

**Chelsea & Westminster Hospital NHS Foundation Trust**  
**Council of Governors**

Boardroom, Chelsea and Westminster Hospital  
27 September 2018 15:00 - 27 September 2018 16:45



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

**Agenda**

14.00 – 14.50		<b>Lead Governor and COG Informal Meeting PRIVATE (attended by the Lead Governor and Governors only)</b>			
	<b>1.0</b>	<b>STATUTORY/MANDATORY BUSINESS</b>			
15.00	1.1	Welcome and apologies for absence	Verbal		Chairman
15.03	1.2	Declarations of interest	Verbal		Chairman
15.05	1.3	Minutes of previous meeting held on 26 July 2018 and Action Log	Report	For Approval / For Information	Chairman Chairman
15.10	1.4	QUALITY			
	1.4.1	Audit and Risk Committee Report to Council of Governors	Report	For Information	Nick Gash, NED
	1.4.2	Estates Plans West Middlesex site	Report	For Information	Dr Andy Jones, NED / Deputy Chief Executive
	1.5	GOVERNANCE			
15.30	1.5.1	Improving Trust Board and Council of Governors engagement	Report	For discussion	Chairman / Lead Governor / Company Secretary
16.00	1.5.2	Governors Away Day 15 November 2018 - plan	Report	For Discussion	Chairman
16.10	1.5.3	Governors Elections	Verbal	For Information	Company Secretary
	<b>2.0</b>	<b>PAPERS FOR INFORMATION</b>			
16.15	2.1	*Chairman's Report	Report	For Information	Chairman
16.17	2.2	*Chief Executive Officer's Report	Report	For Information	Chief Executive Officer
16.19	2.3	*Performance and Quality Report, including 2.3.1 Workforce Performance Report	Report Report	For Information For Information	Chief Executive Officer /Chief Financial Officer

16.21	2.4	*Membership Sub-Committee Report September 2018	Report	For Information	Chair of Membership Sub-Committee
16.23	2.5	*Quality Sub-Committee Report September 2018	Report	For Information	Lead Governor
16.25	2.6	*Governors' questions	Report	For Information	Chief Executive Officer
	<b>3.0</b>	<b>OTHER BUSINESS</b>			
16.30	3.1	Questions from the public	Verbal		Chairman
16.40	3.2	Any other business	Verbal		Chairman
16.45	3.3	Date of next meeting – 29 November 2018, 14.00-16.00, Room A, West Middlesex			

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

**Please note that the Annual Members' Meeting will follow afterwards at 17.00.**



**DRAFT**  
**MINUTES OF COUNCIL OF GOVERNORS**  
**26 July 2018, 15.00 – 17.00**  
**Meeting room A, West Middlesex Hospital**

<b>Present:</b>	Jeremy Jensen	Non-Executive Director (Chairing)	(JJ)
	Nowell Anderson	Public Governor	(NA)
	Richard Ballerand	Public Governor	(RB)
	Christopher Digby-Bell	Patient Governor	(CDB)
	Simon Dyer	Lead Governor/Patient Governor	(SD)
	Jodiene Gringam	Staff Governor	(JG)
	Angela Henderson	Public Governor	(AH)
	Anna Hodson-Pressinger	Patient Governor	(AHP)
	Elaine Hutton	Public Governor	(EHA)
	Kush Kanodia	Patient Governor	(KK)
	Paul Kitchener	Public Governor	(PK)
	Martin Lewis	Public Governor	(ML)
	Johanna Mayerhofer	Public Governor	(JM)
	Lynne McEvoy	Staff Governor	(LMc)
	Fiona O'Farrell	Public Governor	(FOF)
	Guy Pascoe	Public Governor	(GP)
	Tom Pollak	Public Governor	(TP)
	David Phillips	Patient Governor	(DP)
	Chisha McDonald	Staff Governor	(CMD)
	Sonia Samuels	Public Governor	(SS)
	Matthew Shotliff	Staff Governor	(MS)
<b>In attendance:</b>	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)
	Liz Shanahan	Non-Executive Director	(LS)
	Chris Chaney	CEO, CW+	(CC)
	Julie Myers	Company Secretary	(JM)
<b>Apologies:</b>	Sir Thomas Hughes-Hallett	Trust Chairman	(THH)
	Juliet Bauer	Patient Governor	(JB)
	Ian Bryant	Staff Governor	(IB)
	Tom Church	Patient Governor	(TC)
	Nigel Davies	Public Governor	(ND)
	Mark Nelson	Staff Governor	(MN)
	Andrea Petre-Goncalves	Patient Governor	(APG)
	Laura Wareing	Public Governor	(LWa)
	Andrew Jones	Non-Executive Director	(AJ)
	Nilkunj Dodhia	Non-Executive Director	(ND)

<b>1.0</b>	<b>STATUTORY/MANDATORY BUSINESS</b>
1.1	<b>Welcome and apologies for absence</b> JJ welcomed members and attendees to the meeting and apologies for absence were noted (as per attendance list). JJ advised that he was chairing the meeting in the absence of THH.  JJ asked that Council record formally its sincere thanks to:

	<ul style="list-style-type: none"> <li>- Lynne McEvoy, who would be retiring from the Trust and thus standing down as a Staff Governor in September 2018</li> <li>- Councillor Catherine Faulks, who had changed portfolio and would no longer be an appointed Governor from the tripartite grouping of Royal Borough of Kensington and Chelsea, Westminster City Council and London Borough of Hammersmith and Fulham</li> <li>- Julia Anderson, who had retired from Imperial College and would no longer be an appointed Governor from Imperial College.</li> </ul> <p>JJ advised that the tri-borough grouping of Hammersmith and Fulham, Westminster and Kensington and Chelsea had agreed to appoint Councillor Patricia Quigley, Hammersmith and Fulham as an appointed Governor. Appointment formalities were being concluded.</p>
1.2	<p><b>Declarations of interest</b> No new declarations of interest were recorded.</p>
1.3	<p><b>Minutes of previous meeting held on 17 May 2018 and action log including Blue Badge holders charges</b></p> <p>Minute 1.3.1 para 3: LW confirmed that the reference to “representations” referred patients who had spoken to her who wished to be treated equally rather than have disability equated to a lack of ability to pay.</p> <p>Minute 1.6 para 2: KMO confirmed that no Governor had requested a North West London briefing and that the subject would form part of the Governors’ November away day agenda.</p> <p>The minutes of the previous meeting were approved as a true and accurate record.</p> <p><b>Blue Badge holders charges</b></p> <p>JJ reminded Council that, at its last meeting, it had endorsed all of the Executive’s proposals regarding changes to car parking proposal with the exception of the introduction of charges for Blue Badge holders at the Chelsea and Westminster Hospital site.</p> <p>KMO confirmed that all of the endorsed changes had been implemented. Charges for Blue Badge holders at Chelsea had not been introduced and the subject remained under review. He noted that the Trust would be making changes to the administration of car parking at West Middlesex in April 2019 and that would be the point at which any further changes to car parking charges would be considered.</p> <p>AHP suggested that a separate car park for Blue Badge holders should be created at West Middlesex and that they should not pay.</p> <p>KK requested that the Trust make a commitment not to introduce charges for Blue Badge holders at Chelsea and asked that the subject not be kicked into the long grass. JJ advised that the Trust could make a commitment to consider charging arrangements but could not make a commitment not to charge. KMO confirmed that the Trust had sought to be open with Council and could offer a commitment that any future material change to car parking charges would be brought to the Council for discussion before any final decision was made. LW reiterated the Trust’s commitment to openness and transparency, accepting that there were very strong views on the subject. She noted, however, that the Trust was operating in constrained times and that hard decisions were required. The Trust could not give a commitment to a proposal it might not be able to afford.</p> <p>RB commented that he could not endorse a proposal from Council to never support charges for Blue Badge holders but would need to see the proposals in the context in which they arose.</p> <p>TP noted that Kingston Hospital had had to change its decisions on car parking charges under threat of legal action.</p> <p>AH reflected that the discussion had confirmed a framework for moving forward.</p> <p>JJ concluded discussion by noting that a majority of Governors felt strongly that Blue Badge holders should not be charged for parking at either hospital site. The matter will return to Council in 2019.</p>

	<p><b>Action: Car parking charges for Blue Badge holders to be added to the appropriate 2019 Council agenda.</b></p> <p>Further reflections on the subject to be held over until the matter returns to Council in 2019.</p>
1.4	<p><b>QUALITY</b></p>
1.4.1	<p><b>Our people, including staff survey</b></p> <p>SG introduced himself and explained that he acts as Chair of People and Organisation Development Committee (PODC) for the Trust. He reported that there had been a change in HR leadership at the start of 2018, which had also coincided with a change of membership of PODC. People and workforce issues were high on the Board's agenda and there was a real appetite to increase the pace of delivery on the people agenda. An HR Improvement Plan had been developed after an executive-led review of policies and procedures, informed by external advice. He reflected that the Trust now had all of the basics in place, which was 'phase one' of the journey to outstanding.</p> <p>SG went onto address the four areas of concern that had been raised with non-executive members of the Board at an informal meeting in May:</p> <p><b>Staff survey</b> – The Trust was seeing year on year improvements in results from the staff survey and benchmarked very well against other London Trusts, alongside St Georges. The action plan included in the paper showed the work that was still to be done. SG focused on the three areas from the survey where the Trust had low quartile scores:</p> <ul style="list-style-type: none"> <li>- <b>Response rates.</b> The Trust's response rate of 32% was lower than the 42% average across London acute Trusts. Either of these rates would be seen as very low in the private sector and the Trust really wanted to improve them. One issue was the length of time from taking the survey to receiving the results. This was out of the Trusts' hands but added to an impression that no action was being taken on the survey. The Trust would be seeing what it could do to speed up the timeline. A second was that the action plan that had been developed was a two year plan and there needed to be a clearer link made between the issues and the actions. One option might be to adopt 'You said we did' approach.</li> <li>- <b>Staff on staff bullying.</b> The Trust's results were 25% which was the same rate as London acute Trusts and less than all London Trusts (at 27%). The data suggested this was an issue that was endemic across London and all employers need to take action. In addition to reviewing policies and procedures, the Trust was also supporting affinity groups including as a women's group, BAME group, and disability group to gather information and encourage discussion.</li> <li>- <b>Racial discrimination.</b> The Trust's result was 17% which was above the rate of 12% for all acute Trusts and the same as that for all Trusts in London. Whilst this Trust was therefore not an outlier there is clearly a problem to be addressed. The Trust was looking at what could be done differently.</li> </ul> <p><b>Long service awards.</b> SG advised that the awards had been reintroduced in May with a Trust-wide celebration of those colleagues with 25 years' service. Divisions had then been celebrating service of 10, 15 and 20 years. The Trust was open to considering other ways of recognising long service.</p> <p>JJ thanked SG for his presentation and observed that there were clearly some areas where the Trust was doing very well but that there remained areas for improvement.</p> <p>In response to a question from FOF, LW advised that results were communicated at the monthly team brief and then cascaded as soon as they were available. It was really important to the Trust to improve response rates. As context, at the time of the last survey, the Trust had just had its Care Quality Commission (CQC) inspection and had had a number of listening events as part of that process. She observed that staff were not surprised that the Trust was seen as a good place to work and, where problems were identified, were keen to understand what was being done to address them.</p> <p>In terms of a KPI for a response rate, SG suggested that the benchmark across the NHS was mid-40% and that this is what the Trust should be aiming for. Whilst there may be innovative ways of incentivising response rates, he felt that the most important incentive was seeing action taken to build the Trust for the future. LW noted that there needed to be a fine balance between urging responses and staff feeling like their responses were being monitored: the latter risked undermining confidence in the survey's anonymity.</p>

	<p>In response to a query from NA regarding the way in which long-service was recognised, SG confirmed that it was by way of certificate and recognition. Whilst he was aware that some organisations provided financial recognition, he reflected that for the majority of staff, it was recognition that mattered most. AHP asked whether volunteers could also be recognised and LW confirmed that there is a tea party held for them</p> <p>In response to a question from LM, LW acknowledged that numbers of staff working extra hours was a concern from a health, safety and well-being perspective. Management met trade unions and staff representatives regularly to discuss such issues in the Partnership Forum.</p> <p><b>Action: Summary of discussions on working hours at Partnership Forum to be taken to PODC and reported to future Council and Board.</b></p> <p>LM commented that staff needed skills and experience to be able to deal with patients who may be abusive. LS agreed and noted that this had been reviewed in detail by PODC previously. It was often younger staff members who were reporting bullying by patients and training had been developed to support them. LW confirmed that this training formed part of the Emerging and Established Leaders Programmes, the Imperial College programme for junior doctors and included in training for nurses.</p> <p>In response to a concern raised by CMc, LW acknowledged that staff were still concerned about the confidentiality of the survey and that this would continue to be addressed. CMc agreed that 'you said we did' would be helpful.</p> <p>In response to a question from SS, SG agreed that addressing staff turnover was a key priority for the Trust and that it was making progress. Each part of the organisation was being looked at and action plans developed as the reasons for turnover were not always the same. EH added that PODC would be doing a deep dive into retention in September. It was suggested that a meeting with staff governors might also be a useful source of information.</p> <p><b>Action: Outcome of PODC deep dive into retention to be reported at future public Board meeting.</b></p> <p><b>Action: THH/SG to meet staff governors.</b></p> <p>KK referred to the 'snowy white peaks' report and asked what percentage of Trust senior managers were BAME compared to the national average.</p> <p><b>Action: Percentage BAME senior managers at Trust to be reported to at Board.</b></p> <p><b>Action: Team brief to be circulated with Public Board papers.</b></p> <p>AHP asked how the Trust addressed feedback on specific individuals eg where junior staff may report feedback on older doctors or other senior colleagues. She reported anecdotal feedback of some junior staff preferring to leave rather than challenge senior colleagues' behaviour. LW advised that junior doctors took part in an additional anonymous survey with feedback reported via the General Medical Council and the Deanery. She confirmed that they are open and critical in this survey. Staff may also report such concerns anonymously to the Freedom to Speak Up (FTSU) Guardians. She also noted occasions where staff report issues to her directly. EH confirmed that PODC will also look at trends from FTSU. LW concluded that the Trust does have a robust approach to such behaviour and that a number of colleagues are sanctioned each year for such behaviour.</p> <p>In response to a question from DP, LW confirmed that exit interviews do take place and that there were no common themes as regards the departing HR Directors.</p> <p>JJ thanked Council for a good discussion and the hard work from the executive and Steve Gill in preparing for the meeting and reiterated the centrality of the people agenda to the success of the Trust.</p>
1.4.2	<p><b>Charity relationships</b></p> <p>NG introduced his paper on the Trust's relationships with its charities and noted that he leads for the Board on these relationships. He rehearsed the history of the establishment of CW+, which was an independent charity regulated by the Charity Commission. CW+ has four Trust nominees on its Board and a Memorandum of Understanding with the</p>

	<p>Trust, to make sure that the benefit of the charity for the Trust and its patients are maximised. Additionally, CC attends the Trust Board and Executive Management Board which underpins the alignment of the two organisations.</p> <p>He confirmed that the Trust seeks to work in a similar way the other charities with which it has a close relationship.</p> <p>In response to a question from FOF, LW was clear that the reason the Trust required over 50% of the capital investment for the ICU/NICU redevelopment from CW+ was because the development would be unaffordable otherwise. NG added that there was no capital grant available from NHS for the work. He confirmed that this was a separate funding stream within CW+. CC added that, in addition to the ICU/NICU fund, CW+ raised other funds and received donations for specific projects eg funds for paediatrics at West Middlesex, funding innovation and a large (£1m) donation for maternity facilities at Chelsea. He advised that the charity aimed to raise as much unrestricted funding as possible. The Trust had allocated the other 50% investment for the development.</p> <p>GP asked for an update on Pluto. CCH confirmed that the Chelsea Children’s Hospital Charity had been raising money for robotics for a long time and that it was going to be important, going forward, to make sure future innovation aligned with the wider hospital strategy.</p> <p>CDB thanked CW+ for the work in raising £11.5m and asked whether there was a common profile of donors. NG/CC confirmed that there was great variation and that, for larger donations, there was fine line between charity and philanthropy. Personal stewardship of larger donors was essential. With regard to legacies, CW+ worked with the Friends Charity.</p> <p>JJ thanked NG for the paper and extended congratulations to CW+ for raising over £11m towards the NICU/ICU development.</p>
1.5	<p><b>Report of the Council of Governors’ Nominations and Remuneration Committee</b></p> <p>Council noted the report of the Council of Governors’ Nominations and Remuneration Committee. JJ reported that the Committee had discussed the timetable to identify a new Chair for the Trust pending the expiration of THH’s term of office in January 2020. JM would be bringing a proposal to the Committee to discuss in the Autumn before onward submission to Council for endorsement. He added that the Committee had stressed the importance of ensuring the process was as open and inclusive as possible, referencing the importance of diversity at Board level. It would be critical that any head-hunter appointed was skilled at attracting as diverse a field of candidates as possible.</p> <p>NG left the meeting.</p> <p><b>Reappointment of Non-Executive Director</b></p> <p>JJ reported on the advice of the Council of Governors’ Nominations and Remuneration Committee as regards the re-appointment of Nick Gash as a non-executive director. A number of Governors spoke in support of the proposal.</p> <p>Council <b>agreed</b> to the reappointment of Nick Gash as a Non-Executive Director of the Trust for a three year term commencing 1 November 2018.</p> <p><b>NG returned to the meeting.</b></p> <p><b>Review of Terms of Reference</b></p> <p>Council <b>approved</b> the revised Terms of Reference.</p>
1.6	<p><b>Membership Sub-Committee report June 2018</b></p> <p>DP introduced the minutes and stressed the importance of Council contributing to a wider pool of Governors hosting Meet a Governor sessions. Any Governor wishing to shadow him would be welcome. He commended and thanked NA for recruiting over 120 new Members.</p>
1.7	<p><b>Quality Sub-Committee report June 2018</b></p> <p>SD introduced the minutes, alerting Council to an excellent presentation on the Trust’s prevention of falls strategy. He noted that Council would be asked for a volunteer to sit on the Trust’s Falls Working Group.</p>

	<p><b>Governor's preferred indicator 2017/18</b>  NG reported that due to a genuine misunderstanding, the external auditor had audited pressure ulcer performance as part of their annual quality account assurance process, rather than falls as requested by Council. He reiterated that this was a genuine error. NG asked if Council would be prepared to accept the Board's apologies for this error and to agree that falls be audited as part of the 2018/19 audit, rather than done retrospectively for 2017/18. He noted that to undertake a retrospective audit for 2017/18 would have additional cost and may not add value now that there was a falls working group in place and such detailed work was underway. This was, however, absolutely for Council to decide. SD added that if Council did agree that a retrospective audit not be done, then falls must be audited in 2018/19 as the Council's preferred indicator.</p> <p><b>Council agreed that a retrospective audit of falls for 2017/18 not take place and that falls be audited as the Council preferred indicator in 2018/19.</b></p> <p><b>Governors' quality awards 2018/19</b>  ML noted that Council had introduced the Governors' Quality Awards 8/9 years ago as a way of recognising and rewarding staff for innovation. He reflected that he was sad to see the change in process agreed for this year, which he felt diminished the opportunity for staff to know how much Governors appreciated their work. In discussion Council noted:</p> <ul style="list-style-type: none"> <li>- That the revised process was about giving the same prominence and recognition to the Governor awards as to the Staff awards by presenting them at the same time and at the same gala event</li> <li>- That the change in process meant that Governor awards would mean the awards were only presented once a year rather than twice as previously</li> <li>- That this was a decision that had been taken by Governors and that there had been a sense that staff would get more recognition at a gala event in front of their peers and that this was an important consideration</li> <li>- That the awards would still be presented and marked by the Governors.</li> </ul> <p>JJ concluded the discussion by noting that whilst some members of Council felt strongly about the change in process a decision had been made previously as to the process for 2018/19.</p>
2.0	<b>PAPERS FOR INFORMATION</b>
2.1	<p><b>*Chairman's Report</b>  The report was noted.</p>
2.2	<p><b>*Chief Executive Officer's Report</b>  LW presented her report noting the events that had been held to celebrate the NHS 70<sup>th</sup> anniversary and her work in the STP. On the latter, she reported that she was now the Senior Responsible Officer for the STP and that all of the Executive Directors are playing important roles across North West London to make sure the Trust is at the centre of any change.</p> <p>She alerted Council to the impact of the recent hot weather on demand and the increased number of elderly patients with dehydration. She added that every patient who arrives from a care home with dehydration is being treated as a serious incident with a view to identifying what more can be done in the community to prevent future occurrences. In response to a question from AHP, LW confirmed that the Trust does plan for summer by ensuring that annual leave is spread evenly across the year. KMO added that there was also a heat wave plan which is shared across the whole community. Patients were not permitted to bring their own fans as they present both an infection control and a fire hazard risk.</p> <p>TP asked for an update on the implications for the Trust of the Royal Brompton/Guys and St Thomas' proposals. LW advised that KMO is leading a major counter-proposal for North West London and the proposals from the Royal Brompton were not yet agreed. There would need to be a public consultation.</p>
2.3	<p><b>*Performance and Quality Report, including</b>  <b>2.3.1 Workforce Performance Report</b>  JJ reflected that Council rarely spent detailed time on the Integrated Performance Report and quality time was needed</p>

	<p>to review it. AH agreed but noted that the more important focus was what the non-executives had interrogated and learned from the report. LW agreed and added that this fresh focus would be appreciated rather than a repetition of the interrogation done by executive groups, Board Committees and the Board.</p> <p><b>Action: Review of non-executive assurance of performance to be considered by Council twice annually.</b></p> <p>The report was noted.</p>
2.4	<p><b>*Governors' questions</b></p> <p>CDB added more context to the question posed regarding the urgency attached to GP referrals. LW advised that all GP referrals are clinically triaged for urgency on receipt irrespective of the GP's marking. This approach had been agreed across the whole clinical community in North West London. As such, it was correct that not all referrals marked as urgent by a GP would be treated as such by the Trust. This had been discussed and agreed with the CCGs. She added that this Trust has very good waiting list performance with no 52 week wait referrals and that 90+% of referrals were scheduled within 18 weeks.</p> <p>CDB thanked LW for this explanation.</p> <p>In response to a question from TP as to whether the executive edited or amended questions received from Governors, JM confirmed that this did not happen. Questions were taken directly from emails received from Governors and, where raised verbally, phrasing of written of questions were cleared with the relevant Governor.</p> <p>The paper under this item was noted.</p>
<b>3.0</b>	<b>OTHER BUSINESS</b>
3.1	<p><b>Questions from the public</b></p> <p>There were none.</p>
3.2	<p><b>Any other business</b></p> <p>KK asked for clarification of the 'two before 12' discharge initiative. LW confirmed that there was no cut-off time for discharge and that patients were discharged when they were ready.</p>
3.3	<p><b>Date of next meeting</b> – 27 September 2018, 15.00-16.45, Boardroom, Chelsea and Westminster Hospital</p>

**The meeting closed at 17:05pm**



Council of Governors – 26 July 2018 2018 Action Log

Minute number	Action	Current Status	Lead
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.	<b>JM</b>
1.4.1	<u>Our people, including staff survey</u> Action: Summary of discussions on working hours at Partnership Forum to be taken to PODC and reported to future Council and Board.	This will be scheduled on the forward plan.	<b>SE</b>
	Action: Outcome of PODC deep dive into retention to be reported at future public Board meeting.	This is on the forward plan for the November Board.	<b>SE</b>
	Action: THH/SG to meet staff governors.	Meetings will be booked for October.	<b>THH</b>
	Action: Percentage BAME senior managers at Trust to be reported to at Board.	This is on the forward plan for the November Board as part of the Annual WRES report.	<b>SE</b>
	Action: Team brief to be circulated with Public Board papers.	Complete.	<b>GH</b>
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.	<b>JM</b>



## **Audit and Risk Committee (ARC) Chairman's Report to Council of Governors September 2018**

### **The Committee Chairman – Nick Gash**

I have been a Non-executive Director of the Chelsea and Westminster Foundation Trust for approaching 3 years and at the last Council of Governors I was reappointed to a second 3-year term to begin in November. I took over as Chair of the Audit and Risk Committee in May this year and this is my first report to the Council of Governors on the work of the committee. I won't take up time in this paper introducing myself as I did so in my report to the last Council on the Trust's charities. I have previous experience of Audit in the NHS having served on the Audit Committee of West Middlesex University Hospital and in the private sector I served on the Audit Committee of Endsleigh Insurance Ltd.

To aid my induction to the role of ARC I have held meetings with relevant executive directors, external auditors, internal auditors and the counter fraud team as well as familiarising myself with the latest published guidance for NHS audit.

### **Committee role and membership**

The ARC is directly accountable to Board and provides assurance that probity and professional judgement is exercised in all financial and operational areas governance. It is the only Board Committee which is made up of only NED members (executive directors attend but are not members)

The overall role is well described by the Healthcare Financial Management Association (HFMA):  
*“Every NHS organisation is required to have an audit committee that reports to its Board. The Committee plays a key role in supporting the Board by critically reviewing and reporting on the relevance and robustness of the governance structures and assurance processes on which the Board places reliance. This requires the audit committee to understand and scrutinise the organisation's overarching framework of governance, risk and control. At the corporate level, this includes risk management and performance management systems underpinned by the assurance framework which sets out the organisation's 'mission critical' objectives and identifies the key risks that could prevent their achievement. In effect, it is the 'lens' through which the Board examines the assurances it requires to discharge its duties.”*

To fulfil this role, we are supported by independent advisors who attend all ARC meetings:

External auditors - Deloitte

Internal auditors - KPMG

Anti-fraud specialists – KPMG (replaced TIAA from May following a competitive tender process)

The other NEDs who sit on the committee are Nilkunj Dodhia and Liz Shanahan.

Executive support to ARC is provided by Karl Munslow-Ong (Deputy CEO), Sandra Easton (CFO) and Julie Myers (Company Secretary). Lesley Watts (CEO) also attends the committee with other members of the executive team.

## **Committee activities:**

The committee meets five times a year on a cycle geared to the Trusts external reporting timetable.

Standing items on the ARC agenda include:

- External audit – most importantly the Annual Report and Accounts including the Quality Account but also our External Auditors maintain a watching brief and keep the committee abreast of regulatory requirements and any changes in reporting standards.
- Internal audit (annual workplan and in-year reporting) – The non-statutory and discretionary work of the Audit and Risk Committee is agreed by the committee each year and forms the basis of the Internal Audit Plan carried out by KPMG. In formulating the plan, the committee also sought input from the Chairman of the Trust, relevant sub-committee Chairs and executive leads to ensure that the audits add value and are linked to the key priorities and identified risks for the Trust.

This year the discretionary areas to be examined are: quality governance, Electronic Patient Records, IT operations, theatres, retention strategy, staff engagement, management of self-certifications, workforce planning, procurement/contract management and temporary staff management.

- Scrutinising the Risk Register and Board Assurance Framework. It is worth noting here that ARC's role is not managing all of the risks, it is about providing assurance to Board that the governance processes are in place to ensure there is effective management of risk across the organisation.
- Counter fraud – agreeing the annual work plan and receiving progress reports at every meeting.
- Oversight of losses and special payments including the writing off of any bad debts.

## **Current and future Issues for ARC**

As I write this report I have chaired only two meetings of the committee. In May we focussed on the annual reports from our external advisors and agreed the annual plans for the coming year. The Annual Report will formally be presented at the AGM which follows this meeting, but it was pleasing not only to meet our financial targets but to receive very positive assurance from Deloitte on sound financial and quality management and governance in the Trust. At the last Council, I apologised to Governors that because of a miscommunication the specific audit that you requested on the patient falls quality indicator was not conducted. I take this opportunity to repeat that apology and confirm that it will be included in next year's audit of the Quality Account.

In July we received an important internal audit report on business continuity. While broadly positive with the rating "significant assurance with minor improvement opportunities" it did highlight our dependence on third party suppliers also having effective plans for business continuity and the need to be assured of this when allocating contracts and in the continuing oversight of contract performance.

The committee reviewed implementation of recommendations from a previous audit on cyber security and in light of the importance of this issue have asked for a further update report at our meeting in October.

We received our first report from the new counter fraud team and it was pleasing note that we are already seeing a more strategic approach to their work and reporting.

Looking forward the committee is leading work to ensure that our Risk Assurance Framework is robust and in tandem with the Board Assurance Framework gives the Board and operational leadership a dynamic and effective tool to anticipate and respond to risk.

We are changing the way Internal Audits are planned and responded to; with greater engagement from key Board Committees. The aim is to add maximum value through focussing on the most important operational risks and challenges and ensuring that any insights gained are followed up and become active tools to inform improvement in operational practice.

The committee will also be reviewing the governance arrangements for external partnerships as we look to take advantage of the increasing number of partnership opportunities for collaboration and innovation. It is our role to ensure that Trust has robust governance arrangements in place for the approval and oversight of new (and existing) partnerships taking full account of all financial, reputational and operational risk.

In Jeremy Lloyd's departing report to Council he talked about a "new direction of travel for the committee within the Trusts Governance structure"; responding to a Board and operational/management driven agenda rather than just the traditional role of historic, or after the fact, auditing. He made considerable progress on this and will be a hard act to follow I look forward to continuing his work.

Nick Gash  
19/9/2018

# West Middlesex Estate Strategy

## September 2018

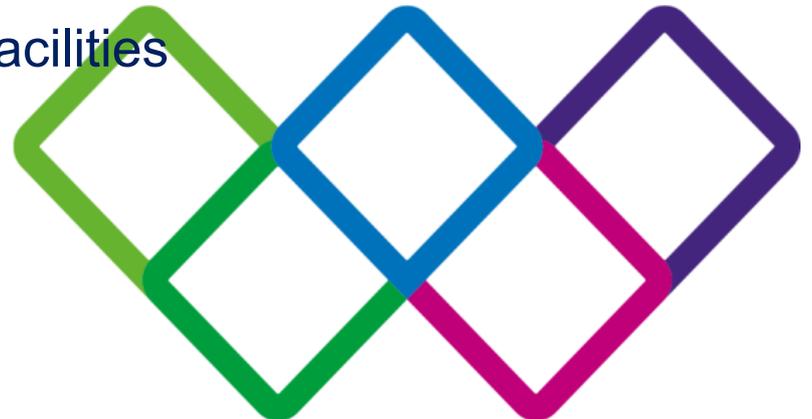
### **Property Working Group:**

Andy Jones, NED

Karl Munslow Ong, Deputy CEO

David Butcher, Director of Estates and Facilities

Dominic Conlin, Director of Strategy



# Chelsea Estate Plan

## Overview

The Chelsea Estate Plan can be broken down into 3 phases:

- **Phase 1 (underway):** Critical Care Project: expanding both our adult and neonatal intensive care units so we can treat more patients every year. Allowing for the treatment of more than 2,000 patients every year in state-of-the-art facilities. The project is due for completion in 2020
- **Phase 2 (business case in development)** :Refurbishment of Theatres: a rolling multi year programme that would allow us to right size and renovate Treatment Centre, Maternity and Main Theatres in a phased programme,
- **Phase 3 (being scoped):** Aligning the longer term strategic picture to support our ambition to take a step change in providing Specialised Care and complementing the development of Theatres and Critical Care; and the ambitions for Women's & Children's Services



# WM Estate Plan

## Overview

The WM Estate Plan can be broken down into 4 phases:

**Phase 1 (underway)** Increasing capacity in the Ambulatory Emergency Care Unit in order to help manage growing emergency flows in winter 2018.

**Phase 2 (business case in development)** Adding additional inpatient beds and A&E capacity to help manage growing emergency demand in winter 2019.

**Phase 3 (being scoped)** Developing the estate to enable a number of strategic and non clinical service developments.

**Phase 4 (being scoped)** Aligning the longer term strategic picture to support our ambition to take a step change in

providing Integrated Care



# WM Estate Plan

## Strategic Context

**Growing emergency demand** Since 2015 there has been a 28% growth in A&E attendances and 25% growth in emergency (“non-elective”) admissions. Recognised as an extreme risk on the Trust’s risk register.

**Growing local population** Significant population growth led by demographic change and planned housing developments.

## **Shaping a Healthier Future/North West London STP**

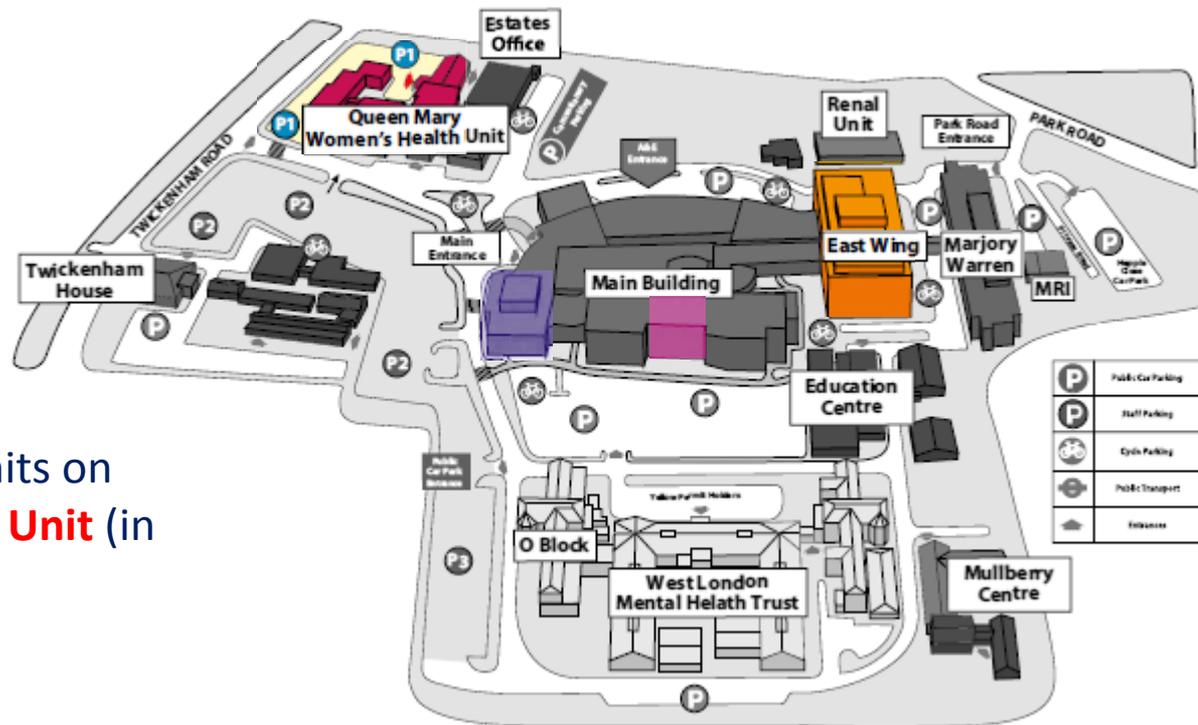
On-going plans for hospital reconfiguration and community care developments, resulting in increased patient numbers at West Middlesex and development of the hospital estate.



# WM Estate Plan

## Phase 1 – Ambulatory Care Expansion (Winter 2018)

- Expansion of existing **Ambulatory Emergency Care Unit**.
- Relocation of Phlebotomy from the current AEC to the **restaurant**.
- Relocation of Early Pregnancy Assessment Unit from the current AEC to **L2 East Wing** as part of a move to create a Women's Unit as part of Phase 2 (see next slide).



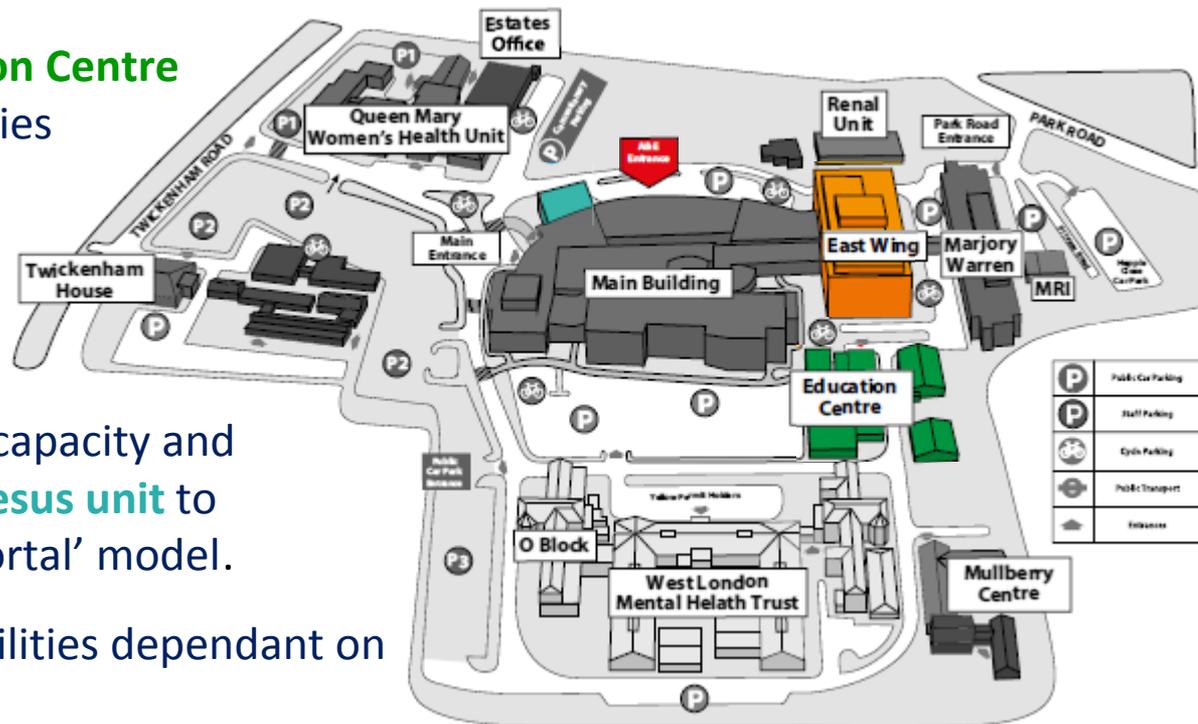
- Purchase of the modular units on the **Queen Mary Maternity Unit** (in progress).



# WM Estate Plan

## Phase 2 – Non-elective capacity (Winter 2019)

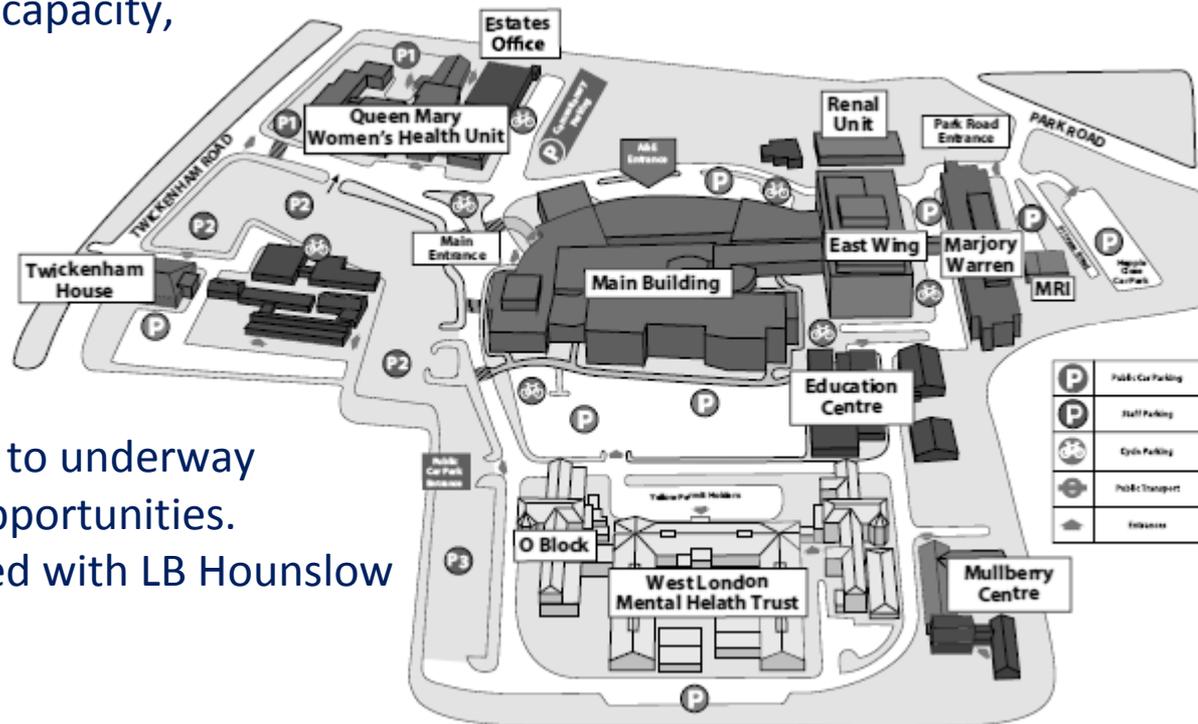
- Convert **L2 East Wing** management offices and Doctors' mess into clinical space: 1 general ward of 26 beds and 1 women's unit (incorporating EPAU as well as inpatient beds and treatment rooms).
- Refurbish **L4 East Wing** to increase office accommodation and re-provide Doctors' mess.
- Redevelopment of **Education Centre** to modernise existing facilities and re-provide office accommodation to allow decant of L2 East Wing.
- Extension of **A&E resus**, increase in **Paediatric A&E** capacity and refurbishment of **existing resus unit** to facilitate the 'Emergency Portal' model.
- Development of further facilities dependant on the approval of SaHF plans.



# WM Estate Plan

## Phase 3 – Potential Service Developments

- Outstanding **SaHF developments** contingent on scale of plans funded/implemented in Phase 2, e.g.:
  - additional adult bed capacity,
  - additional paediatric bed capacity,
  - additional critical care capacity,
  - community care hub.
- Review of potential service developments and facilities upgrades in-line with clinical service strategy.
- Feasibility study completed to underway non clinical (commercial) opportunities. Further engagement planned with LB Hounslow





**Council of Governors Meeting, 27 September 2018**

<b>AGENDA ITEM NO.</b>	1.5.1/Sep/18
<b>REPORT NAME</b>	Improving Trust Board and Council of Governors engagement
<b>AUTHOR</b>	Julie Myers, Company Secretary
<b>LEAD</b>	Sir Tom Hughes-Hallett, Chairman Simon Dyer, Lead Governor
<b>PURPOSE</b>	<p>This paper presents options for:</p> <ul style="list-style-type: none"> <li>- improving the way in which the Trust Board and Council of Governors engage</li> <li>- enhancing Council’s ability to hold the non-executives to account and</li> <li>- giving greater focus to discussion of strategic issues.</li> </ul> <p>It is presented for discussion with a view to agreement.</p>
<b>SUMMARY OF REPORT</b>	<p>The paper summarises the statutory framework for Foundation Trust governance and proposes options for addressing the following three frequently occurring challenges from Council:</p> <ul style="list-style-type: none"> <li>- How Governors can engage directly with staff and patients without unsupervised ward access</li> <li>- How Governors can hold individual NEDs to account without access to Committees and Closed Board meetings</li> <li>- How to improve Governor engagement with strategic issues and ensure the views of the membership are articulated.</li> </ul> <p>The paper also proposes a more streamlined meeting structure in line with the Board’s own approach to reducing meeting frequency.</p>
<b>KEY RISKS ASSOCIATED</b>	<p>a) Failure to be seen to address frequently occurring concerns from Council may lead to a deterioration in the relationship between Council and the Board</p> <p>b) Governors may consider that the proposals do not meet their concerns</p>
<b>FINANCIAL IMPLICATIONS</b>	N/A

<b>QUALITY IMPLICATIONS</b>	The proposals seek to enhance the ability of Council to fulfil its statutory functions, including ensuring that the views of members and the wider public are represented to the Trust, all of which adds to the Trust’s ability to demonstrate that it is well-led.
<b>EQUALITY AND DIVERSITY IMPLICATIONS</b>	N/A
<b>LINK TO OBJECTIVES</b>	<ul style="list-style-type: none"> <li>• Excel in providing high quality, efficient clinical services</li> <li>• Improve population health outcomes and integrated care</li> <li>• Deliver financial sustainability</li> <li>• Create an environment for learning, discovery and innovation</li> </ul>
<b>DECISION/ ACTION</b>	Council is asked to discuss and agree the proposals.

## Improving Trust Board and Council of Governors engagement

### Background

1. Local community accountability is a fundamental tenet of the Foundation Trust (FT) model. Parliament enshrined it in statute by requiring FTs to have members, who in turn elect a Council of Governors (Council), to hold the FT Board's non-executive directors (NEDs) to account for the performance of the Board in managing the FT and to represent the interests of members and the wider public. The model has been described as form of 'local ownership'.
2. Across the FT sector, there is wide variety in both the way Councils and Boards of FTs interact and the way FTs and Councils engage with the membership. These are often influenced by geographical location, the type of Trust and the nature of the challenges faced locally – and the characteristics of the respective bodies and their leadership.
3. Anecdotal evidence suggests that the dynamic between the Board and the Council in this Trust has always been broadly positive, and recent observation of a Council meeting by NHS Providers suggested it was a best practice exemplar of a Council holding NEDs to account. Irrespective of this positive context, both the Board and Council have expressed a desire to improve the current governance and engagement model. This paper presents options for discussion and trial to enhance the model, as part of the Trust's 'journey to outstanding'.

### Statutory context – the theory

4. The statutory relationship between FTs and their Council of Governors is set out in the NHS Act 2006 and the Health and Social Care Act 2012. Powers and duties are attached to both parties:

Governors are required to:

- appoint, remove and decide upon the terms of office, including remuneration, of the Chair and NEDs of the FT
- appoint or remove the FT's auditor
- hold the NEDs to account for the performance of the FT board
- represent the interests of members and the public.

The Board is required to:

- take the views of Governors into account when preparing its annual plan
- present its annual report, accounts and external audit report to Governors
- provide Governors with copy agendas before meetings and minutes afterwards
- ensure that Governors are equipped with the skills and knowledge needed to perform this role.

Certain decisions require the approval of the Governors before they can be implemented:

- the NED's appointment of a chief executive
- increases to non-NHS income of more than 5% of total income
- acquisitions, mergers, separations and dissolutions
- (jointly with the board) changes to the FT's constitution.

Governors also have the power to require one or more directors to attend a meeting to answer questions.

### **Operating context – the reality**

5. The powers and duties described in paragraph 4 are deceptively simple. In practice, the complexity of the governance model can lead to confusion and misunderstandings and this can see tension creep into the relationship. This might be evidenced by a Board not being truly open to listening to the views of its local community as voiced by the Council, or by a Council seeking to duplicate/second guess the role of the Board, as opposed to holding the NEDs to account. As such, there needs to be absolute clarity on the distinct roles of the Council of Governors and the Board of Directors and mutual respect for the statutory task each has been assigned.
6. In practice, to give best effect to the 'local accountability' principle expected by Parliament, Boards and Councils need to work together in a spirit of partnership, underpinned by openness and transparency, and a willingness to engage early and often.

### **What should we be seeking to achieve**

7. An effective governance model gives effect to the spirit of the legislation, not just the letter. At present, the current operating model at this Trust ticks all of the statutory boxes but the residual frustrations on both sides suggest that we may not always be giving effect to the spirit. We may be able to enhance the model by agreeing a small number of principles to underpin the working relationship. For instance:
  - Mutual respect and understanding for statutory roles
  - Dialogue to be two-way, honest, open and transparent
  - The Board committing to engage Council on developmental matters to ensure the views of members and the public are central to its decision-making (and as a proxy for wider public engagement on ethical matters eg big data decisions)
  - The Council committing to bringing the views of members and the wider public to the table.
8. Whilst this might not sound unduly radical, it does imply a shift in mind-set from all parties. For instance:
  - The Board should make sure it challenges itself to ask '*what would our Governors (and members) think*' as it develops options and makes decisions: the Board needs to value the contribution Governors make and respect the Council as a conduit for the views of members and the public
  - The Council should make sure it challenges itself to ask '*are we really focused on assurance*' when it engages with the Board: the Council needs to appreciate the distinction between holding to account and holding a difference of views and bring a quality contribution to discussion.

## What are the ‘asks’ from Governors

9. The Board is alert to a small number of frequently recurring asks from members of Council which need to be addressed or they will continue to cause irritation on both sides. The tables below summarise these and present options for meeting Council’s needs. These are supported by the Lead Governor.

<b>Governors visiting wards</b>
<p><i>Issue:</i> In the pre-Savile era, it was not uncommon for Governors to spend time on wards, visiting patients and getting to know staff. Post-Savile, and in line with widely accepted changes in practice regarding public access to clinical environments, this type of unsupervised, informal access was stopped. Those Governors who valued that access are upset that it does not continue and have expressed concern that this means they miss a valuable opportunity to understand the issues and concerns of patients and staff and to understand the way in which services are delivered.</p>
<p><i>Position:</i> The Trust is clear that unsupervised, informal access to clinical areas will not be reinstated.</p>
<p><i>Alternative options:</i> There are a number of ways in which Governors can:</p> <ul style="list-style-type: none"> <li>a) gain assurance about the experiences of patients and staff. These include: review of reports considered by the Board about complaints, staff surveys and Friends and Family Test results.</li> <li>b) hear the views of the public, patients and staff more broadly. These include: hosting Meet a Governor sessions or ‘Your Health’ seminars, attending local Healthwatch, Health and Wellbeing Boards, CCG meetings, and simply by being within the hospital and their local community.</li> <li>c) develop their understanding of how the hospital delivers services. These include: taking part in ward accreditations, PLACE audits, joining subject specific working groups.</li> </ul>

<b>Governors observing Board Committee meetings and Closed Board meetings</b>
<p><i>Issue:</i> Whilst Board meetings are held in public, Board Committee meetings are not. In addition, the Board considers a small number of matters in private session. Governors have asked that they be permitted to observe such meetings. The rationale would appear to be:</p> <ul style="list-style-type: none"> <li>a) to observe the performance of individual NEDs</li> <li>b) to enhance the understanding of individual Governors of the work of Committees and the Board and</li> <li>c) that this is common practice in some other FTs.</li> </ul>
<p><i>Position:</i> The Trust acknowledges Governors need to hold NEDs to account individually as well as collectively for their performance. It also recognises how important it is that Council understands the way in which individual NEDs perform in order to make informed decisions on appointments and reappointments.</p>
<p><i>Proposal:</i> Currently NEDs are appraised annually by the Chairman informed by a self-assessment and contributions from Executive Directors. The Trust would like to enhance this process by</p>

adding a formal contribution from Council of Governors to the annual appraisal process for individual NEDs. To inform Council's contribution, a member of the Council's Nominations and Remuneration Committee will be invited to attend a meeting of each of the Board's Committee's each year. In addition, the Lead Governor will be invited to attend a Closed meeting of the Board. The feedback from these meetings to be collated by Council's Nominations and Remuneration Committee for use in NED appraisals.

### **Greater Governor understanding of and involvement in strategic issues including developments in the STP**

*Issue:* Governors have expressed concern that they are not being equipped with the knowledge they need about developments in the local and wider health economy. This hinders their ability to give voice to the views of members and the public or to hold the NEDs to account for the performance of the Board in that context.

*Position:* The Trust recognises its statutory role to provide Governors with the skills and knowledge they need to perform their role, and its duty to be accountable to its local population.

*Proposal:* The Trust would like to provide greater opportunities for more informal strategic dialogue and knowledge transfer, but is concerned about the additional meeting burden this might place on all parties. The Board has had similar concerns about its own operating model, and the reporting burden this places on the executive at the expense of service delivery, and has actively reduced the number of Committee meetings for 2019/20 (Quality Committee reduced from 10 to six, Finance Committee reduced from ten to eight with one to be a short teleconference).

So, to meet the need for greater strategic engagement, the Board would like Council to consider establishing a joint **Strategy and Representation Group**, to meet twice a year, with a core Governor membership but open to all Governors to attend. The Group would not be a decision-making group, and would provide a forum for two things: the Trust to share emerging strategic developments with Council; and Council to share views of the membership and wider public with the Trust. These discussions may in turn generate items for formal discussion at future Council meetings.

Agendas might include briefings on STP developments, new research proposals or service changes. And from Governors might include: feedback on any CCG, Healthwatch or Health and Wellbeing Board attended; specific patient issues eg food quality; or service related eg closure of services.

Alongside this, the Trust would also offer a quarterly training session to Governors, with one session a year on a performance, workforce, finance or quality topic, as required by Governors.

In return, Council would be asked to slightly reduce the number of meetings it holds, both to reflect the new fora but also to respect the approach being taken by the Board.

10. If there is agreement to this new model of engagement, the proposed meeting structure would look as follows. For the avoidance of doubt, the rationale for proposing to reduce the number of Membership and Engagement Committees is not to suggest membership and engagement is not important but recognises:

- The opportunity the new Strategy and Representation Group provides for Governors to tell the Trust directly what it is hearing from the membership and the public
- The emphasis in year two (19/20) of the Trust’s communication strategy on increasing engagement with members – delivery of which should be something Council holds the NEDs to account for and seeks assurance on.

<b>Current meeting structure</b>	<b>Proposed meeting structure</b>
5 x Council meetings per year 5 x agenda sub-committee 1 x Council awayday 2 x NED/COG informal meetings 5 x membership and engagement sub-com 5 x quality sub-com Nominations and remuneration com (as required) Informal lunches with Chairman	4 x Council meetings per year 4 x agenda sub-committee 1 x Council awayday (including joint workshop with the Board) 2 x NED/COG informal meetings 2 x strategy and representation group one of which to be held as part the Council awayday 2 x membership and engagement sub-com 4 x quality sub-committee Nominations and remuneration com (as required) Informal lunches with Chairman
<b>Current internal training structure</b>	<b>Current training structure</b>
New Governor induction Finance briefing session Statutory and mandatory training Option to attend NHS Provider training	New Governor induction Quarterly briefing sessions (performance, workforce, finance, quality) Statutory and mandatory training Option to attend NHS Provider training

### **Providing opportunities for Governor involvement with the hospital**

11. Finally, we want to ensure that we recognise the many and varied reasons people volunteer to become a Governor and find ways to meet their aspirations outside of the statutory holding to account function. There are a large number of ways for individual Governors to get involved in the Trust, all of which will enhance skills and knowledge and make for a truly effective governing body. These include:

- Ward accreditation
- PLACE audits
- Volunteering
- Meet a Governor sessions
- Patient Experience activities
- Membership of working groups such as:
  - Cancer Board

- Falls Working Group
- End of Life Steering Group
- Facilities Group.

**Matter for Decision**

12. Council is asked to discuss the options proposed for improving the way in which the Trust Board and Council of Governors engage with each other, enhancing Council's ability to hold the non-executives to account and giving greater focus to strategic issues with a view to agreement.



**Council of Governors Meeting, 27 September 2018**

<b>AGENDA ITEM NO.</b>	1.5.2/Sep/18
<b>REPORT NAME</b>	Council of Governors Away Day 2018 – planning
<b>AUTHOR</b>	Julie Myers, Board Secretary
<b>LEAD</b>	Sir Thomas Hughes-Hallett, Chairman
<b>PURPOSE</b>	To discuss and collate governors ideas for the Away Day agenda 15 November 2018
<b>SUMMARY OF REPORT</b>	<p>The 2017 Away Day agenda has been enclosed as a reminder of items discussed last year.</p> <p>Governors will have the opportunity to discuss their ideas and views for the 15 November Away Day.</p>
<b>KEY RISKS ASSOCIATED</b>	NA
<b>FINANCIAL IMPLICATIONS</b>	NA
<b>QUALITY IMPLICATIONS</b>	NA
<b>EQUALITY &amp; DIVERSITY IMPLICATIONS</b>	NA
<b>LINK TO OBJECTIVES</b>	All
<b>DECISION/ ACTION</b>	For discussion and agreement.



**Council of Governors Awayday**

**Location:** Caversham room, Cadogan Hall, 5 Sloane Terrace, London SW1X 9DQ  
**Date:** Monday 20 November 2017  
**Time:** 10.00 – 17.00

**Agenda**

09.45	<i>Arrival and coffee</i>	
10.00	Welcome and introduction	Chairman/Lead Governor
10.15	Organisational strategy and local context	Deputy Chief Executive
10.30	The Patient and Staff Experience – driving improvement	Chief Executive Officer
10.50	Introducing governors to NEDs Steve Gill and Gary Sims	Steve Gill, NED Gary Sims, NED
11.00	Reporting concerns and whistleblowing: How we as an organisation can ensure that people are not afraid to speak up? Including question session.	Vanessa Sloane, Director of Nursing Nick Gash, NED
11.45	Governor contributions – An interactive session to reflect on opportunities and expectations for Governors to enhance their effectiveness through engagement in the work of the trust.	Nick Gash, NED
11.50	1) Helping us to engage with the public and our stakeholders  2) Giving time, talent and treasure – volunteering and CW+  3) Helping us to engage with the views of our staff and patients and drive improvement	Gill Holmes, Director of Communications  Rachael Allsop, Head of Volunteering / Chris Chaney, Chief Executive CW+  Pippa Nightingale, Chief Nurse
12.35	Break out discussion, tables	
13.15	<i>Lunch</i>	
14.00	Feedback, plenary session	Chairman/Lead Governor
14.30	The NHS Landscape <a href="https://www.kingsfund.org.uk/audio-video/how-does-nhs-in-england-work">https://www.kingsfund.org.uk/audio-video/how-does-nhs-in-england-work</a>  Presentation, then:	Chris Ham, Chief Executive, The Kings Fund

	Panel discussion chaired by the Chairman, involving the CEO, Deputy CEO, Medical Director and Director of Strategy	
15.30	<i>Refreshments</i>	
16.00	Informal discussion: COG effectiveness (without the Executive Team and Chairman in attendance)	Lead Governor
16.20	Review of COG effectiveness (without the Executive Team)	Chairman / Lead Governor
16.45	Closing remarks	Chairman
17.00	<i>Informal drinks the Chairman and Governors</i>	



**Council of Governors Meeting, 27 September 2018**

<b>AGENDA ITEM NO.</b>	2.1/Sep/18
<b>REPORT NAME</b>	Chairman's Report
<b>AUTHOR</b>	Sir Thomas Hughes-Hallett, Chairman
<b>LEAD</b>	Sir Thomas Hughes-Hallett, Chairman
<b>PURPOSE</b>	To provide an update to the Council of Governors on high-level Trust affairs.
<b>SUMMARY OF REPORT</b>	As described within the appended paper.  Governors are invited to ask questions on the content of the report.
<b>KEY RISKS ASSOCIATED</b>	None
<b>FINANCIAL IMPLICATIONS</b>	None
<b>QUALITY IMPLICATIONS</b>	None
<b>EQUALITY &amp; DIVERSITY IMPLICATIONS</b>	None
<b>LINK TO OBJECTIVES</b>	NA
<b>DECISION/ ACTION</b>	This paper is submitted for the Board's information.



**Chairman's Report  
September 2018**

**1.0 NED re-appointment and succession planning**

I was delighted that the Council of Governors (CoG) agreed to reappoint Nick Gash for a second three-year term at their meeting on 26 July 2018. Nick's second term will run from 1 November 2018 to 31 October 2021.

As was also reported at the July CoG meeting, plans to identify my successor are also beginning to be developed by the Council of Governors' non-executive Nomination and Remuneration Committee, as well as the wider requirements for non-executive director succession planning.

**2.0 Staff Awards**

Members of the Board have been spending recent weeks considering nominations for the annual staff awards, kindly sponsored by CW+. This is always an uplifting experience and we have been delighted that the number of nominations has been greater than ever.

**3.0 Non-executive directors' and Chief Executive's annual appraisals**

I have used the summer months to complete the appraisals of all of our non-executive directors as well as of our Chief Executive. It was a pleasure to be able to discuss the contribution of all my most senior colleagues, to thank them for their great commitment and to agree their priorities for the year to come.

Following these discussions, we will be making some minor changes to the composition of our Board committees which will be brought to the Public Board for information.

**4.0 Strategic planning**

Informed by the output of the Board's awayday in June, we will be discussing our future strategy over the coming months and I have spent time during the summer with the CEO and my Vice-Chair, Jeremy Jensen, agreeing how we will set about prioritising and evolving our existing strategy to underpin the work of our Foundation Trust in the longer term. We will be spending time in November with our Council of Governors to shape this.

**5.0 Internal and external engagements**

Since the last Board meeting (5 July 2018) I have undertaken the following engagements:

- 1 August – CEO Appraisal
- 17 August – Volunteer of the Year award judging
- 20 August – Lifetime Achievement award judging
- 23 August – Catch-up with Neil Churchill – Head of Patient Experience – NHSE

**6.0 NExT Director scheme**

Finally, this will be the last Board meeting to be attended by Renuka Jeyarajah-Dent before her placement with us ends on 30 September. Renuka has been taking part in NHS Improvement's NExT

Director scheme, which is designed to support the creation of a pipeline of strong and diverse candidates for future non-executive director roles in the NHS. Renuka has added a fresh perspective to Board and Committee discussion and we wish her well - she has made many helpful contributions to our Board in her time with us.

**Sir Thomas Hughes-Hallett**  
Chairman



**Council of Governors Meeting, 27 September 2018**

<b>AGENDA ITEM NO.</b>	2.2/Sep/18
<b>REPORT NAME</b>	Chief Executive's Report
<b>AUTHOR</b>	Karl Munslow Ong, Deputy Chief Executive Officer
<b>LEAD</b>	Lesley Watts, Chief Executive Officer
<b>PURPOSE</b>	To provide an update to the Council of Governors on high-level Trust affairs.
<b>SUMMARY OF REPORT</b>	As described within the appended paper.  Governors are invited to ask questions on the content of the report.
<b>KEY RISKS ASSOCIATED</b>	None.
<b>FINANCIAL IMPLICATIONS</b>	None.
<b>QUALITY IMPLICATIONS</b>	None.
<b>EQUALITY &amp; DIVERSITY IMPLICATIONS</b>	None.
<b>LINK TO OBJECTIVES</b>	NA
<b>DECISION/ ACTION</b>	For information.



## Chief Executive's Report

September 2017

### 1.0 Performance

June and July saw continued growth in non-elective demand and increased operational challenges following the implementation of the new Cerner EPR at our West Middlesex Site. Despite these challenges both of our sites continue to respond well and we continue to deliver on the A&E waiting time standard (the best performing Trust in London) and the Referral to Treatment incomplete target was achieved on both sites. Also, as a Trust we were compliant with all reportable Cancer Indicators other than the 2 week wait (2ww) for Breast Symptomatic. Our 6ww Diagnostic position has returned back to a compliant position for both June and July. Overall, this is a fantastic achievement and demonstrates the amazing efforts of all of our staff to ensure we give our patients the very best, timely care. This was echoed by the Secretary of State himself, when he visited last week.

### 2.0 Divisional Changes

Following discussions at Executive level and with the Divisional Management teams we have taken the decision to create a fourth division with appropriate management support to ensure the continued delivery of high quality services across the Trust. In the last 3 years the Trust has experienced significant growth, and in particular an increase in cancer referrals and non-elective demand. Consequently, the increase in activity is felt none more so than within the clinical support specialties. Additionally, a range of recruitment and other operational challenges, e.g. non-compliance with the Diagnostic 6 week standard, now require a much greater degree of focus and support, hence the proposal to create a 4th Division which aims to co-locate the clinical support services under a single Divisional leadership structure. It is not proposed to lose any of the current management structure - some managers and professional leads will report to new line managers as a result transfer from either the Planned Care or Emergency & Integrated Medical Care Divisions to the new Division.

After an extensive recruitment process for a Divisional Director of Operations, we have successfully appointed Tara Argent and she will be taking up her post in early November. The next stage of the recruitment process is to recruit a Divisional Medical Director and Head of Professions role along with the supporting roles for Finance, HR, information and Governance.

### 3.0 Staff Achievements and Awards

#### Celebrating our staff – long service awards

In May, we recognised staff with 25 years or more 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<sup>th</sup>, 25<sup>th</sup> and 26<sup>th</sup> September we will be holding similar awards at Chelsea, West Mid and Harbour Yard for the corporate division as well as our contracted staff.

### Staff awards

Our internal annual staff awards will take place on 18 October. This year we have received significantly more nominations – 794 compared to 491 last year. Judging has taken place and the shortlisted staff will be invited to the awards ceremony which will be at Rooms on Regents Park, following positive feedback on the venue last year.

### Celebrating our history – NHS70

On 5 July we celebrated 70 years of the NHS with tea parties/mini open days at both sites with staff treated to cakes and refreshments. Local school children performed songs and read out poems they had written especially for the event. At Chelsea we officially launched the Critical Care project. A fully restored vintage ambulance at West Mid attracted lots of interest and local media coverage. Both events generated very significant social media engagement.

### Our latest CW+ PROUD award winners:

- **Emergency and Integrated Care:** Khurram Aleem, service manager, and Sohib Ali, assistant service manager, Wed Mid site
- **Women and Children's:** Ria Vernon, maternity IMIT specialist, and Sakin Syed, assistant patient administrator, Chelsea site
- **Planned Care:** Richmond ward staff team, West Mid site
- **Corporate:** Postgraduate team across site

### External recognition:

- **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
- **The Finance team** has been shortlisted for the Finance for the Future Awards. Winners will be announced at the awards ceremony held at The Banking Hall in London on Tuesday, 16 October 2018

**The Trust** has been shortlisted in the first [Nursing Times Workforce Awards](#) as the 'Best place to work for employee satisfaction' with the awards taking place on 4 October.

## **4.0 Communications and Engagement**

Current key communication areas include:

- Critical Care project – construction now underway
- Winter including staff flu immunisation – launching in September
- Patient flow
- NHS staff survey – launching in September
- Volunteering

### Press coverage

- NHS70 celebrations - Sky broadcast live throughout their flagship breakfast show, Sunrise, from the Queen Mary Maternity Unit. [ITV news story](#) from NICU at Chelsea on a former paediatric patient reuniting with the staff member who cared for her. The Times mentioned the Trust as the only hospital to hit all three key targets for cancer, A&E and surgery over the past year. There has been significant VIP engagement including Amanda Holden, who was interviewed during the Sky Sunrise

programme talking about her positive experiences of our maternity service, Sarah-Jane Mee (Sky Sunrise presenter), Georgia Jones (former Miss England) and Izzy Judd (celebrity wife and violinist)

- New Secretary of State for Health – extensive coverage following Matt Hancock’s overnight shift at Chelsea hospital, which he shared on social media across Twitter and Facebook
- BBC Breakfast three-part series looking back at the heat wave due to broadcast in early September. We feature in the health section with a focus on maternity
- Katie Gee, five years on. Positive media for the burns unit in the Mail on Sunday (printed and online) as well as The Sun, Victoria Derbyshire etc
- Kensington Wing - coverage in Evening Standard (print and online) by journalist and expectant mum who is chronicling her pregnancy

#### Internal communications / ongoing activity

Our new internal communications tool, Poppulo, has received positive feedback and 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.

Planning for the next edition of the Trust magazine Going Beyond is underway, which will be timed to include a feature on our staff awards.

Following a summer break our monthly all staff briefings will recommence in September, covering the critical care project, grants and innovation programme, NHS 100 day challenge and our annual report. Podcasts are made [available on the intranet](#) and are being promoted for those who were unable to attend. The latest all staff briefing is attached to my report.

#### Other key events

- Kobler Clinic 30<sup>th</sup> anniversary – 13 September CW+ event, 14 September Kobler event
- Annual Members Meeting – 27 September
- 15 year anniversary of the redevelopment of West Mid hospital – 19 November

#### Social media

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

- **#CriticalCareCW** – video with senior sister [Charlie Brown](#) and ongoing positive content about the project
- **Why it’s great to work in HR** – new [staff video produced](#)
- **Thank you to finance** – [new video produced by Sandra Easton to recognise and thank the finance team for their recent achievements](#)
- **#WorldBreastfeedingWeek** – video from our NICU nurse encouraging mums to breastfeed
- **#PerfectDay** – continued coverage of Perfect Day focusing on the different divisions

Together with our tweets, these generated significant engagements - we reached more than 390,000 social media users with 15,000 interactions in a 28-day period. This continues our upward trend with a peak at the end of July as we welcomed our junior doctors and promoted heatwave messaging, made possible by video content, celebrity endorsement and good staff engagement. Our program of revamping key pages on the website is ongoing in line with demand and divisional priorities.

## **5.0 NHS 10 Year Plan**

NHS England and NHS Improvement have published a briefing document outlining how the long term plan for the NHS will be developed. Broadly this will be the response to the Prime Minister's commitment to a "sustainable long term plan" for the NHS backed by "a multi-year funding settlement". This has been reviewed by the Executive and we have noted:

- Designated priorities of Life Course Programmes; Cancer; Cardio-vascular; mental health and 'enabler programmes'
- Likely short term 'system tests' around sustainability such as managing provider deficits and "getting back on the path to delivering agreed performance standards" – locking in and further building on the recent progress made in the safety and quality of care
- Possible replacement of Control Totals with a new financial architecture from April 2019 (NHSI have commented that the current approach to control totals encourages non-recurrent savings rather than a focus on underlying financial sustainability)
- A short 'Task & Finish' approach which will align development of the 10 Year Plan with current timetable for system guidance. It is expected that the plan will be published in early November. Following this NHS England and NHS Improvement will establish the NHS Assembly to oversee the delivery of the plan

The Executive will continue to monitor this to ensure coherence with the refresh of the Quality and Clinical Services Strategy and our overarching Strategy Development.

## **6.0 St Stephen's Aids Trust**

We are continuing to work with St Stephen's Aids Trust (SSAT) as they look to wind down both the charity and research company (St Stephen's Clinical Research) and ensure the legacy of 30 years of pioneering research in sexual health. We are supporting CW+ who will be taking on as much of SSAT's existing research and charitable commitments. It is anticipated that this transition period will be completed over the next month or so.

## **7.0 Pay Awards**

We are delighted to announce that the NHS Staff Council has reached agreement on a refresh of the NHS Terms and Conditions of Service (Agenda for Change) and following a consultation exercise, trade union members have voted to accept the proposed changes.

This will result in a three year pay deal, as well as the reform of the pay structure and changes to terms and conditions. The key changes are as follows:

- Starting salaries increased across all pay bands

- New pay structure with fewer pay points—overlapping pay points removed initially followed by further pay points
- New system of pay progression
- Top of pay bands to be increased by 6.5 per cent over the three years (apart from band 8d and 9 which will be capped at the increase of Band 8c)
- Minimum rate of pay in the NHS to be set at £17,460 from 1 April 2018—ahead of the Living Wage Foundation Living Wage rates

There is further work being undertaken in relation to performance related pay progression and other terms and conditions which we will keep you up-dated on as this progresses.

## **8.0 Volunteers**

Good progress continues in line with the Trust Volunteering Strategy. We have appointed a full time volunteer service manager to commence in November 2018 and substantive admin support to the team with a specific focus on the recruitment process. The team have recruited an additional 160 volunteers to the end of June 2018 who are regularly providing support in a growing number of wards and departments bringing the total number of volunteers to approximately 450 - The Trust is in line to meet its ambitious target of 900 volunteer by 2020. The introduction of the new volunteer management system (Better Impact) will assist with real time information on volunteer activity and a clear understanding of the number of active volunteers across the organisation.

The Helpforce bleep volunteer project continues to progress at the CW site and is currently being evaluated prior to planned roll out at the West Mid (WM) site. The Pears young person project at the WM site which sees young people (aged 16-25) provide befriending service to older patients has begun and successfully recruited the first 36 volunteers from local schools and colleges. In addition, volunteers are increasing their support to wards. The role profiles developed for volunteering include ward based help, befriending, administrative support and a range of other activities. A full report on progress with the Volunteering Service will come to the Trust Board in November.

## **9.0 Strategic Partnerships Update**

### Sensyne Health

The Board approved entry into a partnership with Sensyne Health (formerly Drayson Health) at its special meeting on 25 July. The underpinning Strategic Research Agreement (SRA) will allow the analysis of anonymised patient data using clinical artificial intelligence (Clinical AI) technology and consolidation with other partner Trusts into aggregated datasets. The agreement also includes a funded research collaboration between the parties in digital health and biomedical research. The purpose of the research is to derive new insights that will improve the care of the Trust's patients and help to find new treatments - This is in line with the Trust's vision of developing an organisation driven by research, innovation and discovery.

The Executive have taken forward a number of actions to conclude the mechanics and contractual steps of the partnership. The formal Strategic Research Agreement and other supporting documentation have been signed and we have also entered the Subscription Agreement which has confirmed our entitlement to a £5m equity share in the new company, which was accepted onto the Alternative Investment Market (AIM) on 17 August.

The Executive have also taken steps to establish an Operations and Oversight Group who will:

- Act as owners of the relationship and process with Sensyne including:
  - Our role as Data Controller
  - Assurance of submission of datasets to consolidated dataset
- Support our participation in Trust User Group
- Fulfill the required Clinical Oversight and Purpose function indicated to Board
- Provide assurance in respect of legislative and regulatory compliance (eg Caldicott) and lessons learnt from the ICO review and recent audit report
- Recommend the deployment of resource provided through the Strategic Research Agreement
- Provide clinical and managerial oversight and
- Account to the Trust Innovations Board which is the forum for similar research and digitally driven developments. The Board assurance process will be to Executive Management Board and to Finance & Investment Committee

### Royal Brompton Hospital

We have continued our work with Imperial College, Imperial College Health Care 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 are told that NHSE are "currently working through our hurdle and evaluation criteria" and that "specifics of how the consultation will be run have not as yet been hammered out". Despite some of this uncertainty we have been given a deadline of November to provide an alternative outline option for this consultation.

The collaborative have set ourselves three overall aims:

1. To ensure proposals deliver improved overall outcomes for our patients and public
2. Provide a credible alternative option to the current RBH proposal which aligns with the long-term strategy of the NWL health and academic sectors
3. To ensure that receipts from estate changes represent the best possible value to the taxpayer

All partners are committed to supporting the option that provides the best overall services outcomes and value for money for NHS patients and taxpayers irrespective of current organisational boundaries. If this is ultimately found to be the RBH proposal we will offer it our full support but we believe the only way to judge this is for there to be a proper, transparent and balanced consideration of the options.

Whilst work continues to develop an alternative option, NW London partners are clear that there will be some unique elements to our offer on contrast to that of the RBH and GSTT proposition. This would include:

- Ability to maintain existing clinical networks and interdependencies with other services developed over 100 years of collaboration within North West London
- Integration with high quality, local acute and community services run by ICHT and ChelWest
- Better access for the large numbers of NWL patients who need to travel from outer North West London.
- Potential to create better value for money by avoiding the need for complete new build facilities. Our approach will focus on the vision for future services rather than the need for a new facility.
- Ability to co-locate a broader range of specialist services than on the Evelina site.
- Full involvement and support of Imperial College

## Applied Research Collaboration (ARC) Application

The National Institute for Health Research (NIHR) has launched a new, single-stage, open competition to designate and fund [NIHR Applied Research Collaborations \(NIHR ARCs\)](#) nationally. NIHR ARCs will undertake high-quality applied health and care research, work across local health and care systems to support implementation of research, and will work collectively to ensure national impact.

This follows the previous designation and funding of 13 Collaboration for Leadership in Applied Health Research and Care (CLAHRCs) initiatives nationally. North West London was a designated centre which is hosted by the Trust on behalf of our partners. The current CLAHRC contracts come to an end on 30 September 2019 and as a result NW London has collectively developed and recently submitted a bid to be one of the new designated ARCs.

The NIHR is evolving their approach to supporting applied health and care research, addressing a number of identified needs as highlighted by the [Future of Health](#) and other reports, including: the need to increase research in public health, social care and primary care; the challenges of an ageing society; multimorbidity; and the increasing demands placed on our health and care system.

### **10.0 Finance**

At the end of July, month 4, our year to date adjusted position is a surplus of £1.3m which is in line with plan. Pay costs are £4.7m adverse to plan offset, in part, by underspends in non-pay.

We have achieved 73% 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.

### **Lesley Watts**

Chief Executive Officer

September 2018



July 2018

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

## Celebrating 70 years of the

On Thursday 5 July, we'll be joining NHS organisations across the country to celebrate the proud 70-year history of the NHS, with mini open days at both sites. We're inviting staff to raise a cuppa and enjoy the big7tea with tea, cake, special performances and some of our favourite visitors, our therapy dogs. There will be stalls on recruitment, innovation and improvement, our Critical Care Development at the Chelsea site, and the CW+ Suns and Stars appeal at West Mid. Our CEO Lesley Watts will also be announcing special NHS70 CW+ PROUD award winners, with activities taking place in the morning at West Mid and in the afternoon at Chelsea.

## Care Quality Programme (CQP) and Care Quality Commission (CQC)

Our quality improvement work with the CQC continues - this summer there will be further inspection visits to both main sites. It is understood this will focus on maternity, gynaecology, critical care, diagnostics and imaging; also to sexual health and HIV services at main sites and off-site locations. **These visits will be unannounced.**

To support this work, the CQP team are working with key leads and staff in the areas concerned. If you work in any of the areas listed, link with your manager to understand your role in working with on-going quality improvement and working with the CQC during an inspection.

Further information is available on the intranet page, <http://connect/departments-and-mini-sites/cqp/> or email [cqp@chelwest.nhs.uk](mailto:cqp@chelwest.nhs.uk). The staff handbook is helpful in explaining your role and can also be found on the intranet. Recent ward and department accreditation activity has been focussed on the services listed above. This work is assisting the clinical areas' understanding of areas of outstanding practice and areas that need further on-going quality improvement. If you have not been an assessor in the ward and department accreditation teams that review our clinical services, please get involved. The teams are accrediting some of the clinical areas on the next Perfect Day on 27th July. Contact:

[warddepartment.accreditation@chelwest.nhs.uk](mailto:warddepartment.accreditation@chelwest.nhs.uk)

## Financial performance

At the end of May, month 2, our year to date adjusted position is a deficit of £1.14m which is to £0.32m adverse to the internal plan. Pay costs are over plan by £2.6m offset, in part, by underspends in non-pay and revenue in excess of plan.

We had planned to achieve 10% of our savings target for 2018/19 of £25.1m by the end of month 2 but actually achieved 9%. We will be focusing on getting our CIP delivery back on plan and to ensure we achieve our yearend target.

## Mandatory and statutory training

The Trust has achieved its overall compliance target of 90% with three of the Divisions having surpassed this figure. More work is needed on Information Governance

compliance which has a Trust target of 95% - it currently stands at 90% overall.

The new QlikView reporting platform was launched on 2<sup>nd</sup> April, providing staff and managers easy access to their compliance status. The new platform also displays competence expiry dates, allowing managers / staff to plan ahead to ensure their compliances do not lapse.

Staff are reminded they are responsible for ensuring they are up to date with their mandatory and statutory training, and managers will ensure their staff have this in hand.

The current compliance figures (as at 19th June) are as follows:

Division	Compliance
Corporate	<b>95%</b>
Emergency and Integrated Care	<b>89%</b>
Planned Care	<b>91%</b>
Women, Neonatal, Children, Young People, HIV/Sexual Health	<b>92%</b>
<b>Overall compliance</b>	<b>91%</b>

Work is currently on-going to review all other mandatory training requirements, which will then be mapped within ESR to all positions within the Trust to provide better clarity for staff regarding their training requirements.

The learning.chelwest system was unavailable for 5 days towards the end of June for emergency maintenance.

## Two months of Cerner EPR

Thank you so much to all of the admin teams and all of the clinicians for making such a big effort to get the new system up and running, and to make it as seamless as we could for patients over the first two months.

Please keep logging issues and suggesting updates and improvements so that we can make the new system work for us in the best possible way.

## Latest CW+ PROUD award winners

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

- Planned Care: **Miriam Segawa**, Sister, Outpatients (C&WH)
- Emergency and Integrated Care: **Dr Cerys Morgan**, Specialty Registrar (C&WH)
- Women and Children: **Marina Wingham**, Matron, Maternity (WHUH)
- Corporate: **Iheoma Asoluka**, Receptionist, C&WH, and **Lisa Macey**, HR Service Centre Manager, **HY**

Visit the intranet to nominate a team or individual.

## September All Staff Briefing:

(Please note that there will be no August sessions)

- Tue 4 September, 10-11am - Meeting Room A, WMUH
- Thu 6 September, 10-11am - Harbour Yard
- Thu 6 September, 1-2pm - C&WH



## Council of Governors Meeting, 27 September 2018

<b>AGENDA ITEM NO.</b>	2.3/Sep/18
<b>REPORT NAME</b>	Integrated Performance Report –June & July 2018
<b>AUTHOR</b>	Robert Hodgkiss, Chief Operating Officer
<b>LEAD</b>	Robert Hodgkiss, Chief Operating Officer
<b>PURPOSE</b>	To report the combined Trust’s performance for July 2018 for both the Chelsea & Westminster and West Middlesex sites, highlighting risk issues and identifying key actions going forward.
<b>SUMMARY OF REPORT</b>	<p>The Integrated Performance Report shows the Trust performance for June &amp; July 2018.</p> <p><b>Regulatory performance</b> – The A&amp;E Waiting Time figure for June was 95.1% with a Q1 position of 95.3%, ahead of our 93.8% STF trajectory. National figures show that Chelsea and Westminster, in month, ranked 3rd of London Trusts. The Trust saw an 8% increase in attendances in June 2018 compared to the same month in 2017.</p> <p>The A&amp;E Waiting Time figure for July was 95.6%. National figures show that Chelsea and Westminster ranked 1<sup>st</sup> of London Trusts</p> <p>The RTT incomplete target was achieved in both June &amp; July for the Trust, with combined performance of 92.2%. This represents the eighth &amp; ninth consecutive months the national standard was reached.</p> <p>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>It must be noted that the size of the PTL (Patient Tracking List) has increased post Cerner at the WMUH site by c.25%. It was always anticipated this would grow by c.10-15% (based on other Trusts’ implementations) due to more sophisticated recording capabilities, however the level of growth is currently under investigation, in conjunction with NHSI colleagues, and a daily meeting is in place to correct known DQ issues.</p> <p>Delivery of the 62 Day standards was met in both June and July. Each month in 2018/19 we have exceeded the national target. All other cancer indicators passed except Breast Symptomatic referrals passed due to an Administration issue, identified and now resolved. This involved the failure to check the ASI list for breast symptomatic and reduced visibility in Cerner (the PAS system used at West Middlesex) due to Breast 2ww not being separated by symptomatic and suspected cancer. It is expected that the Trust will return to compliance in August.</p>

	<p>There was one reported CDiff infection in June.</p> <p><b>Access</b></p> <p>The Diagnostic wait metric returned 99.28% in June - the first reporting period the target has been met for 10 months. Focussing on issues in Urology at Chelsea and in Endoscopy, Urology and Cardiology at West Middlesex has paid dividends</p> <p>July returned another complaint month at 99.15%</p>
<b>KEY RISKS ASSOCIATED:</b>	<p>There are continued risks to the achievement of a number of compliance indicators, including A&amp;E performance, RTT incomplete waiting times while cancer 31 and 62 day waits remains a high priority.</p>
<b>FINANCIAL IMPLICATIONS</b>	<p>The Trust is reporting a year to date surplus of £1.3m which is £0.04m favourable against the internal plan on a control total basis. The Trust is performing in line with or better than plan for all areas of measurement of the Use of Resources Rating, except against its agency rating, due to agency spend being 6.2% above the agency ceiling. This is primarily due to non-recurrent EPR implementation and floor walker costs.</p> <p>The capital programme is underspent against plan for the year to date, mainly due to delays in the NICU/ITU and Modular Maternity Building projects; however the Trust is forecasting to deliver the full capital programme by the end of 2018/19.</p>
<b>QUALITY IMPLICATIONS</b>	<p>As outlined above.</p>
<b>EQUALITY &amp; DIVERSITY IMPLICATIONS</b>	<p>None</p>
<b>LINK TO OBJECTIVES</b>	<p>Improve patient safety and clinical effectiveness  Improve the patient experience  Ensure financial and environmental sustainability</p>
<b>DECISION/ ACTION</b>	<p>For information.</p>

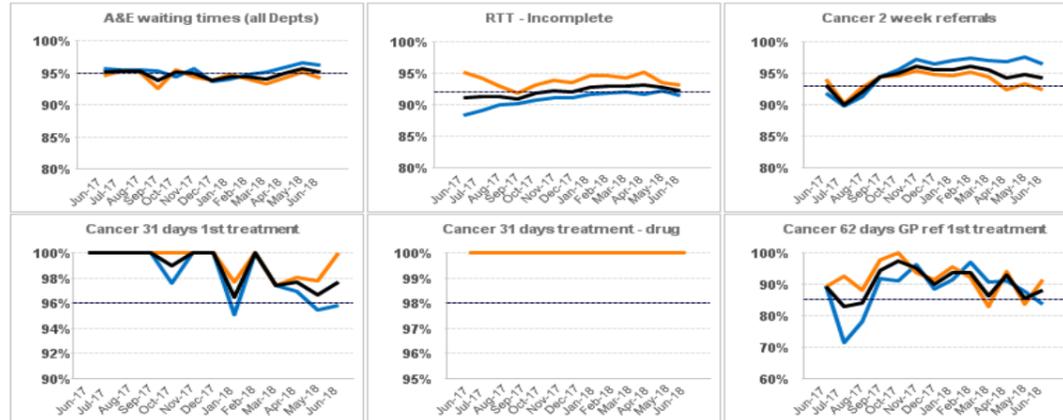


# **TRUST PERFORMANCE & QUALITY REPORT**

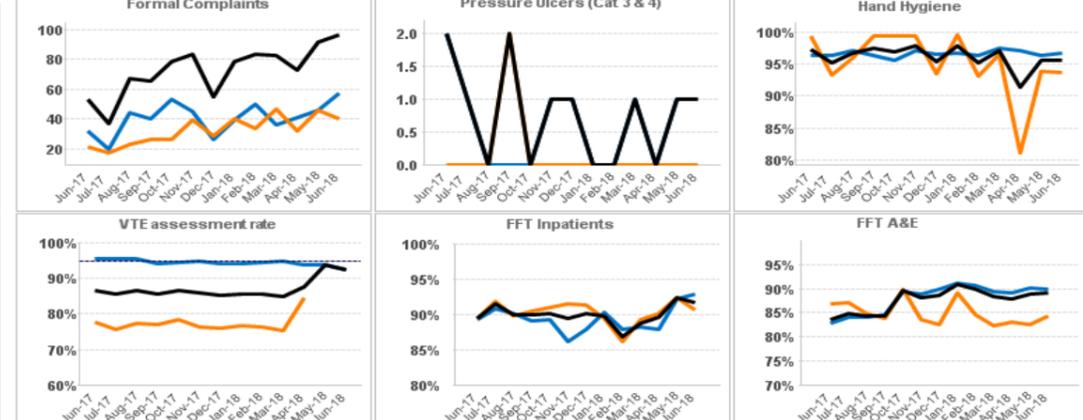
## **June 2018**



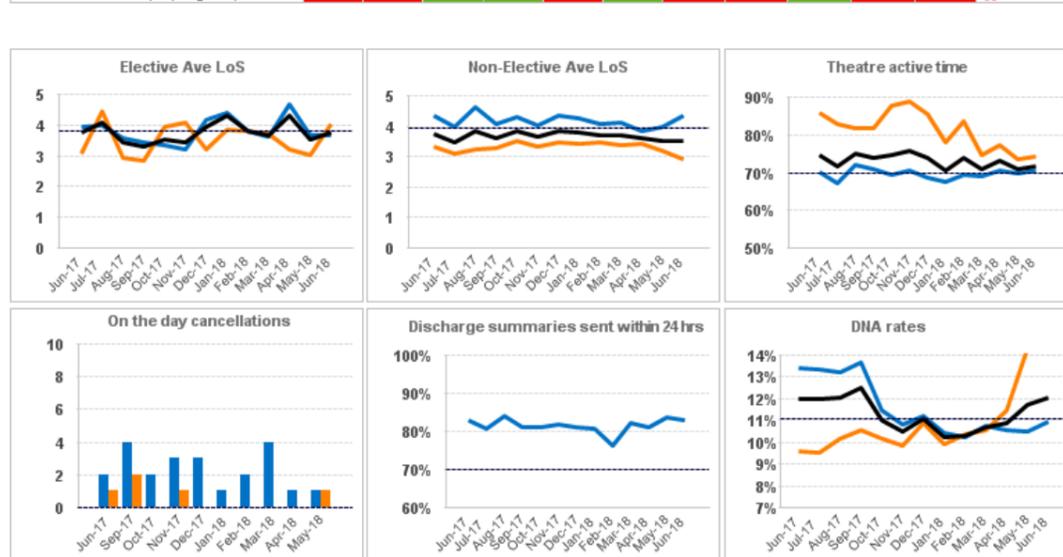
Regulatory Compliance												
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined Trust data: last Quarter, YTD & 13m trend					
Indicator	Apr-18	May-18	Jun-18	Apr-18	May-18	Jun-18	Apr-18	May-18	Jun-18	Quarter	YTD	Trend
A&E waiting times - Types 1 & 3 Depts (Target: >95%)	95.9	96.5	96.1	94.2	95.0	94.2	95.0	95.7	95.1	95.3	95.3	
RTT - Incomplete (Target: >92%)	91.7	92.2	91.4	95.2	93.6	93.1	93.2	92.8	92.2	92.7	92.7	
Cancer 2 week urgent referrals (Target: >93%)	96.8	97.6	96.5	92.5	93.3	92.4	94.2	94.9	94.2	94.4	94.4	
Cancer 2 week Breast symptomatic (Target: >93%)	n/a	n/a	n/a	93.8	94.4	89.2	93.8	94.4	89.2	92.4	92.4	
Cancer 31 days first treatment (Target: >96%)	97.0	95.5	95.8	98.1	97.8	100	97.6	96.6	97.7	97.3	97.3	
Cancer 31 days treatment - Drug (Target: >96%)	n/a	100	n/a	100	100	100	100	100	100	100	100.0	
Cancer 31 days treatment - Surgery (Target: >94%)	n/a	100	100	100	100	100	100	100	100	100	100.0	
Cancer 62 days GP ref to treatment (Target: >85%)	91.2	87.7	83.6	93.9	83.6	91.4	93.0	85.4	88.0	88.5	88.5	
Clostridium difficile infections (Targets: CW: 7, WM: 9, Combined: 16)	0	0	0	1	1	1	1	1	1	3	3	
Average Emergency PreOp LoS	0.55	0.50	0.44	1.49	0.83	1.25	0.98	0.66	0.73	0.79	0.79	
Average Elective PreOp LoS	0.11	0.15	0.20	0.15	0.01	0.02	0.12	0.11	0.15	0.13	0.13	



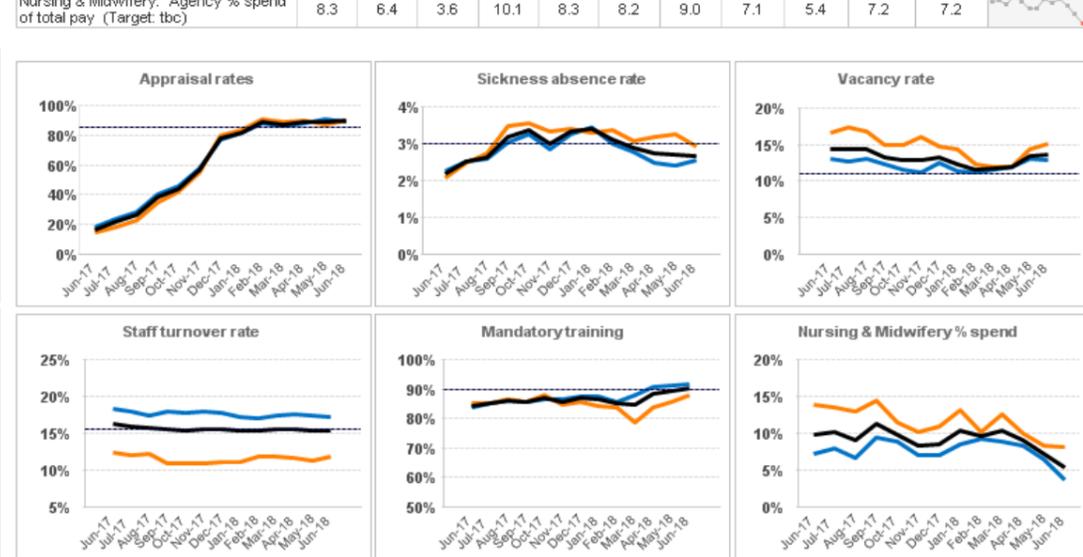
Quality												
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Apr-18	May-18	Jun-18	Apr-18	May-18	Jun-18	Apr-18	May-18	Jun-18	Quarter	YTD	Trend
Hand Hygiene (Target: >=90%)	97.1	96.4	96.7	81.1	93.9	93.8	91.5	95.6	95.7	94.3	94.3	
Pressure Ulcers (Cat 3 & 4)	0	1	1	0	0	0	0	1	1	2	2	
VTE assessment % (Target: >=95%)	93.9	94.0	92.4	84.7			87.8	94.0	92.4	90.0	90.0	
Formal complaints number received	41	46	57	32	46	40	73	92	97	262	262	
Formal complaints responded to <25days	32	40	32	21	35	21	53	75	53	181	181	
Serious Incidents	0	2	0	3	3	2	3	5	2	10	10	
Never Events (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	
FFT - Inpatients recommend % (Target: >90%)	87.9	92.3	92.8	90.2	92.5	90.6	89.6	92.4	91.7	91.1	91.1	
FFT - A&E recommend % (Target: >90%)	89.0	90.2	90.0	83.2	82.5	84.4	88.0	88.9	89.1	88.7	88.7	
Falls causing serious harm	0	0	0	0	0	0	0	0	0	0	0	



Efficiency												
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Apr-18	May-18	Jun-18	Apr-18	May-18	Jun-18	Apr-18	May-18	Jun-18	Quarter	YTD	Trend
Elective average LoS (Target: <3.8)	4.7	3.7	3.7	3.2	3.0	4.0	4.3	3.5	3.8	3.9	3.9	
Non-Elective average LoS (Target: <3.95)	3.8	4.0	4.3	3.4	3.2	2.9	3.6	3.5	3.5	3.5	3.5	
Theatre active time (Target: >70%)	70.6	69.6	70.7	77.3	73.5	74.3	73.0	70.8	71.8	71.9	71.9	
Discharge summaries sent within 24 hours (Target: >70%)	81.0	83.8	82.8	dev	dev	dev	81.0	83.8	82.8	82.6	82.6	
Outpatient DNA rates (Target: <11.1%)	10.5	10.5	10.9	11.5	14.1	14.1	10.9	11.7	12.1	11.6	11.6	
On the day cancelled operations not re-booked within 28 days (Target: 0)	1	1	0	0	1	0	1	2	0	3	3	



Workforce												
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Apr-18	May-18	Jun-18	Apr-18	May-18	Jun-18	Apr-18	May-18	Jun-18	Quarter	YTD	Trend
Appraisal rates (Target: >85%)	88.5	90.6	89.3	89.8	87.2	89.9	88.9	89.4	89.5	89.3	89.3	
Sickness absence rate (Target: <3%)	2.50	2.42	2.55	3.17	3.25	2.93	2.73	2.70	2.68	2.70	2.70	
Vacancy rates (Target: CW<12%; WM<10%)	12.1	13.1	12.8	12.0	14.3	15.1	12.0	13.5	13.6	13.6	13.6	
Turnover rate (Target: CW<18%; WM<11.5%)	17.5	17.3	17.2	11.7	11.3	11.9	15.6	15.3	15.4	15.4	15.4	
Mandatory training (Target: >90%)	90.9	91.1	91.6	83.7	85.8	87.8	88.2	89.1	90.2	89.2	89.2	
Bank and Agency spend (£k)	£2,652	£2,311	£2,398	£2,397	£2,312	£2,154	£5,049	£4,623	£4,552	£14,224	£14,224	
Nursing & Midwifery: Agency % spend of total pay (Target: tbc)	8.3	6.4	3.6	10.1	8.3	8.2	9.0	7.1	5.4	7.2	7.2	





## NHSI Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Apr-18	May-18	Jun-18	2018-2019	Apr-18	May-18	Jun-18	2018-2019	Apr-18	May-18	Jun-18	2018-2019 Q1	2018-2019	Trend charts	
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	95.9%	96.5%	96.1%	96.2%	94.2%	95.0%	94.2%	94.5%	95.0%	95.7%	95.1%	95.3%	95.3%		-
RTT	18 weeks RTT - Admitted (Target: >90%)	74.4%	75.4%	73.5%	74.5%	86.4%	86.3%	74.1%	83.6%	82.2%	79.8%	73.8%	79.2%	79.2%		!
	18 weeks RTT - Non-Admitted (Target: >95%)	94.4%	94.9%	94.7%	94.7%	90.9%	90.5%	91.1%	90.9%	93.1%	93.6%	93.4%	93.3%	93.3%		!
	18 weeks RTT - Incomplete (Target: >92%)	91.7%	92.2%	91.4%	91.8%	95.2%	93.6%	93.1%	93.9%	93.2%	92.8%	92.2%	92.7%	92.7%		-
Cancer <small>(Please note that all Cancer indicators show interim, unvalidated positions for the latest month (Jun-18) in this report)</small>	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	96.8%	97.6%	96.5%	96.9%	92.5%	93.3%	92.4%	92.7%	94.2%	94.9%	94.2%	94.4%	94.4%		-
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	n/a	93.8%	94.4%	89.2%	92.4%	93.8%	94.4%	89.2%	92.4%	92.4%		-
	31 days diagnosis to first treatment (Target: >96%)	97.0%	95.5%	95.8%	96.0%	98.1%	97.8%	100%	98.5%	97.6%	96.6%	97.7%	97.3%	97.3%		-
	31 days subsequent cancer treatment - Drug (Target: >98%)	n/a	100%	n/a	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		-
	31 days subsequent cancer treatment - Surgery (Target: >94%)	n/a	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%)	91.2%	87.7%	83.6%	87.0%	93.9%	83.6%	91.4%	89.5%	93.0%	85.4%	88.0%	88.5%	88.5%		-
62 days NHS screening service referral to first treatment (Target: >90%)	n/a	n/a	n/a	n/a	66.7%	100%	100%	87.5%	66.7%	100%	100%	87.5%	87.5%		-	
Patient Safety	Clostridium difficile infections (Year End Targets: CW: 7; WM: 9; Combined: 16)	0	0	0	0	1	1	1	3	1	1	1	3	3		!
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

The Trust again achieved the 4 hour target in June with performance of 95.1%. This performance was above our STF trajectory of 93.8% and placed the Trust 3<sup>rd</sup> across London.

The target continues to be challenged by increasing attendances to the Emergency Departments at both of our hospitals, with an 8% increase in attendances compared to June 2017.

#### 2 weeks from referral to first appointment all Breast symptomatic referral

Two challenges in achieving this standard and anticipated to be non-compliant in June & July, returning to compliance in August

The issues related to:

- Admin error where patients were not checked against the ASI list resulting in multiple breaches in June.
- Breast symptomatic field in Cerner (PAS – Patient Access System) not being visible to MDT coordinators.

Both issues have been resolved and are not expected to cause issues again and we expect to return to compliance in August 2018

#### Cancer - 62 days GP referral to first treatment

The trust's unvalidated performance for Q1 2018/19 is 88.5% (compared to 82.8% for Q1 2017/18) against a backdrop of increased demand (166.5 treatments in Q1 18/19 compared to 125 treatments in Q1 17/18). The Trust is compliant against this indicator for June. However July looks to be more challenging and work continues to meet the target for this metric. A breakdown of breaches by tumour site can be found in the additional dashboard on page 12



## Safety Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Apr-18	May-18	Jun-18	2018-2019	Apr-18	May-18	Jun-18	2018-2019	Apr-18	May-18	Jun-18	2018-2019 Q1	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%)	97.1%	96.4%	96.7%	96.7%	81.1%	93.9%	93.8%	89.6%	91.5%	95.6%	95.7%	94.3%	94.3%		-
Incidents	Number of serious incidents	0	2	0	2	3	3	2	8	3	5	2	10	10		-
	Incident reporting rate per 100 admissions (Target: >8.5)	7.1	7.4	8.1	7.5	10.1	8.9	8.7	9.2	8.4	8.1	8.4	8.3	8.3		!
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions (Target: 0)	0.00	0.03	0.00	0.01	0.04	0.00	0.02	0.02	0.02	0.02	0.01	0.01	0.01		!
	Medication-related (NRLS reportable) safety incidents per 100,000 FCE bed days (Target: >=280)	535.05	495.27	514.43	514.79	234.01	165.69	268.48	220.09	386.06	327.12	398.71	369.70	369.70		!
	Medication-related (NRLS reportable) safety incidents % with harm (Target: <=12%)	10.0%	16.7%	8.7%	11.7%	13.3%	8.7%	15.6%	12.9%	11.0%	14.6%	10.9%	12.1%	12.1%		-
	Never Events (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0		-
Harm	Safety Thermometer - Harm Score (Target: >90%)	97.1%	95.6%	93.2%	95.7%	96.5%	93.5%	97.7%	95.7%	96.8%	94.2%	96.0%	95.7%	95.7%		-
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	0	1	1	2	0	0	0	0	0	1	1	2	2		-
	NEWS compliance %	97.7%	98.0%	96.7%	97.4%	98.8%	98.7%	97.7%	98.3%	98.2%	98.3%	97.1%	97.8%	97.8%		-
	Safeguarding adults - number of referrals	26	17	28	71	17	4	7	28	43	21	35	99	99		-
	Safeguarding children - number of referrals	28	22	26	76	63	37	54	154	91	59	80	230	230		-
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	35	35	31	101	56	56	50	162	91	91	81	263	263		-
	Number of hospital deaths - Paediatric	1	0	0	1	0	0	0	0	1	0	0	1	1		-
	Number of hospital deaths - Neonatal	3	1	3	7	0	0	1	1	3	1	4	8	8		-
	Number of deaths in A&E - Adult	2	1	1	4	5	3	6	14	7	4	7	18	18		-
	Number of deaths in A&E - Paediatric	0	0	0	0	1	0	1	2	1	0	1	2	2		-
	Number of deaths in A&E - Neonatal	0	0	1	1	0	0	0	0	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

#### Number of serious incidents

2 Serious Incidents were reported during Jun-18; compared to 5 reported in May-18. Both SI's occurred on the WMH site; one concerned a delayed diagnosis of Cancer and one was a patient fall.

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 an improvement in performance, with an overall reporting rate of 8.4% in Jun-18; marginally lower than the target of 8.5%.

We continue to encourage reporting across all staff groups, with a focus on the reporting of no harm or near miss incidents.

**Trust commentary continued****Medication-related safety incidents**

81 Medication-related incidents were reported at the Chelsea site compared to 48 such incidents at the West Middlesex.

The Medication Safety Group is working to increase the reporting of medication related incidents at the WMH site, particularly no harm and near miss incidents.

**Never Events**

There were no Never Events reported in June

**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 288/100,000 FCE bed days in June 2018. Performance has achieved the Trust target of 280/100,000. There were 313 and 261 medication-related incidents per 100,000 FCE bed days at CW and WM sites respectively. The WM rate (261) has improved since previous month but remains lower than that for CW site (313) for June 2018.

At CW site, there has been a decrease in reporting of medication incidents this month compared to recent months; with decreased reporting at WM site

**Medication-related (reported) safety incidents % with harm**

The Trust had 10% medication-related safety incidents with harm in June 2018. This figure is lower than in previous months and is below the Carter dashboard National Benchmark (10.3%). The year to date figure is 11.5%.

There were 11 incidents with no harm, 6 at CW site and 5 at WM site.

- Themes CW site (low harm): Lack of monitoring for aminoglycoside levels; delay in ordering medications; incorrect administration of medication due to patient receiving two discharge summaries and multiple strengths of medication supplied (dose changed on discharge date); misinterpretation of paracetamol dosing and units in paediatrics resulted in incorrect prescription and administration; and lack of monitoring of injection site.
- 
- Themes WM site (low harm): Delayed prescribing and administration due to missing medication chart; administration of an incorrect medication when not prescribed; adverse reaction to medication; incorrect labelling instructions of a dispensed medication; and a critical medication not available on ward or emergency drug cupboard resulting in delayed administration.

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

**NEWS compliance**

Compliance continues to be monitored weekly, but will be moving to monthly to allow time for actions to take place. The audits monitor both completion & accuracy of escalation. Figures remain over 95% for both sites.



## Patient Experience Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Apr-18	May-18	Jun-18	2018-2019	Apr-18	May-18	Jun-18	2018-2019	Apr-18	May-18	Jun-18	2018-2019 Q1	2018-2019	Trend charts	
Friends and Family	FFT: Inpatient recommend % (Target: >90%)	87.9%	92.3%	92.8%	91.3%	90.2%	92.5%	90.6%	90.9%	89.6%	92.4%	91.7%	91.1%	91.1%		-
	FFT: Inpatient not recommend % (Target: <10%)	6.0%	4.6%	3.1%	4.4%	3.5%	3.1%	4.0%	3.5%	4.2%	3.8%	3.6%	3.9%	3.9%		-
	FFT: Inpatient response rate (Target: >30%)	34.0%	44.4%	49.0%	42.4%	59.7%	45.6%	34.7%	46.8%	49.6%	45.0%	40.3%	45.0%	45.0%		-
	FFT: A&E recommend % (Target: >90%)	89.0%	90.2%	90.0%	89.8%	83.2%	82.5%	84.4%	83.4%	88.0%	88.9%	89.1%	88.7%	88.7%		!
	FFT: A&E not recommend % (Target: <10%)	7.2%	5.9%	6.1%	6.3%	7.1%	11.3%	9.4%	9.3%	7.2%	6.8%	6.6%	6.8%	6.8%		-
	FFT: A&E response rate (Target: >30%)	18.2%	20.3%	22.4%	20.3%	14.6%	15.7%	17.2%	15.8%	17.4%	19.4%	21.4%	19.4%	19.4%		!
	FFT: Maternity recommend % (Target: >90%)	92.7%	90.7%	91.4%	91.5%	93.9%	96.6%	95.6%	95.4%	93.1%	92.5%	92.3%	92.6%	92.6%		-
	FFT: Maternity not recommend % (Target: <10%)	4.2%	6.3%	5.5%	5.4%	3.0%	1.7%	2.9%	2.5%	3.8%	4.9%	4.9%	4.6%	4.6%		-
	FFT: Maternity response rate (Target: >30%)	17.9%	24.9%	24.0%	22.3%	26.8%	32.7%	19.5%	26.4%	20.2%	26.8%	22.9%	23.3%	23.3%		!
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	41	46	57	144	32	46	40	118	73	92	97	262	262		-
	Complaints formal: Number responded to < 25 days	32	40	32	104	21	35	21	77	53	75	53	181	181		-
	Complaints (informal) through PALS	115	113	127	355	93	107	101	301	208	220	228	656	656		-
	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	0	0	0	0	0	0	0		-

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 the Trust continue to exceed the response rate and recommendation score target. Ward level and department level information is now available through a Qlikview dashboard.

A&E continues to improve with the Chelsea site achieving the 90% recommended target for both May and June, whilst not meeting the 90% target the West Middlesex site continues to improve. Both sites fail to meet the 30% response rate but exceed the national average of 12.5%.

Maternity services continue to exceed the recommendation score but continue not to reach the response rate target.

#### Same Sex Accommodation

There have been no same sex accommodation breaches

#### Complaints

Formal complaints continue to improve with compliance with target response times.

#### Ombudsman Referrals

There have been no new referrals to the ombudsman and the Trust have not been informed of any current cases being upheld.



## Efficiency & Productivity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Apr-18	May-18	Jun-18	2018-2019	Apr-18	May-18	Jun-18	2018-2019	Apr-18	May-18	Jun-18	2018-2019 Q1	2018-2019	Trend charts	
Admitted Patient Care	Average length of stay - elective (Target: <2.9)	4.67	3.68	3.68	4.01	3.21	3.03	4.04	3.42	4.30	3.53	3.76	3.87	3.87		-
	Average length of stay - non-elective (Target: <3.95)	3.84	3.99	4.33	4.05	3.44	3.19	2.94	3.17	3.63	3.51	3.51	3.55	3.55		-
	Emergency care pathway - average LoS (Target: <4.5)	4.62	4.47	4.86	4.65	3.98	3.71	3.37	3.66	4.24	3.97	3.88	4.02	4.02		-
	Emergency care pathway - discharges	212	209	211	632	316	400	404	1120	528	609	615	1752	1752		-
	Emergency re-admissions within 30 days of discharge (Target: <7.6%)	3.89%	3.97%	3.54%	3.80%	7.97%	10.19%	10.88%	9.76%	5.72%	6.94%	7.08%	6.60%	6.60%		!
	Non-elective long-stayers	432	412	410	1254	390	312	304	1006	822	724	714	2260	2260		-
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	81.1%	82.0%	80.9%	81.3%	89.1%	86.7%	87.9%	87.9%	84.6%	83.7%	83.3%	83.8%	83.8%		!
	Operations cancelled on the day for non-clinical reasons: actuals	20	14	8	42	3	1	12	16	23	15	20	58	58		-
	Operations cancelled on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.70%	0.48%	0.28%	0.49%	0.20%	0.08%	0.92%	0.39%	0.53%	0.36%	0.48%	0.46%	0.46%		-
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	1	1	0	2	0	1	0	1	1	2	0	3	3		-
	Theatre active time (Target: >70%)	70.6%	69.6%	70.7%	70.3%	77.3%	73.5%	73.9%	75.0%	73.0%	70.9%	71.7%	71.9%	71.9%		!
	Theatre booking conversion rates (Target: >80%)	84.5%	85.6%	85.6%	85.2%	83.4%	92.7%	93.9%	89.5%	84.0%	88.1%	88.5%	86.8%	86.8%		-
Outpatients	First to follow-up ratio (Target: <1.5)	1.57	1.47	1.43	1.49	1.26	1.33	1.45	1.34	1.34	1.38	1.44	1.38	1.38		-
	Average wait to first outpatient attendance (Target: <6 wks)	6.6	6.9	6.6	6.7	7.0	7.5	7.4	7.3	6.8	7.2	7.0	7.0	7.0		!
	DNA rate: first appointment	10.6%	11.3%	11.8%	11.2%	12.0%	14.0%	14.5%	13.4%	11.2%	12.4%	13.0%	12.2%	12.2%		-
	DNA rate: follow-up appointment	10.5%	10.2%	10.6%	10.4%	11.1%	14.2%	13.7%	13.0%	10.7%	11.4%	11.6%	11.2%	11.2%		-
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					

### Elective and Non-Elective LOS (Incl. Emergency Care)

LoS target revised and changed from June to 2.9 (previously 3.7). There was an increase in average Elective LoS across all Divisions at West Middlesex. Discharge delays to continue to be escalated with additional input from senior staff to daily ward board rounds. We expect an improvement for July.

For Non Elective, June has seen a small decline at Chelsea site and an improvement at West Middlesex, with this indicator remaining 'green' overall. However, work is continuing post Cerner to provide an agreed position for the WM data. As before, the recent NEL LOS review by division confirms that the Trust benchmarks well (top quartile) when compared with peer group hospitals for NEL LOS, but within Care of the Elderly and Stroke, there remains an opportunity to improve LOS further at both hospitals. Delivering this improvement ahead of winter 18/19 is a strong focus for the BEDS/LOS work stream, and is being tracked via the system-wide AE Delivery Board.

### Operations cancelled on the day for non-clinical reasons

There were 8 such cancellations at the Chelsea Site, all of which were re-booked within the 28 day standard. At West Middlesex, 12 cases were cancelled on the day. Six of these were as a result of list overruns due to complications / complex cases; two where notes were not available; three due to equipment with the other being to accommodate a patient with a higher clinical priority. Again, all were re-booked within 28 days. We are currently reviewing the data leading to non-compliance at West Middlesex against the 0.8% target. We expect this to be resolved during month of July.

### Outpatient DNA rates

Following the Cerner go live patients were marked as 'DNAS' due to a problem with the migrated data when these patients were cancelled rather than failing to attend. In addition there were problems through May and in to June with text reminders not being sent and Tomcat (cardiology system) letters not being sent. All these problems have now been rectified.

### Readmissions

Operational managers are working with coding team to address challenges regarding readmission codes used at West Middlesex which is currently leading to non-compliance.



## Clinical Effectiveness Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Apr-18	May-18	Jun-18	2018-2019	Apr-18	May-18	Jun-18	2018-2019	Apr-18	May-18	Jun-18	2018-2019 Q1	2018-2019	Trend charts	
Best Practice	Dementia screening case finding (Target: >90%)	92.1%	93.1%	79.9%	88.3%	84.0%			84.0%	87.7%	93.1%	79.9%	87.1%	87.1%		-
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	100.0%	93.3%	94.1%	95.9%	66.7%	87.5%	100.0%	84.8%	86.2%	89.7%	96.3%	90.5%	90.5%		!
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	100.0%	100.0%	100.0%	100.0%	92.9%	90.0%	100.0%	95.2%	96.0%	95.7%	100.0%	97.5%	97.5%		-
VTE	VTE: Hospital-acquired (Target: tbc)					0	0	0	0	0	0	0	0	0		-
	VTE risk assessment (Target: >95%)	93.9%	94.0%	92.4%	93.4%	84.7%			84.7%	87.8%	94.0%	92.4%	90.0%	90.0%		!
TB Care	TB: Number of active cases identified and notified	0	7	2	9	3	3	4	10	3	10	6	19	19		-
	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

### Trust commentary

#### Time to Theatre for patients with a fractured neck of femur

We have seen a significant improvement in performance for June. Of the 26 patients included in the best practice target, 1 patient at CW was delayed due a clinical prioritisation and operated at 42h. Work is on-going to sustain improvement with medically well patients escalated to operational teams when waiting 24h for surgery.

#### Dementia

Data not fully completed due to staff absence this will be corrected for M4.



## Access Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Apr-18	May-18	Jun-18	2018-2019	Apr-18	May-18	Jun-18	2018-2019	Apr-18	May-18	Jun-18	2018-2019 Q1	2018-2019	Trend charts
RTT waits	RTT Incompletes 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%)	98.79%	98.52%	99.33%	98.88%	97.62%	98.67%	99.26%	98.51%	98.09%	98.61%	99.28%	98.65%	98.65%	-
	Diagnostic waiting times >6 weeks: breach actuals	40	40	18	98	120	52	39	211	160	92	57	309	309	-
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	8.7%	8.7%	9.5%	9.0%	8.5%	7.8%	8.1%	8.1%	8.6%	8.4%	9.1%	8.7%	8.7%	!
	A&E time to treatment - Median (Target: <60')	01:04	01:06	01:10	01:07	00:47	00:45	00:48	00:47	00:59	01:00	01:04	01:01	01:01	!
	London Ambulance Service - patient handover 30' breaches	8	9	12	29	40	63	56	159	48	72	68	188	188	-
	London Ambulance Service - patient handover 60' breaches	0	0	0	0	0	0	2	2	0	0	2	2	2	-
Choose and Book (available to Apr-18 only for issues)	Choose and book: appointment availability (average of daily harvest of unused slots)	1347	1483	1629	1486	0	0	0	0	1347	1483	1629	1486	1486	-
	Choose and book: capacity issue rate (ASI)														-
	Choose and book: system issue rate	119	123	108	117										-

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

#### RTT Incompletes 52 week waiters at Month End

The Trust again reported no patients waiting more than one year for their elective treatment

#### Diagnostic waiting times - % waiting under 6 weeks

Continuing focus on problem areas has returned a compliant position for June, with the Trust reporting over 99% for the first time in ten months.

#### London Ambulance Service – patient handover 60' breaches

There were two occasions in June when the 60 minute ambulance handover target was breached at West Middlesex.

These both occurred within a 24 hour period due to an issue with visibility of incoming ambulances caused by building works to facilitate the refurbishment of AE Majors. This has since been rectified, with no further breaches reported in July.



## Maternity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Apr-18	May-18	Jun-18	2018-2019	Apr-18	May-18	Jun-18	2018-2019	Apr-18	May-18	Jun-18	2018-2019 Q1	2018-2019	Trend charts	
Birth indicators	Total number of NHS births	479	455	449	1383	371	377	375	1123	850	832	824	2506	2506		-
	Total caesarean section rate (C&W Target: <27%; WM Target: <29%)	39.1%	31.1%	34.0%	34.8%	27.8%	29.0%	26.0%	27.6%	34.1%	30.1%	30.4%	31.6%	31.6%		!
	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%)	97.2%	93.8%	98.6%	96.5%	97.8%	98.4%	100.0%	98.7%	97.5%	95.9%	99.2%	97.5%	97.5%		-
Safety	Admissions of full-term babies to NICU	12	15	16	43	n/a	n/a	n/a	n/a	12	15	16	43	43		-
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

#### Total caesarean section rate

The Caesarean section rate for the CW site has increased to 34% (elective and emergency). This increase is linked to the 19% elective C/S rate for the month - this equates to 10 additional elective procedures for the month.

This average is higher than May but is reduced from April's report.

#### Maternity 1:1 care in established labour

The 1:1 care reporting is improving so that women who attend in labour are offered 1:1 care whilst in established labour. Data such as births before arrival to hospital are removed from this data reporting so that a true picture of care offered is now captured within the system.

Data for WM site reports 100% of women offered 1:1 care. The dedicated midwifery teams are improving the experience for women and this is also impacting on the normal birth rate at home, with some women reporting improved confidence to birth at home.



## Workforce Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Apr-18	May-18	Jun-18	2018-2019	Apr-18	May-18	Jun-18	2018-2019	Apr-18	May-18	Jun-18	2018-2019 Q1	2018-2019	Trend charts	
Staffing	Vacancy rate (Target: CW <12%; WMM <10%)	12.1%	13.1%	12.8%	12.8%	12.0%	14.3%	15.1%	15.1%	12.0%	13.5%	13.6%	13.6%	13.6%		!
	Staff Turnover rate (Target: CW <18%; WMM <11.5%)	17.5%	17.3%	17.2%	17.2%	11.7%	11.3%	11.9%	11.9%	15.6%	15.3%	15.4%	15.4%	15.4%		-
	Sickness absence (Target: <3%)	2.5%	2.4%	2.5%	2.5%	3.2%	3.2%	2.9%	3.1%	2.7%	2.7%	2.7%	2.7%	2.7%		-
	Bank and Agency spend (£k)	£2,652	£2,311	£2,398	£7,361.4	£2,397	£2,312	£2,154	£6,862.9	£5,049	£4,623	£4,552	£14,224	£14,224		-
	Nursing & Midwifery Agency: % spend of total pay (Target: tbc)	8.3%	6.4%	3.6%	6.1%	10.1%	8.3%	8.2%	8.9%	9.0%	7.1%	5.4%	7.2%	7.2%		-
Appraisal rates	% of Performance & Development Reviews completed - medical staff (Target: >85%)	83.2%	87.7%	87.7%	86.2%	84.1%	84.0%	84.0%	84.0%	83.6%	86.2%	86.2%	85.3%	85.3%		!
	% of Performance & Development Reviews completed - non-medical staff (Target trajectory: >60%)	89.2%	91.0%	89.5%	89.5%	90.9%	87.8%	91.0%	91.0%	89.8%	89.9%	90.0%	90.0%	90.0%		-
Training	Mandatory training compliance (Target: >90%)	90.9%	91.1%	91.6%	91.2%	83.7%	85.8%	87.8%	85.7%	88.2%	89.1%	90.2%	89.2%	89.2%		!
	Health and Safety training (Target: >90%)	96.2%	95.6%	95.8%	95.9%	92.5%	93.4%	94.3%	93.4%	94.8%	94.8%	95.3%	95.0%	95.0%		-
	Safeguarding training - adults (Target: 90%)	94.7%	93.9%	94.5%	94.4%	92.3%	92.9%	93.8%	93.0%	93.8%	93.5%	94.2%	93.9%	93.9%		-
	Safeguarding training - children (Target: 90%)	92.3%	92.9%	93.5%	92.9%	90.1%	91.8%	92.6%	91.5%	91.5%	92.5%	93.2%	92.4%	92.4%		-

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

#### Staff in Post

In May we employed 5405 whole time equivalent (WTE) people on substantive contracts, 2 WTE more than last month.

#### Turnover

Our voluntary turnover rate was 15.3%, 0.08% higher than last month. Voluntary turnover is 17.1% at Chelsea and 11.9% at West Middlesex.

#### Vacancies

Our general vacancy rate for May was 13.6%, which is 0.08% higher than May. The vacancy rate is 15.08% at West Middlesex and 13.6% at Chelsea.

#### Sickness Absence

Sickness absence in the month of May was 2.68%, 0.02% lower than May.

#### 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 90% against our target of 90%.

#### Performance and Development Reviews

The PDR rate increased by 0.13% in June and now stands at 90.0%.

The rolling annual appraisal rate for medical staff was 87.72%, 3.72% 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		
		Apr-18	May-18	Jun-18	2018-2019	YTD breaches	Apr-18	May-18	Jun-18	2018-2019	YTD breaches	Apr-18	May-18	Jun-18	2018-2019 Q1	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	85.7%	87.5%	100%	90.3%	1.5	66.7%	100%	100%	87.5%	1	76.9%	90.0%	100%	89.4%	89.4%	2.5		-
	Gynaecological	50.0%	75.0%	80.0%	72.7%	1.5	50.0%	33.3%	80.0%	66.7%	2.5	50.0%	57.1%	80.0%	69.2%	69.2%	4		!
	Haematological	n/a	n/a	100%	100%	0	100%	81.8%	66.7%	81.0%	2	100%	81.8%	80.0%	84.0%	84.0%	2		-
	Head and neck	100%	100%	100%	100%	0	50.0%	66.7%	100%	72.7%	1.5	75.0%	75.0%	100%	82.4%	82.4%	1.5		-
	Lung	n/a	n/a	n/a	n/a		100%	100%	50.0%	75.0%	0.5	100%	100%	50.0%	75.0%	75.0%	0.5		-
	Sarcoma	n/a	n/a	n/a	n/a		n/a	100%	n/a	100%	0	n/a	100%	n/a	100%	100%	0		-
	Skin	100%	85.0%	100%	91.9%	1.5	100%	75.0%	100%	93.8%	0.5	100%	83.3%	100%	92.5%	92.5%	2		-
	Upper gastrointestinal	100%	100%	0.0%	80.0%	0.5	100%	80.0%	100%	90.9%	0.5	100%	85.7%	75.0%	87.5%	87.5%	1		-
	Urological	94.1%	92.3%	53.3%	80.0%	4.5	100%	76.5%	94.1%	91.4%	2.5	97.6%	83.3%	75.0%	86.4%	86.4%	7		-
	Urological (Testicular)	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			-
	Site not stated	n/a	n/a	100%	100%	0	100%	100%	n/a	100%	0	100%	100%	100%	100%	100%	0		-

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 unvalidated breaches in June by Tumour site are as follows:

Note that a pathway can be shared between organisations hence the fractions of a breach

Gynaecological: C&W: 0.5 of a breach of 2.5 patients treated. Breach was unavoidable as the patient had multiple cancers requiring synchronised treatment  
WMUH: 1 breach of 5 patients treated. Breach was unavoidable as patient delayed their diagnosis.

Haematological: WMUH: 1 breach of 3 patients treated. Breach was unavoidable as patient was complex diagnosis, starting on the incorrect referral pathway.

Lung WMUH: 0.5 breach of 1 patient treated. Breach was avoidable. Breach was unavoidable as patient was complex & high risk for biopsy leading to a delayed diagnosis.

Upper Gastrointestinal: C&W: 0.5 of a breach of 0.5 of a patient treated. Delays to OPA and diagnostics could have been avoided.

Urological: C&W: 3.5 breaches of 7.5 patients treated. Avoidable delays were due to delays in radiology & histology reporting and delays to biopsy. 0.5 was unavoidable due to patient lack of availability for tests  
WMUH: 0.5 of a breach of 8.5 patients treated. 0.5 of a breach was unavoidable – patient choice to delay diagnostics for a holiday

All other pathways on both sites were treated within the 62 day target



## 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	91.1%	90.2%	94.4%	95.7%	7.7	3.2	11.0	7 – 17.5
Annie Zunz	100.0%	92.0%	99.7%	102.6%	6.3	2.7	9.1	6.5 - 8
Apollo	93.2%	100.0%	95.3%	106.7%	18.0	3.9	21.9	
Jupiter	134.1%	87.0%	129.6%	-	10.6	2.5	13.2	8.5 – 13.5
Mercury	76.0%	96.9%	67.8%	30.0%	7.5	1.0	8.5	8.5 – 13.5
Neptune	85.3%	64.6%	78.4%	0.0%	8.0	0.7	8.6	8.5 – 13.5
NICU	117.3%	-	117.3%	-	15.6	0.0	15.6	
AAU	105.6%	82.0%	100.0%	99.9%	9.2	2.1	11.4	7 - 9
Nell Gwynn	100.0%	84.2%	133.4%	98.9%	4.4	3.5	7.8	6 – 8
David Erskine	86.1%	86.6%	105.6%	110.0%	3.7	3.5	7.2	6 – 7.5
Edgar Horne	100.2%	95.1%	110.0%	101.8%	3.4	3.4	6.8	6 – 7.5
Lord Wigram	92.2%	104.4%	98.9%	105.6%	3.7	2.9	6.6	6.5 – 7.5
St Mary Abbots	115.0%	96.1%	96.6%	98.8%	4.3	2.5	6.8	6 – 7.5
David Evans	81.3%	82.2%	92.6%	95.7%	5.7	2.6	8.3	6 – 7.5
Chelsea Wing	92.9%	105.7%	100.0%	105.0%	12.2	7.8	20.0	
Burns Unit	99.4%	95.7%	99.0%	96.1%	10.1	3.8	13.8	
Ron Johnson	96.4%	120.0%	101.1%	123.3%	4.8	3.2	7.9	6 – 7.5
ICU	100.7%	98.7%	99.7%	-	35.1	0.8	35.9	17.5 - 25
Rainsford Mowlem	77.5%	78.4%	98.3%	99.2%	3.3	3.1	6.4	6 - 8

#### Summary for June 2018

Low fill rates on Rainsford Molem, Mercury and Neptune due to bed closures in summer months with beds also reduced on Mercury at beginning of month due to an infection outbreak which is now resolved.

Nell Gwynne increased RN cover at night due to patient with tracheostomy requiring enhanced care.

High fill rates on Jupiter due to patients requiring RMN support. Increased CHPPD on ITU at Chelsea due to a higher than normal number of burns patients being nursed on there as they require a higher nurse: patient ratio than other ITU patients.

Additional HCAs booked to care for confused patients at risk of falls for Syon 2, Kew, Marble Hill 2 and Osterleys. Work underway with NHSI enhanced care collaborative. Increased number of patients with NIV on Osterley 2 requiring enhanced care levels. High fill rates for qualified nurses on Kew and Marble Hill 2 due to use of RMNs for patients with mental health needs. Increased HCA agreed for long days on Lampton by the EIC division due to dependency.

#### 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	93.9%	94.9%	94.8%	99.7%	7.6	2.2	9.9	7 – 17.5
Lampton	100.0%	133.7%	100.0%	98.3%	2.8	2.4	5.2	6 – 7.5
Richmond	95.8%	95.4%	75.3%	60.0%	5.7	2.9	8.7	6 – 7.5
Syon 1	97.7%	100.7%	98.3%	114.9%	3.6	2.2	5.8	6 – 7.5
Syon 2	99.3%	151.4%	100.8%	191.5%	3.5	3.4	6.9	6 – 7.5
Starlight	101.9%	35.0%	108.9%		8.5	0.1	8.6	8.5 – 13.5
Kew	98.7%	93.5%	148.3%	165.1%	4.1	3.5	7.6	6 - 8
Crane	98.5%	101.6%	100.0%	100.2%	3.1	2.5	5.6	6 – 7.5
Osterley 1	117.4%	106.1%	114.3%	130.0%	3.3	2.8	6.1	6 – 7.5
Osterley 2	98.6%	124.7%	100.0%	210.0%	3.5	3.6	7.2	6 – 7.5
MAU	99.6%	91.1%	95.5%	153.8%	7.3	3.7	11.0	7 - 9
CCU	99.9%	102.8%	101.7%		5.3	0.8	6.1	6.5 - 10
Special Care Baby Unit	93.8%	-	85.9%		6.4	0.0	6.4	
Marble Hill 1	92.7%	95.7%	96.9%	103.2%	3.3	2.3	5.6	6 - 8
Marble Hill 2	122.5%	119.5%	131.5%	141.7%	3.9	3.4	7.2	5.5 - 7
ITU	94.0%	0.0%	83.3%		28.1	0.0	28.1	17.5 - 25



## CQUIN Dashboard

June 2018

### National CQUINs

No.	Description of goal	Responsible Executive (role)	Forecast RAG Rating
A.1	Improvement of health and wellbeing of NHS staff	Director of HR & OD	Green
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	Director of HR & OD	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	Green
B.4	Anti-microbial Resistance - reduction in antibiotic consumption	Medical Director	Green
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	Medical Director	Green
E.1	NHS e-Referrals	Chief Operating Officer	Yellow
F.1	Supporting safe & proactive discharge	Chief Operating Officer	Yellow

### NHS England CQUINs

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

### CQUIN Scheme Overview

The Trust agreed 12 CQUIN schemes (6 schemes with CCGs, 6 schemes with NHS England) for 2017/18. For 2018/19, CQUIN schemes will number 11 in total; CCG schemes will reduce to 5, but NHSE schemes are unchanged.

#### 2017/18 Quarterly Performance

For NHSE schemes, Q1 and Q2 performance was confirmed as 100%, Q3 as 85%. For CCG schemes, performance was 92% for Q1 and 86% for Q2. Confirmation from the CCGs of Q3 achievement was 73%, although 2 schemes had a zero weighting for the quarter. Partial achievement was reported for the 'Sepsis screening and Antimicrobial resistance', 'Improving services for people with mental health needs who present to A&E', 'NHS e-Referrals' and 'Supporting proactive and safe discharge' schemes in Q2, which was in line with forecast achievement. Submission of Q4 reports to both Commissioners is complete and confirmation of the outcomes is expected during July.

#### National Schemes (CCG commissioning)

There is a continued risk to delivery of certain schemes, including 'Sepsis screening and Anti-microbial resistance', in line with the year to date delivery, and the Trust is forecasting partial achievement. The 'e-Referrals' scheme performance is also likely to be less than 100% owing to a particularly challenging Q4 indicator. However the associated financial risk is partly mitigated by a local payment agreement with NWL CCGs.

#### National Schemes (Specialised Services commissioning)

The schemes are expected to achieve 100%, with the exception of the 'Neonatal Community Outreach' scheme. The Commissioner and Neonatal Network continue to co-design the specification, but the uncertainty could adversely affect full year performance.

#### 2018/19 CQUIN Schemes overview

2018/19 is the second year of delivery for the majority of the schemes. The 'Supporting safe & proactive discharge' scheme has been suspended for 2018/19, with the weighting given to the other schemes increasing as a result. Certain other scheme specifications have been updated following provider feedback. A new scheme is introduced for 18/19 only, replacing a previous scheme intended for 17/18 only. A similar local payment arrangement with NWL and SWL CCGs has been agreed for 18/19, which will mitigate the financial risk of under-performance. The Specialised Services schemes remain unchanged from 17/18.



## Finance Dashboard

### Month 3 2018-19 Integrated Position

Financial Position (£000's)			
£'000	Combined Trust		
	Plan to Date	Actual to Date	Variance to Date
Income	162,463	162,032	(431)
Expenditure	(154,473)	(154,442)	31
<b>Adjusted EBITDA</b>	<b>7,991</b>	<b>7,590</b>	<b>(400)</b>
Adjusted EBITDA %	4.918%	4.684%	-0.23%
Interest/Other	(1,333)	(1,344)	(11)
Depreciation	(4,660)	(4,347)	313
PDC Dividends	(2,808)	(2,808)	0
Other	0	0	0
<b>Trust Deficit</b>	<b>(810)</b>	<b>(908)</b>	<b>(98)</b>

#### Comments

The Trust is reporting a YTD deficit of £908k pre adjustments. After adjustments the deficit is £796k which is £14k above the Trust's control total.

Income is under performing YTD due to low inpatient activity levels (elective and emergency), which has led to low admissions into adult critical care and NICU. A&E and outpatients are on plan.

Pay is adverse by £3,482k 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 overseas nurses while they train to receive their pins. The largest contributor to this position has been under achievement against CIP targets.

Non-pay is £749k favourable in month and £3,513 year to date. Included in this position is a deficit against clinical supplies which is activity driven.

Risk rating (year to date)		
Use of Resource Rating (UORR)	M03 (Before Override)	M03 (After Override)
Use of Resource Rating	2	2

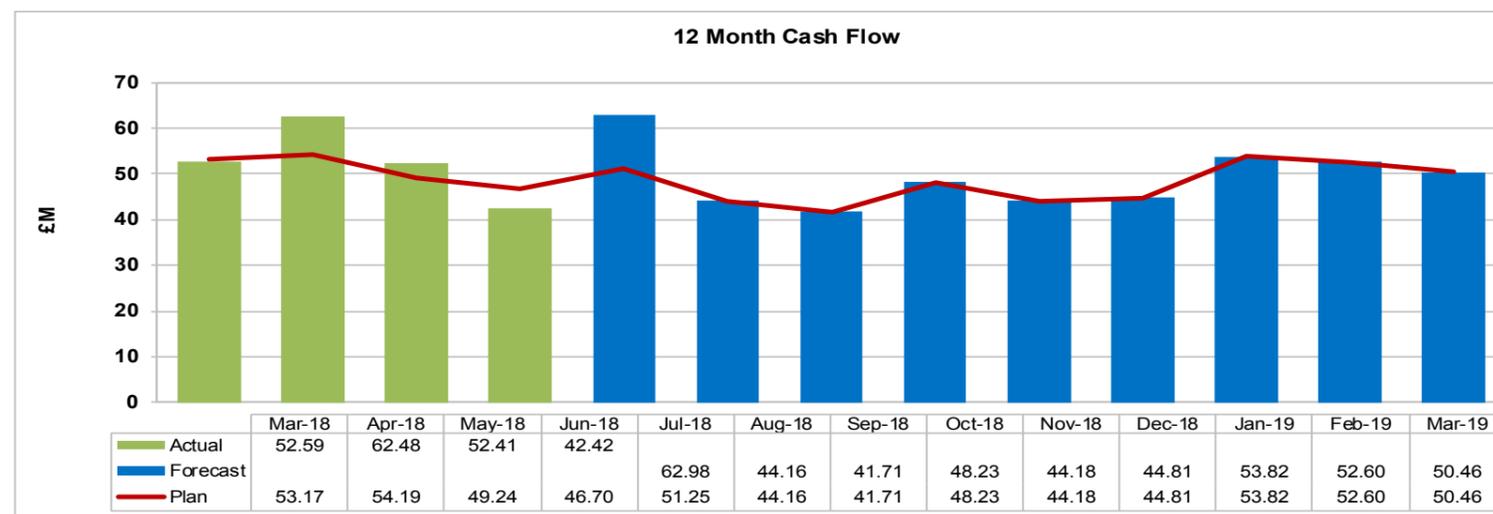
#### Comments

Under the Use of Resources Rating (UORR) the Trust is performing in line with plan for all areas of measurement.

As the Trust did not score a "4" in any of its risk ratings, the override does not apply and the Trust achieved a UORR rating of "2" in line with plan.

#### Cash Flow Comments RAG rating

The cash balance at the end of month 3 is £42.42m which is £4.27m lower than plan of £46.69m. The main drivers of this decrease are a decrease in cash flows from operating activities of £(0.19)m a decrease in capital expenditure on a cash basis of £9.35m (mainly due to delays in some projects) and a decrease in working capital compared to plan of £(13.43)m. The Trust is currently planning to achieve its planned year end cash balance of £50.46m. Currently forecast has been set to plan from August and this will be updated for the whole year next month. The Trust has a number of planned external funding requirements for capital projects which it will start to call upon from the end of Q2.



Cost Improvement Programme (CIPs)						
Theme	In Month			Year to Date		
	Plan £'000	Actual £'000	Var £'000	Plan £'000	Actual £'000	Var £'000
Targeted Specialities	1,062	611	(451)	2,951	1,510	(1,441)
Corporate savings	221	166	(55)	716	486	(230)
Residual % Based Savings	508	508	0	1,525	1,525	0
<b>Trust Total</b>	<b>1,791</b>	<b>1,285</b>	<b>(506)</b>	<b>5,192</b>	<b>3,521</b>	<b>(1,671)</b>

#### Comments

RAG rating

The Trust has achieved YTD CIPs of £3.52m against an internal target of £5.19m with an adverse variance of £1.67m.

Key drivers for the adverse variance relate to underachieving clinical pay schemes.

Through new schemes identified the trust aims to achieve the target plan.

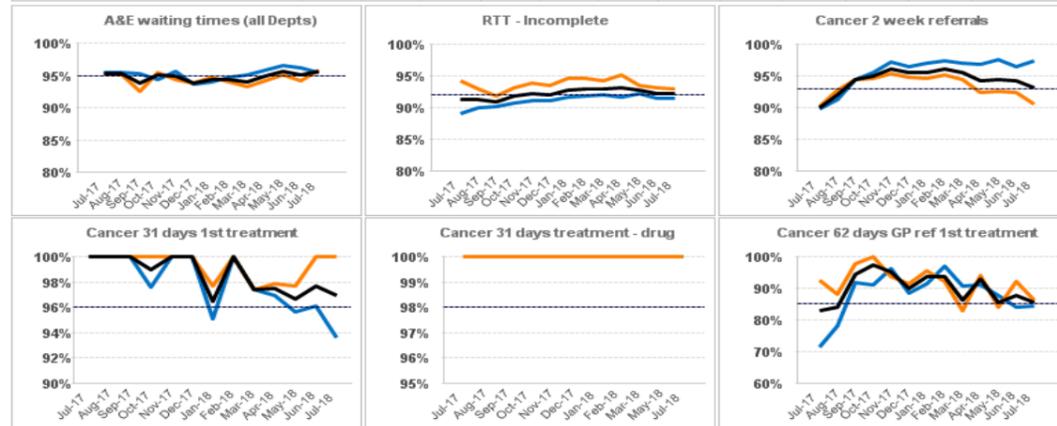


# TRUST PERFORMANCE & QUALITY REPORT

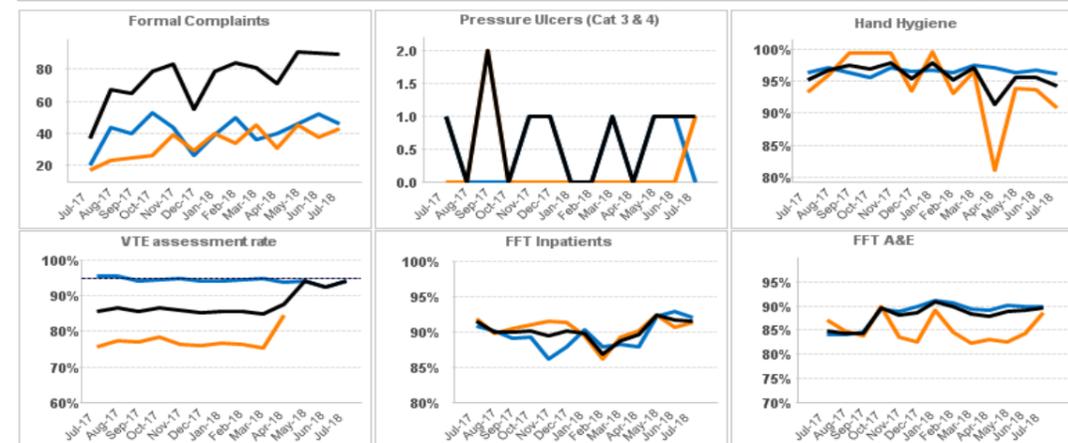
## July 2018



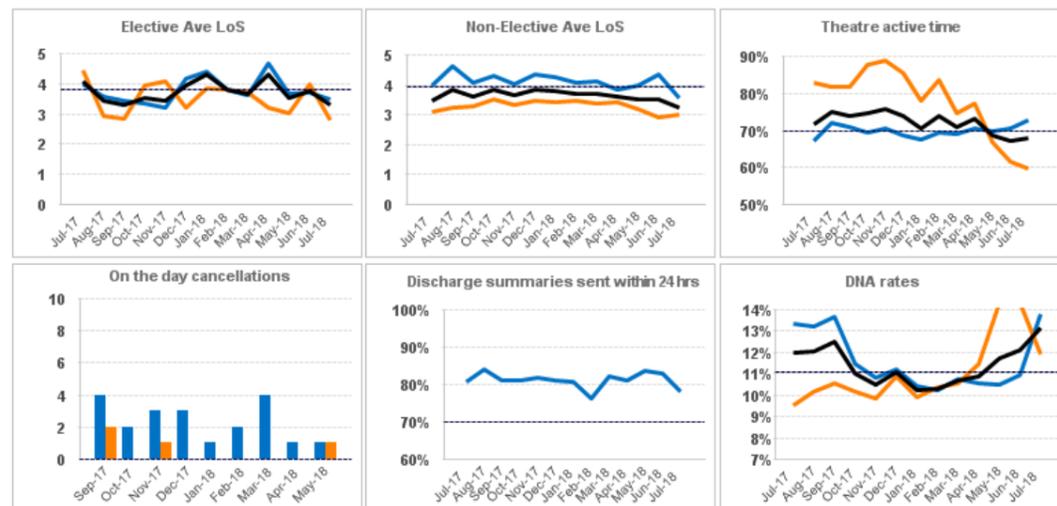
Regulatory Compliance												
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined Trust data: last Quarter, YTD & 13m trend					
Indicator	May-18	Jun-18	Jul-18	May-18	Jun-18	Jul-18	May-18	Jun-18	Jul-18	Quarter	YTD	Trend
A&E waiting times - Types 1 & 3 Depts (Target: >95%)	96.5	96.1	95.5	95.0	94.2	95.8	95.7	95.1	95.6	95.6	95.3	
RTT - Incomplete (Target: >92%)	92.2	91.4	91.6	93.6	93.1	92.9	92.8	92.2	92.2	92.2	92.6	
Cancer 2 week urgent referrals (Target: >93%)	97.6	96.4	97.5	92.5	92.4	90.6	94.5	94.2	93.2	93.2	94.0	
Cancer 2 week Breast symptomatic (Target: >93%)	n/a	n/a	n/a	94.4	89.2	83.6	94.4	89.2	83.6	83.6	90.3	
Cancer 31 days first treatment (Target: >96%)	95.7	96.2	93.6	97.7	100	100	96.7	97.7	97.0	97.0	97.2	
Cancer 31 days treatment - Drug (Target: >98%)	100	n/a	100	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%)	87.7	83.9	84.3	84.1	92.2	86.2	85.7	87.9	85.5	85.5	87.7	
Clostridium difficile infections (Targets: CW: 7, VM: 9, Combined: 16)	0	0	1	1	1	0	1	1	1	1	4	
Average Emergency PreOp LoS	0.50	0.45	0.57	0.83	1.22	0.86	0.66	0.73	0.70	0.70	0.76	
Average Elective PreOp LoS	0.15	0.19	0.09	0.01	0.02	0.07	0.11	0.15	0.09	0.09	0.12	



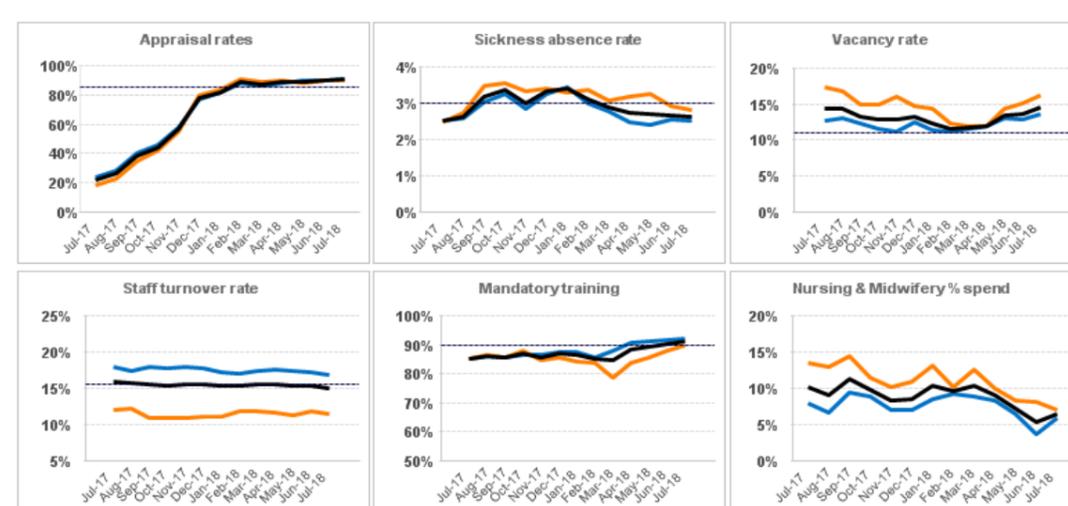
Quality												
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	May-18	Jun-18	Jul-18	May-18	Jun-18	Jul-18	May-18	Jun-18	Jul-18	Quarter	YTD	Trend
Hand Hygiene (Target: >=90%)	96.4	96.7	96.1	93.9	93.8	90.9	95.6	95.7	94.3	94.3	94.3	
Pressure Ulcers (Cat 3 & 4)	1	1	0	0	0	1	1	1	1	1	3	
VTE assessment % (Target: >=95%)	94.0	92.5	94.1				94.0	92.5	94.1	94.1	90.7	
Formal complaints number received	46	52	46	45	38	43	91	90	89	89	341	
Formal complaints responded to <25days	40	43	24	34	25	19	74	68	43	43	236	
Serious Incidents	2	0	3	3	2	5	5	2	8	8	18	
Never Events (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	
FFT - Inpatients recommend % (Target: >90%)	92.3	92.8	92.0	92.5	90.6	91.3	92.4	91.7	91.6	91.6	91.2	
FFT - A&E recommend % (Target: >90%)	90.2	90.0	89.9	82.5	84.4	88.6	88.9	89.1	89.7	89.7	89.0	
Falls causing serious harm	0	0	0	0	0	0	0	0	0	0	0	



Efficiency												
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	May-18	Jun-18	Jul-18	May-18	Jun-18	Jul-18	May-18	Jun-18	Jul-18	Quarter	YTD	Trend
Elective average LoS (Target: <3.8)	3.7	3.7	3.5	3.0	4.0	2.8	3.5	3.8	3.3	3.3	3.7	
Non-Elective average LoS (Target: <3.95)	4.0	4.3	3.6	3.2	2.9	3.0	3.5	3.5	3.3	3.3	3.5	
Theatre active time (Target: >70%)	69.6	70.6	72.9	66.9	61.6	59.9	68.7	67.3	68.0	68.0	69.2	
Discharge summaries sent within 24 hours (Target: >70%)	83.8	83.0	78.3	dev	dev	dev	83.8	83.0	78.3	78.3	81.5	
Outpatient DNA rates (Target: <11.1%)	10.5	10.9	13.8	14.2	14.2	11.9	11.7	12.1	13.1	13.1	12.0	
On the day cancelled operations not re-booked within 28 days (Target: 0)	1	0	0	1	0	0	2	0	0	0	3	



Workforce												
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	May-18	Jun-18	Jul-18	May-18	Jun-18	Jul-18	May-18	Jun-18	Jul-18	Quarter	YTD	Trend
Appraisal rates (Target: >85%)	90.4	89.6	90.5	87.8	89.8	90.1	89.4	89.7	90.4	90.4	89.6	
Sickness absence rate (Target: <3%)	2.42	2.55	2.52	3.25	2.93	2.80	2.70	2.68	2.61	2.61	2.68	
Vacancy rates (Target: CW<12%; VM<10%)	13.1	12.8	13.7	14.3	15.1	16.2	13.5	13.6	14.6	14.6	14.6	
Turnover rate (Target: CW<18%; VM<11.5%)	17.3	17.2	16.9	11.3	11.9	11.5	15.3	15.4	15.1	15.1	15.1	
Mandatory training (Target: >90%)	91.1	91.6	92.0	85.8	87.8	89.7	89.1	90.2	91.2	91.2	89.7	
Bank and Agency spend (£k)	£2,311	£2,398	£3,035	£2,312	£2,154	£2,282	£4,623	£4,552	£5,317	£5,317	£19,541	
Nursing & Midwifery: Agency % spend of total pay (Target: tbc)	6.4	3.6	6.0	8.3	8.2	7.1	7.1	5.4	6.4	6.4	7.0	





## NHSI Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		May-18	Jun-18	Jul-18	2018-2019	May-18	Jun-18	Jul-18	2018-2019	May-18	Jun-18	Jul-18	2018-2019 Q2	2018-2019	Trend charts	
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	96.5%	96.1%	95.5%	96.0%	95.0%	94.2%	95.8%	94.8%	95.7%	95.1%	95.6%	95.6%	95.3%		-
RTT	18 weeks RTT - Admitted (Target: >90%)	75.4%	73.5%	76.1%	74.9%	86.3%	74.1%	71.7%	81.3%	79.8%	73.8%	74.2%	74.2%	78.1%		!
	18 weeks RTT - Non-Admitted (Target: >95%)	94.9%	94.7%	93.7%	94.4%	90.5%	91.1%	88.1%	90.1%	93.6%	93.4%	91.6%	91.6%	92.9%		!
	18 weeks RTT - Incomplete (Target: >92%)	92.2%	91.4%	91.6%	91.7%	93.6%	93.1%	92.9%	93.6%	92.8%	92.2%	92.2%	92.2%	92.6%		-
Cancer <small>(Please note that all Cancer indicators show interim, unvalidated positions for the latest month (Jul-18) in this report)</small>	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	97.6%	96.4%	97.5%	97.0%	92.5%	92.4%	90.6%	91.9%	94.5%	94.2%	93.2%	93.2%	94.0%		!
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	n/a	94.4%	89.2%	83.6%	90.3%	94.4%	89.2%	83.6%	83.6%	90.3%		-
	31 days diagnosis to first treatment (Target: >96%)	95.7%	96.2%	93.6%	95.5%	97.7%	100%	100%	98.9%	96.7%	97.7%	97.0%	97.0%	97.2%		-
	31 days subsequent cancer treatment - Drug (Target: >98%)	100%	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%)	87.7%	83.9%	84.3%	86.4%	84.1%	92.2%	86.2%	88.6%	85.7%	87.9%	85.5%	85.5%	87.7%		-
62 days NHS screening service referral to first treatment (Target: >90%)	n/a	n/a	n/a	n/a	100%	100%	87.5%	88.0%	100%	100%	87.5%	87.5%	88.0%		-	
Patient Safety	Clostridium difficile infections (Year End Targets: CW: 7; WM: 9; Combined: 16)	0	0	1	1	1	1	0	3	1	1	1	1	4		!
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 4 Hours waiting time - % waiting under 4 hours in the department

The 4hr A&E Target was achieved on both sites in July with a combined performance of 95.6%. This was the highest performance in London and the 13<sup>th</sup> highest performance nationally.

Attendances to A&E continue to increase, with a 5% growth compared to July 2017.

#### 18 weeks RTT – Incomplete pathways % under 18 weeks

RTT Performance was maintained in July, with the Trust again meeting the national target as it has for each month in 2018/2019

#### 2 weeks from referral to first appointment all Breast symptomatic referral

Non-Compliant: due to an Administration issue, identified and resolved. This involved the failure to check the ASI list for breast symptomatic and reduced visibility in Cerner (the PAS system used at West Middlesex) due to Breast TWR not being separated by symptomatic and suspected cancer. It is expected that the Trust will return to compliance in August.

#### Cancer - 62 days NHS screening service referral to first treatment

Non-compliant: single breach in breast service. Surgery was planned on target, however with a mammogram machine breakdown the patient was moved outside of the breach date by 9 days.

#### All other Cancer indicators

The Trust achieved the required standard in July for all other cancer metrics



## Safety Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months Trend charts	
		May-18	Jun-18	Jul-18	2018-2019	May-18	Jun-18	Jul-18	2018-2019	May-18	Jun-18	Jul-18	2018-2019 Q2	2018-2019		
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%)	96.4%	96.7%	96.1%	96.6%	93.9%	93.8%	90.9%	89.9%	95.6%	95.7%	94.3%	94.3%	94.3%		-
Incidents	Number of serious incidents	2	0	3	5	3	2	5	13	5	2	8	8	18		-
	Incident reporting rate per 100 admissions (Target: >8.5)	7.4	8.2	8.7	7.9	9.0	9.0	9.6	9.4	8.2	8.6	9.1	9.1	8.6		-
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions (Target: 0)	0.03	0.00	0.03	0.01	0.00	0.02	0.02	0.01	0.02	0.01	0.02	0.02	0.01		!
	Medication-related (NRLS reportable) safety incidents per 100,000 FCE bed days (Target: >=280)	495.27	514.39	496.16	510.33	166.46	280.80	319.20	248.75	327.89	405.31	404.36	404.36	380.11		-
	Medication-related (NRLS reportable) safety incidents % with harm (Target: <=12%)	16.7%	10.1%	9.7%	11.6%	8.7%	15.2%	18.6%	14.7%	14.6%	11.8%	13.3%	13.3%	12.6%		-
	Never Events (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0		-
Harm	Safety Thermometer - Harm Score (Target: >90%)	95.6%	94.6%	97.2%	96.3%	93.5%	97.7%	90.7%	94.2%	94.2%	96.4%	93.5%	93.5%	95.1%		-
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	1	1	0	2	0	0	1	1	1	1	1	1	3		-
	NEVS compliance %	98.0%	96.7%	100.0%	97.5%	98.7%	97.7%	100.0%	98.4%	98.3%	97.1%	100.0%	100.0%	97.9%		-
	Safeguarding adults - number of referrals	17	25	32	99	4	7	15	43	21	32	47	47	142		-
	Safeguarding children - number of referrals	22	26	42	118	37	54	36	190	59	80	78	78	308		-
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	35	31	37	138	56	50	62	224	91	81	99	99	362		-
	Number of hospital deaths - Paediatric	0	0	1	2	0	0	0	0	0	0	1	1	2		-
	Number of hospital deaths - Neonatal	1	3	2	9	0	1	0	1	1	4	2	2	10		-
	Number of deaths in A&E - Adult	1	1	3	7	3	7	8	23	4	8	11	11	30		-
	Number of deaths in A&E - Paediatric	0	0	0	0	0	1	0	2	0	1	0	0	2		-
	Number of deaths in A&E - Neonatal	0	1	0	1	0	0	0	0	0	1	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

#### Number of serious incidents

There were 8 Serious Incidents were reported during July; compared to 2 reported in June.

5 of the incidents occurred at the West Middlesex site with the remaining 3 at the Chelsea 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 8.6% in July (compared to 8.4% in June); marginally higher than the target of 8.5%. Higher reporting rates are associated with a more positive safety culture.

**Trust commentary continued****Rate of patient safety incidents resulting in severe harm or death**

4 incidents recorded as resulting in patient death, of which 3 have been declared as a serious incident, and referred to within the SI report. The remaining 1 incident is linked to a complaint and is currently being investigated.

3 incidents recorded as resulting in severe harm, of which 2 have been declared as serious incidents (one external and one internal). The remaining incident will relate to an unexpected/rarely occurring event, rather than an error or omission in care. This will be presented at the specialty mortality review meeting where learning opportunities may be identified.

**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 404/100,000 FCE bed days in July 2018. This is higher than the Trust target of 280/100,000. There were 496 and 319 medication-related incidents per 100,000 FCE bed days at the Chelsea and West Middlesex sites respectively. The West Middlesex rate has continued to improve month on month.

At the Chelsea site, there was a slight decrease in reporting of medication incidents in July compared to June.

**Medication-related (reported) safety incidents % with harm**

The Trust had 13% medication-related safety incidents with harm in July 2018. This figure is higher than the previous month (11.8%) and is above the Carter dashboard National Benchmark (10.3%). The year to date figure is 12.6%.

There were 16 incidents with low harm, 7 at the Chelsea site and 9 at West Middlesex.

- Themes: Chelsea site (low harm): Omitted doses of antimicrobial therapy due to no intravenous access and no escalation/notification to medical staff; omission of supportive care for chemotherapy regimen; unsigned administration of medications; incorrect route of administration for streptokinase; analgesia not administered; delayed administration of a critical medicine (co-beneldopa); omitted insulin administration; and disconnected TPN bag.
- Themes: West Middlesex site (low harm): Incorrect medication used as a flush; co-prescribing of interacting medications leading to reduced seizure threshold; incorrect prescribing of tinzaparin dose; administration of medications when not prescribed; discharge summary with medications not updated and lack of communication to pharmacy to update dispensed TTA medications resulting in continued medication on discharge when stopped during admission; incorrect instructions labelled on medication; and unavailability of medication with no interim management requiring medication re-titration.

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

**Medication-related safety incidents**

71 Medication-related incidents were reported at the Chelsea site compared to the 58 such incidents at West Middlesex.

The Medication Safety Group is working to increase the reporting of medication related incidents particularly no harm and near miss incidents.

**Incidence of newly acquired category 3 & 4 pressure ulcers**

These are referred to within table 2 of the Serious Incident report prepared for the Trust Board.

**NEWS compliance %**

The Trust has recently moved to a monthly audit of its National Early Warning Score compliance and have achieved 100% on both sites, having consistently scored 95% previously. The aim is to sustain this performance over the coming months.



## Patient Experience Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		May-18	Jun-18	Jul-18	2018-2019	May-18	Jun-18	Jul-18	2018-2019	May-18	Jun-18	Jul-18	2018-2019 Q2	2018-2019	Trend charts	
Friends and Family	FFT: Inpatient recommend % (Target: >90%)	92.3%	92.8%	92.0%	91.5%	92.5%	90.6%	91.3%	91.0%	92.4%	91.7%	91.6%	91.6%	91.2%		-
	FFT: Inpatient not recommend % (Target: <10%)	4.6%	3.1%	4.2%	4.3%	3.1%	4.0%	3.6%	3.6%	3.8%	3.6%	3.9%	3.9%	3.9%		-
	FFT: Inpatient response rate (Target: >30%)	44.4%	49.0%	45.6%	43.3%	45.6%	34.7%	39.5%	44.8%	45.0%	40.3%	41.9%	41.9%	44.2%		-
	FFT: A&E recommend % (Target: >90%)	90.2%	90.0%	89.9%	89.8%	82.5%	84.4%	88.6%	85.0%	88.9%	89.1%	89.7%	89.7%	89.0%		!
	FFT: A&E not recommend % (Target: <10%)	5.9%	6.1%	5.9%	6.2%	11.3%	9.4%	5.8%	8.2%	6.8%	6.6%	5.9%	5.9%	6.6%		-
	FFT: A&E response rate (Target: >30%)	20.3%	22.4%	21.0%	20.5%	15.7%	17.2%	19.4%	16.8%	19.4%	21.4%	20.7%	20.7%	19.7%		!
	FFT: Maternity recommend % (Target: >90%)	90.7%	91.4%	92.4%	91.8%	96.6%	95.6%	95.3%	95.4%	92.5%	92.3%	93.0%	93.0%	92.7%		-
	FFT: Maternity not recommend % (Target: <10%)	6.3%	5.5%	3.6%	4.8%	1.7%	2.9%	3.5%	2.7%	4.9%	4.9%	3.6%	3.6%	4.3%		-
	FFT: Maternity response rate (Target: >30%)	24.9%	24.0%	26.4%	23.6%	32.7%	19.5%	21.4%	25.0%	26.8%	22.9%	25.3%	25.3%	23.9%		!
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	46	52	46	184	45	38	43	157	91	90	89	89	341		-
	Complaints formal: Number responded to < 25 days	40	43	24	138	34	25	19	98	74	68	43	43	236		-
	Complaints (informal) through PALS	112	125	175	527	106	102	50	350	218	227	225	225	877		-
	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	0	0	0	0	0	0	0		-

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

#### Friends and Family Test

##### Inpatients

The Inpatient areas of the Trust continue to exceed the 30% response rate and 90% recommendation score.

##### Emergency Department

There have been improvements in both sites with the recommendation scores, with more work needed on the response rates to meet the Trust target of 30%. Both sites remain significantly above the 12.5% national average.

##### Maternity Services

Continue to exceed the 90% recommendation score and whilst there has been improvement at both sites in regards to the response rate there is still work to be undertaken to move this to the 30% trust target.

##### Same sex accommodation

There continues to be no same sex accommodation breaches

##### Complaints

There continues to be a reduction in the number of complaints received by the Trust throughout the first quarter of 2018-19. As a Trust quality priority there has been an improvement in compliance against the 25 working day target and for June compliance was 93% and July 88% against a target of 90%. The Trust quality committee receive a monthly report giving analysis of complaints performance and themes, trends and learning from complaints. There continue to be no cases upheld by the ombudsman service this year.



## Efficiency & Productivity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		May-18	Jun-18	Jul-18	2018-2019	May-18	Jun-18	Jul-18	2018-2019	May-18	Jun-18	Jul-18	2018-2019 Q2	2018-2019	Trend charts	
Admitted Patient Care	Average length of stay - elective (Target: <2.9)	3.68	3.70	3.47	3.88	3.03	4.01	2.80	3.25	3.53	3.77	3.31	3.31	3.73		-
	Average length of stay - non-elective (Target: <3.95)	3.98	4.33	3.58	3.93	3.19	2.92	3.02	3.13	3.51	3.51	3.25	3.25	3.47		-
	Emergency care pathway - average LoS (Target: <4.5)	4.47	4.96	4.01	4.51	3.71	3.36	3.41	3.59	3.97	3.91	3.62	3.62	3.92		-
	Emergency care pathway - discharges	209	211	225	858	399	403	418	1537	609	614	643	643	2395		-
	Emergency re-admissions within 30 days of discharge (Target: <7.6%)	3.97%	3.59%	3.96%	3.85%	10.34%	10.95%	12.08%	10.42%	7.01%	7.14%	7.82%	7.82%	6.95%		!
	Non-elective long-stayers	412	417	443	1705	312	304	368	1374	724	721	811	811	3079		-
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	82.0%	81.4%	91.3%	84.0%	86.8%	86.7%	84.1%	86.8%	83.7%	83.2%	88.9%	88.9%	85.0%		-
	Operations canc on the day for non-clinical reasons: actuals	15	8	7	50	1	12	16	32	16	20	23	23	82		-
	Operations cancel on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.51%	0.28%	0.24%	0.43%	0.08%	0.91%	1.34%	0.61%	0.38%	0.48%	0.56%	0.56%	0.49%		-
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	1	0	0	2	1	0	0	1	2	0	0	0	3		-
	Theatre active time (Target: >70%)	69.6%	70.6%	72.9%	71.0%	66.9%	61.6%	59.9%	66.1%	68.7%	67.3%	68.0%	68.0%	69.2%		!
	Theatre booking conversion rates (Target: >80%)	85.6%	85.6%	85.9%	85.4%	92.7%	93.8%	93.9%	90.4%	88.1%	88.5%	88.6%	88.6%	87.2%		-
Outpatients	First to follow-up ratio (Target: <1.5)	1.47	1.43	1.40	1.47	1.33	1.43	1.42	1.36	1.37	1.43	1.42	1.42	1.39		-
	Average wait to first outpatient attendance (Target: <6 wks)	6.9	6.6	6.7	6.7	7.1	6.6	5.8	6.6	7.0	6.6	6.3	6.3	6.7		!
	DNA rate: first appointment	11.3%	11.9%	14.1%	12.1%	13.8%	14.3%	11.6%	12.9%	12.4%	13.0%	13.0%	13.0%	12.4%		-
	DNA rate: follow-up appointment	10.2%	10.6%	13.7%	11.2%	14.4%	14.1%	12.2%	12.9%	11.4%	11.7%	13.2%	13.2%	11.8%		-

Please note the following

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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

#### Elective average length of stay

We have seen an overall improvement in LOS during month of July due to better communication within the multidisciplinary team and through daily focus at bed meetings. Work continues to achieve compliance with newly agree LOS target of 2.9d (reduction from 3.7d).

#### Non-Elective and Emergency average length of stay

July has seen a strong improvement at Chelsea site, with this indicator remaining 'green' overall. Recent reviews confirm that the Trust benchmarks well (top quartile) when compared with peer group hospitals for Non-Elective LOS, but within Care of the Elderly and Stroke, there remains an opportunity to improve further at both hospitals; plans are being implemented around this to ensure delivery ahead of winter 18/19. This work is being tracked via the system-wide A&E Delivery Board.

#### Procedures carried out as Daycases - basket of 25 procedures

July saw a 10% rise in Daycase rates at the Chelsea site but a slight fall at West Middlesex which saw the latter drop below the 85% target by 0.9%. This was primarily due to the high number of cancellations on the day (16) and the higher than normal number of DNAs (14)

#### On the day non-clinical hospital cancellations as a % of Elective admissions

There were 7 such cancellations at the Chelsea site maintaining a trajectory of falling numbers. There were, however, 16 at West Middlesex, the reasons being: list overrun (7), staffing (5), missing notes (2) and equipment (2)

#### Theatre Active Time

There are currently Data Quality issues with the reporting of this indicator at West Middlesex. These are being actively investigated.



## Clinical Effectiveness Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		May-18	Jun-18	Jul-18	2018-2019	May-18	Jun-18	Jul-18	2018-2019	May-18	Jun-18	Jul-18	2018-2019 Q2	2018-2019	Trend charts
Best Practice	Dementia screening case finding (Target: >90%)	93.1%	81.6%	83.8%	87.6%	76.2%	73.5%	89.4%	84.8%	86.8%	79.1%	86.0%	86.0%	86.6%	
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	93.3%	94.1%	90.9%	95.0%	87.5%	100.0%	93.3%	86.9%	89.7%	96.3%	92.3%	92.3%	90.9%	
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	100.0%	100.0%	100.0%	100.0%	90.0%	100.0%	83.3%	91.7%	95.7%	100.0%	91.4%	91.4%	95.6%	
VTE	VTE: Hospital-acquired (Target: tbc)					0	0	0	0	0	0	0	0	0	
	VTE risk assessment (Target: >95%)	94.0%	92.5%	94.1%	93.6%				84.7%	94.0%	92.5%	94.1%	94.1%	90.7%	
TB Care	TB: Number of active cases identified and notified	7	2	3	12	3	4	5	15	10	6	8	8	27	
	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

#### Fractured Neck of Femur patients in Theatre within 36 hours when medically fit

##### Chelsea Site

One patient who was medically fit for theatre was delayed beyond 36hours. There was no capacity to operate on Sunday 22<sup>nd</sup> July due to unavailability on the emergency list; there being multiple general surgery and gynaecology bleeding cases. On Monday 23<sup>rd</sup> July the patient was brought to theatre; however, prior to anaesthetic it was noted that both kits were unfit for use. The patient was operated on later that afternoon.

##### West Middlesex Site

As at Chelsea, there was one patient who was medically fit not in Theatre within the requisite 36 hours. This was due to an equipment issue. The patient was operated on within 48 hours.



## Access Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		May-18	Jun-18	Jul-18	2018-2019	May-18	Jun-18	Jul-18	2018-2019	May-18	Jun-18	Jul-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%)	98.52%	99.33%	98.85%	98.87%	98.67%	99.26%	99.33%	98.71%	98.61%	99.28%	99.15%	99.15%	98.77%	-
	Diagnostic waiting times >6 weeks: breach actuals	40	18	32	130	52	39	30	241	92	57	62	62	371	-
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	8.7%	9.5%	9.1%	9.0%	7.8%	8.1%	8.6%	8.2%	8.4%	9.1%	8.9%	8.9%	8.7%	!
	A&E time to treatment - Median (Target: <60')	01:06	01:10	01:09	01:07	00:45	00:48	00:47	00:47	01:00	01:04	01:02	01:02	01:01	!
	London Ambulance Service - patient handover 30' breaches	9	12	13	42	63	56	30	189	72	68	43	43	231	-
	London Ambulance Service - patient handover 60' breaches	0	0	0	0	0	2	0	2	0	2	0	0	2	-
Choose and Book (available to May-18 only for issues)	Choose and book: appointment availability (average of daily harvest of unused slots)	1483	1629	1172	1407	0	0	0	0	1483	1629	1172	1172	1407	-
	Choose and book: capacity issue rate (ASI)														-
	Choose and book: system issue rate	123	108	133	121										-

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

#### RTT Incomplete pathways – patients waiting >52 weeks at month end

Once again, there are no reportable 52 week waiters

#### Diagnostic waiting times <6 weeks: %

There was a drop of 0.5% at Chelsea in July compared to June. This was mitigated by a continuing strong performance at West Middlesex which meant the metric across the Trust met the 99% target in July.

#### Diagnostic waiting times <6 weeks: breach actuals

Endoscopy on both sites was the main area where patients breached the 6 week wait at the end of July. 31 out of the 32 breaches at the Chelsea site were in Endoscopy with 24 of these being in Cystoscopy. On the West Middlesex site there were 22 Endoscopy breaches: 11 in Cystoscopy and 10 in Gastroscopy making up the vast majority

#### A&E LAS 30 min handover breaches

July saw a significant improvement in the number of 30 minute ambulance handover breaches on the West Middlesex site with an almost 50% drop in breaches compared to June. The Chelsea site saw 13 breaches which remained slightly higher than the monthly average year-to-date

#### A&E LAS 60 min handover breaches

After the 2 breaches of the 60 minute handover target in June, this metric once again returned to zero breaches.



## Maternity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		May-18	Jun-18	Jul-18	2018-2019	May-18	Jun-18	Jul-18	2018-2019	May-18	Jun-18	Jul-18	2018-2019 Q2	2018-2019	Trend charts	
Birth indicators	Total number of NHS births	455	449	526	1909	377	375	410	1533	832	824	936	936	3442		-
	Total caesarean section rate (C&W Target: <27%; WM Target: <29%)	31.1%	34.0%	33.2%	34.4%	29.0%	26.0%	30.5%	28.4%	30.1%	30.4%	32.0%	32.0%	31.7%		!
	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%)	93.8%	98.6%	98.6%	97.1%	98.4%	100.0%	95.6%	97.9%	95.9%	99.2%	97.3%	97.3%	97.4%		-
Safety	Admissions of full-term babies to NICU	15	16	19	62	n/a	n/a	n/a	n/a	15	16	19	19	62		-
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

#### Total number of NHS births

July saw the highest number of births at the trust in 2018/19. The Chelsea site was 47 births above plan, whilst the West Middlesex site was 12 births below plan.

#### Total caesarean section rate

The Caesarean section rate for the Chelsea site remains high at 33.2% (elective and emergency). Unvalidated data suggests there has been a reduction in elective caesareans from June down from 19% to 14%. The Caesarean section rate at West Middlesex has increased to 30.5% with unvalidated data suggesting this has been driven by acuity and emergency caesareans.

#### Maternity 1:1 care in established labour

The 1:1 care reporting is improving so that women who attend in labour are offered 1:1 care whilst in established labour. Data such as births before arrival to hospital are removed from this data reporting so that a true picture of care offered is now captured within the system.

Data for West Middlesex site reports 100% of women offered 1:1 care. The dedicated midwifery teams are improving the experience for women and this is also impacting on the normal birth rate at home, with some women reporting improved confidence to birth at home.



## Workforce Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		May-18	Jun-18	Jul-18	2018-2019	May-18	Jun-18	Jul-18	2018-2019	May-18	Jun-18	Jul-18	2018-2019 Q2	2018-2019	Trend charts	
Staffing	Vacancy rate (Target: CW <12%; WM <10%)	13.1%	12.8%	13.7%	13.7%	14.3%	15.1%	16.2%	16.2%	13.5%	13.6%	14.6%	14.6%	14.6%		!
	Staff Turnover rate (Target: CW <18%; WM <11.5%)	17.3%	17.2%	16.9%	16.9%	11.3%	11.9%	11.5%	11.5%	15.3%	15.4%	15.1%	15.1%	15.1%		-
	Sickness absence (Target: <3%)	2.4%	2.5%	2.5%	2.5%	3.2%	2.9%	2.8%	3.0%	2.7%	2.7%	2.6%	2.6%	2.7%		-
	Bank and Agency spend (£ks)	£2,311	£2,398	£3,035	£10,396	£2,312	£2,154	£2,282	£9,145.3	£4,623	£4,552	£5,317	£5,317	£19,541		-
	Nursing & Midwifery Agency: % spend of total pay (Target: tbc)	6.4%	3.6%	6.0%	6.1%	8.3%	8.2%	7.1%	8.4%	7.1%	5.4%	6.4%	6.4%	7.0%		-
Appraisal rates	% of Performance & Development Reviews completed - medical staff (Target: >85%)	87.7%	90.4%	93.1%	88.6%	84.0%	84.0%	86.0%	84.5%	86.2%	87.8%	90.2%	90.2%	87.0%		-
	% of Performance & Development Reviews completed - non-medical staff (Target trajectory: >60%)	91.0%	89.5%	90.2%	90.2%	87.8%	91.0%	90.9%	90.9%	89.9%	90.0%	90.4%	90.4%	90.4%		-
Training	Mandatory training compliance (Target: >90%)	91.1%	91.6%	92.0%	91.4%	85.8%	87.8%	89.7%	86.7%	89.1%	90.2%	91.2%	91.2%	89.7%		!
	Health and Safety training (Target: >90%)	95.6%	95.8%	96.5%	96.0%	93.4%	94.3%	94.8%	93.7%	94.8%	95.3%	95.9%	95.9%	95.2%		-
	Safeguarding training - adults (Target: 90%)	93.9%	94.5%	94.5%	94.4%	92.9%	93.8%	94.1%	93.3%	93.5%	94.2%	94.3%	94.3%	94.0%		-
	Safeguarding training - children (Target: 90%)	92.9%	93.5%	94.4%	93.3%	91.8%	92.6%	93.7%	92.0%	92.5%	93.2%	94.2%	94.2%	92.8%		-

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
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### Trust commentary

#### Workforce Commentary July 2018 Figures

##### Staff in Post

In July we employed 5428 whole time equivalent (WTE) people on substantive contracts, 23 WTE more than last month.

##### Turnover

Our voluntary turnover rate was 15.07%, 0.3% lower than last month. Voluntary turnover is 16.88% at Chelsea and 11.54% at West Middlesex.

##### Vacancies

Our general vacancy rate for July was 14.7%, which is 0.95% higher than last month. The vacancy rate is 16.21% at West Middlesex and 13.7% at Chelsea.

##### Sickness Absence

Sickness absence in the month of July was 2.61%, 0.07% lower than May.

##### 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 90.23%.

The rolling annual appraisal rate for medical staff was 90.42%, 0.41% 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		
		May-18	Jun-18	Jul-18	2018-2019	YTD breaches	May-18	Jun-18	Jul-18	2018-2019	YTD breaches	May-18	Jun-18	Jul-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	87.5%	100%	100%	92.3%	1.5	100%	100%	92.9%	90.0%	1.5	90.0%	100%	95.5%	95.5%	91.3%	3		-
	Gynaecological	75.0%	80.0%	100%	76.9%	1.5	33.3%	80.0%	83.3%	71.4%	3	57.1%	80.0%	87.5%	87.5%	73.5%	4.5		!
	Haematological	n/a	100%	n/a	100%	0	81.8%	66.7%	100%	84.0%	2	81.8%	80.0%	100%	100%	86.2%	2		-
	Head and neck	100%	100%	0.0%	85.7%	0.5	66.7%	100%	n/a	72.7%	1.5	75.0%	100%	0.0%	0.0%	77.8%	2		-
	Lung	n/a	100%	n/a	100%	0	100%	50.0%	50.0%	66.7%	1	100%	75.0%	50.0%	50.0%	75.0%	1		-
	Sarcoma	n/a	n/a	n/a	n/a		100%	n/a	n/a	100%	0	100%	n/a	n/a	n/a	100%	0		-
	Skin	85.0%	100%	92.3%	92.0%	2	75.0%	100%	100%	95.5%	0.5	83.3%	100%	94.7%	94.7%	93.1%	2.5		-
	Upper gastrointestinal	100%	0.0%	0.0%	66.7%	1	80.0%	100%	100%	92.9%	0.5	85.7%	75.0%	75.0%	75.0%	85.0%	1.5		-
	Urological	92.3%	53.3%	77.3%	79.1%	7	76.5%	94.1%	71.9%	84.4%	7	83.3%	75.0%	74.1%	74.1%	82.2%	14		!
	Urological (Testicular)	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			-
	Site not stated	n/a	100%	100%	100%	0	100%	n/a	100%	100%	0	100%	100%	100%	100%	100%	0		-

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 unvalidated breaches in July by Tumour site are as follows:

Note that a pathway can be shared between organisations hence the fractions of a breach

- Colorectal / Lower GI: WMUH: 0.5 of a breach of 7 patients treated
- Gynaecological: WMUH: 0.5 of a breach of 3 patients treated
- Head and Neck: C&W: 0.5 of a breach of 0.5 patients treated
- Lung: WMUH: 0.5 of a breach of 1 patient treated
- Skin: C&W: 0.5 of a breach of 6.5 patients treated
- Upper Gastrointestinal: C&W: 0.5 of a breach of 0.5 patients
- Urological: C&W: 2.5 breaches of 11 patients treated  
WMUH: 4.5 breaches of 16 patients treated

All other pathways on both sites were treated within the 62 day target



## CQUIN Dashboard

July 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	Amber
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	Amber
B.2	Sepsis (antibiotic administration and review) - ED & Inpatient	Medical Director	Amber
B.3	Anti-microbial Resistance - review	Medical Director	Amber
B.4	Anti-microbial Resistance - reduction in antibiotic consumption	Medical Director	Amber
C.1	Improving services for people with mental health needs who present to A&E	Chief Operating Officer	Amber
D.1	Offering Advice and guidance for GPs	Chief Operating Officer	Green
E.1	Preventing ill health through harmful behaviours - alcohol and tobacco consumption	Deputy Chief Executive	Amber

### 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 Therapy	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	Amber
N1.6	Dental Schemes - recording of data, participation in referral management & participatio	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 NHS England schemes) 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.

#### 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 achievements of last year are unlikely to be matched, there will be only limited financial risk associated with the schemes.

#### 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 continues with the Commissioner about shaping the Neonatal Community Outreach scheme to ensure that it meets mutual aims.

#### 2018/19 CQUIN Performance - Full Year Achievement

The Trust achieved an aggregate result of 92.5% for the Specialised Services schemes. The aggregate result for the CCG schemes was 89.7% (including the STP and risk reserve elements).



## 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	91.5%	95.7%	99.6%	83.1%	9.9	3.8	13.7	13.0
Annie Zunz	100.8%	89.1%	101.6%	93.5%	5.6	2.2	7.8	8.6
Apollo	98.1%	93.8%	98.1%	100.0%	17.9	3.5	21.5	
Jupiter	109.5%	69.2%	109.6%	-	9.9	1.8	11.6	12.6
Mercury	76.0%	85.9%	71.5%	25.8%	6.9	0.8	7.7	8.3
Neptune	80.0%	45.2%	73.4%	0.0%	7.0	0.5	7.5	12.6
NICU	99.8%	-	101.1%	-	12.6	0.0	12.6	
AAU	104.0%	83.7%	99.4%	100.0%	9.4	2.2	11.6	10.8
Nell Gwynn	96.1%	86.5%	131.0%	102.2%	4.0	3.4	7.5	7.8
David Erskine	141.3%	91.1%	128.0%	115.1%	4.0	3.2	7.2	6.4
Edgar Horne	96.9%	99.2%	100.0%	100.0%	3.0	3.3	6.3	7.6
Lord Wigram	94.7%	98.6%	100.0%	100.0%	3.5	2.6	6.1	6.7
St Mary Abbots	90.0%	99.6%	100.0%	102.7%	3.4	2.6	6.1	7.4
David Evans	79.9%	78.5%	91.5%	91.7%	5.6	2.4	7.9	7.4
Chelsea Wing	86.7%	107.4%	104.8%	100.0%	10.7	7.0	17.7	7.4
Burns Unit	98.1%	98.4%	100.0%	100.0%	10.9	5.3	16.1	
Ron Johnson	101.2%	120.6%	105.4%	130.6%	4.7	3.1	7.8	7.9
ICU	100.0%	100.0%	101.9%	-	30.0	0.5	30.6	22.9
Rainsford Mowlem	93.0%	100.0%	111.4%	116.0%	3.3	3.2	6.5	7.8

#### Summary for July 2018

Increased fill rates on Nell Gwynne due to enhanced care for patient with tracheostomy.

High use of RMNs on David Erskine increasing fill rates for qualified nurses.

David Evans showing low fill rates on days as staffing reduced for reduction in elective lists.

Ron Johnson had two patients at very high risk of falls hence enhanced care by HCAs was implemented.

Some beds closed on Jupiter, Mercury and Neptune so fill rates reduced as more annual leave was allowed and vacancies not filled with temporary staff.

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. Kew, Osterley 2, Marble Hill 2 and Syon 2 showing high fill rates for HCAs due to a high number of mobile confused patients at high risk of falls. Staffing reduced on Marble Hill 1 as some beds closed.

#### 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	98.9%	91.9%	91.1%	75.5%	8.2	2.2	10.4	7.8
Lampton	101.3%	104.1%	98.9%	102.8%	2.9	2.6	5.5	7.4
Richmond	97.9%	96.5%	75.9%	61.1%	5.9	3.1	9.0	7.4
Syon 1	105.9%	110.9%	109.8%	127.6%	4.2	2.6	6.8	6.7
Syon 2	105.4%	130.2%	102.5%	169.4%	3.8	3.1	6.9	12.6
Starlight	91.3%	90.9%	93.4%	-	9.7	0.3	10.0	7.8
Kew	128.3%	90.3%	134.2%	145.2%	3.8	3.2	7.0	7.6
Crane	94.1%	99.2%	98.9%	95.2%	3.3	2.7	6.0	7.8
Osterley 1	104.3%	113.7%	108.9%	119.6%	3.0	2.7	5.7	7.8
Osterley 2	100.6%	97.7%	100.8%	193.5%	3.6	3.0	6.6	10.8
MAU	105.7%	82.7%	96.1%	90.3%	7.1	3.2	10.3	6.6
CCU	99.2%	100.0%	100.0%	-	5.5	0.7	6.2	13.0
Special Care Baby Unit	91.2%	-	83.0%	-	7.0	0.0	7.0	12.6
Marble Hill 1	74.4%	87.1%	77.0%	95.2%	3.4	2.7	6.1	7.8
Marble Hill 2	99.4%	120.5%	107.5%	146.8%	3.5	3.8	7.3	8.8
ITU	104.8%	0.0%	98.2%	-	28.6	0.0	28.6	22.9

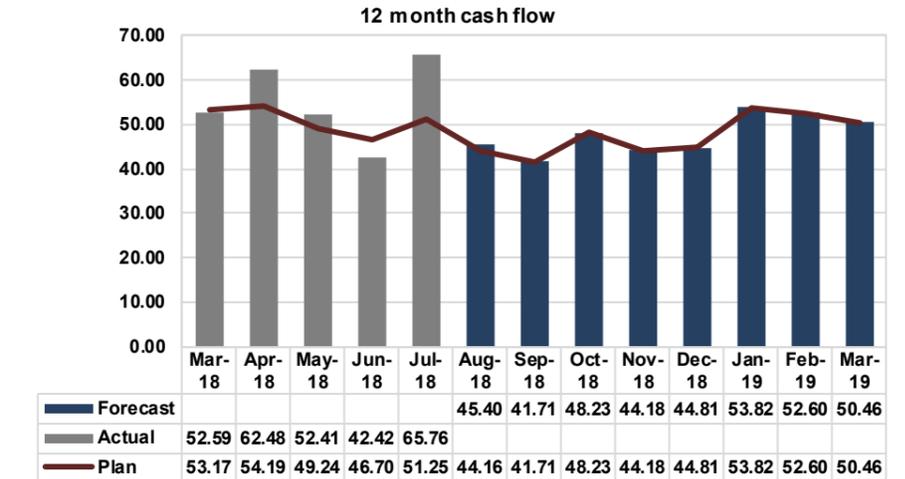
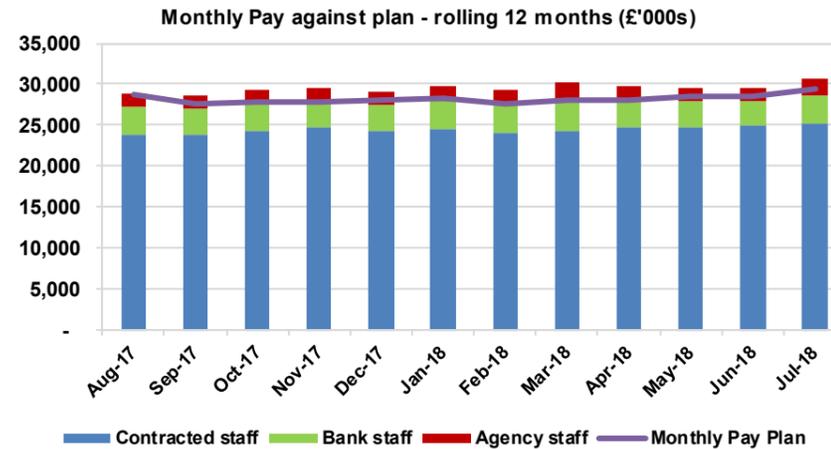


## Finance Dashboard Month 4 2018-19 Integrated Position

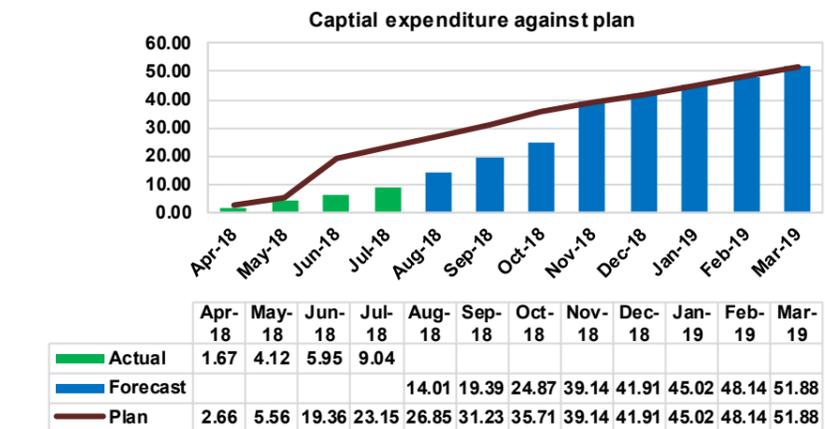
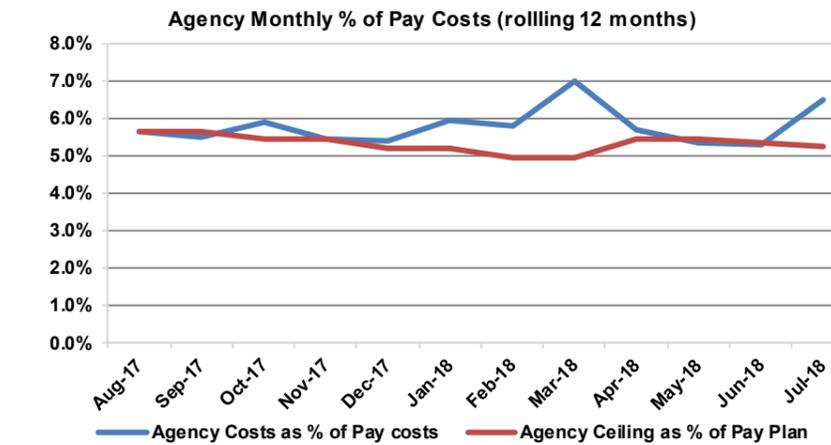
£'000	Combined Trust		
	Plan to Date	Actual to Date	Variance to Date
Income	218,902	218,853	(50)
Expenditure			
Pay	(114,587)	(119,242)	(4,655)
Non-Pay	(91,347)	(87,231)	4,116
<b>EBITDA</b>	<b>12,968</b>	<b>12,381</b>	<b>(588)</b>
EBITDA %	5.92%	5.66%	-0.27%
Depreciation	(6,213)	(5,883)	330
Non-Operational Exp-Inc	(5,521)	(5,374)	147
Surplus/Deficit	1,234	1,124	(110)
Control total Adj - Donated asset, Impairment & Other		149	149
<b>Surplus/Deficit on Control Total basis</b>	<b>1,234</b>	<b>1,273</b>	<b>39</b>

### Comments

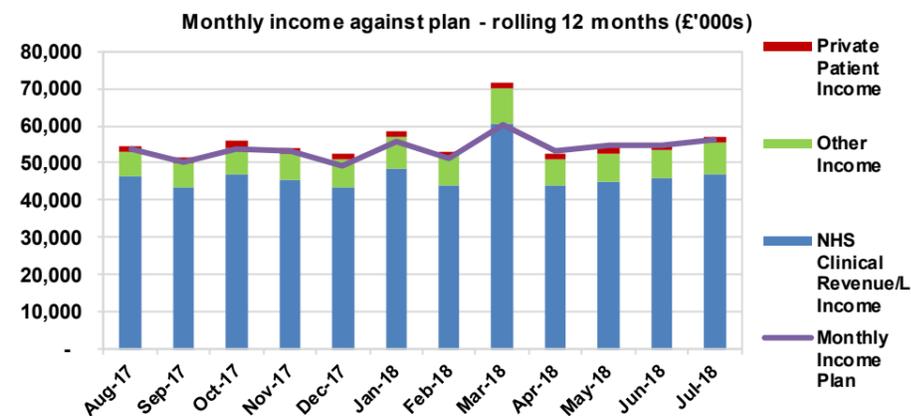
The Trust is reporting a YTD surplus of £1,273k which is £39k favourable against the internal plan on a control total basis. Income is under performing YTD due to adult critical care and NICU, which are categorised as other income on the graph below. Pay is adverse by £4,655k year to date. The Trust continues to use bank and agency staff to cover vacancies, sickness and additional activity. There remains supernumerary staffing to cover new overseas nurses while they train to receive their pins. The largest contributor to this position has been under achievement against CIP targets. Non-pay is £4,116k favourable year to date. Included in this position is a deficit against clinical supplies which is activity driven.



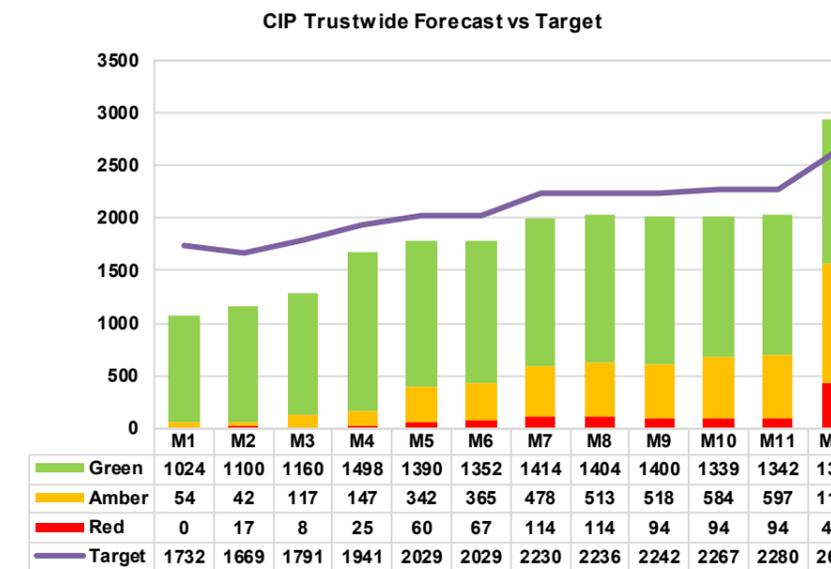
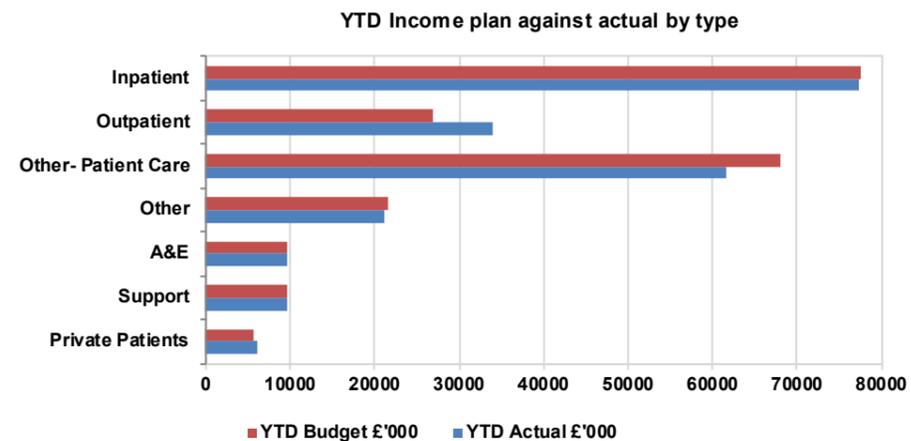
**Comment:** The higher cash balance is mainly due to higher than planned receipt of Sustainability funding (£15m) increased VAT income received from ICHP for prior year salary recharge (£1.2m) offset by an advance payment of EPR costs (£2m).



**Comment:** Underspend against plan, to the end of M4, is mainly due to delays in securing a contractor for the NICU project as well as securing funding arrangements for the Modular Maternity Building



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



Use of Resources rating			BPPC % of bills paid within target			
Rating	Jul-18 YTD Plan	Jul-18 YTD	Year to Date	Current Month %	Previous Month %	Variance %
Capital Service rating	2	2	By number	88.3%	88.0%	0.2%
Liquidity rating	1	1	By value	77.9%	76.4%	1.4%
I&E Margin rating	2	2	Creditor days	114	111	3
I&E distance from plan	1	1	Debtor Days	46	56	-10
Agency rating	1	2				
UORR before override M4	1	2				
UORR after override M4	1	2				

**Comments:** The Trust is performing in line with or better than plan for all areas of measurement of the Use of Resources Rating, except against its agency rating, where YTD expenditure was £6.82m against a ceiling of £6.42m, an adverse variance of £0.4m (6.2%).

**Note:** Creditor days include PDC, tax, national insurance and superannuation creditors, which are excluded from the Better Payment Practice Code (BPPC).



**Council of Governors Meeting, 27 September 2018**

<b>AGENDA ITEM NO.</b>	2.3.1/Sep/18
<b>REPORT NAME</b>	Workforce Performance Report - Month 4
<b>AUTHOR</b>	Natasha Elvidge, Associate Director of HR; Resourcing
<b>LEAD</b>	Sandra Easton, Chief Financial Officer
<b>PURPOSE</b>	The workforce performance report highlights current KPIs and trends in workforce related metrics at the Trust.
<b>SUMMARY OF REPORT</b>	<p><b><u>Staff in Post</u></b></p> <p>In July the trust employed 5428 whole time equivalent (WTE) people on substantive contracts, 23 WTE greater than last month. The trust's substantive workforce has grown by 5.07% (261.95 WTE) over the last twelve months.</p> <p><b><u>Turnover</u></b></p> <p>Our voluntary turnover rate was 15.07%, 0.3% lower than last month. Voluntary turnover is 16.88% at Chelsea and 11.54% at West Middlesex.</p> <p><b><u>Vacancies</u></b></p> <p>Our general vacancy rate for July was 14.6%, which is 0.95% higher than last month. The vacancy rate is 16.21% at West Middlesex and 13.7% at Chelsea. The Corporate division's vacancy rate has increase by 2.3% due to changes in the establishment, in particular the R&amp;D department (11 new posts).</p> <p><b><u>Sickness Absence</u></b></p> <p>Sickness absence in the month of July was 2.61%, 0.07% lower than May.</p> <p><b><u>Agency spend</u></b></p> <p>In July agency spend was £1,557,620 which breached the total target agency spend by 2.1% for the month.</p> <p><b><u>Core training (statutory and mandatory training) compliance</u></b></p> <p>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%. The recent introduction of the single compliance reporting platform (QlikView) has coincided with the trust achieving and increasing its highest level of compliance since the introduction of core training reporting.</p> <p><b><u>Performance and Development Reviews</u></b></p> <p>From April '17 a new PDR process was introduced, specifying date windows for PDR completion according to pay band. A target of 90% was set for all non-medical staff to</p>

	<p>have had a PDR by the end of December. The PDR rate increased by 0.41% in July and now stands at 90.23%.</p> <p>The rolling annual appraisal rate for medical staff was 90.42%, 0.41% higher than last month.</p>
<b>KEY RISKS ASSOCIATED</b>	The need to reduce vacancy and turnover rates.
<b>FINANCIAL IMPLICATIONS</b>	Costs associated with high vacancy and turnover rates and high reliance on agency workers.
<b>QUALITY IMPLICATIONS</b>	Risks associated workforce shortage and instability.
<b>EQUALITY &amp; DIVERSITY IMPLICATIONS</b>	We need to value all staff and create development opportunities for everyone who works for the trust, irrespective of protected characteristics.
<b>LINK TO OBJECTIVES</b>	<ul style="list-style-type: none"> <li>• Excel in providing high quality, efficient clinical services</li> <li>• Improve population health outcomes and develop integrated care</li> <li>• Deliver financial sustainability</li> <li>• Create an environment for learning, discovery and innovation</li> </ul>
<b>DECISION/ ACTION</b>	For noting



# Workforce Performance Report to the Workforce Development Committee

Month 4 – July 2018

# Workforce Performance Report Aug'17 - Jul'18

Contents	Page
Performance Summary	3
Statistical Process Control (New)	4
Current Staffing Profile	5
Section 1: Vacancies	6
Section 2: Turnover	7
Section 3: Sickness	9
Section 4: Nursing Workforce Profile/KPIs	10
Section 5: Nursing & Midwifery Recruitment Pipeline	11
Section 6: All Staff Recruitment Pipeline	12
Section 7: Agency Spend	13
Section 8: Temporary Staffing Fill Rates	14
Section 9: Core Training	15
Section 10: Performance & Development Review	16

# Performance Summary

Summary of overall performance is set out below

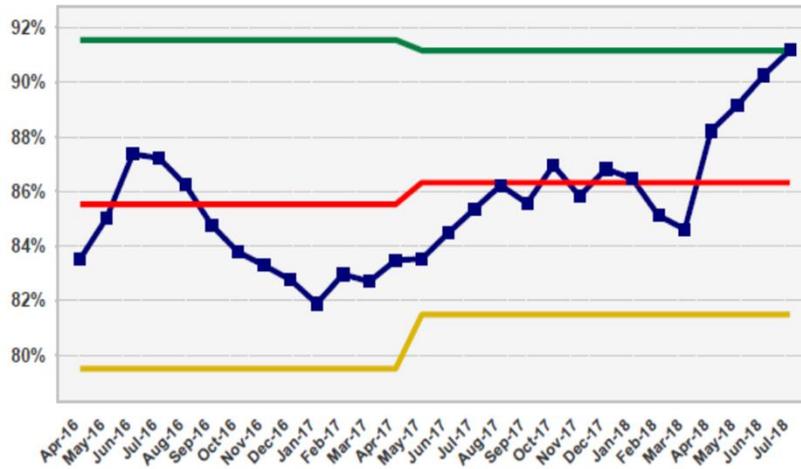
Page	Areas of Review	Key Highlights	Previous Year	Previous Month	In Month	Target	Change
5	Vacancy	Vacancy rate has increased by 0.9%	14.4%	13.6%	14.6%	10.0%	↗
6	Turnover	Turnover has decreased by 0.3%	21.2%	19.7%	19.5%		↘
7	Voluntary Turnover	Voluntary turnover has decreased by 0.3%	16.0%	15.4%	15.1%	13.0%	↘
10	Sickness	Sickness has decreased by 0.07%	2.5%	2.7%	2.6%	3.3%	↘
15	Temporary Staffing Usage (FTE)	Temporary Staffing % usage has increased by 0.1% this month		16.2%	16.3%		↗
17	Core Training	Core Training compliance has increased by 1.2%	85.4%	90.0%	91.2%	90.0%	↗
18	Staff PDR	The percentage of staff who have had a PDR has increased by 0.2%	13.8%	90.0%	90.2%	90.0%	↗

In addition to the information in this report, the trust monitors its workforce data by protected characteristics as defined by the Equality Act. To view the most recent annual workforce equality report please click this link <http://connect/departments-and-mini-sites/equality-diversity/>

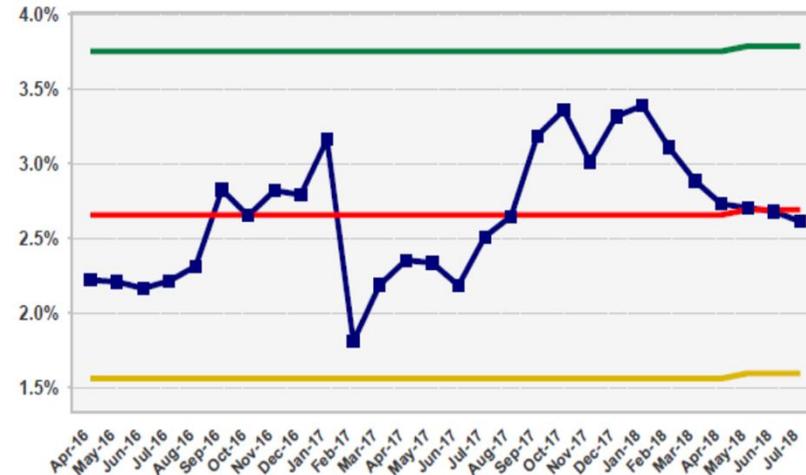
# Statistical Process Control – April 2016 to July 2018

Statistical Process Control Charts for the 28 months April 2016 to July 2018

Mandatory Training compliance



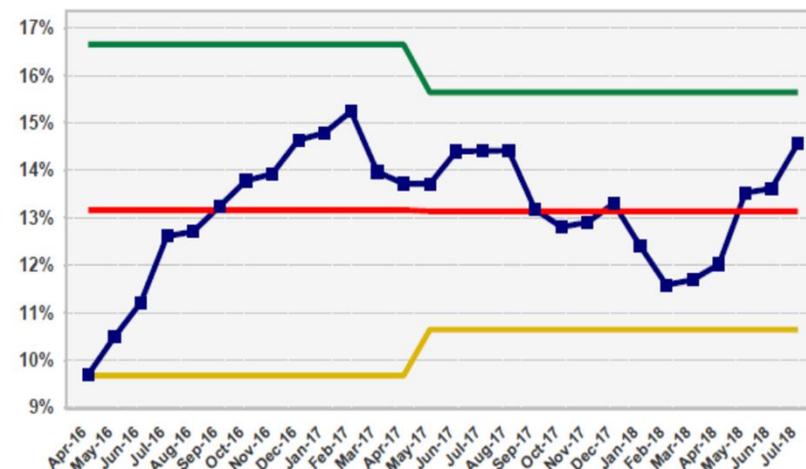
Sickness absence



Staff turnover rate

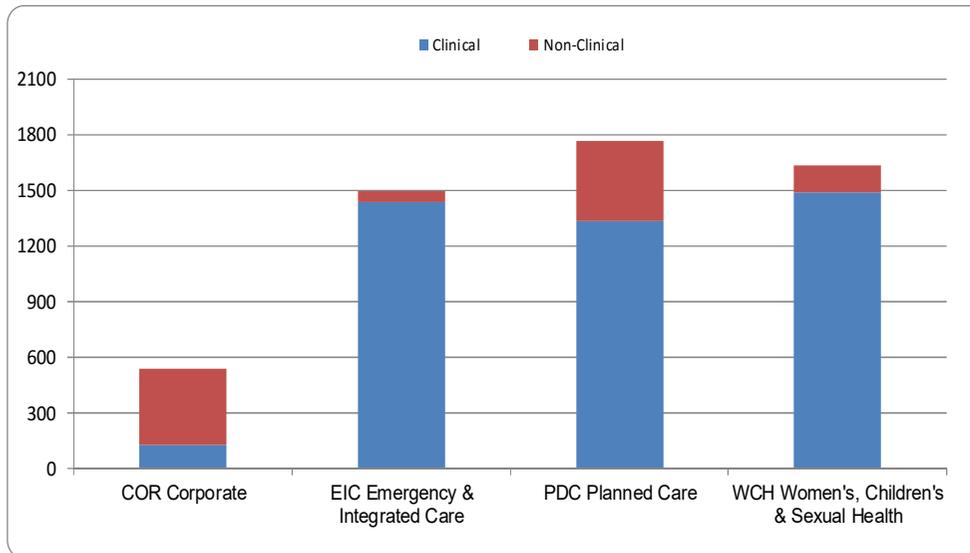
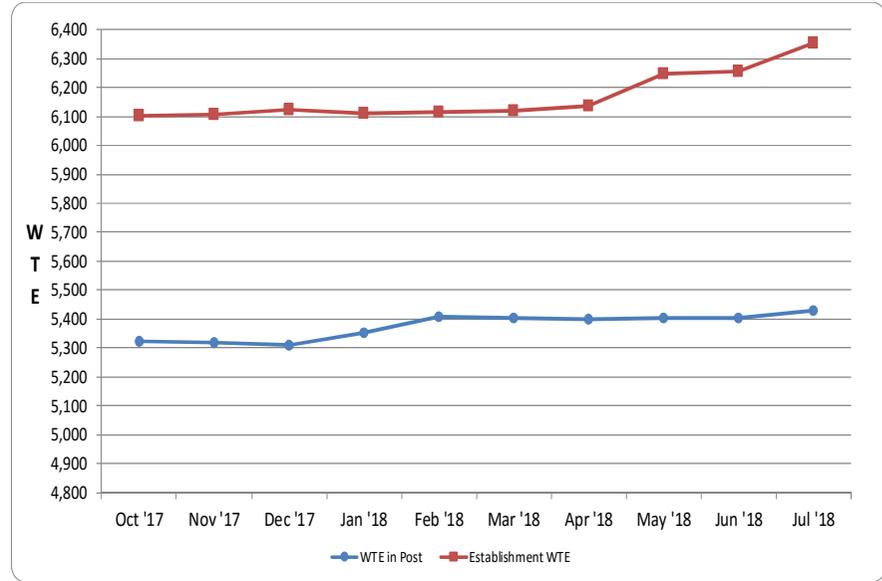
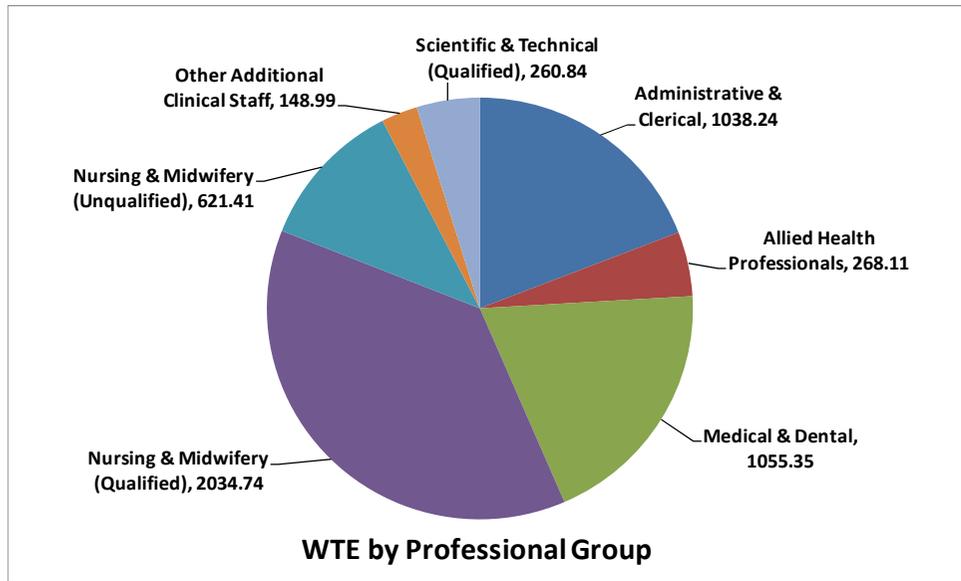


Vacancy rate



# Current Staffing Profile

The data below displays the current staffing profile of the Trust



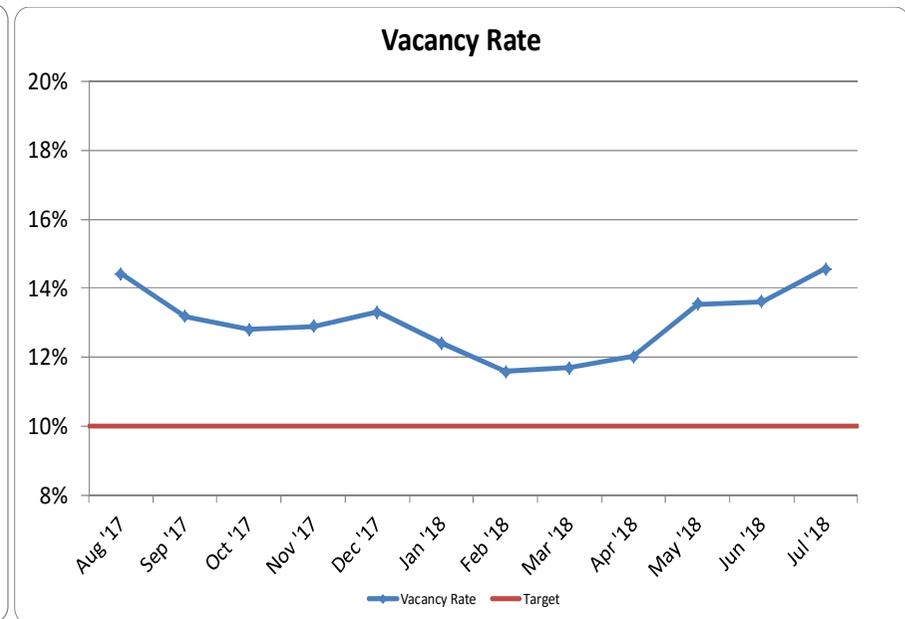
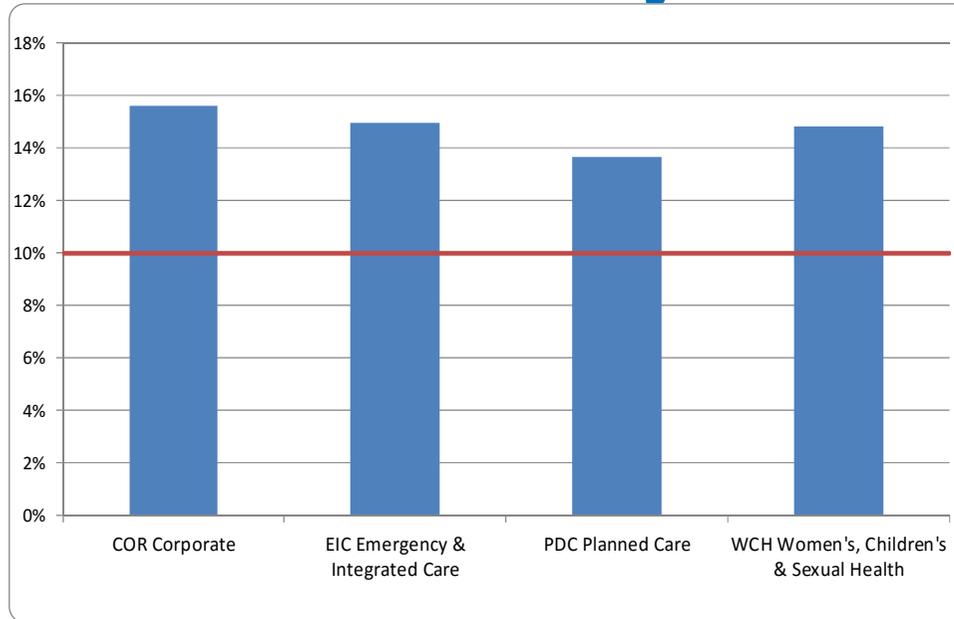
## COMMENTARY

The Trust currently employs 5904 people working a whole time equivalent of 5428 which is 23 WTE greater than June. The largest increase in July was Qualified Nursing (5 WTE), whilst Other Allied Health Professionals staff reduced by 2.27 WTE.

Over the last year, staff numbers have increased by 261.95 WTE with the highest increase being in the EIC Division (231.5 WTE). The professional group with the highest increase has been Qualified Nursing & Midwifery (150.27 WTE).

In July there were 1852 WTE staff assigned to the West Middlesex site and 3576 WTE to Chelsea.

# Section 1: Vacancy Rates



Vacancies by Division	Apr '18	May '18	Jun '18	Jul '18	Trend
COR Corporate	11.0%	11.7%	13.3%	15.6%	↗
EIC Emergency & Integrated Care	13.5%	16.2%	14.7%	15.0%	↗
PDC Planned Care	11.8%	13.8%	13.4%	13.7%	↗
WCH Women's, Children's & Sexual Health	11.2%	11.3%	12.9%	14.8%	↗
Whole Trust	12.0%	13.5%	13.6%	14.6%	↗
West Mid Site	12.0%	14.3%	15.1%	16.2%	↗
Chelsea Site	12.1%	13.1%	12.8%	13.7%	↗

Service	Establishment WTE	Staff in Post WTE	Vacancy Rate %	Trend
WM Paediatric Starlight Unit	59.2	22.9	61.3%	↗
CW Medical Day Unit	23.7	10.3	56.6%	↗
WM Radiology	60.7	35.9	40.8%	↔
CW Estates	41.2	27.6	33.0%	↗
WM T&O	32.4	21.8	33.0%	↔

Vacancies by Professional Group	Apr '18	May '18	Jun '18	Jul '18	Trend
Administrative & Clerical	11.6%	13.7%	15.9%	17.1%	↗
Allied Health Professionals	13.1%	14.5%	12.3%	13.1%	↗
Medical & Dental	10.8%	13.0%	12.4%	12.7%	↗
Nursing & Midwifery (Qualified)	12.7%	13.4%	14.0%	15.5%	↗
Nursing & Midwifery (Unqualified)	14.5%	16.2%	13.1%	13.4%	↗
Other Additional Clinical Staff	5.0%	6.1%	8.4%	8.2%	↘
Scientific & Technical (Qualified)	9.8%	12.1%	11.3%	11.4%	↗
<b>Total</b>	<b>12.0%</b>	<b>13.5%</b>	<b>13.6%</b>	<b>14.6%</b>	<b>↗</b>

## COMMENTARY

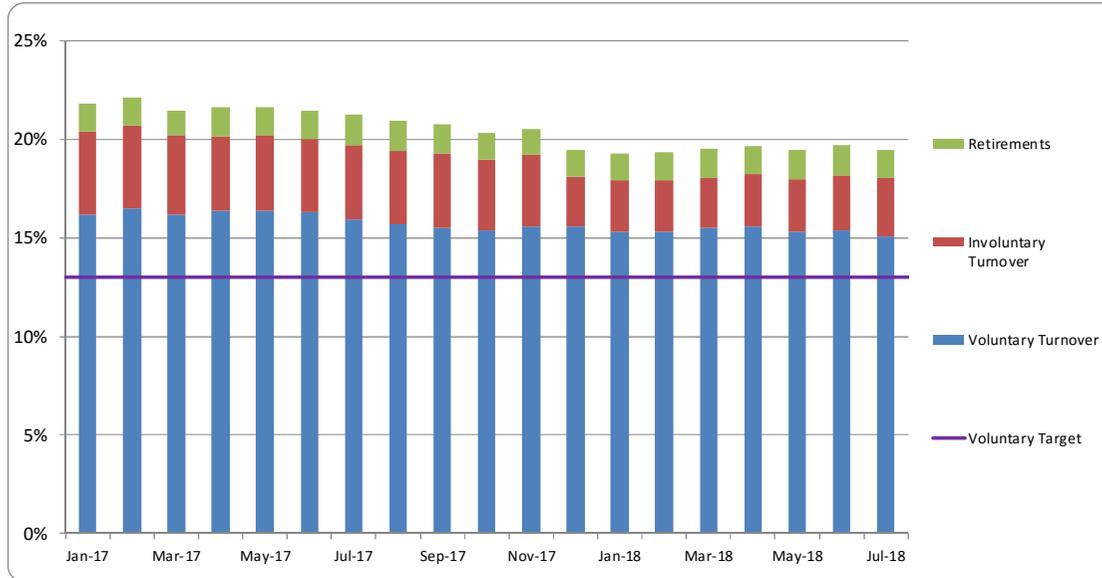
The vacancy rate has increased by 0.95% in July.

The vacancy rate currently is highest in the Administrative & Clerical professional group at 17.14% and in the Emergency & Integrated Care Division at 14.97%.

The table above shows the services with more than 20 staff which currently have the highest vacancy rates at the Trust.

# Section 2a: Gross Turnover

The chart below shows turnover trends. Tables by Division and Staff Group are below:



## COMMENTARY

The total trust turnover rate has decreased slightly by 0.2% to 19.5% this month. In the last 12 months there have been 1017 leavers.

The Trust now has data from responses to exit surveys to enable more focused work on retention.

Division	Gross Turnover				Trend
	Apr '18	May '18	Jun '18	Jul '18	
COR Corporate	21.4%	21.4%	23.0%	22.9%	↘
EIC Emergency & Integrated Care	20.1%	20.2%	20.5%	19.8%	↘
PDC Planned Care	18.2%	18.1%	18.0%	17.6%	↘
WCH Women's, Children's & Sexual Health	20.2%	19.7%	19.9%	20.1%	↗
<b>Whole Trust</b>	<b>19.6%</b>	<b>19.5%</b>	<b>19.7%</b>	<b>19.5%</b>	↘

Leaver Category	Number of Leavers
Death in Service	2
Dismissal	20
Employee Transfer	13
End of Fixed Term Contract	117
Redundancy	4
Retirement	66
Voluntary Resignation	795
<b>Total</b>	<b>1017</b>

Professional Group	Gross Turnover				Trend
	Apr '18	May '18	Jun '18	Jul '18	
Administrative & Clerical	18.8%	19.4%	21.0%	20.0%	↘
Allied Health Professionals	20.8%	21.5%	22.4%	22.4%	↔
Medical & Dental	16.3%	16.1%	15.8%	16.5%	↗
Nursing & Midwifery (Qualified)	19.5%	19.2%	18.8%	18.9%	↗
Nursing & Midwifery (Unqualified)	23.0%	22.1%	22.4%	20.0%	↘
Other Additional Clinical Staff	23.2%	22.3%	23.9%	26.2%	↗
Scientific & Technical (Qualified)	19.6%	19.1%	18.8%	19.0%	↗
<b>Whole Trust</b>	<b>19.6%</b>	<b>19.5%</b>	<b>19.7%</b>	<b>19.5%</b>	↘

## Section 2b: Voluntary Turnover

Division	Voluntary Turnover					Other Turnover July 2018		
	Apr '18	May '18	Jun '18	Jul '18	Trend	Leavers HC	In-voluntary	Retirement
COR Corporate	16.7%	16.5%	17.6%	16.6%	↘	89	4.7%	1.7%
EIC Emergency & Integrated Care	17.3%	17.2%	17.1%	16.7%	↘	222	2.2%	0.8%
PDC Planned Care	13.2%	13.3%	13.0%	12.5%	↘	214	3.4%	1.7%
WCH Women's, Children's & Sexual Health	16.3%	15.5%	15.7%	16.0%	↗	264	2.5%	1.6%
<b>Whole Trust</b>	<b>15.6%</b>	<b>15.3%</b>	<b>15.4%</b>	<b>15.1%</b>	<b>↘</b>	<b>789</b>	<b>2.9%</b>	<b>1.4%</b>
West Mid Site	11.7%	11.3%	11.9%	11.5%	↘	204		
Chelsea Site	17.6%	17.4%	17.2%	16.9%	↘	585		

Professional Group	Voluntary Turnover					Other Turnover July 2018		
	Apr '18	May '18	Jun '18	Jul '18	Trend	Leavers HC	In-voluntary	Retirement
Administrative & Clerical	14.9%	15.3%	16.5%	15.6%	↘	179	2.9%	1.6%
Allied Health Professionals	18.6%	19.0%	19.2%	19.5%	↗	60	1.9%	1.0%
Medical & Dental	6.2%	5.5%	5.3%	5.3%	↔	31	9.9%	1.4%
Nursing & Midwifery (Qualified)	17.4%	17.0%	16.5%	16.8%	↗	355	0.8%	1.4%
Nursing & Midwifery (Unqualified)	19.0%	18.5%	18.3%	16.3%	↘	117	2.3%	1.4%
Other Additional Clinical Staff	12.2%	11.5%	12.8%	14.3%	↗	21	8.3%	3.6%
Scientific & Technical (Qualified)	14.3%	13.4%	13.5%	13.4%	↘	38	4.6%	1.1%
<b>Whole Trust</b>	<b>15.6%</b>	<b>15.3%</b>	<b>15.4%</b>	<b>15.1%</b>	<b>↘</b>	<b>801</b>	<b>2.9%</b>	<b>1.4%</b>

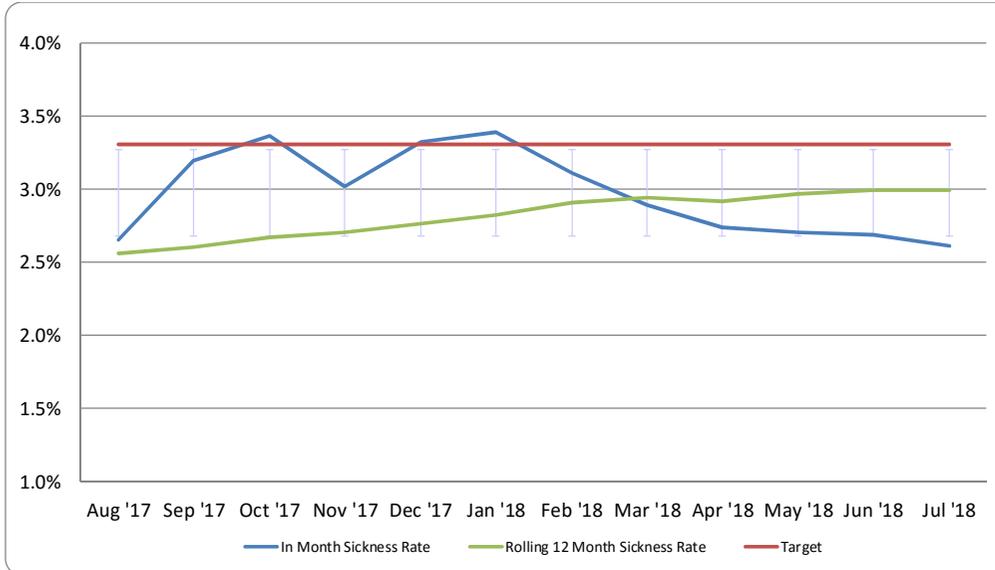
Service	Average Staff in Post HC	Leavers HC	Voluntary Turnover Rate
CW Ron Johnson	25	10	40.8%
CW Nell Gwynne Ward	33	13	40.0%
CW David Erskine Ward	29	10	35.1%
CW Mercury Ward	28	9	32.1%
CW John Hunter Clinic	51	16	31.7%

### COMMENTARY

Voluntary Turnover has decreased by 0.3% this month. Chelsea Site has a voluntary turnover rate consistently about 5% higher than West Mid. The 5 services with more than 20 staff with the highest voluntary turnover rates are shown in the bottom table. Divisional HR Business Partners are working within divisions to tackle any issues within these areas. The Trust is also taking part in the NHSi Retention Support Program to help reduce turnover.

# Section 3: Sickness

The chart below shows performance over the last 11 months, the tables by Division and Staff Group are below.



## COMMENTARY

The monthly sickness absence rate is at 2.61% in July which is a decrease of 0.07% on the previous month.

The Women's, Children & Sexual Health Division had the highest sickness rate in June at 3.20%. The professional group with the highest sickness rate was Nursing and Midwifery (Unqualified) at 4.8%.

The table below lists the services with the highest sickness absence percentage during July 2018. Below that is a breakdown of the top 5 reasons for absence, both by the number of episodes and the number of days lost.

Sickness by Division	Apr '18	May '18	Jun '18	Jul '18	Trend
COR Corporate	1.92%	1.83%	1.62%	1.43%	↓
EIC Emergency & Integrated Care	2.36%	2.14%	2.13%	2.08%	↓
PDC Planned Care	3.35%	3.21%	2.91%	2.86%	↓
WCH Women's, Children's & Sexual Health	2.65%	2.89%	3.27%	3.20%	↓
Whole Trust In Month %	2.73%	2.70%	2.68%	2.61%	↓
Whole Trust Annual Rolling %	2.91%	2.96%	2.99%	2.99%	↔
Long Term Sickness Rate %	1.36%	1.29%	1.21%	1.17%	↓
Short Term Sickness Rate %	1.37%	1.43%	1.45%	1.44%	↓

Sickness by Professional Group (In Month)	Apr '18	May '18	Jun '18	Jul '18	Trend
Administrative & Clerical	3.54%	3.14%	3.38%	3.39%	↔
Allied Health Professionals	1.91%	1.53%	2.26%	2.24%	↓
Medical & Dental	0.40%	0.39%	0.37%	0.36%	↓
Nursing & Midwifery (Qualified)	2.87%	3.20%	3.05%	2.83%	↓
Nursing & Midwifery (Unqualified)	4.71%	4.65%	4.82%	4.80%	↓
Other Additional Clinical Staff	2.33%	2.61%	1.33%	1.99%	↔
Scientific & Technical (Qualified)	4.32%	2.97%	2.57%	2.57%	↔
Whole Trust In Month %	2.73%	2.70%	2.68%	2.61%	↓
Chelsea Site %	2.50%	2.42%	2.55%	2.52%	↓
West Mid Site %	3.17%	3.25%	2.93%	2.80%	↓

Service	Staff in Post WTE	Sickness WTE Days Lost	WTE Days Available	Sickness %
WM Syon 2 Pay	32.13	92.52	927.00	10.0%
CW Edgar Horne Ward	37.40	104.61	1123.84	9.3%
CW Outpatients	21.20	55.00	623.00	8.8%
CW John Hunter Clinic	45.43	110.24	1385.19	8.0%
WM Paediatric Starlight Unit	22.92	78.80	1092.24	7.2%

Top 5 Sickness Reasons by Number of Episodes	% of all Episodes
S25 Gastrointestinal problems	21.12%
S13 Cold, Cough, Flu - Influenza	20.88%
S12 Other musculoskeletal problems	10.26%
S16 Headache / migraine	8.71%
S10 Anxiety/stress/depression/other psychiatric illnesses	7.88%

Top 5 Sickness Reasons by Number of WTE Days Lost	% of all WTE Days Lost
S10 Anxiety/stress/depression/other psychiatric illnesses	21.84%
S11 Back Problems	5.42%
S12 Other musculoskeletal problems	11.62%
S13 Cold, Cough, Flu - Influenza	11.33%
S14 Asthma	0.85%

# Section 4: Nursing Workforce Profile/KPIs

## Nursing Establishment WTE

Division	Apr '18	May '18	Jun '18	Jul '18	Trend
COR Corporate	89.1	89.1	91.1	92.1	↗
EIC Emergency & Integrated Care	1022.5	1060.0	1068.1	1085.6	↗
PDC Planned Care	716.4	716.9	692.9	694.6	↗
WCH Women's, Children's & Sexual Health	1189.8	1189.8	1223.9	1253.7	↗
<b>Total</b>	<b>3017.8</b>	<b>3055.8</b>	<b>3076.0</b>	<b>3125.9</b>	↗

## Nursing Staff in Post WTE

Division	Apr '18	May '18	Jun '18	Jul '18	Trend
COR Corporate	83.8	83.7	84.0	84.0	↔
EIC Emergency & Integrated Care	861.9	861.3	868.9	885.2	↗
PDC Planned Care	649.6	650.9	655.2	654.1	↘
WCH Women's, Children's & Sexual Health	1026.8	1029.6	1042.5	1032.8	↘
<b>Total</b>	<b>2622.1</b>	<b>2625.6</b>	<b>2650.6</b>	<b>2656.1</b>	↗

## Nursing Vacancy Rate

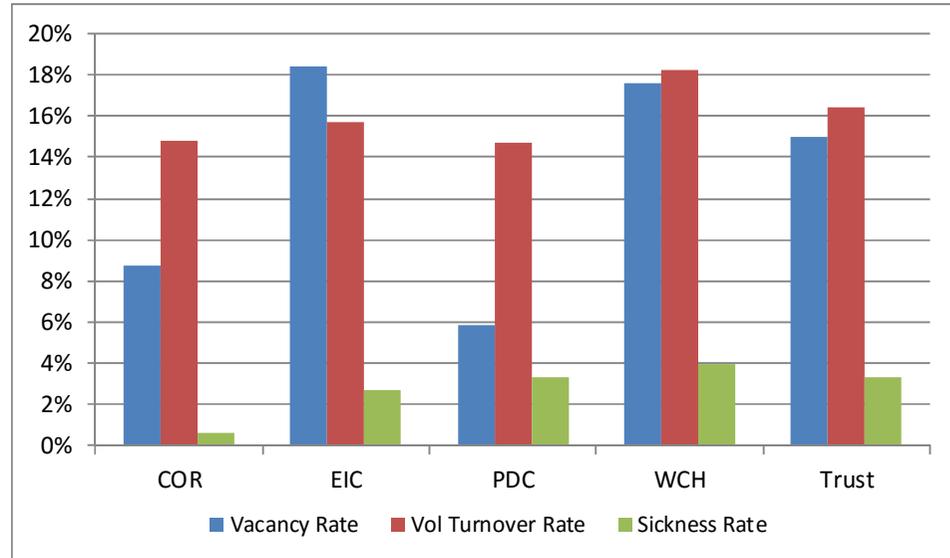
Division	Apr '18	May '18	Jun '18	Jul '18	Trend
COR Corporate	5.9%	6.0%	7.7%	8.7%	↗
EIC Emergency & Integrated Care	15.7%	18.7%	18.7%	18.5%	↘
PDC Planned Care	9.3%	9.2%	5.4%	5.8%	↗
WCH Women's, Children's & Sexual Health	13.7%	13.5%	14.8%	17.6%	↗
<b>Total</b>	<b>13.1%</b>	<b>14.1%</b>	<b>13.8%</b>	<b>15.0%</b>	↗

## Nursing Sickness Rates

Division	Apr '18	May '18	Jun '18	Jul '18	Trend
COR Corporate	3.0%	2.2%	1.8%	0.6%	↘
EIC Emergency & Integrated Care	3.3%	3.1%	2.8%	2.7%	↘
PDC Planned Care	3.7%	4.1%	3.6%	3.3%	↘
WCH Women's, Children's & Sexual Health	3.1%	3.7%	4.0%	3.9%	↘
<b>Total</b>	<b>3.6%</b>	<b>3.5%</b>	<b>3.5%</b>	<b>3.3%</b>	↘

## Nursing Voluntary Turnover

Division	Apr '18	May '18	Jun '18	Jul '18	Trend
COR Corporate	18.52%	17.43%	15.24%	14.84%	↘
EIC Emergency & Integrated Care	16.90%	16.45%	16.39%	15.75%	↘
PDC Planned Care	17.38%	17.20%	15.53%	14.69%	↘
WCH Women's, Children's & Sexual Health	19.07%	18.08%	18.39%	18.24%	↘
<b>Total</b>	<b>17.9%</b>	<b>17.3%</b>	<b>16.9%</b>	<b>16.4%</b>	↘
<b>West Mid Site</b>	<b>12.1%</b>	<b>11.2%</b>	<b>11.9%</b>	<b>19.7%</b>	↗
<b>Chelsea Site</b>	<b>21.0%</b>	<b>20.8%</b>	<b>17.2%</b>	<b>11.9%</b>	↘



## COMMENTARY

This data shows a more in-depth view of our nursing workforce (both qualified and unqualified combined).

The nursing workforce has increased by 4.93 WTE in July.

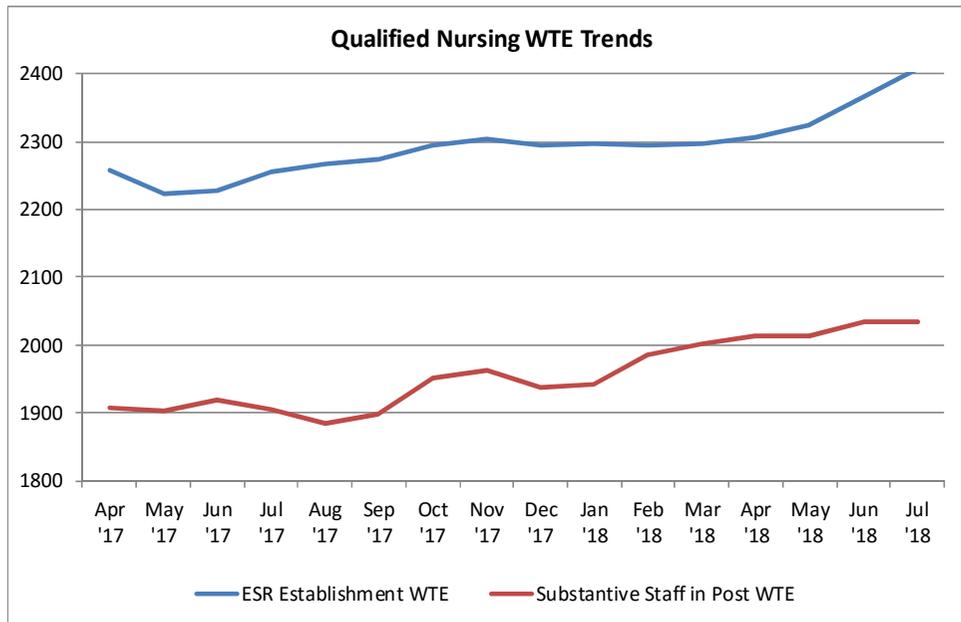
Voluntary Turnover is much higher at the Chelsea site compared to West Mid.

# Section 5: Qualified Nursing & Midwifery Recruitment Pipeline

Measure	Jan '18	Feb '18	Mar '18	Apr '18	May '18	Jun '18	Jul '18	Aug '18	Sep '18	Oct '18	Nov '18	Dec '18	Jan '19	Feb '19	Mar '19
ESR Establishment WTE	2296.2	2295.6	2296.0	2306.1	2324.2	2366.4	2408.3								
Substantive Staff in Post WTE	1943.3	1985.3	2001.5	2013.4	2012.5	2034.2	2034.7								
Contractual Vacancies WTE	353.0	310.3	294.4	292.7	311.7	332.3	373.5								
Vacancy Rate %	15.37%	13.52%	12.82%	12.69%	13.41%	14.04%	15.51%								
Actual/Planned Leavers Per Month*	28	27	23	44	48	23	34	34	34	34	34	35	35	35	35
Actual/Planned New Starters**	34	53	42	50	29	40	35	44	44	45	45	45	45	45	45
Pipeline: Agreed Start Dates								29	24	39	2	0	0	0	0
Pipeline: WTE No Agreed Start Date								191 with no agreed start date							

\* Based on Gross Turnover of 20%

\*\* Number of WTE New Starters required per month to achieve a 10% Vacancy Rate by May 2018



### COMMENTARY

This information tracks the current number of qualified nurses & midwives at the Trust and projects forward a pipeline based on starters already in the recruitment process.

July saw more starters than leavers for consecutive months. There are 191 nurses in the pipeline without a start date, 77 of which are from overseas.

The planned leavers is based on the current qualified nursing turnover rate of 20% and planned starters takes into account the need to reduce the nursing and midwifery vacancy rate down to 10% by March 2019.

*NB Starters & Leavers do not always add up to the change in staff in post due to existing staff changing their hours*

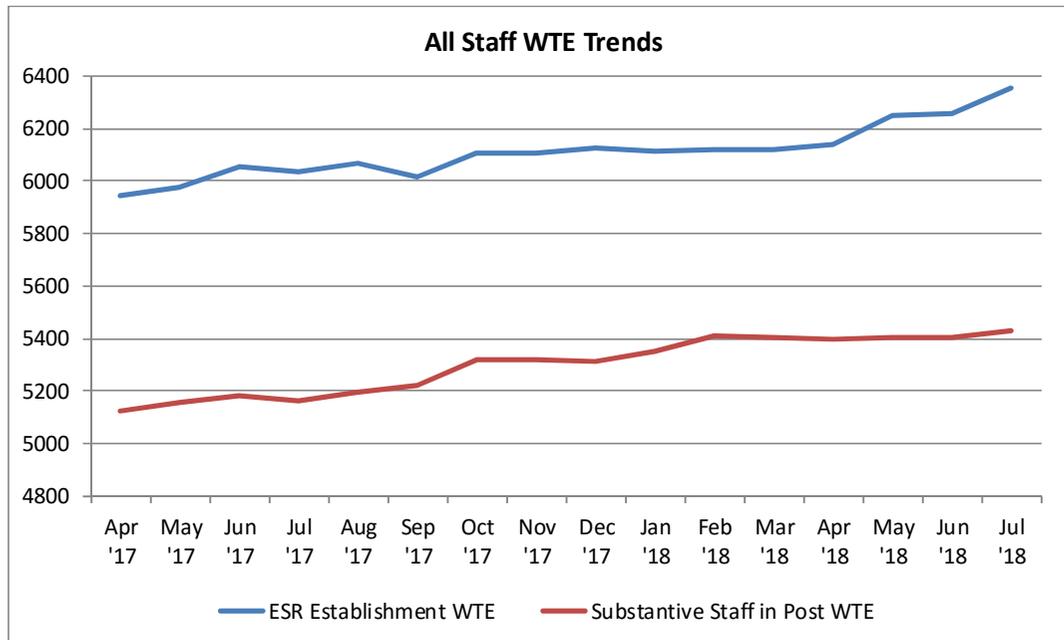
# Section 6: All Staff Recruitment Pipeline

Measure	Jan '18	Feb '18	Mar '18	Apr '18	May '18	Jun '18	Jul '18	Aug '18	Sep '18	Oct '18	Nov '18	Dec '18	Jan '19	Feb '19	Mar '19
ESR Establishment WTE <sup>1</sup>	6112.7	6116.2	6120.7	6136.1	6247.6	6257.6	6353.0								
Substantive Staff in Post WTE	5354.6	5407.7	5404.9	5398.7	5402.6	5405.7	5427.7								
Contractual Vacancies WTE	758.1	708.5	715.7	737.4	845.1	851.9	925.3								
Vacancy Rate %	12.40%	11.58%	11.69%	12.02%	13.53%	13.61%	14.56%								
Actual/Planned Leavers Per Month <sup>2</sup>	71	103	96	131	75	74	90	90	91	91	91	91	91	92	92
Actual/Planned New Starters <sup>3</sup>	124	129	114	126	83	86	112	107	102	102	102	103	103	103	103
Pipeline: Agreed Start Dates								71	52	42	2	0	0	0	0
Pipeline: WTE No Agreed Start Date								675 with no agreed start date							

<sup>1</sup> Doctors in Training are included in the Establishment, Staff in Post and Actual Starters/Leavers figures

<sup>2</sup> Based on Gross Turnover of 20%

<sup>3</sup> Number of WTE New Starters required per month to achieve a 10% Vacancy Rate by May 2018



## COMMENTARY

This information tracks the current number of staff at the Trust and projects forward a pipeline based on starters already in the recruitment process.

The planned leavers is based on the current qualified nursing turnover rate of 20% and planned starters takes into account the need to reduce the vacancy rate down to 10% by March 2019.

*NB Starters & Leavers do not always add up to the change in staff in post due to existing staff changing their hours. Staff becoming substantive from Bank may also not be reflected*

# Section 7: Agency Spend

## COR Corporate

Corporate	Apr '18	May '18	Jun '18	Jul '18	YTD
Actual Spend	£157,047	£224,261	£410,779	£571,836	£1,363,923
Target Spend	£0	£0	£0		
Variance	£157,047	£224,261	£410,779	£571,836	£1,363,923
Variance %				0.0%	

## EIC Emergency & Integrated Care

Emergency & Integrated Care	Apr '18	May '18	Jun '18	Jul '18	YTD
Actual Spend	£595,862	£651,242	£639,876	£615,494	£2,502,474
Target Spend	£0	£0	£0		
Variance	£595,862	£651,242	£639,876	£615,494	£2,502,474
Variance %	0.0%	0.0%	0.0%	0.0%	0.0%

## PDC Planned Care

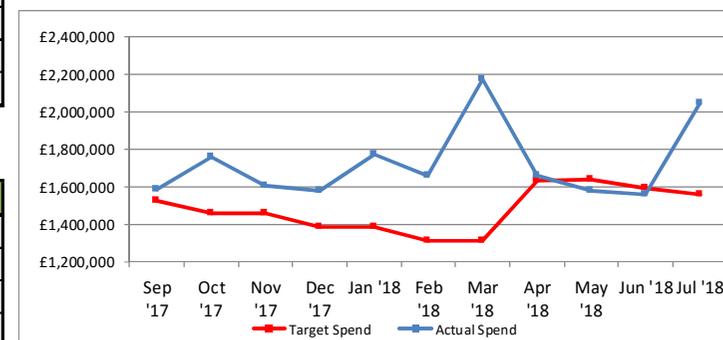
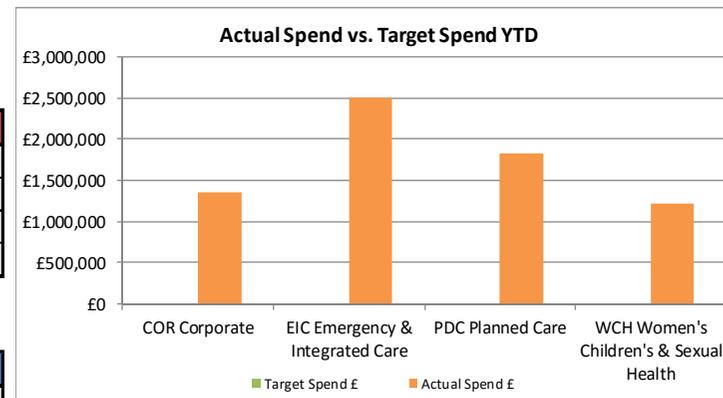
Planned Care	Apr '18	May '18	Jun '18	Jul '18	YTD
Actual Spend	£554,818	£395,358	£363,757	£509,928	£1,823,861
Target Spend	£0	£0	£0	£0	£0
Variance	£554,818	£395,358	£363,757	£509,928	£1,823,861
Variance %	0.0%	0.0%	0.0%	0.0%	0.0%

## WCH Women's, Children's & Sexual Health

Women's, Children's & Sexual Health	Apr '18	May '18	Jun '18	Jul '18	YTD
Actual Spend	£347,708	£301,186	£285,123	£291,225	£1,225,242
Target Spend	£0	£0	£0		
Variance	£347,708	£301,186	£285,123	£291,225	£1,225,242
Variance %				0.0%	

## Clinical Divisions and Corporate Areas

Trust	Apr '18	May '18	Jun '18	Jul '18	YTD
Actual Spend	£1,655,435	£1,575,411	£1,557,620	£2,043,672	£6,832,138
Target Spend	£1,634,000	£1,635,000	£1,591,000	£1,560,000	£6,420,000
Variance	£21,435	£59,589	£33,380	£483,672	£412,138
Variance %	1.3%	-3.6%	-2.1%	31.0%	6.4%



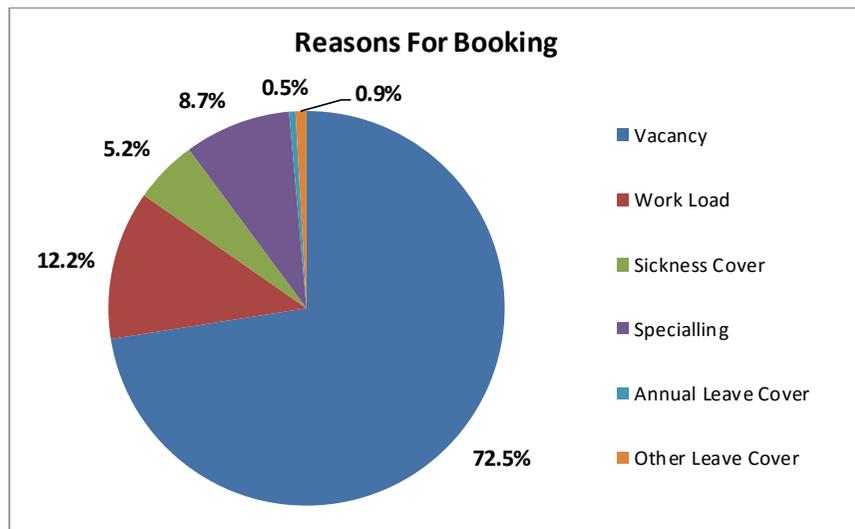
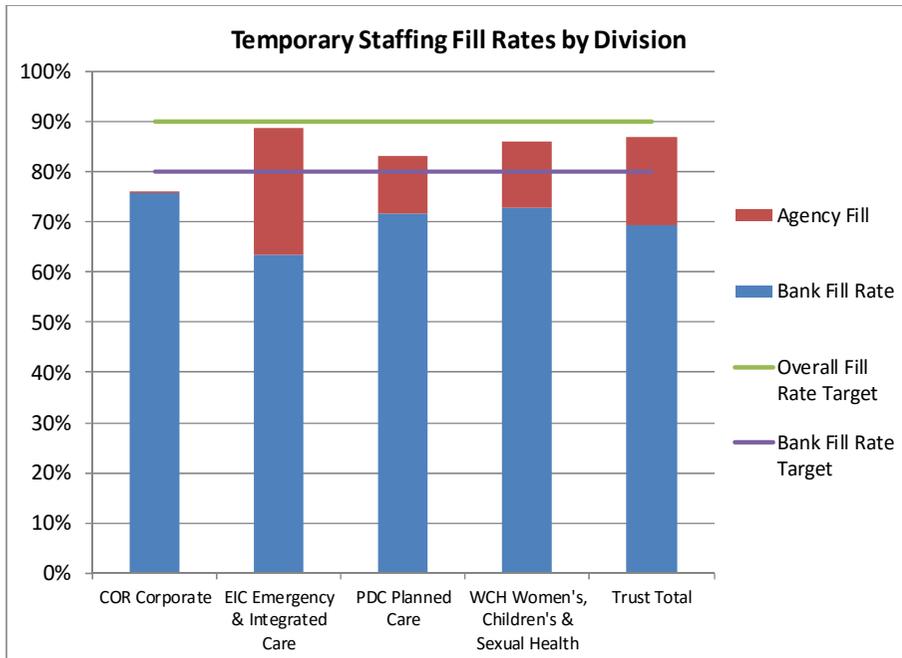
### COMMENTARY

These figures show the Trust agency spend by Division. Spend ceilings by Division have not yet been set for 18/19.

In Month 4, the trust went over the total target spend by 31.0%. This represents a 6.4% increase in over target spending for the year to date. The highest spend was in the Emergency and Integrated Care Division.

*\* please note that the agency cap plan figures are phased differently in the NHSI monthly returns. This summary shows performance against the equally phased plan.*

# Section 8: Temporary Staff Fill Rates



## COMMENTARY

The "Overall Fill Rate" measures our success in meeting temporary staffing requests, by getting cover from either bank or agency staff. The remainder of requests which could not be covered by either group are recorded as being unfilled. The "Bank Fill Rate" describes requests that were filled by bank staff only, not agency.

The Overall Fill Rate was 85.4% this month which is a 2.2% decrease since June. The Bank Fill Rate was reported at 69.4% which is 0.7% lower than the previous month. The EIC Emergency & Integrated Care is currently meeting the demand for temporary staff most effectively.

The Bank to Agency ratio for filled shifts was 80:20. The Trust target is 80:20.

The pie chart shows a breakdown of the reasons given for requesting bank shifts in July. This is very much dominated by covering existing vacancies, workload and other leave.

This data only shows activity requested through the Trust's bank office that has been recorded on HealthRoster and Locum Tap.

Overall Fill Rate % by Division	Apr '18	May '18	Jun '18	Jul '18	Trend
COR Corporate	85.1%	89.6%	79.7%	76.2%	↓
EIC Emergency & Integrated Care	86.3%	91.5%	88.8%	88.6%	↓
PDC Planned Care	87.3%	89.4%	87.0%	83.3%	↓
WCH Women's, Children's & Sexual Health	85.6%	86.3%	88.1%	86.0%	↓
Whole Trust	86.4%	89.3%	87.6%	85.4%	↓

Bank Fill Rate % by Division	Apr '18	May '18	Jun '18	Jul '18	Trend
COR Corporate	80.7%	89.3%	79.3%	75.8%	↓
EIC Emergency & Integrated Care	60.1%	49.7%	63.6%	63.4%	↓
PDC Planned Care	70.0%	62.6%	73.5%	71.8%	↓
WCH Women's, Children's & Sexual Health	67.1%	65.6%	72.8%	72.8%	↔
Whole Trust	66.1%	59.9%	70.1%	69.4%	↓

# Section 9: Core Training

Core Training Topic	Jun '18	Jul '18	Trend
Basic Life Support	83.0	85.0	↗
Conflict Resolution	92.0	94.0	↗
Equality, Diversity and Human Rights	93.0	93.0	↔
Fire	90.0	90.0	↔
Health & Safety	95.0	96.0	↗
Inanimate Loads (M&H L1)	91.0	91.0	↔
Infection Control (Hand Hyg)	94.0	94.0	↔
Information Governance	88.0	88.0	↔
Patient Handling (M&H L2)	76.0	79.0	↗
Safeguarding Adults Level 1	94.0	94.0	↔
Safeguarding Children Level 1	93.0	94.0	↗
Safeguarding Children Level 2	83.0	87.0	↗
Safeguarding Children Level 3	84.0	81.0	↘

Core Training Compliance % by Division	Apr '18	May '18	Jun '18	Jul '18	Trend
COR Corporate	94.0%	94.0%	94.0%	93.0%	↘
EIC Emergency & Integrated Care	85.0%	87.0%	88.0%	91.0%	↗
PDC Planned Care	88.0%	89.0%	90.0%	90.0%	↔
WCH Women's Children's & Sexual Health	90.0%	90.0%	92.0%	92.0%	↔
Whole Trust	88.0%	89.0%	90.0%	91.0%	↗

## COMMENTARY

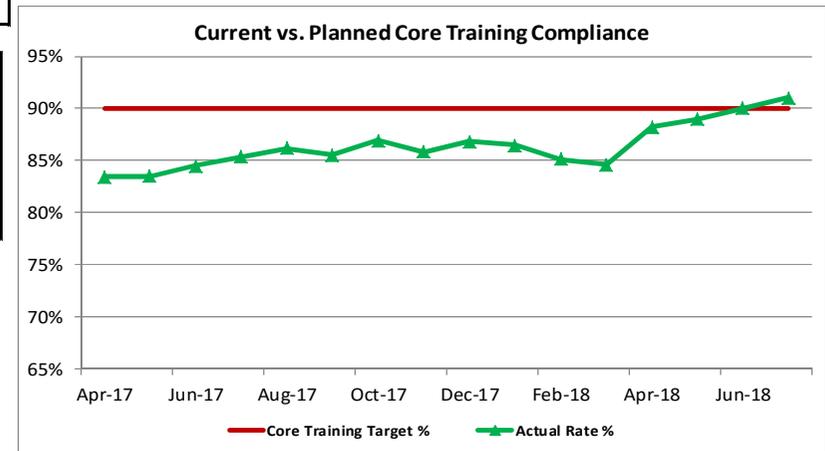
Compliance continues on an upward trend, now at 91%.

Moving & Handling (Patient Handling) continues to improve following the realignment of the requirements (national best practice) for WMUH based staff.

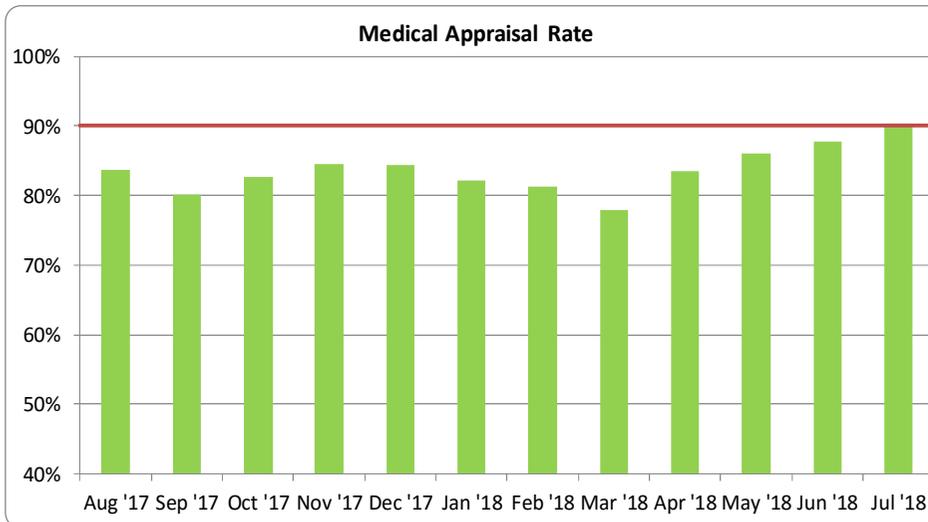
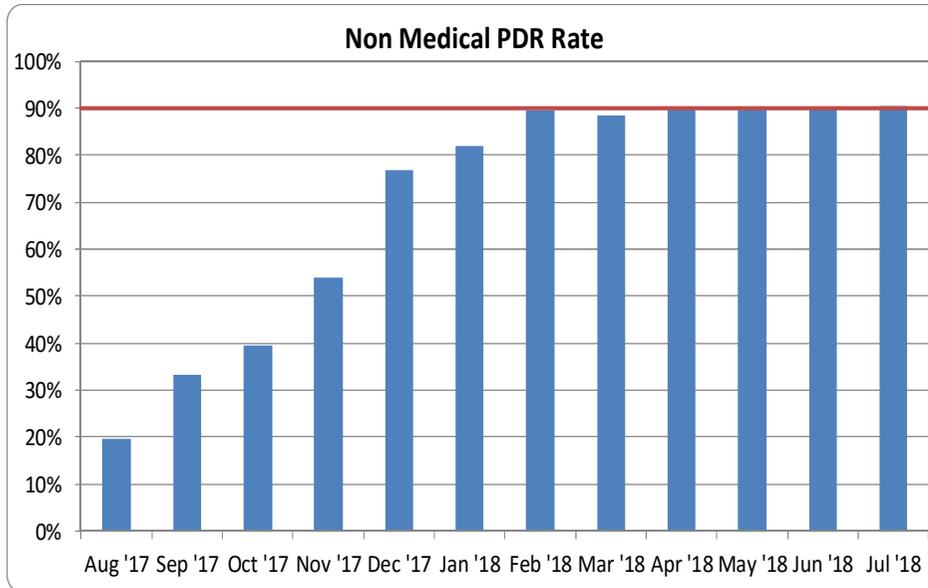
Information Governance (IG) remains static in part due to the relatively small number of staff needing to renew during Q2 of the year. EIC division has made continued progress in this area whilst the other three divisions are falling on their IG rates. There is approx. 5% of the substantive workforce who are more than 4 months out of date for IG.

Whilst the Safeguarding children requirements lower levels have stabilised, the higher level requirements have resulted in more staff requiring the training, the requirements continue to be reviewed against the expected changes to the intercollegiate document due in the next few months.

All four divisions have now reached 90% compliance overall.



# Section 10: Performance & Development Reviews



## PDR Compliance

Non Medical PDRs by Division	Apr '18	May '18	Jun '18	Jul '18	Trend
COR Corporate	92.8%	94.0%	91.0%	90.8%	↓
EIC Emergency & Integrated Care	91.4%	88.3%	91.7%	92.4%	↗
PDC Planned Care	89.6%	90.1%	90.3%	90.8%	↗
WCH Women's, Children's & Sexual Health	87.6%	89.5%	87.9%	88.2%	↗
<b>Whole Trust</b>	<b>89.8%</b>	<b>89.9%</b>	<b>90.0%</b>	<b>90.4%</b>	↗

## Medical Appraisals

Medical Appraisals by Division	Apr '18	May '18	Jun '18	Jul '18	Trend
COR Corporate	-	-	-	-	-
EIC Emergency & Integrated Care	86.9%	87.0%	88.7%	93.0%	↗
PDC Planned Care	82.0%	85.0%	88.0%	89.0%	↗
WCH Women's, Children's & Sexual Health	83.0%	87.0%	86.6%	89.0%	↗
<b>Whole Trust</b>	<b>83.6%</b>	<b>86.0%</b>	<b>87.7%</b>	<b>90.2%</b>	↗

## Non-Medical Commentary

From May '18 the PDR compliance rate include staff who have been working at the Trust 12 months or more. It increased by 0.20% in July and now stands at 90.4% which is at the Trust target of 90%.

## Medical Commentary

The appraisal rate for medical staff is 90.23%, 2.55% higher than last month.

PDR's Completed Since 1st April 2018 (18/19 Financial Year)					
Division	Band Group	%	Division	Band Group	%
COR	Band 2-5	9.4%	PDC	Band 2-5	12.6%
	Band 6-8a	18.4%		Band 6-8a	30.7%
	Band 8b +	47.9%		Band 8b +	68.6%
<b>Corporate</b>		<b>21.0%</b>	<b>PDC Planned Care</b>		<b>20.4%</b>
EIC	Band 2-5	13.1%	WCH	Band 2-5	7.4%
	Band 6-8a	22.9%		Band 6-8a	9.6%
	Band 8b +	30.0%		Band 8b +	21.1%
<b>EIC Emergency &amp; Integrated Care</b>		<b>17.8%</b>	<b>WCH Women's, Children's &amp; SH</b>		<b>8.8%</b>
<b>Band Totals</b>			<b>Band 2-6</b>	<b>Band 7-8b</b>	<b>Band 8c +</b>
			11.19%	19.4%	49.9%
<b>Trust Total</b>			<b>16.4%</b>		



**Council of Governors Meeting, 27 September 2018**

<b>AGENDA ITEM NO.</b>	2.4/Sep/18
<b>REPORT NAME</b>	Draft minutes of the Council of Governors Membership & Engagement Sub-Committee meeting held on 13 September 2018
<b>AUTHOR</b>	Vida Djelic, Board Governance Manager
<b>LEAD</b>	David Phillips, Chair
<b>PURPOSE</b>	To provide a record of any actions and decisions made at the meeting.
<b>SUMMARY OF REPORT</b>	This paper outlines a record of the proceedings of the Council of Governors Membership & Engagement Sub-Committee meeting held on 13 September 2018
<b>KEY RISKS ASSOCIATED</b>	None.
<b>FINANCIAL IMPLICATIONS</b>	None.
<b>QUALITY IMPLICATIONS</b>	None.
<b>EQUALITY &amp; DIVERSITY IMPLICATIONS</b>	None.
<b>LINK TO OBJECTIVES</b>	NA
<b>DECISION/ ACTION</b>	For information.



**DRAFT Minutes of the Council of Governors Membership & Engagement Sub-Committee meeting  
Held at 10.30am on 13 September 2018 in Main Boardroom, Chelsea and Westminster Site**

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

<b>1.</b>	<b>Welcome &amp; Apologies</b>	
	The Chair welcomed all to the meeting.  Apologies for absence were noted as above.	
<b>2.</b>	<b>Minutes of previous meeting held on 28 June 2018</b>	
	Minutes of the previous meeting were approved as a true and accurate record.	
<b>3.</b>	<b>Matters Arising &amp; Action Log</b>	
	The sub-committee reviewed a list of actions and the updates were noted.  Regarding action point 3, AHP confirmed that she has received contacts from VD and that she has not had a chance to contact the department. DP linked to it by saying that following on his recent visit to discharge lounge he felt that it would not be suitable to undertake any recruitment activity in that area considering how fragile patients appeared to be. AHP suggested that one of colleagues approaches pharmacy to query if a membership form could be included along the pharmacy prescription. <b>Action: VD/MS to explore.</b>  VD felt that more effective way of recruiting members would be via a regular Meet a Governor Session where there is an opportunity to gather views form patient and public and also encourage them to sign up to membership of the Trust. DP encouraged governors	<b>VD/MS</b>

	<p>to participate in Meet a Governor sessions and to advise PG of their availability. RB linked to it by saying that it would be helpful to receive the current schedule with dates so that governors can see where there are gaps and chose the most suitable date.</p> <p><b>Action: PG to circulate the current Meet a Governor schedule to all governors.</b></p> <p>Following on her earlier suggestion about arranging a member engagement tea and cake party, AHP felt that it would be an excellent opportunity for socialising with our members and to make it more attractive she would invite a VIP to talk to members. Some members felt that the proposed event would not have the desired achievement. DP suggested that AHP discusses her proposal with the Chairman and the Lead Governor in the first instance.</p> <p><b>Action: AHP to discuss her proposal with the Chairman and the Lead Governor in the first instance.</b></p> <p>In response to action point 6 re filming of a health seminar, GH noted that it is important for governors to establish what they would like to achieve, where to publish and the target audience. She added that filming of a seminar would be a costly exercise so this would need some careful consideration. Another option would be using a smartphone. Smartphones are capable video recorders video a seminar with a smart phone and in order to produce a video with good quality sound a speaker would need to be purchased.</p> <p>GH suggested a governor video to be produced and published on the Governor webpage.</p> <p>The communications department uses various social media for publishing stories about the Trust such as Instagram, facebook and twitter. The relevant links are as below:  <a href="https://www.instagram.com/chelwestft/">https://www.instagram.com/chelwestft/</a>  <a href="https://www.facebook.com/chelwest">https://www.facebook.com/chelwest</a>  <a href="http://www.twitter.com/chelwestft">http://www.twitter.com/chelwestft</a></p> <p>GH noted that her team was producing a In Year Review publication for the upcoming Annual members' Meeting and shared tabled copy with the sub-committee. DP asked if a membership form could be appended to this publication. GH confirmed that it can.</p> <p><b>Action: GH to include the membership form in 'In Year Review' publication.</b></p> <p>DP queried if communication department will assist with advertising the 16 October health seminar. GH confirmed that this is on communication plan for advertising on social media.</p> <p>DP asked PG if she could explore with the communications team the possibility of free of charge advertising of the seminar in local papers.</p> <p><b>Action: PG to explore with the communications team the possibility of advertising free of charge the upcoming seminar in local papers.</b></p>	<p>PG</p> <p>AHP</p> <p>GH</p> <p>PG</p>
<p><b>4.</b></p>	<p><b>Membership enlargement</b></p>	
	<p>DP note that he communicated with Sian Nelson about governor involvement in Friends and Family Test and tagging recruitment of members to it. SN had been invited to the meeting but due to annual leave she was unable to attend. DP undertook to follow up with Sian on her return.</p>	
<p><b>5.</b></p>	<p><b>Membership Report</b></p>	
	<p>PG provided an overview of the report and highlighted the following points:</p>	

	<ul style="list-style-type: none"> <li>• The total membership number has increased for 39 compared with the last report.</li> <li>• NA recruited circa 120 members on West Middlesex site.</li> <li>• MES have recently performed data cleansing to ensure most up to date data recorded on the system.</li> </ul> <p>In response to a question from DP, JI said that he has provided PG with PPG leads contact details for the purposes of engaging with patients from West Middlesex operating area. PG confirmed that she has been in touch with PPG leads and as a result a few patents from Hounslow PPG attended the July Health Seminar. RB linked to it by saying that since he is linked to Westminster PPG, he would be willing to promote Trust membership recruitment and events among the group members.</p> <p><b>Action: PG to get in touch with RB.</b></p>	PG
<b>6.</b>	<b>Membership Engagement &amp; Communications Calendar of Events, including Communications update on the Annual Members Meeting</b>	
	<p>PG noted an updated schedule of events and highlighted the following events:</p> <ul style="list-style-type: none"> <li>• 30<sup>th</sup> Anniversary Kobler Centre – 13 September</li> <li>• Annual Members’ Meeting – 27 September</li> <li>• Health seminar: How Robotics might help improve knee surgery – 16 October</li> </ul>	
<b>7.</b>	<b>‘Your Health’ seminars – update from the 10 July seminar and feedback</b>	
	The sub-committee noted that the July seminar on genomics and clinical practice advice was well attended. A summary of feedback arising from the survey was shared. Of note was a list of suggested topics for future seminars.	
<b>8.</b>	<b>Meet a Governor Schedule</b>	
	This item was discussed earlier in the meeting.	
<b>9.</b>	<b>COG election timetable</b>	
	<p>VD noted that the next round of Council of Governors election is due in November and the election process will start on 17 September.</p> <p>She outlined the key dates and highlighted that she will be in contact with all governors whose seats are coming up for re-election and will provide them with the election pack.</p> <p>VD added that she has worked with the communication team on promoting the election and this year, for the first time in addition to advertising on the website, the election will also be advertised on social media.</p>	
<b>10..</b>	<b>Feedback from members</b>	
	None.	
<b>11.</b>	<b>Council of Governors funding report – for information</b>	
	The sub-committee noted the report and asked for a detailed cost breakdown of activities for each project. DP undertook to speak with JM about this.	

	<b>Action: DP to talk to JM about Governors' budget.</b>	<b>DP</b>
	AHP said that as in previous years she is planning to organise patient giving presents for Christmas. She said she would value support from her fellow governors in respect of buying and wrapping presents as well as joining her on wards singing on both West Middlesex and Chelsea and Westminster sites.	
<b>12.</b>	<b>Any other business</b>	
	None.	
<b>13.</b>	<b>Date of next meeting – 8 November 2018</b>	

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**Council of Governors Meeting, 27 September 2018**

<b>AGENDA ITEM NO.</b>	2.5/Sep/18
<b>REPORT NAME</b>	Draft minutes of the Council of Governors Quality Sub-Committee meeting held on 14 September 2018
<b>AUTHOR</b>	Vida Djelic, Board Governance Manager
<b>LEAD</b>	Simon Dyer, Lead Governor
<b>PURPOSE</b>	To provide a record of any actions and decisions made at the meeting.
<b>SUMMARY OF REPORT</b>	This paper outlines a record of the proceedings of the Council of Governors Quality Sub-Committee meetings held on 14 September 2019.
<b>KEY RISKS ASSOCIATED</b>	None.
<b>FINANCIAL IMPLICATIONS</b>	None.
<b>QUALITY IMPLICATIONS</b>	None.
<b>EQUALITY &amp; DIVERSITY IMPLICATIONS</b>	None.
<b>LINK TO OBJECTIVES</b>	NA
<b>DECISION/ ACTION</b>	For information.



**Minutes of a meeting of the Council of Governors Quality Sub-Committee  
Held at 10am on 14 September 2018  
Room A, West Middlesex Hospital**

<b>Attendees</b>	Simon Dyer	Deputy Chair (Patient Governor)	SD
	Nowell Anderson	Public Governor	NAn
	Anna Hodson-Pressinger	Patient Governor	AHP
	Guy Pascoe	Public Governor – London Borough of Hammersmith and Fulham	GP
	Laura Wareing	Public Governor – London Borough of Hounslow	LW
<b>In attendance</b>	Melanie van Limborgh	Deputy Director of Nursing	MvL
	Shan Jones	Director of Quality Improvement	SJ
	Roger Chinn (in part via a teleconference)	Deputy Medical Director	RC
	Vida Djelic (Minutes)	Board Governance Manager	VD
<b>Apologies</b>	Nigel Davies	Chair (Public Governor – Ealing)	ND
	Kush Kanodia	Patient Governor	KK
	Lynne McEvoy	Staff Governor – Nursing and Midwifery	LM
	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
	Nathan Askew	Director of Nursing	NA

<b>1.</b>	<b>Welcome and Apologies</b>	
	The Lead Governor welcomed members to the meeting.  Apologies that had been received were noted as above.	
<b>2.</b>	<b>Minutes of previous meeting held on 29 June 2018</b>	
	Minutes of the previous meeting were accepted as a true and accurate record of the meeting subject to minor spelling corrections.	
<b>3.</b>	<b>Matters Arising</b>	
	The sub-committee noted that all actions were completed and the following updates were received: <ul style="list-style-type: none"> <li>• LW is a governor representative on the Falls Steering Group; she confirmed that she will provide a regular feedback to the sub-committee from the Group's meetings.</li> <li>• Action 7 – MvL noted that NA will update at the next meeting on progress with education programme roll out.</li> </ul>	

<b>4.</b>	<b>COG Quality Improvement Awards</b>	
	<p>SD reported on the judging panel meeting, which took place earlier in the morning. Two candidates have been selected for the COG quality improvement awards, subject to confirmation upon further detail to be provided early next week.</p>	
<b>5.</b>	<b>CERNER EPR update (via a teleconference)</b>	
	<p>RC joined the meeting via a teleconference.</p> <p>RC provided an overview of CERNER EPR project which become operational in May on West Middlesex site; it will be rolled over to Chelsea and Westminster site in 2019. It has been regarded as one of the best introductions in recent years which make the best use of digital technology to deliver great patient care.</p> <p>RC praised work of clinical, operational and administrative staff for keeping clinics running and for keeping good level of performance for patients. He added that there had been some operational challenges, following the implementation of the new Cerner EPR at West Middlesex site, and staff were encouraged to report any issues and to suggest improvements. He emphasised that both of the Trust's sites continue to respond well and we continue to deliver on performance metrics. Currently, there is preparatory work underway in respect of moving to the next phase of the project with the key element being communication between different electronic systems.</p> <p>In response to a question from SD, RC confirmed that Last Word will be replaced with CERNER EPR system. In response to a further question from SD if there any lessons to be learnt from other organisations, RC confirmed that this would be Imperial.</p> <p>In response to a question from GP if the new system would help with handling patient appointments, RC said that CERNER EPR would enable this.</p> <p>SD thanked RC for very informative update on CERNER EPR.</p>	
<b>6.</b>	<b>Quarter 1 2017/18 Incident Summary Report</b>	
	<p>SJ provided the following highlights from incidents reported during Q1 2018/19:</p> <ul style="list-style-type: none"> <li>• A total of 3,702 Incidents were reported during Q1 of 2018/19, which is a slight decrease of 1% compared to the Q4 of 2017/18.</li> <li>• The top 5 incident categories in Q1 include: pressure ulcers, maternity incidents, medication incidents, patient falls and provision of care / treatment.</li> <li>• The Trust reported 4,361 incidents (rate of 29.16 per 1,000 bed days) during the last National Reporting Learning System reporting period, which was between 1 April 2017 - 30 September 2017. The median reporting rate is 41.68 incidents per 1,000 bed days.</li> <li>• The Trust encourages and supports staff to report incidents and near miss events so that the rest of the organisation can learn from safety incidents and improve patient care. Examples of regular feedback mechanisms include newsletters highlighting incidents which have prompted action, case study reports and patient stories, trend analysis, meetings at ward and department level to discuss</li> </ul>	

	<p>incidents and feedback and shared learning at clinical governance half day meetings.</p> <ul style="list-style-type: none"> <li>• Staff survey responses about incident reporting are above average.</li> <li>• There is strong clinical governance support team which provides support to clinical divisions.</li> </ul> <p>In response to GP's question regarding incident on p.5 no.3, SJ said that the particular incident did not happen at the Trust but that it was an external incident.</p> <p>In response to a further question from GP regarding higher proportion of pressure ulcer incidents in Q1, SJ confirmed that those incidents were reported on West Middlesex site.</p> <p>LW asked if all incidents are reported on through this report and queried if two incidents relating to anaesthetists which she has recently learnt about would be included in this report. SJ said that she would need to have more detail about the incidents in order to be able to confirm and added that incidents which meet the criteria would appear in this report. To that end, governors should be assured that there are systems and processes in place to investigate and manage risks rather than sharing confidential data about individual incidents. The incidents report is used to inform the organisation about recent Trust-wide incident trends, themes and to support the work of the Patient Safety Group. The Patient Safety Group reports to the Quality Committee (a board Committee). In turn the Non-Executive Director Chair of Quality Committee provides regular report to the Council of Governors. In addition serious incidents report goes regularly to Board public meetings.</p> <p>In response to AHP's comment about governors sometimes receiving detail about patient's individual issues, SD confirmed that governors are expected to forward patient to PALS and to treat any patient data as confidential. Complaints and compliments get logged on the Datix system for investigation with the relevant service area and any learning.</p> <p>AHP praised the organisation for its continuous work on improving services.</p>	
<b>7.</b>	<b>Quality Improvement update</b>	
	<p>MvL introduced her involvement in care quality programme, compliance with CQC standards and organisation preparedness for CQC inspection. The Trust aims to meet all CQC standards and wider beyond CQC it is looking at having a sustainable long term quality programme. This work is strongly supported by all divisions and the Trust's Quality Committee review the programme.</p> <p>In the latest round of CQC inspection in 2017/18 the Trust gained 'Good rating'. Another round of CQC inspection in specialities which gained 'Good rating' in the previous inspection in 2014 is due for re-inspection. Some work has been undertaken in preparation for re-inspection; some examples include: interview preparation, reviewing quality improvement plans and identifying any gaps, organising mock up inspections, peer review and looking at CQC standards etc.</p> <p>MvL noted that she will provide an update on ward accreditations at the November sub-committee.</p>	

	SD queried how learning from ward accreditations is embedded in the organisation. MvL said that culture has changed positively towards quality and staff are now more open to reviews and assessments and learning from quality improvement.	
<b>8.</b>	<b>Patient Experience Report</b>	
	<p>MvL introduced the report and highlighted the following points:</p> <ul style="list-style-type: none"> <li>• The Trust consistently meets the required Friends and Family Test target on 30% response rate and 90% recommended rate for inpatient areas. The feedback is also used within departments to make changes and improve services, displayed on the PROUD boards.</li> <li>• The Trust has some challenge which is receiving attention to meet the 30% response rate target in Emergency Department, sexual health, maternity and paediatrics.</li> </ul> <p>GP queried why the target response rate is set so high in Emergency Department when we already know that the response is consistently low which is highly likely to be due the nature of how emergency Department operates.</p> <p>SD asked if NA can find out if the same trend follows in other hospitals across the country and if this can be fed back nationally. MvL undertook to feedback this to NA.  <b>Action: MvL to feedback to NA.</b></p> <p>GP asked how Trust's response rates compare to other Foundation Trusts and if richer detail can be provided to the sub-committee.  <b>Action: MvL to ask NA to provide to the sub-committee.</b></p> <p>MvL highlighted that the restructure of the complaints team, a change in process and the launch of a revised policy in April 2018 are starting to have an impact. Each complaint is reviewed by the Director of Nursing and Chief Executive when it arrives in the Trust and is also reviewed by the Divisional Director of Nursing. The team have developed learning from complaints report which will also be used to assist in sharing learning across the divisions and the wider organisation. The Quality Committee is regularly provided with reports on learning from serious incidents, complaints and claims.</p> <p>She drew sub-committees' attention to the graph on p. 38 of the meeting pack which illustrated low percentage of the total open complaints and the overdue complaints (which have not been acknowledged in 2 working days).</p> <p>GP praised Trust's complaints response rates (responded to in 25 working days) reached in July as detailed on p.39, graph 2 and queried a low compliance rate in August. MvL said that this may have been due to holiday time.</p> <p>MvL also highlighted the work of volunteers –</p> <ul style="list-style-type: none"> <li>• A full time administrator and Volunteer Service Manager have been appointed</li> <li>• Currently 300 volunteers working at the Trust</li> <li>• The Trust had 399 applications to the service</li> <li>• The Trust recruited and deployed 118 volunteers</li> <li>• There are three key areas of volunteering: Helpforce – Bleep volunteers, Youth Volunteers and End of Life care volunteers</li> </ul> <p>In response to AHP's question if there is age limit for the category End of Life care</p>	

	<p>volunteers, MvL undertook to check this with NA.</p> <p><b>Action: MvL to check with NA if there is age limit for the category End of Life care volunteers.</b></p> <p>In response to a question from GP on how volunteers are received by wards, SD said that the Volunteering Strategy describes the process and staff put an effort to bring volunteers in; volunteers receive an appropriate level of training and get enabled to assist staff.</p>	
<b>9.</b>	<b>Integrated Performance Report June and July 2018 – for information</b>	
	<p>The sub-committee noted the report.</p> <p>SJ highlighted Trust’s performance in key areas:</p> <ul style="list-style-type: none"> <li>• A&amp; E waiting time – 95.6% achievement in July ranking the Trust to be number 1 in London.</li> <li>• RTT incomplete performance – the Trust continues to meet the national target.</li> <li>• 62 day cancer referrals performance – the Trust continues to meet the national target with the exception of breast referral due to an administrative issue which has now been resolved.</li> <li>• A presentation of a new national benchmarking tool Public View was provided at the September Board Public meeting; the tool brings together the public NHS data sets for the purposes of performance and quality benchmarking.</li> </ul> <p>GP queried what PTL stands for. SJ explained that it stands for Patient Tracking List and added that there has been an issue with data quality on West Middlesex site post the implementation of CERNER. The issue had been investigated in conjunction with NHSI and regular meetings taking place to correct data quality issues.</p>	
<b>10.</b>	<b>Governor’s patient story and feedback on patient contacts</b>	
	<p>GP reported on a compliment letter he had received from a patient, content of which he shared with the sub-committee.</p> <p>SJ shared her personal experience of ED and highlighted how caring, kind and compassionate staff were.</p> <p>AHP reflected back on her inpatient experience from last year which she fed back at the last meeting and added that she would like to ask a further question about training provided to senior doctors and consultants on ‘bedside manner’ and empathetic treatment of patient. VD undertook to speak with AHP to assist with formulating a question for inclusion in the Governors’ questions.</p> <p><b>Action: VD to speak with AHP to assist with formulating a question for inclusion in the Governors’ questions.</b></p>	
<b>11.</b>	<b>Forward Plan</b>	
	<p>This paper was noted.</p>	
<b>12.</b>	<b>Any other business, including Chair of Quality Sub-Committee</b>	

	<p>VD informed the sub-committee that she has recently heard from the Chair of the sub-committee who suggested that a new Chair would need to be sought since he is unlikely to resume the role.</p> <p>On the basis of significant number of governors coming up for re-election, VD proposed that the Lead Governor chairs the November meeting with a view of having a further discussion after the November election, once the composition of the Committee is known.</p>	
<b>13.</b>	<b>Date of next meeting – 7 November 2018, 11.00-13.00, Boardroom, CW</b>	

The meeting closed at 12.00.

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**Council of Governors Meeting, 27 September 2018**

<b>AGENDA ITEM NO.</b>	2.6/Sep/18																
<b>REPORT NAME</b>	*Governors' Questions																
<b>AUTHOR</b>	Various																
<b>LEAD</b>	Lesley Watts, Chief Executive Officer																
<b>PURPOSE</b>	To note.																
<b>SUMMARY OF REPORT</b>	<p><b>1. The question raised by Governor Christopher Digby-Bell:</b>  1.1 Today, the NHS announced a record number of nursing vacancies. We all recognise the importance of doing everything reasonably possible to attract and retain good staff. Can we find out please how many staff commute by car and whether they would regard it as a significant burden or disincentive to have to pay the increased car parking charges?</p> <p><b>Response from Karl Munslow-Ong, Deputy Chief Executive:</b>  Staff numbers with parking permits by site:</p> <p>C&amp;W Site</p> <table border="1"> <thead> <tr> <th>Staff Group</th> <th>Number of Permits</th> </tr> </thead> <tbody> <tr> <td>Nursing Staff</td> <td>264</td> </tr> <tr> <td>Medical Staff</td> <td>106</td> </tr> <tr> <td>Administration Staff</td> <td>154</td> </tr> </tbody> </table> <p>WMUH Site</p> <table border="1"> <thead> <tr> <th>Staff Group</th> <th>Number of Permits</th> </tr> </thead> <tbody> <tr> <td>Nursing Staff</td> <td>562</td> </tr> <tr> <td>Medical Staff</td> <td>239</td> </tr> <tr> <td>Administrative Staff</td> <td>159</td> </tr> </tbody> </table> <p>As we have previously reported to Council, the proposed staff parking charges were taken through our Partnership Board which includes staff side representatives who accepted the proposed changes, particularly as prices had remained static for the previous few years. It is worth noting that staff travelling by public transport have faced above inflation price increases during the same period. We have not seen a reduction in the number of staff retaining their parking permits as a result of the price increase.</p>	Staff Group	Number of Permits	Nursing Staff	264	Medical Staff	106	Administration Staff	154	Staff Group	Number of Permits	Nursing Staff	562	Medical Staff	239	Administrative Staff	159
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<b>KEY RISKS ASSOCIATED</b>	None.
<b>FINANCIAL IMPLICATIONS</b>	None.
<b>QUALITY IMPLICATIONS</b>	None.
<b>EQUALITY &amp; DIVERSITY IMPLICATIONS</b>	None.
<b>LINK TO OBJECTIVES</b>	NA
<b>DECISION/ ACTION</b>	For information.