



27 November 2015

Dear Governors,

Council of Governors Meeting
Thursday, 3 December 2015

Please find enclosed the Agenda and Papers for the Council of Governors Meeting on Thursday 3 December 2015.

The arrangements for the day are as follows:

- 14.30 – 15.30: New Governors pre-meeting with the Chairman Sir Thomas Hughes-Hallett and Chief Executive, Officer Lesley (Chelsea and Westminster Hospital Boardroom, lower ground floor, lift bank B)
- 16.00 – 18.00: Council of Governors General Meeting (Chelsea and Westminster Hospital Boardroom, lower ground floor, lift bank B)

All previous and new governors are very welcome to attend.

We look forward to seeing you all.

Yours sincerely,

Vida Djelic
Board Governance Manager



COUNCIL OF GOVERNORS
3 December 2015, 16.00 – 18.00
Hospital Boardroom, Chelsea & Westminster Hospital

Agenda

GENERAL BUSINESS					
16.00	1.	Welcome & Apologies for Absence	Verbal		Chairman
16.02	2.	Announcement of Council of Governors election results (due to the results being published on Monday, 30 November)	To be tabled		Chairman
16.10	3.	Declarations of Interest	Verbal		Chairman
16.12	4.	Minutes of Previous Meeting held on 22 October 2015	Report	For Approval	Chairman
16.15	5.	Matters Arising and Action Log <ul style="list-style-type: none"> Including Recruitment and Retention update 	Report Verbal	For Information	Chairman/ Director of HR &OD
16.25	6.	Chairman's Report, including <ul style="list-style-type: none"> Appointment of Deputy Chairman of the Board of Directors Election of Lead Governor 	Verbal Verbal Report	For Information	Chairman
16.40	7.	Chief Executive Officer's Report	Report	For Information	Chief Executive Officer
16.45	8.	Governors' Questions	Report	For Information	Chief Executive Officer
STATUTORY/MANDATORY BUSINESS					
16.55	9.	Governors' chosen indicator for the Quality Account 2015/16	Report	For approval	Director of Corporate & Legal Affairs
TRUST PERFORMANCE					
17.05	10.	Integrated Performance Report	Report	For Information	Chief Operating Officer
REPORTS FROM GOVERNOR COMMITTEES					
17.20	11.	Quality Sub-Committee Report: 13 November 2015	Report	For Information	Chair of Quality Sub-Committee
17.30	12.	Membership Sub-Committee Report: 10 November 2015, including: <ul style="list-style-type: none"> Membership Engagement and Communication Calendar of events – update 	Report	For Information	Chair of Membership Sub-Committee Head of Communications

		<ul style="list-style-type: none"> Council of Governors Funding Report 			Director of Corporate & Legal Affairs
17.40	13.	Council of Governors meeting dates for 2016/17	Report	For Information	Director of Corporate & Legal Affairs
17.45	14.	Questions from public	Verbal		Chairman
17.55	15.	Any other business			
18.00	16.	Date of next meeting – 17 March 2016			



Minutes of the Council of Governors

Held at 16.35 on 22nd October 2015 in the Main Hospital Boardroom, Chelsea & Westminster Hospital

Present:	Sir Thomas Hughes-Hallett	Trust Chairman	(Chair)
	Walter Balmford	Patient Governor	(WB)
	Christine Blewett	Public Governor	(CBL)
	Nicky Browne	Appointed Governor	(NB)
	Cass Cass-Horne	Patient Governor	(CCH)
	Tom Church	Patient Governor	(TC)
	Edward Coolen	Public Governor	(EC)
	Lou De Palo	Staff Governor	(LDP)
	Catherine Faulks	Appointed Governor	(KF)
	Angela Henderson	Patient Governor	(AH)
	Anna Hodson-Pressinger	Patient Governor	(AHP)
	Melvyn Jeremiah	Public Governor	(MJ)
	Martin Lewis	Public Governor	(ML)
	Kathryn Mangold	Staff Governor	(KM)
	Susan Maxwell	Patient Governor	(SM)
	Wendie McWatters	Patient Governor	(WMC)
	Philip Owen	Public Governor	(PO)
	Tom Pollak	Public Governor	(TP)
	Diane Samuels	Staff Governor	(DS)
	Charles Steel	Patient Governor	(CS)
	George Vasilopoulos	Staff Governor	(GV)
	Steve Worrall	Public Governor	(SW)

In Attendance:	Lesley Watts	Chief Executive	(LW)
	Andrew Jones	Non-Executive Director	(AJ)
	Liz Shanahan	Non-Executive Director	(LS)
	Karl Munslow-Ong	Chief Operating Officer	(KMO)
	Zoe Penn	Medical Director	(ZP)
	Heather Bygrave	Deloitte (Independent Reporting Accountant)	(HB)
	Sir John Baker	Non-Executive Director	(JB)
	Jeremy Loyd (part meeting)	Non-Executive Director	(JJ)
	Nick Gash	Incoming Non-Executive Director	(NG)
	Vida Djelic	Board Governance Manager	(VD)
	Jane Lewis	Deputy Director of Corporate Affairs	(JL)

Apologies:	Nilkunj Dodhia	Non-Executive Director	(ND)
	Thomas Lafferty	Director of Corporate & Legal Affairs	(TL)
	Samantha Culhane	Public Governor	(SC)
	Brian Gazzard	Staff Governor	(BG)

	<p><i>These minutes capture the discussions held in relation to the standing items of business addressed by the Council of Governors at its 22nd October 2015 meeting.</i></p> <p><i>Discussion in relation to agenda Item 1, the appointment of Non-Executive Directors, is recorded in a separate minute, appended to this document.</i></p>	
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<p>1.</p> <p>a.</p> <p>b.</p> <p>c.</p> <p>d.</p>	<p>Welcome, Apologies for Absence and Declarations of Interest</p> <p>The Chair welcomed all present to the meeting.</p> <p>The apologies for absence received were noted.</p> <p>No declarations of interest were made.</p> <p>In advance of the formal part of the meeting, the Chairman on behalf of the Council and the Trust thanked the following Governors for their tenure as they will be stepping down;</p> <table border="1" data-bbox="293 573 983 1128"> <thead> <tr> <th>Governor Name / Constituency</th> <th>Date Elected/appointed</th> </tr> </thead> <tbody> <tr> <td>Walter Balmford – Patient</td> <td>November 2012</td> </tr> <tr> <td>Wendie McWatters – Patient</td> <td>November 2012</td> </tr> <tr> <td>Charles Steel – Patient</td> <td>July 2013</td> </tr> <tr> <td>Christine Blewett – Public: London Borough of Hammersmith & Fulham</td> <td>November 2006</td> </tr> <tr> <td>Dr Brian Gazzard – Staff: Medical and Dental Class</td> <td>November 2006</td> </tr> <tr> <td>Nicky Brown – Appointed: Royal Marsden Hospital</td> <td>December 2012</td> </tr> </tbody> </table> <p>The Chairman added his personal gratitude to the out-going Governors who had been inspirational to work with and had contributed so much to the organisation.</p>	Governor Name / Constituency	Date Elected/appointed	Walter Balmford – Patient	November 2012	Wendie McWatters – Patient	November 2012	Charles Steel – Patient	July 2013	Christine Blewett – Public: London Borough of Hammersmith & Fulham	November 2006	Dr Brian Gazzard – Staff: Medical and Dental Class	November 2006	Nicky Brown – Appointed: Royal Marsden Hospital	December 2012	
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<p>2.</p> <p>a.</p> <p>b.</p> <p>c.</p>	<p>Council of Governors Quality Awards</p> <p>The Council of Governors were delighted to present the autumn 2015 Quality Awards. The winning teams received £250 and single winners received £100 and are follows;</p> <p>1. Rupen Dattani, Consultant Orthopaedic Surgeon Rupen Dattani developed a mobile phone app that serves as a guide to junior doctors summarising individual responsibilities and departmental protocols as well acting as an ‘aide memoire’ for commonly encountered orthopaedic conditions.</p> <p>The app provides junior doctors with the practical tools and departmental knowledge necessary to perform their job and advises them of the unique departmental protocols and targets in place to ensure that they deliver safe and efficient patient care.</p> <p>2. Kathryn Mangold and her team which includes the Lead Nurse for Adult Safeguarding, Kensington & Chelsea Community Learning Disability team and the families and carers of patients with a learning disability.</p> <p>They won for their ‘Let’s get it right’ campaign for patients with a learning disability.</p> <p>The Care Quality Commission (CQC) Inspection in July 2014 highlighted that the Trust was not consistently compliant with all the standards of care required, by both the CQC and Monitor, for patients with a learning disability and their families and carers. Kathryn and</p>															

	<p>her team have worked endlessly to bring C&W into line with national standards, and are also working now to bring WMUH on board.</p> <p>d. 3. Madushree Miseer and Team Madushree Miseer (Team Lead Occupational Therapist) won their award for leading and working with the Edgar Horne Health Care Assistants (HCAs), nurses, volunteers and CW+ to improve the care for people with dementia.</p> <p>A weekly activity group was established with the support of CW+ to address the lack of activity for people with dementia and older people. The HCAs and nurses are involved in identifying which patients would like to join the group and the volunteers for helping to support the group. Activities are chosen that would interest individuals or that the whole group would be interested in.</p> <p>This project improves the effectiveness of care by reducing boredom and averting difficult behaviours due to lack of activity.</p> <p>e. 4. The West Middlesex Laboratory Team The team formulated an initiative to have laboratory results available within 60 minutes in order to aid the rapid diagnosis and throughput of patients in the Emergency Department.</p> <p>They improved the processes; did a detailed review of pending lists, with particular attention by the out-of-hours staff who multi-task with specimen entry, pre-analytical processing and testing. The haematology team also support the hospital's blood transfusion demands, whilst maintaining the turnaround times for the Emergency Department (ED).</p> <p>This initiative has consistently enabled quick diagnosis, meaning a reduced stay in ED by either being able to discharge or admit the patients. Weekly turnaround times for key laboratory tests have consistently been 95% or above.</p> <p>f. 5. Miss Louise Page, Consultant Obstetrician & Gynaecologist at and her Perinatal Mental Health Community Education Provider Network Team (PNMH CEPN): The PNMH CEPN team applied for and were granted funding for the education project from Health Education North West London [HENWL]. Almost £200,000 in funding has been secured from HENWL, along with £12,000 from NWL CLAHRC.</p> <p>The PNMH CEPN team provide a consistent and coherent message regarding PNMH, which is paramount to patient safety.</p> <p>Evidence demonstrates the early identification & proactive management of psychological/psychiatric conditions in the perinatal period is likely to reduce admissions to psychiatric units, improve compliance with antenatal care, reduce obstetric complications & promote the well-being of children.</p> <p>On behalf of the Council of Governors, The Chairman congratulated all the winners and thanked them for their inspirational work.</p>	
<p>3.</p> <p>a.</p> <p>b.</p>	<p>Minutes & Matters Arising from Previous Meetings: 11 August 2015</p> <p>The minutes from the previous meetings were agreed as a true and accurate record.</p> <p>It was noted that the of the actions listed within the meeting action log had either been completed or an explanation provided within the report.</p>	

<p>4.</p>	<p>Chairman’s Report</p> <p>a. Following the meeting held in private prior to this meeting, the Chairman was pleased to announce that the Governors had endorsed the appointment of Nick Gash as a new Non-Executive Director. Nick was the former Chairman of West Middlesex University Hospital and brings with him a wealth of experience from this role, his previous role as the Chairman of the National Union of Students and his more recent public affairs consultancy.</p> <p>b. The Chairman also welcomed Lesley Watts, Chief Executive to her first Council of Governors meeting.</p> <p>c. The Chairman was pleased to report that there has been a significant increase in the number of people putting themselves forward for the forthcoming Governor elections. The Chairman paid tribute to the Governors who have been working tirelessly at the West Middlesex to encourage people to join the membership and to stand for election.</p> <p>d. The Chairman advised the Council that he has been asked to join the NHS Improvement Agency advisory board for the new regulator.</p>	
<p>5.</p>	<p>Chief Executive’s Report</p> <p>a. In presenting her report, LW provided an overview of her previous experience as a nurse, midwife and general manager which have all been underpinned by a genuine commitment to the NHS, high standards of patient care and staff well being. Chelsea & Westminster’s good reputation and track record of performance attracted her to the role and the acquisition of West Middlesex offered exciting opportunities to take the organisation forward to realise the clinical, financial and operational benefits the Trust has set out to achieve.</p> <p>b. LW was pleased to note the significant contribution that Governors and staff made to the effective management of the recent internal incident that arose following a gas leak very near to the hospital and she thanked everyone involved for their contribution.</p> <p>c. In terms of ‘grip’ on the Trust’s performance, KMO reported that September’s performance, the first month of the combined organisation resulted in achievement of all indicators with the exception of the learning disabilities standard. This is an important milestone as it demonstrates the greater strength of the combined organisation. LW added her thanks to the operational team for their achievements in this regard.</p> <p>d. Governor ML advised the Council that he had recently visited Dean Street and he was pleased to report that staff have now settled after the information breach on 1st September and the numbers of service users has increased. The Chairman reported that a full investigation is underway and will report back to the Board in due course ensuring that lessons are learnt for avoid a recurrence.</p>	
<p>6.</p>	<p>Governors’ Questions</p> <p>a. The Council reviewed and noted the responses that had been provided by the Executive to the Governors questions.</p> <p>b. In addition to the question raised about the reception area and the PALS office at West Middlesex, LW confirmed that a full review is being undertaken to improve the accessibility of both functions.</p>	

<p>c.</p> <p>d.</p> <p>e.</p>	<p>In response to an additional question from Governor EC, the Chairman encouraged the Governors to contact the Executive team via email if they have any issues of concern in between Council meetings.</p> <p>In response to Governor GV's question about disabled parking charges, KMO confirmed that the Trust's PFI partner implement parking charges in line with the West Middlesex Travel Plan but there will be an opportunity to review these when the current contract is up for renewal in 2018.</p> <p>In response to LW, the Governors endorsed the format of this agenda item but undertook to raise questions with the Executive on an on-going basis as and when issues arise.</p>	
<p>7.</p> <p>a.</p> <p>b.</p> <p>c.</p> <p>d.</p> <p>e.</p>	<p>Annual report and Accounts 2014/15</p> <p>The Council noted the key highlights from the 2014/15 annual report and accounts detailed in the paper.</p> <p>Governor ML asked if the delayed local authority payments were from any one particular local authority. LB explained that all local authorities had experienced challenges with the change over of sexual health funding from CCG's and that the delayed payments were not specific to any one local authority. LW was pleased to note that the new procedures are now embedded and that an improvement has already been seen this financial year 2015/16.</p> <p>In response to Governor ML, LB confirmed that sexual health screening is a service which is free to overseas visitors through Public Health England. In response to Governor AH, LW confirmed that the Trust will continue to recover any funds that are due by overseas visitors. NG added that due to the proximity of West Middlesex to Heathrow, there is good practice in terms of robust procedures which could be shared with the Chelsea & Westminster site.</p> <p>The Chairman drew the Council's attention to the tightening of fiscal circumstances across the NHS which means that for the first time in over a decade the Trust is planning a deficit for 2015/16. Debt recovery will however be a focus for the Trust during the year. LW added that with the disaggregation of some national funding streams this will put added pressure in some areas particularly specialist services as funding is not yet available in the right place.</p> <p>The Council noted the report.</p>	
<p>8.</p> <p>a.</p> <p>b.</p> <p>c.</p>	<p>External Audit Report</p> <p>In presenting her firm's report, HB drew the Council's attention to the unmodified (clean) opinion they had issued on the financial statements. In relation to Value for Money, no exceptions were reported as they were satisfied that the Trust had made proper arrangements for security, economy, efficiency and effectiveness in the use of resources.</p> <p>In relation to the Annual Governance Statement no exceptions were reported as they were satisfied that the statement was complete and consistent with the auditors understanding.</p> <p>In relation to the specified testing of the Quality Report, a number of recommendations were made as a result of the limited assurance report which was qualified in respect of the 18 week Referral to Treatment incomplete pathway metric. HB noted that similar issues were also found to be present at a number of other Trusts with 60% also receiving</p>	

	<p>a qualified opinion. KMO added that the Trust was aware of data quality issues and invited the Intensive Support Team in to support a Trust wide review. There is a significant amount of work underway to review and improve the Trust's systems and processes.</p> <p>d. HB drew the Committee's attention to the 'red' control recommendations following the year end 2015, namely;</p> <ul style="list-style-type: none"> • Statutory financial reporting process, • Quality Report process, and • Engagement with the Agreement of Balances process. <p>e. In response to Governor CF, the Chairman confirmed that whilst there have been improvements in the timeliness of payments for sexual health services by local authorities, there is still room for improvement.</p> <p>f. In response to Governor PO, KMO explained that the 18 week Referral to Treatment indicator is complex to monitor but cost of the resource that the Trust deploys to monitor performance has to be proportionate. JB added that it is challenging for all Trust's to manage the incomplete pathways due to the complexity of shared pathways with other Trusts. Governor NB, added that all NHS Trust's face similar issues with regards to data quality of this pathway and the Council can be assured that there was no intention to mislead the public with regards to the Trust's performance.</p> <p>g. The Council noted the report.</p>	
<p>9.</p> <p>a.</p> <p>b.</p> <p>c.</p> <p>d.</p>	<p>Audit Committee Annual report</p> <p>JB presented the annual report which provided an overview of the Audit Committee activities for the financial year 2014/15 in addition to evidence for assurances that have been made to the Board with regards to risk management, internal control and the adequacy and effectiveness of the governance processes.</p> <p>The paper also outlined how the Audit Committee assessed the effectiveness of the external audit process and the significant issues that it has considered in relation to the 2014/15 Annual Accounts. The opinion of the Committee is that the Trust's risk management, control and governance processes are adequate and effective and could be relied upon by the Board.</p> <p>JB paid tribute to the relationship between the Trust and the Trust's external auditors and thanked HB for her significant contribution.</p> <p>The Council noted the report.</p>	
<p>10.</p> <p>a.</p> <p>b.</p> <p>c.</p>	<p>Integrated Performance Report – August 2015</p> <p>The report was received and noted. KMO reported that out of 19 Trusts across London, 16 failed the A&E performance standards in September but the Trust was one of the 3 top performing Trusts. Plans to manage the winter pressures are in well underway and whilst there will be challenges he is hopeful that there will be an appropriate level of resilience built into the Trust's arrangements.</p> <p>The Referral to Treatment data validation exercise is underway with a focus on staff training and education so they fully understand the importance of the quality of data they record.</p> <p>August's validated performance for cancer will not be reported until October for both</p>	

	<p>sites, but it is anticipated that the 62 day target will not be met for either site. Some of the pathways are complex including the prostate pathway but there are learning opportunities between the two sites to improve pathway management.</p> <p>d. The workforce challenge remains the one of the most significant issues for the Trust. Unplanned staff turnover and vacancy rates remain high although there has been some positive signs of improvement with successful overseas nurse recruitment. The Council agreed that a presentation of the work programme to address the on-going recruitment challenges would be welcome at the next Council meeting.</p> <p>e. In response to Governor PO, LW agreed that further work needs to be undertaken to improve the number of staff receiving an appraisal but there are signs that compliance rates are improving.</p> <p>f. In response to Governor ML, KMO confirmed that none of the posts that have been identified as part of the Cost Improvement Programme are front-line nursing posts. A number of management posts have not been recruited to due to the on-going work to align staffing structures post the acquisition. It is important that the organisation understands why staff leave and to this end exit interviews are being undertaken. LW added that she will ask the Director of HR to ensure the report narrative better explains the context of the workforce issues.</p> <p>g. The Chairman assured the Council that there is a real focus by the Director of Nursing to deliver the nursing strategy in conjunction with the interim HR Director but there is a recognition that there will need to be a permanent appointment to the HR Director post in due course.</p> <p>h. Governor CB advised the Council that the Quality Committee are overseeing an improvement to the mandatory training compliance rates.</p> <p>i. Governor NB noted that the Government have now lifted the ban on nurse recruitment from Australia and New Zealand. The Chairman added that Trusts are now able to determine nurse to patient ratios and that as the organisation moves forward within an ever more challenging financial environment there will be a need to review skill mix and explore innovative ways of changing traditional staffing models. It was noted that the imperative is to reduce the vacancy rate which will improve quality, staff morale and reduce costs.</p> <p>j. In response to Governor EC, LW assured the Council that the Trust is absolutely focused on maintaining safety and that the incoming cap on agency staff will not compromise this position.</p> <p>k. In response to Governor CF, the Chairman agreed that there is scope to improve the use of volunteers within the organisation and to this end he has recruited two of the out going Governors to support a Trust wide initiative.</p>	<p>Peta Haywood (PH)</p> <p>LW/PH</p>
<p>11.</p>	<p>Membership Strategy, Membership Engagement Calendar and Council of Governors funding report (taken as one item)</p> <p>a. The reports were received and noted.</p> <p>b. In response to Governor KM, JL confirmed that the carol service and staff choir event will be held at Chelsea & Westminster on 10th December 2015.</p> <p>c. The Chairman asked that further consideration be given to the Light up a Life events to ensure that December is the most appropriate time of year for these to be held.</p>	

12.	Quality Sub-Committee Report: 2nd October 2015	
a.	The report was received and noted.	
13.	Membership Sub-Committee Report: 1st October 2015	
a.	The report was received and noted.	
b.	The Chairman noted that Governor WB will chair his last meeting of the Membership Sub-Committee in November.	
14.	Questions from Members of the Public	
a.	Nil.	
15.	Any Other Business	
a.	Governor WMc praised the A&E staff who treated her with great care and respect during a recent attendance in the department.	
b.	Governor TC expressed his concern regarding his recent personal experiences with his outpatient appointments which were subject to poor administrative processes and caused a great deal of inconvenience to him. The Chairman apologised and acknowledged that his experience is regrettably reflective of many other patients. KMO assured the Council that patient administration is one of the Trust's top priorities and whilst this is a significant project there is absolute commitment to improve the patient experience. JB added the importance of working with patients to negotiate appointment times rather than sending out appointments which are often inconvenient.	
11.	Date of Next Meeting: 3 December 2015	

The meeting was closed at 18.10.

Council of Governors – 22nd October 2015
Action Log

Minute number	Agreed Action	Current Status	Lead
10.e	Present to the next Council meeting details of the plan to address the recruitment challenges		Peta Hayward
10.f	Ensure the narrative within the Integrated Performance Report better explains the context of workforce issues		Peta Hayward

DRAFT

Minutes of the Council of Governors

Held at 16.30 on 22nd October 2015 in the Main Hospital Boardroom, Chelsea & Westminster Hospital

Present:	Sir Thomas Hughes-Hallett	Trust Chairman	(Chair)
	Walter Balmford	Patient Governor	(WB)
	Christine Blewett	Public Governor	(CBL)
	Nicky Browne	Appointed Governor	(NB)
	Cass Cass-Horne	Patient Governor	(CCH)
	Tom Church	Patient Governor	(TC)
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	Diane Samuels	Staff Governor	(DS)
	Charles Steel	Patient Governor	(CS)
	George Vasilopoulos	Staff Governor	(GV)
	Steve Worrall	Public Governor	(SW)
In Attendance	Jane Lewis	Deputy Director of Corporate Affairs	(JL)
Apologies:	Samantha Culhane	Public Governor	(SC)
	Brian Gazzard	Staff Governor	(BG)

1.	Appointment of Non-Executive Directors	
a.	The Chairman advised the Council that two candidates were interviewed on 15 th October 2015 for the current Non-Executive Director vacancy.	
b.	The appointment panel comprised: Sir Thomas Hughes-Hallett, Chairman Angela Henderson, Governor Susan Maxwell, Governor Phillip Owen, Governor Jeremy Loyd, Non-Executive Director Lesley Watts, Chief Executive	
c.	The appointment panel were unanimous in their decision and had proposed the appointment of Mr Nick Gash (NG). It was noted that NG is a resident of the London Borough of Hounslow and was the Chairman at West Middlesex University Hospital Trust (WMUH) prior to the acquisition on 1 st September 2015. During his tenure at WMUH, NG had chaired or was a member of a number of Board sub-committee's including the Finance & Performance, Audit, Equalities and Clinical Excellence Committees. The Chairman noted that NG would bring a wealth of valuable experience to the Trust, particularly with regard to issues relating to the WMUH constituency areas. He added	

<p>d.</p> <p>e.</p> <p>f.</p>	<p>that NG was a well-respected member of his local community and Chairs the Arts Council in Hounslow.</p> <p>Each of the interview panel members confirmed that they endorsed the proposed appointment.</p> <p>Following discussion, the Council unanimously APPROVED the appointment of NG for a term of three years.</p> <p>The Chairman also asked the Council to support the re-appointment of Jeremy Loyd for a further term of two years. Following discussion, the Council APPROVED this appointment.</p> <p>The meeting closed at 16.35 hours</p>	
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Council of Governors – 22 October 2015 Action Log

Meeting	Minute Number	Agreed Action	Current Status	Lead
October 2015	10.e	Present to the next Council meeting details of the plan to address the recruitment challenges.	Verbal update at meeting.	Peta Hayward
	10.f	Ensure the narrative within the Integrated Performance Report better explains the context of workforce issues	The narrative for the Workforce Board report has been incorporated with more detail. We are currently reviewing the process reporting to combine the results to include both CWH and WMUH.	Peta Hayward



Council of Governors Meeting, 3 December 2015

AGENDA ITEM NO.	6.2/Dec/15
REPORT NAME	Election of Lead Governor – process
AUTHOR	Thomas Lafferty, Director of Corporate & Legal Affairs
LEAD	Thomas Hughes-Hallett, Chairman
PURPOSE	To comply with the Trust's constitution requirements.
SUMMARY OF REPORT	As enclosed.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	N/A
LINK TO OBJECTIVES	All
DECISION/ ACTION	For approval.

Election of Lead Governor - Process

1.0 Introduction

- 1.1 It is now accepted practice within NHS Foundation Trusts for Councils of Governors to appoint or elect an individual Governor to act as 'Lead Governor'; indeed it is a requirement that the identity of Lead Governor be identified in each FT's Annual Report and notified to Monitor.
- 1.2 The Lead Governor acts as a key conduit between the Board of Directors and Council of Governors and also, as per Monitor's Code of Governance, has a role to play in facilitating direct communication between Monitor and the FT's Council of Governors, where this is appropriate¹.
- 1.3 Beyond this, there are more 'regular' duties and responsibilities which the Lead Governor is expected to undertake:
- To chair meetings of the Council of Governors where the performance of the Chairman is the subject of discussion or the nature of business nevertheless makes it appropriate for them to do so²;
 - To act as a 'sounding board' for the Chairman in relation to key governance issues or general Trust matters of interest to the Council of Governors;
 - To act as an interview panellist with regard to any Non-Executive Director appointments to the Board of Directors;
 - To play an active role in the Council of Governors' sub-Committee meetings.
- 1.4 In accordance with the Trust's Constitution, only *Public or Patient* Governors are eligible to stand for election as Lead Governor. Appointments will ordinarily last for a three year period, with the elected individual being eligible for re-election twice.

2.0 Constitutional Process

- 2.1 The process relating to the election of the Lead Governor is stipulated within the Trust Constitution; namely, that the Council of Governors shall elect one of the public or patient Governors of the Trust to be the Lead Governor in accordance with the following process:
- When the Lead Governor position becomes vacant, the Chairman shall invite public Governors and patient Governors to put themselves forward for the post of Lead Governor;
 - The Company Secretary will compile a list of Lead Governor candidates and will require the completion of an applicant form from each candidate detailing their election statement;
 - The final election of the Lead Governor will take place at a Council of Governors meeting by paper ballot (completed applicant forms will be distributed to the Council of Governors in advance);

3.0 Next Steps

- 3.1 As per the Constitutional provisions set out above, the public and patient Governors on the Council are now asked to nominate themselves for the role of Lead Governor. It is proposed that, as an initial step, Governors send expressions of interest to Vida Djelic, Board Governance Manager by **31 December 2015**. Applicant forms will subsequently be issued to interested parties.
- 3.2 The Council of Governors will be asked to elect its Lead Governor at its 17 March 2016 meeting.

Thomas Lafferty, Director of Corporate & Legal Affairs

¹ This particularly applies where there are concerns in respect of the performance or actions of the Board or with regard to the organisation's compliance with the rules established within its Constitution or in respect of the procedural fairness associated with Board appointments.

² Or in the unlikely scenario that no Non-Executive Director is in attendance at a Council of Governors' meeting.



Council of Governors Meeting, 3 December 2015

AGENDA ITEM NO.	7/Dec/15
REPORT NAME	Chief Executive's Report
AUTHOR	Lesley Watts, Chief Executive Officer
LEAD	Lesley Watts, Chief Executive Officer
PURPOSE	To provide an update to the Council of Governors on high-level Trust affairs.
SUMMARY OF REPORT	As described within the appended paper. Governors are invited to ask questions on the content of the report.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	For information.

**Chief Executive's Report
November 2015**

1.0 STRATEGIC DEVELOPMENTS

1.1 Shaping a Healthier Future (SAHF)

At the October Board meeting, the Board noted that the revised financial case in SAHF's Implementation Business Case (ImBC) was, as it stands, unlikely to meet a number of Department of Health / HM Treasury milestones. A revised approach to the programme will be presented at the next meeting of NHS England's Regional Oversight Group (ROG) on 24 November. Key aspects of this approach are:

- A continued focus on moving care closer to home, in particular supporting the development of Accountable Care Partnerships (ACPs) as a mechanism to redistribute acute 'in-hospital' spend to earlier in the urgent care pathway
- A system-wide approach to the reforming the urgent care pathway, with a particular focus on the 'tail' in length of stay for non-elective admissions
- Work Stream that particularly focuses on best practice across the Health System for:

End of life care
Use of Agency and Bank staff
Orthopaedics

This approach aligns with the Trust's current work to support ACP development and we will triangulate any approaches to reduce length of stay with our Electronic Patient Record (EPR) assumptions and the five year plan.

The Trust also intends to discuss the principles of our local approach to develop a lower cost estates solution to respond to the SAHF activity changes with commissioners at our meeting with them on 3 December.

1.2 Richmond Accountable Care Organisation (ACO)

In recent months, the Trust has been considering the impact of the national policy direction of *New Models of Care* and NHS England's *5 Year Forward View*. In North West London, the Whole Systems Pioneer is developing an approach to ACPs and it is likely that the post-SaHF provider landscape for delivery of 'out of Hospital' services will be dominated by these new ventures. This represents a considerable opportunity for the Trust to provide genuinely integrated care for its patients.

In accordance with this, Richmond CCG has invited CWFT (alongside Kingston Hospital FT, Hounslow & Richmond Community Trust and the Richmond Federation of GPs) to consider a partnership to provide a series of identified services. The CCG has issued a specification and the providers have signed an MOU to this end.

Legal and contracting advice has been sought to agree appropriate criteria through which to establish a 'host' provider for the contractual Joint Venture. The selection of a 'host' provider is on track to be completed in November 2015, following an assessment of all submissions.

Five clinical sub-groups have been established for different clinical pathways, involving clinical specialists from across partner organisations. Clinical engagement to date has been positive and productive within these sub-groups. Clinical sub-groups have been supported by project management resource from partner organisations with an initial focus on Chronic Disease management:

- Frail Elderly
- Diabetes
- Cardiology
- Respiratory

- End of Life

The partners will continue to work through key dependencies, risks and mitigations that are critical to both the new programme of care but also to maintaining business as usual.

2.0 PERFORMANCE

2.1 Financial Performance

In October (Month 7), the Trust is reporting a £0.45m surplus, a favourable variance of £0.1m against plan. The Trust's year to date (YTD) position is a £2.67m deficit. This position includes £1.2m of WM deficit funding.

With regard to site-specific performance:

- CW Site - £0.4m favourable variance in month 7 is driven mainly through over-performance in clinical income;
- WM Site - £0.3m adverse variance against the month 7 plan, driven mainly through the underachievement against clinical income and non-delivery of CIPs.

Below, I have made reference to the new Executive governance arrangements that will come into effect from January 2016. The new framework will emphasise the need for organisational 'grip' on financial control to ensure the Trust continues to deliver against the financial plan agreed with Monitor.

2.2 Operational Performance

The Trust's integrated performance report illustrates that both Trust sites delivered the 4-hour A&E target in October, with a combined site performance of 96.9%; although it is important to note that maintaining performance in this area continues to provide a challenge given the volume and acuity of patients presenting at A&E. Performance will be monitored on daily basis to ensure that the Trust remains on track to achieve the target for Quarter 3 2015/16.

The Trust remains non-compliant with both Referral-to-Treatment (RTT) indicators. It was anticipated that RTT data validation and implementation of improvements around the operational processes would negatively impact the performance position and last month it was stated that the likely position for the forthcoming months is that performance will further deteriorate before improving again to a compliant position. With regard to the validation exercise itself, demand and capacity modelling with the support of the NHS IMAS Intensive Support Team (IST) is now complete and the CW site RTT recovery trajectory is being developed based on the outputs of the modelling and the individual service plans.

With regard to the Cancer - 62 days GP referral to first treatment target, the Trust position as of 19 November is non-compliant with 2.5 patients breaching the target. Following low performance against the 62 day standard in August, it was identified that there had been a number of pathway delays for Urology patients. Although this has improved, a plan for improving performance has been developed and is being implemented. Actions include:

- Increased senior management monitoring of these standards via weekly Cancer meetings on both sites;
- Demand and Capacity modelling for surgical capacity is in progress on both sites;
- Focus on reducing delays in the pre-operative assessment service on the CW site by locating additional clinic space and recruiting additional staff;
- An increased and early escalation of pre-assessment delays on the CW site through the MDT Coordinator team and Cancer Services Manager;
- A cross site prostate pathway management review has been undertaken to determine how best practice can be implemented across the whole Trust.

The Chelsea and Westminster site is now compliant with the national recommendations for enhancing access to healthcare for people with learning disabilities (LD), following the implementation of the newly-designed 'easy-read'

appointment letter. The West Middlesex site remains non-compliant with the standards, but has an action plan in place to reach compliance with the remaining five standards by the end of 2015/16. The focus is on improving communication with patients with a learning disability about their appointments, training staff and undertaking regular audits.

Further detail on all aspects of performance, including with regard to clinical quality and the Trust's workforce, is contained within the Integrated Performance Report.

3.0 **GOVERNANCE**

3.1 Board Development

On 4 November, the Board participated in an externally facilitated 'away day' as part of the commencement of a Board Development Programme. The away day provided a valuable opportunity for Board members to work together in a more informal setting, discussing strategic initiatives and proposals for enhancing Board governance. Whilst there were several specific 'actions' arising from the away day, I am clear that this is only the start of a longer-term development programme that will aim to ensure that we are operating as a unitary Board and maximising the value brought by each individual Board member to Board business. Over the months ahead, several Board strategy sessions will be planned to continue the work.

Now that the Board Development Programme has commenced, it is important to review the developmental requirements of our Council of Governors, particularly given the fact that the Trust will be welcoming several new Governors as of 1 December. Again, the Trust will be diarising informal sessions between the Council and the Board that allow for key Trust issues to be debated and discussed in an informal setting; strengthening the relationship between the two and ensuring that Governor views (and the views of the Trust members whom they represent) are incorporated into the Trust's strategic planning.

3.2 Executive Governance

As of January 2016, the Trust will have, for the most part, embedded its divisional management structure following a comprehensive consultation process post-acquisition. This provides a vital opportunity for the Executive Team to consider improvements to Executive governance. In particular, it is important that the Executive Board (which meets on a twice monthly basis) is able to fulfil its stated objectives of being:

- The senior-most operational decision-making body within the Trust;
- An opportunity for the Executive team to discuss strategic initiatives before discussion at the full Board;
- A fundamental part of the Trust's core performance management arrangements.

On the latter point, under the new structure, each of the 'Divisional Bilateral' (performance) meetings will report into the Executive Board to enable a shared understanding of key risks, shortfalls and any aspects of under-performance; in addition to allowing the Executive to support key clinical service developments and initiatives.

From the perspective of the wider Board, I would expect the reworking of the Executive Board meetings to enable the Trust Board to have more focused and informed discussions on key issues, with a greater level of assurance being provided by Executive colleagues.

The first meeting of the newly-formed Executive Board will take place on 27 January.

4.0 **Communications**

4.1 Internal and External Engagements

There are a range of external facing events taking place in December in addition to our schedule of festivities taking place at both our hospital sites. These include visits from the Mayor of the Royal Borough of Kensington and Chelsea to support our testing programme on World AIDS day as well doing his annual visit to the wards and services to help showcase the investments that Chelsea Children's Charity have made to our paediatric services.

All of the Executive have been taking part in leading Big Conversation staff engagement events which give all the opportunity to engage in dialogue, and question, our strategic aspirations and future plans for the Trust. In addition to regular information for our staff via our publication, Going Beyond, we have also been holding our Team Briefing sessions for all staff on both hospital sites as well as separate briefings and meetings at Harbour Yard and Consultant breakfasts.

During November we have had visits, events and meetings with:

Professor Jane Dacre – President of the Royal College of Physicians
Kensington and Chelsea Adult and Social Care Committee
Tri Borough Partnership Board
SaHF
Mayors Winter Warmth Campaign
Richmond OBC
Imperial College Healthcare Partners
Paul Martin – CEO Wandsworth Council
Ruth Owen OBE CEO Whizz Kids
Ruth Cadbury MP Brentford and Isleworth
Hounslow Health and Well Being Board
CCG
Magill Symposium - Anaesthesia and the Brain
Research, Audit and Service Improvement

Christmas

We are planning a range of events to celebrate the festive season across our main hospital sites, thanks to funding provided by the Council of Governors. The full range of events is detailed below and I hope you will all be able to attend to celebrate this important season with our staff, patients and stakeholders.

Christmas Carol service:

- West Middlesex University Hospital on Thursday 10 December 2:00pm
- Chelsea and Westminster Hospital on Thursday 10 December 3:00pm

Cheer Awards and best decorated ward presentation:

- West Middlesex University Hospital on Wednesday 16 December 3:30pm-4:00pm
- Chelsea and Westminster Hospital on Thursday 17 December 3:30pm-4:00pm

Main Christmas event:

- West Middlesex University Hospital on Wednesday 16 December 4:00pm-6:00pm
- Chelsea and Westminster Hospital on Thursday 17 December 4:00pm-6:00pm

Light up a Life service:

- Chelsea and Westminster Hospital on Monday 21 December 5:30pm-6:00pm
- West Middlesex University Hospital on Tuesday 22 December 5:30pm-6:00pm

Lesley Watts

Chief Executive Officer

November 2015



Council of Governors Meeting, 3 December 2015

AGENDA ITEM NO.	8/Dec/15
REPORT NAME	Governors' Questions
AUTHOR	Various
LEAD	Lesley Watts, Chief Executive Officer
PURPOSE	To note.
SUMMARY OF REPORT	<p>1. The question raised by Cass J Cass-Horne: Has the Trust been able to negotiate additional patient transport via TFL transport London?</p> <p>Response from David Butcher, Director of Estates and Facilities: As part of Shaping a Healthier Future Programme patient transport arrangements across NWL are currently being reviewed and the Trust's Estates Team are represented as part of these discussions.</p> <p>However, if a patient is deemed to require transport assistance from the Chelsea and Westminster Hospital to West Middlesex University Hospital, the FT would arrange non-emergency patient transport via HATS, likewise, if a patient from the West Middlesex University Hospital requires transport assistance to Chelsea and Westminster Hospital, ISS or Medical Services would provide this service.</p> <p>As with all other NHS organisations, patients who are not in need of assisted transport are required to find their own way to their appointment.</p> <p>2. The question raised by Tom Church: Can thought be given to establishing a workable communication channel for patients who have urgent needs which fall short of the kind of emergency which would justify presentation at A&E?</p> <p>Response from Karl Munslow-Ong, Chief Operating Officer: There is a national Get Well This Winter campaign, supported by regional activities led by the CCGs, and we are in regular contact with communications colleagues both at primary and acute care level to ensure that the tailored regional work continues to meet our local needs. Work to support this campaign is already available on the website and in existing communications channels.</p> <p>There are a number of specialties and conditions where patients can be seen urgently without the need to go via A&E. One example is the Early Pregnancy Unit where patients can attend or book in for an urgent appointment without the need to go via A&E. However, there are many more opportunities for this type of service to be rolled out as part of our adoption of ambulatory care services (although not all</p>

are appropriate to be direct patient referral). We will ask our Communications team to ensure a more comprehensive list of services is available on the website and we will continue to update this at regular intervals.

Communications exercises through Justine Currie as GP Liaison Manager regarding ambulatory care and the consultant advice telephone numbers has also been added to the Trust website and communicated with GPs. The OAST service also sends flyers out with all the ambulatory care GP discharge summaries and the OAST team have gone to local practices to explain the service.

On West Middlesex site Elora Mukherjee (AEC Lead) is undertaking a "roadshow" of all 5 GP Locality education meetings to promote the AEC service.

When a new CoE Consultant for Richmond Community starts in February 2016 we will arrange for similar awareness raising with Richmond GPs.

3. The question raised by Susan Maxell:

Can you please provide an update on the Patient's Portal response you provided for 22 October COG meeting?

Response from Karl Munslow-Ong, Chief Operating Officer:

The Patient portal is scheduled to be delivered as part of the clinical portal. Deployment starts next April. However, we are looking to provide the appointment scheduling element through other technology through part of the Outpatients Transformation programme. Initial discussions with a supplier have begun and a trial of a cohort of patients is currently being specified. The ETA is currently unknown but we expect some functionality to be delivered sooner than the patient portal.

4. The question raised by Melvyn Jeremiah:

Could the Executive please supply a list of all outsourced service contracts which are current, whether with other NHS bodies, other public service bodies, or commercial firms, relating to (a) the Fulham Road hospital and its services and (b) West Middlesex University Hospital and its services?

Response from Sandra Easton, Director of Finance:

This is attached as an appendix.

5. The question raised by Philip Owen:

In light of the recent Paris terrorist attacks does the Trust have adequate major incident arrangements in place?

Response from Karl Munslow-Ong, Chief Operating Officer:

Both sites have a Major Incident Plan which details how an external incident is dealt with.

If the UK alert levels were to increase to critical this would be circulated via the Page One system to the on-call director and Head of EPRR for further escalation. The Head of security would receive this from own security sources. If there was an incident, LAS would activate a minimum of four hospitals on receiving.

The C&W site has a pre determined cascade for major incident to 500 members and departments have their own cascades.

WMUH have a cascade which is internally activated by switchboard operators contacting individuals who are on call and ED have their own internal call out cascade.

6. The question raised by Anna Hodson-Pressinger:

What plan Trust has in relation to improving patient appointments booking system, including measures in place for patients who do not attend their appointment, number of staff in appointments office and mailing system?

Response from Karl Munslow-Ong, Chief Operating Officer:

The Trust is carrying out an outpatient improvement programme, which will be carried out in two phases.

Phase one which is running currently until December is a 'back to basics' programme of work. Ensuring the basics of our business are in place, being done well, and in accordance with Trust and patient expectations.

Phase 2, due to commence in January, takes this programme further to allow exploration of efficiencies to improve access, patient experience, and outcomes. This involves work such as virtual new clinics, improved efficiency within clinics, clinical administration review across our new integrated organisation, managed mail systems and many more.

The Trust is seeking clinical leadership and has a number of interested consultants, who with a team of nursing colleagues, management and administration staff, will carry out and manage the improvement programme going forwards.

Whilst improvements have been made to date – there are a number of KPIs that we are seeking to make dramatic improvements on which this work is designed to address.

1. Patient appointment being confirmed, received on time and agreed by phone call

Where possible patients are phoned to agree an appointment, and a letter is sent afterwards to confirm the details, unless a patient requests no letter. If the team are unable to get hold of a patient on 2 occasions on 2 separate days, an appointment is then made and a letter sent.

2. Three strikes and out policy

The DNA policy is part of the access policy, which is in the process of review and sign off with the Trust and commissioners. There are subtle differences in the rules for removal from the waiting list, based on urgency, clinical review and ultimately clinical decision. Where the process is straightforward (no clinical complexities), the policy of one DNA for new patients and 2 for follow ups is being enforced well. The Trust is working closely with GPs to ensure that the burden of re-referral is not too time consuming, and its allowing the GPs to have conversations with patients regarding what the expectations are for availability once referred.

3. Number of staff in appointments office

There are currently a total of 16 staff (headcount) which equates to just under 14 WTEs (whole time equivalents). This team cover:

- All registrations of patients
- Processing of all referrals
- Processing of all clinical triage
- Booking and agreeing all appointments

- Call centre cover from 8.30am – 5.30pm Monday to Friday
- Enveloping and mailing of all 'mail merge' letters (generated once per day – approx. 1000 letters per day through a mailing machine)

It is recognised that this resource may not be appropriate for the workload coming in, and this will form part of the clinical administration review which is proposed to commence shortly. Until this time, additional resources through the staff bank have been put into place to support the teams in managing the throughput.

4. Letters with no stamp

The Trust has a franking machine which allows all post to be sent without the application of a stamp. The Trust receives a 1st class service for a 2nd class cost due to the arrangement with Royal Mail. We are unable to comment on the letter received by the lady who raised the question – we would be more than happy to investigate this further if we could have sight of the envelope.

7. The question raised by Martin Lewis:

Could we have an update on receptionist training throughout the Trust and whether they will have a corporate uniform?

Response from Elizabeth McManus, Chief Nurse:

Receptionists throughout the Trust's both sites will have a corporate uniform – blue shirt and black trousers/skirt. This uniform will also be worn by ward clerks to identify them. The receptionists at the front desk are employed by ISS and thus will have a different uniform.

There is a training plan which is forming part of the outpatients improvement programme which includes:

- Customer Care
- 18 weeks & RTT (working in conjunction with WMUH to ensure standard practice)

Customer care training is already happening with all reception staff within outpatients.

8. The question raised at the October Public Board: Provide a report to the Council of Governors on the transfer arrangements of the sexual health service from Charing Cross to 10 Broadway.

Response from Karl Munslow-Ong, Chief Operating Officer:

West London Centre for Sexual Health

West London Centre for Sexual Health is one of Chelsea and Westminster's flagship clinics with over 28,000 sexual health attendances per year and an HIV cohort of over 800 patients. The clinic serves a local population in Hammersmith and Fulham and has the Directorate's most diverse demographic of patients with a large number of Black African patients as well as Men who have sex with Men (MSM) and heterosexual patients. The clinic is located at the back of Charing Cross Hospital, a hospital run by Imperial Healthcare and has built up a strong reputation for high quality clinical care including award winning services for Female Genital Mutilation (FGM)

Rational for move of premises

The service has been looking to move from the current clinic location for a number of years. The clinic has not been able to attract more patients because of the uncertainty about the location's future and has been limited in developing because of the lease arrangements with the current landlord.

	<p>The move to 10 Hammersmith Broadway In 2014, the Trust identified a building located across the Hammersmith Broadway from the underground station that was available for lease. The building was previously used as the Headquarters of Iberia Airline in the UK. The premises is made up of four floors and has an attractive Georgian front not dissimilar to 56 Dean Street. The Trust reached an agreement with the landlord to lease the property and has designed the clinic in line with best practice across the Directorate.</p> <p>Opening of 10 Hammersmith Broadway The new clinic which will encompass GUM, Contraception and HIV services is now being built by Area Sq construction company. The clinic is scheduled to be ready by 21st March 2016 and this will mean that the Trust will vacate their current clinic location in Charing Cross Hospital by April 1st 2016. The Directorate are working with the communications department to launch the new clinic and make local residents aware of the change of location.</p>
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	For information.



Facilities Income Schedule 15-16

Organisation	Description	Accrue Amount
RBS	Cash Machine at Chelsea & Westminster	£15,000
Imperial College London	Facilities Recharge (Estimated)	£704,622
Central & North West London(MHU)	Facilities Recharge (Estimated)	£183,350
Medical Illustration UK	Facilities Recharge (Agreed Contrat)	£35,000
IAVI	Facilities Recharge (Estimated)	£177,329
Catalyst	Doughty House Accommodation (Estimated)	£1,074,095
		£2,189,396



Council of Governors Meeting, 3 December 2015

AGENDA ITEM NO.	9/Dec/15
REPORT NAME	Governors' chosen indicator for the Quality Account 2015/16
AUTHOR	Thomas Lafferty, Director of Corporate & Legal Affairs
LEAD	Thomas Lafferty, Director of Corporate & Legal Affairs
PURPOSE	This paper provides some options for the Governors' Indicator for the Quality Account 2015/16.
SUMMARY OF REPORT	As enclosed.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	N/A
LINK TO OBJECTIVES	All
DECISION/ ACTION	For discussion and approval.

Governors' chosen indicator for the Quality Account 2015/16

1.0 Introduction

- 1.1 The 'Quality Account' forms part of the Trust's overall Annual Report and is a report about the quality of the Trust's services. The Quality Account must adhere to the requirements of the Quality Account Regulations as well as a number of additional reporting requirements set by Monitor.
- 1.2 The Trust's external auditors have a regulatory duty to annually audit a selection of the quality indicators referenced within the Quality Account. As part of this, the Council of Governors has the opportunity to select an indicator for the auditors to review.
- 1.3 Within the 2014/15 Quality Account, the Council selected the "Friends and Family Test—inpatient responses indicator". This indicator was used as a key measure for Trust's continued ambition to provide excellent experience as part of its organisational values. The Trust's 2014/15 performance in this area is set out below:

Friends and Family Test results for 2014/15 by quarter

Response Rate	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Average**
Emergency Department	17%	23%	23%	24%	22%
Inpatients	31%	30%	29%	34%	31%
Maternity	21%	18%	24%	22%	21%
Outpatients	N/A*	N/A*	19%	17%	18%
Day Case	N/A*	N/A*	15%	14%	15%

Recommend	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Average**
Emergency Department	91%	90%	88%	91%	90%
Inpatients	91%	89%	85%	87%	88%
Maternity	90%	97%	95%	96%	95%
Outpatients	N/A*	N/A*	87%	89%	88%
Day Case	N/A*	N/A*	93%	94%	94%

Non Recommend	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Average**
Emergency Department	5%	6%	7%	4%	5%
Inpatients	4%	6%	8%	7%	6%
Maternity	2%	1%	2%	4%	2%
Outpatients	N/A*	N/A*	5%	5%	5%
Day Case	N/A*	N/A*	4%	4%	4%

* FFT for Outpatients and Day Case rolled 01 Oct 2014 (CWFT as an early adopter) |

** Average based on available months of data

1.4 The findings and recommendations arising from the audit are set out below:

- There were inherent limitations to testing the indicator due to its nature (anonymous data) and data collection and processing was outside of the Trust's control.
- The response rate to the Friends and Family Test is variable, both across different parts of the Trust and between months, as evidenced by the indicator percentages disclosed above.

It was recommended the Trust continued to review response rates, evaluating whether there were differential responses from different demographics and the action that could be taken to address this.

2.0 2015/16 Quality Account Indicators

2.1 In accordance with the above, a list of *testable* quality indicators is included below¹.

Source	Indicator
Monitor core indicators	C Difficile
National key priorities	Cancer metrics other than 62 day
Quality Priorities for 2015/16	Numbers and grades of hospital acquired pressure ulcers
Monitor core indicators	28 day readmissions
Monitor core indicators	VTE risk assessment
National key priorities	A&E 4h waits
Quality Priorities for 2015/16	WHO surgical checklist
Local indicators	Hand hygiene audit—% completion rates
Monitor core indicators	Patient deaths with palliative care coded
Local indicators	Inpatient falls

3.0 Action

3.1 The Council of Governors is asked to consider the list of testable quality indicators and to agree a quality indicator to be audited as part of the process relating to this year's Quality Account.

¹ The Trust's external auditor has provided verification of this.



Council of Governors Meeting, 3 December 2015

AGENDA ITEM NO.	10/Dec/15
REPORT NAME	Integrated Performance Report – October 2015
AUTHOR	Sam Harmer, Head of Information
LEAD	Karl Munslow-Ong, Chief Operating Officer
PURPOSE	To report the combined Trust's performance for October 2015 for both Chelsea and Westminster and West Middlesex, highlight risk issues and identify key actions going forward.
SUMMARY OF REPORT	<p>The integrated performance report shows the West Middlesex and Chelsea and Westminster performance for October.</p> <p>Regulatory performance – the RTT incomplete target was achieved for the overall Trust in October; however the CW site continued to not achieve the target, due to anomalies around data quality, information reporting and operational processes, which was identified in July 2015. There is an RTT remedial action plan in place which includes a data validation/cleansing programme, training, demand and capacity modelling and focus on long waiters.</p> <p>There was an improvement in A&E waiting times performance in October, following the challenges in September, and the target was achieved at both sites in the month.</p> <p>Although October's validated performance for Cancer will not be reported until December for both sites, it is anticipated that the 62 day target will not be met for the CW site in October; however the combined Trust is expected to be compliant. This is primarily driven by urological and lower gastrointestinal tumour sites. Work is underway to streamline pathways across sites to remove avoidable delays in patient pathways.</p> <p>Both sites have achieved all other regulatory performance indicators, with the exception of access to patients with learning difficulties.</p> <p>CWH is now fully compliant with all of the learning disabilities indicators in October, following the implementation of the newly-designed 'easy-read' appointment letter. WMUH is not yet fully compliant with all 6 of the learning disabilities indicators, but working to achieve compliance in 2015/16, in line with our CQC Action Plan.</p> <p>Quality and Patient Experience: Both sites continue to focus on improving response rates for the Friends and Family test, targeting specific areas with low response rates. The friends and family test</p>

	<p>feedback continues to be shared with the clinical teams on a regular basis to review their performance and a review of maternity patient feedback is underway by the Director of Midwifery. There continues to be focus on reporting incidents and a new system is being introduced across site in January, which will help to raise awareness.</p> <p>Efficiency and Clinical Effectiveness: An increase was seen in the average wait time for first OP appointments at the CW site, this is due to ongoing issues with capacity. Divisions are working through capacity and demand modelling to help inform long term solutions, as well as resolving specific issues regarding Community Dermatology.</p> <p>There was an increase in the % of delayed transfers of care at the CW site in October, due to an increase in patients requiring complex discharge assessments. Additional resource has been put in place to address this. There has been an improvement in the % of patients with fractured neck of femur seen in theatre within 36 hours at both sites</p> <p>The caesarean section rate has significantly reduced at both sites in October. There is an ongoing clinical analysis of the caesarean section data to understand variation and benchmarking across site.</p> <p>Workforce: Unplanned staff turnover rates and vacancy rates remain high, particularly at CWH and a senior nurse has been employed full time to focus on recruitment and retention issues for nursing staff. The number of voluntary leavers has reduced over the last 2 months at CWH.</p>
KEY RISKS ASSOCIATED:	<p>There is a risk to achievement of the challenging C. Diff target in 2015/16 for the combined Trust, due to the tough targets, however the combined Trust is compliant for the year to date.</p> <p>There are also continued risks to the achievement of a number of compliance indicators, including RTT incomplete waiting times, cancer 62 days waits and compliance with access to learning disabilities.</p>
FINANCIAL IMPLICATIONS	<p>The combined Trusts reported a £0.45m surplus in October and £2.7m deficit for the year to date, which was £0.1m favourable against plan for the year to date.</p>
QUALITY IMPLICATIONS	<p>As outlined above.</p>
EQUALITY & DIVERSITY IMPLICATIONS	<p>None</p>
LINK TO OBJECTIVES	<p>Improve patient safety and clinical effectiveness Improve the patient experience Ensure Financial and Environmental Sustainability</p>
DECISION/ ACTION	<p>The Quality Committee is asked to note the performance for October 2015.</p>



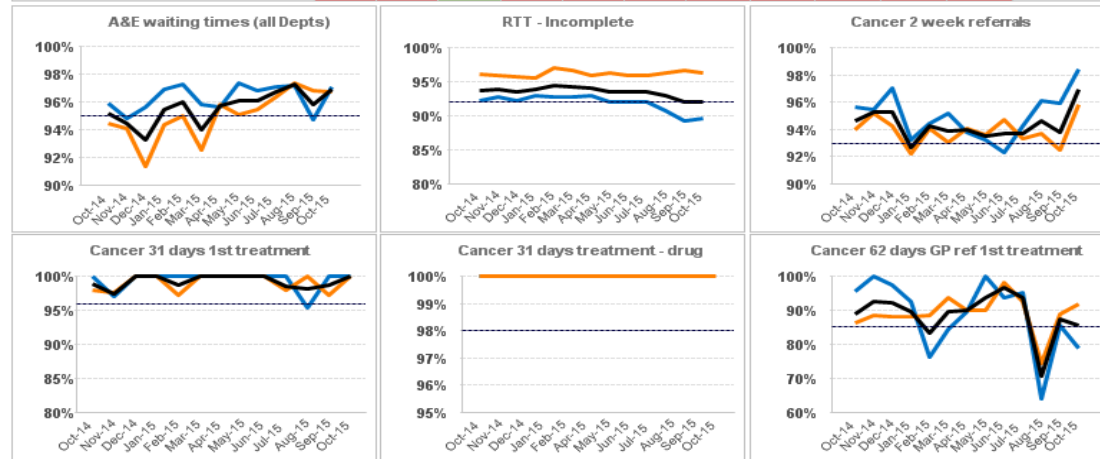
TRUST PERFORMANCE REPORT

October 2015

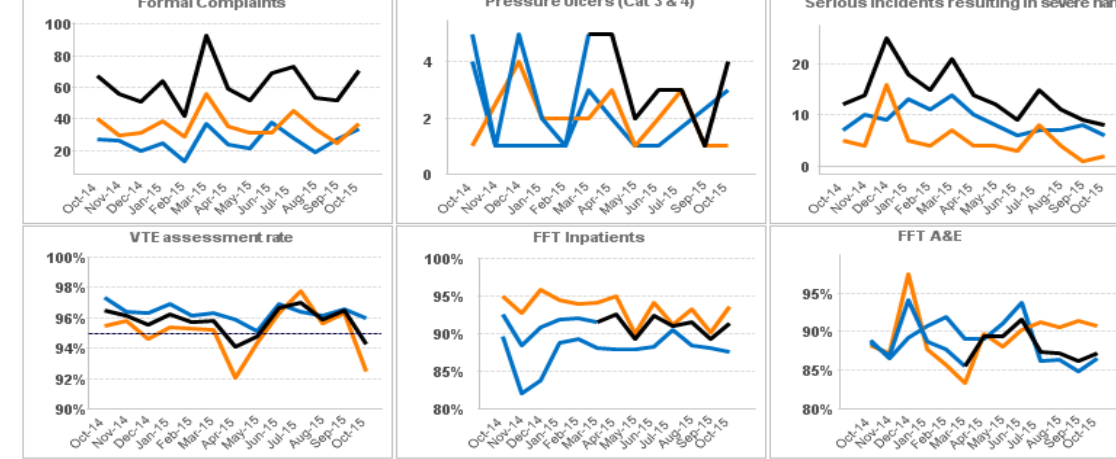
Incorporating West Middlesex University Hospital data



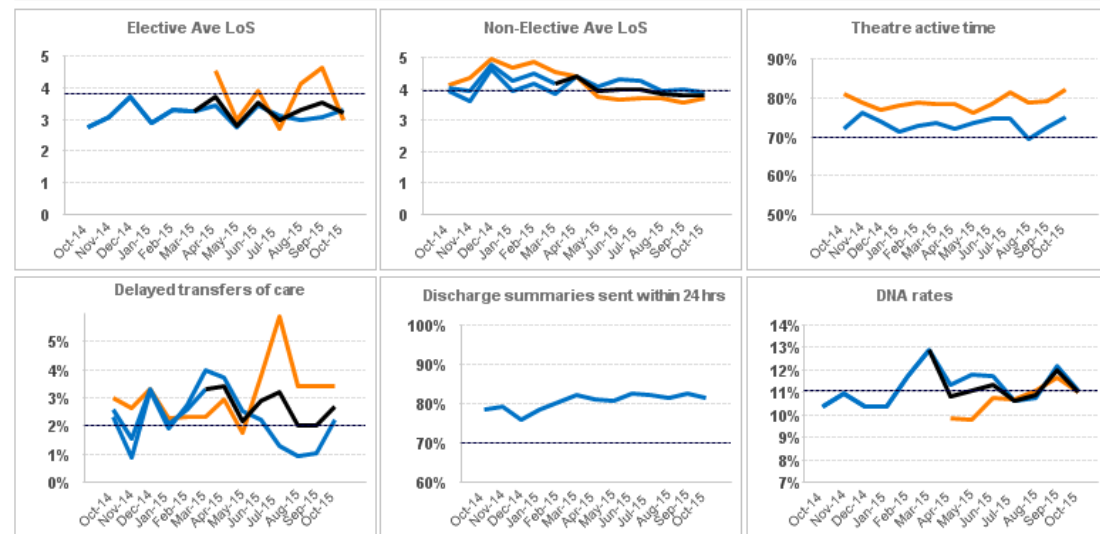
Regulatory Compliance												
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined Trust data: last Quarter, YTD & 13m trend					
Indicator	Aug-15	Sep-15	Oct-15	Aug-15	Sep-15	Oct-15	Aug-15	Sep-15	Oct-15	Quarter	YTD	Trend
A&E waiting times - Types 1 & 3 Depts (Target: >95%)	97.1	94.7	97.1	97.4	96.8	96.7	97.3	95.9	96.9	96.9	96.4	
RTT - Incomplete (Target: >92%)	90.7	89.3	89.6	96.2	96.6	96.2	92.9	92.1	92.0	92.0	93.1	
Cancer 2 week urgent referrals (Target: >93%)	96.1	95.9	98.4	93.7	92.5	95.8	94.6	93.8	96.9	96.9	94.3	
Cancer 31 days first treatment (Target: >96%)	95.5	100	100	100	100	100	98.2	98.6	100	100	99.3	
Cancer 31 days treatment - Drug (Target: >96%)	100	n/a	n/a	100	100	100	100	100	100	100	100.0	
Cancer 31 days treatment - Surgery (Target: >94%)	100	100	n/a	100	100	100	100	100	100	100	100.0	
Cancer 31 days 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	
Cancer 62 days GP ref to treatment (Target: >85%)	64.0	85.7	78.8	74.5	88.7	91.9	70.8	87.5	85.7	85.7	88.6	
Cancer 62 days NHS screening (Target: >90%)	n/a	n/a	n/a	100	100	100	100.0	100.0	100.0	100.0	90.0	
Clostridium difficile infections (Targets: CW: 7; WM: 9; Combined: 16)	0	0	0	2	0	0	2	0	0	0	6	
Self-certification against compliance for access to healthcare for people with LD	N/C	N/C	Comp	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	



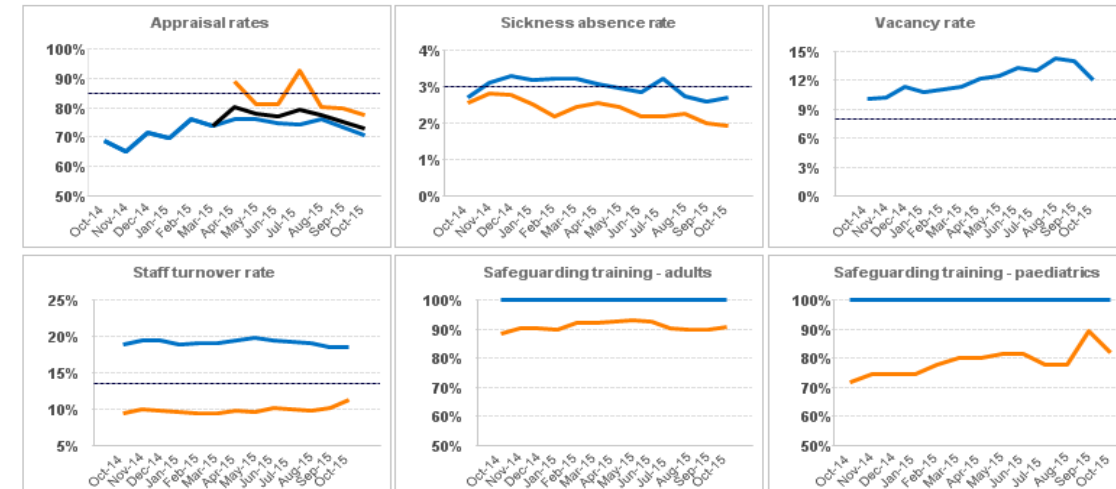
Quality												
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Aug-15	Sep-15	Oct-15	Aug-15	Sep-15	Oct-15	Aug-15	Sep-15	Oct-15	Quarter	YTD	Trend
Hand Hygiene (Target: >=90%)	97.4	92.5	94.9	99.4	99.5	99.5	98.3	95.6	96.9	96.9	97.6	
Pressure Ulcers (Cat 3 & 4)	0	0	3	0	1	1	0	1	4	4	18	
VTE assessment % (Target: >=95%)	96.2	96.6	96.0	95.6	96.4	92.5	95.9	96.5	94.3	94.3	95.6	
Formal complaints number received	19	27	34	34	25	37	53	52	71	71	429	
Formal complaints responded to <25days	13	18	17	15	19		28	37	17	17	271	
Serious Incidents	7	8	6	4	1	2	11	9	8	8	78	
Never Events	0	1	0	0	0	0	0	1	0	0	2	
FFT - Inpatients recommend % (Target: >90%)	86.4	86.2	87.5	93.2	90.2	93.6	91.6	89.3	91.3	91.3	91.0	
FFT - A&E recommend % (Target: >90%)	86.4	84.9	86.6	90.5	91.4	90.7	87.2	86.3	87.2	87.2	87.7	
Falls causing serious harm	0	0	0				0	0	0	0	1	



Efficiency												
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Aug-15	Sep-15	Oct-15	Aug-15	Sep-15	Oct-15	Aug-15	Sep-15	Oct-15	Quarter	YTD	Trend
Elective average LoS (Target: <3.8)	3.0	3.1	3.3	4.1	4.6	3.0	3.3	3.5	3.2	3.2	3.3	
Non-Elective average LoS (Target: 3.95)	4.0	4.0	3.9	3.7	3.6	3.7	3.8	3.8	3.8	3.8	4.0	
Theatre active time (Target: >70%)	69.5	72.4	75.1	78.8	79.3	82.1	69.6	72.4	75.2	75.2	73.3	
Delayed transfers of care (Target: <2%)	0.93	1.04	2.21	3.43	3.43	3.43	2.00	2.00	2.69	2.69	2.63	
Discharge summaries sent within 24 hours (Target: >70%)	81.6	82.7	81.6	dev	dev	dev	81.6	82.7	81.6	81.6	81.8	
Outpatient DNA rates (Target: <11.1%)	10.7	12.2	11.1	11.1	11.7	11.0	10.9	12.0	11.0	11.0	11.1	
On the day cancelled operations not re-booked within 28 days (Target: 0)	0	1	1	0	0	0	0	1	1	1	14	



Workforce												
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Aug-15	Sep-15	Oct-15	Aug-15	Sep-15	Oct-15	Aug-15	Sep-15	Oct-15	Quarter	YTD	Trend
Appraisal rate (C&W Target: >85%; WM Target: >91%)	76.1	73.3	70.8	80.3	80.0	77.5	77.4	75.4	73.0	73.0	77.2	
Sickness absence rate (C&W Target: <3%; WM Target: <2.7%)	2.73	2.59	2.70	2.26	2.00	1.93						
Vacancy rate (Target: <8%)	14.4	14.0	12.1	8.4	7.8	9.7	12.2	11.8	11.2	11.2	11.2	
Staff turnover rate (Target: <17.8%)	19.0	18.6	18.5	9.9	10.2	11.3	15.4	15.3	15.7	15.7	15.7	
Mandatory training (C&W Target: >95%; WM Target: >91%)	82.0	83.1	82.3	88.5	89.2	90.8	86.7	87.5	88.3	88.3	87.4	
Bank and Agency spend (£ks)	£2,802	£2,469	£2,407	£1,599	£1,566	£1,495	£4,401	£4,035	£3,902	£3,902	£27,814	
VTE Midwife:Births ratio (Target: <1:30)	30	30	30	32.7	32.7	32.7						
Safeguarding training - adults (Target: 100%)	100	100	100	89.7	89.7	90.9	96	99.7	96.5	96.5	97	
Safeguarding training - paediatrics (Target: 100%)	100	100	100	77.7	89.5	82	88	95.9	90.4	90.4	90.1	





Monitor Dashboard

Domain	Indicator	Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
		Aug-15	Sep-15	Oct-15	2015-2016	Aug-15	Sep-15	Oct-15	2015-2016	Aug-15	Sep-15	Oct-15	2015-2016 Q3	2015-2016	Trend charts
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	97.1%	94.7%	97.1%	96.6%	97.4%	96.8%	96.7%	96.2%	97.3%	95.9%	96.9%	96.9%	96.4%	
RTT	18 weeks RTT - Admitted (Target: >90%)	90.0%	85.7%	82.8%	88.6%	93.3%	95.0%	94.5%	95.0%	91.8%	90.5%	89.0%	89.0%	91.8%	
	18 weeks RTT - Non-Admitted (Target: >95%)	95.0%	93.2%	91.9%	94.4%	96.5%	96.3%	96.9%	96.9%	95.6%	94.4%	93.8%	93.8%	95.3%	
	18 weeks RTT - Incomplete (Target: >92%)	90.7%	89.3%	89.6%	91.2%	96.2%	96.6%	96.2%	96.2%	92.9%	92.1%	92.0%	92.0%	93.1%	
Cancer	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	96.1%	95.9%	98.4%	94.8%	93.7%	92.5%	95.8%	94.0%	94.6%	93.8%	96.9%	96.9%	94.3%	
	31 days diagnosis to first treatment (Target: >96%)	95.5%	100%	100%	99.4%	100%	97.3%	100%	99.2%	98.2%	98.6%	100%	100%	99.3%	
	31 days subsequent cancer treatment - Drug (Target: >98%)	100%	n/a	n/a	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	31 days subsequent cancer treatment - Surgery (Target: >94%)	100%	100%	n/a	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%)	64.0%	85.7%	78.8%	86.8%	74.5%	88.7%	91.9%	89.8%	70.8%	87.5%	85.7%	85.7%	88.6%	
Patient Safety	62 days NHS screening service referral to first treatment (Target: 90%)	n/a	n/a	n/a	n/a	100%	100%	100%	90.0%	100%	100%	100%	100%	90.0%	
Patient Safety	Clostridium difficile infections (Year End Targets: CW: 7; WM: 9; Combined: 16)	0	0	0	1	2	0	0	5	2	0	0	0	6	
Learning difficulties Access & Governance	Self-certification against compliance for access to healthcare for people with Learning Disability	Non-compliant	Non-compliant	compliant	Non-compliant	Non-compliant	Non-compliant	Non-compliant	Non-compliant	Non-compliant	Non-compliant	Non-compliant	Non-compliant	Non-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: 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 and RTT Non-Admitted are no longer Monitor Compliance Indicators

Cancer Indicators Cancer reporting for the latest month (Oct-15) are provisional figures, with final reporting being 6 weeks after month end

Chelsea & Westminster commentary

A&E waiting times:

Chelsea & Westminster site reported performance of 97.1% for October. This was a significant improvement on the previous month and although attendance numbers were maintained, the acuity of patients presenting in the Emergency Department was reduced.

Cancer - 62 days GP referral to first treatment:

The un-validated position for this target is not a compliant position. 2.5 patients breached the 62 day target in October, 2 Lower GI patients (1 complex diagnostics, 1 patient choice) and 1 Urology (patient unfit during work up). There are a number of patients sent to other Trusts or with histologies still pending who may increase the denominator on this measure

Self-certification against compliance for access to healthcare for people with Learning Disability:

Compliance with LD: The Chelsea and Westminster site is now compliant with the national recommendations for enhancing access to healthcare for people with learning disabilities (LD) from October, following the implementation of the newly-designed 'easy-read' appointment letter. The overall Trust is now compliant with one of Monitor's performance standards, having made significant progress on Chelsea & Westminster site over the first 2 quarters of 2015/16.

West Middlesex commentary

A&E waiting times:

Sustained achievement of Type 1 target remains challenging due to high demand and capacity constraints within the A&E Department

Self-certification against compliance for access to healthcare for people with Learning Disability:

The West Middlesex site remains non-compliant with the standards, but has an action plan in place to reach compliance with the remaining 5 standards by the end of 2015/16. The focus is on improving communication with patients with a learning disability about their appointments, training staff, and undertaking regular audits.



Safety Dashboard

Domain	Indicator	Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
		Aug-15	Sep-15	Oct-15	2015-2016	Aug-15	Sep-15	Oct-15	2015-2016	Aug-15	Sep-15	Oct-15	2015-2016 Q3	2015-2016	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%)	97.4%	92.5%	94.9%	96.3%	99.4%	99.5%	99.5%	99.2%	98.3%	95.6%	96.9%	96.9%	97.6%	
Incidents	Number of serious incidents	7	8	6	52	4	1	2	26	11	9	8	8	78	
	Incident reporting rate per 100 admissions (Target: >8.5)	7.4	6.7	6.1	7.5	8.0	6.5	6.0	7.4	7.7	6.6	6.1	6.1	7.4	
	Rate of patient safety incidents resulting in severe harm/death per 100 admissions (Target: 0)	0.00	0.00	0.00	0.033	0.02	0.11	0.19	0.07	0.01	0.05	0.09	0.09	0.033	
	Number of medication-related safety incidents	27	39	43	320	26	71	30	258	53	110	73	73	578	
	Never Events (Target: 0)	0	1	0	2	0	0	0	0	0	1	0	0	2	
Harm	Safety Thermometer - Harm Score (Target: >90%)	94.6%	94.5%	94.2%	93.9%	96.9%	97.3%	97.3%	97.6%	95.2%	95.2%	96.0%	96.0%	95.0%	
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	0	0	3	7	0	1	1	11	0	1	4	4	18	
	NEWS compliance %	100.0%	100.0%	100.0%	75.7%					100.0%	100.0%	100.0%	100.0%	75.7%	
	Safeguarding adults - number of referrals	20	20	21	122	3	5	6	31	23	25	27	27	153	
	Safeguarding children - number of referrals	15	33	13	147	27	38	32	215	42	71	45	45	362	
Mortality	Number of hospital deaths - Adult	44	35	24	233	61	52	65	436	105	87	89	89	669	
	Number of hospital deaths - Paediatric	0	0	0	1	0	1	2	3	0	1	2	2	4	
	Number of hospital deaths - Neonatal	3	3	0	17	1	1	0	4	4	4	0	0	21	

Please note the following
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Chelsea & Westminster commentary

Incident Reporting rate per 100 admissions:

Marginal increases in the total number of incidents reported by staff members is not aligned proportionately with admission rates. It is envisaged that the planned introduction of the online incident reporting system early 2016 will lead to a positive increase in the incident reporting rate.

Incidence of newly acquired category 3 & 4 pressure ulcers

It should be noted that, whilst there were 3 hospital acquired Grades 3 and 4 pressure ulcer incidents in October 2015, a further 1 incident was reported as an 'unstageable' pressure ulcer. CWH are currently reporting these externally via the STEIS and therefore will be referred to within the Serious Incident report for the Board.

Safeguarding adults – number of referrals

The dynamics of integration of adult safeguarding procedures with WMUH is perhaps indicated by the contrasting number of escalations from that site. Work to harmonise safeguarding across the Trust has been planned with support of the adult safeguarding committee and summarised in a safeguarding integration plan.

West Middlesex commentary

Incident Reporting rate per 100 admissions:

There were 2 serious incidents reported in October 2015. A Grade 3 hospital acquired pressure ulcer and treatment delay. Both are being investigated currently and will be reported in the Serious Incident report.

There continues to be a focus on increasing the number of incidents reported. The new DATIX web being introduced in January cross site provides an opportunity for raising awareness of the importance of reporting.

NEWS compliance

West Middlesex will be working towards the implementation of NEWS auditing (National Early Warning Score) in the coming weeks.

Number of hospital deaths – Paediatric

There were two paediatric deaths in month which are subject to internal and borough panel review for learning opportunities.



Patient Experience Dashboard

Domain	Indicator	Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
		Aug-15	Sep-15	Oct-15	2015-2016	Aug-15	Sep-15	Oct-15	2015-2016	Aug-15	Sep-15	Oct-15	2015-2016 Q3	2015-2016	Trend charts
Friends and Family	FFT: Inpatient recommend % (Target: 90%)	88.4%	88.2%	87.5%	88.3%	93.2%	90.2%	93.6%	92.5%	91.6%	89.3%	91.3%	91.3%	91.0%	
	FFT: Inpatient not recommend % (Target: <10%)	5.8%	7.0%	7.1%	6.1%	3.5%	6.0%	2.8%	3.7%	4.3%	6.4%	4.4%	4.4%	4.6%	
	FFT: Inpatient response rate (Target: 30%)	34.8%	39.5%	37.8%	36.9%	26.8%	25.7%	28.3%	27.0%	29.1%	30.1%	31.3%	31.3%	29.7%	
	FFT: A&E recommend % (Target: 90%)	86.4%	84.9%	86.6%	86.7%	90.5%	91.4%	90.7%	90.2%	87.2%	86.3%	87.2%	87.2%	87.7%	
	FFT: A&E not recommend % (Target: <10%)	7.2%	7.7%	7.2%	7.0%	6.4%	5.0%	6.3%	5.7%	7.0%	7.2%	7.1%	7.1%	6.6%	
	FFT: A&E response rate (Target: 30%)	20.2%	21.3%	21.1%	21.2%	23.0%	22.2%	18.2%	23.4%	20.7%	21.5%	20.7%	20.7%	21.8%	
	FFT: Maternity recommend % (Target: 90%)	91.3%	90.4%	88.8%	91.2%	95.8%	91.0%	95.7%	90.5%	92.5%	90.6%	90.7%	90.7%	90.9%	
	FFT: Maternity not recommend % (Target: <10%)	4.3%	5.8%	7.8%	5.1%	4.2%	5.4%	2.2%	4.0%	4.3%	5.7%	6.2%	6.2%	4.6%	
	FFT: Maternity response rate (Target: 30%)	24.7%	27.0%	37.6%	27.3%	21.8%	22.9%	19.1%	24.0%	23.9%	25.7%	29.5%	29.5%	26.3%	
	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	19	27	34	191	34	25	37	238	53	52	71	71	429	
	Complaints formal: Number responded to < 25 days	68.4%	66.7%	50.0%	68.1%	75.0%	76.0%		75.0%	71.8%	71.2%	50.0%	50.0%	71.5%	
	Complaints (informal) through PALS	86	107	102	682	13	39	75	205	99	146	177	177	887	
	Complaints sent through to the Ombudsman	0	0	0	1	0	2	1	6	0	2	1	1	7	
	Complaints upheld by the Ombudsman (Target: 0)	1	0	0	2	0	0	0	0	1	0	0	0	2	

Please note the following blank cell An empty cell denotes those indicators currently under development

Chelsea & Westminster commentary

Complaints performance

(Please note the commentary is a month behind and therefore reflects September data and that the latest month for 25 day responses shows current data which, because of the nature of the indicator, will always show a relatively poor performance)

Performance against the Trust target that 90% of type two complaints should receive a response within 25 working days remained disappointing at below 70%. Of the 27 complaints received which were logged as type two (formal); 9 complaints breached this target.

Emergency and Integrated Medical Care received 9 complaints, four of these breached [performance 56%]; Women, Children, Sexual Health, HIV and Dermatology received 9 complaints, 4 of these breached [performance 56 %].

Systems are being put in place to track and monitor response compliance within 25 days at divisional level and this will have additional focus as part of our Divisional performance management meetings

FFT

Inpatient recommend %: This target was not achieved, & has dropped in October. Work is being targeted with areas not achieving, with local actions taken from the comments received.

A&E recommend %: The target was not achieved. However the rate has improved from Sept. Local work is being undertaken led by a senior nurse in ED. The move to the new department 4th Nov should help with the environmental issues/ space.

A&E response rate: The target was not met for October and response rate has remained steady for a few months. Now the new department is open there will be a concerted push on responses.

Maternity recommend %: The figure has dropped for October & has not met the target for the first time this quarter. The Director of Midwifery is reviewing patient feedback across maternity.

West Middlesex commentary

Complaints

Note that the Complaints responded to within 25 days indicator is reported a month in arrears.

The response rate within 25 days remains over 70% and work continues with the divisions to improve the quality and timeliness of responses. In month training has taken place in CSSD/Surgery Division.

Complaints through PALS

The increase in PALS complaints can be accounted for by the fact that the team are logging more PALS queries, for example historically they were not logging issues relating to signage, issues relating to outpatient appointments etc and only logging the more involved queries. This now gives a more accurate count of the PALS queries as well as the type of queries they are having to deal with.

FFT Inpatient response rate

Of the responses received all areas had an above 90% recommend response. However the response rates remain low. Reminders have been sent to the ward managers to push the hard copy questionnaires.



Efficiency & Productivity Dashboard

Domain	Indicator	Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
		Aug-15	Sep-15	Oct-15	2015-2016	Aug-15	Sep-15	Oct-15	2015-2016	Aug-15	Sep-15	Oct-15	2015-2016 Q3	2015-2016	Trend charts
Admitted Patient Care	Average length of stay - elective (Target: <3.7)	3.0	3.1	3.3	3.2	4.1	4.6	3.0	3.7	3.3	3.5	3.2	3.2	3.3	
	Average length of stay - non-elective (Target: <3.9)	4.0	4.0	3.9	4.1	3.7	3.6	3.7	3.8	3.8	3.8	3.8	3.8	4.0	
	Emergency care pathway - average LoS (Target: <4.5)	4.5	4.7	5.1	4.9	4.2	4.0	4.2	4.4	4.3	4.3	4.5	4.5	4.6	
	Emergency care pathway - discharges	194	187	206	1363	300	295	318	1991	494	483	525	525	3355	
	Emergency re-admissions within 30 days of discharge (Target: <2.8%)	4.31%	3.13%	3.29%	3.23%	6.76%	6.36%	6.70%	7.30%	5.46%	4.59%	4.81%	4.81%	5.02%	
	Delayed transfer of care - % relevant NHS patients affected (Target: <2%)	0.93%	1.04%	2.21%	2.00%	3.4%	3.4%	3.4%	3.51%	2.00%	2.00%	2.69%	2.69%	2.63%	
	Non-elective long-stayers	376	391	394	2820										
Theatres	Daycase rate (basket of 25 procedures) (Target: 85%)	80.2%	86.0%	83.0%	83.2%	85.6%	84.8%	84.3%	85.1%	84.7%	85.0%	84.0%	84.0%	84.7%	
	Operations cancelled on the day for non-clinical reasons: % of total elective admissions (Target: 0.8%)	0.23%	0.41%	0.64%	0.42%					0.23%	0.41%	0.64%	0.64%	0.42%	
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	0	1	1	14	0	0	0	0	0	1	1	1	14	
	Theatre active time (Target: >70%)	69.5%	72.4%	75.1%	73.3%	78.8%	79.3%	82.1%	79.3%	69.6%	72.4%	75.2%	75.2%	73.3%	
	Theatre booking conversion rates	89.2%	87.9%	88.3%	87.9%										
Outpatients	First to follow-up ratio (Target: <1.5)	1.60	1.66	1.62	1.61	1.67	1.73	1.63	1.70	1.64	1.71	1.63	1.63	1.67	
	Average wait to first outpatient attendance (Target: <6 wks)	6.6	7.7	9.6	7.0	4.9	5.2	5.1	7.1	5.6	6.4	6.9	6.9	7.1	
	DNA rate: first appointment	11.7%	13.9%	11.6%	11.9%	12.8%	13.1%	12.5%	12.0%	12.2%	13.5%	12.0%	12.0%	11.9%	
	DNA rate: follow-up appointment	10.4%	11.6%	10.9%	11.1%	10.1%	10.8%	10.0%	10.0%	10.3%	11.3%	10.6%	10.6%	10.8%	

Please note the following
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Chelsea & Westminster commentary

Emergency care pathway - average LoS

The acuity of the adult admissions in medicine has been examined and this was higher than for previous months. This in turn led to longer than usual lengths of stay for some patients and these patients were mostly discharged in October, thus adversely affecting this indicator for the month.

Emergency re-admissions within 30 days of discharge

There is a slight deterioration in performance in October with 3.31% compared with September which reported 3.15%. Particular areas are elderly care and respiratory medicine and audit work has been undertaken to establish the reasons for re-admissions.

Delayed transfers of care - % relevant NHS patients affected

The target was missed due to a slight increase (2.21%) in patients requiring Complex Discharge Assessments, although extra resources have been put in place to address this. Strong partnership working with providers continues to expedite Delayed Transfers of Care in a timely manner for complex arrangements.

Average wait to first outpatient attendance

The Chelsea site saw an increase in average waits for first outpatient appointments due to 1) community dermatology ASI long waiters (some 52+ week waiters) being seen in October which pushed out the average waiting time and 2) insufficient capacity in some specialties to see patients within the 6-8 week window. The community dermatology issue was an isolated/time limited issue. Divisions have completed demand and capacity modelling to understand what additional capacity may be required to reduce waiting times, and have already started to implement additional capacity within the system. It is expected that waits will reduce back to pre-October levels by December's submission.

West Middlesex commentary

Average length of stay - elective

An improvement in elective LOS as a result of changes in the pre-op assessment process can be seen in October

Theatre active time

Continued improvement in theatre utilisation, due to actions taken through the Steering Group to reduce late starts, increase cases per list and improve scheduling

DNA rate: follow-up appointment

Improvement in Follow Up DNA rate due to the introduction of partial booking in ENT (Ear, Nose and Throat).



Clinical Effectiveness Dashboard

Domain	Indicator	Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
		Aug-15	Sep-15	Oct-15	2015-2016	Aug-15	Sep-15	Oct-15	2015-2016	Aug-15	Sep-15	Oct-15	2015-2016 Q3	2015-2016	Trend charts
Best Practice	Dementia screening diagnostic assessment (Target: >90%)	100.0%	100.0%	100.0%	100.0%	93.2%	94.0%	94.3%	93.6%	97.4%	97.8%	98.0%	98.0%	97.8%	
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	87.5%	52.9%	100.0%	88.0%	82.4%	40.0%	66.7%	51.9%	84.0%	45.9%	77.8%	77.8%	67.0%	
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	100.0%	100.0%	100.0%	100.0%	91.7%	100.0%	95.2%	95.7%	96.2%	100.0%	96.4%	96.4%	97.7%	
VTE	VTE: Hospital-acquired (Target: tbc)	0	0	0	0	0	1	0	2	0	1	0	0	2	
	VTE risk assessment (Target: >95%)	96.2%	96.6%	96.0%	96.2%	95.6%	96.4%	92.5%	95.0%	95.9%	96.5%	94.3%	94.3%	95.6%	
TB	TB: Number of active cases identified and notified	3	4	4	33	17	3	5	59	20	7	9	9	92	
	TB: % of treatments completed within 12 months (Target: 85%)	72.2%	75.6%	80.0%	74.7%	76.9%	76.1%	75.5%	76.7%	76.0%	76.0%	76.5%	76.5%	76.3%	

Please note the following

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Chelsea & Westminster commentary

TB: % of treatments completed

To summarise this new methodology:

The figures are presented on a rolling 12 monthly basis eg:

Aug-15 (TB cases due to complete within 01/09/2014 – 31/08/2015)

Sep-15 (TB cases due to complete within 01/10/2014 – 30/09/2015)

Oct-15 (TB cases due to complete within 01/11/2014 – 31/10/2015)

Consequently there will be a crossover of cases

i.e. An individual patient outcomes will appear in more than one month.

The 85% target was not met as out of the % of TB cases due to complete within 12 months in:

Aug-15: 11.1% Died, 2.8% lost to follow up, 5.6% transferred overseas, 8.3% still on TB treatment.

Sep-15: 12.2% Died, 2.4% lost to follow up, 4.9% transferred overseas, 4.9% still on TB treatment.

Oct-15: 12.5% Died, 5% transferred overseas, 2.5% still on TB treatment.

Patients were still on treatment for over 1 year due to drug resistance and/or drug intolerance.

West Middlesex commentary

#NoF Time to Theatre <36hrs for medically fit patients

Fracture Neck of Femur time to theatre shows improvement against last month's performance. However a more detailed review of how we provide weekend trauma capacity is required.

TB: % of treatments completed

Note that the newly worked-up methodology is the same as that for Chelsea and Westminster

VTE risk assessment

There has been a fall in performance in Month 7 which requires divisional recovery plans to achieve the target in Q3. Work is underway to improve the manual data capture at WMUH to align to C&W's electronic system.



Access Dashboard

Domain	Indicator	Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
		Aug-15	Sep-15	Oct-15	2015-2016	Aug-15	Sep-15	Oct-15	2015-2016	Aug-15	Sep-15	Oct-15	2015-2016 Q3	2015-2016	Trend charts
RTT waits	RTT Incompletes 52 week patients at month end	1	13	4	21	0	0	0	0	1	13	4	4	21	
	Diagnostic waiting times <6 weeks: % (Target: >99%)	99.97%	100%	99.96%	99.98%	99.96%	100%	99.96%	99.85%	99.96%	100%	99.96%	99.96%	99.93%	
	Diagnostic waiting times >6 weeks: breach actuals	1	0	1	4	1	0	1	25	2	0	2	2	29	
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	7.7%	6.9%	7.1%	7.0%	8.5%	7.9%	8.6%	8.3%	8.0%	7.2%	7.6%	7.6%	7.4%	
	A&E time to treatment - Median (Target: <60')	00:59	01:06	01:05	01:02	00:49	00:38	00:42	00:41	00:56	00:57	00:58	00:58	00:56	
	London Ambulance Service - patient handover 30' breaches	37	80	64	307	19	26	42	224	56	106	106	106	531	
	London Ambulance Service - patient handover 60' breaches	0	11	0	12	0	0	1	1	0	11	1	1	13	
Choose and Book (unavailable until Nov-15 at the earliest)	Choose and book: appointment availability														
	Choose and book: capacity issue rate														
	Choose and book: system issue rate														

Please note the following blank cell An empty cell denotes those indicators currently under development

Chelsea & Westminster commentary

RTT Incompletes 52 week patients at month end

RTT Incompletes 52 week patients at month end: As part of the Trust's RTT Improvement Plan, it was identified in September 2015 that a number of referrals to the Community Dermatology Service via Choose and Book may not have been appropriately monitored, resulting in a number of patients still requiring a first outpatient appointment that were unknown to C&W. C&W have launched a Serious Incident (SI) investigation into this issue. The Trust has implemented a clinical assessment process where each patient will be specifically assessed for harm caused as a result of the delay. To date, none of the patients seen in clinic have been assessed as having come to any harm.

Diagnostic waiting times <6 weeks: %

The Trust consistently achieves a 99.9% standard. However, waiting times for some high volume or complex procedures continue to approach the 6 week limit; specifically MRI scanning & non-obstetric ultrasound in Radiology.

- the Trust is currently working on reducing the DNA rate of direct access patients for non-obstetric ultrasound which is approximately twice the rate of OPD patients.
- In the short term we are continuing to use Waiting List Initiative sessions.
- In the longer term we are looking to ensure all job plans of newly appointed medical staff include an element of out-of-hours' work so that evenings and weekends are covered but not at a premium rate.

A&E unplanned re-attendances

Whilst the Chelsea & Westminster continue to not meet the target of 5% the Trust remains below the national average for this target.

London Ambulance Service - patient handover 30' breaches

The indicator for 30 min breaches continues to be challenging although there has been some improvement since the previous month. Of the 64 reported in October, 9 are to be challenged subsequent to validation.

West Middlesex commentary

A&E unplanned re-attendances

Work to reduce frequent A&E attenders continues, despite lack of Commissioner support

London Ambulance Service – patient handover 60' breaches

One 1 hour breach occurred during October due to high volume of demand in Emergency Department concentrated over a short time period. Delay was escalated appropriately but mitigating actions taken were unsuccessful. No harm was experienced by the patient.



Maternity Dashboard

Domain	Indicator	Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
		Aug-15	Sep-15	Oct-15	2015-2016	Aug-15	Sep-15	Oct-15	2015-2016	Aug-15	Sep-15	Oct-15	2015-2016 Q3	2015-2016	Trend charts
Birth indicators	Total number of NHS births	427	461	471	3134	434	446	443	3266	862	907	914	1139	6400	
	Total caesarean section rate (C&W Target: <27%; WVM Target: <29%)	35.8%	35.9%	33.0%	36.0%	29.8%	29.2%	27.9%	29.2%	32.7%	32.6%	30.5%	30.5%	32.6%	
	Midwife to birth ratio (Target: 1:30)	1:30	1:30	1:30	1:30	1:32.7	1:32.7	1:32.7	1:32.7						
	Maternity 1:1 care in established labour	96.0%	98.6%	97.7%	95.3%	95.7%	94.4%	93.1%	94.2%	95.9%	96.4%	95.4%	95.4%	94.7%	
Safety	Admissions of full-term babies to NICU	22	14	25	151	n/a	n/a	n/a	n/a	22	14	25	25	151	
Please note the following		blank cell	An empty cell denotes those indicators currently under development												

Chelsea & Westminster commentary

Total caesarean section rate

October achieved the second lowest overall CS rate year-to-date.

There is an ongoing consultant led analysis of the CS data to understand variation.

Through the Maternity board meeting and WMUH clinical meetings we have asked senior clinicians from WMUH to carry out an review of the pathways of care from booking through to delivery providing an external overview and analysis.

West Middlesex commentary

Total caesarean section rate

The overall caesarean section (CS) rate has reduced compared with last month, through a small increase in Elective CS's and a reduction in Emergency CS's. Each case is considered and agreed by the consultant on-call.



Workforce Dashboard

Domain	Indicator	Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
		Aug-15	Sep-15	Oct-15	2015-2016	Aug-15	Sep-15	Oct-15	2015-2016	Aug-15	Sep-15	Oct-15	2015-2016 Q3	2015-2016	Trend charts
Staffing	Vacancy rate (Target: <8%)	14.4%	14.0%	12.1%	12.1%	8.4%	7.8%	9.7%	9.7%	12.2%	11.8%	11.2%	11.2%	11.2%	
	Staff turnover rate (CVT Target: <17.8%)	19.0%	18.6%	18.5%	18.5%	9.9%	10.2%	11.3%	11.3%	15.4%	15.3%	15.7%	15.7%	15.7%	
	Sickness absence (C&W Target: 3%; WMM Target: 2.7%)	2.7%	2.6%	2.7%	2.9%	2.3%	2.0%	1.9%	2.2%						
	Bank and Agency spend (£ks)	£2,802	£2,469	£2,407	£16,463	£1,599	£1,566	£1,495	£11,351	£4,401	£4,035	£3,902	£3,902	£27,814	
	Nurse:Bed ratio	1.36	1.36	1.43	1.38										
Appraisal rates	% of appraisals completed - medical staff (C&W Target: 85%; WMM Target: 90%)	88.2%	82.0%	80.7%	85.8%	32.6%	34.4%	36.0%	35.5%	66.5%	62.0%	62.0%	62.0%	65.7%	
	% of appraisals completed - non-medical staff (C&W Target: 85%; WMM Target: 90%)	74.5%	72.2%	69.5%	73.1%	89.2%	89.6%	86.3%	90.1%	79.1%	77.5%	74.7%	74.7%	78.3%	
Training	Mandatory training compliance (C&W Target: 95%; WMM Target: 91%)	82.0%	83.1%	82.3%	79.5%	88.5%	89.2%	90.8%	90.6%	86.7%	87.5%	88.3%	88.3%	87.4%	
	Health and Safety training	86.6%	86.8%	85.5%	85.8%	86.9%	87.2%	89.0%	89.1%	86.7%	86.9%	86.9%	86.9%	87.1%	
	Safeguarding training - adults (Target: 100%)	100.0%	100.0%	100.0%	100.0%	89.7%	89.7%	90.9%	91.5%	96.0%	99.7%	96.5%	96.5%	97.0%	
	Safeguarding training - children (Target: 100%)	100.0%	100.0%	100.0%	100.0%	77.7%	89.5%	82.0%	80.9%	88.0%	95.9%	90.4%	90.4%	90.1%	

Please note the following

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Chelsea & Westminster commentary

Staff in post

In October 2015 the substantive staff in post was 3128.45 WTE (whole time equivalents), an increase of 72.09 (2%+) since Oct 2014.

There were 42 voluntary leavers and 116 joiners (excluding Junior Doctors) over the month. The largest annual increases were in the Emergency & Integrated Care Division (58.64 WTE) and the Nursing & Midwifery staff group (76.16 WTE).

Staff turnover rate

Unplanned staff turnover is 0.30% lower than one year ago, dropping from 18.82% (Nov 13 - Oct 14) to 18.52% (Nov 14 - Oct 15).

Although the number of voluntary leavers over the past 2 months has been relatively high, that number is lower than the corresponding months last year. Cumulative turnover cannot reduce significantly in a short space of time due to the nature in which it is calculated, but the general trend since May 2015 has been downwards.

There have been 160 voluntary leavers over the last 3 months.

The main leaving reasons provided in October were 'Other/Not Known' and 'Relocation'.

Average across LATTIN Trusts = 15.56% May 15 (latest data available)

LATTIN = London Acute Training Trusts (Imperial College, King's College, Chelsea & Westminster and Guy's).

West Middlesex commentary

Staff turnover rate

The turnover figure for the last 12 months (November 2014 to October 2015), was 11.3%. The total number of unplanned staff leavers seen in this period was 225.

Vacancy rate

The vacancy factor rate for WMMUH in October was 9.7%, which was a deterioration of 1.9% when compared with the previous month. This is mainly due to an increase of 29.4WTE in the overall budgeted finance establishment.

Significant recruitment has taken place overseas to support our plan to reduce nurse vacancies, alongside local recruitment campaigns.

Sickness absence

The total sickness absence rate for October 2015 was 1.9%, which was an improvement of 0.1% when compared with the previous month. This figure continues sit under the trust target of 2.7%. HR and Occupational Health actively review absence % at departmental and individual level, and this is also monitored through divisional meetings.

Mandatory training:

The total mandatory training percentage rate was 90.8% at the end of October 2015, which was an increase of 1.6% when compared with the previous month. This figure is currently marginally below the target rate 91%.



Chelsea & Westminster commentary continued

Vacancy rate

The vacancy rate for October 15 was 12.02%. This is an increase of 1.73% on last year and 2.2% above the monthly target, but it is the lowest rate for this financial year. It is worth noting that whilst the overall vacancy rate has increased by 1.73% since last year, the budgeted establishment has increased by 4.37% over the same period

The budgeted WTE increases are primarily in nursing, some of which were to meet staffing level requirements identified by the last CQC report and others around service developments such as the Supported Discharge Suite. It is also important to recognise that not all vacancies are being actively recruited to, and a proportion of them are held on the establishment to support the Cost Improvement Programme (CIP) and future service reviews.

A truer measure of vacancies is the number of posts being actively recruited to, based on the WTE of posts advertised on NHS jobs (4.93% i.e. 175.30 WTE in October 15). October saw bulk recruitment for Band 5 nurses, and Paediatric Healthcare Assistants.

The average time to recruit (from the authorisation date to the date all pre-employment checks were completed) for October 15 starters was 57 days which is above the Trust target of <55days.

In the last two months there have been 221 joiners (excluding junior docs) which is over double the average seen over the year.

Bank and Agency usage

As a proportion to substantive WTE, the highest agency use was in Medicine, ITU and the nursing & midwifery staff group. Recruitment drives continue in these areas and others with increased establishments, to reduce the reliance on agency staff.

Temporary staffing made up 12.6% of the overall workforce in October 15 compared to 12.40% in October 2014. Agency WTE as a % of workforce was 3.8% in both periods, while Bank increased from 8.6% to 8.8%.

The need to reduce agency spend is recognised as a priority for the Trust, and the newly formed Temporary Staffing Steering Group aims to increase establishment controls on temporary staffing usage, including the governance and use of rostering systems and procurement to ensure best clinical and financial performance and practice.

The Nursing Temporary Staffing Challenge Board will now be chaired by the Directors of Nursing at each site. The Challenge Board will scrutinise requests for nursing and Admin agency staff. A further Medical Temporary Staffing Challenge Board is in place to scrutinise medical requests.

Appraisals and training

As agreed at the People and OD Committee, mandatory training compliance is now being reported against the 10 core topics identified in the UK Core Skills Training Framework

Mandatory training compliance increased to 82% in October 15. This is an improvement of 7% since April 15 and brings us above the average for London Acute Teaching Trusts but is below the monthly target set in-line with a trajectory to achieve an ambitious target of 95% overall compliance by the close of the financial year.

The Assistant Director (Learning & Organisational Development) will be presenting a paper to the People & OD Committee in November; on the challenges that are currently being faced in achieving the 95% target by the end of the financial year. The report will provide information and options to help the Trust make informed choices on next steps.

Health & Safety training compliance stands at 87% (ratio of staff trained within the two year refresher period across all staff groups), equal to last month.

National NHS Staff Survey 2015

The current response rate for Chelsea and Westminster is 35% which is 3% lower than at the same time last year (week 8). Reminders were sent in early November and second surveys for those that are yet to complete and return their survey will be distributed via the post room mid-November. The deadline for completed surveys to be received by Capita, the independent organisation that coordinates the survey on behalf of the Trust is 27th November 2015

West Middlesex commentary continued

Health and Safety training

Health & Safety/Risk Management is measured by the number of staff undertaking an e-Learning module, which is available for existing staff for updates/refresher training. All new starters from September 2015 are now receiving face to face training, during their 1 day corporate induction.

Appraisal rates

Continued work has been put in place to help boost the compliance rate for Medical staff, which in turn will see an improvement in the overall Trust compliance rate.

Non-medical staff appraisal compliance rate was 86.3%. The overall total rate was 74.7%, which was a deterioration of 2.8%, when compared with the previous month. Both these figures are currently below the Trust target rate 90%.

Safeguarding training – adults

Safeguarding Adults Level 1 is currently delivered via e-Learning, although this has changed for all new starters from September, who will now receive face to face training, during their 1 day corporate induction.

Safeguarding training – children

Compliance for level 1 is achieved by undertaking the e-Learning package. Levels 2 & 3 training are delivered through face to face training. All levels require updates every 3 years. Level 2 is the area that Managers need to focus on.



62 day Cancer referrals by tumour site Dashboard

Target of 85%

Domain	Tumour site	Chelsea & Westminster NHS Foundation Trust					West Middlesex University Hospital					Combined Trust Performance						Trust data 13 months Trend charts
		Aug-15	Sep-15	Oct-15	2015-2016	YTD breaches	Aug-15	Sep-15	Oct-15	2015-2016	YTD breaches	Aug-15	Sep-15	Oct-15	2015-2016 Q3	2015-2016	YTD breaches	
62 day Cancer referrals by site of tumour	Breast	n/a	n/a	n/a	n/a		100%	90.0%	100%	95.1%	2	100%	90.0%	100%	100%	95.1%	2	
	Colorectal	n/a	n/a	n/a	n/a		85.7%	100%	50.0%	82.9%	3	85.7%	100%	50.0%	50.0%	82.9%	3	
	Gynaecological	60.0%	81.8%	100%	73.9%	3	100%	66.7%	80.0%	85.7%	1.5	75.0%	76.5%	88.9%	88.9%	79.5%	4.5	
	Haematological	100%	100%	n/a	100%	0	66.7%	100%	100%	82.8%	2.5	75.0%	100%	100%	100%	87.8%	2.5	
	Head and neck	n/a	n/a	n/a	100%	0	100%	66.7%	100%	86.7%	1	100%	66.7%	100%	100%	88.2%	1	
	Lower gastrointestinal	n/a	66.7%	0.0%	79.2%	2.5	n/a	n/a	n/a	n/a		n/a	66.7%	0.0%	0.0%	79.2%	2.5	
	Lung	100%	100%	n/a	100%	0	0.0%	100%	100%	93.3%	0.5	66.7%	100%	100%	100%	97.1%	0.5	
	Sarcoma	n/a	n/a	n/a	n/a		n/a	n/a	n/a	0.0%	0.5	n/a	n/a	n/a	n/a	0.0%	0.5	
	Skin	100%	100%	100%	100%	0	100%	100%	100%	98.7%	0.5	100%	100%	100%	100%	99.4%	0.5	
	Upper gastrointestinal	n/a	100%	n/a	88.9%	0.5	100%	50.0%	100%	88.9%	1	100%	66.7%	100%	100%	88.9%	1.5	
	Urological	0.0%	75.0%	71.4%	58.3%	7.5	55.6%	85.7%	100%	83.1%	5.5	40.0%	80.0%	77.8%	77.8%	74.3%	13	
	Urological (Testicular)	n/a	n/a	n/a	n/a		0.0%	100%	n/a	81.8%	1	0.0%	100%	n/a	n/a	81.8%	1	
	Site not stated	n/a	n/a	77.8%	77.8%	1	n/a	n/a	n/a	n/a		n/a	n/a	77.8%	77.8%	77.8%	1	

Please note the following n/a Will refer to those indicators where there is no data to report. Such months will not appear in the trend graphs. A blank in a breach cell indicates no activity year to date.

Cancer Indicators Cancer reporting for the latest month (Oct-15) are provisional figures, with final reporting being 6 weeks after month end

Chelsea and Westminster commentary

A review of avoidable breaches across the tumour sites has identified need to streamline pathways for patients with suspected prostate cancer, particularly on the Chelsea and Westminster site.

A comparison of the pathway across the two sites has been completed and an action plan developed to remove avoidable delays in patient pathways, including access to the theatres and preoperative assessment.

Improvement of performance in Urology will create a tolerance for unavoidable breaches as a result of complex diagnostic work ups or patient choice seen in the other tumour sites.

West Middlesex commentary

Colorectal:

This was a hundred day+ breach. The patient delayed his pathway, through numerous cancellations and DNA's. Also this was a complex pathway as the patient has numerous comorbidities. We are working closely with the colorectal team, we have put in place tight escalations with the endoscopy department following discussions with the service managers. The CNS is also heavily involved with the pathway.

Gynaecological:

This was a shared breach with Imperial. The patient was offered the treatment of chemotherapy however the patient needed thinking time. We have in place a weekly conference call with Imperial to discuss patients who have been referred over on a cancer pathway, this allows us to get up-to-date information on the patient's progress and escalate any delays.



Nursing Metrics Dashboard

Safe Nursing and Midwifery Staffing

Chelsea and Westminster NHS Foundation Trust

Ward Name	Day		Night	
	Average fill rate Registered Nurses	Average fill rate care staff	Average fill rate Registered Nurses	Average fill rate care staff
Maternity	78.4%	71.3%	69.2%	65.7%
Annie Zunz	114.1%	135.0%	123.3%	150.0%
Apollo	78.5%	93.5%	101.4%	100.0%
Jupiter	-	-	-	-
Mercury	-	-	-	-
Neptune	87.1%	49.1%	86.1%	103.2%
NICU	88.1%	-	91.8%	-
AAU	100.4%	99.3%	125.0%	116.1%
Nell Gwynne	222.8%	93.1%	291.7%	94.6%
David Erskine	92.2%	160.5%	91.4%	129.0%
Edgar Horne	93.3%	90.7%	93.5%	96.8%
Lord Wigram	87.4%	91.9%	93.5%	112.9%
St Mary Abbots	84.9%	95.7%	94.6%	101.6%
David Evans	87.7%	87.1%	91.7%	100.0%
Chelsea Wing	98.1%	95.8%	95.8%	102.0%
Burns Unit	109.6%	88.7%	116.1%	100.0%
Ron Johnson	94.8%	98.4%	89.2%	100.0%
ICU	103.1%	-	102.8%	-

Summary for October 2015

The fill rates on Annie Zunz, AAU and Starlight are due to additional beds being open. Within paediatrics Apollo and Neptune the lower fill rates do not represent a patient safety issue; these related to reduced capacity and resources being shared during the closure of mercury and Jupiter. SCBU and Maternity represent data capture that is inaccurate. MAU and CCU are currently over established on care assistants due to new recruits not having their registration confirmed by the NMC. The new challenge boards will ensure that where this is the case the additional establishment is used for specials across the wards rather than over staffing. The fill rates for David Erskine and the Osterley Wards are due to vulnerable patients requiring one to one care. Nell Gwynn Ward are currently running with an additional 5 registered nurses each shift, 3 providing tracheostomy care and 2 providing RMN input.

Due to the high usage of RMN's and heavy reliance on specials these policies and our approach are currently under review. Delays in registration have been picked up directly with the NMC. Templates on the roster system are currently being reviewed to rectify discrepancies and prevent data capture errors. A new approach to nursing and midwifery workforce review, will commence during week commencing 16th November so that greater scrutiny of safe, effective and resourceful staffing takes place on a weekly basis.

West Middlesex University Hospital

Ward Name	Day		Night	
	Average fill rate Registered Nurses	Average fill rate care staff	Average fill rate Registered Nurses	Average fill rate care staff
Maternity	99.0%	92.4%	99.4%	88.1%
Lampton	112.0%	96.2%	99.3%	100.0%
Richmond	95.2%	101.8%	100.3%	100.0%
Syon 1	96.4%	101.0%	98.4%	104.8%
Syon 2	96.5%	105.6%	97.8%	106.5%
Starlight	115.0%	100.0%	115.3%	100.0%
Kew	106.7%	98.1%	106.3%	106.0%
Crane	112.4%	100.0%	101.1%	87.9%
Osterley 1	106.9%	128.4%	106.5%	150.3%
Osterley 2	108.3%	104.5%	97.6%	127.7%
MAU	93.1%	143.7%	105.0%	102.3%
CCU	97.6%	120.1%	98.4%	100.0%
Special Care Baby Unit	98.0%	100.0%	92.8%	126.7%
Marble Hill	104.9%	108.3%	105.3%	103.2%
ITU	94.8%	100.0%	93.3%	-



Finance Dashboard Month 7 (October) Integrated Position

Financial Position (£000's)									
	Combined Trust			CW			WM		
	Plan to Date	Actual to Date	Var to Date	Plan to Date	Actual to Date	Var to Date	Plan to Date	Actual to Date	Var to Date
Income	259,937	260,783	846	230,621	231,937	1,316	29,316	28,846	(470)
Expenditure	(245,955)	(246,805)	(850)	(217,220)	(218,146)	(926)	(28,735)	(28,659)	76
EDITDA	13,982	13,978	(4)	13,401	13,792	391	581	187	(395)
EBITDA %	5.379%	5.360%	-0.02%	5.8%	5.9%	-0.1%	2.0%	0.6%	-1.3%
Interest/Other Non OPEX	(1,324)	(1,184)	140	(473)	(460)	13	(851)	(724)	127
Depreciation	(8,448)	(8,448)	1	(7,555)	(7,544)	11	(893)	(904)	(10)
PDC Dividends	(7,018)	(7,018)	1	(6,662)	(6,662)	0	(356)	(356)	1
Surplus/(Deficit)	(2,808)	(2,671)	137	(1,289)	(875)	415	(1,519)	(1,797)	(278)

Comments RAG rating ■

In October CWFT (CW site and WM site) reported a £0.45m surplus, bringing the year to date deficit to £2.7m.

In Month - there is a favourable variance of £0.1m

- CW Site - £0.4m favourable variance driven from over-performance in clinical income.
- WM - £0.3m adverse variance against the month 7 plan, driven mainly through the underachievement against clinical income.

Year to date there is a favourable variance of £0.1m

- CW - £0.4m favourable against the plan, over-performance on clinical income and underspends in pay offsetting overspends in non-pay and shortfalls in private patient income
- WM - £0.3m adverse variance is driven by underperformance against clinical income.

Forecast

The combined forecast is £11.2m deficit. This assumes that the £1.3m of merger synergies is fully achieved.

Risk rating (year to date) C&W only		
FSRR	M7 Plan	M7 Actual
FSRR Rating	2	2
Comments	RAG rating ■	
The Overall FSRR rating for month 7 is 2 (against a plan of 2).		
This is mainly due to the I&E margin which is a deficit, and therefore the maximum that the Trust can achieve is a 2.		

Cost Improvement Programme (CIPs)						
Site	In Month			Year to Date		
	Plan £'000	Actual £'000	Var £'000	Plan £'000	Actual £'000	Var £'000
CWFT	921	1,153	232	4,653	5,631	978
WMUH	669	828	159	3,768	2,758	(1,010)
Merger synergies	39	39	0	66	66	0
Trust Total	1,629	2,020	391	8,487	8,455	(33)
Comments	RAG rating ■					
CW – The CIP deliver for October was favourable against the plan by £0.2m and £1.0m YTD. The YTD CIP performance was £5.6m of which £1.5m is non-recurrent. The YTD over-performance mainly relates to £0.9m for pharmacy drugs CIP, and £0.6m for pay controls. These have offset against under-performance in temporary staffing and theatre productivity.						
WM - At the end of October the CIP programme was behind plan by £1.0m. The YTD CIP performance was £2.8m of which £0.2m is non recurrent. The YTD shortfall relates to bed management and temporary staffing and recruitment. It is anticipated that these action plans will result in the recovery and full delivery of the £7.2m target.						
Merger Synergies - There is £1.3m of merger synergies planned, which is forecast for delivery. In month 7 £0.04m and YTD £0.06m were delivered. Forecast - CW Site £10.6m, WM Site £7.2m and Merger Synergies £1.3m						

Cash Flow

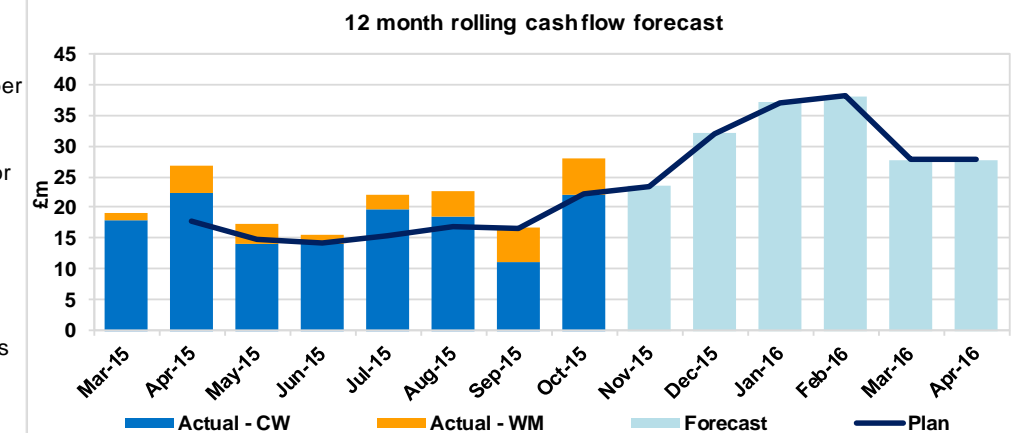
Comments RAG rating ■

CW Site – The cash position for October was £22.1m.

WM Site- The cash position for October was £5.8m.

Trust: The combined cash position for October was £28.0m, compared to a plan of £22.3m.

The forecast cash position is £27.8m due to the transaction adjustments, including additional funding and loans for capital expenditure.





CQC Action Plan Dashboard

Chelsea and Westminster NHS Foundation Trust

Area	Total	Green (Fully complete)	Amber	Red
Trust-wide actions: Risk / Governance	17	17	-	-
Trust-wide actions: Learning disability	4	3	1	-
Trust-wide actions: Learning and development	14	14	-	-
Trust-wide actions: Medicines management	5	3	2	-
Trust-wide actions: End of life care	26	24	2	-
Emergency and Integrated Care	33	24	4	5
Planned Care	55	50	5	-
Women & Children, HIV & GUM	35	34	1	-
Total	189	169	15	5

Chelsea and Westminster Commentary

The main improvements in October being in Emergency Integrated Care consultant cover and consultant checks on discharge and related data capture on LastWord.

West Middlesex University Hospital

Area	Total	Complete	Green	Amber	Red
Must have, should dos	33	14	17	1	1
Children & Young Peoples	32	22	6	4	-
Corporate	2	2	-	-	-
Critical Care	27	16	6	5	-
Urgent and Emergency Services	17	12	3	2	-
End of life care	32	8	20	4	-
Maternity & Gynaecology	23	7	15	1	-
Medical are (including older people)	19	10	6	3	-
Surgery	26	12	10	4	-
Theatres	15	2	13	-	-
Outpatients Department & Diagnostic Imaging	14	4	9	1	-
Total	240	109	105	25	1

West Middlesex Commentary

October has seen good progress against all 240 actions.

There are several areas e.g. the Emergency Department (resus and observation bay), Paediatric ED (visibility) and the Intensive Care Unit (storage and sluice) that have provided solutions to issues such as space and storage, yet resolving the issue fully would require refurbishment or significant capital works.

Documentation for ICU, management of policies overall and provision of information for patients in alternative formats have now become much wider pieces of work within the integrated organisation. There are 3 specific areas; the impact of SaHF for ICU, lack of hospice beds and the community infrastructure for stroke patients which are dependent on the wider health community. A recent repeat day of care audit has been undertaken and the findings have been presented to the commissioners.

The lack of Mental capacity act and learning disability training was a common theme throughout the inspection, training sessions are now available for these important areas. In order to seek further assurance a deep dive into End of Life Care and all should and must do actions should be considered as the focus for November.



CQUIN Dashboard West Middlesex University Hospital

Note: The table below refers to West Middlesex Hospital only. Chelsea and Westminster will remain on a separate contract until the end of the 2015/2016 financial year which does not include such a requirement.

National CQUINs

No.	Description of goal	Responsible Executive (role)	Forecast			
			Q1	Q2	Q3	Q4
N1	Acute kidney infection	Medical Director	G	G	G	G
N2	Sepsis (screening)	Medical Director	G	G	G	G
N2	Sepsis (antibiotic administration)	Medical Director	G	G	G	G
N3.1	Dementia & delirium: find, assess, investigate, refer & inform	Director of Nursing	G	G	G	G
N3.2	Dementia & delirium: staff training	Director of Nursing	G	G	G	G
N3.3	Dementia & delirium: improving discharge timeliness & process	Director of Nursing	G	G	G	G
N4	UEC: improving discharge timeliness & process	Director of Operations	G	G	G	G

Regional CQUINs

No.	Description of goal	Responsible Executive (role)	Forecast			
			Q1	Q2	Q3	Q4
R1.1	IT: shared patient records & real time information systems	Finance Director	G	G	G	G
R1.2	IT: diagnostic cloud across the NW London health economy	Finance Director	G	G	G	G
R1.3	IT: diagnostic cloud link to Ashford & St. Peter's	Finance Director	G	G	G	G
R2.1	OP referrals: reducing inappropriate referrals & face to face appts	Director of Operations	G	G	G	G
R3.1	7 day multi-disciplinary assessment (Acute)	Director of Operations	G	G	G	G
R3.2	7 day multi-disciplinary shift handover (Acute)	Director of Operations	G	G	G	G
R3.3	7 day diagnostics (Acute)	Director of Operations	G	G	G	G

Local CQUINs

No.	Description of goal	Responsible Executive (role)	Forecast			
			Q1	Q2	Q3	Q4
L1	Catheter care	Director of Nursing	G	G	G	G

West Middlesex commentary

the third quarter and remain on track overall.

N1 & N2 The A&E department use of the standardised Sepsis screening tool continues with an increased focus on the timeliness of antibiotic administration both to maximise patient care and to reach the quarterly CQUIN threshold. The required audit sampling for the Acute Kidney Injury scheme has identified an improvement over the baseline achieved in September and IT system development work is now agreed to automate this monitoring.

N3 Medicine division have maintained the screening and response protocols and reporting shows 100% referral for specialist opinion when required. 80.6% of appropriate staff have received Dementia training and two additional training sessions have been arranged to meet the thresholds agreed with the commissioners, including ensuring that a further four consultants receive the required training by the end of December.

L3 Urgent Care – A&E all types performance has on average exceeded 95% for each measured day during October (Saturday 97.8%, Sunday 98.0%, Monday 96.8%), representing a 3.1% improvement on 2014. The proportion of North West London patients staying over 21 days reduced in October to 2.40% from 2.69% in the same month last year. Full performance of this scheme remains a risk as seasonal non-elective demand grows

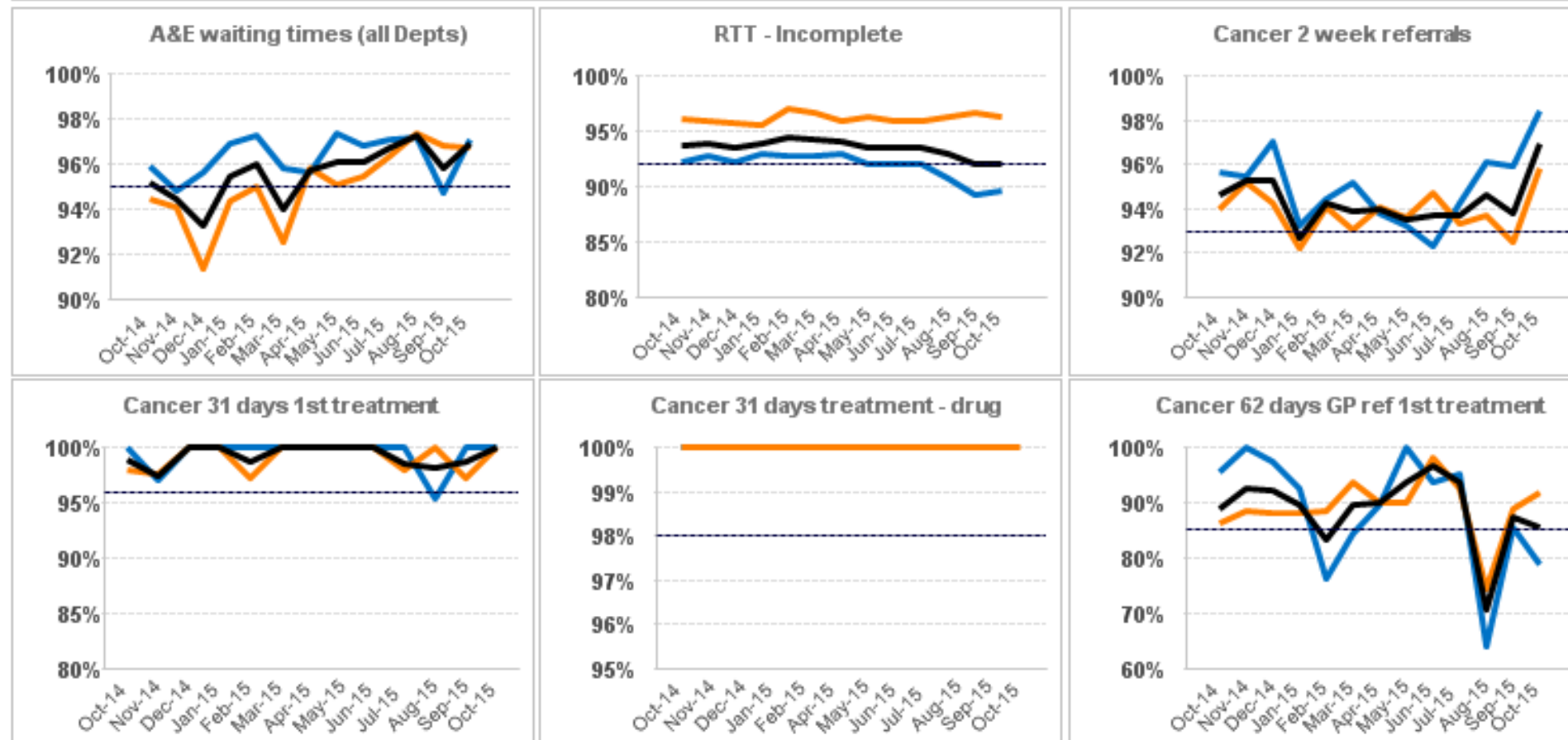
R1 IT Schemes – design and implementation of each of these schemes is following or ahead of the timescale agreed with commissioners. These schemes have already achieved electronic communication with Social Care, reporting for the Ambulatory Emergency Care service and the extension of the Diagnostic Cloud to Ashford & St Peters Hospitals NHS Foundation Trust.

R2 Gastroenterology, Gynaecology, Urology and Paediatrics have all maintained the required levels of referral triaging; T&O need to catch up during November. Non-face to face activity is also at the required levels although Urology are rebalancing between telephone and notes review channels during this quarter and work continues to ensure all activity is being captured, particularly for the new Paediatric telephone channel outpatients activity.

R3 • Seven Day Working – Actions are in place to deliver this scheme in each of the required wards, including additional Pharmacy resource and IT system access to enable timely medicines reconciliation for patients admitted at the weekends. Given the sample based approach to measurement, there will be some risk to delivery in the coming months and this is being monitored.

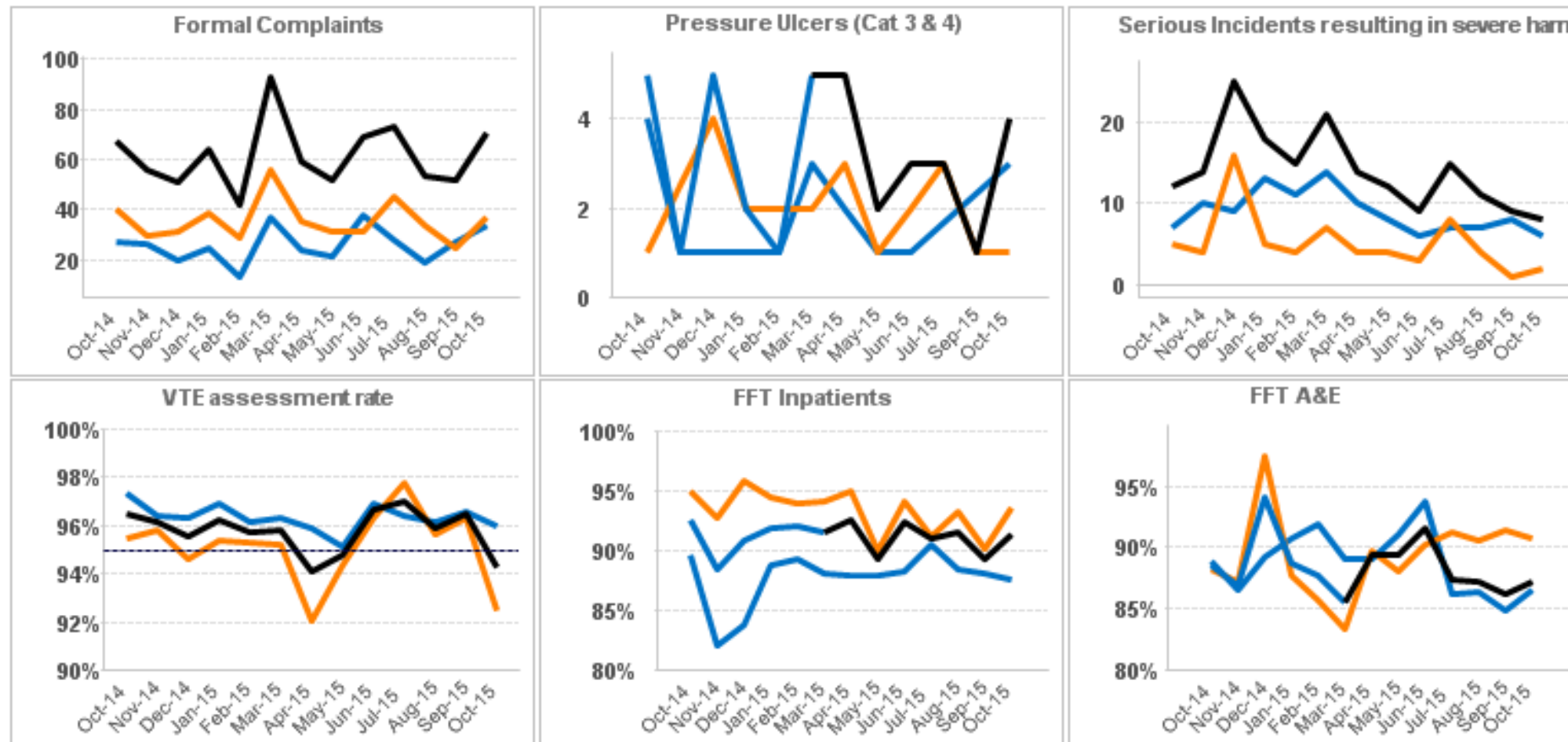


Regulatory Compliance												
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined Trust data: last Quarter, YTD & 13m trend					
Indicator	Aug-15	Sep-15	Oct-15	Aug-15	Sep-15	Oct-15	Aug-15	Sep-15	Oct-15	Quarter	YTD	Trend
A&E waiting times - Types 1 & 3 Depts (Target: >95%)	97.1	94.7	97.1	97.4	96.8	96.7	97.3	95.9	96.9	96.9	96.4	
RTT - Incomplete (Target: >92%)	90.7	89.3	89.6	96.2	96.6	96.2	92.9	92.1	92.0	92.0	93.1	
Cancer 2 week urgent referrals (Target: >93%)	96.1	95.9	98.4	93.7	92.5	95.8	94.6	93.8	96.9	96.9	94.3	
Cancer 31 days first treatment (Target: >96%)	95.5	100	100	100	97.3	100	98.2	98.6	100	100	99.3	
Cancer 31 days treatment - Drug (Target: >98%)	100	n/a	n/a	100	100	100	100	100	100	100	100.0	
Cancer 31 days treatment - Surgery (Target: >94%)	100	100	n/a	100	100	100	100	100	100	100	100.0	
Cancer 31 days 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	
Cancer 62 days GP ref to treatment (Target: >85%)	64.0	85.7	78.8	74.5	88.7	91.9	70.8	87.5	85.7	85.7	88.6	
Cancer 62 days NHS screening (Target: >90%)	n/a	n/a	n/a	100	100	100	100.0	100.0	100.0	100.0	90.0	
Clostridium difficile infections (Targets: CW: 7; WM: 9; Combined: 16)	0	0	0	2	0	0	2	0	0	0	6	
Self-certification against compliance for access to healthcare for people with LD	N/C	N/C	Comp	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	



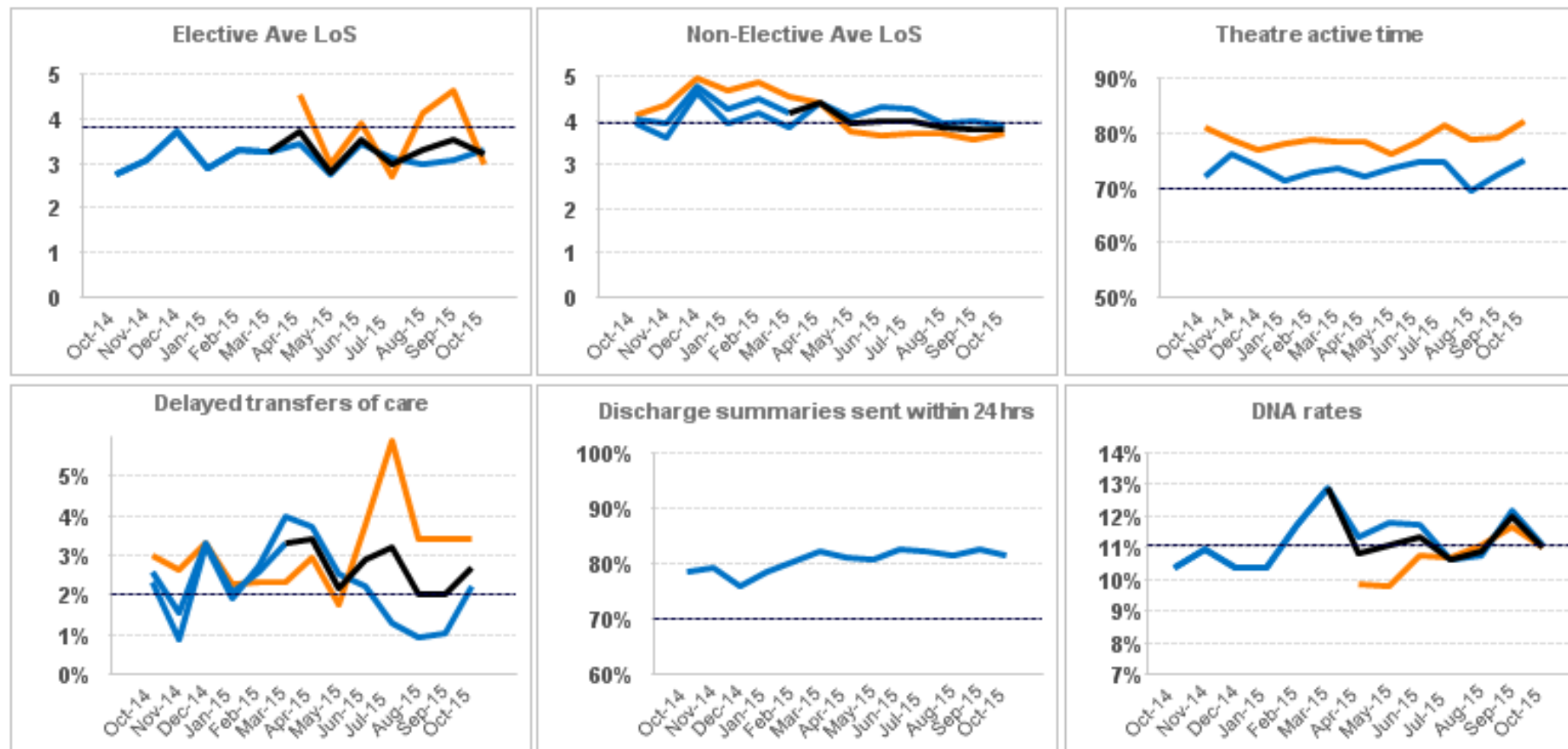


Quality												
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Aug-15	Sep-15	Oct-15	Aug-15	Sep-15	Oct-15	Aug-15	Sep-15	Oct-15	Quarter	YTD	Trend
Hand Hygiene (Target: >=90%)	97.4	92.5	94.9	99.4	99.5	99.5	98.3	95.6	96.9	96.9	97.6	
Pressure Ulcers (Cat 3 & 4)	0	0	3	0	1	1	0	1	4	4	18	
VTE assessment % (Target: >=95%)	96.2	96.6	96.0	95.6	96.4	92.5	95.9	96.5	94.3	94.3	95.6	
Formal complaints number received	19	27	34	34	25	37	53	52	71	71	429	
Formal complaints responded to <25days	13	18	17	15	19		28	37	17	17	271	
Serious Incidents	7	8	6	4	1	2	11	9	8	8	78	
Never Events	0	1	0	0	0	0	0	1	0	0	2	
FFT - Inpatients recommend % (Target: >90%)	88.4	88.2	87.5	93.2	90.2	93.6	91.6	89.3	91.3	91.3	91.0	
FFT - A&E recommend % (Target: >90%)	86.4	84.9	86.6	90.5	91.4	90.7	87.2	86.3	87.2	87.2	87.7	
Falls causing serious harm	0	0	0				0	0	0	0	1	



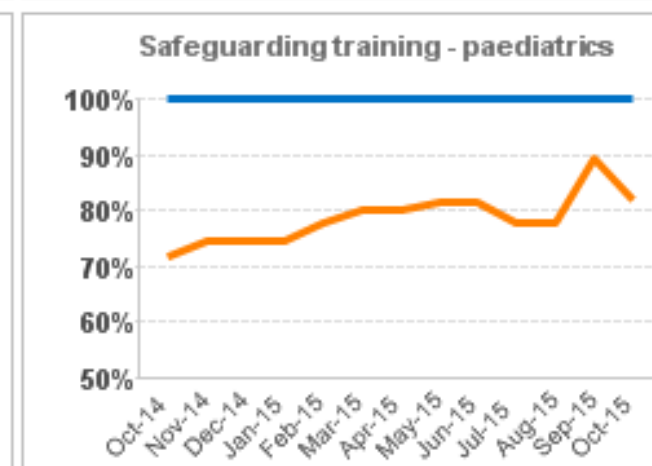
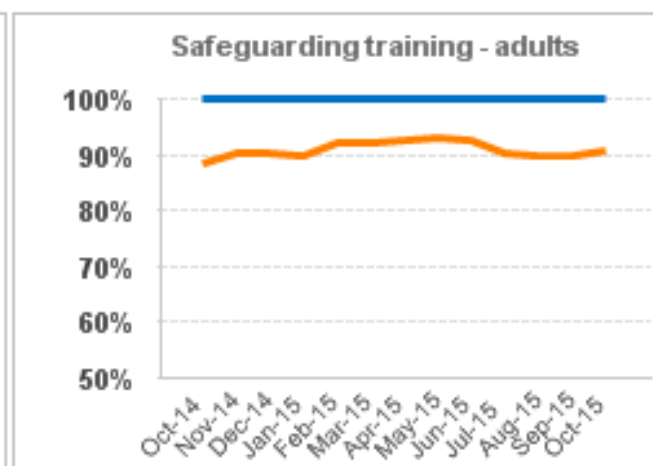
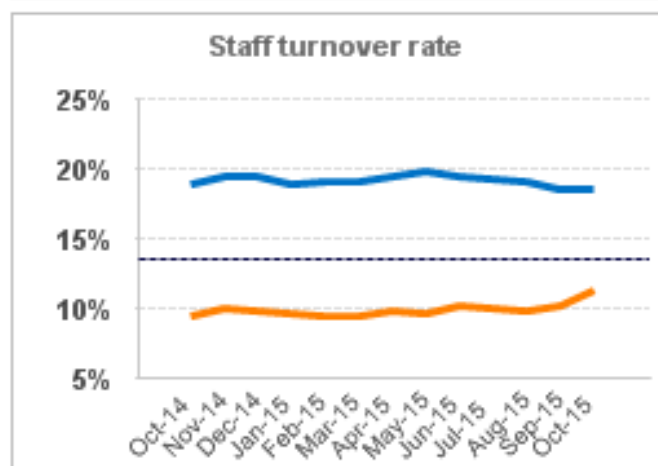
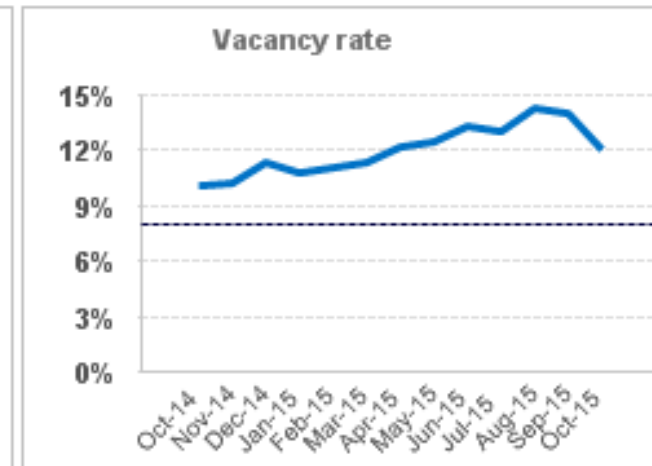
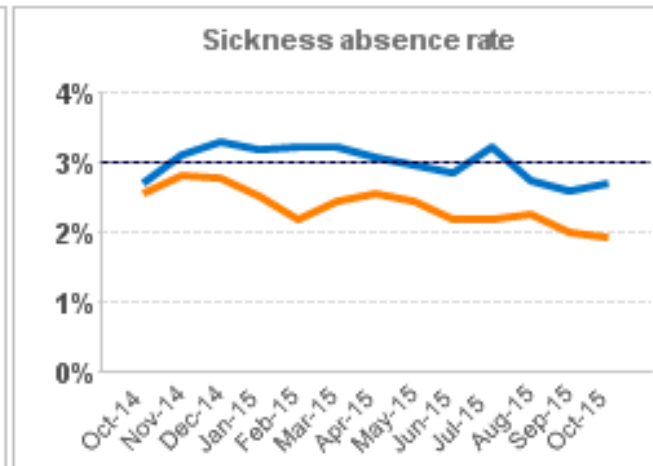
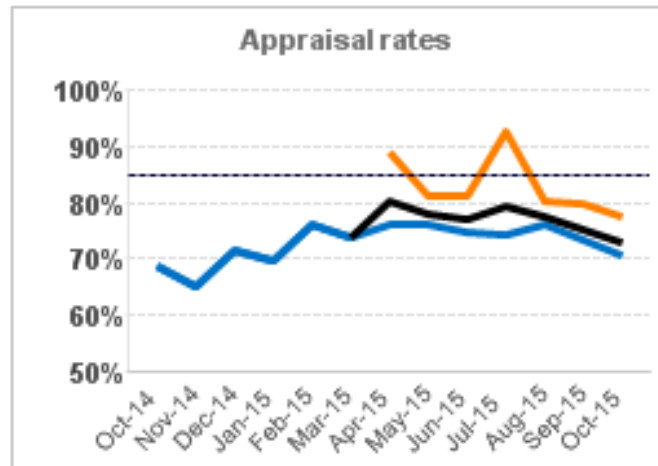


Efficiency												
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Aug-15	Sep-15	Oct-15	Aug-15	Sep-15	Oct-15	Aug-15	Sep-15	Oct-15	Quarter	YTD	Trend
Elective average LoS (Target: <3.8)	3.0	3.1	3.3	4.1	4.6	3.0	3.3	3.5	3.2	3.2	3.3	
Non-Elective average LoS (Target: 3.95)	4.0	4.0	3.9	3.7	3.6	3.7	3.8	3.8	3.8	3.8	4.0	
Theatre active time (Target: >70%)	69.5	72.4	75.1	78.8	79.3	82.1	69.6	72.4	75.2	75.2	73.3	
Delayed transfers of care (Target: <2%)	0.93	1.04	2.21	3.43	3.43	3.43	2.00	2.00	2.69	2.69	2.63	
Discharge summaries sent within 24 hours (Target: >70%)	81.6	82.7	81.6	dev	dev	dev	81.6	82.7	81.6	81.6	81.8	
Outpatient DNA rates (Target: <11.1%)	10.7	12.2	11.1	11.1	11.7	11.0	10.9	12.0	11.0	11.0	11.1	
On the day cancelled operations not re-booked within 28 days (Target: 0)	0	1	1	0	0	0	0	1	1	1	14	





Workforce												
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Aug-15	Sep-15	Oct-15	Aug-15	Sep-15	Oct-15	Aug-15	Sep-15	Oct-15	Quarter	YTD	Trend
Appraisal rate (C&W Target: >85%; WMM Target: >91%)	76.1	73.3	70.8	80.3	80.0	77.5	77.4	75.4	73.0	73.0	77.2	
Sickness absence rate (C&W Target: <3%; WMM Target: <2.7%)	2.73	2.59	2.70	2.26	2.00	1.93						
Vacancy rate (Target: <8%)	14.4	14.0	12.1	8.4	7.8	9.7	12.2	11.8	11.2	11.2	11.2	
Staff turnover rate (Target: <17.8%)	19.0	18.6	18.5	9.9	10.2	11.3	15.4	15.3	15.7	15.7	15.7	
Mandatory training (C&W Target: >95%; WMM Target: >91%)	82.0	83.1	82.3	88.5	89.2	90.8	86.7	87.5	88.3	88.3	87.4	
Bank and Agency spend (£ks)	£2,802	£2,469	£2,407	£1,599	£1,566	£1,495	£4,401	£4,035	£3,902	£3,902	£27,814	
WTE Midwife:Births ratio (Target: <1:30)	30	30	30	32.7	32.7	32.7						
Safeguarding training - adults (Target: 100%)	100	100	100	89.7	89.7	90.9	96	99.7	96.5	96.5	97	
Safeguarding training - paediatrics (Target: 100%)	100	100	100	77.7	89.5	82	88	95.9	90.4	90.4	90.1	





Cancer 62 days wait - Action Plan update November 2015

Action Plan Site specific, CWH – Urology (Prostate) Pathway			
Action	Responsible person	Timescale	Complete
Introduce a dedicated 2WW appointments clerk to manage two week wait referrals, who will alert the urology CNS of new referrals for triaging and organising MRIs scans pre-first outpatient appointment	General Manager, Surgery	End of September	Complete
Extend pilot of dedicated MRI slots (1 per day) for 2WW prostate patients	General Manager, Surgery and Head of Diagnostics	End of January	On track
Review effectiveness of dedicated MRI pilot	Cancer Manager	End of November	On track
BK to discuss and agree antibiotic prescribing protocol for patients with raised PSA with colleagues with a view to discharging patients back to primary in a more timely manner, as appropriate	Urology MDT Lead and General Manager, Surgery	End of September	Complete
Raise the pathology delays at Pathology Steering Group, enforcing agreed SLA re: turnaround times	Cancer Manager	Mid-September	Complete – monitor improvement
Increase capacity in pre-operative assessment service – including recruitment to vacant Band 6 staff post, identification of additional clinics space and re-establish escalation process for pre-assessment delays	General Manager, Surgery and Head of Outpatients & Medical Records	Early November	On track
Undertake demand and capacity modelling using NHS IMAS tools to understand additional capacity required to reduce first OP waits to 7 days	General Manager, Surgery	Mid-September	Complete
Increase two week wait capacity to achieve the <7 day wait in line with the demand and capacity modelling	General Manager, Surgery	Mid October	On track
Implement escalation process for pathway delays to CNS	General Manager, Surgery	Mid-September	Complete
Actively explore implementation of post MDT clinic or virtual clinic (consultant or CNS delivered) with a view to book arrange diagnostic investigations straight from this clinic e.g. biopsies, and reduce face-to-face follow-ups as appropriate. Pilot in place since end of Oct.	General Manager, Surgery, BK, Urology MDT Lead	End of October	Complete



Action Plan Site specific, WMUH			
Action	Responsible person	Timescale	Complete
Urology: Breaches reviewed with Service Manager and MDT Lead	Deputy General Manager, Surgery	Mid-September	Complete
Urology: Timed pathway reiterated	Deputy General Manager, Surgery	Mid-September	Complete
Urology CNS cover to be clarified.	Deputy General Manager, Surgery	End-October	Complete
Haematology Case: discussed with clinical team and team to ensure all diagnostics are completed promptly in relation to the 62 day pathway even if low suspicion of a malignant condition. On-going monitoring via weekly PTL meeting.	Service Manager, Haematology	Mid-September	Complete
Colorectal: Discussed with MDT team and clearer communication re expectation to return patient to WMUH to be used in future.	Deputy General Manager, Surgery	Mid-September	Complete
Action Plan Urology (Prostate) Overarching			
Undertake cross site prostate pathway management review to determine how best practice will be implemented across the whole Trust.	Cancer Manager (WM)	Mid October	Completed
Draft business case for a second Urology Clinical Nurse Specialist (joint site)	General Manager, Surgery (CWH)	Mid October	On track
Undertake demand and capacity modelling using NHS IMAS tools to understand additional capacity required to reduce first OP waits to 7 days and extend to WM site	General Manager, Surgery (CWH) Deputy General Manager, Surgery (WM)	End of September(CW) and end of October(WM)	Complete (CW) and underway (WM)

Chelsea and Westminster NHS Foundation Trust
RTT Action Plan
Version 1.8 (updated 18/11/2015)

Item No.	Improvement area	Recommendation / Action	Measurable Deliverable of Recommendation / Action	Resources required	Risks / mitigation	Priority 1 (higher) 3 (lower)	Managerial Lead	Agreed Date of Completion	Progress Report	RAG Status	Final Status of Item
1	Compliance with national RTT rules	Enforcing consistency around chronological booking order with schedulers and clinicians who book their own diaries	Patients booked in chronological order unless documented exception	Guidelines, accurate waiting lists information in chronological order, line management support for schedulers	Non-compliance in RTT performance/ performance manage process	1	GMs	20/05/2015	Training session carried out on 28/05/15. Schedulers now have awareness of rules. Next step to ensure policies and procedures are followed.		Complete
2	Demand and capacity	Increasing admitted activity in June/July which will focus largely on reducing the backlog	Activity booked meets or exceeds planned activity levels required to meet RTT targets	increased scheduler availability, theatre templates, availability of theatre slots, line management support for schedulers	Backlog increases due to poor scheduling capacity, unavailability of lists/ close management of situation	2	SMs/GMs	05/06/2015	Above-plan activity scheduled in June and 2/3rds booked in July. More detailed modelling scheduled in July/August.		Complete
3	Demand and capacity	Identify areas of concern in non-admitted areas where a backlog reduction is required	All specialties to have a plan to meet optimum first available appointment times (i.e. 6 weeks)	Validated PTL/ capacity	Insufficient capacity/ tip overs from non-admitted to admitted may cause deterioration in performance which will need to be acknowledged	1	GMs	30/09/2015	Key areas identified: Pain Management, Foot and Ankle and Ophthalmology. Further work now required around implementing capacity alongside agreed pathway milestones. Additional capacity being profiled for August and IST support in place for D&C review at end-September in collaboration with all divisions.		Complete
4	Demand and capacity	Increasing non-admitted activity (as appropriate)	Activity booked meets or exceeds planned activity levels required to meet RTT targets	Clinic rooms, OP staffing, medical staffing, diagnostics, clinic template	lack of capacity/increased cost/	2	Information Team/Schedulers	19/06/2015	Ophthalmology have agreed to extra lists (Saturdays) August/September and service review in August. Foot and Ankle and pain on target.		complete
5	Demand and capacity	Demand and capacity modelling in services of concern (foot and ankle, hands, vascular, cataract, plastics as priorities) and then across the remaining services	Services identified where a capacity shortfall/surplus exists	Analysts time to create	No model available due to time needed to undertake work / escalate as a priority	1	Information Team	30/09/2015	This action has been reviewed and deadline now extended from 17/07/15 to end of August for phase 1. IST support in place for D&C review at end-September in collaboration with all divisions.		complete
6	Communication	Re-establish Weekly RTT meetings within services	Meetings set up	Availability of team	Lack of communication of objectives/instructions	1	GMS	20/05/2015	Completed and set up		Complete
7	Good practice waiting list management	Refocusing attention to the non-admitted PTL not just on the admitted PTL	Management team has equal focus on non-admitted KPIs	Management time	Insufficient information available/ escalate as a priority	1	GMs	05/06/2015	Completed		Complete
8	Good practice waiting list management	Addressing long delays of up to four weeks in referral triaging	Ensure all triage is completed in line with the trust Access policy	Consultant time to increase turnaround to 24 hour target	insufficient resource available/ present case to increase resource	2	SMs	19/06/2015	Areas of concern have been identified; communication went out to clinical teams w/c 06/07/15. Re-audit mid August.		complete
9	Good practice waiting list management	Increasing focus on limiting any "no future appointments" at source rather than purely retrospective validation	Ensure reasons for NFAs are identified and communicated to responsible officers for action.	Time commitment from OP Performance Officer	Conflicting priorities will need to be addressed	3	SMs	03/07/2015	Work to establish useable report to manage NFAs is complete, available on Qlikview and being used to drive validation focus. (See action 20 re: training)		complete
10	Good practice waiting list management	Undertaking a full administrative/data flow diagnostic from receipt of referral to outpatients, diagnostics and admission/clock stop which will feed into a wider elective access policy	Process map complete	Management time	Re-prioritise workload	3	GMs	05/06/2015	Added to reports required from Information team. Additional time required to complete task. Referral management, appointment booking processes and scheduling process walked through - outstanding review of outpatient to be completed w/c 03/08/15		Complete
11	Good practice waiting list management	Snapshot audit of consultants who manage their own diaries versus size/features of backlog	Complete audit	Management time	Re-prioritise workload	3	Scheduling Manager	09/10/2015	Not complete - revised deadline w/c 09/10/15. Update: action suspended		
12	Good practice waiting list management	Introduce SOPs for TCI scheduling	Access policy exists. Summarise into booking rules that can be communicated to IP scheduling team and theatre staff.	Management time	Re-prioritise workload	2	Sarah Hicks	09/10/2015	Sarah Hicks to update Trust Access policy in collaboration with Service Improvement. SOPs to be added as appendices to policy		
13	Good practice waiting list management	Introduce SOPs for POA scheduling	Access policy exists. Summarise into booking rules that can be communicated to POA team.	Management time	Re-prioritise workload	2	Sarah Hicks	09/10/2015	Sarah Hicks to update Trust Access policy in collaboration with POA / Scheduling Manager. SOPs to be added as appendices to policy. Update: SOPs complete - awaiting sign off from relevant consultants.		

Chelsea and Westminster NHS Foundation Trust
RTT Action Plan
Version 1.8 (updated 18/11/2015)

Item No.	Improvement area	Recommendation / Action	Measurable Deliverable of Recommendation / Action	Resources required	Risks / mitigation	Priority 1 (higher) 3 (lower)	Managerial Lead	Agreed Date of Completion	Progress Report	RAG Status	Final Status of Item
14	Good practice waiting list management	Introduce SOPs for outpatient scheduling	Access policy exists. Summarise into booking rules that can be communicated to OP scheduling team.	Management time	Re-prioritise workload	2	Sarah Hicks	09/10/2015	Sarah Hicks to update Trust Access policy in collaboration with Service Improvement. SOPs to be added as appendices to policy. Update: SOPs complete.		complete
15	Good practice waiting list management	Introduce SOPs for E-Referrals	SOPs available to relevant staff	Management time	Re-prioritise workload	2	Sarah Hicks	31/10/2015	In progress. Joint work underway with West Middx. Update: Main SOP complete. Further development as part of the e-Referral improvement programme of work		
16	Good practice waiting list management	Clarify roles and responsibilities for E-Referral processes	Named individual responsible for coordinating DOS and publishing.	Management time	Re-prioritise workload	3	Sarah Hicks	09/10/2015	Update: roles clarified and re-mapping to key functions and live services complete		complete
17	Good practice waiting list management	Clarify processes around E-Referral ASIs	Identified ASI lists and booking rules and responsibilities for escalation.	Management time	Re-prioritise workload	3	Sarah Hicks	09/10/2015	Update: roles and processes clarified and communicated.		complete
18	Good practice waiting list management	Mapping our current pathways/ introducing national pathways	All relevant services following appropriate pathway.	management and clinical staff time	Re-prioritise workload	3	SMs/GMs	03/07/2015	Pathway milestones being agreed for all key pathways with specialty level risk assessments/ RAG against key milestone (1st OP, diagnostics, decision to admit).		Complete
19	Staffing resource	Recruitment to scheduler posts to increase staff resource capacity / identify total resource required	Existing establishment recruited to/recruit to further posts	Budgeted establishment/time to recruit and train new staff	Delay in recruitment/ consider bank/agency staff	1	Paul Attwal	17/07/2015	2 additional posts recruited to 9.1 WTEs. 2 posts have started training. Trust has agreed 3 additional posts - due to go out to advert w/c 29/06/15. Update: recruitment complete and ongoing for future vacancies. Role and further staffing resource to be agreed as part of Trust Clinical Admin Review in Q4 15/16		complete
20	Theatre list productivity	Recruitment of scheduling team leader/list broker to provide additional leadership and accelerate improvements	Supporting earlier booking of lists as part of the 6-4-2 process	Recruitment of scheduling team leader/list broker	Delay in recruitment/ consider bank/agency staff	1	Paul Attwal	17/07/2015	Meetings now taking place - will take time to embed. New list broker in post.		Complete
21	Staffing resource	Review of Trust validation resource and appropriate recruitment to additional validator posts	Reduction in data quality issues and acceleration of data quality clean up	Financial commitment above establishment	Delay in recruitment/ consider bank/agency staff	1	Paul Attwal	31/07/2015	Trust has agreed to fund 4x Band 4 additional validators (3-6 months). Advert due out 29/06/15. Update - August 15, 2 WTE's in place, awaiting start dates for remainder.		Complete
22	Staff training	Development of Lastword RTT training package and agreement of training implementation plan	Staff confidence and consistency in using the PAS system.	EPR Team resource and staff release for training	Availability of training rooms/ seek support from COO re: prioritisation of training space	2	Shola Adegoroye	17/07/2015	EPR team developing training package for RTTP module. Update: Limited progress made here. To be picked up again in November with a view to January roll out of training. External resource being explored to deliver RTT training.		

LEARNING DISABILITY COMPLIANCE ACTION PLAN NOVEMBER 2015

Standard Number	Standard	Action	Lead	Completion Date
1	Does the Trust have a mechanism in place to identify and flag patients with learning disabilities* and protocols that ensure that pathways of care are reasonably adjusted to meet the health needs of these patients?	Compliant CW WMUH – working with 3 different IT & paper systems. Patients are flagged on 1 system by wards, but not consistent across site.	Karin Burke	March 2016
2	In accordance with the Disability Equality Duty of the Disability Discrimination Act (2005), does the Trust provide readily available and comprehensible information ** (jointly designed and agreed with people with learning disabilities, representative local bodies and/or local advocacy organisations) to patients with learning disability about the following criteria: <ul style="list-style-type: none"> • Treatment options (including health promotion) • Complaints procedures • Appointments 	Compliant CW Both sites need to make appointment letters available in easy read, noting that these will only be available to patients already identified (through the hospital or via GP) as having a learning disability	CW – Kathryn Mangold & Sarah Hicks WMUH – Karin Burke	End Dec 2015 March 2016
3	Does the Trust have protocols in place to provide suitable support for family carers who support patients with learning disabilities, including the provision of information regarding learning disabilities, relevant legislation and carers' rights?	Compliant CW WMUH – Annual Getting to Know Your Hospital day. Carers group will be joint across both sites, to ensure increased engagement and protocols in place across whole Trust	Kathryn Mangold/ Karin Burke	End Dec 2015
4	Does the trust have protocols in place to routinely include training on learning disability awareness, relevant legislation, human rights, communication techniques for working with people with learning disabilities and person centred approaches in their staff development and/or induction programmes for all staff?	Compliant CW WMUH – to participate in CW training. Staff for priority training to be identified.	Karin Burke/ Joe Johnson/ Kathryn Mangold	End Mar 2016

6	Does the Trust have protocols in place to regularly audit its practices for patients with learning disabilities and to demonstrate the findings in routine public reports?	CW – compliant WMUH – clear flagging required (standard 1) to enable auditing of practices.	Karin Burke/ Joe Johnson	End Mar 2016
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Council of Governors Meeting, 3 December 2015

AGENDA ITEM NO.	11/Dec/15
REPORT NAME	Draft Minutes of the Council of Governors Quality Sub-Committee meeting held on 13 November 2015
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Martin Lewis, Chair
PURPOSE	To provide a record of any actions and decisions made at the meeting.
SUMMARY OF REPORT	This paper outlines a record of the proceedings of the Council of Governors Quality Sub-Committee meetings held on 13 November 2015.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	For information.



**Minutes of a meeting of the Council of Governors Quality Sub-Committee
Held at 12.00 on 13 November 2015 in the Hospital Boardroom**

Attendees	Martin Lewis	ML	Chair
	Susan Maxwell	SM	Patient Governor
	Anna Hodson-Pressinger	AHP	Patient Governor
	Melvyn Jeremiah	MJ	Public Governor - Westminster
In attendance	Vanessa Sloane	VS	Director of Nursing
	Liam Edwards	LE	NWL CCG Representative
	Sonia Richardson	SR	Patient Representative on the West London CCG
	Vida Djelic	VD	Board Governance Manager
	Shan Nelson (in part)	SN	Manger Patient PALS and FFT
	Barry Quinn (in part)	BQ	Assistant Chief Nurse

1.	Welcome and Apologies	
a.	ML welcomed all to the meeting.	
b.	Apologies were received from Lizzie Wallman and Karl Munslow-Ong, Luul Balestra, Wendie McMatters and Christine Blewett.	
2.	Minutes of previous meeting held on 2 October 2015	
a.	Minutes of the previous meeting were accepted as a true and accurate record of the meeting with the following change: <ul style="list-style-type: none"> • p.2 change third bullet point to read West Middlesex Laboratory Team • p.9 change review to renew 	
3.	Matters Arising & Action Log	
	The sub-committee suggested that it would be useful to regularly receive a schedule of items coming to the sub-committee throughout the year. Action: VD to produce the sub-committee forward plan for the next sub-committee meeting.	
4.	Trust Quality Committee report of current themes	
a.	MJ said that there was nothing significant to report.	
5.	Patient Experience Report, including Complaints, PALS and Friends and Family Test	
a.	The sub-committee welcomed back Sian Nelson as the Manger Patient PALS and FFT.	
b.	BQ noted that it was the last single site report and that in future a combined report reflecting both hospital's sites will be produced for the next meeting. Highlights provided included: <ul style="list-style-type: none"> • The Trust performed a number of patient surveys in order to find out where it performs well vs where it requires improvements. • Trust is performing well in some areas, including aspects of clinical care, staffing, information giving, speed and efficiency; however, this is not always consistent. • The eight areas for improvement include <ul style="list-style-type: none"> ○ Improve patients' perceptions of staff attentiveness 	

	<ul style="list-style-type: none"> ○ Provide clearer answers to patients questions ○ Increase patients' involvement in decisions about their care ○ Provide opportunities for patients to share their worries and fears ○ Communicate patients information with other staff more effectively ○ Ask patients what they would like to be called ○ Provide patients with ward/clinic information ○ Provide more nutritional support 	
c.	It was agreed at the recent combined Trust Patient Experience and Engagement Group that the group should focus on these either areas for the next six months since the findings were similar at both hospital's sites.	
d.	It was noted that the number of concerns received in Q2 increased (Q2 305 concerns vs Q1 278 concerns). Concerns remained the same as in previous quarter, the majority being appointments - delay/cancellation, staff attitude/behaviour and communication. SN commented that the trends continue to be same or similar to previous year's. Work needs to be undertaken with divisions in relation to improving in these areas.	
e.	ML said that staff attitude and communication appear to be a regular theme. He asked for plans for receptionist training throughout the Trust and whether they will have a corporate uniform. VS responded that it was agreed for the hospital's staff having same uniform across both Trust's sites. She added that there will be various training programmes organised for receptionists, A&E being first.	
f.	In response to a question from SM, BQ said that Friends and Family Test has been introduced in paediatric areas; in relation to results West Middlesex site performs better than Chelsea and Westminster site. Some work on ensuring consistently good services are provided to patients at all times on both sites will be undertaken.	
g.	AHP said she observed the main hospital's site reception area and noticed that it was understaffed with the security person providing assistance. SN said that usually during out of ordinary working hours the security personnel cover the reception. However, on this occasion it happened to be during the usual business hours and the reason for the security personnel cover was due to absence of staff member for health reasons.	
h.	It was noted that the Patient Experience team have been working closely with the clinical areas to improve the Friends and Family Test response rate. The recent figures indicate a significant improvement in responses from some clinical areas with a similar percentage of people who would recommend the Trust. The Patient Experience team is working with the divisional teams to improve.	
i.	MJ queried if FFT should be one of Trust's priorities for the current year. BQ said that the FFT is not on the Trust's priorities list. It was added that FFT is one of measures how we benchmark against other organisations. BQ undertook to provide more in depth FFT. Action: BQ to provide an in-depth FFT report.	
j.	ML noted the importance of establishing a permanent PALS office at West Middlesex site and the plans for educating patients how and where to complain. VS said that once the staff consultation has being concluded some work will be undertaken in respect of teams working together across both hospital's sites.	
k.	It was noted that a summary of complaints referred to on p. 4 of the report was not provided. BQ undertook to provide a summary to the sub-committee. Action: BQ to provide a summary of the complaints report to the sub-committee.	
6.	Integrated Performance Report	
a.	The sub-committee noted the October report.	

7.	Feedback from governors on patient experience	
	SM reported on an elderly and fragile patient who on visiting hospital had internal hospital referral which was located at distance from his first appointment and then had to queue up for prescription in Boots and then to wait for the medicine to be collected which is very tiring for an elderly patient. He suggested that a small number of chairs could be put in the Boots which will offer the opportunity to patients not having to stand for long periods while waiting for prescription.	
8.	COG Funding Report	
a.	SM noted that she queried with the finance team regular issuing of money in relation to quality awards.	
b.	The sub-committee noted the report.	
9.	Any Other Business	
a.	None.	
10.	Date of Next Meeting – To be confirmed.	

Meeting closed at 14.00.



Council of Governors Meeting, 3 December 2015

AGENDA ITEM NO.	12/Dec/15
REPORT NAME	Draft Minutes of the Council of Governors Membership Sub-Committee meeting held on 10 November 2015
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Walter Balmford, Chair
PURPOSE	To provide a record of any actions and decisions made at the meeting.
SUMMARY OF REPORT	This paper outlines a record of the proceedings of the Council of Governors Membership Sub-Committee meeting held on 10 November 2015.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	For information.



**Draft Minutes of the Council of Governors Membership Sub-Committee
Held at 11.00 on 10th November 2015 in the Hospital Boardroom**

Attendees	Walter Balmford	Chair	WB
	Sam Culhane	Public Governor – Hammersmith and Fulham	SC
	Philip Owen	Public Governor – Kensington and Chelsea	PO
	Martin Lewis	Public Governor – Westminster	ML
	Tom Pollak	Public Governor – Wandsworth	TP
In attendance	Jane Lewis	Deputy Director of Corporate Affairs	JL
	Rhian Burgess	Communications Manager	RB
	Caroline Pooley	Events Coordinator	CP
	Vida Djelic	Board Governance Manager	VD

1.	Welcome and Apologies	
a.	WB welcomed all to his last meeting of the Membership Sub-Committee before retiring from the Council of Governors at the end of November.	
b.	Apologies were received from Priti Bhatt.	
2.	Minutes of previous meeting held on 1st October 2015	
a.	Minutes of the previous meeting were accepted as a true and accurate record of the meeting.	
3.	Matters Arising & Action Log	
a.	In relation to action 3.c, JL invited the sub-committee's views on the structure and advertising of constituency meetings.	
b.	The sub-committee discussed the topic and the following suggestions were put forward: <ul style="list-style-type: none"> To use Medicine for Members' Meetings as the main vehicle for membership engagement over the coming year To develop relationships with Healthwatch, commissioners and other relevant external organisations to encourage new membership To consider the number of meetings to be held per year 	
c.	It was agreed that JL will work with CP, LH and RB on the proposal for engagement meetings and the draft proposal to be circulated to the sub-committee for agreement. Action: JL to work with the communications team on a proposal for constituency meetings and to circulate the draft proposal to the sub-committee for agreement.	JL
d.	In relation to action 4.i VD said that all staff who do not opt out of the membership are members of the FT and their name and constituency would be detailed on the public register. However, this needs to be communicated to all staff and they should be given the option to opt out for their name and constituency details appearing on the public register. Action: VD to work with HR to arrange for a communication to go to all staff upon joining and to the current staff members to opt out for their name and constituency details appearing on the public register.	VD
e.	VD noted that the Trust is in the process of electing governors for vacant seats on the Council of Governors. The statement of candidates was published on the website on 21 st October. Ballot papers were distributed to members on 6 th November and completed ballot papers need to sent	

f.	to the Returning Officer by 27 th November. The election results will be published on 30 November.	
g.	All candidates standing for election have had the opportunity to meet with some of the current governors and the Board Governance Manager on 5 th November (at Chelsea and Westminster site) and 6 November (at West Middlesex site).	
	The sub-committee noted that the Trust is on track with the Council of Governors election communication and publicity plan.	
4.	Membership Report	
a.	The sub-committee noted the second edition of the membership report provided by Membra. VD advised that Membra have provided an initial training session on the membership database but further sessions will be held over the coming month.	VD
b.	TP queried the public members figure totaling 7,090 on p.2 of the report whereas on p.3 the total for public members was 6,178. It was agreed that the difference in figure of 912 members will be queried with Membra. Action: VD to query the difference in figure of 912 members with Membra.	VD
c.	It was agreed that future reports should include a breakdown of new members and leavers by constituency. SC suggested, if possible, to include the patient category breakdown as well as the public breakdown. Action: VD to query this with Membra.	VD
d.	JL noted from the database will enable the Trust to target future membership campaigns e.g. the younger age group 16 – 22 which is currently under represented compared to the patient population.	
5.	Council of Governors Election process – update	
a.	The sub-committee noted that an update on the election process had been provided under the matters arising.	
6.	Membership Engagement and Communication Calendar of Events – update	
a.	The sub-committee noted the updated schedule of membership engagement and communications events planned for December 2015.	
b.	ML noted that patient governor Susan Maxwell will be organising presents and setting up Santa's Grotto in the Information Zone for the Christmas events at Chelsea and West Middlesex site. ML invited governors interested in helping to contact Susan directly. The event offers the opportunity of engaging with the current members and potential for recruiting new members. The sub-committee acknowledged that SC and AHP offered their help.	
c.	AHP reflected on last year's Christmas Eve event and said that she plans to organise another event this year on both hospital's sites. This will require careful planning. A request for funding from the Council of Governors budget will be presented to 3 December Council of Governors meeting.	
d.	ML thanked the communications department for organising the Christmas events.	
8.	Council of Governors Funding Report	
a.	CP noted that there is an additional expenditure of £2,337.69 incurred in relation to the Annual Members' Meeting held on 22 October which was emailed to VD.	
b.	The sub-committee noted that the report will be updated prior to the Council of Governors meeting on 3 December.	

9.	Feedback from members	
a.	ML thanked all governors who helped with recruiting members from the West Middlesex site. He also thanked the staff who had been very welcoming and supporting.	
b.	ML added that the community interface at the West Middlesex site is very good which results in very good relationship between the hospital and its community and this approach should be replicated at the Fulham Road site.	
c.	TP said that it would be useful to find out how many patients are members of the West Middlesex site vs Chelsea and Westminster site. VD said that patient's constituency is optional, as per the regulations but as the Trust had historically included this within its constitution, it decided that it should be retained. Residents and patients in areas served by the CWFT are entitled to membership providing they meet the eligibility criteria. However, it would be difficult to establish how many patient members come from either operating area.	
10.	Any other business	
a.	The sub-committee members thanked Walter Balmford for being an excellent governor. Walter had been actively involved in the Trust's sub-committees and chaired the Membership Sub-Committee. Everyone wished him every happiness for the future.	
b.	WB said he was sorry to be leaving and highlighted how much he enjoyed chairing the sub-committee.	
c.	WB reported on discussion he had with the Chairman of the Trust in relation to the staff constituency.	
d.	WB proposed PO takes over as a Chair of the Membership Sub-Committee. ML and TP and AHP seconded it. The sub-committee agreed. PO said he will do his best make it both enjoyable and productive experience.	
12.	Date of Next meeting – To be confirmed	

The meeting closed at 13.20.



Council of Governors Meeting, 3 December 2015

AGENDA ITEM NO.	12.1/Dec/15
REPORT NAME	Membership Engagement and Communication Calendar of events – update
AUTHOR	Caroline Pooley, Events Officer
LEAD	Layla Hawkins, Head of Communications and Marketing
PURPOSE	To update the Council of Governors on the schedule of membership engagement & communications events.
SUMMARY OF REPORT	The schedule of membership engagement events up until December 2015 enclosed.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	£10,000 for Christmas Events
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	NA
LINK TO OBJECTIVES	NA
DECISION/ ACTION	For information



Membership Engagement & Communications Calendar of Events 2015

Date/Month	Event/Activity	Lead	Cost/Funding source
December 2015			
Wednesday 2 December	Friends Christmas Fair	Lisa Williams	Chelsea and Westminster Hospital Friends
Monday 7 December	Members' E News	Caroline Pooley	Council of Governors
Thursday 10 December	CW Christmas light switch on and Carol Service/staff Christmas singing	Caroline Pooley	Council of Governors
Thursday 10 December	WMUH Christmas light switch on and Kneller Hall band and a local school choir	Richard Elliott	Council of Governors
Wednesday 16 December	WMUH Best decorated ward/ Cheer Award Presentation	Richard Elliott	Chelsea and Westminster Hospital Friends
Wednesday 16 December	WMUH Christmas event	Richard Elliott	Council of Governors
Thursday 17 December	CW Best decorated ward/ Cheer Award Presentation	Caroline Pooley	Chelsea and Westminster Hospital Friends
Thursday 17 December	CW Christmas event	Caroline Pooley	Council of Governors
Monday 21 December	CW Light up a Life	Caroline Pooley	Council of Governors



Date/Month	Event/Activity	Lead	Cost/Funding source
Tuesday 22 December	WMUH Light up a Life	Richard Elliott	Council of Governors



Council of Governors Meeting, 3 December 2015

AGENDA ITEM NO.	12.2/Dec/15
REPORT NAME	Council of Governors Funding Report
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Thomas Lafferty, Director of Corporate & Legal Affairs
PURPOSE	To keep the sub-committee updated on the governor spend.
SUMMARY OF REPORT	<p>This report provides an update on the Council of Governors budget.</p> <p>For the financial year 2015/16 the Council of Governors budget is £69k. Of the £54k, circa £25k has been spent to date on the projects approved by the Council of Governors.</p>
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	NA
LINK TO OBJECTIVES	All
DECISION/ ACTION	For information

2015/16 Financials for Projects

Project Name	Estimated Spend	Actual Spend to Date	Expected Expenditure Period	Lead	Approved by the Council of Governors
Open Day 2015	£ 20,000.00	£ 19,301.94	May/June 15	Layla Hawkins	17 July 2013
12 Members' E-News	£ 648.00	£ 648.00	Monthly	Layla Hawkins	17 July 2014
5 Medicine for Members seminars 2015/16	£ 4,167.00	£ 168.00	Quarterly	Layla Hawkins	17 July 2014
Annual Members' Meeting 2015	£ 5,000.00	£ 2,523.69	Sep/Oct 15	Layla Hawkins	17 July 2014
1 membership mailing per year (Feb 16)	£ 10,000.00		Mar 16	Layla Hawkins	17 July 2014
Quality Awards	£ 3,000.00	£ 1,647.16	May/Oct 15	Zoe Penn	17 July 2014
Computer Software for GV	£ 716.66	£ 716.66	May 15	Layla Hawkins	14 May 2015
Membership Promotional Banner	£ 250.00	£ 250.00	August 15	George Vasilopoulos	11 August 2015
Christmas events 2015	£ 10,000.00		Nov/Dec 15	Layla Hawkins	22 October 2015
TOTAL FOR 15/16	£ 53,781.66	£ 25,255.45			



Council of Governors Meeting, 3 December 2015

AGENDA ITEM NO.	13/Dec/15
REPORT NAME	Council of Governors meeting dates for 2016/17
AUTHOR	Thomas Lafferty, Director of Corporate & Legal Affairs
LEAD	Thomas Hughes-Hallett, Chairman
PURPOSE	To update.
SUMMARY OF REPORT	This paper lists the 2016/17 Council of Governors meeting dates.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	N/A
LINK TO OBJECTIVES	All
DECISION/ ACTION	To note.



Council of Governors meeting dates for 2016/17

- 17 March 2016, 16.00–18.00, in the Chelsea and Westminster Hospital Boardroom, Lower Ground Floor, Lift Bank B
- 19 May 2016, 16.00–18.00, in the West Middlesex Hospital Room A, Second Floor
- 21 July 2016, 16.00–18.00, in the Chelsea and Westminster Hospital Boardroom, Lower Ground Floor, Lift Bank B
- 22 September 2016, 16.00–18.00, in the West Middlesex Hospital Room A, Second Floor
- 8 December 2016, 16.00–18.00, in the Chelsea and Westminster Hospital Boardroom, Lower Ground Floor, Lift Bank B
- 16 March 2017, 16.00–18.00, in the West Middlesex Hospital Room A, Second Floor