Chelsea & Westminster Hospital NHS Foundation Trust

Board of Directors

Council of Governors Meeting 11 August 2015

Hospital BoardroomDial in details: 020 3315 4444 code 0118039

11 August 2015 16:00

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

COUNCIL OF GOVERNORS
11 August 2015, 16.00 – 18.00
Hospital Boardroom, Chelsea & Westminster Hospital

AGENDA

Dial in details: 020 3315 4444 **Code:** 0118039

		GENERAL BUSINESS			
16.00	1.	Welcome to the meeting, Apologies for Absence and Declarations of Interest	Verbal		Chairman
16.05	2.	Minutes of Previous Meeting held on 14 May 2015 and the Extraordinary Council of Governors meeting held on 16 June 2015	Report	For Approval	Chairman
16.10	3.	Matters Arising and Action Log	Report	For Information	Chairman
16.15	4.	Chief Executive Officer's Report	Report	For Information	Chief Executive Officer
16.35	5.	Governors' Questions	Report	For Information	Chief Executive Officer
		STATUTORY/MANDATORY BUSINESS			
16.45	6.	Acquisition of West Middlesex University Hospital NHS Trust (WMUH) 6.1 WMUH Acquisition: Clinical Benefits Video 6.2 Summary Acquisition Report, *including evidence trail detailing that the Board has:* i) been thorough and comprehensive in reaching its proposal; ii) obtained and considered the interests of trust members and the public as part of the decision-making process. Appendix A: Independent Reporting Accountant Opinion Appendix B: Monitor's Transaction Risk Rating 6.3 Council Resolution	 Pres. Report Report	 For Information For Information For Approval	 Head of Communications Chief Executive Officer Chairman
		TRUST PERFORMANCE			
17.20	7.	Performance and Quality Report	Report	For Information	Chief Operating Officer
		MEMBERSHIP AND ENGAGEMENT			

17.30	8.	Membership Strategy & Membership Engagement and Communication Calendar of events – update	Report	For Information	FT Secretary/ Head of Communications
17.35	9.	Council of Governors Funding Report	Report	For Information	Head of Communications
		REPORTS FROM GOVERNOR COMMITTEES			
17.40	10.	Quality Sub-Committee Report: 7 May and 8 July 2015	Report	For Information	Chair of Quality Sub-Committee
17.45	11.	Membership Sub-Committee Report: 12 May and 10 July 2015	Report	For Information	Chair of Membership Sub-Committee
17.50	12.	Questions from public	Verbal		Chairman
17.55	13.	Any other business			
18.00	14.	Date of next meeting – 22 October 2015			

Governors in Attendance	**Name**
Patient	Walter Balmford
Patient	Cass J Cass-Horne
Patient	Tom Church
Patient	Angela Henderson
Patient	Susan Maxwell
Patient	Charles Steel
Public- K&C	Edward Coolen
Public- K&C	Philip Owen
Public- Westminster	Martin Lewis
Public- Westminster	Melvyn Jeremiah
Public- H&F	Christine Blewett
Public- H&F	Samantha Culhane- *Via Telephone*
Public- Wandsworth	Tom Pollak
Public- Wandsworth	Steve Worrall
Staff- Support, Administrative & Clinical	Lou De Palo

Staff- Nursing & Midwifery	Kathryn Mangold
Staff- Allied Health Professionals, Scientific and Technical	Diane Samuels
Staff- Management	George Vasilopoulos
Appointed- RBKC LA	Catherine Faulks
Appointed- Royal Marsden	Nicky Browne- *Via Telephone*
Apologies for Absence	
Staff- Medical & Dental	Brian Gazzard

Acquisition Decision Requirements:

"More than half the members of the *full* council of governors must approve any application by the Trust to…acquire another Trust."

Quorum Requirements:

"Twelve Governors including not less than four Public and/or Patient Governors, not less than one Staff Governor and not less than two appointed Governors shall form a quorum."

Minutes of the Council of Governors
Held at 16.00 on 14 May 2015 in the Gleeson Lecture Theatre, Chelsea & Westminster Hospital

Present:	Sir John Baker	Non-Executive Director	(JB)
	Walter Bamford	Patient Governor	(WB)
	Christine Blewett	Public Governor	(CBL)
	Nicky Browne	Appointed Governor	(NB)
	Samantha Culhane	Public Governor	(SC)
	Catherine Faulks	Appointed Governor	(CF)
	Brian Gazzard	Staff Governor	(BG)
	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)
	Steve Worrall	Public Governor	(SW)
In Attendance:			
	Elizabeth McManus	Chief Executive	(EM)
	Lorraine Bewes	Chief Financial Officer	(LB)
	Zoe Penn	Medical Director	(ZP)
	Karl Munslow-Ong	Chief Operating Officer	(KMO)
	Dominic Conlin	Director of Strategy & Integration	(DC)
	Vanessa Sloane	Director of Nursing	(VS)
	Thomas Lafferty	Company Secretary	(TL)
	Vida Djelic	Board Governance Manager	(VD)
	Paras Shah	Ernst & Young	(PS)
Apologies:	Sir Thomas Hughes-Hallett	Trust Chairman	(Chairman)
	Dr Anthony Cadman	Patient Governor	(AC)
	Cass J Cass-Horne	Patient Governor	(CCH)
	Tom Church	Patient Governor	(TC)
	George Vasilopoulos	Staff Governor	(GV)
	Angela Henderson	Patient Governor	(AH)
	Edward Coolen	Public Governor	(EC)

	Prior to the formal meeting, the Council of Governors Quality Awards was held at 15.45.	
1.	**Welcome, Apologies for Absence and Declarations of Interest**	
a.	The Chair welcomed all present to the meeting.	
b.	The apologies for absence received were noted.	
c.	No declarations of interest were made.	
2.	**Minutes & Matters Arising from Previous Meeting: 5 March 2015**	

a.	The minutes from the previous meeting were agreed as a true and accurate record.	
b.	It was noted that the majority of the actions listed within the meeting action log had either been completed or were otherwise covered on the agenda.	
c.	With regard to action 5c, EM advised that the Trust had reviewed its Whistleblowing Policy and processes in light of the national Freedom to Speak Up Review. However, there was an ongoing need to ensure that the Trust continued to review its procedures in this important area to ensure that they continued to comply with best practice. EM agreed to provide a more substantive update at the next Council of Governors meeting.	**EM**
d.	With regard to action 16a, MJ advised that he and SM had recently co-ordinated an informal meeting between the Non-Executive Directors and Governors. The Council agreed that the meeting had been productive and noted the intention to set-up a similar event in six months' time.	
e.	JB provided the Council with an update on general matters that had arisen since the last meeting of the Council. Firstly, he noted that the process relating to the appointment of the permanent Chief Executive continued to make good progress and that the Board Nominations & Remuneration Committee would shortly be assessing the shortlisted candidates.	
f.	Secondly, JB provided an overview of the Monitor Transaction assessment to date. He noted that Monitor had endorsed the strength and calibre of the current Board and Executive Team, although recognised that there were risks relating to senior management bandwidth which the Trust was seeking to address prior to the proposed acquisition of West Middlesex University Hospital NHS Trust (WMUH). He added that the Monitor assessment process was particularly intensive and that this placed an increased level of pressure on the Executive team. EM agreed and acknowledged that this had made the Executive team 'less visible' within the Hospital due to the current level of demand. The Executive were however committed to re-establishing a regular presence within the Hospital to ensure staff continued to feel supported.	
3.	**Chief Executive's Report**	
a.	In presenting the report, EM updated the Council on two recent events which had provided an opportunity for the Trust to showcase its staff and the Hospital; the Star Awards (30 April 2015) and the Open Day (9 May 2015). Both events had been a great success and had allowed the Trust to reinforce its core values and positive culture.	
b.	EM advised that the Trust had now received draft feedback arising from the 'CQC Peer Review' which had been commissioned by the Trust to assess how much progress had been made since the Trust was last formally assessed as 'requiring improvement' by the CQC in 2014. EM advised that the feedback showed many aspects of the Trust's services and standards of care to have improved and that the assessors had noted a 'real sense of positive change'. VS would bring the formal Peer Review report to the next Council of Governors meeting.	**VS**
c.	With regard to the proposed WMUH acquisition, WM asked whether the Trust would be able to financially manage the acquired debt associated with the WMUH PFI build. LB advised that the detailed analysis of how the Trust would account for PFI costs within its budgeting arrangements was contained within the Full Business Case (FBC); however, she noted that the Trust would be required to take on an equivalent degree of debt were it to continue to operate as a stand-alone Trust due to its deteriorating financial position. JB added that Monitor had not viewed the consequences associated with taking on the PFI debt as a material risk to the post-acquisition viability of the Trust.	

d.	TP noted the Trust's deteriorating financial position and that a deficit of £7.5m was forecast for 2015/16. JB confirmed that the Trust had needed to remodel its Long-Term Financial Model (LTFM) in light of the deterioration in the Trust's finances to ensure a realistic position was provided to Monitor as part of its assessment of the viability of the transaction. He noted that the LTFM for the 'combined organisation' now compared favourably with the 'stand-alone' LTFM over the life of the Plan.	
4.	**Briefing on the Transaction Process**	
a.	PS provided the Council with an overview of how the process underpinning the proposed acquisition of WMUH had been managed and the external assurances that had been provided as part of this. He noted that the Trust was currently subject to Monitor's Transaction assessment process which would, in due course, produce a Transaction Risk Rating which would signal Monitor's assessment of the overall level of risk associated with the transaction and post-acquisition integration. He noted that the Trust was also in the process of appointing the Independent Reporting Accountant (IRA) which would review the Trust's financial plans and quality governance arrangements to ensure that the organisation's plans were sufficiently robust and well developed.	
b.	PS explained the various sources of external assurance that the Trust had received to date with regard to its 'readiness' for the acquisition; including a number of externally led due diligence exercises (including financial, legal, estates and clinical due diligence). JB added that the assurance that had been provided through these assessments had been good and provided a strong indicator of the future success of the post-acquisition organisation. However, he noted the myriad of 'external factors' beyond the control of the Trust which created an environment of uncertainty and would continue to present an ongoing risk for all NHS organisations.	
5.	**Governors' Questions**	
a.	JB noted that two questions had been received from ML. One of these questions related to the training of receptionist staff and a written answer had been provided in advance on this. ML added that he remained concerned by the lack of professionalism displayed by some of the Trust's receptionist staff. EM acknowledged the concerns and agreed to address the matter raised.	**EM**
b.	The second question related to the opening hours of the PALS Office and VS advised that PALS was now operational between the hours of 09.00 – 17.00, Monday – Friday. ML expressed concern that this was not always the case and VS agreed to review this.	**VS**
c.	The Council additionally noted that the current PALS/Complaints Office was not a suitable environment for the handling of difficult and sensitive issues. VS advised that this had been recognised by the Executive Team and that there were plans underway to improve the layout of the area.	
6.	**Proposed Post-Acquisition Constitution**	
a.	In presenting the report, TL advised that, as part of its application to acquire WMUH, the Trust would be required to submit a legally compliant Constitution to Monitor that proportionately took into account the Trust's expanded constituency areas post-acquisition. The need to do this also provided the Trust with the opportunity to otherwise update its Constitution to ensure that it incorporated new legal requirements (e.g. the Fit & Proper Persons' Test) and governance enhancements (e.g. revision of Standing Orders for the Board and Council). TL noted that a key point for discussion was the composition	

of the post-acquisition Council of Governors and he noted that an informal meeting had been held on 27 April 2015 with the Trust Chairman and some of the Governors to agree a degree of consensus on this prior to the present meeting.

b. In the discussion that followed, the Council debated at length the future composition of the Council, including:

- Whether Public Governors should be allocated to constituency areas on an equal or proportionate basis;
- On the methodology that should be applied in the event that the Trust chose to use a proportionate model for the Public Governor allocation;
- Whether the number and sub-categories of Staff Governors proposed was appropriate;
- Whether the number of Patient Governors proposed was appropriate;
- Whether the overall size of the post-acquisition Council was too large.

c. Following discussion, the Council **AGREED** that the composition of the post-acquisition Council of Governors should be drafted within the Constitution as follows:

Stage 2	**From 1 April 2016**	
Elected Governors		
Constituency	**Representative of**	**Number of Governors**
Public Constituencies	Royal Borough of Kensington & Chelsea	2
	City of Westminster	2
	London Borough of Hammersmith & Fulham	2
	London Borough of Wandsworth	2
	London Borough of Hounslow	2
	London Borough of Richmond upon Thames	2
Patients' Constituency	Patients' Constituency	8
Staff Constituency*	Support, Administrative & Clerical Staff	1
	Allied Health Professionals, Scientific & Technical Staff	1
	Contracted Staff	1
	Medical & Dental Staff	1
	Nursing & Midwifery Staff	1
	Management Staff	1
Appointed Governors		

University/medical school (required by statute)	Imperial College, University of London	1	
Local Authority (required by statute)	• Royal Borough of Kensington & Chelsea; • Westminster City Council, and • London Borough of Hammersmith & Fulham	1	
Local Authority (required by statute)	• London Borough of Hounslow; • London Borough of Richmond, and • London Borough of Wandsworth	1	
Total:		**29**	

*with a requirement that there must be a minimum of 2 of the total number of 6 Staff Governors elected from each of the Trust's two main Hospital sites post-transaction.

d. The Council **AGREED** with the drafting within the Constitution on the election of the Lead Governor; namely that only Public Governors and Patient Governors should be eligible to stand for this position.

e. The Council **AGREED** that the version of the Model Election Rules contained at Annex 5 of the Constitution should be amended to incorporate the 'First Past the Post' (FPTP) methodology for Governor elections, rather than the Single Transferable Vote (STV) system described within the document.

f. A proposal to move from an 'opt in' to 'opt out' system of membership recruitment with regard to the Patient Constituency was not agreed by the Council.

g. JB requested that any further comments on the detail of the Constitution be e-mailed to TL subsequent to the meeting. He and the Trust Chairman would duly consider whether an extraordinary meeting of the Council would need to be established prior to the next Council meeting on 28 July 2015 to resolve any outstanding Constitutional issues in light of the discussions and further comments received. **ALL** **THH/JB/TL**

7. **Council of Governors Sub-Committees Proposal**

a. In presenting the report, TL advised that the proposed acquisition provided the Council of Governors with an opportunity to review the adequacy of its current Committee Structure. It was noted that the Board had previously undertaken such an exercise in respect of its own Committees in January 2015. He proceeded to outline the key 'drivers' for change and summarised the recommendations proposed within the report.

b. Following discussion, the Council **AGREED** the following recommendations:

- The establishment of a combined Council of Governors' Nominations & Remuneration Committee;
- The expansion of the existing Membership Sub-Committee into a Membership Strategy & Engagement Committee;
- The expansion of the existing Quality Sub-Committee into a Quality & Performance Committee which would hold meetings five times per annum;

	- The establishment of one Board/Governors' Away Day per year;	
c.	The proposal to establish a 'Core Governors' meeting was not approved by the Council. The proposal to incorporate into the Constitution wording relating to the membership and Chairmanship of the Governor Committees was referred to the ongoing discussion with regard to the overall Constitution.	
8.	**Draft Operational Plan 2015/16, including Long-Term Financial Plan**	
a.	In presenting the report, LB advised that the Plan set out the Trust's forecast that it would deliver a £7.5m deficit position in 2015/16. LB advised that the 2015/16 Plan was part of a longer-term plan predicated on the acquisition of WMUH which would look to ensure the Trust's long-term financial viability. The plans were well understood by Monitor. She acknowledged that the key challenge for the Trust would be to deliver its CIP programme.	
b.	In terms of the operational performance aspects of the Plan, LB drew the Council's attention to the stated risk of non-compliance with the learning disabilities (LD) and CDIff indicators within the Compliance Framework. As the Trust had continued to achieve the CDiff indicator over consecutive years, the 'target' applied to the Trust became harder to achieve. The risk to LD compliance would be discussed under the Performance & Quality Report item later in the meeting. The Trust was expecting to achieve all other operational KPIs within 2015/16.	
c.	LB summarised the key points contained within the Trust's revised LTFM. As had been noted earlier in the meeting, the £10m deterioration in the Trust's financial position had strengthened the financial case for the WMUH acquisition; with the Trust expecting to return to a Continuity of Services Risk Rating (COSRR) of '3' by 2017/18, notwithstanding the financial pressures which would be felt during the earlier years of the Plan.	
d.	SW asked whether there was any financial risk to the Trust associated with commissioning changes in terms of Sexual Health/GUM services. BG advised that whilst there had recently been queries raised by commissioners with regard to the costs associated with certain tests, he did not expect there to be a funding shortfall in these areas in the long-term.	
e.	PO asked whether the Plan made adequate provision for the strengthening of the Communications function within the Trust. EM advised that the Trust had recently received the initial outcomes of an external review of the Trust's communications function in this context. She agreed to share the outcomes with the Council of Governors once finalised.	**EM**
f.	CS queried the Trust's degree of confidence in delivering its projected CIPs as incorporated into the current Plan, noting that the Trust had substantially failed to achieve its proposed CIP in 2014/15. LB acknowledged this and said that the Trust had revised its planning assumptions with regard to CIPs to ensure that expectations were realistic and deliverable. This had been supported through the external verification of the deliverability of the Trust's Plans (Deloitte). In addition, the Board Finance & Investment Committee was driving a new 'culture of accountability' with regard to CIP delivery which would help ensure that particular schemes remained on track.	
g.	PO asked whether the Trust would continue to support the use of IT to improve the productivity of clinical services, including the provision of 'tablets' during ward rounds. KMO confirmed that this remained part of the Trust's IM&T Strategy and that the Trust was currently rolling out an IT replacement programme on its wards to ensure that this resource was fully maximised.	
h.	WMc noted that the Trust's Plan was predicated on an increase in private patient income.	

	She advised that the standard of the Trust's private patient services would need to significantly increase in order to achieve this. JB accepted that this was a major issue which the Trust would need to address.	
9.	**Draft Quality Accounts**	
a.	In presenting the report, ZP advised that the content of the Quality Accounts and the clinical priorities for 2015/16 had previously been discussed in detail at the Quality Sub-Committee. She also noted that the Governors had chosen one of these clinical priorities; the enhancement of the Trust's Friends & Family scores. Other priorities included the reduction of hospital-acquired pressure ulcers, the early identification of the deteriorating patient and the embedding the WHO surgical checklist.	
b.	The Quality Accounts fundamentally aligned with the newly established five-year Quality Strategy. ZP noted that the form of the Quality Accounts was largely dictated by regulatory requirements and that, subsequent to the approval of the main document, a slimmer, user-friendly version of the document would be created.	**ZP**
c.	The Council endorsed the content of the draft Quality Accounts. It was noted that the Council was required to provide a statement within the Accounts itself that reflected the Council's perspective as a key stakeholder. As per previous years, MJ agreed to draft this statement. He asked other members of the Council to send any specific views they had on the document to him for incorporation into the statement.	**MJ/ALL**
10.	**Performance & Quality Report**	
a.	In presenting the report, KMO advised that the Trust continued to perform well with regard to the majority of operational key performance indicators (KPIs); noting that the Trust was consistently delivering the 4-hour A&E and 18 weeks referral-to-treatment (RTT) targets. He did however note that the Trust had not met the 62-day cancer wait indicator and he was working with local commissioners to ensure that the Trust was able to improve its cancer pathways for patients. The Trust was also non-compliant with the suite of KPIs relating to access to healthcare for patient with learning disabilities (LD). KMO noted that the Trust had appointed a Lead Nurse for LD and that VS was working with LD patients and carers in designing a range of events which aimed to raise the importance and profile of LD issues within the Trust.	
b.	NB noted the high rate of staff turnover within the Trust and the adverse effects that this could have upon the performance of the Trust, both from a quality and financial perspective. EM agreed and said that the Trust had identified this has a key risk to the delivery of the Trust's objectives and that the organisation would be reworking its Retention Strategy to secure a greater degree of permanency within its staff base; analysing the reasons for people leaving and considering how the Trust could incentivise the best staff to remain within the organisation. The Retention Strategy would be overseen by the new People & Organisational Development Board Committee. However, EM acknowledged that the Trust currently had no specific 'trajectory' planned as part of its work to reduce levels of staff turnover; she agreed to consider this further.	**EM**
11.	**Membership Engagement & Communications Calendar of Events**	
a.	The report was received and noted.	
12.	**Council of Governors Funding Report**	

a. b.	The report was received and noted. SM sought the Council's approval for £716.66 worth of expenditure from the Council of Governors' budget to pay for computer software which could be used to enhance the design presentation of membership and public engagement documentation. The proposal was **APPROVED** by the Council.	
13. a.	**Quality Sub-Committee Report: 4 March 2015** The report was received and noted.	
14. a.	**Membership Sub-Committee Meeting: 3 March 2015** The report was received and noted.	
15. a.	**Questions from Members of the Public** Nil.	
16. a.	**Any Other Business** Nil.	
17.	**Date of Next Meeting:** 28 July 2015	

The meeting was closed at 18.21.

Extraordinary Private Meeting of the Council of Governors
Held at 08.45 on 16 June 2015 in the Verney House Boardroom, Chelsea & Westminster Hospital

Present:	Sir Thomas Hughes-Hallett	Trust Chairman	(Chairman)
	Christine Blewett	Public Governor	(CBL)
	Nicky Browne	Appointed Governor	(NB)- *Via Telephone*
	Tom Church	Patient Governor	(TC)- *Via Telephone*
	Catherine Faulks	Appointed Governor	(CF)- *Via Telephone*
	Brian Gazzard	Staff Governor	(BG)
	Angela Henderson	Patient Governor	(AH)
	Melvyn Jeremiah	Public Governor	(MJ)
	Martin Lewis	Public Governor	(ML)
	Susan Maxwell	Patient Governor	(SM)
	Wendie McWatters	Patient Governor	(WMc)
	Tom Pollak	Public Governor	(TP)
	Diane Samuels	Staff Governor	(DS)
In Attendance:	Thomas Lafferty	Company Secretary	(TL)
	Vida Djelic	Board Governance Manager	(VD)
Apologies:			
	Walter Bamford	Patient Governor	(WB)
	Cass J Cass-Horne	Patient Governor	(CCH)
	Samantha Culhane	Public Governor	(SC)
	Anna Hodson-Pressinger	Patient Governor	(AHP)
	George Vasilopoulos	Staff Governor	(GV)

1.	**Welcome and Apologies for Absence**	
a.	The Chair welcomed all present to the meeting. He noted that the meeting was being held to conduct urgent business in private (under 11.16.1 and 11.16.3 of the Trust Constitution) and he thanked all present for attending the meeting at short notice.	
b.	The apologies for absence received were noted.	
2.	**Appointment of the Chief Executive Officer**	
a.	The Chairman advised that the Trust had commenced its search for a permanent Chief Executive Officer (CEO) in February 2015 and had, at the outset, engaged the services of Russell Reynolds (RR), an Executive search consultancy. The outcome of the search had generated a strong shortlist of four candidates. As one of the four withdrew their application, three candidates were interviewed for the role by the Interview Panel (which included BG as a representative of the Council) on 9 June 2015. The Chairman advised that, as a result of this process, the Panel had unanimously agreed to recommend to the Nominations & Remuneration Committee and; thereafter, to the Council of Governors, the appointment of Lesley Watts (LW) as the new substantive CEO of the Trust.	
b.	The Chairman proceeded to provide detail as to LW's professional background, noting that she was a trained nurse and midwife and had held various leadership roles within the NHS over the previous 15 years, including Executive Nurse Director at two large acute Trusts and Non-Executive Director, Vice Chairman and Chairman of Bedfordshire Health Authority. Since 2006, he noted that LW had worked at NHS Hertfordshire as Turnaround Director, Director of Operations and Deputy Chief Executive Officer. The Chairman added that the references that had been received in support of LW's appointment had been exemplary.	

c.	The Chairman noted that on 2 June 2015, the Trust (like all other Acute Providers and CCGS) had received a letter from the Secretary of State for Health which asked that the view of Monitor/the Secretary of State be sought for any Executive Director appointment attracting a higher salary than that of the Prime Minister. The Trust had formally sought such a view with regard to LW's appointment and proposed remuneration and no objection had been raised. The Chairman noted that the salary itself was 10% lower than the previous substantive CEO's salary.	
d.	Noting his role on the interview Panel, BG confirmed that the process underpinning the CEO recruitment process had been fair, balanced and transparent. He confirmed that LW was a most impressive candidate who had a significant degree of insight with regard to the key issues facing the Trust. He also added that LW was currently an Appointed Governor at The Royal Free London NHS Foundation Trust and this meant that she fully understood the role and importance of the Council of Governors within an FT.	
e.	TP noted the importance of LW's strong background in commissioning. The Chairman agreed, noting that this would substantially benefit the Trust's relationships with its own commissioners and allowed the Board to gain a commissioner-perspective on key matters.	
f.	ML asked how LW was likely to bond with the existing Executive Team. The Chairman said that a number of the Executive Directors had met during the previous week with each of the shortlisted candidates and that LW had unanimously been the Executive Directors' preferred candidate. He particularly noted the good relationship that had been established between LW and Elizabeth McManus (EM), Interim CEO, from the outset.	
g.	AH asked about LW's vision for the Trust. The Chairman said that LW was an excellent strategist and had acknowledged strategic possibilities for CWFT that went beyond the current WMUH acquisition plan. However, it was important to note that LW also had significant experience with regard to merger & acquisition activity, having played a leading role in the merger of Bedfordshire and Hertfordshire Health Authorities.	
h.	ML asked as to LW's management style. The Chairman said that LW was a highly energetic team-player who, whilst strategic, also had an eye for detail. In respect of the latter, this attribute was necessary in order to support the Trust's 'grip' on performance.	
i.	In response to a question, the Chairman confirmed that LW would commence in post at the Trust as of 1 September 2015. However, he advised that he had asked LW to attend an informal meeting that he was due to have with the Governors on 17 June 2015. There were also likely to be other opportunities for the Council to engage with LW prior to the 1 September 2015 start date. This was welcomed by the Council.	
j.	ML sought the Chairman's assurance that LW would bring an increased emphasis on the importance of Executive/Senior management 'visibility' on wards and in clinical areas. The Chairman confirmed that this would be the case, noting LW's commitment to regular interaction with frontline staff. He added that he would also be asking that LW led the change to reduce the current physical proximity that existed between the Executive team and the main Hospital site.	
k.	Following the discussion, the Council of Governors unanimously **APPROVED** the appointment of Lesley Watts as the substantive Chief Executive Officer of the Trust.	
3.	**Approval of the Post-Acquisition Constitution**	
a.	The Chairman noted that the Council of Governors had, since the 14 May Council meeting, been engaged in reviewing and debating various aspects of the draft Post-	

	Acquisition Trust Constitution. He thanked the Governors for the direct and constructive feedback that had been received on the latest iteration to date. As a result of this feedback, he advised that it appeared that the key remaining subject of debate related to the timing of the 'Transition Period'. On this point, he advised that, on reflection, he supported the proposal made by the Council to move the end of this Period forward to November 2015, bringing the establishment of the new Council of Governors in alignment with the 'natural' election cycle already in place for the pre-existing CWFT Council of Governor positions.	
b.	However, the Chairman advised that he had now spoken with Nick Gash (NG), WMUH Chairman, on the issue. NG had been supportive of expediting the elections but had asked the Council of Governors to consider allowing for a degree of flexibility in the wording of the constitutional provisions with regard to the election of the Public Governors for the WMUH Constituency areas. This flexibility was necessary to ensure that the Trust had sufficient time to recruit and engage with its public membership base within its new catchment areas.	
c.	In discussion, the Council noted the significant amount of work which would be required in order to establish a viable membership base for the WMUH areas over the months ahead. It was noted that a meeting on this matter was due to be hosted by NG on 18 June 2015.	
d.	The Council unanimously **APPROVED** the Post-Acquisition Constitution, subject to the bringing forward of the end of the 'Transition Period' to November 2015 and the allowing of constitutional flexibility with regard to the timing of the WMUH Public Governor elections.	
e.	It was noted that as all current business had been successfully resolved, the proposed extraordinary meeting of the Council of Governors scheduled for 19 June 2015 would be cancelled.	

The meeting was closed at 09.25.

Council of Governors Meeting Action Log

Meeting	Minute Number	Agreed Action	Current Status	Lead
May 2015	2c.	EM to provide an update on the Trust's whistleblowing procedures in response to Freedom to Speak Up Review.	Verbal update to be provided at the meeting.	**EM/VS**
	3b.	VS to share CQC-style Peer Review Report with the Council of Governors.	Circulated electronically with meeting papers.	**VS**
	5a.	EM to review concerns re: professionalism of 'front of house' staff.	Verbal update to be provided at the meeting.	**EM**
	5b.	VS to review and confirm PALS Office opening hours.	The PALS Office continues to be open during the hours of 9-5 during weekdays.	**VS**
	6g.	Extraordinary meeting of the Council of Governors to be arranged in order to agree new Trust Constitution.	Complete.	**TL**
	8e.	EM to share outcomes of the external Communications Review with the Council of Governors.	The key recommendations arising from the review was the recruitment of a Director of Communications & Engagement to provide high profile leadership of this important area. Further detail will be verbally provided at the meeting.	**EM**
	9b.	ZP to consider how the key clinical priorities within the Quality Accounts could be presented in a more 'user-friendly' way, separate from the statutory Quality Accounts document.	This will be incorporated into the 'Annual Review' document (approximately half of the Review will cover Quality Accounts issues.	**ZP**
	9c.	MJ to draft Council of Governors' statement on the Quality Accounts.	Complete.	**MJ**
	10b.	EM to review whether it was possible to set a 'trajectory' with regard to the monitoring of staff turnover.	Verbal update to be provided at the meeting.	**EM**

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 11 August 2015

AGENDA ITEM NO.	4/Aug/15
REPORT NAME	Chief Executive's Report
AUTHOR	Elizabeth McManus, Chief Executive Officer
LEAD	Elizabeth McManus, 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.
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
July/August 2015

1.0 Staff

1.1 People First

Many people are taking well-earned summer holidays at the moment and I would like to wish everyone a happy and restful/restorative time. The whole of the organisation has been continuing to work hard on their different priorities – whether it be direct patient care, providing administrative support to teams or working hard on the forthcoming acquisition of West Middlesex University Hospital NHS Trust (WMUH).

Every fortnight I now get the pleasure of meeting all of our new recruits and last month I was able to welcome a number of new people to the organisation across a range of clinical specialties and corporate departments. I also had the opportunity to meet some of our people who have now been here for six months in order to have conversations with them about how well they are supported and what challenges they have faced to date. I think this is such an important part of our role as leaders, staying close to how it really feels for our staff.

1.2 Executive Team Developments

Over the last few weeks, I have been able to spend some time with our new Chief Executive, Lesley Watts and am already enjoying working with her and making plans for her arrival in September. Lesley has taken an opportunity whilst here to go and introduce herself in different areas. I know how much this has been appreciated.

I want to take this opportunity to wish our Chief People Officer and Director of Corporate Affairs, Susan Young, all the very best in her future. Susan is leaving the organisation at the end of July for personal reasons. We have made significant progress on our acquisition of West Middlesex under Susan's leadership and we are sorry to see her go. We wish her all the best as she moves on to work closer to home and spend more time with her family.

2.0 Grip

2.1 Performance

As detailed within the Performance & Quality Report, the Trust continues to achieve the majority of the national operational performance targets (e.g. A&E 4-hour wait, 18 weeks Referral-to-Treatment). It has been particularly pleasing to note the Trust's financial performance as of Month 3, with the Trust's I&E position ahead of plan. As part of this, the Trust is achieving its CIP trajectory which is important considering that this was a key area for improvement within 2015/16. The Trust's performance in relation to the nationally-recognised key quality indicators remains strong, particularly in respect of MRSA/CDiff levels and mortality.

Despite this positive outturn at Month 3, the Trust will nevertheless be declaring areas of non-compliance to Monitor as part of its Quarter 1 submission following the Board meeting. These relate to the Trust's inability to maintain a COSRR of '3' in year as a standalone organisation (as forecast) and with regard to the national targets in relation to patients with Learning Disabilities. The full explanation of the Trust's position in these areas will be covered under the specific agenda item.

3.0 Growth

3.1 Proposed Acquisition of West Middlesex University Hospital NHS Foundation Trust

We are now entering the final stage of the process relating to the acquisition of WMUH. Since the last Board meeting, there has continued to have been a significant amount of progress made both in respect of the

transactional/assurance aspects of the acquisition pathway and also with regard to public/staff engagement on the transaction.

Accordingly, the Trust remains on track to complete the acquisition on 1 September 2015. Prior to this, there are a number of key process steps:

- **27 July 2015**- The Board self-certified against the Trust's projected Working Capital position in support of its application to acquire. The Board had previously self-certified in respect of the organisation's Quality Governance, Financial Reporting Procedures and Post-Transaction Implementation Plan assurance documentation.

- **7 August 2015**- The Trust expects to receive Monitor's 'Transaction Risk Rating' which signifies the level of risk which the Regulator attributes to the transaction in totality, giving consideration to the due diligence work undertaken by Monitor on the transaction over the preceding months. The outcome of Monitor's Transaction Risk Rating will inform the decisions of the Board and of the Council of Governors in relation to the acquisition later in the month.

- **11 August 2015**- An Extraordinary Private meeting of the Board will be held in order to consider the approval of the WMUH acquisition, informed by Monitor's Transaction Risk Rating. Following this, a Council of Governors meeting will be held later in the day to consider the same issue. In particular, in making its decision, the Council will be asked to consider whether the Board has:

  i) been thorough and comprehensive in reaching its proposal (that is, has undertaken proper due diligence);

  ii) obtained and considered the interests of trust members and the public as part of the decision-making process.

- **12 August 2015- 28 August 2015:** Following its 11 August Board/Council meetings (assuming that both agree to acquire), the Trust will formally submit an application to acquire to Monitor. This will concurrently trigger a parallel process that involves the NW London CCGs, the Trust Development Authority and NHS England each separately concluding their governance processes and formally agreeing the Transaction Agreement with a view to the dissolution of WMUH. The end of this 'external' part of the process is the Secretary of State's approval of the transaction which is expected to be received at the very end of August.

- **1 September 2015-** Day 1!

3.2 <u>External Engagement: WMUH Acquisition</u>

As part of the transition towards 1 September, the Trust continues to engage with a number of stakeholder organisations in order to promote and raise awareness of the planned clinical and organisational benefits associated with the WMUH transaction.

A range of clinical and managerial representatives from Chelsea and Westminster Hospital were invited to present at Hammersmith and Fulham Council's Health, Adult Social Care and Social Inclusion Policy and Accountability Committee on Tuesday 7 July. Following this, clinical and managerial representatives presented to the Hammersmith and Fulham Older People's Consultative Forum on Tuesday 14 July. Both presentations focused on the clinical service developments that Hammersmith and Fulham residents could experience as a result of the acquisition going ahead and led to some very healthy debate and discussion. Following these presentations, a written update on progress around the acquisition has been provided to all Local Authorities served by Chelsea and Westminster Hospital.

These presentations follow on from a briefing provided to Hammersmith and Fulham Council's Health, Adult Social Care and Social Inclusion Policy and Accountability Committee in June on both the acquisition and our progress against actions detailed in the Trust's 2014 CQC report.

Also taking place on 14 July was the WMUH Annual Public Meeting (APM) which provided an opportunity for members of the WMUH Board to present an overview of the organisation's 2014/15 Annual Report and Accounts, highlighting key successes and areas for development. As part of the occasion, I presented an item on the rationale underpinning the acquisition which was focused upon the clinical benefits which will be brought about through the two organisations' integration. The discussion that followed was interactive and free-flowing, highlighting the overall levels of interest and engagement from members of the public and from Trust staff.

These specific engagement opportunities are in addition to the Trust's arranged Membership Constituency Meetings, all of which have now taken place in each Local Authority covered by the Trust constitution. The purpose of these meetings has been to provide further opportunities for Trust staff and Governors to engage with the Trust's membership base. Further Constituency Meeting dates will be announced at the August Council of Governors meeting and will include new Constituency Meetings in the London Boroughs of Hounslow, Richmond and Ealing.

Indeed, the Trust continues to reach out to its new 'constituency areas' in a number of ways. On 10 July, members from the CWFT Executive Team engaged with the Hounslow and Richmond Healthwatch organisations with a view to raising awareness of Foundation Trust membership and in order to explain the FT model.

I will continue to keep the Board apprised of all key external engagement events as and when they occur.

3.3 Shaping a Healthier Future (SAHF): Closure of Ealing Hospital Maternity Unit

As of 1 July 2015, the Maternity Unit at Ealing Hospital closed. As a result, all women who had been booked into the unit have had their treatment transferred to an alternative Hospital. Whilst this includes the Trust and WMUH, there has been little evidence of a spike in maternity activity arising from this to date and the Trust remains confident that it has the operational resilience to cope with any additional demand in the longer-term.

The principles underpinning SAHF with regard to the consolidation of maternity care across six hospitals in north-west London is to provide more senior consultant cover in the maternity units, more midwives able to give 1 to 1 care for women, a move towards 24/7 consultant cover on the labour wards and greater investment in home birth teams.

Elizabeth McManus
Chief Executive Officer
July 2015

Council of Governors Meeting, 11 August 2015

AGENDA ITEM NO.	5/Aug/15
REPORT NAME	Governors' Questions
AUTHOR	Various
LEAD	Elizabeth McManus, Chief Executive Officer
PURPOSE	To note.
SUMMARY OF REPORT	**1. The question raised by Martin Lewis:** **Could we have an update on nurse recruitment, how and where we are recruiting and what grades and what are the present nurse vacancy levels?** *A detailed report covering this issue has been circulated electronically to the Council.* **2. The question raised by Wendie McWatters:** **Can the Board kindly provide us:** **1) The fully itemised cost of the recent management consultant initiatives at the C&W?** **2) Can the Board kindly provide written evidence as to who required these endeavours?** **3) Can the Board explain which of the management consultant initiatives could not be undertaken by our own staff?** *This will be verbally addressed at the meeting.*
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	For information.

Council of Governors Meeting, 11 August 2015

AGENDA ITEM NO.	7/Aug/15
REPORT NAME	Performance and Quality Report – July 2015
AUTHOR	Virginia Massaro, Assistant Director of Finance
LEAD	Karl Munslow-Ong, Chief Operating Officer
PURPOSE	To report the Trust's performance for June 2015, highlight risk issues and identify key actions going forward.
SUMMARY OF REPORT	The Trust met all key performance indicators for Monitor in June with the exception of the compliance with requirements regarding access to healthcare for people with learning disabilities. - The Trust is currently not fully compliant will all 6 of the learning disabilities indicators, but working to achieve compliance in 2015/16, in line with our CQC Action Plan. - Clinical Effectiveness: The caesarean section rate improved in June for the second month in a row, despite remaining above target. There is an on-going consultant led analysis of the data to understand variation. Nutritional initial and rescreening has continued to improve in June following in depth weekly monitoring. - Patient experience: As a Trust we are becoming more focussed on FFT and addressing patients' concerns. Each clinical area responds to the concerns raised and to highlight good practice through the 'What you said we did' Boards on the wards. - Access and Efficiency: The Trust has continued to achieve A&E waiting times and there has been a continued reduction in the number of ambulance handover breaches in June. There is an on-going programme of work underway to improve the overall Referral to Treatment process and reduce the average waits between referral and treatment. However, the Trust achieved all 3 RTT indicators in June. - Workforce: Unplanned staff turnover rates remain high and a senior nurse has been employed full time to focus on recruitment and retention issues for nursing staff.
KEY RISKS ASSOCIATED:	There is a risk to achievement of the challenging C. Diff target in 2015/16 of 7 cases or less, however the Trust is compliant for the year to date.

FINANCIAL IMPLICATIONS	The Trust reported a £0.5m deficit in June and £2.6m deficit for the year to date, which was £0.6m ahead of plan year to date. CIP delivery was also ahead of target in June.
QUALITY IMPLICATIONS	As outlined above.
EQUALITY & DIVERSITY IMPLICATIONS	None
LINK TO OBJECTIVES	Improve patient safety and clinical effectiveness Improve the patient experience Ensure Financial and Environmental Sustainability
DECISION/ ACTION	To note.

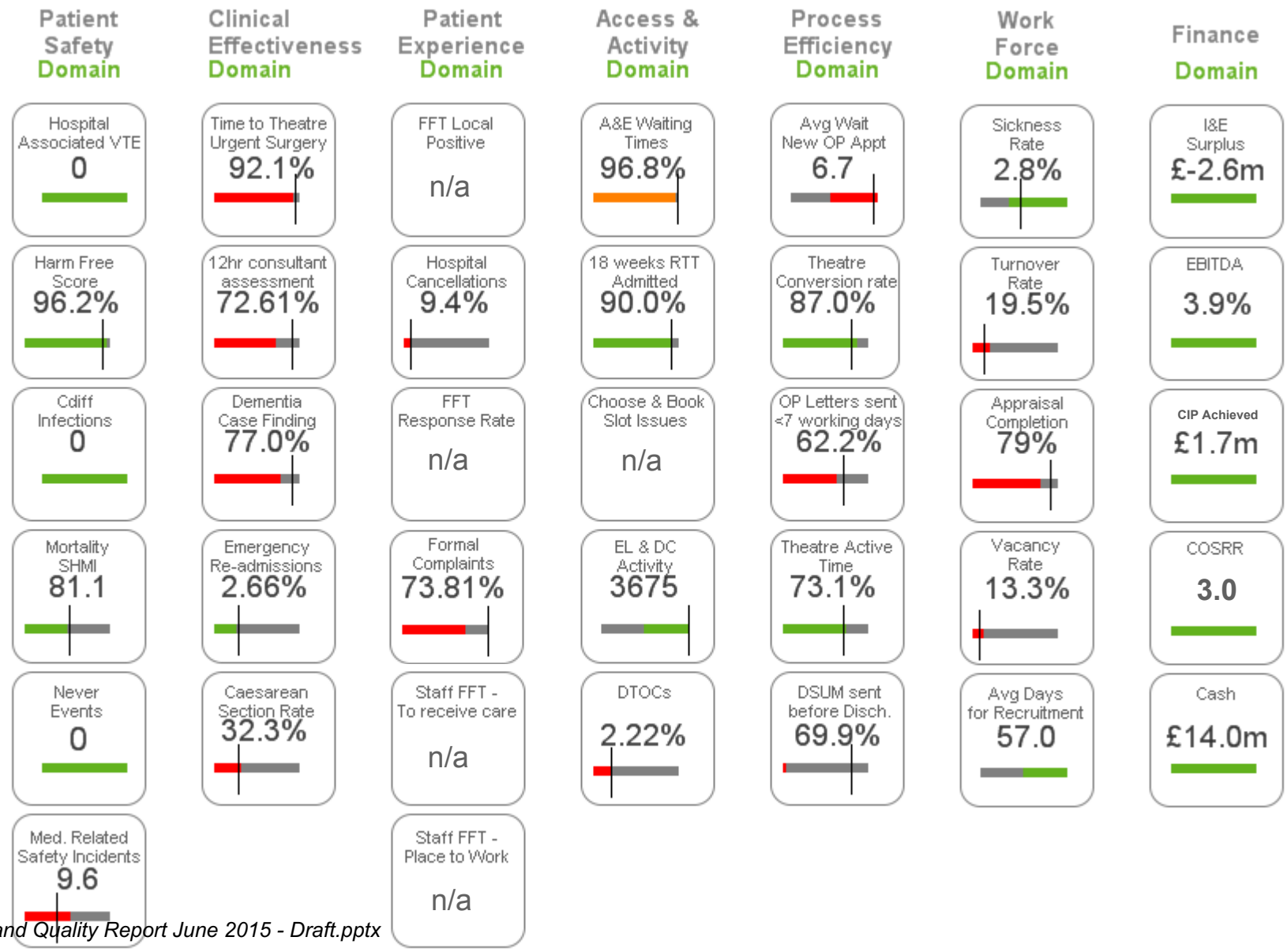
Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Performance and Quality Report

Performance to 30th June 2015

At a Glance Performance – June

Chelsea and Westminster Hospital NHS
NHS Foundation Trust



Trust Headlines – 2015

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Monitor Compliance – June 2015

Sub Domain	Trust Level Monthly Data @ 06/07/2015 XL				YTD XL
	MonthYear	Apr 2015	May 2015	Jun 2015	YTD
Harm	Clostridium difficile infections (Target: < 0.67)	1	0	0	1
	MRSA Bacteraemia (Target: < 0)	0	0	0	0
Cancer	Cancer diagnosis to treatment waiting times - 31 Days (Target: > 96%)	100.0%	100.0%	N/A	N/A
	Cancer diagnosis to treatment waiting times - Subsequent Surgery (Target: > 94%)	N/A	100.0%	N/A	N/A
	Cancer diagnosis to treatment waiting times - Subsequent Medicine (Target: > 98%)	100.0%	100.0%	N/A	N/A
	Cancer urgent referral GP to treatment waiting times (62 Days) (Target: > 85%)	89.7%	100.0%	N/A	N/A
	Cancer urgent referral Consultant to treatment waiting times (62 Days) (Target: > 90%)	100.0%	100.0%	N/A	N/A
	Cancer urgent referral to first outpatient appointment waiting times (2WW) (Target: > 93%)	93.4%	93.3%	N/A	N/A
RTT	18 week referral to treatment times Admitted Patients (Target: > 90%)	90.5%	90.9%	90.1%	90.5%
	18 week referral to treatment times Non Admitted Patients (Target: > 95%)	95.3%	95.5%	95.0%	95.2%
	18 week RTT incomplete pathways (Target: > 92%)	93.0%	92.1%	92.1%	92.4%
A&E	A&E waiting times (Target: > 98%)	95.7%	97.3%	96.8%	96.6%
LD	Self-certification against compliance with requirements regarding access to healthcare for pe...	Compliant	Compliant	Compliant	Compliant

Self certification against compliance with requirements regarding access to healthcare for people with learning difficulties:

The Trust is currently not fully compliant will all 6 of the learning disabilities indicators, but working to achieve compliance in 2015/16. This is also part of our CQC Action Plan. The main actions to achieve compliance are:

- Launch of a new LD flag. Until then, the CSI log is being used.
- Development of easy read information for patients
- LD training program for staff is in place. To be expanded to include obstetric staff and improve training at Clinical Trust Induction
- Improvement of protocols to regularly audit its practices for patients with learning disabilities and to demonstrate the findings, as currently our only audits are of the use of CSI log for LD. Plan to report bi-annually to the Quality committee/CQG.

Performance Headlines

*The Monitor A&E target is 95% under 4hr wait, however we measure against an internal stretch target of 98%

Improvements

- All Monitor indicators were achieved in June and Q1, with the exception of compliance with access to healthcare for people with learning difficulties.
- The caesarean section rate improved in June for the second month in a row, despite remaining above target. There is an on-going consultant led analysis of the data to understand variation.
- Nutritional initial and rescreening has continued to improve in June following in depth weekly monitoring.
- Ambulance handovers have improved for June, with a reduction in reported breaches for 30 mins handover times and no 60 mins breaches.
- All financial indicators were achieved in the month and quarter.

Challenges

- Focus continues to reduce the turnaround times for outpatient letters and discharge summaries, which remain above target for the month and year to date. The Trust is continuing to focus on reducing the backlog of outpatient letters over the last few months.
- Dementia Screening Case Finding underperformed for the second time since the target was set. Refresher training has been organised for the clinical areas where this screening takes place.
- There is an on-going programme of work underway to improve the overall Referral to Treatment (RTT) process and reduce the average waits between referral and treatment. However, the Trust achieved all 3 RTT indicators in June.

Sub Domain	Trust Level Monthly Data @ 17/07/2015 XL				YTD XL
	Month Year	Apr 2015	May 2015	Jun 2015	YTD
Harm	Incidence of newly acquired category 3 and 4 pressure ulcers (Target: < 3.6)	3	1	1	5
	Safety Thermometer - Harm score (Target: > 90%)	93.5%	94.2%	96.2%	94.6%
	Safety Thermometer - Prevalence of Pressure Ulcers (Rate) (Target: < 3.45%)	5.9%	5.8%	3.6%	5.1%
HCAI	C Diff rate per 100k bed days pts aged >=2 (Target: < 14.7)	8.8	0.0	0.0	2.9
	Clostridium difficile infections (Target: < 0.67)	1	0	0	1
	Hand Hygiene Compliance (trajectory) (Target: > 90%)	97.0%	97.4%	97.5%	97.3%
	Methicillin Sensitive Staphylococcus Aureus Target < 4.1)	2	0	0	2
	E.Coli bloodstream infections Target < 12.4)	0	1	3	4
	MRSA Bacteraemia (Target: = 0)	0	0	0	0
	Screening all elective in-patients for MRSA (Target: > 95%)	96.4%	98.8%	97.9%	97.7%
	Screening Emergency patients for MRSA (Target: > 95%)	97.7%	98.5%	97.6%	97.6%
Incidents	Incident reporting rate per 100 admissions (Target: > 8.50)	9.02	7.87	6.92	7.92
	Inpatient falls per 1000 Inpatient bed-days (Target: < 3.00)	3.39	3.48	2.99	3.29
	Never Events (Target: = 0)	0	0	0	0
	Medication related safety incidents per 1000 admissions Target < 6.8)	8.5	10.5	9.6	9.5
	Rate of patient safety incidents per 100 admissions (Target: < 2.9)	8.53	7.49	6.59	7.52
	Rate of pt. safety incidents resulting in severe harm - death per 100 admissions (Target: = 0.00)	0.00	0.02	0.02	0.01
Mortality	Mortality (HSMR) (2 months in arrears) (trajectory) (Target: < 104)	79.5	79.5	79.5	79.5
	Mortality SHMI *TRUST ONLY* (Target: < 82)	81.1	81.1	81.1	81.1
	Number of In-hospital Deaths (Adults)	34	31	26	91
	Number of in-hospital deaths (Paeds)	0	0	0	0
	Number of in-hospital deaths (Neonatal)	7	6	5	18

Prevalence of pressure ulcers:
The safety thermometer data on this report doesn't differentiate between hospital and community acquired, however there continues to be a firm downward trend from 5.8% to 3.6%. In June the Trust sustained only one newly acquired 3/4 Pressure Ulcer.

There continues to be a renewed focus on the Root Cause Analysis (RCA) process with the newly introduced RCA tool. This is to improve our understanding of why these ulcers are occurring.

Themes continue to be reviewed but the current focus is on:

- Robust handover of patient risk
- Clear and accurate documentation,
- Timely assessment and re-assessment
- Immediate escalation to senior colleagues where patient compliance is a concern.
- ICU are exploring a number of products to address medical device related ulcers as part of their Tissue viability strategy group.

Note: The SHMI figure of 81.08 refers to Oct 2013 to Sept 2014 as the most up to date SHMI available. This is in the Lower than expected band meaning it is statistically significantly lower than expected and hence Green .

Safe Nursing and Midwifery Staffing

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

	Day		Night	
	Average fill rate - registered	Average fill rate - care staff	Average fill rate - registered nurses	Average fill rate - care staff
Maternity	76.9%	72.9%	70.0%	54.4%
Annie Zunz	98.2%	90.0%	100.0%	100.0%
Apollo	93.9%	40.0%	93.9%	-
Jupiter	108.9%	82.4%	141.7%	-
Mercury	112.7%	43.3%	116.7%	41.4%
Neptune	95.9%	90.0%	98.9%	100.0%
NICU	94.6%	-	93.7%	-
AAU	102.1%	100.0%	139.2%	116.7%
Nell Gwynn	94.6%	95.8%	100.0%	100.0%
David Erskine	97.3%	151.7%	98.9%	120.0%
Edgar Horne	95.0%	97.9%	96.7%	100.8%
Lord Wigram	89.3%	170.8%	96.7%	105.0%
St Nary Abbots	93.6%	101.7%	95.6%	101.7%
David Evans	96.6%	99.2%	123.5%	108.5%
Chelsea Wing	93.2%	98.3%	100.0%	100.0%
Burns Unit	89.3%	48.3%	98.9%	93.3%
Ron Johnson	95.2%	92.7%	84.9%	93.5%
ICU	100.0%	133.1%	99.7%	-

National Quality Board Report – Hard Truths expectations:

The June fill rate data (table 1) is presented in the format as required by NHS England.

Definition – Fill rate:

The fill rate percentage is measured by collating the planned staffing levels for each ward for each day and night shift and comparing these to the actual staff on duty on a day by day basis. The fill rate percentages presented are aggregate data for the month and it is this information that is published by NHS England via NHS Choices each month.

Trusts are also required to publish this information on their own web sites, a recent survey has revealed that very few Trusts receive enquiries on the back of their fill rate data. The concern from the outset is that data aggregated at this level provides little or no meaning to the public.

Summary for June:

AAU fill rate relates to assessment trollies being open overnight for the majority of the month and to RMN usage. David Erskine Ward had highly dependent patients requiring one to one care. Lord Wigram Ward had in place an agreement to staff the day shift with additional health care assistants to offset their registered nursing vacancy factor (providing this was managed within the bottom line budget), it would appear that this needs further scrutiny and grip as the overfill rate appears to far outstrip the RN shortfall.

Although the percentages are low for maternity this is their average fill rate and midwifery staffing is covered elsewhere in the performance report

Clinical Effectiveness

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Sub Domain	Trust Level Monthly Data @ 17/07/2015 XL				YTD XL
	MonthYear	Apr 2015	May 2015	Jun 2015	YTD
Admitted Care	Elective LoS - Long Stayers (Target: < 48)	51	43	53	147
	Elective Length of Stay (Target: < 3.7)	3.4	2.7	3.4	3.2
	Emergency Care Pathway - Discharges (Target: N/A)	186.6	184.9	191.6	563.0
	Emergency Care Pathway - Length of Stay (Target: < 4.5)	5.03	5.29	5.00	5.11
	Emergency Re-Admissions within 30 days (adult and paed) (Target: < 2.8%)	3.01%	3.03%	2.66%	2.89%
	Non-Elective Long Stayers (Target: < 513)	392	423	430	1245
	Non-Elective Length of Stay (Target: < 3.9)	4.4	4.1	4.3	4.3
	VTE Assessment (Target: > 95%)	95.9%	95.2%	96.8%	96.0%
Best Practice	% Patients Nutritionally screened on admission *TRUST ONLY* (Target: > 90%)	77.7%	89.8%	89.8%	85.8%
	% Patients in longer than a week who are nutritionally re-screened *TRUST ONLY* (Target: > 90%)	67.6%	84.2%	93.3%	81.1%
	12 Hour consultant assessment - AAU Admissions (Target: > 90%)	79.05%	74.15%	72.61%	75.24%
	Central line continuing care—compliance with Care bundles (Target: > 90%)	94.3%	93.8%	96.3%	94.9%
	Peripheral line continuing care—compliance with Care bundles (Target: > 90%)	81.5%	77.8%	86.0%	81.6%
	Urinary catheters continuing care—compliance with Care bundles (Target: > 90%)	92.6%	95.0%	100.0%	95.3%
	Fractured Neck of Femur - Time to Theatre < 36 hrs for Medically Fit Patients (Target: = 100%)	92.3%	92.9%	tba	92.6%
	Safeguarding adults - Training Rates (Target: >)	tba	tba	tba	tba
	Safeguarding children - Training rates (Target: >)	tba	tba	tba	tba
	Stroke: Time spent on a stroke unit *TRUST ONLY* (Target: > 80%)	100.0%	100.0%	100.0%	100.0%
Best Practice	Dementia Screening Case Finding (Target: > 90%)	94.7%	83.4%	77.7%	85.4%
	Appropriate referral Dementia specialist diagnosis *TRUST ONLY* (Target: > 90%)	100.0%	N/A	N/A	N/A
	Dementia Screening Diagnostic Assessment (Target: > 90%)	100.0%	100.0%	100.0%	100.0%
Theatres	Procedures carried out as day cases (basket of 25 procedures) (Target: > 85%)	79.8%	78.3%	85.1%	81.3%
	Theatre Active Time - % Total of Staffed Time (Target: > 70%)	72.3%	72.6%	73.2%	72.7%
	Time to theatre for urgent surgery (NCEPOD recommendations) (Target: > 95%)	94.8%	92.6%	92.2%	93.0%

Emergency Care Pathway LoS: June has seen a slight decrease in LoS, particularly in Medicine for this month. Increases have been seen in Planned Care and HIV/Sexual Health.

Non-Elective Length of Stay: Non-Elective Length of Stay is slightly higher than month 2 but is lower than Month 1. Excess bed day income has increased however, in line with the increased LOS.

Nutritional Screening: Initial screening has maintained a very slight underperformance against a target of 90% for June. Rescreening has improved from last month and is above the target of 90%. Wards continue to be monitored weekly and ward sisters are notified of performance.

12 hour consultant assessment: A slight decline in performance is reported from 74.15% to 72.61%. Key areas affecting this position are HIV/Sexual Health, but improvements have been made in Diagnostics and Surgery.

Dementia Screening Case Finding: This target has underperformed for the second time since the target was set. Refresher training has been organised for the clinical areas where this screening takes place, although the delivery of this training has been affected due to sickness of a key member of staff.

Clinical Effectiveness – Maternity

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

	Indicator	Measure	Target	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	YTD Total
Activity in Month	NHS Deliveries	Benchmarked to 5042 per annum	416	412	433	461	464	427	432	463	398	416	412	468	421	1,301
	Private Deliveries	Benchmarked to 840 per annum	72 per month	73	63	70	71	53	60	85	50	69	69	71	67	207
	Trust Deliveries	Total Maternities (Mother)		485	496	531	535	480	492	548	448	485	481	539	488	1,508
	Total NHS Births (infants)			424	443	468	474	445	442	478	406	431	421	479	432	1,332
	Births	Birth Centre (excludes transfers)	No. of patients	65	65	68	59	64	48	67	47	45	38	53	69	160
		BC maternities rate of Trust total SVD	%	30.2%	30.5%	29.6%	28.8%	28.2%	24.7%	28.5%	25.1%	22.0%	20.8%	25.6%	33.5%	26.6%
		Home births - rate of NHS maternities	% NHS Dels	0.7%	0.5%	0.9%	0.6%	0.2%	1.6%	0.6%	1.3%	0.5%	1.0%	0.2%	0.7%	0.6%
	Norm. Vaginal Deliveries	SVD (Normal Vaginal Delivery)	No. of patients	215	213	230	205	227	194	235	187	205	183	207	206	596
		Maintain normal SVD rate	52%	52.2%	49.2%	49.9%	44.2%	53.2%	44.9%	50.8%	47.0%	49.3%	44.4%	44.2%	48.9%	45.9%
	C- Section	Total C/S rate overall	<27%	28.9%	31.6%	29.9%	33.2%	27.9%	35.0%	31.5%	30.9%	30.5%	39.1%	38.7%	32.3%	36.7%
		Emergency C Sections	No. of patients	64	85	77	69	58	77	84	64	56	84	104	68	256
			<12%	15.5%	19.6%	16.7%	14.9%	13.6%	17.8%	18.1%	16.1%	13.5%	20.4%	22.2%	16.2%	19.6%
		Elective C Sections	No. of patients	55	52	61	85	61	74	62	59	71	77	77	68	222
			<15%	13.3%	12.0%	13.2%	18.3%	14.3%	17.1%	13.4%	14.8%	17.1%	18.7%	16.5%	16.2%	17.1%
	Assisted Deliveries	Ventouse, Forceps Kiwi	No. of patients	78	83	93	105	81	87	82	88	84	68	80	79	227
			10-15% (SD)	18.9%	19.2%	20.2%	22.6%	19.0%	20.1%	17.7%	22.1%	20.2%	16.5%	17.1%	18.8%	17.5%
	Total CS Rate Based on Coded Spells		<27%	28.4%	32.3%	29.9%	34.2%	26.9%	35.1%	32.3%	31.0%	29.4%	40.4%	39.7%	32.0%	37.4%
Clinical Indicators	PP Heamorrage	Blood loss >2000mls	<10	11	7	8	9	4	6	8	4	7	8	1	4	13
		Blood loss >4000mls	No. of patients	1	0	0	2	0	0	1	1	1	1	0	1	2
	Perineum	3rd/4th degree tears	<5% (RCOG)	6	8	8	19	13	13	14	10	10	4	11	11	26
				2.0%	2.7%	2.5%	6.1%	4.2%	4.6%	4.4%	3.6%	3.5%	1.6%	3.8%	3.9%	3.1%
	Stillbirths	Number of Stillbirths		1	2	2	2	1	0	3	2	3	3	4	2	9
	Sepsis	GBS - NHS maternities		30	23	33	27	26	36	32	27	17	26	43	37	106
		Pyrexia in labour	≥38°C	4	13	16	12	9	5	11	13	12	26	20	14	60
	Readmissions	Neonatal < 28 days of Birth (Feeding)		7	7	2	3	8	1	5	0	8	10	10	2	22
		Of which were born at C&W		7	6	2	3	6	1	3	0	6	10	10	2	22
PbR	Pathways	Antenatal Bookings completed	509	525	475	467	498	496	433	466	432	486	494	509	452	1,455
		Ref by 11w		403	352	333	350	358	304	324	317	356	328	365	339	1,032
		% Ref by 11w		77%	74%	71%	70%	72%	70%	70%	73%	73%	66%	72%	75%	71%
		KPI: % Ref by 11w and seen by 12+6w	95%	97.3%	95.7%	96.7%	95.1%	96.4%	95.4%	91.4%	90.2%	94.1%	90.9%	93.2%	96.2%	93.4%
		Breaches (11w ref and booked > 12+6w		11	15	11	17	13	14	28	31	21	30	25	13	68
		Postnatal discharges	221	228	249	223	235	254	242	236	255	204	236	n/a	n/a	236
Risk	Maternal Morbidity	Maternal Death	Incident Form in 2 mths < 6	0	0	0	0	1	0	0	0	0	0	0	0	0
		ITU Admissions in Obstetrics		1	1	0	1	1	1	0	0	1	0	0	0	0
	HDU	Maternity HDU days		22	14	22	40	25	17	37	30	72	13	28	21	62

Trust deliveries: NHS deliveries remain above plan both in month and year to date. There were no unit closures and no ITU transfers from Obstetrics.

Caesarean section rate: the overall caesarean section rate has fallen for the second successive month. Both elective and emergency c-sections rates are the lowest in the quarter. There is an ongoing consultant led analysis of the data to understand variation. We have also commissioned improvement to local reporting to facilitate detailed and timely statistical analysis. Through the Maternity board meeting and our 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.

Midwifery Led Unit: Birth Centre deliveries increased again with June seeing the highest number of deliveries for the quarter, a 30% increase from May to 69. Normal birth rate: 85%, Transfer rate: 38%.

Bookings: 12+6 KPI compliance was achieved in June for the first time this quarter and remains above the 95% target through July to date. Capacity is continually reviewed and additional clinics are being flexibly delivered. New community hubs opened mid-June to service SaHF boundary growth into Chiswick and H&F areas, initially delivering postnatal care. Mid pathway transfers from Ealing and other NWL providers are now channelled through a central Maternity Booking Service (MBS) following the closure of Ealing Hospital Maternity Service.

Breastfeeding initiation rate: KPI achieved for June. There is a rolling audit, in line with UNICEF Baby Friendly standards. In addition ongoing work is looking to improve data quality.

Sub Domain	Trust Level Monthly Data @ 20/07/2015 XL	Apr 2015	May 2015	Jun 2015	YTD XL
	MonthYear ▼				YTD
Complaints	Breach of Same Sex Accommodation *TRUST ONLY* (Target: = 0)	0	0	0	0
	Complaints (Type 1 and 2) - Communication (Target: < 13)	32	28	38	98
	Complaints (Type 1 and 2) - Discharge (Target: < 2)	3	2	0	5
	Complaints (Type 1 and 2) - Attitude / Behaviour (Target: < 16)	19	13	15	47
	Complaints Re-opened (Target: < 5%)	11.11%	0.00%	N/A	3.57%
	Complaints upheld by the Ombudsman *TRUST ONLY* (Target: = 0)	0	0	0	0
	Formal complaints responded in 25 working days (Target: = 100%)	81.48%	90.00%	N/A	73.81%
	Total Formal Complaints	27	20	37	84
Friends & Family	Friends & Family Test - A&E response rate (Target: > 20%)	35.2%	23.1%	N/A	27.7%
	Friends & Family Test - Inpatients response rate (Target: > 30%)	41.3%	41.3%	N/A	41.3%
	Friends & Family Test - Local +ve score (Trust) (Target: > 90%)	88.5%	89.6%	N/A	89.1%
	Friends & Family Test - Net promoter score (Target: > 62)	62.3	64.8	N/A	63.6
	Friends & Family Test - Total response rate (Target: > 30%)	38.0%	29.2%	N/A	33.0%

Note: Formal complaints responded to within 25 days and Complaints reopened are reported a month in arrears due to their nature, commentary relates to previous month.

Complaints:
The Trust aims to respond to all complaints received as timely as possible. To monitor this the Trust measures itself against a target.

90% of type two complaints received by the Trust should be responded to within 25 days. In May the trust performance was 90%.

23 of the complaints received were logged as type 1, 20 complaints received were logged as type 2. 2 complaints breached this target.

Friends and Family Test:
As a Trust we are becoming more focussed on FFT and addressing patients' concerns. Some of the lower scoring reflects the low response rate from some clinical areas including paediatrics who recently engaged with FFT.

Each clinical area responds to the concerns raised and to highlight good practice through the 'What you said we did' Boards on the wards. Some recurring trends emerging from FFT findings reflect similar trends from the Picker Inpatient Survey, Complaints and PALs highlighting positive feedback related to: staff attitude, clinical care/treatment, environment, waiting times, communication but also areas of concern including poor communication, lack of or conflicting information, poor staff attitude and behaviour.

Access and Efficiency (1)

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Sub Domain	Trust Level Monthly Data @ 14/07/2015 XL — MonthYear	Apr 2015	May 2015	Jun 2015	YTD XL — YTD
A&E	A&E Time to Treatment (Target: < 60)	01:02	01:00	01:03	01:02
	A&E waiting times (Target: > 98%)	95.7%	97.3%	96.8%	96.6%
	A&E: Unplanned Re-attendances (Target: < 5%)	6.72%	6.84%	6.63%	6.73%
	LAS Patient Handover Times - 30 mins (KPI2) *TRUST ONLY* (Target: < 0)	50	32	21	103
	LAS arrival to handover more than 60mins (KPI 3) *TRUST ONLY* (Target: < 0)	1	0	0	1
OP	Average Wait – Referral to First Attendance (Weeks) (Target: < 6 weeks)	6.1	6.4	6.7	6.4
	Choose and Book slot issue % *TRUST ONLY* (Target: < 2.0%)	8.0%	15.2%	N/A	11.4%
	Number of patients waiting longer than six weeks for a diagnostic test (Target: = 0)	0	0	0	0
	Rapid access chest pain clinic waiting times (Target: > 98%)	100.0%	100.0%	89.1%	96.1%
RTT	18 week referral to treatment times Admitted Patients (Target: > 90%)	90.5%	90.9%	90.1%	90.5%
	18 week referral to treatment times Non Admitted Patients (Target: > 95%)	95.3%	95.5%	95.0%	95.2%
	18 week RTT incomplete pathways (Target: > 92%)	93.0%	92.1%	92.1%	92.4%
	RTT Incomplete 52 Wk Patients @ Month End (Target: = 0)	1	1	0	2
IP	Average Wait – Decision to admit to Admission (Weeks) (Target: < 6 weeks)	7.8	7.4	8.7	8.0

A&E Performance: The national Emergency Department waiting times standard of >95% has been maintained for June. Compared with this month the previous year, we have seen a slight increase in adult A&E (rather than UCC) attendances.

LAS: ambulance handovers has improved for June, with a reduction in reported breaches for 30 mins handover times and no 60 mins breaches.

Average Wait – Referral to First Attendance & Average Wait – Decision to admit to Admission: Performance is below target for both indicators. Ongoing programme of work being carried out to improve the overall Referral to Treatment process being led by the Divisional Director of Operations for Planned Care.

Choose and Book Slot Issues: An area of high demand is gastroenterology, for which additional locum resource has been arranged from July. HSCIC has advised that it will not make monthly data available until August 2015.

Referral to Treatment Indicators: All three referral to treatment indicators were achieved in June.

Sub Domain	Trust Level Monthly Data @ 06/07/2015 XL				YTD XL
	MonthYear	Apr 2015	May 2015	Jun 2015	YTD
Cancer	Cancer Consultant Upgrade (Target: ≥ 85%)	100.0%	100.0%	N/A	N/A
	Cancer diagnosis to treatment waiting times - 31 Days (Target: ≥ 96%)	100.0%	100.0%	N/A	N/A
	Cancer diagnosis to treatment waiting times - Subsequent Medicine (Target: ≥ 98%)	100.0%	100.0%	N/A	N/A
	Cancer diagnosis to treatment waiting times - Subsequent Surgery (Target: ≥ 94%)	N/A	100.0%	N/A	N/A
	Cancer urgent referral Consultant to treatment waiting times (62 Days) (Target: ≥ 90%)	100.0%	100.0%	N/A	N/A
	Cancer urgent referral GP to treatment waiting times (62 Days) (Target: ≥ 85%)	89.7%	100.0%	N/A	N/A
	Cancer urgent referral to first outpatient appointment waiting times (2WW) (Target: ≥ 93%)	93.42%	93.3%	N/A	N/A

Cancer Indicators:

All Cancer indicators were achieved in May. Cancer data is not yet available for June, though all indicators are expected to be achieved.

Access and Efficiency (2)

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Sub Domain	Trust Level Monthly Data @ 17/07/2015 XL — MonthYear	Apr 2015	May 2015	Jun 2015	YTD XL — YTD
Admitted	Delayed transfers - Patients affected *TRUST ONLY* (Target: < 2.00%)	3.74%	2.51%	2.22%	2.82%
	Delayed transfers of care days lost (Target: < 644)	451	436	228	1115
DQ	Coding Levels complete - 7 days from month end (Target: > 95%)	98.8%	98.7%	98.6%	98.7%
	Total NHS Number compliance (Target: > 98%)	96.9%	96.7%	96.9%	96.8%
GP Real Time	Discharge Summaries Sent < 24 hours (Target: > 70%)	81.1%	80.9%	82.8%	81.6%
	Discharge Summaries Sent In Real Time (Target: > 80%)	68.2%	69.4%	69.9%	69.2%
	GP notification of an A&E-UCC attendance < 24 hours (Target: > 70%)	99.93%	99.94%	99.98%	99.95%
	GP notification of an emergency admission within 24 hours of admission (Target: >)	99.83%	99.92%	100.00%	99.91%
	GP Notification of discharge planning within 48 hours for patients >75 (Target: > 70%)	66.37%	63.84%	65.37%	65.19%
Outpatients	OP Letters Sent < 7 Working Days (Target: > 70%)	61.2%	63.1%	62.1%	62.1%
	Average PICs per patient (Target: < 0.64)	0.59	0.59	0.62	0.60
	DNA Rate (Target: <11.1%)	11.1%	11.6%	11.5%	11.4%
	First to Follow-up ratio (Target: < 1.5)	1.64	1.49	1.49	1.54
	Hospital cancellations \ reschedules of outpatient appointments % of total attendances (Target: < 8.00%)	10.5%	10.7%	9.4%	10.2%
	Hospital cancellations made with less than 6 Weeks Notice (Target: < 3%)	5.6%	5.4%	4.9%	5.3%
	Patient cancellations \ reschedules of outpatient appointments % of total attendances (Target: < 8%)	8.9%	9.0%	8.8%	8.9%
Theatres	No urgent op cancelled twice (Target: = 0)	0	0	0	0
	On the day cancellations not rebooked within 28 days (Target: = 0)	N/A	N/A	N/A	N/A
	On the day cancelled operations (non clinical) % total elective admissions (Target: < 0.80%)	0.40%	0.41%	0.46%	0.42%
	Theatre booking conversion rate (Target: > 80%)	88.4%	88.1%	87.1%	87.9%

Delayed Transfers – Patients Affected: This performance has improved in June and the Trust is aiming for the challenging target of <2%. There is a weekly meeting of all partner organisations to address complex delays.

DNA Rate: The Trust has experienced a number of issues with regard to set-up of the text reminder service since the transition from the old provider of NHS mail to EE. This was resolved in mid June and therefore the DNA rate is expected to reduce back in line with the Trust target.

On the day Cancellations: Due to inconsistencies in the systems the 'on the day cancellations' indicator is under investigation.

Mandatory Training

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Division	Total	Corporate Division	Emergency & Integrated Care Division	Planned Care Division	Womens, Childrens and Sexual Health Division
Mandatory Training Compliance %	78%	87%	78%	79%	77%
Fire	73%	83%	72%	74%	70%
Moving & Handling	74%	77%	72%	73%	75%
Equality & Diversity	85%	84%	91%	87%	81%
Information Governance	74%	85%	73%	78%	69%
Hand Hygiene	75%	77%	76%	75%	75%
Health & Safety	86%	86%	83%	86%	87%
Basic Life Support	71%	84%	70%	68%	74%
Safeguarding Adults Level 1	100%	100%	100%	100%	100%
Child Protection Level 1	100%	100%	100%	100%	100%
Safeguarding Children Level 2	81%	93%	83%	80%	81%
Safeguarding Children Level 3	77%	N/A	74%	86%	77%
Conflict Resolution	36%	N/A	37%	39%	32%

Red – 0-79%
Amber – 80-94%
Green – 95-100%

Mandatory training:

Mandatory training compliance against the 10 core topics identified in the UK Core Skills Training Framework currently stands at 78% which is 4% above the average for London teaching hospital trusts.

The inclusion of Conflict Resolution (previously unreported) has negatively impacted Trust compliance figures - for example, without Conflict Resolution, the overall Trust compliance is 81%.

However, the Trust is now in a position to consistently and more accurately monitor and compare performance with other Trusts.

Health & Safety training compliance stands at 86% (ratio of staff trained within the two year refresher period across all staff groups), equal to last month. A new approach to Fire Training is also being piloted to ensure increased compliance.

A detailed report on the progress with the fundamental review of statutory and mandatory training is being reviewed at the People and OD Committee on 22 July.

Average (Appraisal rate) across LATTIN Trusts = 74% (latest data available)

Average (Statutory mandatory training) across LATTIN Trusts = 75% (latest data available)

Workforce

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Workforce Metric	Jun-15	Monthly Target	2014/15 Outturn10	2015/16 Annual Target11	Average 12 Month Rolling YTD12
Turnover Rate1	19.51% (1.35%)	(1.38%)	19.12%	16.50%	-
Vacancies - Budgeted2	13.34%	12%	10.94%	8%	11.42%
Vacancies - Active3	4.14%	-	4.45%	-	4.32%
Time to Recruit4	57 days	<55 days	54.5 days	<55 days	55 days
Sickness Rate5	2.84%	3%	2.85%	3%	2.93%
Agency % of WTE6	4.20%	3.15%	3.50%	3.15%	3.80%
Appraisals - Non M&D7	72%	76%	72%	85%	71%
Appraisals - M&D8	86%	83%	79%	85%	81%
Mandatory Training9	79%	79%	78%	95%	78%

1. **Turnover** Voluntary resignations over the most recent 12 months / average headcount over the most recent 12 months. The figure quoted in brackets relates to the number of voluntary resignations in month / headcount in month (excluding junior doctors)
2. **Vacancies – Budgeted** (Budget WTE - Inpost WTE) / Budget WTE
3. **Vacancies – Active** The WTE of posts actively recruited to on NHS Jobs in month / Budget WTE
4. **Time to Recruit** For new starters in month, the average amount of days between authorisation and pre-employment checks completed
5. **Sickness Rate** WTE days lost to sickness absence / Total WTE available days
6. **Agency % of WTE's** Agency WTE / (Substantive WTE + Bank WTE + Agency WTE)
7. **Appraisals – Non M&D** % of non M&D staff with an appraisal that is not overdue
8. **Appraisals – M&D** % of consultant and SAS grade Drs with an appraisal that is not overdue
9. **Mandatory Training** % of staff that have completed relevant mandatory training topics within the refresher period
10. **2014/15 Outturn** The mean of the 12 months indicators of 2014/15
11. **2015/16 Annual Target** Targets as agreed at the People and OD Committee to be achieved by the close of 2015/16 financial year
12. **Average 12 Month Rolling YTD** Average of the most recent 12 months data e.g. Jan-Dec

Red – below/worse than both monthly target and 2014/15 outturn
Amber – below/worse than either monthly target or 2014/15 outturn
Green – above/better than monthly target and 2014/15 outturn

Turnover: Unplanned staff turnover over the last 12 months increased by 2.10% on the same period in the previous year, from 17.41% (July 13 - June 14) to 19.51% (July 14 - June 15). This is largely due to a significant spike in voluntary resignations in Q2 of 2014/15 meaning the Trust's cumulative turnover rate will remain high until early Q3 of 2015/16 even if normal levels of leavers ensue in Q1 & Q2 of 2015/16. A more 'real-time' indicator of turnover is that of voluntary resignations within the most recent month as a % of total headcount for the month (excluding junior doctors.) In June there were 45 voluntary resignations, which equates to 1.35% of the total workforce (14 lower than the same period last year). To achieve the target of 16.5% turnover for the financial year there would need to be an average of 41 voluntary leavers per month. Over the last three months the Trust has seen 145 voluntary leavers and 139 new starters (excluding jnr. docs). An update on Nursing workforce issues and Recruitment and Retention Plans will be taken to the July People and OD Committee, detailing key initiatives and proposals for improvement. A senior nurse has been employed full time to work on recruitment and retention issues for nursing. The main leaving reasons provided in June were 'Other/Not Known' and 'Relocation'.

Average across LATTIN Trusts = 15.2% (latest data available)
LATTIN = London Acute Training Trusts (Imperial College, King's College, Royal Free Marsden, UCLH, Chelsea & Westminster, and Guy's).

Bank & Agency Usage: Total temporary staffing WTE's for June 15 were 34.67 higher than the same period last year. The bulk of this is accounted for by an increase in agency WTE of 32.14. As a proportion to substantive WTE, the highest agency use was in Medicine and Intensive Care. Recruitment drives continue in these areas and others with increased establishments, to reduce the use of agency staff. Temporary staffing made up 12.9% of the overall workforce in June 15 compared to 12.1% in June 2014. Of this, agency WTE as a % of workforce increased from 3.3% to 4.2%. The need to reduce agency spend is recognised as a priority and Kingsgate are monitoring PIDS for CIP schemes relating to temporary staffing to tackle this issue. The Nursing Temporary Staffing Challenge Board was set up in March 15 to scrutinise requests for nursing and Admin agency staff, and a further Medical Temporary Staffing Challenge Board was set up in April to scrutinise medical requests.

Vacancies: The Trust vacancy rate for June 15 was 13.34%, an increase of 1.68% on last year and 1.34% above the monthly target. There have been increases in some nursing establishments, to meet staffing level requirements identified by the last CQC report. The medical establishment in A&E also increased in June. It is also important to recognise that not all vacancies are being actively recruited to, and a large proportion of them are held on the establishment to support the Cost Improvement Programme (CIP). Finance & Human Resources continue to reconcile their establishments on a monthly basis to ensure consistent reporting.
A truer measure of vacancies is the number of posts being actively recruited to, based on the WTE of posts advertised on NHS jobs. Bulk recruitment continues in nursing (Medical wards, A&E & ICU), along with multiple medical posts in A&E.
26 Healthcare assistants were offered posts as a result of a recruitment day held at the Trust's Open Day.
The average time to recruit (between the authorisation date and the date that all pre-employment checks were completed) for June 15 starters was 57 days which is marginally above the Trust target of <55days.
Average vacancies across LATTIN Trusts = 12.02% (latest data available)

Sickness Absence: The Trust's sickness absence rate in June 15 was 2.84% (Trust target = 3%).

Staff in Post: In June 15 the Trust substantive staff in post position was 3043.83 WTE (whole time equivalents), an increase of 31.78 since June 14. There were 45 voluntary leavers and 53 joiners (excluding jnr. Docs) over the month. The largest annual increases were in the Women, Children & Sexual Health Division (41.36 WTE), and the Additional Clinical Services staff group (85.59 WTE). The largest decreases were in the Corporate Services Division (26.99 WTE), and the Admin and Clerical staff group (22.05 WTE). These reductions relate largely to the outsourcing of Finance transactional services in August and October 14. Reductions in Pharmacy (13.45 WTE) largely relate to the CNWL SLA ending in March 15, and staff that were on fixed term contracts leading up to the Pharmacy outsourcing coming to an end.

Finance Balanced Scorecard

Chelsea and Westminster Hospital NHS Foundation Trust

Financial Performance

Financial Position (£000's)

	Full Year Plan	Plan to Date	Actual to Date	Variance to Date
Income	(379,954)	(94,550)	(95,415)	864
Expenditure	362,270	91,435	91,664	(229)
EBITDA	(17,685)	(3,115)	(3,751)	636
EBITDA %	4.7%	3.3%	3.9%	0.6%
Surplus/(Deficit) from Operations	17,685	3,115	3,751	636
Interest/Other Non OPEX	811	203	201	1
Depreciation	12,951	3,238	3,255	(17)
PDC Dividends	11,421	2,855	2,878	(23)
Surplus/(Deficit)	(7,498)	(3,181)	(2,584)	597

Comments

The month 3 position is a deficit of £0.5m, which brings the year to date position to a deficit of £2.6m (EBITDA of 3.9%). This is a £0.6m favourable variance against the year to date plan of £3.2m.

The Trust over-performed against the CIP target in month 3 and achieved a COSR rating of 2.

The Q1 Monitor Plan is a £3.9m deficit, so the Trust has a £1.3m favourable variance against the Q1 Monitor plan.

Risk Rating (year to date)

COSR Rating	Weighting	M3 Planned Rating	M3 Actual Rating
Capital Servicing Capacity	50%	1	1
Liquidity	50%	4	4
Total Rating		3	3

Comments

The Trust recorded a Continuity of Service Rating (COSR) of 2 in April compared to a plan of 2. The capital service cover rating is a 1 (against a planned 2) and the liquidity rating is a 3 (against a planned 3).

Cost Improvement Programme

Month ended: June

Risk Rating	PID (£'000)	Month 3 Performance Plan	Month 3 Performance Actual	Month 3 Performance Var	YTD Performance Plan	YTD Performance Actual	YTD Performance Var
High	1 - Outpatient CIP	0	5	5	0	5	5
Medium	2 - LOS	23	23	0	45	41	(5)
High	3 - Theatre productivity	0	0	0	0	0	0
Low	4 - Diagnostic Services	3	4	1	9	7	(2)
Medium	5 - Clinical Admin	8	4	(4)	25	50	25
Medium	6 - Temporary Staffing	60	19	(41)	140	172	32
	6a - Pay controls	0	82	82	0	353	353
High	7 - Medical Staff Productivity	0	0	0	0	0	0
Low	8 - Management Structure	0	0	0	0	0	0
Medium	9 - Corporate Services and Back Office	0	0	0	0	0	0
Medium	10 - Estates	203	203	0	368	362	(6)
Medium	11 - Procurement	35	68	33	84	118	34
Low	12 - Pharmacy Led Savings	264	423	158	425	453	28
High	13 - Divisional Savings	59	69	9	113	117	4
Low	14 - FYE	14	14	0	42	42	0
	15 - Specialist Nurses	0	3	3	0	9	9
	Total	670	916	246	1,252	1,728	476

Comments

The CIP achievement in month 3 was £0.9m against the target of £0.7m. The over-performance was primarily in the pharmacy outsourcing CIP scheme which went live in June and pay controls due to underspends within budgets.

Key Financial Issues

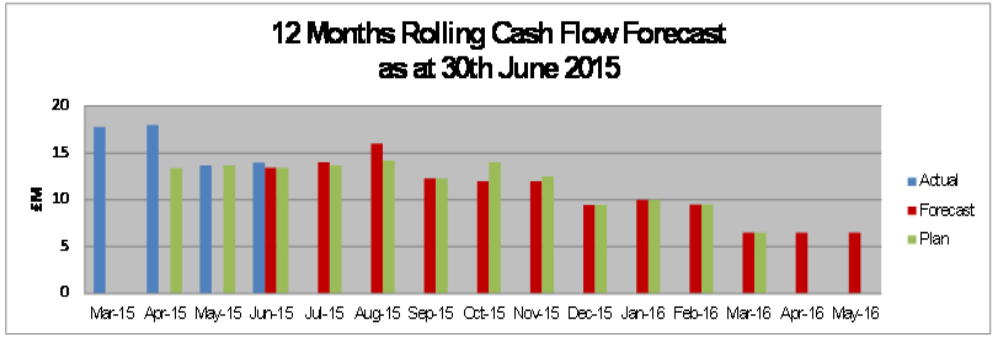
Performance against plan

The key drivers for the £0.6m over-performance against the plan

- Clinical income over-performance mainly related to over-performance in local authority income for GUM £0.96m
- Private Patient income shortfall of £0.9m offset against underspends in expenditure
- Other income over-performance of £0.9m mainly related to income offset against expenditure
- Pay underspend of £0.9m mainly related to nursing under-spends
- Non pay over-spend of £1.1m related to additional cost pressures and management consultancy charges

The key risks to delivery of the plan are
- CIP delivery
- Private Patient income
- Clinical income

Cash Flow



Comments

The cash position at M03 is £14.0m compared to a plan of £13.4m. The favourable variance was assisted by the drawing of £2.7m of loan finance during the month, relating to the ED capital development.
Concerns remain regarding the historically high levels of debt. Actions are in place to reduce the level of uncollected cash, including weekly meetings and escalation of old debt and a short advisory piece of work has been commissioned from PWC to report at the end of July.

Council of Governors Meeting, 11 August 2015

AGENDA ITEM NO.	8/Aug/15
REPORT NAME	Membership Strategy
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Thomas Lafferty, Foundation Trust Secretary
PURPOSE	To review and approve the content of the Membership Strategy.
SUMMARY OF REPORT	This paper sets out a membership strategy for new enlarged organisation and includes the membership recruitment plan for new public constituency areas in order to ensure that the Trust's membership base is truly representative of the Trust's increased patient population base post-acquisition.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	For approval.

MEMBERSHIP STRATEGY
2015-16

1.0 Introduction & Objective

The Chelsea and Westminster Hospital NHS Foundation Trust (the Trust) developed its initial Membership Strategy in 2006 as part of its work to become an NHS Foundation Trust.

The Trust is in currently in the process of acquiring the West Middlesex University Hospital NHS Trust (WMUH). In this context, the Trust has taken the opportunity to review its Membership Strategy to:

i) Ensure that the Trust's membership base is truly representative of the Trust's increased patient population base post-acquisition; reflecting the communities that the Trust serves with governors actively representing the interest of members as a whole and the interests of public; and

ii) To use the proposed transaction as an opportunity to embed plans and strategies for membership engagement.

2.0 Public Membership

The Trust's current public membership covers Royal Borough of Kensington and Chelsea, London Borough of Hammersmith and Fulham, the City of Westminster and London Borough of Wandsworth. Following the anticipated acquisition of the WMUH this area will extend to include the London Boroughs of Hounslow, Richmond upon Thames, and Ealing.

To be eligible for membership a person must reside within these specified areas, be aged 16 years or over and not be eligible for staff membership.

A table defining the Trust's public membership by constituency, including the minimum number of members required in each constituency to enable governor elections to be held is defined in Annex 1 of the Post–Acquisition Constitution.

3.0 Staff membership

The Trust currently employs about 3,393 staff. This figure is anticipated to increase following the anticipated acquisition of WMUH.

The Staff membership is currently split into six classes which are based on role definitions. The staff classes each have a governor representative on the Trust's Council of Governors. Following the anticipated acquisition of WMUH, it is proposed that the six classes remain in place.

Employed staff are automatically opted in unless they opt out.

4.0 Patient constituency

In accordance with the Health and Social Care Act 2012 the Trust has a statutory obligation that it has members within its public constituency and that these members duly elect Public Governor/s to represent their interests on the Trust's Council of Governors.

Each of the new public constituency areas, as defined above, will have a governor representative on the Trust's Council of Governors. The Act permits Trusts, as an option, to establish a Patient Constituency comprised of members who have in the past attended the Trust's hospital/s either as a patient or as a carer.

5.0 Which Trust staff are responsible for membership?

The Trust's Membership and Engagement Manager is responsible for membership engagement and recruitment. The Head of Communications and Marketing/Communications Manager are responsible for engagement of and communication with members of the Trust and of the public. There is strong interface with the Equality & Diversity Manager.

The Membership Sub-Committee of the Council of Governors, which is chaired by a Governor, oversees the Membership Strategy.

6.0 Membership Database Management

A professional external database management company ensures that the Trust's membership database is accurate, secure, reflects the Trust's constitution and supports the Trust's governance arrangements and elections.

7.0 What does the Membership Strategy cover?

This strategy focuses on the two key areas of membership activity:

- Part A – Development of a representative membership
- Part B – A strong focus on engagement and communication with existing members

PART A

1.0 Membership Recruitment

The Trust has a duty to ensure it engages with its local communities and encourages local people to become members of the organisation ensuring it is representative of the communities it serves.

Monitor, the Foundation Trust Regulator, each year requires the Trust to submit a membership report with the following categories:

Age
Ethnicity
Gender
Disability

The annual membership profile report is published in the Trust's Annual Report.

1.1 Current Membership

Analysis of the Trust's membership as at 31 March 2015.

Public constituency	
Age (years):	
0-16	0
16-21	33
22+	4,760
Unknown	663
Total	5,456
Ethnicity	
White	3,658
Mixed	229
Asian or Asian British	351
Black or Black British	344
Other	284
Unknown	590
Socio-economic groupings*:	
AB	2,049
C1	2,540
C2	5
DE	746
Unknown	116
Gender:	
Male	1,996
Female	3,401
Unknown	59
Patient Constituency	
Age (years):	
0-15	0
16-21	28
22+	3,959
Staff Constituency	
Members	3,393

1.2 Public membership

As at 31 March 2015 the Trust had a public membership of 5,456 across the current four public areas.

1.3 Plans for future membership recruitment

As part of its objective to achieve as representative public membership as possible across the expanded operating area following the acquisition of WMUH the Trust has adopted a membership target of minimum 2,000 public members. The minimum numbers of members are set out below:

Name of Public Constituency area	**Minimum number of Members from the Acquisition Date and during the Transitional Period**
Royal Borough of Kensington and Chelsea	500
City of Westminster	500
London Borough of Hammersmith and Fulham	300
London Borough of Wandsworth	300
Total	**1,600**

Name of Public Constituency area	**Minimum number of Members from 1 December 2015**
Royal Borough of Kensington & Chelsea	500
City of Westminster	500
London Borough of Hammersmith & Fulham	300
London Borough of Wandsworth	300
London Borough of Hounslow	300
London Borough of Richmond upon Thames	300
London Borough of Ealing	150
Total	2,350

	Minimum number of Members
Patients' Constituency	200
Total	**200**

Staff class	**Minimum number of Members**
Support, Administrative & Clerical Staff	100
Allied Health Professionals, Scientific & Technical Staff	100
Contracted Staff	100
Medical & Dental Staff	100
Nursing & Midwifery Staff	100
Management Staff	100
Total	**600**

This strategy proposes the focus for 2015/16 should be on effective recruitment across the expanded operating area and engagement with existing members. It is important to note, however, that effective engagement could support the additional recruitment of members which would be resource-free.

The Membership Manager in conjunction with the Council of Governors will lead the membership activities across its existing catchment area and from the WMUH area. Governors play a key role in relation to member recruitment and engagement and are link between the members and the Trust.

The Trust will raise awareness and promoted benefits of its membership though a variety of communications channels, including:

- The Trust website
- Membership Newsletter
- E-News
- Hosting and attending local events
- Producing staff membership newsletter and will continue to do so in the enlarged organisation
- Open Day
- Annual Members' Meeting
- Meet a Governor sessions
- Public Constituency meetings

Membership figures will be monitored by the Council of Governors Membership-Sub Committee on a quarterly basis.

1.4 Development of a representative membership

Analysis of the membership database by age, gender and ethnicity is undertaken to help the Trust work towards developing a membership that is representative of the communities the Trust serves.

The membership ethnic groups are fairly balanced when we compare the representation with our local populations, however it is recognised that membership recruitment should focus particularly on increasing the number of Black Minority group members.

The Council of Governors Membership Sub-Committee will develop stronger working relations with Healthwatch to ensure we hear the views of ethnic minorities in our communities and ensure we listen and act on any issues voiced. This will include using Healthwatch's existing communications channels to effectively engage with their members.

Alongside membership recruitment, it is important that we understand the needs of our members and learn about their experience of treatment and services. Therefore, we will seek ways to gather this information from the BME patient groups we recruit. This will support the main aim of the strategy which is to effectively engage with our existing membership base.

Under the Health and Social Care Act 2012 Governors are required to ensure that they represent interests of the membership and public as a whole. To this end the Trust has developed the programme of Public Constituency meetings for 2015/16 which is tailored to the needs of the membership. The Communications Team support members of the Council of Governors in achieving this requirement. Over the next year we will consider how Local Authority Councillors work with their constituents to ensure that all views are represented, thus ensuring effective engagement.

PART B

1.0 Membership Engagement

Governors are responsible for engaging with members and the public to canvass the views of members and the public. In order to help Governors to effectively engage with members and the public the Trust has developed public constituency meetings. These are held bi-monthly.

The Trust in coordination with the Membership Sub-Committee has developed recruitment and engagement plans.

1.1 Engaging and Communicating with members

The Trust has developed a Membership Engagement Communication Plan in order to effectively communicate and facilitate active engagement with members and the public.

The membership engagement programme for 2015/16 includes:

Project	**Funding**
3 membership mailings per year (One issue funded by the Council of Governors)	£10,000
Open Day 2016	£20,000
Annual Members' Meeting	£5,000
6 Medicine for Members seminars	£5,000
Christmas at Chelsea and Westminster and WMUH	£8,000
12 Members' e-News	£2,600
Contingency for direct recruitment campaigns as advised by the Sub Committee	£3,000
Meet a Governor sessions	N/A
Constituency Meetings	£24,000

1.2 Campaigns to engage members in key issues

The Shaping a Healthier Future (SAHF) implementation is now underway and it is important that members are clear about changes to services and developments to A&E care at Chelsea and Westminster.

1.3 Public constituency meetings

Public Governors hold meetings within their constituencies to keep members abreast of important developments via regular monthly constituency meeting and with a view to gather members. This will also support governors in their role and help build solid relationships between governors and their constituency members. The potential acquisition of the WMUH is one of key focus activities of communication with members.

At each meeting, there is representation from the elected members of the Trust's Council of Governors and the Trust representatives.

1.4 'Meet a Governor' sessions

These sessions are communicated to members in advance through the Trust News membership mailings, the monthly Members' News email newsletters, and via the 'Get Involved' section of the Trust website. It is important that elected governors are involved in these important sessions as it is a key tool for engagement with members.

Membership Recruitment Plan for new public constituency areas

	Activity	Action	Lead	Risk Grade
Internal	WMUH Annual Members' Meeting 14 July 2015	JL to invite CWFT Governors to AMM Governors to set up a membership stall in hallway (an opportunity to recruit members)	JL / CWFT Governors	
	WMUH Open Day 12 September 2015	JL to invite CWFT Governors to Open Day Governors to set up a membership stall in hallway (an opportunity to recruit members)	JL / CWFT Governors	
	WMUH Newsletter to Friends (shadow members), Local Authorities, CCGs and Healthwatch	JL to include in the membership application form in the Newsletter	JL	
	WMUH Website	JL to add the membership application form to WMUH website	JL	
	Stephen Clark, WMUH NED (former Chair of Age Concern)	JL to contact Stephen Clark	JL	
	WMUH Staff to encourage friends and family to become members	JL to write to staff asking them to encourage friends and family to become members	JL	
	Local radios advertising	JL to contact local radio advertising AMM to include encouraging public to sign up to membership of WMUH	JL	
External	Local Community Centres (Sikhs and Somalis)	JL to contact local community centres	JL	
	Visit Local Markets – Asda, Sainsbury, Tesco	JL to organise visits	JL	
	WMUH Maternity Unit patients	Make a membership application form available to maternity patients	JL	
	Richmond: Teddington Hospital Friends	JL and Martin Lewis (CWFT Public Governor) to promote membership of WMUH membership	JL/ML	
Stakeholders	Healthwatch	JL to speak with Healthwatch re publicising membership of WMUH, including publicising on their website	JL	
	Link with Local PCTs	JL speak with Public/Patient Engagement Manager ask to include link to WMUH membership application form and also to have a hard copies available	JL	

		in local surgeries		
	Link with Local CCGs	Link in with local CCG to establish if they could promote WMUH membership	JL	
	Link with Local Councils	Link in with local Councils to establish if they could promote WMUH membership	JL	

Council of Governors Meeting, 11 August 2015

AGENDA ITEM NO.	8.1/Aug/15
REPORT NAME	Membership Engagement and Communication Calendar of events – update
AUTHOR	Layla Hawkins, Head of Communications and Marketing
LEAD	Layla Hawkins, Head of Communications and Marketing
PURPOSE	To update the Council of Governors on the schedule of membership engagement and communications events.
SUMMARY OF REPORT	The schedule of membership engagement events up until October 2015 is enclosed. Future membership engagement plans will be reviewed as part of the implementation of the Membership Strategy. We have emailed Governors with a list of community events across all of our Local Authority areas and that they are encouraged to attend and engage with members and members of the public. Governors can email us to confirm which events they plan to attend so they can be scheduled in the calendar. This will be provided on a monthly basis. Future arrangements for constituency meetings, where they take place and how they are communicated is currently being considered by the Interim Foundation Trust Secretary.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
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
July 2015			
Tuesday 14 July	Members' News	Caroline Pooley	Council of Governors
August 2015			
Monday 3 August	Members' News	Caroline Pooley	NA (part of MEMBRA contract)
September 2015			
Monday 7 September	Members' News	Caroline Pooley	NA (part of MEMBRA contract)
Tuesday 8 September	Medicine for Members seminar	Caroline Pooley	£700 (Council of Governors)
Saturday 12 September	West Middlesex Hospital Open Day	Richard Elliott (Senior Communications Manager at West Middlesex)	NA
October 2015			
Monday 7 October	Members' News	Caroline Pooley	Council of Governors
Thursday 22 October	Annual Members' Meeting	Layla Hawkins	Council of Governors
TBC	Medicine for Members	Caroline Pooley	£700 (Council of Governors)

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 11 August 2015

AGENDA ITEM NO.	9/Aug/15
REPORT NAME	Council of Governors Funding Report
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Layla Hawkins, Head of Communications and Marketing
PURPOSE	To keep the Council of Governors updated on the governor spend.
SUMMARY OF REPORT	This report provides an update on the Council of Governors budget. For the financial year 2015/16 the Council of Governors budget is £69k. Of the £69k, £16,539.54 has been spent to date on the projects approved by the Council of Governors.
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	£ 14,465.00	May/June 15	Layla Hawkins	17 July 2013
12 Members' E-News	£ 2,600.00	£ 648.00	Monthly	Layla Hawkins	17 July 2014
Xmas at C&W 2015	£ 8,000.00		Nov/Dec15	Layla Hawkins	17 July 2014
5 Medicine for Members seminars 2015/16	£ 4,167.00		Quarterly	Layla Hawkins	17 July 2014
Annual Members' Meeting 2015	£ 5,000.00	£ 186.00	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	£ 523.88	May/Oct 15	Zoe Penn	17 July 2014
Council of Governors election	£ 7,177.00		Dec 15	Susan Young	18 September 2014
NHS Providers Membership Subscription 2015/16	£ 7,687.00	£ 7,687.00	Apr 2015	Susan Young	
Computer Software for GV	£ 716.66	£ 716.66	May 15	Layla Hawkins	14 May 2015
TOTAL FOR 15/16	**£ 68,347.66**	**£ 16, 539.54**			

Council of Governors Meeting, 11 August 2015

AGENDA ITEM NO.	11/Aug/15
REPORT NAME	Draft Minutes of the Council of Governors Quality Sub-Committee meeting held on 7 May and 8 July 2015 Draft
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Christine Blewett, Chair (7 May 2015) Melvyn Jeremiah, Chair (8 July 2015)
PURPOSE	To provide a record of any actions and decisions made at the meeting.
SUMMARY OF REPORT	This paper outlines a record of the proceedings of the Council of Governors Quality Sub-Committee meetings held on 7 May and 8 July 2015.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	For information.

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Minutes of a meeting of the Council of Governors Membership Sub-Committee
Held on 7 May 2015 in the Boardroom, Verney House

Attendees	Christine Blewett	CB	Chair
	Anna Hodson-Pressinger	AHP	Patient Governor
	Melvyn Jeremiah	MJ	Public Governor - Westminster Area 2
	Martin Lewis	ML	Public Governor - Westminster Area 1
	Susan Maxwell	SM	Patient Governor
	Wendie McWatters	WMW	Patient Governor
In attendance	Barry Quinn	BQ	Assistant Chief Nurse
	Zoe Penn	ZP	Medical Director and Director of Quality
	Mathew Guys	MG	Healthwatch representative
	Sonia Richardson	SR	Patient Representative on the West London CCG
	Vida Djelic	VD	Board Governance Manager

1.	**Welcome and Apologies**	
a.	ZP welcomed all to the meeting.	
b.	VD noted that no apologies were received for the meeting.	
2.	**Election of Governor Chair**	
a.	The sub-committee members agreed that the meeting will be chaired by Christine Blewett, Public Governor. MJ noted that once the post-acquisition constitution and governor committees structure proposal have been considered and agreed by the Council of Governors a new chair for this committee will be elected. The committee agreed. Christine Blewett chaired the meeting from this point.	
3.	**Minutes of previous meeting held on 4 March 2015**	
a.	Minutes of the previous meeting were accepted as a true and accurate record of the meeting.	
4.	**Matters Arising & Action Log**	
a.	**SM and AHP to be invited to attend the Preventing Harm Group meetings**: VD noted that she passed governors contact details to Lucy Connolly who confirmed that the two governors will be contacted.	
b.	**Assurance required by CCG in relation to complaints upheld by Parliamentary Ombudsmen:** VS said that she has not yet had a chance to contact CCG. **Action: VS to follow up the action.**	
c.	**Progress on CQC report:** BQ noted that areas requiring improvement have been addressed. The Trust undertook a CQC style peer review audit in April and the results are currently being evaluated. The report will be available soon and will be considered by the Quality Committee (a Board committee). In relation to a query from MJ, BQ confirmed that the audit outcomes will be shared with the sub-committee. **Action: BQ to share the outcomes of the audit report with the sub-committee.**	
5.	**COG Quality Awards Report – Spring 2015**	

a	The sub-committee noted the winners of spring round of Quality Awards. These were: - The Survivors of Torture Pain Clinic Team - The Estates and Facilities Team	
6.	**Trust Quality Committee Report of current themes**	
a.	MJ noted that at the last meeting the Quality Committee spent a considerable amount of time discussing a draft Trust's Quality Strategy, including a plan for implementation. The strategy sets out 3 year plan for improving quality of services.	
b.	CB added that the NED/Executive/Governor walkabout is being organised.	
7.	**Quality Strategy and Plan**	
a.	ZP noted that the draft Quality Strategy has been discussed by the Quality Committee, the feedback has been taken forward, including stakeholders feedback and the next step is to take it to the Board for approval. The strategy has 4 components: Safety of Care, Effectiveness of Care, Experience of Care and Access to Care. The key supporting priorities include frailty, admitted surgical care, sepsis and maternity. This work will be supported with the following enablers: people, processes, environment, governance and monitoring.	
b.	ZP invited the sub-committee to provide her with comments on the draft Quality Strategy. **Action: All sub-committee members to provide ZP with comments on the draft Quality Strategy.**	
8.	**Patient Experience Strategy/Plans, including A&E F&FT, patient Experience Report Q3, including complaints and PALS**	
a.	BQ noted that the Patient Experience Group has been separated from Staff experience and the group will be relaunched. He confirmed that he will lead on patient experience.	
b.	BQ invited 2 governors interested in joining the Patient Experience Group to let him know. He noted that the group will also have a representative from Healthwatch and some charities. **Action: Governors interested in joining the Patient Experience Group to let BQ know.**	
c.	The sub-committee noted that the Trust has achieved CQUIN target for the year. However the Trust needs to improve response rate to FFT across all divisions and to target areas with low response rate. BQ noted that an action plan has been implemented in order to address the issue.	
d.	BQ highlighted that patient experience is at the centre of patient care and the PALS office is being staffed with a senior nurse for at least 2hrs per day in order to increase patient experience response rate and resolve any potential issues promptly. BQ confirmed that the PALS office will be refurbished and he is keen on combining PALS, complaints, patient experience and FFT. MJ commented that the target numbers for FFT need to be increased.	
e.	MJ noted his disappointment with not proceeding with the main hospital reception desk refurbishment as planned. This was due to insufficient funding and yet the Trust reported end year underspend on the capital financial provision. ZP noted that the work forms part of the estates strategy which is currently being developed. She added that she will ask EM to look at capital plan. **Action: ZP to ask EM to look at capital plan.**	

f.	The committee noted the complaints and PALS Q3 reports.	
9.	**Performance and Quality Report**	
a.	ZP noted that the Trust is in the process of re-developing at a glance performance and added that all three RTT indicators are on track and sustainable going forward. This also forms part of the CQC action plan.	
b.	ZP highlighted that in relation to access and efficiency there were two 60mins handover breaches during an extremely busy time on 1 day in February. However, no harm was done to patient.	
c.	SR expressed a concern regarding the Trust's continuing failure to meet targets re discharge on AAU and GP notification of discharge planning within the specified target time. ZP responded that the Trust is slowly improving compliance and that the systems and processes are being looked into in order to improve.	
10.	**Feedback from governors on patient experience**	
a.	WMW noted that she will raise an issue in relation to pathology with Elizabeth McManus, Chief Executive Officer.	
b.	WMW reported on an A&E patient who was referred to another hospital for dental service. However, the hospital was closed and premises were moving as of 1 July 2005. BQ asked WMW to email him with more details to look into. **Action: WMW to send more details to BQ to look into it.**	
c.	WMW noted that she produced a list of issues while being a patient on Chelsea ward and added that she was meeting Amanda Grantham, General Manager Private Patients, to address issues. ZP said that comments on the private patient wards are welcome from WMW and said that more work is required in relation to making it a success.	
d.	SR said that she sits on the West London CCG Quality and Patient Safety and Risk Group which oversee issues such as complaints. She fed back that the group remains concerned about CWFT failure to achieve the final response targets. The group discussed how the CWFT is aiming to meet targets re response time to complaints. BQ said that he will take it forward with newly formed Patient Experience Group.	
e.	ML noted that the transport lounge area needs looking into as there is a very little interaction with carers. Also governors asked for a small kitchen to be set up for patients waiting. BQ responded that he will look into this. **Action: BQ to look into this.**	
f.	ML noted that the information screen in dermatology and bariatric was not working.	
g.	MJ said he had nothing in particular to report on and expressed a strong support for keeping private patient wards to a high quality standard; this impacts on reputation and also affects the trust financially if services not delivered up to the standard expected.	
h.	WMW reported on a patient with positive experience while visiting hospital's oncology department.	

i.	SM reported on a member of public outside the hospital premises commenting on a wonderful service received from CWFT.	
11.	**Quality Accounts 2014/15**	
a.	ZP reminded the sub-committee that the Quality Account forms part of the overall Annual Report and records achievements from the past year and set out Trust's aspirations for next year. She highlighted that the Trust is still in the process of working on the report and a draft of which was provided. The final Quality Accounts will be available electronically.	
b.	MJ noted that a governor commentary, which forms part of the Quality Account, needed to be produced. The sub-committee agreed that MJ should produce the governor commentary.	
c.	MJ noted that an annual review of the Quality Account will be prepared for the Annual Members' Meeting on 22 October.	
12.	**COG Funding Report**	
a.	Noted.	
13.	**Any Other Business**	
a.	ML noted that it was Sharon Connell's last sub-committee meeting and thanked her on behalf of the sub-committee for her contributions.	
14.	**Date of Next Meeting** – 02 July 2015 at 10am in the Hospital Boardroom	

Minutes of a meeting of the Council of Governors Quality Sub-Committee
Held on 8 July 2015 in the Boardroom, Verney House

Attendees	Melvyn Jeremiah	MJ	Chair
	Martin Lewis	ML	Public Governor - Westminster Area 1
	Susan Maxwell	SM	Patient Governor
	Wendie McWatters	WMW	Patient Governor
In attendance	Barry Quinn	BQ	Assistant Chief Nurse
	Jackie Durbridge	JD	Assistant Medical Director
	Sonia Richardson	SR	Patient Representative on the West London CCG
	Vida Djelic	VD	Board Governance Manager

1.	**Welcome and Apologies**	
a.	MJ welcomed all to the meeting.	
b.	VD noted that apologies were received from Christine Blewett, Zoe Penn, Vanessa Sloane and Karl Munslow-Ong.	
2.	**Minutes of previous meeting held on 7 May 2015**	
a.	Minutes of the previous meeting were accepted as a true and accurate record of the meeting with the following change: - p.3, section 9.e change to 'very little interaction with carers'	
2.1	**Election of Governor Chair**	
a.	MJ noted that all governor committees will be constituted once the transition period has concluded. Meanwhile he suggested that the sub-committee elect a chair for each meeting. SM expressed interest in chairing the October meeting. The sub-committee agreed that MJ chairs the July meeting and that SM chairs the October meeting.	
3.	**Matters Arising & Action Log**	
a.	Complaints: VD fed back, on behalf of Vanessa Sloane, that the Trust has not heard from CCG and therefore no action has been taken. SR said that there needs to be a high level of input regarding how complaints are resolved. It was suggested that Carol Davis, from Complaints Team is invited to the next meeting. **Action: VD to invite Carol Davis to the next meeting.**	
b.	WMW commented that as a governor she is generally not assured when a complaint reported by a governor, on behalf of patient, that it has been resolved. There is no communication to governor to confirm the outcome of the complaint. The sub-committee agreed that this needs to be addressed. **Action: The sub-committee asked that a governor is informed about the outcome.**	
c.	Patient Experience Group: SM and WMW volunteered to join the group.	
d.	Capital plan: The sub-committee noted that the action 8.e is still outstanding. **Action: VD to ask ZP to find out re capital plan and report back to the sub-committee.**	
e.	It was noted that the action 10.b is still outstanding. BQ needs to find out the required information	

	and report back to WMW. **Action: BQ to find out the required information and report back to WMW.**	
f.	It was noted that the action 10.e has been complete.	
g.	SM noted that she has been invited to the Preventing Harm Group meeting by Lucy Connolly.	
4.	**COG Quality Awards Schedule – Autumn 2015**	
a.	SM highlighted that nominations for the autumn round of Quality Awards will be advertised in the daily bulleting from 1 August. The nominations close on 2 September and the judging will take place in the morning of 2 October (on the day of the sub-committee meeting). The winners will be announced at 2 October sub-committee meeting and the awards will be presented at 22 October Council of Governors meeting.	
b.	WMW said she felt that not all staff read the daily bulletin and emphasized the importance of communicating the quality awards widely to staff.	
5.	**Trust Quality Committee Report of current themes**	
a.	MJ noted that the Quality Strategy and Implementation Plan is high on the Quality Committee's agenda. It has been endorsed by the Board and the Trust is currently focusing on the implementing the plan. Zoe Penn, Medical Director is the executive lead.	
6.	**Patient Experience Strategy/Plans, including A&E F&FT, patient Experience Report Q3, including complaints and PALS**	
a.	The sub-committee noted a progress report on key developments in improving the patient experience. The highlights included: • The first meeting of re-established Patient Experience Group took place on 23 June and the group's Terms of Reference were agreed • The Carers' Forum continue to meet bi-monthly • Volunteers will be supporting the patient experience team with the FFT • In the Q4 he Trust received 113 compliments • In the Q4 the Trust received 308 complaints; the issues remain consistent each quarter for the last 4 years.	
b.	The sub-committee recognised the need for improvement with FFT response rates; monthly FFT reports are shared with all divisions and all Senior Nurses. The remedial action required could be implemented in a more timely manner by divisions.	
c.	SR said that the acquisition of WMUH offers the opportunity to the Trust to review some of recurrent issues in relation of patient experience.	
7.	**CQC Style Peer Review**	
a.	The sub-committee noted the high level outcomes of the peer review undertaken in April 2015 by the experts from Helathwatch, NWL CCG, RMH, WMUH, the Hillingdon Hospital, St Georges University FT Hospital and RMH. In addition, a desk top review was undertaken by Earnst & Young to provide assurance regarding progress against the Trust's CQC action plan arising from the CQC inspection conduced in July 2014.	
b.	The Trust is in the process of undertaking actions to address recommendations arising from both reviews. Highlights included: • A Project Nurse is being appointed with a view of ensuring the documentation management improves.	

	• A regular audits are undertaken in relation to secure storing of the medication	
c.	MJ highlighted the importance of improving documentation management before implementation of EDM. BQ said that the Trust is in the process of appointing a responsible lead for this area.	
d.	BQ added that the Trust will be conducting another peer review in October 2015 for the enlarged organisation and West Middlesex will be included in the review.	
8.	**Quality Report Annual Review**	
a.	The sub-committee noted that the communication team will be producing an annual review of the Quality Report in advance of the Annual Members' Meeting on 22 October. VD said that the communications team would value governor input on this and asked if any governors would like to be involved. SM expressed the interest in assisting with this on behalf of governors. The sub-committee agreed.	
9.	**Performance and Quality Report – April 2015**	
a.	The sub-committee noted the performance and quality report presented to the June Quality Committee.	
b.	MJ noted that the format of the report and data Trust measures is being considered to ensure it provides useful and easy to read information.	
c.	Key highlights from the report included: • The Trust was not fully compliant with the requirements regarding access to healthcare for people with learning difficulties • There was one C Difficile care in April; BQ said that the Trust undertakes a root cause analysis for every case. The Trust is complaint with the elective and emergency MRSA screening. • Patient Experience response rates continue to improve. • Maternity caesarean section rates continue to be above target. • The Trust continues to achieve the A&E and RTT waiting targets. • Staff turnover remains high	
d.	MJ noted that he had raised with Vanessa Sloane his query re some research showing that 1 in 5 inpatients is catheterised with a hope that it is not the case at CWFT. JD said that lot of work has been done on providing the right guidance which patients should be inserted catheter. This should be part of care bundle.	
10.	**Feedback from governors on patient experience**	
a.	WMW reported on a staff member who communicated to a volunteer in an inappropriate manner. **Action: WMW to discuss this with BQ outside the meeting.**	
b.	WMW reported on a member of staff in the diagnostic department who did not act in professional manner and she reported on the case. BQ said that in the similar instances the case should be reported to the ward manager.	
c.	ML noted that he had met a patient who expressed positive experience and complemented care provided by CWFT staff.	
d.	SM expressed a concern about patients on wards being assisted by a volunteer in instances when assistance should have been provided by nurses. BQ assured SM that there is a clear division between support provided by volunteers vs nurses. He clarified it by saying that in the particular circumstances volunteers are there to support nurses not to do their work.	

e.	SM noted that she has recently come across information as to assistance provided to subsidise key NHS workers and renting properties at a low rates. She said she will try to find out more about it and email this information to BQ.	
11.	**Council of Governors Funding Report**	
a.	VD noted that the report was provided for information. MJ commented that the report would be more meaningful to governors if it provided the amount of money foreseen to be spent vs approved as it has often been the case that more money is estimated to be spent than actually spent on projects. It was also suggested that providing the annual budget for 15/16 would be useful.	
12.	**Any Other Business**	
a.	ML thanked BQ on organising the National Nurses Day which was very successful.	
13.	**Date of Next Meeting** The next meeting will be held on 2 October 2015 at 12.00m in the Hospital Boardroom. Forward date: 13 November 2015 at 12.00 in the Hospital Boardroom.	

Council of Governors Meeting, 11 August 2015

AGENDA ITEM NO.	12/Aug/15
REPORT NAME	Draft Minutes of the Council of Governors Membership Sub-Committee meeting held on 12 May and 10 July 2015 Draft
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 12 May and 10 July 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 Membership Sub-Committee
Held on 12 May 2015 in the Boardroom, Verney House

Attendees	Walter Balmford	Chair	WB
	Samantha Culhane	Public Governor – Hammersmith and Fulham Area 1	SC
	Martin Lewis	Public Governor - Westminster Area 1	ML
	Philip Owen	Public Governor – Kensington and Chelsea Area 2	PO
	Tom Pollak	Public Governor – Wandsworth Area 2	TP
In attendance	Layla Hawkins	Head of Marketing and Communication	LH
	Vida Djelic	Board Governance Manager	VD

1.	**Welcome and Apologies**	
a.	Apologies were received from Caroline Pooley, Thomas Lafferty and Steve Worrall.	
b.	The Chair noted that in Chris Birch's opinion the previous meeting was not quorate. The Chair stated that in his view the minutes are correct as they currently stand.	
2.	**Minutes of previous meeting held on 3 March 2015**	
a.	Minutes of the previous meeting were accepted as a true and accurate record of the meeting subject to the following change: - 1.a replace TP with TL.	
3.	**Matters Arising & Action Log**	
a.	The committee noted that most of actions were complete and the following updates were provided for the outstanding actions:	
b.	4.a Election Communication Plan: LH noted that the plan was comprehensive and included activities to consider to uptake; however, not all activities were agreed to be undertaken and funded. She proposed to bring a comprehensive communication plan to the next meeting of the committee. This was agreed. **Action: LH to bring a comprehensive communication plan for the next election.**	**LH**
c.	5.a Membership services provider: LH noted that membership data is due to be transferred to a new membership provider, Membra, later in the month. Membra is an affiliate of the ERS and this will enable us to run election to the Council of Governors in a smooth way. The database will allow us to drill down in information regarding our members, direct communication with members including a section for governors communication with members. It was agreed to invite a representative from Membra to provide an overview of their services to the next committee meeting.	
	10.b & c Public constituency meeting: LH clarified that these meetings are funded from WMUH integration budget; the Council of Governors needs to discuss and decide how future public constituency meetings will be funded. **Action: TL to consider how future public constituency meetings will be funded.**	**TL**

	The committee discussed public constituency meetings currently being organised and the following points were noted: • Constituency meetings are at its early stages and the committee agreed these meetings should be held in the constituencies • The option of less expensive venues to be considered • Attract more members from the membership base to attend • Cost effectiveness vs benefit to be considered • To review and evaluate current format of meetings in order to establish the future format of meetings • Hosting these meetings in-house was suggested in light of reducing the cost which currently is circa £2,000 **Action: TL to consider the points raised when reviewing public constituency meetings.**	**TL**
	It was confirmed that the public constituency meetings are run by the Foundation Trust Secretary, Thomas Lafferty, with the support from the communication team in relation to communication with members. In response to a question relating to advertising costs LH said that she would circulate the information to the committee. **Action: LH to circulate the information in relation to advertising costs related to the constituency meetings to the committee.**	**LH**
4.	**Membership Report Q4**	
a	LH noted the key highlights from the report: • Overall the membership numbers are good but it slightly dropped compared to the last year end March position (300 members decrease) • Last year the committee agreed that there was no need for active recruitment of new members as numbers were kept at steady level • The committee needs to consider the change in membership numbers at the next committee meeting including any recruitment activities • 71 visitor of the Open Day event signed up to the membership	
b.	TP queried how effective was running the membership stall in the atrium area as opposed to the one on the ground floor. It was felt that there is higher likelihood of having more people on the ground floor of the hospital. **Action: LH to check with the governors representatives on both ground floor and lower ground floor stands.**	**TL**
c.	The committee noted that the issue of age and BME needs to be addressed. SC noted that there is a high proportion of unknown members (39%) in relation to members ethnicity and she suggested that the new membership company, Membra could obtain more information in relation to these figures from the existing members. LH said she would write a proposal for recruitment of members, including areas for targeted recruitment. **Action: LH to write a proposal for recruitment of members, including areas for targeted recruitment.**	**TL**
d.	The committee suggested that LH queried with Capital how members' socio-economic profile correlates to ethnicity. **Action: LH to find out from Capita how members' socio-economic profile correlates to ethnicity.**	**LH**
e.	The following were suggested to be undertaken by governors in order to improve membership numbers and ethnic representation: • A stall in the hospital hallway between the escalators • Governors to visit ethnic social clubs, ethnic churches, mosques and synagogues; Priti	

	Bhatt to assist with this and to invite her to the next committee meeting; **Action: LH to invite Priti to the next committee meeting.** • Use of Healthwatch network • Public constituency meetings • Produce a marketing flyer explain who governors are and what they do, including useful information about CWFT. **Action: LH/George Vasilopoulos to assist with flyer production.** • Governors to organise meetings in ethnic minority areas and give a talk • A Governor stall at the Healthwatch Annual General Meeting	**LH** **LH/GV**
f.	PO suggested a friendly competition to be established by allocating a governor to each public constituency with a task of recruiting new members. The governor who recruits most of members should get a trophy. The committee felt it was a good idea to consider in future.	
5.	**Constituency meetings update**	
a.	LH provided an overview of the public constituency meetings which were held in the Kensington & Chelsea and the City of Westminster constituencies. There are two further meetings planned; one in the in the Wandsworth constituency on 19 May and second in the Hammersmith and Fulham Constituency on 16 June.	
b.	It was noted that in relation to the Wandsworth constituency meeting, in addition to the Trust's public members and local residence, an invitation was also sent to the Trust's patient members.	
c.	TP suggested that the constituency meetings flyer could be enhanced by stating a Public constituency meeting.	
d.	PO said that at the Kensington & Chelsea constituency meeting there were approximately 60 people attending and he queried how many new members were recruited. **Action: LH to find out how many members were recruited at the Kensington & Chelsea constituency meeting.**	**LH**
e.	WB expressed a concern about a high cost of postage attached to constituency meetings advertising. **Action: LH to find out the cost of postage for constituency meeting advertising.**	**LH**
6.	**New Membership Strategy 2015-16 – draft**	
a.	VD noted that in light of a potential acquisition of West Middlesex University Hospital the Trust is required to develop a membership strategy for new enlarged organisation. In considering that the Trust has taken the opportunity review its membership strategy with a view to ensure the membership database is representative of the Trust's increased patient population base post-acquisition and to use it as an opportunity to incorporate plans for membership engagement.	
b.	The committee discussed the draft strategy and the importance of having post-acquisition constitution in place as the membership strategy derives from the constitution. VD said that the updated Membership Strategy including comments from WMUH incorporated will be presented to the July committee meeting. **Action: VD to bring the updated Membership Strategy to the July committee meeting.**	**VD**
c.	ML queried who manages the WMUH Friends. LH responded that it is Jane Lewis, Head of Corporate Affairs. ML suggested that LH invites Jane to the next committee meeting. **Action: LH to invite Jane to the next committee meeting.**	**LH**

7.	**Membership Engagement and Communication Calendar of Events – update**	
a.	The committee noted the schedule of membership engagement events planned up until September 2015 and highlighted that the number of events including funding is likely to increase with a new enlarged organisation. This will be considered post-acquisition of WMUH which is due to take place on 1 September 2015.	
b.	Governance arrangements about the membership support will also have to be reviewed in light of acquisition of WMUH.	
c.	LH drew committee's attention to the funding request in relation to the Open Day event 2016.	
d.	LH noted that governors will be invited to the Burns Unit opening which is due to take place in June. A date to be confirmed. **Action: LH to confirm date of the Burns Unit opening to the Council of Governors.**	**LH**
e.	There should be no events planned for August. This will be amended on the calendar. **Action: LH to amend the calendar of events before circulating to 14 May Council of Governors meeting.**	**LH**
f.	LH noted that the WMUH Open Day will be held on 12 September. The CWFT will have a stand at the event so that integration success can be launched. ML offered to join LH on the stand. ML suggested that a shuttle bus transport between the CWFT and WMUH should be considered for people wishing to come to the event from CWFT. LH said she will take this suggestion to the Communication Workstream meeting. **Action: LH to take the suggestion of the shuttle bus transport to the Communication Workstream.** **Action: LH to email all governors with the WMUH Open Day 12 September.**	 **LH** **LH**
8.	**Open Day 2015 – feedback**	
a.	The committee noted that circa 1,500 visitors attended the event which was slightly lower attendance than the previous year. There are some learning lessons from the event.	
b.	Comments from the committee relating to logistic issues include: • All Stalls should remain open until the finishing time of the event even if there is a small number of visitors present • The hospital restaurant should remain open in accordance with the timing indicated on the lunch vouchers • Consider the timing of the event for next year	
c.	ML thanked the communications team for organising a successful event.	
9.	**Council of Governors funding report**	
a	This item was noted.	
10.	**Feedback from members**	

a.	None.	
11.	**Any other business**	
a.	None.	
12.	**Date of Next meeting**	
	03 July 2015 from 11.30-13.30in the Hospital Boardroom	

Meeting closed at 13.00.

Minutes of a meeting of the Council of Governors Membership Sub-Committee
Held on 10 July 2015 at 10amin the Pathology Seminar Room, Chelsea and Westminster Hospital

Attendees	Walter Balmford	Chair	WB
	Philip Owen	Public Governor – Kensington and Chelsea Area 2	PO
	Tom Pollak	Public Governor – Wandsworth Area 2	TP
In attendance	Layla Hawkins	Head of Marketing and Communication (via telecon)	LH
	Vida Djelic	Board Governance Manager	VD

1.	**Welcome and Apologies**	
a.	The Chair welcomed all to the meeting.	
b.	Apologies were received from Martin Lewis, Steve Worrall, Thomas Lafferty, Jane Lewis and Andrew Simpson from Membra.	
c.	VD noted that ML and TL were attending a Healthwatch Hounslow and Richmond event at WMUH at 12.00 and therefore were unable to attend the sub-committee meeting.	
2.	**Minutes of previous meeting held on 12 May 2015**	
a.	Minutes of the previous meeting were accepted as a true and accurate record of the meeting.	
3.	**Matters Arising & Action Log**	
a.	The sub-committee noted an issue of the enlarged Trust potentially not having sufficient number of members to undertake the November 2015 election.	
b.	It was agreed that the membership recruitment from the new public constituency areas and the relevant numbers of members will be considered as separate topic a Special Membership-Sub Committee meeting. **Action: VD to confirm the date of the August Special Membership Sub-Committee meeting.**	
c.	LH noted that WMUH already has 300 members and the membership recruitment from the WMUH public consistencies will be led by Jane Lewis, WMUH Head of Corporate Affairs. She added that ML and TL were attending a meeting with Healthwatch Hounslow and Richmond and will engage with members attending and recruit new members. She also added that the Trust might require external marketing company assistance with recruiting members. Once this is more clear the communication plan for the November election will be amended accordingly and be brought to 1 October sub-committee meeting for approval. **Action: LJ to confirm with JL to confirm if 300 members of WMUH exist and inform the sub-committee.** **Action: JL to consider writing to the existing members inviting them to continue being members of the hospital.** **Action: LH to invite JL to attend 11 August sub-committee meeting.**	
4.	**Membership Report Q1 including Membership Database update**	
a.	LH highlighted that the overall membership number is satisfactory being over the 15,000 The new membership database is expected to be completed soon and a demonstration of its	

	functions as well as possibilities of engaging with members will be provided at the next sub-committee meeting.	
b.	The acquisition of WMUH provides the Trust with the opportunity to review its current engagement plan. Currently the communication team provides the governors with regular updates in relation to community events which they are encouraged to attend. The governor publicity materials can be collected from the communications office.	
c.	The sub-committee agreed that the membership numbers for CWFT constituencies is currently sufficient. The need for active recruitment in WMUH public constituency areas was recognised. It was noted that the new membership report will include the WMUH public constituency areas. **Action: An update on the recruitment in WMUH public constituencies to be provided at the August meeting.**	
d.	LH highlighted that WMUH public constituency areas will have to be established on the membership database and this service will be provided by Membra. In addition some targeted recruitment for these new constituency areas is required. This work is over and above the existing contract with Membra and the additional funding will be required for this. TP asked LH to explore an option of funding the additional work from the integration budget. **Action: LH to explore this option liaising with TL.**	
5.	**Public Constituency meetings update**	
a.	The sub-committee noted that the public constituencies meeting review is due to take place soon. Once the review has been concluded a report will be brought to a future meeting. **Action: TL to provide a report on the review of the public constituency meetings including a proposal for future meetings.**	
6.	**Membership Strategy 2015/16, including membership form**	
a.	VD noted that this is the second draft of the membership strategy. In line with the agreed constitution the minimum number of members in the expanded public areas has been adjusted. In addition to this an appendix has been added to the strategy outlining the membership recruitment plan for new public constituency areas. The plan has been developed at a meeting held on 15 June between the WMUH's and CWFT's representatives. The meeting was attended by Nick Gash – Chairman (WMUH), Sarah Cuthbert, Non-Executive Director (WMUH), Martin Lewis – Public Governor (member of the Membership Sub-Committee) (CWFT), Tom Pollak – Public Governor (member of the Membership Sub-Committee) (CWFT), Thomas Lafferty – FT Secretary (CWFT) and Vida Djelic – Board Governance Manager (CWFT). VD said that the next step is the implementation of the plan and this has been communicated to Jane Lewis. **Action: VD to contact Transport and query if governors can get on a shuttle bus at 2pm to go to WMUH Annual Public Meeting in order to set up a governor stand at 3pm**. **Action: VD to email JL with a list of governors attending and request a table and 3 chai rs to be set up by the main entrance opposite PALS office.**	
b.	The sub-committee approved the Membership Strategy.	
c.	**Membership Form** The sub-committee noted the updated Membership Form which was tabled. The membership form encompassed the new public constituency areas. LH suggested that Membra's helpline number is included for any queries applicants may have and the wording 'to receive 3 issues of Trust News' to be changed to 'to receive issues of our Trust magazine'.	
d.	The sub-committee approved the membership form with two minor changes suggested as above. **Action: LH to make the required amendments with George Vasilopoulos and to print 500 copies of the membership form.**	

e.	The sub-committee noted that as of acquisition date which is expected to take place on 1 September the membership form will be updated to reflect the enlarged organisation and also number of printed copies of membership form will increase considering that it will have to be available at both CWFT and WMUH sites.	
7.	**Membership Engagement and Communication Calendar of Events – update**	
a.	The sub-committee noted the calendar of events. LH highlighted that going forward the Members E-News will be distributed to members at no cost and the funding report will be adjusted to that effect. TP suggested that the August E-News is deferred to September and that the next issue commence post integration. The sub-committee agreed. **Action: LH to amend the schedule of Members E-News accordingly**.	
b.	The sub-committee asked LH to find out from Membra the number of Trust's current members who have registered their email address and the number of Trust's current members whose preference is to receive communication from the Trust via post. The sub-committee suggested for the Trust to write to members who have not registered their email address and encourage them to do so to enable easy communication between the Trust and members. A concern was expressed about potentially a large number of members not receiving either a hard or email copy of Trust's News and therefore not being updated on issues and development in the hospital.	
8.	**Funding Report**	
a.	VD highlighted that the funding report requires further review doubled with a view of the enlarged organisation as of September 2015.	
b.	VD said that on occasions there is a difficulty with invoices not being coded correctly and therefore it is difficult to link all invoices to the correct code and therefore the true picture of actual spend. She added that she was organising a meeting for LH and the finance team to ensure the invoices are lined to the appropriate budget code. VD also said she will require confirmation from the finance relating to whether there will be any cost improvement implications on the 15/16 Council of Governors budget.	
c.	The sub-committee discussed the budget for 15/16 and suggested that it should be doubled with a view of the enlarged organisation and the need to undertake recruitment and engagement activities. **Action: VD to discuss with TL.**	
9.	**Feedback from members**	
a	None.	
10.	**Any other business**	
a.	WB noted that he wanted to get the sub-committees views on the name of new enlarged organisation and expressed his preference that it is called chelwest mid hospital nhs foundation trust. He added that he understands that the decision has been taken by the Board that there will be no change in name to either hospital and both sites will retain its current hospital name.	
12.	**Date of Next meeting** – 1 October 2015, 11.00-13.00 in the Hospital Boardroom. Forward date: 10 November, 11.00-13.00 in the Hospital Boardroom.	

Meeting Closed at 11.50