were acknowledged within the 2 day target and 70% of complaints were responded to within 25 working days for September. Plans are in place for October to ensure that an effective escalation process is embedded to prevent further decline in performance.

Parliamentary and Health Service Ombudsman

1 complaint has been upheld by the PHSO and the Trust is currently working to address the actions raised by the ombudsman.



Efficiency & Productivity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Jul-18	Aug-18	Sep-18	2018-2019	Jul-18	Aug-18	Sep-18	2018-2019	Jul-18	Aug-18	Sep-18	2018-2019 Q2	2018-2019		
Admitted Patient Care	Average length of stay - elective (Target: <2.9)	2.88	3.27	4.44	3.73	2.73	2.52	3.18	3.12	2.84	3.11	4.16	3.37	3.59		-
	Average length of stay - non-elective (Target: <3.95)	3.67	3.89	4.04	3.94	3.02	2.88	3.14	3.09	3.29	3.31	3.53	3.37	3.45		-
	Emergency care pathway - average LoS (Target: <4.5)	4.01	3.85	4.92	4.45	3.41	3.22	3.61	3.53	3.62	3.45	4.08	3.71	3.86		-
	Emergency care pathway - discharges	225	219	207	1284	418	390	378	2307	643	609	585	1839	3592		-
	Emergency re-admissions within 30 days of discharge (Target: <7.6%)	3.98%	3.41%	3.75%	3.77%	12.12%	11.20%	10.32%	10.52%	7.86%	7.16%	6.96%	7.34%	6.98%		!
	Non-elective long-stayers	455	391	391	2500	368	334	377	2085	823	725	768	2316	4585		-
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	91.3%	78.4%	86.8%	83.5%	84.1%	82.3%	84.1%	85.6%	88.9%	79.8%	85.8%	84.9%	84.3%		!
	Operations cancelled on the day for non-clinical reasons: actuals	7	10	8	68	16	12	13	57	23	22	21	66	125		-
	Operations cancelled on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.24%	0.38%	0.32%	0.41%	1.34%	1.00%	1.15%	0.75%	0.57%	0.57%	0.58%	0.57%	0.52%		-
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	0	3	3	8	1	1	2	4	1	4	5	10	12		!
	Theatre active time (Target: >70%)	73.0%	72.1%	69.9%	71.0%	59.5%	63.4%	60.7%	65.0%	67.9%	68.7%	66.5%	67.7%	68.8%		!
	Theatre booking conversion rates (Target: >80%)	85.9%	85.4%	86.1%	85.5%	93.7%	94.2%	90.9%	91.1%	88.5%	88.6%	87.8%	88.3%	87.5%		-
Outpatients	First to follow-up ratio (Target: <1.5)	1.41	1.52	1.52	1.48	1.43	1.43	1.50	1.40	1.42	1.45	1.50	1.46	1.42		-
	Average wait to first outpatient attendance (Target: <6 wks)	6.7	6.7	7.1	6.8	5.8	5.4	5.9	6.3	6.3	6.1	6.6	6.3	6.6		!
	DNA rate: first appointment	14.1%	12.7%	12.9%	12.3%	11.8%	11.4%	11.1%	12.4%	13.1%	12.1%	12.1%	12.4%	12.3%		-
	DNA rate: follow-up appointment	13.5%	11.5%	12.8%	11.5%	12.3%	11.8%	11.0%	12.4%	13.1%	11.6%	12.2%	12.3%	11.8%		-
Please note the following		blank cell	An empty cell denotes those indicators currently under development							!	Either Site or Trust overall performance red in each of the past three months					

Trust commentary

Average Length of Stay – Elective

The average length of data Chelsea Site has seen a large rise as a result of two Paediatric High Dependency patients discharged in September having stayed a total of 475 days. At the West Middlesex Site, one long stayer has been validated as correct.

Non-Elective and Emergency Care LoS

The September figures for the Chelsea site are being skewed by two very long-stayers. There have also been rises against these two metrics at the West Middlesex site. The Trust will continue to pursue and deliver improvement ahead of winter 18/19 and is a strong focus for the BEDS/LOS work stream, and is being tracked via the system-wide AE Delivery Board.

Procedures carried out as Daycases - basket of 25 procedures

The Chelsea site saw a rise in September to more normal levels. At West Middlesex it was slightly below target due to an all-day oral list being cancelled because of anaesthetist sickness.



Clinical Effectiveness Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Jul-18	Aug-18	Sep-18	2018-2019	Jul-18	Aug-18	Sep-18	2018-2019	Jul-18	Aug-18	Sep-18	2018-2019 Q2	2018-2019	Trend charts	
Best Practice	Dementia screening case finding (Target: >90%)	84.9%	89.6%	89.2%	88.3%	88.9%	86.0%	88.9%	85.7%	86.8%	88.0%	89.1%	87.8%	87.3%		!
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	90.9%	100.0%	100.0%	96.8%	93.3%	85.7%	100.0%	88.2%	92.3%	92.9%	100.0%	95.2%	92.7%		-
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	87.5%	95.6%	100.0%	100.0%	92.9%	97.8%	97.6%		-
VTE	VTE: Hospital-acquired (Target: tbc)					0	0	0	0	0	0	0	0	0		-
	VTE risk assessment (Target: >95%)	94.2%	93.7%	94.0%	93.7%				84.7%	94.2%	93.7%	94.0%	94.0%	91.5%		!
TB Care	TB: Number of active cases identified and notified	3	5	2	19	5	10	4	29	8	15	6	29	48		-
	TB: % of treatments completed within 12 months (Target: >85%)															-

Please note the following

blank cell	An empty cell denotes those indicators currently under development	!	Either Site or Trust overall performance red in each of the past three months
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Trust commentary

Dementia Screening Case Finding

We recognise there is an issue with Data Quality in relation to this indicator. A manual audit undertaken in August/September demonstrated 93% compliance across the Trust.

Fracture Neck of Femur Time to Theatre within 36 hours

At the Chelsea Site no patient failed to meet the 36 hour target when medically fit. Four others were delayed for their surgery but they were awaiting medical reviews prior to Surgery and were deemed unfit at the 36 hour mark and are therefore excluded from the analysis.

At the West Middlesex site, all patients deemed medically fit were seen in Theatre within 36 hours. There were 4 patients in the categories outlined above who were again excluded from the analysis.

VTE Hospital-acquired

C&W site: Manual identification of positive VTE events from radiology reports in progress, with review of hospital records to establish hospital associated VTE events for root cause analysis investigation. HATs reported on Datix.

WMUH site: A multidisciplinary thrombosis pathway implemented in Ambulatory Emergency Care review all VTEs on a weekly basis; potential HATs are identified and reported on Datix by AEC staff. Further discussion is ongoing with Information Department to capture performance.

VTE Risk assessments completed

C&W site: Performance slightly increased compared to previous month but target not achieved. Performance has been disseminated to divisions to highlight amongst clinical teams, with support for areas not meeting ≥95% target. Weekly and monthly VTE performance reports continue to be circulated to all divisions for dissemination and action, with inclusion in divisional quality reports. VTE magnets are displayed on ward patient noticeboard to inform of VTE risk assessment status. Lists of patients with outstanding assessments are circulated to medical teams for action.

WMUH site: Performance is not reported since May 2018 as new reporting queries require development by EMIC Information Business Partner (issues with reporting solution and integration complications with eCamis, RealTime and Cerner); thus unable to provide commentary.



Access Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Jul-18	Aug-18	Sep-18	2018-2019	Jul-18	Aug-18	Sep-18	2018-2019	Jul-18	Aug-18	Sep-18	2018-2019 Q2	2018-2019	Trend charts
RTT waits	RTT Incomplete 52 week Patients at month end	0	0	0	0	0	0	0	0	0	0	0	0	0	-
	Diagnostic waiting times <6 weeks: % (Target: >99%)	98.85%	98.82%	98.66%	98.83%	99.33%	99.35%	97.34%	98.60%	99.15%	99.17%	97.76%	98.73%	98.69%	!
	Diagnostic waiting times >6 weeks: breach actuals	32	30	28	188	30	31	118	390	62	61	146	269	578	-
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	9.1%	9.2%	9.1%	9.0%	8.4%	8.8%	8.3%	8.3%	8.9%	9.0%	8.8%	8.9%	8.8%	!
	A&E time to treatment - Median (Target: <60')	01:09	01:04	01:02	01:06	00:47	00:39	00:57	00:47	01:02	00:56	01:01	01:00	01:00	!
	London Ambulance Service - patient handover 30' breaches	13	13	8	63	30	72	54	315	43	85	62	190	378	-
	London Ambulance Service - patient handover 60' breaches	0	1	0	1	0	0	0	2	0	1	0	1	3	-
Choose and Book (available to Jul-18 only for issues)	Choose and book: appointment availability (average of daily harvest of unused slots)	1172	2257	2580	1737	0	0	0	0	1172	2257	2580	1989	1737	-
	Choose and book: capacity issue rate (ASI)														-
	Choose and book: system issue rate	133	130	143	126										-

Please note the following

	blank cell	An empty cell denotes those indicators currently under development	!	Either Site or Trust overall performance red in each of the past three months
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Trust commentary

Diagnostic waiting times % <6weeks

The Trust disappointingly failed to meet the 99% target for this metric in September, following from three consecutive successful months. There were pressures at the West Middlesex site in Endoscopy and Computed Tomography which are being looked into.

Diagnostic waiting times >6weeks: breach actuals

As referred to above, the West Middlesex site saw a large increase in breach actuals in September. Gastroscopy; Cystoscopy and Sigmoidoscopy accounted for 77 or 65% of the 118 breaches. There were similar issues in Radiology with 18 or 16% of the breaches showing in CT. The Chief Operating Officer has engaged the Intensive Support team to help support a thorough review of demand and capacity across a number of challenged specialities, including Imaging.

RTT Incomplete 52 week waiters at month end

The Trust is again reporting no breaches of this metric and has reported no breaches for over 2 years

London Ambulance Service handover breaches

The number of 30 minute breaches dropped to 8 at the Chelsea Site and from 72 to 54 at the West Middlesex Site – the latter being a 25% drop. There were no breaches of the 60 minute target.



Maternity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Jul-18	Aug-18	Sep-18	2018-2019	Jul-18	Aug-18	Sep-18	2018-2019	Jul-18	Aug-18	Sep-18	2018-2019 Q2	2018-2019	Trend charts	
Birth indicators	Total number of NHS births	526	480	529	2918	410	393	390	2316	936	873	919	2728	5234		-
	Total caesarean section rate (C&W Target: <27%; WMM Target: <29%)	33.2%	31.5%	37.7%	34.5%	30.5%	30.2%	31.6%	29.2%	32.0%	30.9%	35.1%	32.7%	32.2%		!
	Midwife to birth ratio (Target: 1:30)	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30		-
	Maternity 1:1 care in established labour (Target: >95%)	98.6%	96.4%	95.1%	96.6%	95.6%	97.3%	96.3%	97.5%	97.3%	96.8%	95.7%	96.6%	97.0%		-
Safety	Admissions of full-term babies to NICU	19	21	13	96	n/a	n/a	n/a	n/a	19	21	13	53	96		-

Please note the following

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Trust commentary

In September there were a total of 520 mothers delivering 529 births at the Chelsea site and 383 mothers delivering 390 births at West Middlesex

Caesarean Section rates

Chelsea and Westminster Site

There was a total of 37.7%

There were a total of 108 elective CS at the Chelsea site. 36 births (33.3%) were for previous Caesarean birth, (18) 16.7% for breech presentation, (14) 13% for maternal health reasons and (15) 13.9% were for maternal choice, (6) 5.6% were for multiple pregnancy.

A total of 88 women had an emergency C/S. The main reason for this was for failure to progress in labour 36 (40.9%). 23 (26.1%) were for fetal distress. 7 (7.95) women had a C/S for unsuccessful instrumental birth.

West Middlesex site

There was a total of 31.6%

At the West Middlesex site there was a total of 36 elective CS performed. 18 (50%) were for previous Caesarean birth. 6 (16.7%) were for breech presentation, 3 (8.3%) were for a malposition of the baby and 3 (8.3%) were for a transverse lie of baby.

85 women had an emergency C/S birth. 29 (34%) failed to progress throughout labour. 20 (23.5%) had fetal distress, whilst 11 (12.9%) showed signs of an abnormal fetal heart rate. 10 women (11.8%) had a breech presentation requiring emergency birth whilst 8 (9.4%) had the procedure for previous C/S birth.

The service continues to support women who choose to have a C/S by providing the birth choice clinic. This clinic is run by experienced consultant midwives who guide the woman in her choice. There is a current review of 'Birth after Caesarean section' guideline and pathway in order to support increased uptake of vaginal birth after Caesarean.

There was a good Caesarean section divisional plan throughout September which led to excellent planning for elective surgery, as well as balancing the need for emergency procedures.

Admissions of full-term babies to NICU

It is of note that there was a significant reduction in term babies admitted to NICU at CW during September, despite the significant increase in births at this time. This triangulates with the low activity within NICU for September.



Workforce Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Jul-18	Aug-18	Sep-18	2018-2019	Jul-18	Aug-18	Sep-18	2018-2019	Jul-18	Aug-18	Sep-18	2018-2019 Q2	2018-2019	Trend charts	
Staffing	Vacancy rate (Target: CW <12%; WM <10%)	13.7%	13.6%	10.8%	10.8%	16.2%	15.9%	14.5%	14.5%	14.6%	14.4%	12.1%	12.1%	12.1%		!
	Staff Turnover rate (Target: CW <18%; WM <11.5%)	16.9%	16.9%	16.7%	16.7%	11.5%	11.4%	12.0%	12.0%	15.1%	15.0%	15.2%	15.2%	15.2%		-
	Sickness absence (Target: <3%)	2.5%	2.4%	2.4%	2.5%	2.8%	2.7%	2.7%	2.9%	2.6%	2.5%	2.5%	2.5%	2.6%		-
	Bank and Agency spend (£ks)	£3,035	£2,527	£2,137	£15,060	£2,282	£2,191	£2,295	£13,631	£5,317	£4,718	£4,432	£14,467	£28,691		-
	Nursing & Midwifery Agency: % spend of total pay (Target: tbc)	6.0%	5.3%	4.5%	5.7%	7.1%	5.0%	5.2%	7.3%	6.4%	5.2%	4.8%	5.5%	6.3%		-
Appraisal rates	% of Performance & Development Reviews completed - medical staff (Target: >85%)	93.1%	93.7%	90.2%	89.9%	86.0%	84.9%	100.0%	86.9%	90.2%	90.4%	93.4%	91.4%	88.7%		-
	% of Performance & Development Reviews completed - non-medical staff (Target trajectory: >60%)	90.2%	87.9%	87.4%	87.4%	90.9%	88.9%	88.9%	88.9%	90.4%	88.2%	87.9%	87.9%	87.9%		-
Training	Mandatory training compliance (Target: >90%)	92.0%	92.2%	91.3%	91.5%	89.7%	91.6%	91.7%	88.3%	91.2%	92.0%	91.5%	91.6%	90.4%		-
	Health and Safety training (Target: >90%)	96.5%	96.5%	95.6%	96.0%	94.8%	95.4%	95.1%	94.2%	95.9%	96.1%	95.4%	95.8%	95.4%		-
	Safeguarding training - adults (Target: 90%)	94.5%	94.4%	93.9%	94.3%	94.1%	94.5%	94.3%	93.6%	94.3%	94.5%	94.0%	94.3%	94.1%		-
	Safeguarding training - children (Target: 90%)	94.4%	94.8%	94.3%	93.7%	93.7%	94.9%	94.9%	93.0%	94.2%	94.9%	94.5%	94.5%	93.4%		-

Please note the following

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Trust commentary

Workforce Commentary September 2018 Figures

Staff in Post

In September we employed 5481 whole time equivalent (WTE) people on substantive contracts, 29 WTE more than last month.

Turnover

Our voluntary turnover rate was 15.16%, increase of 0.11% from last month. Voluntary turnover is 16.74% at Chelsea and 12.01% at West Middlesex.

Vacancies

Our general vacancy rate for July was 12.1%, which is 2.2% lower than last month. The vacancy rate is 10.81% at West Middlesex and 14.53% at Chelsea.

Sickness Absence

Sickness absence in the month of August was 2.52%, 0.17% lower than July. (we will now be reporting sickness two months in arrears due to timing issues)

Core training (statutory and mandatory training) compliance

The Trust reports core training compliance based on the 10 Core Skills Training Framework (CSTF) topics to provide a consistent comparison with other London trusts. Our compliance rate stands at 91% against our target of 90%.

Performance and Development Reviews

The PDR rate decreased by now stands at 87.92%.

The rolling annual appraisal rate for medical staff was 93.41%, 2.98% higher than last month.



62 day Cancer referrals by tumour site Dashboard

Target of 85%

Domain	Tumour site	Chelsea & Westminster Hospital Site					West Middlesex University Hospital Site					Combined Trust Performance					Trust data 13 months		
		Jul-18	Aug-18	Sep-18	2018-2019	YTD breaches	Jul-18	Aug-18	Sep-18	2018-2019	YTD breaches	Jul-18	Aug-18	Sep-18	2018-2019 Q2	2018-2019	YTD breaches	Trend charts	
62 day Cancer referrals by site of tumour	Brain	n/a	n/a	n/a	n/a		n/a	n/a	n/a	n/a	0	n/a	n/a	n/a	n/a	n/a	0		-
	Breast	n/a	n/a	n/a	n/a		100%	100%	100%	100%	0	100%	100%	100%	100%	100%	0		-
	Colorectal / Lower GI	100%	100%	n/a	94.6%	1	94.1%	100%	100%	89.7%	2	96.0%	100%	100%	96.8%	92.1%	3		-
	Gynaecological	100%	100%	100%	81.3%	1.5	83.3%	100%	n/a	73.3%	2	87.5%	100%	100%	91.7%	77.4%	3.5		-
	Haematological	n/a	100%	100%	100%	0	100%	100%	n/a	85.2%	2	100%	100%	100%	100%	88.6%	2		-
	Head and neck	0.0%	100%	n/a	87.5%	0.5	n/a	100%	100%	75.0%	1.5	0.0%	100%	100%	80.0%	80.0%	2		-
	Lung	n/a	50.0%	100%	80.0%	0.5	50.0%	100%	0.0%	57.1%	1.5	50.0%	66.7%	66.7%	62.5%	66.7%	2		!
	Sarcoma	n/a	n/a	n/a	100%	0	n/a	n/a	n/a	n/a		n/a	n/a	n/a	n/a	100%	0		-
	Skin	92.3%	100%	100%	94.1%	2	100%	100%	100%	97.1%	0.5	95.2%	100%	100%	97.9%	95.1%	2.5		-
	Upper gastrointestinal	0.0%	66.7%	100%	76.9%	1.5	100%	75.0%	100%	92.9%	0.5	66.7%	71.4%	100%	75.0%	85.2%	2		-
	Urological	76.2%	60.0%	100%	78.1%	8	80.0%	71.4%	66.7%	82.3%	10	78.6%	66.7%	73.1%	75.5%	80.6%	18		!
	Urological (Testicular)	n/a	n/a	n/a	100%	0	100%	n/a	n/a	100%	0	100%	n/a	n/a	100%	100%	0		-
	Site not stated	n/a	n/a	100%	66.7%	0.5	100%	100%	0.0%	66.7%	0.5	100%	100%	66.7%	80.0%	66.7%	1		-

Please note the following **n/a** Refers to those indicators where there is no data to report. Such months will not appear in the trend graphs **!** Either Site or Trust overall performance red in each of the past three months

Trust commentary

The current unvalidated performance for September for the 62 day target to first treatment for GP referrals stands at 87.8%.

No breaches of this metric are showing at the Chelsea site from 11 treatments identified.

At the West Middlesex site, 4.5 breaches are reported from 37 treatments.

Broken down by Site, the breaches are as follows:

Lung

0.5 breaches from 0.5 treatments

Site not yet identified by coding

0.5 breaches from 0.5 treatments

Urological

3.5 breaches from 10.5 treatments

Please note: a breach can be shared between organisations, hence the fractions above



CQUIN Dashboard

September 2018

National CQUINs

No.	Description of goal	Responsible Executive (role)	Forecast RAG Rating
A.1	Improvement of health and wellbeing of NHS staff	Chief Financial Officer	Yellow
A.2	Healthy food for NHS staff, visitors and patients	Deputy Chief Executive	Green
A.3	Improving the uptake of flu vaccinations for front line staff within Providers	Chief Financial Officer	Green
B.1	Sepsis (screening) - ED & Inpatient	Medical Director	Yellow
B.2	Sepsis (antibiotic administration and review) - ED & Inpatient	Medical Director	Yellow
B.3	Anti-microbial Resistance - review	Medical Director	Yellow
B.4	Anti-microbial Resistance - reduction in antibiotic consumption	Medical Director	Yellow
C.1	Improving services for people with mental health needs who present to A&E	Chief Operating Officer	Yellow
D.1	Offering Advice and guidance for GPs	Chief Operating Officer	Green
E.1	Preventing ill health through harmful behaviours - alcohol and tobacco consu	Deputy Chief Executive	Yellow
F.1	STP Local Engagement	Chief Financial Officer	Green

NHS England CQUINs

No.	Description of goal	Responsible Executive (role)	Forecast RAG Rating
N1.1	Enhanced Supportive Care	Medical Director	Green
N1.2	Nationally standardised Dose banding for Adult Intravenous Anticancer Therap	Medical Director	Green
N1.3	Optimising Palliative Chemotherapy Decision Making	Medical Director	Green
N1.4	Hospital Medicines Optimisation	Medical Director	Green
N1.5	Neonatal Community Outreach	Chief Operating Officer	Yellow
N1.6	Dental Schemes - recording of data, participation in referral management & p	Chief Operating Officer	Green
N1.7	Armed Forces Covenant	Chief Operating Officer	Green

CQUIN Scheme Overview

2018/19 CQUIN Scheme Overview

The Trust has agreed 12 CQUIN schemes (5 national schemes for CCGs, 7 national schemes for NHS England) for 2018/19. Relative to 17/18, there is a new 1 year CCG scheme replacing a previous 1 year scheme, and the withdrawal of a further CCG scheme was confirmed in the 18/19 Planning Guidance.

Q1 reports were submitted to Commissioners on time at the end of July 2018 and have received a provisional assessment from each Commissioner. Final achievement for Q1 will be confirmed in the October report.

2018/19 National Schemes (CCG commissioning)

Forecasting an outcome for these schemes will be more difficult this year. The Trust has reached agreement with Commissioners for CQUIN funds to be paid in full, on the understanding that delivery will be on the basis of 'reasonable endeavours' and will not incur additional investment. Where possible within existing resources, scheme leads will be aiming to meet the requirements set out for those schemes, but will otherwise prioritise which aspects to work on. Whilst the actual delivery achievements of last year are unlikely to be matched, there will be no financial risk associated with the schemes. The forecast RAG rating for each scheme relates to expected delivery of the specified milestones, rather than financial performance. The requirements of the Local Scheme relating to Trust engagement with STP planning and development work are expected to be met in full.

2018/19 National Schemes (NHSE Specialised Services commissioning)

The Trust is expecting good results for 6 of the 7 schemes, and in line with last year's achievement in the case of the 2 year schemes. Discussion with the Commissioner about tailoring the Neonatal Community Outreach scheme to the Trust's circumstances were successfully concluded and an implementation plan has subsequently received approval from the Executive board. The forecast RAG rating for each scheme reflects expected delivery of the milestones, as well as the associated financial performance.



Nursing Metrics Dashboard

Safe Nursing and Midwifery Staffing

Chelsea and Westminster Hospital Site

Ward Name	Average fill rate				CHPPD			National bench mark
	Day		Night		Reg	HCA	Total	
	Reg Nurses	Care staff	Reg Nurses	Care staff				
Maternity	92.5%	91.5%	94.1%	90.3%	7.4	2.9	10.3	13.0
Annie Zunz	98.7%	87.5%	96.7%	99.8%	5.4	2.3	7.7	8.6
Apollo	88.1%	76.7%	89.3%	10.3%	20.5	2.0	22.5	
Jupiter	103.4%	87.5%	105.0%	-	11.7	4.3	15.9	12.6
Mercury	70.7%	83.3%	66.1%	13.3%	8.5	0.9	9.5	8.3
Neptune	76.2%	64.6%	69.2%	0.0%	8.5	0.8	9.4	12.6
NICU	108.9%	-	108.0%	-	13.8	0.0	13.8	
AAU	105.3%	76.6%	99.5%	103.2%	9.7	2.2	11.9	10.8
Nell Gwynn	110.4%	86.0%	134.7%	101.1%	4.3	3.3	7.7	7.8
David Erskine	110.9%	99.8%	123.3%	115.3%	3.8	3.2	7.0	6.4
Edgar Horne	96.9%	94.9%	98.9%	99.1%	3.1	3.3	6.5	7.6
Lord Wigram	92.4%	90.5%	98.9%	103.3%	3.7	2.7	6.5	6.7
St Mary Abbots	99.8%	91.4%	101.2%	103.3%	3.9	2.7	6.5	7.4
David Evans	90.9%	84.5%	88.8%	120.0%	5.6	2.3	7.9	7.4
Chelsea Wing	89.3%	96.1%	100.1%	103.4%	11.3	7.5	18.8	7.4
Burns Unit	105.4%	95.3%	112.1%	100.0%	17.8	3.6	21.4	
Ron Johnson	93.1%	126.7%	99.0%	118.5%	4.5	3.1	7.7	7.9
ICU	99.1%	-	99.6%	-	23.4	0.0	23.4	22.9
Rainsford Mowlem	96.8%	92.0%	110.0%	107.5%	3.4	3.1	6.5	7.8

Summary for September 2018

Summer bed closures on Neptune, Mercury and Apollo resulted in lower staffing requirements on these wards, therefore staffing reduced.

HCA's recently introduced on Starlight ward – but not yet in roster template so showing over-filled.

David Erskine, Nell Gwynne & Kew show high fill rates for registered staff due to RMN usage for patients with mental health needs.

Additional HCA's booked to care for confused patients at high risk of falls on Osterley 1, Marble Hill 2 and Kew and for high acuity on Osterley 2.

Increased HCA's booked for dependency of patients on Syon 2 and Kew.

CHPPD is showing an overly generous amount on Richmond due to bed census data being counted at midnight and therefore not accounting for day surgery activity and on ITU due to a number of new starters supernumerary shifts.

West Middlesex University Hospital Site

Ward Name	Average fill rate				CHPPD			National bench mark
	Day		Night		Reg	HCA	Total	
	Reg Nurses	Care staff	Reg Nurses	Care staff				
Maternity	90.9%	92.5%	91.3%	96.8%	8.0	1.9	9.9	13.0
Lampton	104.1%	105.4%	99.8%	106.7%	2.9	2.6	5.6	7.8
Richmond	94.5%	89.8%	77.0%	51.7%	6.4	3.1	9.4	7.4
Syon 1	108.0%	97.1%	112.0%	108.3%	4.0	2.1	6.1	7.4
Syon 2	100.6%	127.9%	100.2%	160.1%	3.5	2.9	6.4	6.7
Starlight	75.5%	244.0%	109.6%	-	6.3	0.8	7.0	12.6
Kew	95.1%	91.8%	131.9%	156.2%	3.8	3.4	7.2	7.8
Crane	100.3%	95.2%	100.0%	98.3%	3.1	2.4	5.5	7.6
Osterley 1	116.4%	105.4%	98.3%	136.6%	3.6	2.8	6.4	7.8
Osterley 2	101.6%	97.0%	101.7%	200.0%	3.6	3.1	6.7	7.8
MAU	96.8%	89.4%	92.6%	96.4%	6.1	3.1	9.3	10.8
CCU	99.2%	93.3%	98.6%	28.6%	5.4	0.7	6.1	6.6
Special Care Baby Unit	112.5%	-	100.7%	-	8.6	0.0	8.6	12.6
Marble Hill 1	82.9%	96.7%	93.6%	106.7%	3.5	2.7	6.2	7.8
Marble Hill 2	104.8%	107.2%	105.6%	150.0%	3.2	3.2	6.4	8.8
ITU	99.4%	0.0%	91.1%	-	29.4	0.0	29.4	22.9

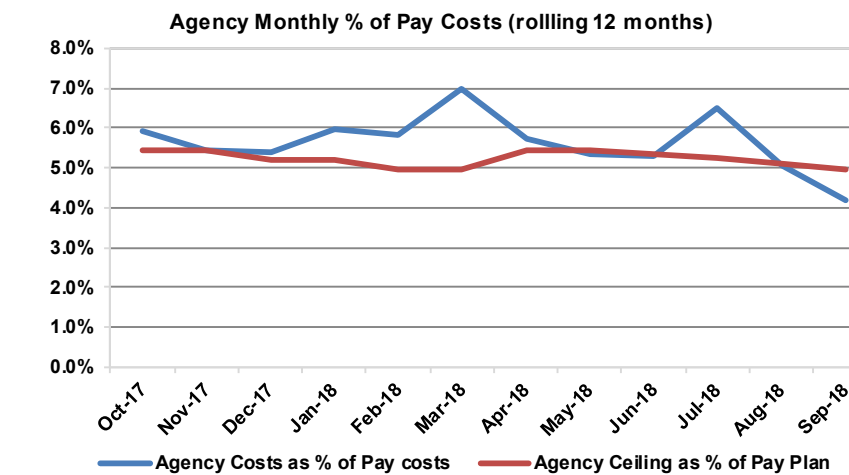
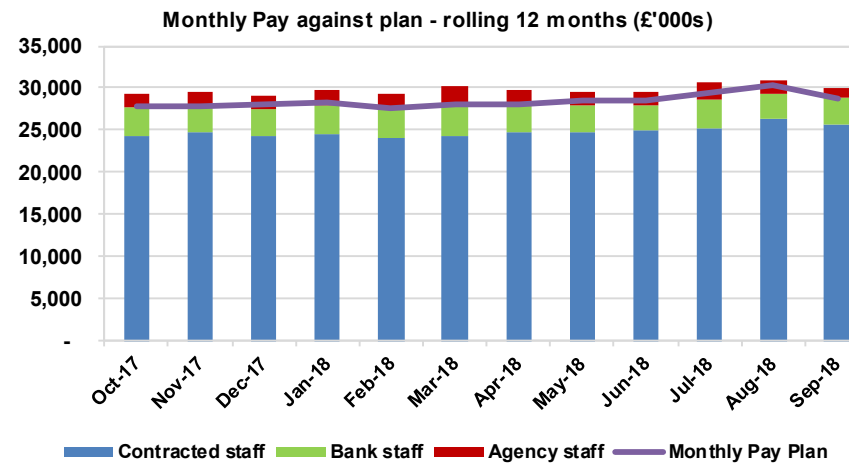
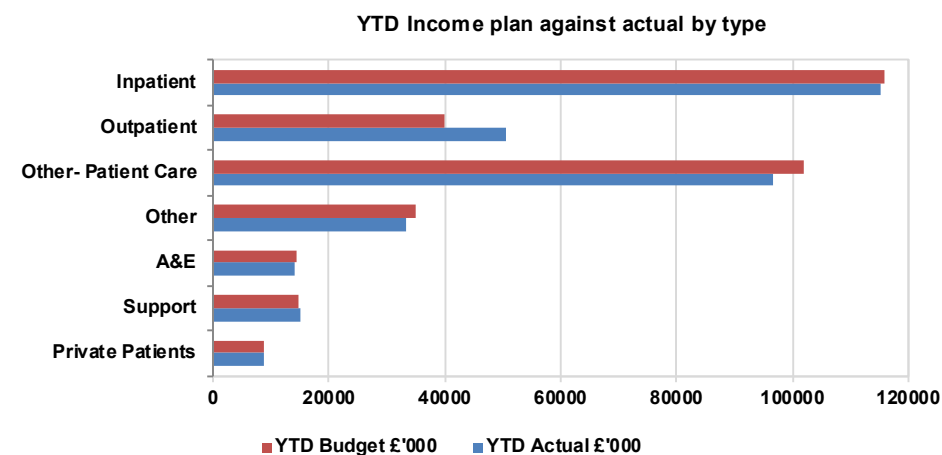
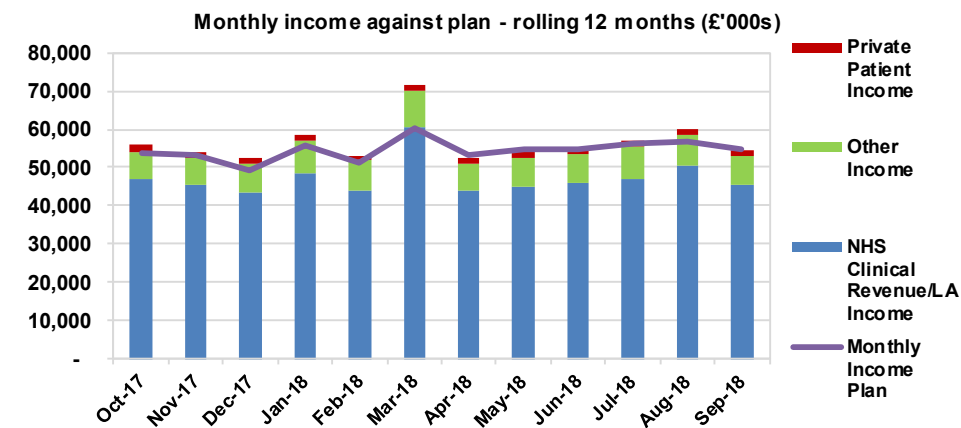


Finance Dashboard Month 6 2018-19 Integrated Position

£'000	Combined Trust		
	Plan to Date	Actual to Date	Variance to Date
Income	330,472	333,472	3,000
Expenditure			
Pay	(173,676)	(180,309)	(6,632)
Non-Pay	(137,417)	(134,236)	3,181
EBITDA	19,379	18,928	(451)
EBITDA %	5.86%	5.68%	-0.19%
Depreciation	(9,320)	(8,952)	368
Non-Operational Exp-Inc	(8,252)	(8,132)	120
Surplus/Deficit	1,807	1,844	37
Control total Adj - Donated asset, Impairment & Other		224	224
Surplus/Deficit on Control Total basis	1,807	2,068	260

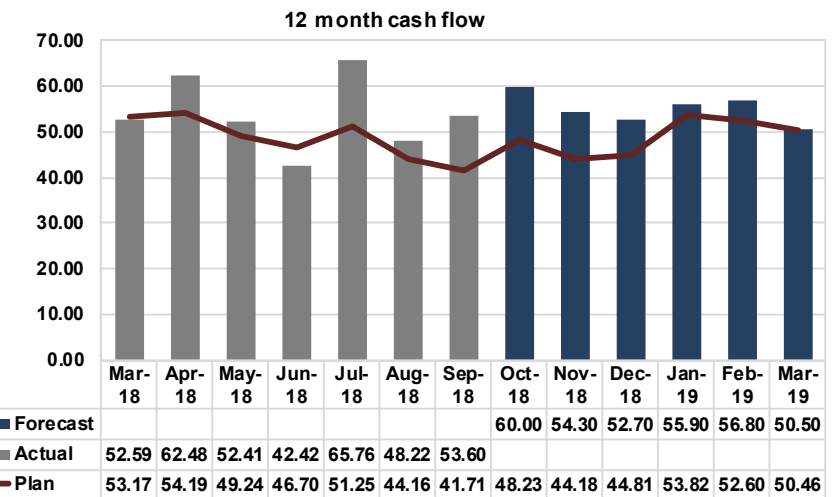
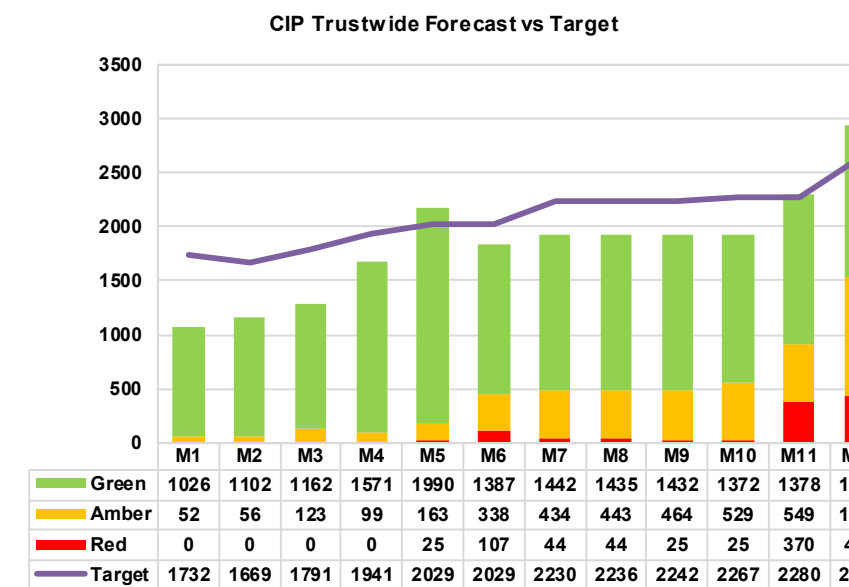
Comments

The Trust is reporting a YTD surplus of £1.84 which is £0.04k favourable against the internal plan. Income favourable variance is driven by A&E, Emergency admissions, obstetric deliveries and settlement of the 2017/18 position with CCGs. Elective and critical care continue to underperform. Pay is adverse by £6,632k year to date, The Trust continues to use bank and agency staff to cover vacancies, sickness and additional activity. There has also been supernumery staffing to cover new medical starter post rotation. The largest contributor to this position has been under achievement against CIP targets. Non-pay is £120k favourable year to date. Included in this position is a deficit against clinical supplies which is activity driven.

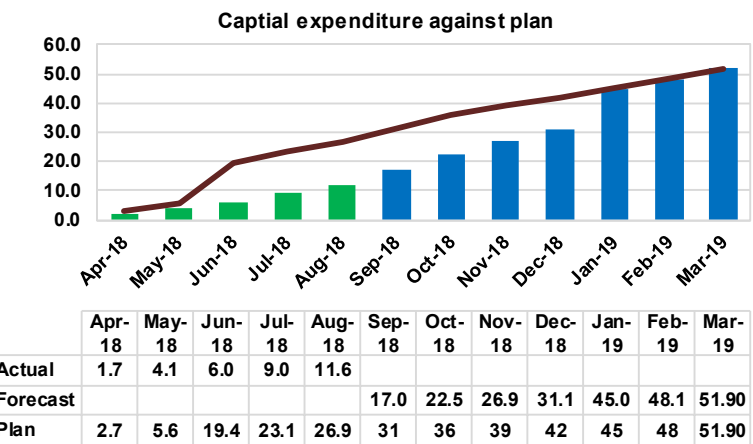


Comment

The increase in agency costs in July is predominantly related to non-recurrent EPR implementation and floor w alker costs (£0.2m).



Comment: The higher cash balance (compared to plan) is cash b/tw d @ £4m plus receipts of £14m (mainly: 2 months VAT reclaims @ £3.9m; settlement of prior year invoices @ £5.5m; earlier receipt of Q1 PSF @ £2.9m and maternity incentive @ £1.1m); offset by capital funding received in October @ £5.6m and other outflows @ £0.7m.



Comment: Underspend against plan, to the end of M6, is mainly due to delays in securing a contractor for the NICU project as well as securing funding arrangements for the Modular Maternity Building

Use of Resources rating			BPPC % of bills paid within target			
Rating	Aug-18 YTD Plan	Aug-18 YTD Actual	Year to Date	Current Month %	Previous Month %	Variance %
Capital Service rating	2	2	By number	89.1%	88.6%	0.6%
Liquidity rating	1	1	By value	80.4%	78.8%	1.6%
I&E Margin rating	2	2	Creditor days	92	97	(5)
I&E distance from plan	1	1	Debtor Days	46	46	(2)
Agency rating	1	2				
UORR before override M4	1	2				
UORR after override M4	1	2				



Council of Governors Meeting, 29 November 2018

AGENDA ITEM NO.	2.3.1/Nov/18
REPORT NAME	Workforce performance report
AUTHOR	Natasha Elvidge, Associate Director of HR; Resourcing
LEAD	Sandra Easton, Chief Financial Officer
PURPOSE	The People and OD Committee KPI Dashboard highlights current KPIs and trends in workforce related metrics at the Trust.
SUMMARY OF REPORT	<p>The dashboard to provide assurance of workforce activity across eight key performance indicator domains;</p> <ul style="list-style-type: none"> • Workforce information – establishment and staff numbers • HR Indicators – Sickness and turnover • Employee relations – levels of employee relations activity • Temporary staffing usage – number of bank and agency shifts filled • Vacancy – number of vacant post and use of budgeted WTE • Recruitment Activity – volume of activity, statutory checks and time taken • PDRs – appraisals completed • Core Training Compliance
KEY RISKS ASSOCIATED	The need to reduce turnover rates.
FINANCIAL IMPLICATIONS	Costs associated with high turnover rates and reliance on temporary workers.
QUALITY IMPLICATIONS	Risks associated workforce shortage and instability.
EQUALITY & DIVERSITY IMPLICATIONS	We need to value all staff and create development opportunities for everyone who works for the trust, irrespective of protected characteristics.
LINK TO OBJECTIVES	<ul style="list-style-type: none"> • Excel in providing high quality, efficient clinical services • Improve population health outcomes and integrated care • Deliver financial sustainability • Create an environment for learning, discovery and innovation
DECISION/ ACTION	For noting.



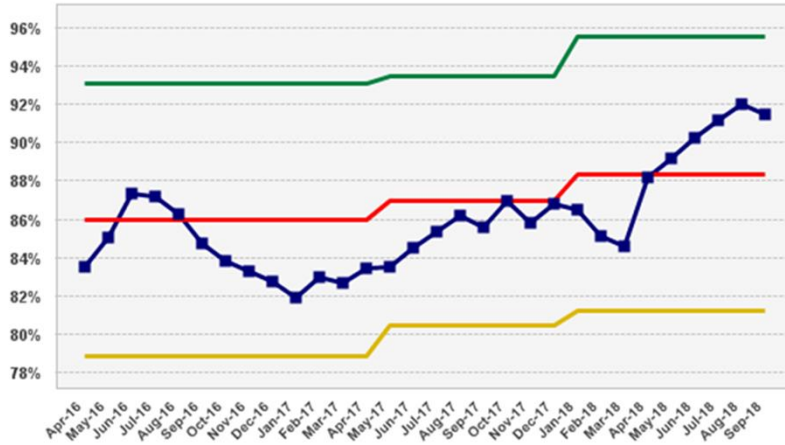
Workforce Performance Report to the People and Organisational Development Committee

Month 06 – September 2018

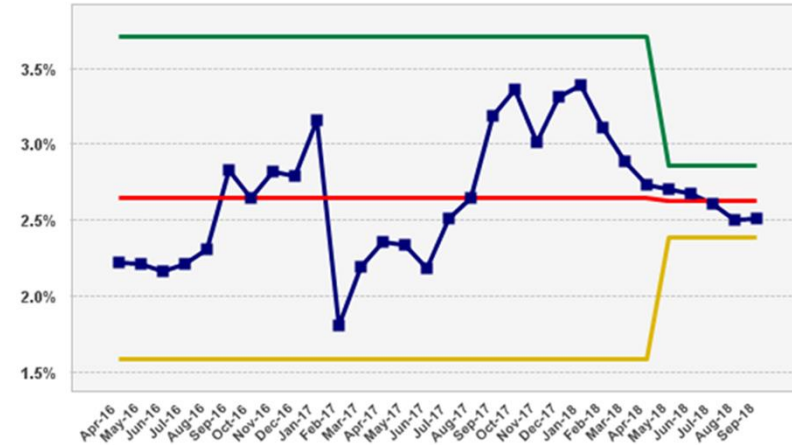


Statistical Process Control – April 2016 to September 2018

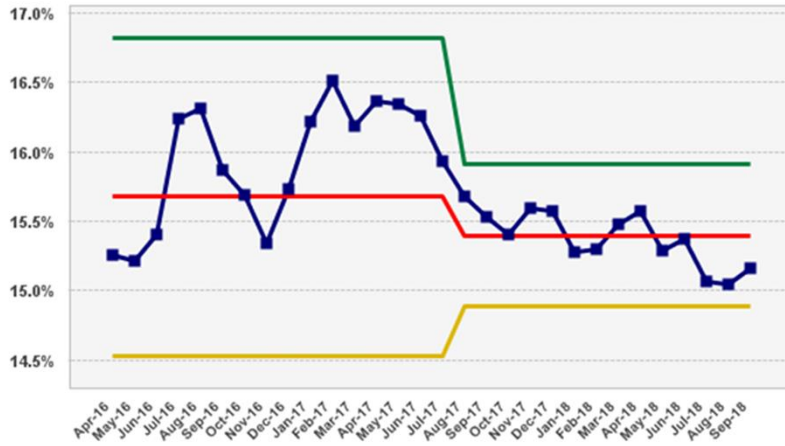
Mandatory Training compliance



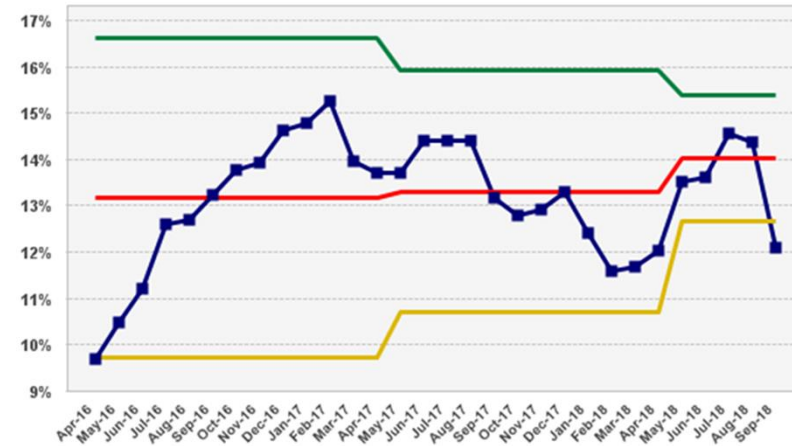
Sickness absence



Staff turnover rate



Vacancy rate



People and Organisational Development Workforce Performance Report September 2018
Key Performance Indicators

Item	Units	This Month Last Year	Last Month	This Month	Target	RAG Status			Trend	Risk / Comment
						Red	Amber	Green		
1. Workforce Information										
1.1 Establishment	No.	6016.53	6352.98	6367.13					↑	Increase in WTE
1.2 Whole time equivalent	No.	5223.45	5427.68	5481.88					↑	Increase in WTE
1.3 Headcount	No.	5715	5904	5951					↑	Increase in Headcount
1.4 Overpayments	No.								↔	
2. HR Indicators										
2.1 Sickness absence	%	3.19%	2.52%	2.61%	<3.3%				↑	Limited Risk- (Please refer to Appendix 1 for detailed analysis)
2.2 Long Term Sickness absence	%		1.05%	1.06%					↑	Limited Risk- (Please refer to Appendix 1 for detailed analysis)
2.3 Short Term Sickness absence	%		1.56%	1.55%					↓	Limited Risk- (Please refer to Appendix 1 for detailed analysis)
2.4 Gross Turnover	%	20.74%	19.45%	19.61%	<13%				↑	Limited Risk- (Please refer to Appendix 1 for detailed analysis)
2.5 Voluntary Turnover	%	15.53%	15.07%	15.16%	<13%				↑	Limited Risk - (Please refer to Appendix 1 for breakdown of data by division)
3. Employee Relations										
3.1 Live Employment Relations Cases	No.			155					↑	Limited Risk
3.2 Formal Warnings	No.			0					↔	
3.3 Dismissals	No.			4					↑	
4. Temporary Staffing Usage										
4.1 Total Temporary Staff Shifts Filled	No.		14351	13133					↓	Limited Risk
4.2 Bank Shifts Filled	No.		11673	11243					↓	Limited Risk
4.3 Agency Shifts Filled	No.		2678	1890					↓	Moderate Risk
5. Vacancy										
5.1 Trust Vacancy Rate	%	13.18%	14.56%	12.10%	<10%				↓	Limited Risk
5.2 Corporate	%	9.88%	15.62%	8.90%	<10%				↓	Limited Risk
5.3 Emergency & Integrated Care	%	13.96%	14.96%	12.17%	<10%				↓	Limited Risk
5.4 Planned Care	%	12.22%	13.65%	12.98%	<10%				↓	Limited Risk
5.5 Women's, Children and Sexual Health	%	14.58%	14.83%	12.09%	<10%				↓	Limited Risk
6. Recruitment (Non-medical)										
6.1 Offers Made	No.		183	162					↓	Limited Risk
6.2 Pre-employment checks (days)	No.		30.70	24.60	<20				↓	Moderate Risk
6.3 Time to recruit (weeks)	No.		9.62	8.04	<9				↓	Limited Risk
7. PDRs Undertaken (AFC Staff over 12 months)										
7.1 Trust PDRs Rate (AFC Staff)	%	49.78%	90.42%	87.92%	≥90%				↓	Limited Risk
7.2 Corporate	%		90.78%	83.21%	≥90%				↓	Limited Risk
7.3 Emergency & Integrated Care	%		92.40%	90.99%	≥90%				↓	Limited Risk
7.4 Planned Care	%		90.82%	90.32%	≥90%				↓	Limited Risk
7.5 Women's, Children and Sexual Health	%		88.24%	84.38%	≥90%				↓	Limited Risk
8. Mandatory Training										
8.1 See Appendix 1 for details on Mandatory Training										



August 18 SICKNESS									
Division	Sickness Abs.	RAG Status	Available FTE	Abs. FTE	Episodes	Long Term (FTELost)	%Long Term	Prev. Month	% +/-
Corporate	1.43%	Green	17172.75	278.13	55	75.64	0.44%	1.62%	-0.2%
Emergency & Integrated Care	2.08%	Green	46239.15	881.93	214	336.72	0.73%	1.91%	0.2%
Planned Care	2.86%	Green	55272.86	1442.95	306	654.24	1.18%	2.61%	0.3%
Women's, Children and Sexual Health	3.20%	Yellow	50126.02	1643.81	312	720.06	1.44%	3.28%	-0.1%
Trust	2.61%	Green	168810.78	4246.82	887	1786.66	1.06%	2.52%	0.1%

September 18 Mandatory Training					
Course	Last Month	This Month	Target	RAG Status	Tread
Basic Life Support	85%	85%	<90%	Yellow	↔
Conflict Resolution - Level 1	95%	95%	<90%	Green	↔
Equality and Diversity	94%	93%	<90%	Green	↓
Fire	90%	88%	<90%	Yellow	↓
Health and Safety	96%	95%	<90%	Green	↓
Moving & Handling - Inanimate Loads	92%	90%	<90%	Green	↓
Infection Control	94%	93%	<90%	Green	↓
Information Governance	90%	89%	<95%	Red	↓
Moving & Handling - Patient Handling	83%	86%	<90%	Yellow	↑
Safeguarding Adults Level 1	94%	94%	<90%	Green	↔
Safeguarding Children Level 1	95%	94%	<90%	Green	↓
Safeguarding Children Level 2	90%	91%	<90%	Green	↑
Safeguarding Children Level 3	82%	77%	<90%	Red	↓

September 18 Vacancy / Bank and Agency Ratio on "Fill Rate"								
Division	Budgeted FTE	Staff in Post	Vacancy (FTE)	Bank Usage (FTE)	Agency Usage (FTE)	Total FTE Used	Budget minus Used FTE	RAG Status
Corporate	603.85	550.12	53.73	27.79	1.43	579.34	24.51	Green
Emergency & Integrated Care	1729.50	1518.97	210.53	233.42	63.98	1816.37	-86.87	Red
Planned Care	2064.26	1796.30	267.96	185.74	30.60	2012.65	51.61	Green
Women's, Children and Sexual Health	1838.80	1616.48	222.32	168.29	28.49	1813.27	25.53	Green
TRUST	6236.41	5481.87	754.54	615.24	124.50	6221.62	14.79	Green

September 18 Voluntary Turnover			
Division	Turnover	Prev Month	% +/-
Corporate	17.93%	16.77%	1.16%
Emergency & Integrated Care	16.35%	16.64%	-0.29%
Planned Care	12.21%	12.06%	0.15%
Women's, Children and Sexual Health	16.40%	16.32%	0.08%
TRUST	15.16%	15.05%	0.1%

Key to Sickness Figures
Sickness Absence = Calendar days sickness as percentage of total available working days for past 3 months (days x ave FTE)
Episodes = number of incidences of reported sickness
A Long Term Episode is greater than 27 days



People and Organisation Development Workforce Performance Report

September 2018

Mandatory Training Compliance :

Overall a small drop (1%) in compliance in-month with SG Children L3 having the largest drop resulting from almost 10% of the target population lapsing during September. As the target population for this topic is relatively small, the impact on compliance is consequently magnified. Moving & Handling L2 continues on an upward trend (+3%) due to an increase in sessions particularly at WMUOH, which has off-set the fluctuations of 1-2% across most other topics this month. Information Governance remains below the national target of 95% and, historically, Q3 and Q4 is when 63% of staff are due to lapse, so a concerted effort will be required to achieve the 95% by March 2019.

Staff Turnover Rate:

The voluntary turnover rate is currently 15.07% a decrease of 0.61% over the past year. The voluntary turnover rate suggests that approximately 1 in 7 members of staff have left the trust over the past 12 months. The turnover rates are consistent with the London region and are above our trust target of 13%.

Voluntary turnover is slightly trending upwards from last month to this month an increase of 0.09%. February '17's voluntary turnover rate (16.5%) was the highest month during the last year with the previous month the lowest – this downward (see SPC chart page 2) trend could be attributed to the increased productivity and reduction of time to recruit by the recruitment team. In addition, the trust has undertaken a project as part of the NHSI Retention Programme to improve our turnover rate.



Sickness Absence: (August)

The trust's sickness rate, currently at 2.61%, has only breached its target (3.3%) three times over the last 12 months peaking at 3.36% in November 17, 3.32% in January and 3.38% in February '18. Sickness absence has declined every month from February 18 until August 18. The staff group consistently reporting the highest level of sickness absence each month is unqualified nursing and midwifery staff (2.72%) whilst medical and dental staff are consistently reporting the lowest level of sickness (below 1%). The Women's, Children & Sexual Health Division had the highest sickness rate in August at 3.20%. The professional group with the highest sickness rate was Nursing and Midwifery (Unqualified) at 4.70%.

Vacancy Rate:

The current vacancy position of the trust is 12.10%. We have had a considerable improvement with a 2.74% decrease in the rate and have been on a downward trend for most of the last 12 months. Our vacancy rate has improved due to increased activity within the recruitment team and a readjustment to our establishment following a detailed reconciliation process. There has been a significant increase in establishment over the past 12 months 350.6wte, a gain of 6%, which has had an impact on vacancy and recruitment particularly during the months of April '18 until June '18.

The vacancy rate at West Middlesex is 15.92% and 13.55% at Chelsea and Westminster. The Nursing and Midwifery qualified staff group vacancy rate 10% which means we have achieved our target for nursing.

People and Organisation Development Workforce Performance Report September 2018

PDR's Completed Since 1st April 2018 (18/19 Financial Year)					
Division	Band Group	%	Division	Band Group	%
COR	Band 2-5	23.66%	PDC	Band 2-5	35.28%
	Band 6-8a	37.93%		Band 6-8a	66.90%
	Band 8b +	56.34%		Band 8b +	94.29%
Corporate		36.54%	PDC Planned Care		47.84%
EIC	Band 2-5	45.22%	WCH	Band 2-5	19.38%
	Band 6-8a	55.81%		Band 6-8a	23.94%
	Band 8b +	66.67%		Band 8b +	35.00%
EIC Emergency & Integrated Care		50.45%	WCH Women's, Children's & SH		22.20%
Band 2-5	Band 6-8a	Band 8b +			
33.06%	44.82%	63.95%	Trust Total		39.61%

PDRs:

During the previous financial year we achieved our target of appraisals completed (90%).

At Month 6 / September, we are slightly behind target for the completion of PDRs by our banding windows. The divisions have been asked to give greater focus and attention to the completion of PDRs within the banding windows and they have been tasked with produce a plan of how they will achieved their PDR target.





Council of Governors Meeting, 29 November 2018

AGENDA ITEM NO.	2.4/Nov/18
REPORT NAME	*Governors' Questions
AUTHOR	Various
LEAD	Lesley Watts, Chief Executive
PURPOSE	To note.
SUMMARY OF REPORT	<p>1. The question raised by Governor Anna Hodson-Pressinger:</p> <p>1.1 It has been brought to my attention that the Porters are under two different contracts and those under the old contract end up receiving less money. It seems to me unfair to treat them differently.</p> <p>What can the Trust do given the fact that all staff, including ISS staff must live the same Trust values which makes it hard if in this instance certain number of porters are not happy with getting less pay and can naturally impinge on their ability to fulfil their duties as well as the others on new contract?</p> <p>Response from Sandra Easton, Chief Financial Officer:</p> <p>The porters are employed by ISS and the Trust does not have sight of their employment contracts. A group of the staff did write to Lesley about their pay some time ago but, formally, we are unable to negotiate on their behalf as we don't have an employment contract with them.</p> <p>We very much see our outsourced staff as part of our Trust team. We are in constructive dialogue with ISS and are exploring how we secure their support in institutional contract negotiations.</p> <p>1.2 Following on my question in July and the subsequent reply, I need a more in depth and detailed answer please, for what is the Trust's process for monitoring senior medical staff, specifically senior doctors and consultants on their conduct and attitude to patients which at times can be abrupt and thoughtless because of their level of achievement, responsibility and sometimes workload and having to take daily life and death decisions and some can lose their ability to have a daily good judgement and empathise in a kind and thoughtful manner which from the patient point of view can be perceived as the Trust values being lost in their approach to patients?</p> <p>Is there a way that Chelsea and Westminster Hospital NHS FT could have an annual mandatory training for senior medical staff, specifically senior doctors and consultants on 'bedside manner' and empathetic treatment of patients to bring them in line, in a more appropriate manner, with our core Values?</p> <p>Response from Dr Roger Chinn, Deputy Medical Director:</p>

All senior medical staff are required to participate in our annual appraisal programme and are subject to revalidation by the GMC every 5 years. A key component that is monitored within this programme is a multisource feedback exercise. This captures information about performance, communication and manner from their peers, a wider multidisciplinary staff base and, most importantly, from patients. This is benchmarked against a peer group and is used for reflection and to define the personal development needs of the doctor in the forthcoming year.

In addition, the incident reporting process, the complaints process and 'freedom to speak up' are other tools to capture any concerns related to communication with patients. Where any lapse is identified this will be brought to the individual's attention and remediation will be suggested. It would not be appropriate to instigate a blanket approach to all retraining all senior medical staff as this is issue rarely arises.

2. The question raised by Governor David Phillips:

A Meet a Governor session revealed that A&E patients given prescriptions after 6pm cannot be filled at the Boots on-site pharmacy. Such prescriptions may be dispensed by the in-patient pharmacy but there can be severe delays so the patient is faced with a return visit the next day or searching for a late-night/all-night pharmacy. Could consideration be given to pharmacists located in the A&E department?

Response from Zoe Penn, Medical Director:

We have considered designated pharmacists in A&E but – outside a 24h cover which is uneconomic – this problem could still arise. The issue is mitigated through on call support. Between 6pm and 9pm there are two pharmacists based in inpatient pharmacy. After 9pm there is one pharmacist on duty. They can be contacted by bleep to dispense A&E prescriptions if required.

Pharmacy have reminded A&E staff of this facility and are encouraged to use this option when Boots pharmacy is closed. The A&E department also has a wide range of medicines (28 different medicine lines) packaged and labelled in a way ('overlabelled') that enables the nursing staff to supply medicines against a prescription directly to the patient, without the need to contact pharmacy.

In the light of the enquiry Pharmacy will undertake a review of commonly prescribed medicines out of hours in A&E and determine if the list of overlabelled medicines stocked within the department, requires adjustment.

3. The question raised by Governor Nigel Davies:

I read in the Evening Standard of 29 October ('Peasants' revolt' as campaigners try to stop duke's plans for flats on allotments") that the Duke of Northumberland's spokesperson stated that plans for housing at Syon Park have "the support from the adjacent hospital".

Could you update the governors whether support has been given and whether guarantees have been sought for a significant proportion of any new build to be affordable homes earmarked for Trust staff?

Response from Dominic Conlin, Director of Strategy:

The Trust did provide a letter of support on behalf of the Trust. The proposed development on the Syon allotment site is residential 'to let', not 'for sale'.

There has been dialogue and Trust has an option to secure a number of units in the development of varying unit size. The Trust are also looking at options to develop the Hepple Close car park for residential use.

	Our advice is that securing planning consent on the Syon Lane allotment site will make planning consent on the Hepple Close car park far easier.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	For information.



Council of Governors Meeting, 29 November 2018

AGENDA ITEM NO.	2.5/Nov/18
REPORT NAME	Draft minutes of the Council of Governors Membership & Engagement Sub-Committee meeting held on 8 November 2018
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	David Phillips, Chair
PURPOSE	To provide a record of any actions and decisions made at the meeting.
SUMMARY OF REPORT	This paper outlines a record of the proceedings of the Council of Governors Membership & Engagement Sub-Committee meeting held on 8 November 2018.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	For information.



**DRAFT Minutes of the Council of Governors Membership & Engagement Sub-Committee meeting
Held at 10.30am on 8 November 2018 in Room A, West Middlesex**

Attendees	David Phillips	Chair	DP
	Tom Pollak	Public Governor	TP
	Matthew Shotliff	Staff Governor	MS
In attendance	Julie Myers	Company Secretary	JM
	Vida Djelic	Board Governance Manager	VD
	Priscilla Gyewu (minutes)	Membership Officer	PG
Apologies /Absence	Ian Bryant	Staff Governor	IB
	Nowell Anderson	Public Governor	NA
	Anna Hodson-Pressinger	Patient Governor	AHP
	Elaine Hutton	Public Governor	EH
	Simon Dyer	Lead Governor	SD
	Richard Ballerand	Public Governor	RB

1.	Welcome & Apologies	
	<p>The Chair welcomed all to the meeting.</p> <p>Apologies for absence were noted as above.</p>	
2.	Minutes of previous meeting held on 2018	
	<p>Minutes of the previous meeting were approved as a true and accurate record.</p>	
3.	Matters Arising & Action Log	
	<p>The sub-committee reviewed a list of actions and the updates were noted.</p> <p>Regarding action point 3, MS said that he was going to contact the Head of Pharmacy to explore the possibility of including a membership form along the pharmacy prescription.</p> <p>PG confirmed that the Meet a Governor schedule has been updated with the November and December dates and noted that a few more governor volunteers are required for sessions on West Middlesex site. Once the election process has been concluded she said she will invite governors to take part. DP added that as the Chair of the sub-committee he will encourage governors from the public areas near West Middlesex to participate.</p> <p>TP expressed his doubt in how useful these sessions were to both governors and members of the public and asked DP to rate it between 1 and 10. DP said that the sessions offer the opportunity to meet patients, public and hospital visitors and to gather some compliments and complaints on the quality of services provided. JM linked to it by saying that it presents</p>	

	<p>an ideal opportunity for governors getting a sense of how people feel about services they have received and collating their views about the hospital.</p> <p>The sub-committee noted in AHP's absence that she will progress her proposal for a member engagement tea and cake party with the Chairman and the Lead Governor. Action: AHP to discuss her proposal for a member engagement tea and cake party with the Chairman and the Lead Governor.</p> <p>Regarding action point to explore the possibility of advertising free of charge the upcoming seminar in local papers with the communications team, PG said that she obtained a list from the communications and found out that all local magazine providers charge for any adverts appearing in their free magazines. TP linked to it by saying that in his view events should be publicised in all electronic and social media.</p>	AHP
4.	Membership Report	
	<p>PG presented the membership report and noted that there has been a slight movement in the total membership number which is due to data cleansing being performed in September in preparation for the COG election, notably the total patient and public number has decreased for 35 members and the contracted staff category did not appear in the October cut of staff data. She highlighted as at October the Trust has 7,132 public and 5,710 patient members.</p> <p>In repose to TP's question what PR stands for, PG replied that PR stands for Public Register and it details number of members who opted out to appear on the Public Register.</p> <p>TP asked for membership numbers from the previous reports to be included in further reports so that any changes and trends can be picked up.</p> <p>Action: PG to include previous reports membership numbers in future reports.</p> <p>In response to a question from DP if an annual report on membership numbers and recruitment activities could be presented to the Council of Governors, JM said that the information is included in the Annual Report which is available to governors at the end of the financial year.</p> <p>DP advised the sub-committee that he was in contact with CW+ and reported that the Mayor of Hounslow is very supportive of West Middlesex. The aim is to see if the Mayor would encourage the community to become members of the Trust.</p>	PG
5.	Membership Engagement & Communications Calendar of Events, including feedback from the Annual Members Meeting	
	<p>PG noted that a schedule of events was provided in the paper and reminded that sub-committee that the next Health Seminar, on the subject of Diet and stroke risk, will be held on 22 November and encouraged the sub-committee to attend. An invite had been emailed to the members and as a result 20 members advised that they would be attending. The seminar was advertised through various communication channels i.e on the website, social media and posters displayed across the hospital sites.</p> <p>PG further noted that Christmas events, which are organised by the communication</p>	

	<p>Department, will be held on 11 (CW) and 12 December (West Middlesex). JM highlighted that a governor volunteer is sought to lead on governor/public engagement. DP felt that as the Chair of the sub-committee he should lead on it. JM said that she will put DP in contact with the communications lead on events so that he can liaise with her regarding the organisation of the events.</p> <p>PG noted the feedback from the Annual Members' Meeting which overall was very positive; some topics to be covered at future AMM were suggested.</p>	
6.	'Your Health' seminars – update from the 16 October seminar and feedback	
	<p>PG presented feedback from the October seminar which was hosted by the Chair of the sub-committee. She emphasised how pleased she was with the attendance and feedback received which she will take fully on board. VD linked to it by highlighting that switching to a quarterly seminar schedule will enable the team to refine logistics, get richer topics and address as many of suggestions for improvement as possible and hopefully get better attendance. JM linked to it by suggesting that we would want to link our seminar topics to national themes/health days.</p> <p>PG took the sub-committee through suggestions for improvement received and confirmed that presentation slides get uploaded on the website after each seminar. TP linked to it by suggesting hard copy being provided to all attendees. DP disagreed and felt that it could divert attention from the screen and listening to a presenter. MS related to it by saying that in his role as the Undergraduate Teaching Coordinator he occasionally receives feedback that looking at paper copy of presentation already projected on the screen disrupts listening. DP concluded discussion by saying that he will make it clear at the beginning and at the close of each seminar that an electronic copy will be made available on the website.</p> <p>By way of improving publicising, TP suggested exploring with Healthwatch and local authorities if we could advertise on their websites free of charge. PG undertook to explore this.</p> <p>Action: PG to explore with Healthwatch and local authorities the possibility of advertising 'Your Health' seminars on their websites free of charge.</p>	PG
7.	'Meet a Governor' Schedule	
	<p>GP highlighted that the current Meet a Governor schedule was provided with papers.</p> <p>DP informed the sub-committee that he has encouraged some governors to participate in a Meet a Governor session and asked if at a minimum they could do 1h session annually. JM linked to it by clarifying that it is one of the ways of engaging with patient and the public and added that there are also other ways of engaging with the members and the public.</p>	
8.	Council of Governors Election – update	
	<p>VD reminded that sub-committee that the election process is underway to fill seats which were going to expiry at the end of November. Currently we are at the voting stage and the polls close on 9 November. The election results will be released on Monday 12 November and she will personally contact all successful and unsuccessful candidates to thank them for participating.</p>	

	<p>VD highlighted that in addition to an email message reminder to members to vote, the communications department assisted with publicising on website and social media for members as well as via daily noticeboard for staff classes members. She particularly thanked Guy Pascoe and Mathew Shotliff for providing governor quotes for the use on social media.</p> <p>TP queried whether members from the Wandsworth public constituency would have access to election statements of candidates standing for election in other public constituency. VD said that in accordance with the Election Rules, the ballot paper with election statements of candidates standing for election is received only by members of constituency in which that member is registered and the patient and public voters are required to confirm their identity and eligibility to vote in the election.</p> <p>JM referred to some recent information she received from a Trust regarding the difficulty with attracting candidate nominations from their membership. She was content that our Trust attracted 34 candidates for 14 governor posts and highlighted that this indicates a good level of member engagement.</p>	
9.	Feedback from members	
	<p>DP reported on a couple of complaints he had received through the recent meet a governor session which he passed to PALS office to take forward.</p> <p>He added that one patient talked to him about an issue with A&E patients prescriptions after 6pm which cannot be dispensed at the Boots on-site pharmacy as it is closed after 6pm. It was noted that this will be included in the Governors' questions.</p>	
10.	Overview of membership activities 2018 (to date)	
	The sub-committee noted the report.	
11.	Membership & Engagement Sub-Committee meetings	
	<p>DP referred to the recent paper on the improvement of Board and Council of Governors engagement which proposed to reduce the number of Membership and Engagement Sub-Committee meetings to two a year and highlighted that communication with members should be part of the Communications Team remit and invited the sub-committee views. He added that the proposal was due to be discussed in more detail at the 15 November Council of Governors Away Day.</p> <p>JM reminded the sub-committee that the Council was very supportive of the proposal as expressed at its 27 September meeting, and the plan was to focus on strategic matters and to build engagement in a more informal setting and to have less frequent and richer sub-committee agenda.</p> <p>In response to TP's question when the new meeting schedule was due to take place, JM confirmed that it was due to take place from April 2019.</p>	
12.	Any other business	

	None.	
13.	Date of next meeting – 31 January 2019	

The meeting closed at 12.25pm.

DRAFT



Council of Governors Meeting, 29 November 2018

AGENDA ITEM NO.	2.6/Nov/18
REPORT NAME	Draft minutes of the Council of Governors Quality Sub-Committee meeting held on 7 November 2018
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Simon Dyer, Acting Chair
PURPOSE	To provide a record of any actions and decisions made at the meeting.
SUMMARY OF REPORT	This paper outlines a record of the proceedings of the Council of Governors Quality Sub-Committee meetings held on 7 November 2018.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	For information.



**Minutes of a meeting of the Council of Governors Quality Sub-Committee
Held at 10am on 7 November 2018**

Attendees	Simon Dyer	Deputy Chair (Patient Governor)	SD
	Anna Hodson-Pressinger	Patient Governor	AHP
	Kush Kanodia	Patient Governor	KK
	Laura Wareing	Public Governor – London Borough of Hounslow	LW
	Chisha McDonald	Staff Governor – Allied Health Professionals, Scientific and Technical	CMD
	Sonia Richardson	Patient Representative on the West London CCG	SR
	Julie Myers	Company Secretary	JM
In attendance	Melanie van Limborgh	Deputy Director of Nursing	MvL
	Shan Jones	Director of Quality Governance	SJ
	Anna Letchworth (in part)		AL
	Vida Djelic (Minutes)	Board Governance Manager	VD
Apologies	Nowell Anderson	Public Governor	NAn
	Nigel Davies	Chair (Public Governor – Ealing)	ND
	Guy Pascoe	Public Governor – London Borough of Hammersmith and Fulham	GP
	Nathan Askew	Director of Nursing CW	NA

1.	Welcome and Apologies	
	The Acting Chair welcomed members to the meeting. Apologies that had been received were noted as above.	
2.	Minutes of previous meeting held on	
	Minutes of the previous meeting were accepted as a true and accurate record of the meeting.	
3.	Matters Arising	
	The sub-committee noted that all actions were completed and updates provided in the paper.	
4.	Appointment system update (QSC action 09.02)	
	Anna Letchworth introduced the item by saying that following on her presentation to the sub-committee in February a further update was due on the appointment letters and appointment communication to patients. She explained that earlier in the year there was an IT glitch in the system which caused letters arriving post the date of appointment. The issue was resolved and the Trust did	

<p>not have many complaints afterwards.</p> <p>She added that both the telephone appointments system and hospital's website have been upgraded. There is also a local monitoring of the appointments system, including a mystery shopper.</p> <p>She further added that a net call was rolled out in order to monitor successful calls and time taken to answer each call. This has significantly reduced DNA rate.</p> <p>SD said he has recently received a text reminder for his appointment; however the message did not state where the appointment would take place. Action: AL to check which system the text reminder to SD came from.</p> <p>AL noted that there were some issues with a patchy coverage of text messages and the issue has been resolved. She further noted that different hospital services require different information to be communicated to patients and this has been addressed.</p> <p>She highlighted the improvement in DNA rate on CW site which in June was at 14% June and at present is at 12%. Her aim is to reduce the DNA rate to as low as 5%.</p> <p>KK queried how the message is refined. AL said that all services are looked at and a deep dive performed in services with high DNA rates.</p> <p>KK further asked if there is a difference in requirements between different services and how sophisticated it is. AL said that reminders are arranged depending on the services requirements i.e 7 days, 3 days and 24 hours. The messaging is very generic but it should be clear where it comes from, including the details of appointment.</p> <p>AL provided an example of Kobler clinic which works on a different system and undertook to ensure the message is clear where a text message comes from. Action: AL to ensure the message is clear where a text message comes from.</p> <p>In response to KK's question about older patients appointments, AL said that different categories of patients are catered for and typically older patients would receive an automated call reminder of their appointment.</p> <p>In response to a further question from KK if the appointments communication has improved, AL said that the number of complaints has reduced to as little as 1 formal complaint per a month.</p> <p>KK queried what system the hospital has in place if a patient cancelled their appointment and whether that slot would be offered to another patient. AL replied that generally patients are advised that they should call in daily to check if any additional appointment slots become available. She added that a follow up call to appointment is made for appointments made through choose and book system. AHP linked to it by suggesting that an appointments app could be developed to enable patients to advise if they need to cancel an existing appointment.</p> <p>SD thanked AL for updating the sub-committee on the progress made with appointments letters and communication to patients.</p>	<p>AL</p> <p>AL</p>
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5.	Ward and Department accreditation – update	
	<p>Melanie van Limborgh introduced the item by reminding the sub-committee that the scheme started during mid-2016 and initially 66 wards/departments were reviewed. Following the reviews each ward/department was graded and a grade awarded was displayed on ward dashboard in the area. 2018 is now the second full year of accreditation and 110 areas will have been accredited by the end of December.</p> <p>MvL further added that ward and department accreditation is long term quality improvement which is part of the Trust’s quality portfolio and the Trust’s Executive Management Board is supportive of the scheme whose work is reported to the Clinical Effectiveness, Quality Committee and Board of Directors.</p> <p>She noted that the most recent peer review took place this autumn with external reviewers with trust reviewers accrediting on the two main hospital sites and 32 areas were reviewed; in addition ‘out of hours’ reviews took place.</p> <p>MvL further noted that the annual programme of External Peer Review teams with Trust staff, NHSE, NHSI will again take place next year for an on-going plan of external scrutiny.</p> <p>KK queried if out of hours wards are randomly selected. MvL said that areas for these reviews are carefully chosen to focus on the receiving areas of the hospital sites and those of where the highest dependency of patients is nursed. These areas include the Emergency Departments, and Acute Assessment areas.</p> <p>KK further asked how results of ‘out of hours’ review compares with average ward accreditation of the same ward. MvL said that it can add to the overall focus of key issues in an area, but it does not impact on the overall result.</p> <p>MvL noted that the reviews are usually undertaken initially on wards /departments which are graded bronze and subsequently other wards/departments are reviewed. The accreditation document links across to the CQC’s 5 key domains and the Trust grading system aims to match the CQC gradings. To include in the Ward and Department accreditation information packs for assessors a new dashboard for briefing the accreditation teams has been added.</p> <p>MvL tabled a copy of the Ward Accreditation and Department tool 2018 and outlined the sections of the accreditation documents which include:</p> <ul style="list-style-type: none"> • Guidance section • Red, amber and green flags • Mandatory safety areas section • Safe, Effective, Caring, Responsive and Well-Led sections • Other standards to note during review • Medicines Management section • DNACPR <p>MvL highlighted that the Care Quality Programme team also undertake ward and department accreditation, quality rounds, partner programme (senior leader’s visits) assessments with a checklist, yearly peer review with NHSI, NHS England and other Trusts and CQC inspections.</p>	

<p>AHP queried if PLACE Group work is integrated in accreditation process. MvL said that it is a slightly different scheme and is not a direct link, however, themes arising from PLACE that are reported will be filtered through to the accreditation process as relevant.</p> <p>An accreditation day starts with a briefing to the accreditation assessors; experienced and inexperienced assessors are pre-allocated into teams; areas are accredited unannounced. The teams are provided with accreditation assessment document, the previous assessment report and the quality dashboard of the area. If the area has not met any of the key mandatory safety areas, or if there are serious concerns a white grade (which is the lowest grade) may be awarded.</p> <p>This white grade is discussed and awarded as white temporarily and the relevant Ward manager/department manager, Matron, Lead Nurse and Division Directors are informed with the actions that are required to gain a bronze, silver or gold grade. Any red flags are fed back on the day of the assessment and escalated to the ward department manager and the Matron.</p> <p>A full accreditation report is prepared within 3 weeks of the assessment and subsequently ward/department display grading on their quality board. All accreditation members receive a certificate that they have participated in the accreditation process and feedback is sought from them. This enables the accreditation team to work on continually improving the accreditation process.</p> <p>MvL noted the improvement from the accreditation process undertaken in summer with some of the changes made and highlighted that it indicated that the accreditation process is a key contributor to the quality improvements; some example of areas where quality improvements were made include Ron Johnson ward, Emergency Department (Chelsea site), Annie Zunz (Chelsea site) and Endoscopy Unit (West Middlesex site).</p> <p>MvL outlined the benefits of participating in the accreditation process; she invited governors to participate in future accreditations and highlighted that the mandatory training must be completed before a reviewer participates in an accreditation visit and a meeting with the CQP team to talk through the accreditation process.</p> <p>LW queried if ward accreditation was initiated in order to enable an easy CQC inspection. MvL said that this helps staff prepare for any assessment and also gives them an exposure what it is like and how to manage the process. It provides staff with an opportunity to look at how to encompass improve continuous quality improvement into the clinical areas</p> <p>SD asked if infection control is assessed differently. MvL said that accreditation process includes and captures much wider area that infection control and that the Infection and Prevention Control perform their own assessment separate from the accreditation.</p> <p>KK referred to continuous improvement and whether grading awarded at Chelsea and Westminster is of the same standard as elsewhere. MvL said that there is no nationally standardised accreditation system in the UK, however the accreditation developed in the Trust is a system workable for Chelsea and Westminster. It was highlighted other Trusts may approach accreditation differently and in many cases do not currently undertake accreditation. She added that the Trust's assessment tool is linked to CQC inspection tool which is the known national standard for regulation.</p>	
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	<p>SJ asked if learning is taken from the reports of FTs which are awarded the CQC's 'outstanding' ratings are reviewed for learning and if any good practices are taken from those. MvL confirmed this was the case and that some Chelsea and Westminster Hospital staff are CQC assessors which brings in additional learning for the organisation.</p> <p>In response to a question from SR regarding the Deprivation of Liberty safeguarding, MvL confirmed that it is still applicable.</p> <p>SS queried if the ward accreditation tool and results are presented at CQG meetings. MvL said that accreditation was presented to the group previously and that in the spirit of transparency the Trust publicise results widely to include the intranet, Effectiveness Meetings, Quality Committee meetings, the Board of Directors and external conferences.</p> <p>The sub-committee highlighted they were proud of a positive learning culture in the organisation.</p> <p>Action: VD to email the Council of Governors post-election to invite volunteer participants in ward accreditation.</p>	VD
6.	<p>Learning from complaints</p>	
	<p>MvL introduced the item by saying that the report was prepared by the Director of Nursing Nathan Askew for the Quality Committee and has been shared with the COG Quality Sub-Committee.</p> <p>The main highlights from the report include:</p> <ul style="list-style-type: none"> • The number of formal complaints received in October has increased over the past two months, although the number is still lower than for the rest of the year. • For the past three months, 75% of formal complaint responses have attained the 25 day target, however there were two complaints breaches in October. In order to improve this position, an extra layer of escalation has been added, with Chief Nurse Pippa Nightingale being notified 48 hours prior to a breach. <p>In response to a question from KK regarding Freedom to speak up performance, SJ said that issues raised through Freedom to speak up mechanism are captured on a different system.</p> <p>AHP queried if there is a system for staff to be re-trained in cases where there are a number of complaints raised about a particular staff member. MvL said that the process would be managed by the relevant line manager and the required support identified and adequately provided. She added that a lot of learning support is provided to staff.</p>	
7.	<p>Integrated Performance Report – for information</p>	
	<p>SJ noted that the Trust has had strong performance and highlighted that workforce metrics improved over the last 12 months.</p> <p>She added that from the quality perspective a process has been put in place to mitigate risk from an issue with hand infection. She also added that a never event happened in</p>	

	<p>September and the Trust is in the process of investigating; a report of the investigation into the never event will go the Quality Committee.</p> <p>SD asked if preparations are underway for winter pressure. SJ said that a robust winter plan detailing the Trust's arrangements for ensuring service delivery throughout winter 2018-19 has been prepared. JM added that a comprehensive paper detailing winter plan was presented at the 1 November Board public meeting.</p> <p>SD further asked what the uptake of flu vaccine was. JM said that the Trust has a comprehensive seasonal flu plan covering aspects relevant to patients, visitors and staff. In response to KK's question if it was mandatory for staff to receive flu vaccination, SJ replied that staff were strongly advised to be vaccinated in light of their duty to patients and colleagues.</p> <p>AHP commented on some of metrics on the safety dashboard being red. SJ said that it was due to hand hygiene compliance being 91% whereas the target was 95%.</p>	
8.	Governor's patient story and feedback on patient contacts	
	<p>AHP reported on a recent experience of A&E as a patient and the amount of abuse staff get from patient that she witnessed. SJ said that the A&E area is covered by cameras, security and that staff have been trained to handle difficult situations. All incidents are reported to and reviewed by the Patient Safety Group. She assured the sub-committee that the Trust has a zero tolerance approach to abuse and violence.</p> <p>LW reported on her recent visit to St Mary's A&E and how surprised she was by learning that there is a big difference in quality standards compared with CW.</p> <p>KK feedback on personal experience from earlier in the day when calling to arrange a physiotherapy appointment for his father and emphasised how satisfied he was with the appointment being organised very quickly.</p>	
9.	Forward Plan	
	<p>The sub-committee noted that forward plan.</p> <p>SD noted that the forward plan including the process for electing a new Chair will be considered at the next sub-committee meeting.</p>	
10.	Any other business	
	<p>LW reported to the sub-committee on the recent Falls Steering Group meeting she attended and noted that the group is considering implementing safer steps and the assessment forms will be uploaded on CERNER system. SJ explained that this initiative will initially cause an increase of falls reporting.</p>	
11.	Date of next meeting – 1 February 2019, 10.00-12.00, Meeting Room A, WestMid site	

The meeting closed at 12.50.