Chelsea & Westminster Hospital NHS Foundation Trust

Council of Governors

Hospital Boardroom, Chelsea & Westminster Hospital

08 December 2016 16:00 - 08 December 2016 18:00

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

COUNCIL OF GOVERNORS
8 December 2016, 16.00 – 18.00
Hospital Boardroom, Chelsea & Westminster Hospital

Agenda

	1.0	**STATUTORY/MANDATORY BUSINESS**			
16.00	1. 1	Election of Lead Governor – Voting & Results and Announcement of Council of Governors Election Results	Verbal Report		Governors Chairman
16.15	1.2	Welcome & Apologies for Absence Apologies for absence received from Philip Owen.	Verbal		Chairman
16.21	1.3	Declarations of Interest	Verbal		Chairman
16.22	1.4	Minutes of Previous Meeting held on 22 September 2016 & Action Log	Report	For Approval	Chairman
16.30	1.5	Governors' chosen indicator for the Quality Account 2016/17	Verbal	For Approval	Director of Quality Improvement
	2.0	**GOVERNOR TOPICS**			
16.45	2.1	Sustainability and Transformation Plan (STP)	Report	For Information	Deputy Chief Executive Officer
	3.0	**PAPERS FOR INFORMATION**			
17.05	3.1	Chairman's Report	Report	For Information	Chairman
17.10	3.2	Chief Executive Officer's Report	Report	For Information	Chief Executive Officer
17.15	3.3	Integrated Performance Report	Report	For Information	Executive Directors
17.30	3.4	Governors' Questions	Report	For Information	Chief Executive Officer
17.35	3.5	Quality Sub-Committee Report: 11 November 2016	Report	For Information	Chair of Quality Sub-Committee
17.40	3.6	Membership Sub-Committee Report: 9 November 2016	Report	For Information	Chair of Membership Sub-Committee
	4.0	**OTHER BUSINESS**			
17.45	4.1	Questions from public	Verbal		Chairman

17.55	4.2	Any other business			
18.00	4.3	Date of next meeting – 16 March 2017			

Council of Governors Meeting, 8 December 2016

AGENDA ITEM NO.	1.1/Dec/16
REPORT NAME	Announcement of Council of Governors election results
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Sir Thomas Hughes-Hallett, Chairman
PURPOSE	To update.
SUMMARY OF REPORT	As enclosed.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	N/A
LINK TO OBJECTIVES	All.
DECISION/ ACTION	To note.

Council of Governors election results
November 2016

Public Governors

- City of Westminster: Nicholas Walker (elected unopposed) & Sonia Samuels (elected unopposed)
- London Borough of Hammersmith and Fulham: Guy Pascoe (elected)
- London Borough of Wandsworth: Tom Pollak (re-elected)
- Royal Borough of Kensington and Chelsea: Paul Kitchener (elected)

Staff Governors

- Allied Health Professionals, Scientific and Technical Class: Chisha McDonald (elected unopposed)
- Support, Administrative & Clerical Staff Class: Matthew Shotliff (elected unopposed)

PUBLIC GOVERNORS

City of Westminster

Nicholas Walker
I was born and educated in Australia and, after a spell in the Treasury, I came to London and have lived in Westminster for 45 years. After 20 years experience in Management and Client Support for an IT services company, I entered the world of Geodemographics (the relationship between behaviour and where people live and work) and 'Big Data'. I also have some experience of IT Public Sector tendering. I participate in an Advisory Group for the National Census.

I also chair my local Resident Association, organising events primarily for the elderly, representing residents in local Community matters and running fundraising events for Macmillan and others. I am a Director of a Lease Protection body and also run a Bridge club (it's claimed to add 10+ years to lifespan!).

I have been a patient of Chelsea and Westminster Hospital since Westminster Hospital closed, and used several of the Hospital's clinical services in recent years. At all times, I have greatly admired, and appreciated, the performance of the medical staff. I have attended recent Board and Governor Meetings as an observer to get a feel for what is involved with the Governor role.

These are challenging times for our Health Service, and I would very much like to contribute, where I can, to the effective and efficient delivery of services by the Trust. I feel that my breadth of experience would enable me, as a Governor, to make a valuable contribution.

Declaration of Interests:
Political Party: None
Financial or other interest in the Trust: None

City of Westminster

Sonia Samuels
I have lived in both Chelsea and Westminster for most of my adult life, and looking forward to represent the Westminster Constituents at the hospital. As a patient I say with pride that Chelsea and Westminster has such a high standard of delivery and service. Like many organisations the Hospital has gone through challenges and changes within the economics of the times.

I have been a patient for a number of years with various issues, but each visit has proved to be satisfactory. I have also been a member of the trust for over 4 years now and look forward to the yearly open days and events, and we learn even more about what the hospital has to offer.

I originally studied Management Accounting, and I have nearly 20 years of experience of working within the organisation and statutory frameworks prior to my illness. I hope that my skills will be utilised and be beneficial in the overall delivery of the service.

I love learning about different people cultures and experiences. One thing is health does not discriminate, we all suffer the same symptoms and being a patient on occasions can be a very traumatic. I would like to be able to put forward the views of patients in my constituency as part of the overall decision making experience within Chelsea and Westminster service delivery.

I hope that I would be able to put forward patient's views to continue to build on an ever expanding and reliable service.

Declaration of Interests:
Political Party: None
Financial or other interest in the Trust: None

London Borough of Hammersmith and Fulham

Guy Pascoe
I live in Sands End with my wife and three young children. As a resident of Fulham for 20+ years, I know the Chelsea and Westminster well, and my family have benefitted from the fantastic care it offers on many occasions; my two younger children were born there. I am now keen to give something back.

I want to support the hospital in the role of governor on behalf of the people it serves. I would also like to contribute further to the hospital's continuing efforts as a centre of innovation and improvement within the broader NHS.

The enormous challenges facing our health service are well-documented, and will require a combination of bold leadership and great care to ensure that patient care is not compromised. I would like to help ensure that the Chelsea and Westminster remains at the forefront of the battle to meet these challenges.

If selected, I will bring energy, dedication and integrity to the role, plus relevant commercial experience. I run my own healthcare-focused market research agency, based just over the river in Battersea, helping medical device companies develop new products.

I also provide voluntary help to CW+, the hospital's charitable trust, as a member of the advisory board of the Enterprise Health Partnership. This entails advising on the development of some of the exciting new ideas and technologies initiated by the hospital's amazing healthcare professionals.

Declaration of Interests:
Political Party: None
Financial or other interest in the Trust: None

London Borough of Wandsworth

Tom Pollak
I am seeking your support for my election for a second three-year term as a public governor for Wandsworth. Having gained a fuller understanding of the challenges facing Chelsea and Westminster Hospital I would like to have the opportunity to continue to serve on your behalf. In my first three year term I have been able to make a valuable contribution to the council of governors' meetings representing the Wandsworth point of view when it comes to key decisions.

Looking ahead, there is no question the NHS faces big challenges, both nationally and locally, and, having someone with an understanding of these vital issues is of considerable value to Wandsworth patients, especially those living in Battersea for whom Chelsea and Westminster is their main hospital.

That area will undergo an enormous transformation in the next decade with the Vauxhall and Nine Elms redevelopment bringing an estimated additional 34000 people. It is vital there are adequate NHS services to meet local needs. Chelsea and Westminster, a first class top performing hospital, will have to meet them.

The commissioners of hospital services, in our case, the Wandsworth Clinical Commissioning Group, also face financial challenges. It will have less money to spend on patients in future years. It is vital, therefore, to have someone who understands the Sustainability and Transformation Plan which will see more services delivered at GP practices.

Having previously been a journalist covering health and social care, I feel well placed to continue to represent patients from Wandsworth.

Royal Borough of Kensington and Chelsea

Paul Kitchener
I trained in medicine and economics. After obtaining higher degrees I practiced as a hospital physician and then in public heath, firstly at regional level and then as a Director of Public Health contributing to the team deciding on local priorities for spending the ever-decreasing amount of money that was available. During this time I was involved with the teaching of undergraduate and postgraduate medical students, and with research such as the quality of medical care in the USA.

Since retiring I have taken a particular interest in mental health and am now Chair of the board of the charity The Advocacy Project which supports the elderly and mentally handicapped as well as the mentally ill in West London. Fund-raising is a crucial activity.

I have therefore had experience of the whole range of issues that are likely to come before the Council of Governors. These are of course not just matters of the allocation of funds between competing health care needs but issues such as care quality, the needs of the vulnerable, the dialogue with service-users, health and safety, and human resources. Two particularly difficult but extremely important areas are improving the way we measure the achievements of services, and of their quality.

I feel there would be substantial benefits to bringing my new perspective to bear on the work of the Council, and that I could contribute usefully with enthusiasm and as a 'critical friend'.

Declaration of Interests:
Political Party: Liberal Democrats
Financial or other interest in the Trust: None

STAFF GOVERNORS

Allied Health Professionals, Scientific and Technical Class

Chisha McDonald
As a senior member of staff within the organisation, I would like to be given the opportunity to influence the direction of travel for the organisation and support fellow staff members in any way I can.

I have worked in various NHS organisations and in various senior roles stretching from operational to strategic roles. I have led high complex change management programmes and am a strong advocate of patient and staff engagement. Using my influencing and negotiating skills I have delivered strategic cross boundary projects and developed a collaborative leadership style but can also be directive when required.

I am hard working, organised, a strategic thinker who can influence beyond boundaries, so I am at ease working with external organisations. I am self-disciplined and can work on my own as well as within a team, all these attributes have helped me with my personal achievements such as obtaining my MBA whilst looking after my family.

I have the ability to bring to the council independent judgment but will also promote collective responsibility for decisions made as a team. My objectivity means I have the ability to understand the issues put before me and make sound decisions. I recognise the need to have an informed view and be knowledgeable about the organisation.

In conclusion, I have the attributes and motivation to make a positive contribution to the council of governors.

Declaration of Interests:
Political Party: None
Financial or other interest in the Trust: None

Support, Administrative & Clerical Staff Class

Matthew Shotliff
My involvement with the trust to date has been as a patient, a student and now an employee. Initially I worked in the Learning & Development department helping to coordinate hospital training courses and have now moved within L&D to coordinating the medical students in the hospital. I am a member of the local community, having lived within walking distance of Chelsea and Westminster Hospital for the past 7 years. Through these experiences I have developed a respect for the hospital, its staff and the positive impact that the Trust has on the local community and the patients that it serves. I now I want to give something back.

As part of my current role I help with room bookings in the Trust and liaise between many departments and our medical students, as well as with Imperial College London. I would hope to use this experience and network of contacts from all areas of the hospital to help build on our communication whilst driving for service improvements.

I am always keen to help and willing to learn, and would be honoured to volunteer my time and effort to help ensure that anyone can have their voices heard. So that we can continue to build and improve upon a sustainable, transparent and harmonious service that we can all be proud of.

Declaration of Interests:
Political Party: None
Financial or other interest in the Trust: None

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Minutes of the Council of Governors
Held 22 September 2016 at Chelsea & Westminster Hospital

Present:	Sir Thomas Hughes-Hallett	Trust Chairman	(THH)
	Ian Bryant	Staff Governor	(IB)
	Samantha Culhane	Public Governor	(SC)
	Nigel Davies	Public Governor	(ND)
	Paul Harrington	Public Governor	(PH)
	Angela Henderson	Patient Governor	(AH)
	Melvyn Jeremiah	Public Governor	(MJ)
	Martin Lewis	Public Governor	(ML)
	Susan Maxwell	Patient Governor	(SM)
	Lynne McEvoy	Staff Governor	(LMc)
	Wendy Micklewright	Public Governor	(WM)
	Philip Owen	Public Governor	(PO)
	David Phillips	Patient Governor	(DP)
	Tom Pollak	Public Governor	(TP)
	Dr Alan Steel	Staff Governor	(AS)
	Laura Wareing	Public Governor	(LW)
In Attendance:	Lesley Watts	Chief Executive	(LW)
	Richard Collins	Chief Information Officer	(RC)
	Nick Gash	Non-Executive Director	(NG)
	Pippa Nightingale	Acting Director of Nursing	(PN)
	Vanessa Sloane	Acting Director of Nursing	(VS)
	Jeremy Jensen	Non-Executive Director	(JJ)
	Thomas Lafferty	Director of Corporate & Legal Affairs	(TL)
	Jane Lewis	Deputy Director of Corporate Affairs	(JL)
	Karl Munslow-Ong	Chief Operating Officer	(KMO)
	Liz Shanahan	Non-Executive Director	(LS)
	Dr Andrew Jones	Non-Executive Director	(AJ)
	Keith Loveridge	Director of Human Resources	(KL)
	Dr Barry Quinn	End of Life care lead	(BQ)
	Jacquei Scott	Macmillan Nurse	(JS)
	Tina Benson	Hospital Director, WMUH	(TB)
Apologies:	Martin Lupton	Ex-officio member of the Trust Board	(ML)
	Chris Cheney	CEO, CW+	
	Diane Samuels	Staff Governor	(DS)
	Eliza Hermann	Non-Executive Director	(EH)
	Dr Zoe Penn	Medical Director	(ZP)
	Sandra Easton	Acting Chief Financial Officer	(SE)
	Rob Hodgkiss	Director of Operations	(RH)
	Nilkunj Dodhia	Non-Executive Director	(ND)
	Jeremy Loyd	Non-Executive Director	(JL)
	Julia Anderson	Appointed Governor	(JA)
	Nowell Anderson	Public Governor	(NA)
	Juliet Bauer	Patient Governor	(JB)
	Tom Church	Patient Governor	(TC)
	Cllr Catherine Faulks	Appointed Governor	(CF)
	Dr Simon Dyer	Patient Governor	(SD)
	Anna Hodson-Pressinger	Patient Governor	(AHP)
	Elaine Hutton	Public Governor	(EH)
	Kush Kanodia	Patient Governor	(KK)

Andrea Petre-Goncalves	Patient Governor	(APG)
Gavin Steele	Staff Governor	(GS)

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.	**Declarations of interest** – none.
d.	The Chair invited Mr Singh who is a patient at West Middlesex to address the Council. Mr Singh had recently been an inpatient and he wanted to share his experiences with the Council. Overall he was extremely impressed by the high standards of care he received. Of particular note was the dedication of the staff and their caring and considerate manner at all times, often going that extra mile to support patients. In contrast to his previous experience at other hospitals, staff did not use mobile phones in front of patients which he applauded.
e.	The only criticism Mr Singh had about his hospital stay was the poor standard of food and the lack of suitable options for Asian vegetarians. The staff serving the food did not always demonstrate an awareness of what patients had pre-ordered and on occasion it was difficult to communicate his wishes to them.
f.	The Chair thanked Mr Singh for taking the trouble to attend the meeting and for his positive feedback which he will pass onto the staff. In respect of his comments about the catering service he will ask the Executive to address this with the catering manager. On behalf of the Council, the Chair wished Mr Singh a speedy recovery.
g.	The Chair advised the Council of the challenges currently being experienced by the hospital and asked Tina Benson, Hospital Director to give an overview of the issues. TB explained that since the August bank holiday both hospitals have seen an increase in activity which has impacted on our ability to achieve the four hour waiting time target in Accident & Emergency. By way of example, within the last few days, West Middlesex A&E had seen 200 more patients compared to the same period last year.
h.	The increases in demand is being felt across London and those patients who are attending are often very sick but equally there is a cohort of patients who could be treated more appropriately in the community. TB praised the staff who are working extremely high and despite the pressures the are at all times focused on patient safety.
i.	Governor TP asked if the North West London access to 7 day GP pilot is having an impact. In response, TB explained that there is more work to be done to ensure patients access all the available appointments which in turn would help to ease the pressure on the UCC and A&E.
2.	**Minutes & matters arising**
a.	The minutes of the meeting held on 21 July 2016 were agreed as a true and accurate record.
b.	In relation to action 10.h, as Councillor Faulks was not at the meeting she will give an update at the next meeting on her action to explore with the Council how they can help to raise awareness of the impact on NHS finances if patients do not attend their appointments. **ACTION: Catherine Faulks**
3.	**Chairman's Report**

a.	THH advised the Council that is with regret that Diane Samuels, staff Governor will be stepping down due to personal circumstances and therefore her seat will be available in the forthcoming elections. Diane had been a fantastic governor who contributed significantly to the Council and he thanked her for her service. THH undertook to write a letter of thanks to Diane. **ACTION: THH**
b.	THH reported that a number of executive and non-executives had hosted a recent meeting with all the charities associated with the Trust to explore the development of a coordinated approach by our various charities to support the Trust strategic priorities. The current charitable landscape is both confusing to donors and had not always in the past worked effectively with the Trust.
c.	THH was very pleased to report that the meeting concluded with a unanimous agreement that an overarching 'brand' will be developed which will allow each individual enterprise to flourish and continue with their good work. The most significant benefit will be that all the charities will collectively agree with the Trust funding priorities on an annual basis for capital projects but the smaller areas of charitable work will continue as is.
d.	The CEO of CW+ has been charged with writing up the proposal which will be shared with each of the stakeholders in due course.
e.	In response to Governor SC, THH explained that the CEO of CW+ has a vast level of experience which will benefit the collective fundraising effort.
f.	Governor AH welcomed this development as she had previously experienced difficulties in being able to easily donate to the hospital. In response to THH, Governor AH kindly agreed to share her ideas to simplify the donating process.
g.	In response to Governor ML, THH confirmed that all the charities were extremely supportive of the direction of travel and indeed some are keen to maximise the opportunities the new collaboration will offer.
h.	THH reported that the CEO will be chairing a meeting in October to agree the volunteering strategy for the Trust and that progress will be shared with the Council in due course.
i.	THH noted that he has accepted an invitation from David Prior, Parliamentary Under Secretary of State for NHS Productivity to visit the Mayo Clinic in the US which is one of the largest private healthcare facilities. The purpose of the visit is to explore what lessons can be shared with the NHS. The trip is not being funded by the NHS.
4.	**Chief Executive's Report**
a.	In presenting her report LW drew to the Council's attention the 1 year anniversary of the Trust following the acquisition of West Middlesex on 1 September 2015. Details of the key clinical, financial and operational achievements during the first year were included in the report.
b.	Despite the inevitable disruption that reorganisations generate with the bringing together of two organisations, the Trust continues to perform well and feedback from NHSI continues positive.
c.	In relation to the North West London Sustainability and Transformation Plan (STP), LW drew attention to the public engagement events that are being held in each of the boroughs. In response to THH, LW explained that the timelines for presenting the STPs to Trust Boards and Council of Governors is still under discussion but she will clarify this at the next STP meeting.
d.	In relation to the development of the Trust values these were presented to the Council at their awayday on 15 September. There was positive support for the direction of travel and the feedback from governors will be incorporated and a revised document circulated to the Council in due course.

e.	In response to Governor ML, PN undertook to circulate the CQC standards to the Council members. **ACTION: PN**
f.	In relation to the closure of Church Street in Isleworth, the Trust has maintained regular dialogue with the Head of Traffic and Transport at the London Borough of Hounslow. Although to date there has been minimal operation impact on access to the hospital this continues to be kept under review.
g.	LW had been approached by a campaign group who support the development of Crossrail which proposes a new tube station on the Fulham Road. In light of the need to improve transport links for both staff and patients they will be visiting the hospital to gain support from staff and patients. Should the Trust be approached by the opposition campaign group they too will be afforded the same opportunity to speak to staff and patients.
5.	**Governors' Questions**
a.	The Council reviewed and noted the responses that had been provided by the Executive to Governors questions.
b.	Governor LMc expressed her concern that her question relating to the management of poor performing staff had been answered in full as she did not believe the processes are robust to ensure information is shared with the relevant managers should a member of staff resign before formal action had been taken.
c.	PN explained that the purpose of performance management is to support staff to learn and improve their skills. When this is managed informally, records are kept by the line manager and should be transferred to the relevant area should a member of staff move departments. All formal records are held centrally by the Human Resources Department. LW added that ward managers have a professional responsibility to ensure that if a member of staff moves to a new area of work any records relating to performance are transferred.
d.	In answer to Governor Nigel Davies' question, LW explained that the Chief Nurse is currently seconded to another organisation and cover is being provided by Pippa Nightingale and Vanessa Sloane. LW assured the Council that she is reviewing the nursing leadership structure and that her aim is to ensure there is strong leadership in place at all times.
e.	Governor Philip Owen asked if the display monitors in the atrium could be utilised for messages to patients. In response, PN explained that the existing system is not is use as it was not a cost effective system but a review of alternative options is underway. RC added that whatever solution is decided upon it will link into the new Electronic Patient Record which will enable the Trust to display public health messages.
f.	In response to Governor TP, LW noted that commercial advertising systems tend not to generate enough income to make it a viable proposition.
7.	**Governor Awayday – feedback and next steps**
a.	This item was covered in part by the CEO's report above. Governor ML added that the awayday was a great success. The presentations were interesting and provoked a lot of discussion.
b.	Governor WM noted her concern that the STP presentation was based on projections and assumptions. In response, LW explained that there is certainty that there will be a funding gap in the future and that the status quo is not an option, therefore it is incumbent upon the health economy to explore different ways of delivering cost effective, high quality care into the future.

c.	Governor ML added his thanks to the Executive team for their input and welcomed the opportunity to build relationships and explore a number of issues in detail.
8.	Clinical presentation – End of Life Care
a.	Dr Barry Quinn (BQ), end of life lead and Jacquei Scott (JS), Macmillan Nurse joined the meeting. BQ gave a presentation which detailed the end of life care strategy which aims to provide care that helps all those with advanced, progressive, incurable illness to live as well as possible until the day they die.
b.	The cornerstone of the strategy is that all patients should; • Be treated as an individuals with respect and dignity • Be treated with attention to pain and other symptoms • Be looked after in their place of choice • Be looked after in the company of close family and/or friends • Be consulted about appropriate decisions to limit over-intrusive or futile treatment.
c.	BQ detailed the action that is being taken by the Trust to develop the strategy in the following areas; • Support for staff • Early identification and planning care • Caring for the family • Collaboration • Last days of life • Care after death/bereavement support • Research
d.	Of particular note is that the Trust aims to become the first London hospital to be accredited with the Gold Standards Framework by 2018.
e.	BQ distributed a report to the Council which provided a comprehensive overview of the work that is being done to improve the standards of end of life care.
f.	JS gave out copies of the Compassionate Care Agreement (CCA) which had been developed by the Trust following the phasing out of the Liverpool Care Pathway.
g.	In response to JJ, JS explained that the CCA is discussed collaboratively with the patient, their careers and the multidisciplinary team and they agree a care plan that is in the best interests of the patient and respects the patient's wishes. Educational sessions are run for staff so that they are clear on the purpose of the document and how it should be used to care for the patient and their careers.
h.	THH noted that from previous inspections the Care Quality Commission had commented that the palliative care team are not involved early enough and he asked if the Trust had made progress in this regard. In response, BQ explained that the training programme is making a significant difference but there is still further work needed to engage some of the senior medical staff.
i.	In response to a question from a member of the public, JS explained that Macmillan nurses focus on palliative care and that there are a range of other Macmillan nurses who specialise in specific areas such as breast cancer.
9.	**Recruitment & Retention Strategy – Update**
a.	KL presented his report which detailed the initiatives to reduce the nursing vacancy rate and overall

	time to hire.
b.	In response to Governor PO, KL explained that the current recruitment processes are challenged with it taking an average of 15 weeks to hire a new member of staff. There is a significant amount of work needed to change the culture and to improve processes but the recruitment team and operational manager are working in collaboration to significantly improve the current position.
c.	Governor ML welcomed possibility of the 'return to practice' programme being re-introduced particularly as there will be nurses who have left the profession to have a family or take a different career path many of whom would welcome an opportunity to work flexibly.
d.	In response to Governor WM, PN explained that the nursing team are exploring a wide range of options to work differently and part of the review will be to consider what the options are for apprenticeship roles to support the qualified nursing team.
e.	In response to Governor LMc, PN noted that the Trust has a flexible working policy which offers a range of different shift patterns but it has balanced with the need to deliver the service.
10.	**Process for the reappointment of the Chairman**
a.	TH was not present for this agenda item.
b.	JJ presented the paper which detailed the process and timetable to re-appoint the Chairman. It was proposed that the appraisal outcomes will be revisited in a meeting of the Governors' Nominations & Remuneration Committee due to be held on 6 October. The Committee will consider the reappointment of the current Chairman and make a recommendation to the Council of Governors at its meeting on 8 December 2016.
c.	The Council were supportive of the proposed timetable and process.
11.	**Process for the appointment of external auditors**
a.	TL presented the paper which proposed the timetable and process for the appointment of the Trusts external auditors. The Council were asked to notify Thomas Lafferty of nominations for membership of the auditor appointment panel by 30 September.
b.	The Council endorsed the timeline and process for the appointment of external auditors.
12.	**Update on the for coming elections**
a.	**Amendments to the Constitution –** TL presented his paper which set out a number of proposed changes to the constitution with the most significant being a change in the definition of the staff constituency so that all sub-classes are removed in addition to the removal of the site distinction.
b.	During the discussion the following points were made. • Keeping the categories of staff will ensure that all staff groups are represented. • By removing the categories it risks disenfranchising some groups of staff. • If the categories are removed there will be a significant amount of work to do to engage staff across the board to ensure a broad representation. • The option to increase the size of the staff constituency was discounted. • Staff governors should be able to represent the views of any colleague and not just their own professional group. • There is a general lack of understanding amongst staff about the role of a staff governor. • The option of having two staff categories 'non-clinical' & 'clinical' was discounted. • Staff Governors need the support of the organisation to attend meetings.

	• Having site based Governors is a good idea as it facilitates good communication. • All staff will have an equal opportunity to apply.
c.	Due to a lack of consensus, the decision on the proposed amendments to the Constitution was put to the vote, the results of which are as follows; • There was a majority vote to remove the site distinction. • There was a majority vote (8 in favour, 6 against, 1 abstention) to retain the 6 categories within the staff constituency.
d.	TL will update the constitution which will be formally approved at the Annual Members Meeting in 2017. **ACTION: TL**
e.	**Timetable –** the Council noted the timetable for the forthcoming elections.
f.	TL advised that 'hustings' are being arranged in preparation for the appointment of a lead governor to replace Martin Lewis who retires in December. An invitation will be sent to all governors who will be invited to nominate themselves for election which will take place at the Council meeting on 8 December 2016.
13.	**Integrated Performance Report**
a.	The Council reviewed and noted the report.
14.	**Quality Sub-Committee Report**
a.	The Council reviewed and noted the report.
15.	**Membership Sub-Committee Report**
a.	The Council reviewed and noted the report.
16.	**Question from the public**
a.	There were no questions from members of the public.
17.	**Any other business** – none discussed**.**
18.	**Date of next meeting – 8 December 2016**

Council of Governors– 22 September 2016 Action Log

Minute number	Agreed Action	Current Status	Lead
2.b	In relation to action 10.h, as Councillor Faulks was not at the meeting she will give an update at the next meeting on her action to explore with the Council how they can help to raise awareness of the impact on NHS finances if patients do not attend their appointments.	Verbal update at meeting.	**Catherine Faulks**
4.e	Circulate the CQC standards to the Council members.	Complete.	**PN**
12.d	Update the constitution to be formally approved at the Annual Members Meeting in 2017.	Complete.	**TL**

Council of Governors Meeting, 8 December 2016

AGENDA ITEM.	2.1/Dec/16
REPORT NAME	Sustainability and Transformation Plan (STP): Executive Summary
AUTHOR	Dominic Conlin – Director of Strategy & Business Development
LEAD	Lesley Watts – Chief Executive Officer
PURPOSE	This paper is intended as the first in a series of steps which will set out: 1) An Executive Summary of the content of the NWL STP (attached as main paper); and A future work programme encompassing. 2) The impacts of the STP on the Foundation Trust's strategy 3) An assessment of how the FT would seek to deliver the requirements of the STP including how we have developed plans with our staff 4) How we would seek to engage with our membership and wider catchment patient population – either through NWL STP Communications & Engagement or directly. Neither the Board or the Council of Governors are being asked to approve the STP at this stage and a series of 'red lines' and guiding principles are set out to frame the work programme (above) and any future approvals process: • There is no conflict with statutory duties • The Board believes they can deliver what they have signed • There is alignment with the Boards own stated approved strategy (or a clear rationale and approval of any material changes) • There is clarity on any impacts on our Constitution and any other key issues for the Trust as an independent legal body
SUMMARY	Sustainability and Transformation Plans (STPs) are 'place based', five-year plans built around the needs of local populations and which support the implementation of NHS England's (NHSE) Five Year Forward View (FYFV) by addressing the three gaps in health and wellbeing, care and quality, finance and efficiency. NWL CCGs provided NHS England with our latest submission of the NW London sustainability and transformation plan on 21 October. This builds on further work, and feedback received, since the first draft was submitted to NHS England on Thursday 30 June. This paper comprises two sections: Firstly it presents a review of key changes from the June draft submission and the content of the STP submitted in October; secondly it summarises and recaps the strategic themes in the October STP.
KEY RISKS ASSOCIATED:	Implementation risks include: • Bandwidth: considerable risk regarding use of resources in respect of STP planning alongside the considerable challenge of Business as Usual

	and the existing priorities within Business Planning of Standardisation, Consolidation and New Models of Care. The Board have already signalled that care should be exercised in developmental schemes outside of Operating Plan priorities and that some tolerance to small scale and evaluatory schemes be given – principally to areas supporting development of Accountable Care • Finance: There is broad alignment with between STP financial modelling and CWFT LTFM but 3 specific risks are identified: 1) While not material, the STP modelling includes recent changes to tariffs and the CWFT LTFM needs to be updated for 17/18 changes 2) Current NWL wide plans close only half the total identified financial gap. The impact of developing no further plans or changing models of care would be to increase our efficiency target to approx. 8% This is signalled as the key financial risk emerging from the STP submission 3) The aggregate financial position in NWL has deteriorated in 2016/17 and there are likely changes as a result of national planning assumptions and incentives/disincentives to support control totals. This is not factored into STP modelling and CWFT's initial analysis is that the overall position may be even more pessimistic than the STP modelling published in October 2016. • Governance: CWFT is represented on NWL Provider Board and an over-arching Steering Board but the establishment of over 30 working groups (under the Delivery Areas) increases risk of fragmented approach To mitigate risks it is proposed that a monthly slot on Executive Management Board is provided for progress reporting and discussion. This will be co-ordinated through the existing DCE group and will also input to Business Planning frameworks. Reporting to Board will occur through the monthly cycle of alternate Public Board meetings and Board Strategy Sessions.
FINANCIAL IMPLICATIONS	Impact on resources as set out in risks above
QUALITY IMPLICATIONS	N/A
EQUALITY & DIVERSITY	N/A
LINK TO OBJECTIVES	• All
DECISION/ ACTION	The Council of Governors are asked to note: • The submission of the NWL STP • The key context and content • The future work programme for the FT to establish: 1) The impact on our exiting strategy

	2) Our assessment of deliverability 3) The impact on our statutory duties and status as an independent legal body

North West London Sustainability and Transformation Plan: Executive Summary

1 Introduction

Sustainability and Transformation Plans (STPs) are 'place based', five-year plans built around the needs of local populations and which support the implementation of NHS England's (NHSE) Five Year Forward View (FYFV) by addressing the three gaps in health and wellbeing, care and quality, finance and efficiency.

STPs are important as they describe the strategic direction agreed by partners across a geographical footprint to develop high quality sustainable health and care and will determine access to the NHS Sustainability and Transformation Fund (STF) which will total £3.4bn by 2020/21. In addition the new Single Oversight Framework from NHS Improvement (NHSI), designed to help NHS providers achieve Care Quality Commission ratings of 'Good' or 'Outstanding', includes STP milestones progression in its assessment criteria.

A 'checkpoint' submission of the draft version of the STP was submitted to NHS England (NHSE) and NHSI on 30 June 2016. Feedback on this submission from NHSE and NHSI, as well as feedback arising from north west London (NWL) stakeholder engagement events and comments from health and social care partners helped shape the STP which was submitted on 21 October 2016.

This paper comprises two sections: Firstly it presents a review of key changes from the June draft submission and the content of the STP submitted in October; secondly it summarises and recaps the strategic themes in the October STP. Appendix one presents the NWL STP October submission and is provided in the link below (previously circulated to EMB- 16/11).

2 Content and Key Context

2.1 Key Changes between NWL STP June and October 2016 Submissions:

Six of the eight NWL boroughs signed the joint statement on Health and Care Collaboration in NWL in the June and October submissions, this excludes Ealing and Hammersmith and Fulham. This reflects a growing national concern in Social Care bodies (not entirely on political lines) at the level of significant service change implicit in STPs and at the ability of the whole system to meet the challenges presented by the size of financial gaps.

Delivery Areas (DA): The NWL STP nine priorities and underpinning DAs remain unchanged. Relatively marginal revisions were made to individual DA plans and their key deliverables:

- DA1 Additional actions include developing a number of cross cutting approaches, embedding Making Every Contact Count and supporting national campaigns
- DA2 Plan addition of 'a. Delivering the Strategic Commissioning Framework and Five Year Forward View (FYFV) for primary care', improving cancer screening actions were updated to include working 'in partnership with Healthy London Partnership' s Transforming Cancer Programme' and the Royal Marsden Partners Cancer Vanguard
- DA3 c. Implement new models of local services integrated care to consistent outcomes and standards was removed. Additional actions were included for older peoples services
- DA4 b. 'Focussed interventions for target populations' replaced 'Addressing wider determinants of health'; the target population for mental health and related conditions was increased to 482,700.

- DA5 c. Addition of 'fully delivering on Better Births national maternity review' and inclusion of Safer Staffing with a 'three year delivery plan and agreement on investment identified' in 2016/17 and by 2020/21 a 'workforce plan for NWL and collaborative resourcing'.

Primary Care
A more detailed section on primary care in the context of out of hospital services and intermediate care transformation was included in the October STP. This reflects the focus of the NWL STP on the 'Out of Hospital' Clinical Model.

Enablers
Estates: Addition of 'a joint One Public Estate bid' to be explored as an early devolution opportunity. A joint Health and Estates Council has been established. Further details were included on 'Deliver Local Services Hubs' including mental health services and to provide support for the FYFV Primary Care.
Workforce: Addition of achievements to date, governance arrangements and improving recruitment and retention.
Digital: Addition of track record in working together across NWL, greater detail was provided on the enabling work streams including digital health to leverage innovations.

Finance
The October submission has a £1.4bn financial gap by 2021 in our health and social care system in the 'do nothing' scenario (in June this was stated as £1.3bn). The finance section has been reviewed and refreshed throughout, in line with developments during the period July to October. There are several key changes to note:

- The October STP financial and capital projections include London Ambulance Service (NWL only) and the Royal Brompton & Harefield NHS Foundation Trust, both within our NWL footprint but primarily commissioned by NHSE.
- Under the 'do something' scenario (consisting of business as usual savings expected to be delivered and with savings realised through the STP DAs) the total NWL STP financial residual gap at 2020/21 (assumes business rules of 1% CCGs surplus, 1% provider surplus and breakeven for Specialised Commissioning, Primary Care and Social Care) has moved favourably to (£19.6m) in October from (£30.6m) in June. This is largely driven by improvements in the CCGs financial position. There is some risk that this does not adequately capture a deteriorating position for providers.

The investment in each of the DA plans and the assumptions for gross savings are revised throughout the October submission and the financial risk log was updated.

Communications and Engagement
A new appendix presents the guiding principles for engagement with patients, residents and staff. The events and engagement methods are listed with an analysis of feedback on the STP priorities and DAs.

2.2 Recap of the Key Themes in the NWL STP October 2016 Submission:

North West London Context: In developing the NWL STP, the eight boroughs and commissioning groups, acute, mental health and community service providers are working together to improve the health and wellbeing of a population of 2.1m and 2.3m registered patients with an annual health and social care spend of £4bn.

Understanding the Needs of our Population: The STP analysis suggests that around a third of patients currently in one of our inpatient beds could be better cared for in the community or at home. Many are frail, elderly people and others with complex, long-term physical and/or mental health conditions. They remain in hospital simply because the support and services they need to go home or to a residential care facility aren't easily available at the right time.

The STP forecasts that there will continue to be big increases in the number of people with one or more long-term conditions, such as diabetes or arthritis by around a third and advanced dementia and Alzheimer's increasing by 40% by 2030. Proactive care to help people stay as healthy and independent as possible and manage their own conditions will need to be very different to the reactive treatment the system tends to provide now. The STP articulates the need to move to a health and social care system that:

- Helps people to be as healthy as possible
- Helps people who become unwell to get faster access to care that will get them back to health as quickly as possible
- Joins up care and services and makes it easier for individuals to get the right health and care support for them • encourages partnership working between health and care providers and the individuals they serve

Addressing the Three Gaps Identified by the Five Year Forward View (5YFV):

1) Health and Wellbeing There are specific health and wellbeing challenges across the NWL footprint that contribute to healthcare demand such as:
    - 20% of people have a long term condition
    - 50% of people over 65 live alone
    - 0 – 28% of children live in households with no adults in employment
    - 1 in 5 children aged 4-5 are overweight

    Moreover, wider determinants of health, such as the high proportions living in poverty and overcrowded households, high rates of poor quality air across different boroughs, only half of our population are physically active, nearly half of our 65+ population are living alone increasing the potential for social isolation with over 60% of our adult social care users wanting more social contact, all contribute additional high cost, complex needs to an already stretched health system.

2) Care and Quality: There are significant variations in utilisation and quality of health and care which show that:
    - 30% of patients in acute hospitals should be cared for in more appropriate care settings
    - People with serious and long term mental health needs have a life expectancy 20 years less than those with no mental health needs
    - For those needing end of life care over 80% indicated a preference to die at home while only 22% were supported to do this.

3) Finance and Efficiency: Transformational change is necessary to address a significant financial challenge across the NWL footprint where, if we do nothing (assuming the delivery of 206/17 plans) there will be a £1.4bn financial gap by 2021 in our health and social care system.

The NWL STP: Vision, Priorities, Delivery Areas, Plans and Enablers:

The vision statement set out for NWL in the STP is an aspiration that *'everyone living, working and visiting here has the opportunity to be well and live well – to make the very most of being part of our capital city and the cultural and economic benefits it provides to the country'.*

The principles underpinning the vision reflect the aims of the previously developed NWL Collaboration of CCGs Clinical Strategy (a key underpinning document and set of ambitions running through the *Shaping a Healthier Future* programme) where care will be:

- Personalised
- Localised
- Co-ordinated
- Specialised.

In the future system care will be transformed to focus on self-care, wellbeing and community interventions so that resources may be targeted to areas of most need including investment in areas with the greatest potential to improve health and wellbeing for NWL residents. The approach to commissioning will be transformed by increasing the collaboration with social care and the wider community. Key changes include an expansion of local pooled budgets and implementing Accountable Care Partnerships across NWL with capitated budgets, population based outcomes and joint commissioning.

STP Priorities:
There are nine priorities set out in the STP drawn from local 'place based planning' across health and social care:

1) Support people who are mainly healthy to stay mentally and physically well, enabling and empowering them to make healthier choices and look after themselves
2) Improve children's mental and physical health and well-being
3) Reduce health inequalities and disparity in outcomes for the top 3 killers: Cancer, heart disease, respiratory disease
4) Reduce social isolation
5) Reduce unwarranted variation in the management of long term conditions
6) Ensure people access the right care in the right place at the right time
7) Improve the overall quality of care for people in the last phase of life and enable them to die in their place of choice
8) Reduce the gap in life expectancy between adults with serious and long term mental health needs and the rest of the population
9) Improve consistency in patient outcomes and experience regardless of the day of the week services are accessed

Delivery Areas (DA's):
To support delivery of the 9 priorities, five DAs have been put in place. It is planned to start moving and managing resources from across the NWL STP footprint to focus on achieving the changes. Each DA, shown in the table below, has a jointly led work programme with a senior responsible officer, senior clinical responsible officer and support.

Delivery area (DA)	Sub Groups
DA1.Radically upgrade prevention and wellbeing	a. Enabling and supporting healthier living for the population of NW London b. Keeping people mentally well and avoiding social isolation c. Helping children the get the best start in life
DA2. Eliminating unwarranted	a. Delivering the Strategic Commissioning Framework and Five

variation and improving long term condition management	Year Forward View for primary care b. Improve cancer screening to increase early diagnosis and faster treatment c. Better outcomes and support for people with common mental health needs, with a focus on people with long term physical health conditions d. Reducing variation by focusing on Right Care priority areas e. Improve self-management and 'patient activation'
DA3. Achieving better outcomes and experiences for older people	a. Improve market management and take a whole systems approach to commissioning b. Implement accountable care partnerships c. Upgraded rapid response and intermediate care services d. Create an integrated and consistent transfer of care approach across NW London e. Improve care in the last phase of life
DA4. Improving outcomes for children &adults with mental health needs	a. Implement the new model of care for people with serious and long term mental health needs, to improve physical and mental health and increase life expectancy b. Focussed interventions for target populations c. Crisis support services, including delivering the 'Crisis Care Concordat' d. Implementing 'Future in Mind' to improve children's mental health and wellbeing
DA5. Ensuring we have safe, high quality sustainable acute services	a. Specialised commissioning to improve pathways from primary care & support consolidation of specialised services b. Deliver the 7 day services standards c. Reconfiguring acute services d. NW London Productivity Programme

3 Governance:

A Joint NWL Health and Care Transformation Group (JH&CTG) has been established with Chief Executive representation. A Provider Group has also been established to develop and maintain a consensual position. This group feeds into the JH&CTG.

The JH&CTG does not have delegated authority as a decision making forum from the STP partner's own Boards or Governing Bodies. Decision making authority remains through the partner's own governance forums.

4 Next Steps

At the Executive Management Board on 16 November the DAs were considered and – through Divisions and co-ordinated by Director of Strategy – representatives will be proposed. Consistency and communications will be maintained by:

- DA feedback and key brief; Pan NWL Productivity and wider JH&CTG issues will be co-ordinated through the Deputy Chief Executive/Chief Operating Officer group
- Monthly reporting to EMB
- Formal reporting and accountability to Board

Council of Governors Meeting, 8 December 2016

AGENDA ITEM NO.	3.1/Dec/16
REPORT NAME	Chairman's Report
AUTHOR	Sir Thomas Hughes-Hallett, Chairman
LEAD	Sir Thomas Hughes-Hallett, Chairman
PURPOSE	To provide an update to the Public Board on high-level Trust affairs.
SUMMARY OF REPORT	As described within the appended paper. Board members are invited to ask questions on the content of the report.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	This paper is submitted for the Board's information.

Chairman's Report
November 2016

1.0 Governor Elections & Lead Governor Update

The end of November 2016 will see the Trust welcome a new round of elected Governors to sit on the Council of Governors. Elections will be held in the following constituencies:

Public constituency

- City of Westminster – 2 seats
- London Borough of Hammersmith and Fulham – 1 seat
- London Borough of Wandsworth – 1 seat
- Royal Borough of Kensington and Chelsea – 1 seat

Staff constituency

- Support, Administrative and Clerical Class – 1 seat
- Allied Health Professionals, Scientific and Technical Class – 1 seat

I am very much looking forward to working with my new colleagues. In the meantime, I am continuing to meet with each of our current Governors on a 1:1 basis to better understand their key concerns, ideas and views on the Trust.

The next Council of Governors meeting takes place on 8 December 2016 and it is at this meeting that the Council will vote to elect a Lead Governor.

The new Lead Governor will take over from Martin Lewis who has performed excellently in the role over the past year. I would like to place on record my thanks to Martin for his support, wise counsel and his significant efforts on behalf of the Trust and its membership base.

2.0 NED Triangulation Committee

In recent months, my Non-Executive colleagues have established a 'Triangulation Committee' attended by each of the Non-Executive Board Committee chairpersons. As a reminder (excluding the Nominations & Remuneration Committee) the Board operates with four Committees:

- Audit Committee (chaired by Jeremy Loyd);
- Finance & Investment Committee (chaired by Jeremy Jensen);
- Quality Committee (chaired by Eliza Hermann);
- People & Organisational Development Committee (chaired by Liz Shanahan).

The purpose of the Triangulation Committee is to:

- Allow for 'learning' to be shared, Committee-to-Committee with regard to key risks, opportunities and issues;
- Allow for the effective progression of cross-Committee workstreams;
- Reduce the potential for duplication of Committee business;
- Reduce the potential for important business to 'fall between' two Committees

At the Board meeting, I shall invite Eliza Hermann to advise as to the Triangulation Committee's recent outcomes and areas of focus.

3.0 Governors' Away-Day

On 15 September 2016, I hosted a Council of Governors' Away Day at Chelsea Football Club. This was an excellent event which provided an opportunity for our Council to become involved in helping to shape the Trust's revised organisational strategy, vision and values. The agenda included a number of breakout discussions in which key strategic issues and challenges were debated and considered, in addition to presentations from:

- Dr Zoe Penn, Trust Medical Director, on the delivery of the Trust Clinical Services Strategy;
- Dr Mohini Parmar, Chair of Ealing CCG, on the regional need for service transformation;
- Juliet Bauer, Trust Governor and Director of Digital Experience at NHS England, on the NHS digital strategy.

The Away-Day also provided an opportunity for the Council of Governors to review its own effectiveness and its relationship with the Board of Directors in a private session.

The outputs from the session informed a Board Strategy session held on 6 October 2016.

The feedback that I have received on the Away-Day support my view that the event was highly productive and I am keen to ensure that this event is now embedded as a key governance milestone within the Trust's annually produced Corporate Calendar of Meetings.

4.0 Volunteer Summit

On 12 October 2016, I hosted the Trust's inaugural Volunteers' Summit in the Gleeson Lecture Theatre. We had 65 people in attendance with a good mix of staff, clinicians and external invitees. We had an excellent presentation from Keith Loveridge on where we currently are with volunteering in our hospital, an insightful presentation from Chris Burghes, CEO of the Royal Free Charity, on how successful their volunteering programme is at the Royal Free; followed by two panel discussions with our staff and an interactive open forum will all guests. What emerged from the discussions was that our staff are incredibly excited about the prospect of volunteering at both hospital sites and all had many great ideas about where they felt support could be utilised.

I am now working with the team to get a project plan underway and how we might launch the Volunteering Strategy across both sites. There is much work to be done on this and regular updates will submitted over the coming months. Lesley Watts will Chair the programme going forwards.

5.0 New Charity & Working Together with all our Hospital Charities

The critical pathway to establishing a new independent charity is proceeding at pace and we have now submitted the proposed Articles of Association and establishment deed to the Charities Commission and Department of Health. Board members will recall that the 'new charity' will take on all assets and liabilities that currently sit within the Trust's principal Charity, CW+ and those of the West Middlesex University Hospital Charitable Fund. The new charity's 'independent' status will mean that it can operate free from Secretary of State oversight, increasing its ability to best serve the Trust's charitable needs.

However, the Trust is fortunate to benefit from its association with a number of healthcare charities and, on 21 September 2016, I chaired a meeting with representatives of a number of the Trust's charitable organisations. The purpose of the meeting was to establish a set of working principles that all charitable entities linked to the Trust could work within. I was delighted by the unilateral commitment to ensure, wherever possible, that the strategic objectives and operational priorities of each organisation are explicitly linked with those of the Trust.

I am grateful to Chris Chaney, CEO of CW+ who has agreed to draft a proposal on how we might best structure our joint charitable governance arrangements moving forward. I will share this proposal with the Board in due course.

6.0 USA Visit with Lord Prior

On the 17 October 2016, I visited the Mayo Clinic in Rochester with Lord Prior and his team in what was an extremely interesting and insightful visit. We visited many areas of the clinic and spoke to clinicians based at the hospital. I was also approached by Jack Connors, one of the most successful figures in healthcare in the USA and have been invited back to visit the CEO of Brigham and Womens Hospital which is a world leader in womens and childrens health. I will be taking Professor Mark Johnson, Zoe Penn and Lesley Watts with me to Boston next year to visit Brigham and to see whether they could be a good partner for our planned Womens and Childrens Institute.

Sir Thomas Hughes-Hallett
Chairman

October 2016

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 8 December 2016

AGENDA ITEM NO.	3.2/Dec/16
REPORT NAME	Chief Executive's Report
AUTHOR	Lesley Watts, Chief Executive Officer
LEAD	Lesley Watts, Chief Executive Officer
PURPOSE	To provide an update to the Public Board on high-level Trust affairs.
SUMMARY OF REPORT	As described within the appended paper. Board members are invited to ask questions on the content of the report.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	This paper is submitted for the Board's information.

Chief Executive's Report
November 2016

1.0 STRATEGIC DEVELOPMENTS

1.1 Sustainability & Transformation Plan (STP)

Sustainability and Transformation Plans (STPs) are 'place based', five-year plans built around the needs of local populations which support the implementation of NHS England's Five Year Forward View (FYFV) by addressing the three gaps in health and wellbeing, care and quality, finance and efficiency; and are considered a key enabler in NHS Planning Guidance for 2016/17–2020/21.

STPs are of great importance as they describe the strategic direction agreed by partners across a geographical footprint to develop high quality sustainable health and care and, from next year, will determine access to the NHS Sustainability and Transformation Fund (STF) which will total £3.4bn by 2020/21. In developing the North West London (NWL) STP, the eight boroughs and commissioning groups, acute, mental health and community service providers are working together to improve the health and wellbeing of a population of 2m with an annual spend on health and social care of £4bn.

A 'checkpoint' submission of the current version of the STP was submitted to NHS Improvement (NHSI) and NHS England (NHSE) on the 21st October 2016. The October STP submission re-affirms the shared ambition across partner organisations to create an integrated health and care system that plans and delivers services based on population need and aims to do this by addressing the wider social determinants of health to enable people to live well and be well.

1.2 Electronic Patient Record

The decision has been made to progress with a shared electronic patient record system with Imperial College Healthcare NHS Trust (ICHT). The core system will be Cerner Millennium which has already been implemented across ICHT. Having a shared electronic patient record will be better for patients as their information will be more readily available as they move between the seven hospitals across the two organisations. It will also be better for staff as they will have only one system to learn. It is also anticipated that working together we will be able to deliver more specialty specific functionality as we are able to call on a larger pool of clinicians than either Trust could do on their own.

The detailed contract with Cerner is now being finalised and planning for the implementation is getting underway with the formal launch of the project scheduled for the start of January.

1.3 NICU/ITU

Since the Board approval of the NICU/ITU business case, the internal project team have, through an OJEU Public Procurement process, identified the architectural and engineering design team that will progress the next stage of the development.

We also recently hosted a successful visit from NHS England on 24 October who were keen to understand our plans for the redeveloped NICU and to look around the existing facilities.

Our partnership with CW+ on the fundraising campaign to support the £20m development is progressing well and I would like to extend my thanks to Chris Chaney, CW+ CEO, and his team for their tremendous efforts in their support for this exciting and much needed development.

1.4 Administration Improvement Programme

The new staffing structures associated with the Administration Improvement Programme went live across the Trust in October. There are now new team structures in place to support clinical services (clinical administration), new divisional admin roles to support divisional business processes and a new corporate administration structure providing support to the executive directors and their corporate functions.

The AIP is one of the Trust's biggest change programmes and, as you would expect, making substantial changes to the way we work takes time and adjustment before these are embedded and the positive impact is fully felt. Our first few weeks of the new structure have not been without their challenges but team supervisors and managers have shown great leadership in guiding and supporting staff through the changes and working with clinical colleagues to minimise any unforeseen adverse impact on the experience of patients and service users during this transition.

We have a plan in place to get our clinic letter turnaround performance back up to pre-go live levels and we are on the way to achieving improved call response times. We have active recruitment programmes in place to fill remaining vacancies and new training programmes (including customer service training) are being developed to support these new roles to be more effective in communicating with our patients.

Once the structures and processes are sufficiently embedded we will continue with our transformation of the clinical administration service through investments in technology to improve referral and registration, scheduling and outpatient management, which will not only provide a better experience to our patients but will also provide consistency and improved efficiency around our processes.

A full update on our progress towards achieving the improvement plan will be presented at the January meeting.

2.0 PERFORMANCE

2.1 Operational Performance

The A&E waiting time target for September was not achieved on either site, with combined Trust performance at 93.8%. Both sites experienced significant activity pressures and high levels of bed occupancy impacting patient flow. September's performance also meant that the Trust's Quarter 2 performance against the target was 94.5%; missing the 95% target and Sustainability & Transformation Performance trajectory (95.1%).

The Referral to Treatment (RTT, 18 weeks) target was achieved in September for the Trust overall. Chelsea site performance improved according to the forecast trajectory and exceeded 90% for the first time since June 2015.

The 62 Day GP Referral Cancer standard in August was achieved on both sites. Performance against the 2 week wait Urgent Cancer narrowly failed the target in September, and the target was not achieved for Quarter 2. The 2WW Symptomatic Breast targets fell below the 93% target again in September but the standard was achieved for Q2 as a whole. Urgent work is in progress to address capacity shortfalls to enable a return to compliant performance for both KPIs.

There were 2 further CDiff infections reported in September on the WMUH site and these cases are currently subject to investigation.

Both sites have achieved all other regulatory performance indicators.

Further detail on performance can be seen in the Integrated Performance Report.

2.2 Perfect Day

A further 'Perfect Day' event was held on 24 October 2016. At both hospitals, senior managers undertook shifts on wards and in departments and clinics as porters, receptionists, healthcare assistants and other roles.

Feedback from those who take part in the 'Perfect Days' continues to be very positive and has generated a number of innovative ideas aimed at solving day-to-day problems and improving operational efficiency.

We plan to continue to hold Perfect Days on a monthly basis, going forward.

3.0 PEOPLE

3.1 Kevin Jarrold

I am delighted to be able to advise that Kevin Jarrold joined the Trust as Chief Information Officer (CIO) on 3 October 2016. The appointment is a 'joint appointment' with Imperial College Healthcare NHS Trust (ICHT) whom Kevin has served as substantive CIO for several years. The appointment signifies the progression of the Trust's joint working arrangements with ICHT, particularly with regard to the joint commissioning of an Electronic Patient Record (EPR) system.

Richard Collins, who has served the Trust excellently as Interim CIO over the past year will now take the lead as the Trust's EPR Project Director.

4.0 PATIENT EXPERIENCE

4.1 Patient Feedback

On a monthly basis, I continue to receive positive feedback from patients directly and I have provided recent examples below:

"I am deeply impressed by the time and trouble you have taken in investigating my complaint and am moved by (your) apology which I fully accept….It says a great deal for the Trust that you have taken my complaint so seriously….Both my husband and I have otherwise had consistently good experiences with Chelsea and Westminster. Your letter to me was the latest example of your sound practice"

"I am writing to you to express my admiration for the hardworking staff at your Treatment Centre in the Chelsea and Westminster Hospital…The anaesthetist was superb in the manner in which she was able to keep me informed of what was to happen…the support staff took very good care of me in sorting me out beforehand as I made my recovery from the anaesthetic and the procedure"

"I've had to make use of the NHS at various times, but have never been treated so efficiently and kind-heartedly before. The purpose of writing to you is to make you aware of the individuals involved, as their efforts have been exceptional, and beyond the call of duty"

"No words can express how truly grateful I am to have met such an inspirational doctor that I will remember for as long as I am alive…I am receiving the best treatment and it is all thanks to your staff that I had a great experience and extraordinary results"

5.0 COMMUNICATIONS AND ENGAGEMENT

5.1 Team Brief

I have appended the November Team Brief document to this report. The document contains the key messages which we will be cascading to staff throughout the month.

Lesley Watts
Chief Executive Officer
October 2016

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

HERE AND NOW

Performance update – September 2016
We maintained a strong performance against A&E waiting time target, so thanks to all staff that helped drive good performance in this area for our patients, however we narrowly missed the target overall. I know you are all working hard to consistently deliver high standards of emergency care at a time of winter pressures but it's important we continue to prioritise the delivery of this target as there is funding associated with its delivery which we can use to provide even better care. We achieved our RTT target for the third successive month - with no patient waiting over 52 weeks for the first time in 12 months - so well done to staff on this important achievement. We have achieved the 2 week wait urgent cancer and symptomatic breast targets across both sites. We achieved the 62 day GP referral cancer standard target at WMUH, but not at C&W, so a big push on this over the coming weeks is required.

Finance update
At the end of September our year to date position is broadly on plan. We have achieved 45.19% of our savings target for the year which is a great achievement. We need to work hard to improve our CIP delivery in the remaining months to ensure we reach our year-end target figure – well done to all those that have contributed so far and we will continue to work hard to identify and deliver against CIPs so we can be as efficient as possible.

Recent awards and recognition
The Trust has been ranked as one of the top 30 employers for working families in the UK by leading work life balance charity Working Families—the only NHS organisation in this year's top 30 list.

Chelsea and Westminster Hospital's investment in the development of inclusive services for disabled people has been recognised at the Kensington and Chelsea Access Awards 2016 – congratulations to Kathryn Mangold and colleagues for driving these improvements which have a real impact on patient care and experience.

Training future leaders of the NHS is really important to us and so we are proud that consultant Nigel Davies has been awarded the 'Outstanding Teacher or Trainer of the Year' award at the Health Education England's North West London recent awards ceremony.

Lead nurse specialist Tracey Virgin-Elliston has been awarded Stoma Care Nurse Specialist of the year by the Association of Stoma Care Nurses – Tracey has shown tremendous commitment to her patients and we are delighted that her hard work has been recognised by her peers.

Nominations are now open for the 2016 HSJ Value in Healthcare Awards. We have had previous successes in these awards and staff are encouraged to nominate themselves and colleagues this year. More details are available at https://value.hsj.co.uk/

Staff survey update
I've completed my survey so that I could feedback areas in which we can make small changes to improve practices in order to make my working life better – make sure your feedback is heard by completing the survey by Friday 2 December. Our response rate is currently 35%, which is good, and a particular mention goes to the staff at St Mary Abbotts Ward for an excellent response rate so far.

Statutory mandatory training
We are currently at 85% compliance for the Trust with core training which is a fantastic improvement in a matter of months – but there's 15% non-compliance and this means that some of our staff haven't carried out essential training so this must be remedied quickly. If you remain non-compliant your annual increment will be affected if you remain non-compliant when appraised.

Have you had the flu jab?
The annual staff flu vaccination programme has been launched to help prevent flu among patients, staff and their families. Last year both hospitals ran very successful campaigns, coming second in London for uptake which demonstrates your commitment to providing a safe environment for patients. Already some 550 staff who have direct patient contact have been vaccinated but we want to do even better than last year. Check Daily Noticeboard for details of the latest dates for vaccination or contact the Occupational Health & Wellbeing Team to arrange for them to visit your area.

New ways of supplying medicines
Pharmacy are in the process of rolling out an improved method of supplying medicines to inpatients and overall access to medicines to improve the patient experience and make processes easier for their colleagues in clinical areas. This involves increasing the range of medicines available on the ward, based on prescribing data and patterns. This will mean nursing staff will have more immediate access to medicines for their patients and will spend less time ordering medicines from pharmacy. In addition, the usual 'top up' process will be modernised and nursing staff will have greater control over their stock medicines and the new ordering process will be more responsive to actual demand and prevent overstocking. There will also be changes to the quantities of medicines supplied for non-stock medicines and TTOs, whilst still being prepared in advance, will be at a time when patients' discharge medicines are unlikely to change and patients' supplies at home have been discussed with the patient. Wards will be contacted by pharmacy when their roll out is planned to arrange training of staff.

Safer sharps implementation
Following the HSE visit in March the Trust received an improvement notice for non-compliance with the Safer Sharps Regulations. An action plan was developed to address all aspects relevant to this notice. Following the extensive training, completed risk assessments and product replacements, we are delighted to say that we are now compliant – this has been a real challenge for us over the

last few months and you should all feel proud that we have made these improvements so quickly to keep you and your colleagues safe.

Quality initiatives
In June last year we launched our Quality Strategy and Plan for 2015-18 which sets out an overarching objective to excel in providing high quality, efficient clinical services to our patients based on their health and well-being needs. Within this plan are four quality projects: Frailty; Admitted Surgical Care; Sepsis; and Maternity, with each one focusing on a number of key priorities and having their own executive, clinical and managerial leads. We already have clear project plans in place to ensure we are able to make significant improvements to patient care. We are committed to delivering against these quality priorities and will provide an update on progress in early 2017.

NOW AND IN THE FUTURE

EPR update
Developing the plan for the introduction of the new system is one of the priorities for the EPR programme. The Cerner system, developed by Imperial College Healthcare, is providing the starting point for the shared system. This includes a patient administration system and electronic patient records as well as modules for specific specialties and services such as ED and Theatres.

How much change is required to processes and to the system will affect the timeline for when our hospitals can begin using Cerner. Activity over the next few weeks will give a much clearer idea of this. The programme transformation team will be working with our clinical and operational staff to get to know how things work in their services and how well this matches with what the Cerner system already provides. That will put us in a strong position for design workshops in January which will focus on areas highlighted as requiring attention.

WMUH ED redevelopment
We are delighted that the redevelopment of the WMUH ED has begun with building of the UCC footprint. The current area under construction will become the new Emergency Department Paediatric area. There will also be a separate paediatric waiting area co-located with UCC, allowing timely transfer of paediatric patients. Our redevelopment will increase adult majors capacity by 10 bays which will be a step in the right direction in terms of handling our ED activity. There are a number of phases to the project, which will conclude in December. These improvements will provide patients at their most vulnerable with excellent care and experience, as well as providing our hard working staff with the right facilities to deliver care they are proud of. For more information, please contact the project team at chris.kelly@chelwest.nhs.uk.

CWH ED redevelopment
The new ED reception area, paediatric waiting room and part of the new adult waiting room will open to patients and staff. We are pleased to say that the side access to ED from the Ground Floor of the hospital is now reopen for staff use. The whole redevelopment should complete by the end of the year – we can't wait to show off the new facilities! Thanks to all staff that have supported the redevelopment, as well as our contractors and charity CW+ for their support.

Cardiac Cath Lab at WMUH
The Cath Lab service is up and running, with fantastic feedback from both the clinical teams and the patients. Well done to all our teams that have supported the development of a service that will help address the health needs of the local population. The service is currently just diagnostic angiograms, but this will develop to involve more complex procedures such as angioplasty, by the end of the year.

Christmas events
At each of our hospitals we will be holding our popular Christmas events:

- Tuesday 6 December 3 – 5pm at WMUH
- Friday 9 December 3 – 5pm at C&W

These will be fun, festive events for all the family with live entertainment, stands and much more! The events are free to attend and open to everybody, so please invite your family and friends and tell your patients. More details soon.

Proud to care
We've brought together the values of our previous Trusts in order help display our pride to care for our patients and each other. The values form the mnemonic Proud and in more detail are:

I am **proud** to be:
- **P**assionate about providing excellent healthcare
- **R**esponsive to and supportive of my colleagues and patients, being responsible for my actions at all times
- **O**pen and welcoming, honest and transparent in all my communications as an ambassador for the Trust
- **U**nfailingly kind, treating everyone with respect, compassion and dignity
- **D**etermined and dedicated to developing my skills and expertise in order to be the best I can be

We will be working with teams in December to embed these values in all clinical and corporate departments so please watch out for more news about how you can demonstrate your pride to care to your patients and colleagues.

Email signatures
All staff should use consistent email signatures to identify themselves in internal and external correspondence. The Communications Policy and Toolkit on the intranet and details the correct format to follow. Thank you for your assistance in this.

December payday
Monthly pay for December 2016 will be paid out on Wednesday 21 December instead of Friday 23 December. This will give time for any payroll queries to be looked at before Christmas. Please be aware that the final HR cut-off date is moved to Wednesday 14 December as a result and any items for December monthly pay should be submitted before that time.

December 2016 team briefing dates
- Monday 5 December 9-10am, HY G2 Offices
- Monday 5 December, 11am–12pm, CW+ MediCinema
- Tuesday 6 December, 11am– 12pm, WMUH Meeting Room A

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 8 December 2016

AGENDA ITEM NO.	3.3/Dec/16
REPORT NAME	Integrated Performance Report – October 2016
AUTHOR	Andy Howlett, Deputy Director of Performance, Information & Contracting
LEAD	Robert Hodgkiss, Chief Operating Officer
PURPOSE	To report the combined Trust's performance for October 2016 for both Chelsea and Westminster and West Middlesex sites, highlighting risk issues and identifying key actions going forward.
SUMMARY OF REPORT	The Integrated Performance Report shows the Trust performance for October 2016. **Regulatory performance** – The A&E waiting time target for October was not achieved on either site with combined Trust performance of 91.1%. Both sites continued to experience significant activity pressures and high levels of bed occupancy impacting patient flow. Forecast performance for Q3 is not expected to achieve the STF trajectory or be within the 0.5% tolerance and therefore the STF income for A&E performance is currently at risk. The RTT incomplete target was achieved in October for the Trust overall. Chelsea site performance improved according to the forecast trajectory and was sustained above 90%. Performance deterioration at WMUH site was stabilised and is expected to improve from next month as mitigating action takes effect. The Trust had no patients waiting >52 weeks. Validated performance for the 62 Day GP Referral Cancer standard in September and for Q2 was achieved. In October, unvalidated performance has dipped below the 85% standard on CW site and for the Trust overall, with 8.5 breaches of the standard, 1.5 of which were due to delays at other Trusts. Pathway issues with inter-Trust referrals have been escalated with the relevant organisations. Combined Trust and CW site performance against the 2WW Urgent Cancer failed the target in October for the 3rd consecutive month. Urgent work is in progress on the CW site to address demand pressures in Colorectal surgery and capacity shortfalls to enable a return to compliant performance. There were no further CDiff infections reported in October. The Trust remains above trajectory for the year to date, but within the de minimis figure.

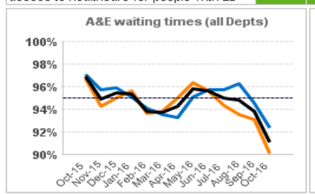
	Both sites have achieved all other regulatory performance indicators. **Safety and Patient Experience**: Incident reporting rates have now stabilised following implementation of the new Datix-web incident reporting system but remain consistently below the target level. **Access** The Trust sustained its recovery of diagnostic waiting time performance, achieving 99.6% with 22 breaches in total. **Quality, Efficiency and Clinical Effectiveness**: Average length of stay on the C&W site and readmissions across both sites remain below target and of concern. **Workforce**: Appraisal and Mandatory Training compliance remain areas for improvement despite a concerted drive to improve completeness levels.
KEY RISKS ASSOCIATED:	There are continued risks to the achievement of a number of compliance indicators, including A&E performance, RTT incomplete waiting times, and cancer 62 days waits.
FINANCIAL IMPLICATIONS	The combined Trust reported a year to date surplus of £4,423k, which is an adverse variance of £436k against the plan for the year to date.
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	The Board is asked to note the performance for October 2016 and to note that whilst a number of indicators were not delivered in the month, the overall YTD compliance was excellent.

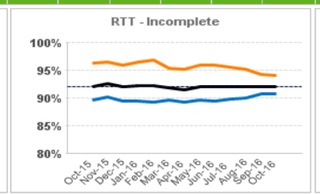
TRUST PERFORMANCE & QUALITY REPORT

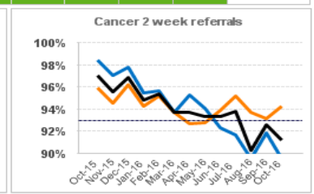
October 2016

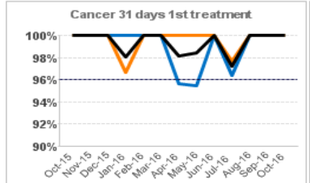
Regulatory Compliance

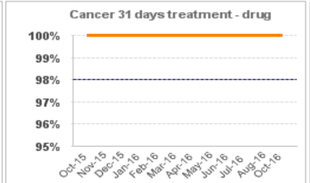
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined Trust data: last Quarter, YTD & 13m trend					
Indicator	Aug-16	Sep-16	Oct-16	Aug-16	Sep-16	Oct-16	Aug-16	Sep-16	Oct-16	Quarter	YTD	Trend
A&E waiting times - Types 1 & 3 Depts (Target: >95%)	96.3	94.6	92.3	93.6	93.1	90.1	94.8	93.8	91.1	91.1	94.3	
RTT - Incomplete (Target: >92%)	90.1	90.7	90.8	95.2	94.3	94.0	92.0	92.0	92.0	92.0	92.0	
Cancer 2 week urgent referrals (Target: >93%)	87.2	91.8	87.2	93.7	93.1	94.2	90.2	92.6	91.2	91.2	92.4	
Cancer 2 week Breast symptomatic (Target: >93%)	n/a	n/a	n/a	92.6	90.6	93.7	92.6	90.6	93.7	93.7	93.2	
Cancer 31 days first treatment (Target: >96%)	100	100	100	100	100	100	100	100	100	100	99.1	
Cancer 31 days treatment - Drug (Target: >98%)	n/a	n/a	100	100	n/a	100	100	n/a	100	100	100.0	
Cancer 31 days treatment - Surgery (Target: >94%)	n/a	100	n/a	100	100	100	100	100	100	100	100.0	
Cancer 62 days GP ref to treatment (Target: >85%)	89.6	73.9	66.7	86.0	90.0	87.3	87.6	86.0	79.8	79.8	85.6	
Cancer 62 days NHS screening (Target: >90%)	n/a	n/a	n/a	100	100	100	100.0	100.0	100.0	100.0	100.0	
Clostridium difficile infections (Targets: CW: 7; WM: 9; Combined: 16)	0	0	0	2	2	0	2	2	0	0	9	
Self-certification against compliance for access to healthcare for people with LD	Comp	Comp	Comp	Comp	Comp	Comp	Comp	Comp	Comp	Comp	Comp	

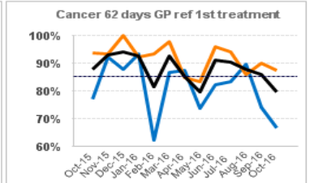






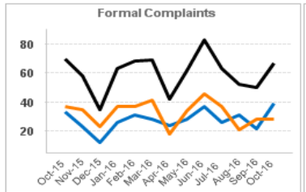


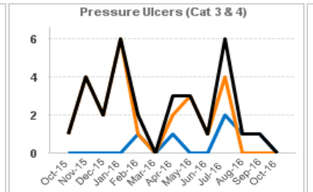


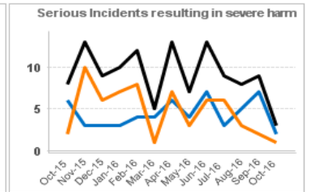


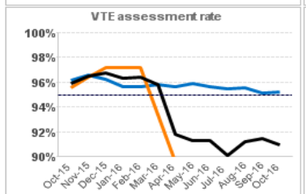
Quality

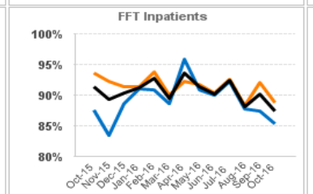
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Aug-16	Sep-16	Oct-16	Aug-16	Sep-16	Oct-16	Aug-16	Sep-16	Oct-16	Quarter	YTD	Trend
Hand Hygiene (Target: >=90%)	95.7	95.9	94.3	98.6	98.4	92.1	96.6	96.8	93.6	93.6	96.0	
Pressure Ulcers (Cat 3 & 4)	1	1	0	0	0	0	1	1	0	0	15	
VTE assessment % (Target: >=95%)	95.6	95.1	95.2	86.1	86.7	85.6	91.2	91.5	90.9	90.9	91.1	
Formal complaints number received	31	22	39	21	28	28	52	50	67	67	419	
Formal complaints responded to <25days	11	6	7	4	8	4	15	14	11	11	116	
Serious Incidents	5	7	2	3	2	1	8	9	3	3	62	
Never Events (Target: 0)	0	0	0	0	0	0	0	0	0	0	1	
FFT - Inpatients recommend % (Target: >90%)	87.8	87.4	85.3	88.3	92.0	88.9	88.1	90.1	87.4	87.4	90.7	
FFT - A&E recommend % (Target: >90%)	88.5	86.8	88.9	89.3	89.4	83.7	88.7	87.4	87.7	87.7	87.8	
Falls causing serious harm	0	0	0	0	0	0	0	0	0	0	2	

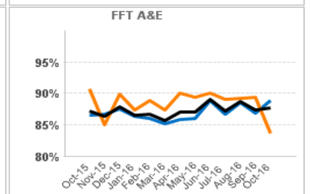






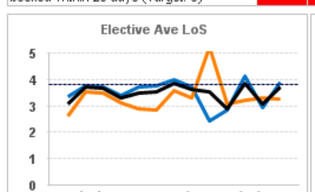


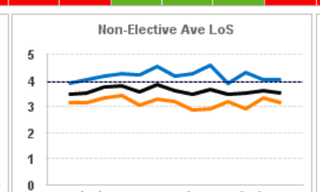


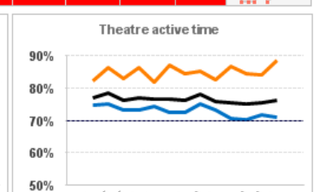


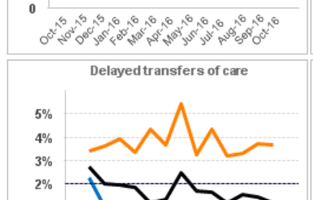
Efficiency

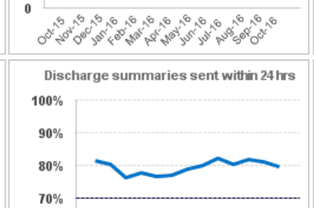
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Aug-16	Sep-16	Oct-16	Aug-16	Sep-16	Oct-16	Aug-16	Sep-16	Oct-16	Quarter	YTD	Trend
Elective average LoS (Target: <3.8)	4.1	3.0	3.9	3.2	3.3	3.3	3.8	3.1	3.7	3.7	3.5	
Non-Elective average LoS (Target: <3.95)	4.3	4.0	4.0	2.9	3.3	3.1	3.5	3.6	3.5	3.5	3.6	
Theatre active time (Target: >70%)	70.4	71.9	71.0	84.5	83.9	88.6	75.0	75.4	76.3	76.3	76.0	
Delayed transfers of care (Target: <2%)	0.65	0.00	0.00	3.31	3.74	3.67	1.57	1.44	1.19	1.19	1.62	
Discharge summaries sent within 24 hours (Target: >70%)	81.8	81.3	79.8	dev	dev	dev	81.8	81.3	79.8	79.8	80.6	
Outpatient DNA rates (Target: <11.1%)	13.5	13.6	11.1	9.7	9.4	9.5	12.1	12.0	10.5	10.5	11.4	
On the day cancelled operations not re-booked within 28 days (Target: 0)	1	1	5	0	0	0	1	1	5	5	10	

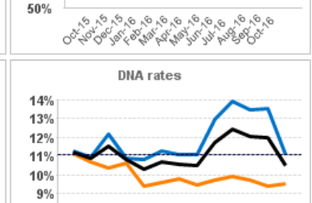






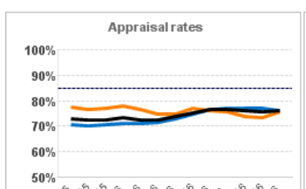


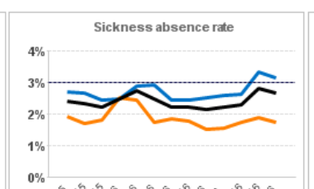


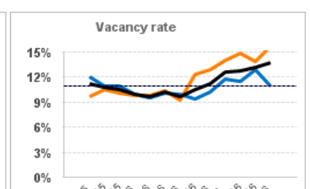


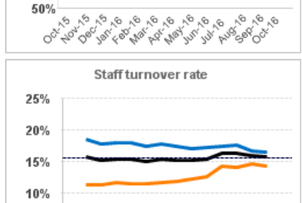
Workforce

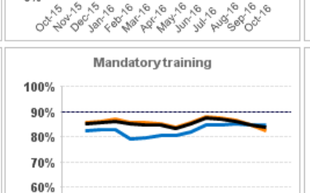
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Aug-16	Sep-16	Oct-16	Aug-16	Sep-16	Oct-16	Aug-16	Sep-16	Oct-16	Quarter	YTD	Trend
Appraisal rates (Target: >85%)	77.1	77.1	76.2	73.8	73.5	75.5	76.0	75.9	76.0	76.0	75.7	
Sickness absence rate (Target: <3%)	2.64	3.35	3.14	1.73	1.88	1.73	2.31	2.83	2.65	2.65	2.37	
Vacancy rates (Target: CW<12%; WM<10%)	11.4	12.9	10.9	14.9	13.9	18.9	12.7	13.2	13.8	13.8	13.8	
Turnover rate (Target: CW<18%; WM<11.5%)	17.6	16.6	16.5	14.1	14.6	14.3	16.3	15.9	15.7	15.7	15.7	
Mandatory training (Target: >90%)	85.1	84.8	84.5	86.4	84.7	82.5	86.2	84.8	83.8	83.8	85.1	
Bank and Agency spend (£ks)	£2,252	£2,583	£2,328	£1,940	£1,790	£1,937	£4,192	£4,373	£4,265	£4,265	£29,629	
Nursing & Midwifery: Agency % spend of total pay (Target: tbc)	6.5	7.7	8.5	13.5	13.7	16.4	9.3	10.0	11.5	11.5	9.6	

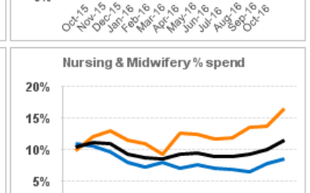












Note: Full page versions of the above Performance Dashboards are available on Pages 17-20

Monitor Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
Domain	Indicator	Aug-16	Sep-16	Oct-16	2016-2017	Aug-16	Sep-16	Oct-16	2016-2017	Aug-16	Sep-16	Oct-16	2016-2017 Q3	2016-2017	Trend charts
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	96.3%	94.6%	92.3%	94.7%	93.6%	93.1%	90.1%	94.0%	94.8%	93.8%	91.1%	91.1%	94.3%	
RTT	18 weeks RTT - Admitted (Target: >90%)	76.8%	75.6%	75.8%	73.5%	86.3%	86.2%	85.3%	86.4%	82.1%	81.2%	81.2%	81.2%	80.4%	
	18 weeks RTT - Non-Admitted (Target: >95%)	93.8%	92.0%	93.0%	93.0%	94.9%	93.2%	92.9%	94.4%	94.2%	92.5%	93.0%	93.0%	93.5%	
	18 weeks RTT - Incomplete (Target: >92%)	90.1%	90.7%	90.8%	90.0%	95.2%	94.3%	94.0%	95.2%	92.0%	92.0%	92.0%	92.0%	92.0%	
Cancer (Please note that all Cancer indicators show interim, unvalidated positions for the latest month in this report)	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	87.2%	91.8%	87.2%	90.8%	93.7%	93.1%	94.2%	93.7%	90.2%	92.6%	91.2%	91.2%	92.4%	
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	n/a	92.6%	90.6%	93.7%	93.2%	92.6%	90.6%	93.7%	93.7%	93.2%	
	31 days diagnosis to first treatment (Target: >96%)	100%	100%	100%	98.0%	100%	100%	100%	99.7%	100%	100%	100%	100%	99.1%	
	31 days subsequent cancer treatment - Drug (Target: >98%)	n/a	n/a	100%	100%	100%	n/a	100%	100%	100%	n/a	100%	100%	100%	
	31 days subsequent cancer treatment - Surgery (Target: >94%)	n/a	100%	n/a	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	31 days subsequent cancer treatment - Radiotherapy (Target: >94%)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
	62 days GP referral to first treatment (Target: >85%)	89.6%	73.9%	66.7%	79.6%	86.0%	90.0%	87.3%	88.8%	87.6%	86.0%	79.8%	79.8%	85.6%	
	62 days NHS screening service referral to first treatment (Target: >90%)	n/a	n/a	n/a	n/a	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Patient Safety	Clostridium difficile infections (Year End Targets: CW: 7; WM: 9; Combined: 16)	0	0	0	1	2	2	0	8	2	2	0	0	9	
Learning difficulties Access & Governance	Self-certification against compliance for access to healthcare for people with Learning Disability	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	
	Governance Rating	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	

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

Trust commentary

A&E - The A&E waiting time performance deteriorated further in October and was not achieved on either site with combined Trust performance of 91.1%. Both sites experienced significant activity pressures and high levels of bed occupancy impacting on patient flow. A recovery plan, including additional escalation beds is in place although there remains a significant risk to compliance given continued demand.

RTT - The Trust incomplete submission remains complaint to the national standard of 92.0% with WMUH compliant as a site but CW below 92%. RTT improvement work continues and the CW site position improves again for the third consecutive month with no reportable 52 week breaches. As expected, as we treat our longest waiting patients both admitted and non-admitted performance is below internal metrics and will remain so until speciality backlogs have been worked through.

Cancer 2WW - The 2WW target continues to be a challenge, particularly on the Chelsea site, with referral numbers increasing on a monthly basis. The target was not achieved at a Trust level again in October, driven by breaches in Colorectal, Skin and Upper GI. A recovery plan was presented at Exec Board on 16/11/16 which will be monitored and reviewed at the fortnightly Cancer Access meeting.

Breast Symptomatic 2WW has improved from previous months and is now achieving the standard at 93.7%.

Cancer 62 day - October's unvalidated position shows this target is currently not being met with 8.5 breaches in total across the two sites. (WM 4.5, CW 4)
Immediate actions being taken to recover the position:

- Breaches shared with other providers – discussed on weekly teleconference, going forward robust recording of actions and escalations in a shared log to ensure issues are followed up.
- Biopsy capacity at both sites highlighted within Urology with plans being worked up to address
- Clear SOP for 2WW booking and escalation of capacity issues in place following AIP
- Weekly cancer PTL action log to be circulated

C-Diff - There were 0 Healthcare associated Clostridium *difficile* infections in October 2016. (YTD 9)

Safety Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Aug-16	Sep-16	Oct-16	2016-2017	Aug-16	Sep-16	Oct-16	2016-2017	Aug-16	Sep-16	Oct-16	2016-2017 Q3	2016-2017	Trend charts	
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	0	0	0	1	0	0	0	0	0	0	0	0	1		-
	Hand hygiene compliance (Target: >90%)	95.7%	95.9%	94.3%	95.1%	98.6%	98.4%	92.1%	97.6%	96.6%	96.8%	93.6%	93.6%	96.0%		-
Incidents	Number of serious incidents	5	7	2	34	3	2	1	28	8	9	3	3	62		-
	Incident reporting rate per 100 admissions (Target: >8.5)	7.0	7.2	6.8	6.8	7.1	7.6	8.1	7.6	7.1	7.4	7.4	7.4	7.2		!
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions (Target: 0)	0.07	0.05	0.06	0.03	0.02	0.00	0.04	0.02	0.04	0.03	0.05	0.05	0.03		!
	Medication-related (NRLS reportable) safety incidents per 100,000 FCE bed days (Target: >=280)	493.68	405.52	462.14	437.40	141.37	206.50	329.44	318.37	326.85	309.70	400.54	400.54	381.87		-
	Medication-related (NRLS reportable) safety incidents % with harm (Target: <=12%)	10.6%	10.9%	20.6%	11.6%	11.8%	3.8%	4.8%	5.1%	10.8%	8.6%	14.5%	14.5%	9.1%		-
	Never Events (Target: 0)	0	0	0	1	0	0	0	0	0	0	0	0	1		-
Harm	Safety Thermometer - Harm Score (Target: >90%)	96.0%	96.3%	96.0%	95.9%	95.0%	93.9%	94.1%	94.5%	95.4%	94.7%	94.9%	94.9%	95.1%		-
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	1	1	0	5	0	0	0	10	1	1	0	0	15		-
	NEWS compliance %	88.0%	93.0%	91.3%	90.8%	91.0%	93.5%	95.7%	93.1%	89.2%	93.2%	92.7%	92.7%	91.7%		-
	Safeguarding adults - number of referrals	25	23	28	151	27	21	17	137	52	44	45	45	288		-
	Safeguarding children - number of referrals	7	19	18	155	75	88	49	528	82	107	67	67	683		-
Mortality	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	86.4	86.4	86.4	86.4	86.4	86.4	86.4	86.4	86.4	86.4	86.4	86.4	86.4		-
	Number of hospital deaths - Adult	34	22	29	196	62	50	72	454	96	72	101	101	650		-
	Number of hospital deaths - Paediatric	1	1	0	6	0	0	0	0	1	1	0	0	6		-
	Number of hospital deaths - Neonatal	1	0	2	7	1	0	1	5	2	0	3	3	12		-
	Number of deaths in A&E - Adult	1	0	3	8	6	6	3	39	7	6	6	6	47		-
	Number of deaths in A&E - Paediatric	0	0	0	1	0	1	0	1	0	1	0	0	2		-
	Number of deaths in A&E - Neonatal	0	0	0	0	0	0	0	0	0	0	0	0	0		-

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

Trust commentary

Serious incidents
Three serious incidents were reported externally in October 2016, representing a decrease compared to September 2016.

Incident reporting rate per 100 admissions
The incident reporting rate has remained fairly stable, at 7.4%. Work is underway to encourage staff to increase incident reporting Trust wide.

Rate of patient safety incidents resulting in severe harm or death

Trust: two incidents led to severe harm and a further three incidents relate to patients who subsequently died.

CW site: One indent leading to severe harm and two relate to patients who subsequently died.
WMH site: One indent leading to severe harm and one relate to a patient who subsequently died.

Trust commentary continued

Medication-related safety incidents

Medication incident reporting rates are better than average when benchmarked against comparable NHS organisations.

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

Trust: Overall, medication incident reporting rates are better than average for comparable NHS organisations.
WMUH site: The reporting rate for October 2016 improved compared to September 2016, this is mainly due increased pharmacy staff reporting of near miss incidents.

Medication-related (reported) safety incidents % with harm

Trust:
Overall the proportion of NRLS reportable medication incidents with-harm for the Trust year to date is 9.1%, better than the average of 11.4% for comparable NHS organisations
.
CWH Site:

The proportion of medication incidents with-harm increased in October 2016 to 20.6%. There were 16 incidents with harm. 13 were classified as low harm with 3 as moderate-harm. Trends include 7 relating to omitted/delayed doses and 4 due to inappropriate prescribing/monitoring of anticoagulants.

WMUH Site

Staff reported more near-miss incidents in October – compared to September. The proportion of reportable medication incidents with harm is 5.1% year to date, which is below the average rate for comparable NHS organisations. There were 2 low-harm incidents in October, one relating to delayed administration and the other relating to lack of appropriate anticoagulant prescribing.
The Medication Safety Group will review the reasons for omitted or delayed medicines and implement actions. Pharmacy staff will provide teaching sessions for junior clinical staff relating to anticoagulant prescribing and monitoring.

Incidence of newly acquired category 3 & 4 pressure ulcers

Trust target of 15% reduction in avoidable Hospital acquired pressure ulcers was met in both Q1 and Q2. October showed zero reported Grade 3 and 4 and in month (November) there are also currently zero Grade 3 and 4 Pressure ulcers with 1 unstageable for validation. This is a continued improvement on the Trusts improvement trajectory for this quality indicator.

Safeguarding Adults - number of referrals

The key development of single point of contact at the discharge admin team and integration of IDVA referral at West Middlesex and the capture of referral information was consolidated this month.

Mortality Indicators

Crude mortality data is within expected range. Mortality review processes are undertaken to identify underlying trends.

Patient Experience Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Aug-16	Sep-16	Oct-16	2016-2017	Aug-16	Sep-16	Oct-16	2016-2017	Aug-16	Sep-16	Oct-16	2016-2017 Q3	2016-2017	Trend charts	
Friends and Family	FFT: Inpatient recommend % (Target: >90%)	87.8%	87.4%	85.3%	90.2%	88.3%	92.0%	88.9%	91.0%	88.1%	90.1%	87.4%	87.4%	90.7%		!
	FFT: Inpatient not recommend % (Target: <10%)	7.2%	6.1%	8.3%	5.8%	4.4%	5.3%	3.5%	4.1%	5.5%	5.6%	5.5%	5.5%	4.7%		-
	FFT: Inpatient response rate (Target: >30%)	34.0%	34.6%	33.2%	34.9%	19.6%	23.6%	24.2%	27.3%	23.4%	27.1%	27.3%	27.3%	29.7%		!
	FFT: A&E recommend % (Target: >90%)	88.5%	86.8%	88.9%	87.4%	89.3%	89.4%	83.7%	88.9%	88.7%	87.4%	87.7%	87.7%	87.8%		!
	FFT: A&E not recommend % (Target: <10%)	6.6%	8.0%	6.9%	7.4%	6.8%	8.9%	9.0%	6.8%	6.7%	8.2%	7.4%	7.4%	7.3%		-
	FFT: A&E response rate (Target: >30%)	15.4%	15.4%	13.6%	14.3%	22.6%	18.0%	16.7%	21.5%	16.6%	15.9%	14.2%	14.2%	15.6%		!
	FFT: Maternity recommend % (Target: >90%)	91.5%	89.4%	89.8%	90.2%	87.9%	97.1%	93.6%	92.6%	90.8%	90.8%	90.7%	90.7%	90.7%		-
	FFT: Maternity not recommend % (Target: <10%)	4.4%	6.2%	4.8%	5.7%	9.1%	2.9%	3.2%	4.4%	5.3%	5.6%	4.4%	4.4%	5.4%		-
	FFT: Maternity response rate (Target: >30%)	23.5%	25.5%	20.9%	22.2%	14.3%	15.5%	22.6%	18.1%	21.1%	22.9%	21.3%	21.3%	21.2%		!
Experience	Breach of same sex accommodation (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0		-
Complaints	Complaints formal: Number of complaints received	31	22	39	207	21	28	28	212	52	50	67	67	419		-
	Complaints formal: Number responded to < 25 days	11	6	7	61	4	8	4	55	15	14	11	11	116		-
	Complaints (informal) through PALS	83	117	127	594	37	43	42	196	120	160	169	169	790		-
	Complaints sent through to the Ombudsman	0	0	0	0	1	1	0	8	1	1	0	0	8		-
	Complaints upheld by the Ombudsman (Target: 0)	0	0	0	0	0	1	0	7	0	1	0	0	7		-

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

Trust commentary

Friends and Family Test - Inpatient recommend %
Below target – there are specific clinical areas significantly below target recommendation. The results are highlighted and also shared on a monthly basis through the Patient Experience Group meeting to leads of Divisions, who hold accountability for action planning and addressing the themes of low recommendation scores.

Friends and Family Test - Inpatient response rate
The FFT service remains under tender and new methods will be introduced to increase response performance.

Friends and Family Test - A&E recommend %
Remain below recommendation target. The results are highlighted and also shared on a monthly basis through the Patient Experience Group meeting to leads of Divisions, who hold accountability for action planning and addressing the themes of low recommendation scores

Friends and Family Test - A&E response rate
Extremely low response rates on each site. The drop at the West Middlesex is likely due to the volunteer assistance withdrawal however new volunteers are being recruited for both sites.

Complaints (formal) Total
There has been an increase in formal complaints during October which is across all Divisions with no apparent theme trend. However the overall themes are predominantly ‘Clinical Care’, Communication and ‘Values and behaviours’.

Complaints (formal) responded to within 25 working days
Performance remains low – overall there is a 35% response to complaints within 25 working days.

Complaints (informal) PALs
A high number of informal concerns are raised through PALS which relate to Appointments (delay or cancellation), Communication and ‘Values and Behaviours’.

Efficiency & Productivity Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Aug-16	Sep-16	Oct-16	2016-2017	Aug-16	Sep-16	Oct-16	2016-2017	Aug-16	Sep-16	Oct-16	2016-2017 Q3	2016-2017	Trend charts	
Admitted Patient Care	Average length of stay - elective (Target: <3.7)	4.13	2.95	3.91	3.41	3.21	3.33	3.26	3.72	3.84	3.07	3.73	3.73	3.50		-
	Average length of stay - non-elective (Target: <3.9)	4.30	4.03	4.03	4.18	2.94	3.32	3.15	3.08	3.51	3.63	3.54	3.54	3.55		!
	Emergency care pathway - average LoS (Target: <4.5)	5.31	5.19	4.94	5.16	3.57	4.41	3.91	3.88	4.24	4.73	4.32	4.32	4.38		!
	Emergency care pathway - discharges	196	206	214	1427	314	301	321	2198	510	507	535	535	3626		-
	Emergency re-admissions within 30 days of discharge (Target: <2.8%)	3.33%	3.69%	3.21%	3.28%	9.05%	9.49%	9.27%	9.13%	6.01%	6.30%	5.94%	5.94%	5.94%		!
	Delayed transfer of care - % relevant NHS patients affected (Target: <2%)	0.7%	0.0%	0.0%	0.3%	3.3%	3.7%	3.7%	3.9%	1.6%	1.4%	1.2%	1.2%	1.6%		!
	Non-elective long-stayers	383	440	494	2997	425	419	419	2861	808	859	913	913	5858		-
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	78.9%	83.1%	84.2%	82.9%	85.0%	83.1%	85.7%	83.7%	81.4%	83.1%	84.8%	84.8%	83.2%		!
	Operations canc on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.27%	0.26%	0.36%	0.22%	0.84%	0.70%	0.24%	0.56%	0.46%	0.40%	0.33%	0.33%	0.33%		-
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	1	1	5	10	0	0	0	0	1	1	5	5	10		!
	Theatre active time (C&W Target: >70%; WM Target: >78%)	70.4%	71.9%	71.0%	72.1%	84.5%	83.9%	88.6%	85.1%	75.0%	75.4%	76.3%	76.3%	76.0%		-
	Theatre booking conversion rates (Target: >80%)	85.5%	88.8%	87.7%	88.9%	53.1%	48.3%	50.9%	53.1%	73.7%	75.6%	75.9%	75.9%	76.7%		!
Outpatients	First to follow-up ratio (Target: <1.5)	1.74	1.78	1.76	1.71	0.99	1.07	1.04	1.04	1.31	1.38	1.36	1.36	1.32		!
	Average wait to first outpatient attendance (Target: <6 wks)	7.3	7.7	7.6	7.4	5.8	6.8	6.1	5.9	6.5	7.2	6.8	6.8	6.7		!
	DNA rate: first appointment	15.4%	14.9%	12.0%	13.6%	11.0%	10.6%	10.6%	10.7%	13.2%	12.8%	11.3%	11.3%	12.2%		-
	DNA rate: follow-up appointment	12.8%	13.1%	10.8%	12.1%	8.8%	8.6%	8.7%	8.9%	11.6%	11.7%	10.2%	10.2%	11.1%		-

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

Trust commentary

Non-Elective and Emergency Care average LoS and discharges
There has been a small increase this month which will need to be monitored to ensure that it is not an increasing trend, fluctuations do occur when patients with a long length of stay are discharged.

Emergency re-admissions within 30 days (Adult & Paediatric)
This remains down from the previous 10.5% but requires constant focus

Delayed transfers of care affected patients
This is increasing as move in to winter and daily system monitoring has now started.

Non-Elective LoS - long stayers
This is now a focus for both sites with daily reviews of those with a stay of over 6 days

First to follow-up ratios
The WM site remains compliant. The CW site's non-compliance against the Trust standard is a focus of the OP Productivity Programme. The 9 specialties have presented plans to bring ratios in line with national benchmarked ratios

Average wait to first Outpatient attendance
The Trust has maintained an overall compliant waiting time for first attendance. There were notable improvements seen on the WM site and minor reductions on the CW site in October compared to the previous month. The Trust is monitoring the impact of the increase in referrals on both sites and is in discussions with the CCGs in relation to the effectiveness of their demand management plans.

DNA rates - first appointment
The DNA rate on the CW site has reduced by over 2% compared to the previous month. This is the result of the text reminder service working consistently and high-DNA specialties introducing telephone reminders prior to the appointment date. The Trust is now working towards a 10% DNA target

Clinical Effectiveness Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Aug-16	Sep-16	Oct-16	2016-2017	Aug-16	Sep-16	Oct-16	2016-2017	Aug-16	Sep-16	Oct-16	2016-2017 Q3	2016-2017	Trend charts	
Best Practice	Dementia screening case finding (Target: >90%)	96.4%	90.4%	96.1%	95.4%	91.2%	94.0%	92.2%	92.5%	93.4%	92.4%	94.1%	94.1%	93.7%		-
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	83.3%	100.0%	88.9%	86.5%	76.9%	88.9%	60.0%	74.1%	81.1%	95.0%	75.8%	75.8%	81.0%		!
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	100.0%	100.0%	100.0%	100.0%	84.6%	100.0%	88.2%	93.8%	92.9%	100.0%	91.7%	91.7%	96.3%		-
VTE	VTE: Hospital-acquired (Target: tbc)	0	0	0	0	1	0	0	5	1	0	0	0	5		-
TB	VTE risk assessment (Target: >95%)	95.6%	95.1%	95.2%	95.5%	86.1%	86.7%	85.6%	85.7%	91.2%	91.5%	90.9%	90.9%	91.1%		!
	TB: Number of active cases identified and notified	2	2	1	13	8	13	12	68	10	15	13	13	81		-
	TB: % of treatments completed within 12 months (Target: >85%)															-

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

Trust commentary

Stroke: time spent on dedicated Stroke Unit

The metric for patients spending 100% of their time on a designated Stroke Unit was achieved at Chelsea at 100%.

The West Middlesex site data is pending validation. 2 patients at the WM site did not spend 95% of their time on Kew. One patient had a one day admission to AAU following presentation at A&E and was treated and discharged. The second patient was originally admitted to Kew ward but was moved to MH1 during admission. Further investigation around reasons for ward move is currently being undertaken with Stroke Team

VTE Hospital-acquired

C&W site: VTE root cause analysis unable to be performed due to clinical commitments

VTE Risk assessments completed

At the Chelsea Site the target was just achieved. Clinical areas requiring significant improvement highlighted to teams.

Access Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Aug-16	Sep-16	Oct-16	2016-2017	Aug-16	Sep-16	Oct-16	2016-2017	Aug-16	Sep-16	Oct-16	2016-2017 Q3	2016-2017	Trend charts	
RTT waits	RTT Incompletes 52 week Patients at month end	0	0	0	19	0	0	0	0	0	0	0	0	19		-
	Diagnostic waiting times <6 weeks: % (Target: >99%)	99.36%	99.28%	99.84%	99.46%	98.44%	99.77%	99.40%	98.83%	98.77%	99.56%	99.60%	99.60%	99.09%		-
	Diagnostic waiting times >6 weeks: breach actuals	10	17	4	86	44	7	18	257	54	24	22	22	343		-
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	7.3%	7.0%	7.5%	7.3%	9.8%	9.6%	8.0%	8.6%	8.2%	7.9%	7.7%	7.7%	7.8%		!
	A&E time to treatment - Median (Target: <60')	01:00	01:14	01:13	01:09	00:40	00:34	00:46	00:45	00:55	01:04	01:05	01:05	01:02		-
	London Ambulance Service - patient handover 30' breaches	16	29	46	189	109	86	0	460	125	115	46	46	649		-
	London Ambulance Service - patient handover 60' breaches	0	1	2	7	0	0	0	0	0	1	2	2	7		-
Choose and Book (available to Aug-16 only for issues) and from Apr-16 for availability	Choose and book: appointment availability (average of daily harvest of unused slots)	2822	2463	1996	2461	0	0	0	1	2822	2463	1996	1996	2461		-
	Choose and book: capacity issue rate (ASI)	24.5%	26.1%		25.5%				35.0%	24.5%	26.1%			30.9%		-
	Choose and book: system issue rate															-

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

Trust commentary

Diagnostic waits under 6 weeks

The diagnostic waiting time standard of 99% tests completed within 6 weeks of referral was achieved on both locations with the Chelsea site reporting 99.84% and the WM reporting 99.40%. The combined Trust performance for October is reported as 99.60%; the second consecutive compliant month and the best overall performance since April. The combined YTD position is 99.09% which continues an improving trend

Diagnostic waits over 6 weeks

Across both sites there were a total of 22 breaches in October; the lowest combined total for several months, and continues the recent trend.

The Chelsea site reported 4 breaches (all in paediatrics) shared equally across urology and gastroenterology; a lack of available capacity is cited as the cause.

The West Middlesex site has reported 18 breaches shared between Gastroenterology, Respiratory and Urology; again due to a lack of capacity. The respective service leads are investigating how to reduce the likelihood of further breaches for similar reasons.

7 of the West Middlesex breaches were in Urodynamics as West Middlesex were unable to run extra sessions due to staffing shortages. Two additional sessions have been added in November to ensure no breaches. As from December a new locum consultant starts meaning these additional sessions will be run regularly.

Maternity Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Aug-16	Sep-16	Oct-16	2016-2017	Aug-16	Sep-16	Oct-16	2016-2017	Aug-16	Sep-16	Oct-16	2016-2017 Q3	2016-2017	Trend charts	
Birth indicators	Total number of NHS births	445	468	476	3274	451	459	423	3111	896	927	899	899	6385		-
	Total caesarean section rate (C&W Target: <27%; WM Target: <29%)	38.5%	30.2%	31.0%	33.1%	25.3%	24.5%	24.8%	26.7%	31.9%	27.4%	28.1%	28.1%	30.0%		!
	Midwife to birth ratio (Target: 1:30)	1:30	1:30	1:30	1:30	1:32.7	1:32.7	1:32.7	1:32.7	1:31.3	1:31.3	1:31.3	1:31.3	1:31.3		!
	Maternity 1:1 care in established labour (Target: >95%)	98.5%	98.2%	94.9%	96.6%	96.4%	94.9%	97.9%	93.2%	97.4%	96.5%	96.4%	96.4%	94.9%		-
Safety	Admissions of full-term babies to NICU	23	16	16	123	n/a	n/a	n/a	n/a	23	16	16	16	123		-

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

Trust commentary

Total number of NHS births

Continue to perform over plan at Chelsea site. The West Middlesex site is now on target to achieve plan which was uplifted last year because of transition from Ealing.

Total C-Section rate

The c-section rate continues to be higher at the Chelsea site. On-going work continues, led by consultant midwives and the Obstetric lead for labour ward to reduce the c-section rate

Midwife to birth ratio - births per WTE

On-going recruitment continues at West Middlesex especially with challenging vacancy rates. Shifts are currently covered by Bank and Agency but there is a focussed effort to reduce this reliance for both quality and cost purposes

Maternity 1:1 care in established labour

The Chelsea site reduction in target is reflective of increased activity over and above the activity plan this year. The current performance still represents an improvement on earlier in the financial year.

Workforce Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Aug-16	Sep-16	Oct-16	2016-2017	Aug-16	Sep-16	Oct-16	2016-2017	Aug-16	Sep-16	Oct-16	2016-2017 Q3	2016-2017	Trend charts	
Staffing	Vacancy rate (Target: CW <12%; WM <10%)	11.4%	12.9%	10.9%	10.9%	14.9%	13.9%	18.9%	18.9%	12.7%	13.2%	13.8%	13.8%	13.8%		!
	Staff Turnover rate (Target: CW <18%; WM <11.5%)	17.6%	16.6%	16.5%	16.5%	14.1%	14.6%	14.3%	14.3%	16.3%	15.9%	15.7%	15.7%	15.7%		!
	Sickness absence (Target: <3%)	2.6%	3.3%	3.1%	2.7%	1.7%	1.9%	1.7%	1.7%	2.3%	2.8%	2.7%	2.7%	2.4%		-
	Bank and Agency spend (£ks)	£2,252	£2,583	£2,328	£16,714	£1,940	£1,790	£1,937	£12,914	£4,192	£4,373	£4,265	£4,265	£29,629		-
	Nursing & Midwifery Agency: % spend of total pay (Target: tbc)	6.5%	7.7%	8.5%	7.3%	13.5%	13.7%	16.4%	13.2%	9.3%	10.0%	11.5%	11.5%	9.6%		-
Appraisal rates	% of appraisals completed - medical staff (Target: >85%)	85.4%	80.8%	83.8%	83.9%	88.1%	85.6%	85.2%	88.7%	86.6%	82.9%	84.4%	84.4%	86.0%		-
	% of appraisals completed - non-medical staff (Target: >85%)	76.2%	76.6%	75.4%	75.1%	71.0%	71.2%	73.5%	72.5%	74.6%	74.9%	74.8%	74.8%	74.3%		!
Training	Mandatory training compliance (Target: >90%)	85.1%	84.8%	84.5%	84.4%	86.4%	84.7%	82.5%	85.5%	86.2%	84.8%	83.8%	83.8%	85.1%		!
	Health and Safety training (Target: >90%)	85.9%	86.0%	84.5%	86.2%	83.2%	82.4%	81.5%	83.1%	84.9%	84.7%	83.5%	83.5%	85.1%		!
	Safeguarding training - adults (Target: 100%)	88.6%	89.3%	89.5%	88.7%	72.0%	79.0%	80.4%	86.8%	82.5%	85.5%	86.2%	86.2%	88.0%		!
	Safeguarding training - children (Target: 100%)	93.7%	92.9%	92.3%	89.6%	97.8%	94.7%	91.3%	94.4%	95.2%	93.5%	92.0%	92.0%	91.4%		!

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

Trust commentary

Vacancy rate
Our general vacancy rate for October was 13.8%, up from 13.2% last month and up from 10.8% since April 2016. We are seeking to address this deteriorating picture through the development of our attraction strategy and streamlining of our recruitment processes. Our time to recruit has been improving but at an average 61.6 working days it is still above our 50 day target. In October we had 205 new starters and 175 leavers, the majority being planned moves in medical rotation posts.

Staff turnover rate
Our unplanned turnover rate was 15.7%, down from 15.9% last month and down from 16.2% in April 2016. Unplanned turnover is 16.5% at Chelsea and 14.3% at West Middlesex.

Sickness absence
The annual sickness rate for the Trust in October 2016 was 2.7%. Average sickness across all London trusts in April 16 was 3.2%.

Bank & Agency spend (£ks)
Temporary staffing accounted for 14.4% of the total shifts worked in October, up from 13.1% in August and 13.5% in September. Agency usage equated to 324 WTES in October, up from 279 WTE in September. A range of measures to reduce reliance on and cost of agency staff have either recently been implemented or are being developed.

Appraisal completion rate - Medical staff
The appraisal rate for medical staff was 84%, up 1% from last month but below the 90% target.

Appraisal completion rate - Non-Medical staff
The appraisal rate for non-medical staff was 75% in September, the same as last month and below the 85% target.

Mandatory Training compliance
The Trust reports core training compliance based on the 10 Core Skills Training Framework (CSTF) topics to provide a consistent comparison with other London trusts. Our compliance rate stands at 85%, unchanged since September

62 day Cancer referrals by tumour site Dashboard

Target of 85%

		Chelsea & Westminster Hospital Site					West Middlesex University Hospital Site					Combined Trust Performance						Trust data 13 months	
Domain	Tumour site	Aug-16	Sep-16	Oct-16	2016-2017	YTD breaches	Aug-16	Sep-16	Oct-16	2016-2017	YTD breaches	Aug-16	Sep-16	Oct-16	2016-2017 Q3	2016-2017	YTD breaches	Trend charts	
62 day Cancer referrals by site of tumour	Brain	n/a	n/a	n/a	n/a		n/a	n/a	n/a	100%	0	n/a	n/a	n/a	n/a	100%	0		-
	Breast	n/a	n/a	n/a	n/a		100%	85.7%	87.5%	96.4%	2	100%	85.7%	87.5%	87.5%	96.4%	2		-
	Colorectal / Lower GI	100%	66.7%	66.7%	85.3%	2.5	60.0%	80.0%	100%	90.2%	2	84.6%	76.9%	88.9%	88.9%	88.0%	4.5		-
	Gynaecological	80.0%	40.0%	66.7%	65.0%	3.5	66.7%	100%	100%	87.5%	2	72.7%	57.1%	80.0%	80.0%	78.8%	5.5		!
	Haematological	n/a	n/a	0.0%	66.7%	1	100%	100%	100%	90.9%	1	100%	100%	66.7%	66.7%	85.7%	2		-
	Head and neck	n/a	n/a	n/a	0.0%	1	100%	100%	0.0%	58.3%	2.5	100%	100%	0.0%	0.0%	50.0%	3.5		-
	Lung	100%	n/a	90.0%	94.9%	1	100%	100%	80.0%	95.2%	0.5	100%	100%	86.7%	86.7%	95.0%	1.5		-
	Sarcoma	n/a	0.0%	n/a	66.7%	0.5	n/a	n/a	n/a	0.0%	0.5	n/a	0.0%	n/a	n/a	50.0%	1		-
	Skin	100%	100%	75.0%	85.7%	3	100%	100%	100%	94.8%	1.5	100%	100%	83.3%	83.3%	91.0%	4.5		-
	Upper gastrointestinal	66.7%	100%	0.0%	76.9%	1.5	100%	100%	100%	95.5%	0.5	87.5%	100%	75.0%	75.0%	88.6%	2		-
	Urological	71.4%	88.9%	50.0%	74.1%	7	55.6%	88.9%	77.8%	76.7%	10.5	62.5%	88.9%	72.7%	72.7%	75.7%	17.5		-
	Urological (Testicular)	n/a	n/a	n/a	100%	0	n/a	n/a	n/a	100%	0	n/a	n/a	n/a	n/a	100%	0		-
	Site not stated	0.0%	n/a	0.0%	0.0%	1.5	n/a	66.7%	100%	87.5%	0.5	0.0%	66.7%	66.7%	66.7%	63.6%	2		!

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

Trust commentary

The breakdown of reasons for breach by site are as follows:

Chelsea Site

0.5 Gynaecology - avoidable - referred to RMH day 30 but no capacity for surgery before breach date.
1.0 Haematology – unavoidable - complex pathway was seen by Respiratory initially
1.0 Skin – avoidable - complex diagnostics and pathway, was originally a Haematology referral, delay in surgery
0.5 UGI – avoidable – delay in patient being reviewed at MDT as delay in patient being put on cancer pathway. Referral to RMH (day 42) chemo commenced day 76
1.0 Urology – unavoidable - complex diagnostics

WM site

1.0 Breast – unavoidable - complex pathway, unable to start hormones due to age
0.5 Haematology - unavoidable - late referral (day 89) from Stanmore
0.5 Head & Neck – avoidable - referred to Imperial day 34, difficulties contacting patient led to delay in starting treatment
0.5 Lung – unavoidable - complex pathway, started in Colorectal, then required additional diagnostics before referral to Imperial
2.0 Urology 1.0 - unavoidable – patient initiated delays in diagnostic tests- 1.0 – avoidable – patient had a recent stroke and had to stop anticoagulants delaying diagnostics but also capacity issues delayed biopsy and bone scan

Nursing Metrics Dashboard

Safe Nursing and Midwifery Staffing

Chelsea and Westminster Hospital Site

Ward Name	Average fill rate				CHPD		
	Day		Night				
	Registered Nurses	Care staff	Registered Nurses	Care staff	Reg	HCA	Total
Maternity	69.9%	72.4%	71.9%	74.6%	8.8	2.8	11.6
Annie Zunz	85.2%	88.2%	98.4%	122.7%	2.7	1.2	3.9
Apollo	86.6%	48.4%	93.4%	-	17.1	0.9	18.0
Jupiter	84.3%	37.5%	64.5%	-	11.9	1.3	13.2
Mercury	62.3%	93.5%	79.9%	9.7%	8.4	0.8	9.2
Neptune	70.4%	96.8%	96.0%	74.2%	9.9	2.0	11.9
NICU	94.8%	-	92.8%	-	40.2	0.0	40.2
AAU	113.9%	79.5%	118.6%	106.3%	10.8	1.9	12.6
Nell Gwynn	95.7%	82.7%	130.4%	104.1%	4.7	3.8	8.5
David Erskine	104.6%	121.2%	107.9%	166.0%	3.6	3.2	6.8
Edgar Horne	104.0%	91.1%	114.0%	102.4%	3.7	3.3	7.0
Lord Wigram	96.6%	78.4%	98.9%	96.8%	3.4	2.3	5.6
St Mary Abbots	98.3%	94.4%	116.1%	116.1%	3.7	2.3	6.0
David Evans	80.9%	71.2%	104.8%	92.2%	5.7	2.4	8.2
Chelsea Wing	85.7%	67.5%	103.2%	119.4%	9.7	5.9	15.6
Burns Unit	94.9%	84.4%	98.9%	90.9%	12.0	2.8	14.8
Ron Johnson	84.1%	133.2%	97.8%	125.6%	4.5	3.3	7.8
ICU	-	-	-	-	-	-	-

West Middlesex University Hospital Site

Ward Name	Average fill rate				CHPD		
	Day		Night				
	Registered Nurses	Care staff	Registered Nurses	Care staff	Reg	HCA	Total
Maternity	91.5%	-	97.7%	-	5.1	0.0	5.1
Lampton	101.4%	100.1%	91.3%	95.5%	2.8	1.9	4.7
Richmond	90.0%	84.4%	94.8%	96.9%	9.0	4.0	12.9
Syon 1	86.7%	143.0%	98.3%	125.8%	3.4	2.0	5.5
Syon 2	82.7%	166.2%	98.9%	191.9%	2.6	3.1	5.8
Starlight	147.0%	103.2%	6.3%	0.0%			
Kew	100.7%	98.6%	107.8%	95.2%	6.9	4.7	11.6
Crane	91.5%	140.5%	98.4%	164.6%	3.1	3.2	6.2
Osterley 1	108.4%	186.2%	150.6%	120.9%	3.4	2.8	6.2
Osterley 2	87.5%	120.6%	98.4%	143.1%	3.2	2.8	6.1
MAU	95.3%	155.9%	110.1%	104.3%	6.9	3.2	10.1
CCU	99.0%	99.9%	96.8%	-	16.7	2.3	19.0
Special Care Baby Unit	46.5%	-	40.6%	-	6.6	0.6	7.2
Marble Hill	53.5%	66.5%	72.2%	54.4%	2.2	2.1	4.2
ITU	83.8%	-	96.4%	-	73.0	2.6	75.6

Summary for October 2016

WMUH – High fill rates were experienced in Starlight due to additional beds which were opened to cope with the Paediatric demand to the service. For Osterley 1, Osterley 2, AMU, Crane, Syon 1 and Syon 2, the increase in HCA fill rates was due to specialling.

C&W - St Mary Abbots ward had increased fill rates relating to acuity of patients specials / cover for sickness and vacancies / and overlap with new starters. Lord Wigram and David Evans had a low fill rate due to vacant shifts being unfilled. Use of staff in David Evans varies according to activity. Apollo and Jupiter have changed their skill mix and now no longer use HCAs at night. The low fill rates for RNs were due to reducing staff as patient demand was low.

CQUIN Dashboard

October 2016

National CQUINs

No.	Description of goal	Responsible Executive (role)	Forecast Q1	Q2	Q3	Q4
N1.1	Provision of Staff Wellbeing Initiatives	Director of HR & OD	G	n/a	n/a	G
N1.2	Promotion of Healthy Eating to staff, patients and visitors	Deputy Chief Executive	G	n/a	n/a	G
N1.3	Staff Influenza Vaccination	Director of HR & OD	n/a	n/a	G	G
N2.1	Sepsis (screening)	Medical Director	A	A	G	G
N2.2	Sepsis (antibiotic administration and review)	Medical Director	G	G	G	G
N5.1	Anti-microbial Resistance - reduction in antibiotic usage	Medical Director	n/a	n/a	n/a	G
N3.2	Anti-microbial Resistance - empiric review of prescribing	Medical Director	G	G	G	G
GE1	Implementation of Clinical Utilisation Review systems	Chief Operating Officer	R	R	R	R
CA1	Enhanced Supportive Care for Care Patients	Chief Operating Officer	G	G	G	G
CA2	Chemotherapy Dose Banding	Chief Operating Officer	G	G	G	G

Regional CQUINs

No.	Description of goal	Responsible Executive (role)	Forecast Q1	Q2	Q3	Q4
R1.1	NW London IT & IG Strategy & Governance	Chief Information Officer	G	G	G	G
R2.2	Sharing of Integrated Care Plans	Chief Information Officer	G	G	G	G
R2.4	Improve Communication method for GP follow-ups to Trust Clinical Services	Chief Information Officer	n/a	G	n/a	G
R3.2	Electronic Clinical Correspondence	Chief Information Officer	G	G	G	G
R3.4	NW London Data Quality	Chief Information Officer	G	G	G	G

Local CQUINs

No.	Description of goal	Responsible Executive (role)	Forecast Q1	Q2	Q3	Q4
L1.1	Blueteq Implementation for High Cost Drugs Approvals	Chief Operating Officer	n/a	n/a	G	G
L1.2	Engagement with Richmond Outcome Based Commissioning Project	Deputy Chief Executive	G	G	G	G
L1.3	Timely Discharge Communication with Wandsworth CAHS	Chief Operating Officer	G	G	G	G
L1.4	Developing Telemedicine	Chief Information Officer	G	G	G	G
L1.5	ARV Switch for HIV patients	Chief Operating Officer	G	G	G	G
L1.6	Reducing Ventilator Associated Pneumonia	Chief Operating Officer	G	G	G	G

Commentary

A total of £8.3m of income is available in 2016/17 through 21 separate CQUIN schemes negotiated with the Trust's Commissioners. Senior Responsible Officers have been established for each of the 21 projects, and operational leads identified who will supported with performance monitoring information to support successful delivery.

The Trust achieved 95.5% of the available income from the CQUINs within the 16/17 contract with CCGs, and forecast 100% achievement of available NHSE CQUIN income for Q1, excluding the CUR CQUIN with which the Trust declined to participate, subject to ratification.

National CQUINs

Q2 progress with project plans is on track with a high level of confidence on delivery of schemes. There remains some risks to the delivery of all milestones within the Sepsis CQUIN (CQUIN N2.1 and N2.2) due to the manual processes currently in place and activity demand pressures impacting on timely delivery of treatment in ED. The Trust has a project structure in place to manage improvement and mitigate these risks.

Regional CQUINs

The Trust has successfully concluded negotiations with the CCG regarding the timeline for implementation of CQUIN project R2.4, aimed at improving communication between GPs and Hospital Consultants. Concerns about the timescales for delivering e-consultation using the SystmOne application have been addressed. The expansion and enhancement of the Trust's GP Portal has been successfully achieved to timescale for Q2. There is now a high level of confidence in delivery of the CQUIN project milestones and income within the agreed timetable.

Local CQUINs

All local CQUIN project Q2 milestones have been delivered to timescale. Evidence has been submitted to Commissioners at the end of October to confirm this assessment. Commissioner's response to the evidence provided is awaited. All Q3 & Q4 milestones remain on track for achievement in full.

CQC Action Plan Dashboard

Chelsea and Westminster NHS Foundation Trust

Area	Total	Green (Fully complete)	Amber	Red
Trust-wide actions: Risk / Governance	17	17	-	-
Trust-wide actions: Learning disability	4	4	-	-
Trust-wide actions: Learning and development	14	14	-	-
Trust-wide actions: Medicines management	5	5		-
Trust-wide actions: End of life care	26	26		-
Emergency and Integrated Care	33	32		1
Planned Care	55	54	1	-
Women & Children, HIV & GUM	35	35	-	-
Total	189	187	1	1
June position for comparison	189	185	3	1

Chelsea and Westminster commentary

The outstanding action relates to caring for mental health patients in an appropriate place; we are working with NHSE and partners. to address this

ICU transfers overnight remain an issue due to capacity issues within ICU, a new build is planned to address capacity.

West Middlesex University Hospital

Area	Total	Complete	Green	Amber	Red
Must Have Should Do's	33	30	3	0	0
Children's & Young Peoples	32	32	0	0	0
Corporate	2	2	0	0	0
Critical Care	27	27	0	0	0
ED- Urgent & Emergency Services	17	16	0	1	0
End of Life Care	32	10	18	4	0
Maternity & Gynae	22	22	0	0	0
Medical Care (inc Older People)	19	18	0	1	0
Surgery	26	26	0	0	0
Theatres	15	15	0	0	0
OPD & Diagnostic Imaging	14	14	0	0	0
Total	239	212	21	6	0
June position for comparison	239	212	21	6	0

West Middlesex Commentary

With the exception of End of Life Care there are only 5 outstanding actions from the CQC inspection. Where possible work is progressing; 2 are dependent on recruitment processes (Palliative Care and the Emergency Department), 1 is part of a long term piece of work (information).

1 will remain outstanding until such time that Emergency Department is rebuilt or reconfigured (resus space) and 1 relates to the community infrastructure and other health partners supporting earlier discharge.

End of Life Care is subject to on-going review through the End of Life Strategy Group

Finance Dashboard

Month 7 (October) Integrated Position

Financial Position (£000's)

£0	Combined Trust		
	Plan to Date	Actual to Date	Variance to Date
Income	350,747	355,873	5,126
Expenditure	(325,441)	(332,694)	(7,253)
EDITDA	25,306	23,179	(2,127)
EBITDA %	7.215%	6.513%	-0.70%
Interest/Other	(3,460)	(3,084)	376
Depreciation	(11,619)	(10,303)	1,316
PDC Dividends	(5,368)	(5,369)	(1)
Surplus/ (Deficit)	**4,859**	**4,423**	**(436)**

Comments RAG rating

The year to date position at Month 7 is a £4,423k surplus which is an adverse variance of £436k.

Income is favourable against the plan by £5,126k year to date, this mainly relates to over-performance in clinical income. The over-performance is within Elective, Non Elective and outpatient activity across various specialties within CW and WM.

Pay is adverse by £2,606k year to date, predominantly due to the use of temporary staffing to cover vacancies, sickness and additional clinics and theatre session.

Non-pay is adverse by £4,647k year to date mainly due contractual provisions and activity related costs. Non-operating expenditure is favourable by £1,691k year due to date mainly due to depreciation.

Risk rating (year to date)

FSRR	M7 Plan	M7 Actual
FSRR Rating		2

Comments RAG rating

NHSI have introduced the UOR as the new measure of financial performance replacing the FSRR. There are 5 areas of perfomance which are measured to produce an overall rating. Under this measure 1 is the highest score and 4 the lowest. The UOR for October is 2. The Trust is performing in line for each of the areas of measure except for agency spend which is over plan. There is no plan rating for I&E margin variance as control totals were not in place prior to 2016/17.

Cost Improvement Programme (CIPs)

Site	In Month			Year to Date		
	Plan £'000	Actual £'000	Var £'000	Plan £'000	Actual £'000	Var £'000
Service Improvement and Efficiency Workstream	1,636	1,671	35	9,575	8,346	(1,230)
Integration Workstream/Transformation	273	209	(64)	1,678	1,501	(177)
Q1 Quotas	0	0	0	1,153	1,157	4
Trust Total	1,909	1,879	(30)	12,406	11,004	(1,403)

Comments RAG rating

The main areas of year to date slippage were:

Temporary Staffing (£670k)
Diagnostic Demand Management (£177k)
Outpatient productivity (£181k)
Clinical Admin(£152k)
Commissioner Fines and Credits (£167k).

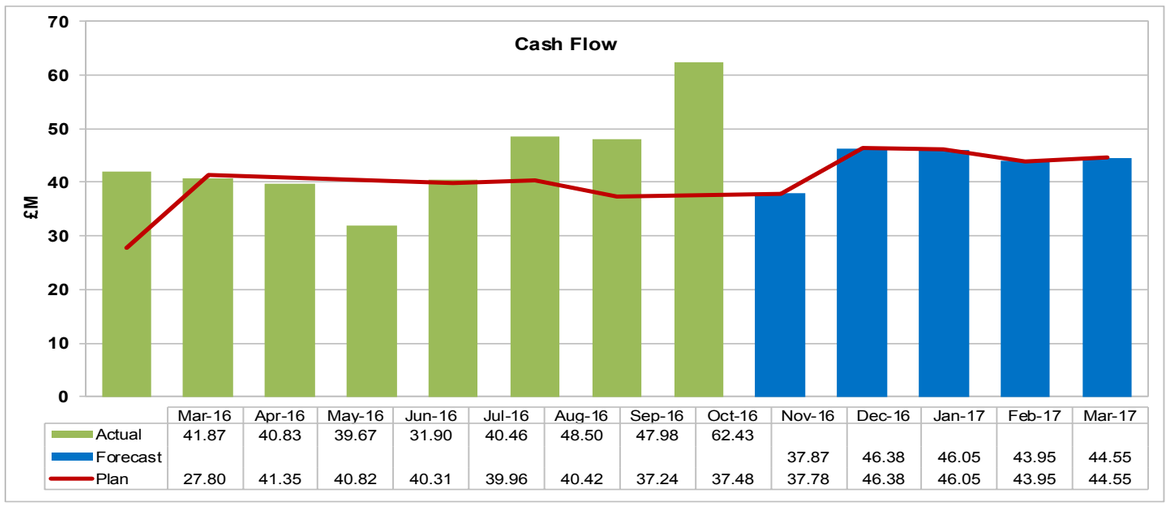
Cash Flow

Comments RAG rating

Cash at the end of October is £62.43m which is £24.95m more than plan of £37.48m.

This is mainly due to robust cash collection, slippage against the capital programme, increased expenditure accruals, deferring Training income and PDC within the plan but not yet drawn down.

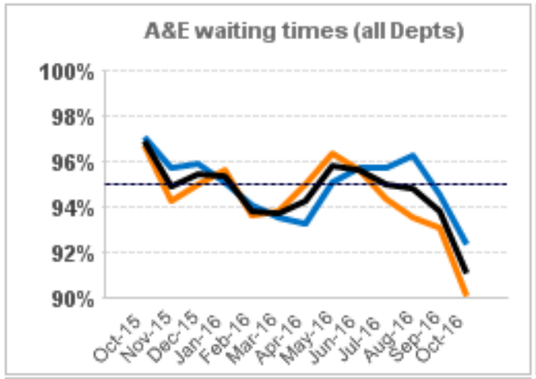
The Trust is anticipating achieving its year end forecast cash balance of £44.6m

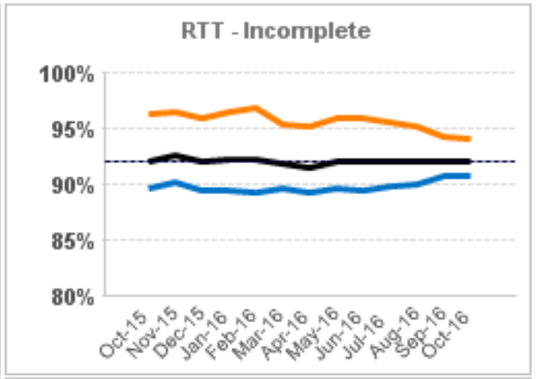


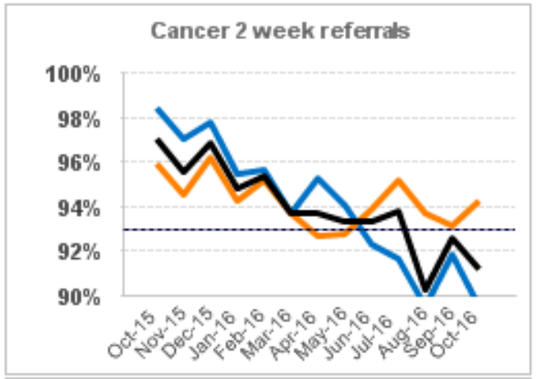
	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Actual	41.87	40.83	39.67	31.90	40.46	48.50	47.98	62.43					
Forecast									37.87	46.38	46.05	43.95	44.55
Plan	27.80	41.35	40.82	40.31	39.96	40.42	37.24	37.48	37.78	46.38	46.05	43.95	44.55

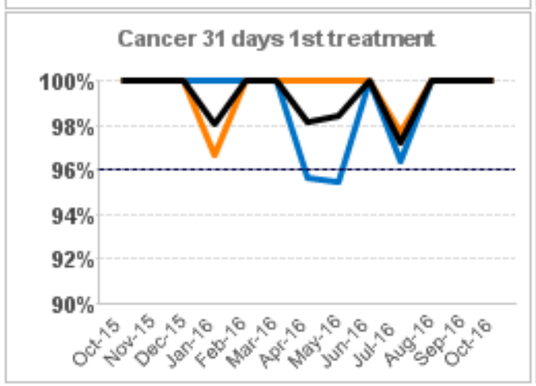
Regulatory Compliance

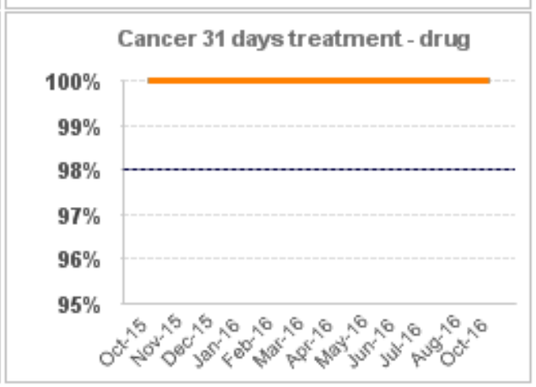
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined Trust data: last Quarter, YTD & 13m trend					
Indicator	Aug-16	Sep-16	Oct-16	Aug-16	Sep-16	Oct-16	Aug-16	Sep-16	Oct-16	Quarter	YTD	Trend
A&E waiting times - Types 1 & 3 Depts (Target: >95%)	96.3	94.6	92.3	93.6	93.1	90.1	94.8	93.8	91.1	91.1	94.3	
RTT - Incomplete (Target: >92%)	90.1	90.7	90.8	95.2	94.3	94.0	92.0	92.0	92.0	92.0	92.0	
Cancer 2 week urgent referrals (Target: >93%)	87.2	91.8	87.2	93.7	93.1	94.2	90.2	92.6	91.2	91.2	92.4	
Cancer 2 week Breast symptomatic (Target: >93%)	n/a	n/a	n/a	92.6	90.6	93.7	92.6	90.6	93.7	93.7	93.2	
Cancer 31 days first treatment (Target: >96%)	100	100	100	100	100	100	100	100	100	100	99.1	
Cancer 31 days treatment - Drug (Target: >98%)	n/a	n/a	100	100	n/a	100	100	n/a	100	100	100.0	
Cancer 31 days treatment - Surgery (Target: >94%)	n/a	100	n/a	100	100	100	100	100	100	100	100.0	
Cancer 62 days GP ref to treatment (Target: >85%)	89.6	73.9	66.7	86.0	90.0	87.3	87.6	86.0	79.8	79.8	85.6	
Cancer 62 days NHS screening (Target: >90%)	n/a	n/a	n/a	100	100	100	100.0	100.0	100.0	100.0	100.0	
Clostridium difficile infections (Targets: CW: 7; WM: 9; Combined: 16)	0	0	0	2	2	0	2	2	0	0	9	
Self-certification against compliance for access to healthcare for people with LD	Comp	Comp	Comp	Comp	Comp	Comp	Comp	Comp	Comp	Comp	Comp	

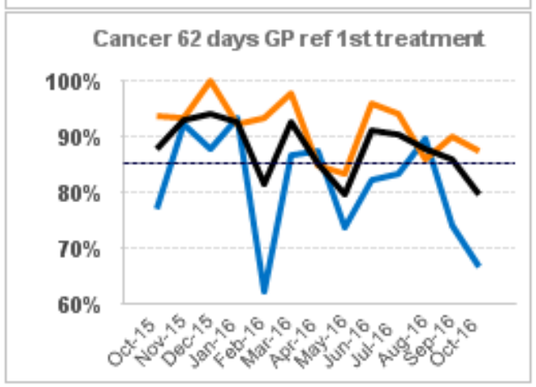






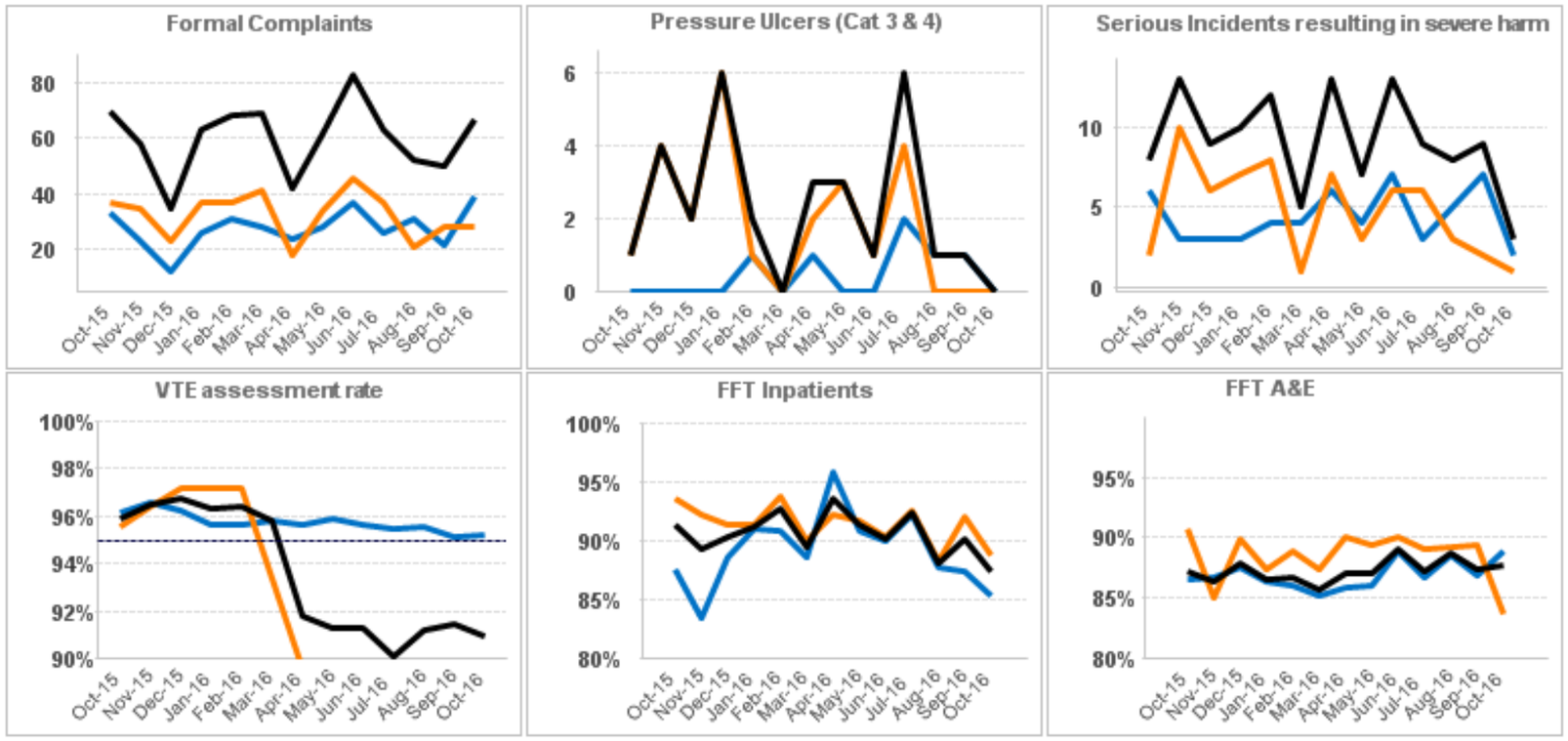






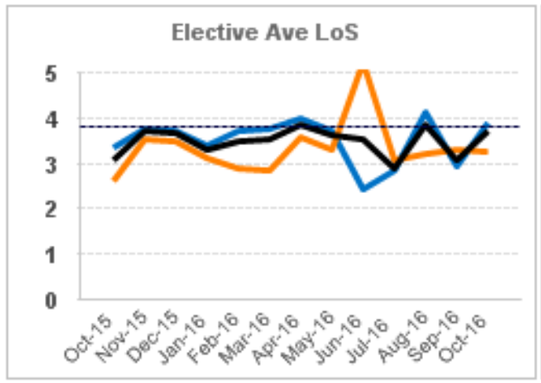
Quality

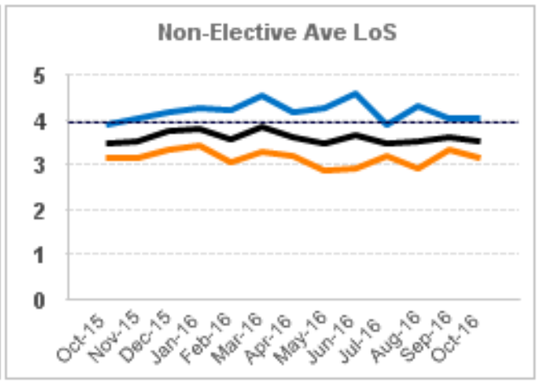
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Aug-16	Sep-16	Oct-16	Aug-16	Sep-16	Oct-16	Aug-16	Sep-16	Oct-16	Quarter	YTD	Trend
Hand Hygiene (Target: >=90%)	95.7	95.9	94.3	98.6	98.4	92.1	96.6	96.8	93.6	93.6	96.0	
Pressure Ulcers (Cat 3 & 4)	1	1	0	0	0	0	1	1	0	0	15	
VTE assessment % (Target: >=95%)	95.6	95.1	95.2	86.1	86.7	85.6	91.2	91.5	90.9	90.9	91.1	
Formal complaints number received	31	22	39	21	28	28	52	50	67	67	419	
Formal complaints responded to <25days	11	6	7	4	8	4	15	14	11	11	116	
Serious Incidents	5	7	2	3	2	1	8	9	3	3	62	
Never Events (Target: 0)	0	0	0	0	0	0	0	0	0	0	1	
FFT - Inpatients recommend % (Target: >90%)	87.8	87.4	85.3	88.3	92.0	88.9	88.1	90.1	87.4	87.4	90.7	
FFT - A&E recommend % (Target: >90%)	88.5	86.8	88.9	89.3	89.4	83.7	88.7	87.4	87.7	87.7	87.8	
Falls causing serious harm	0	0	0	0	0	0	0	0	0	0	2	

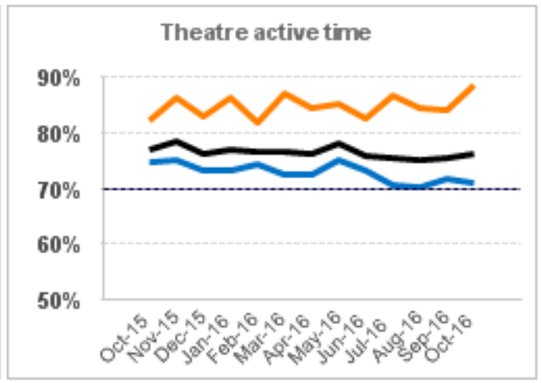


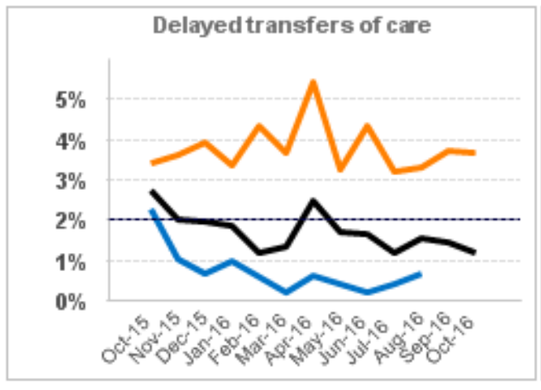
Efficiency

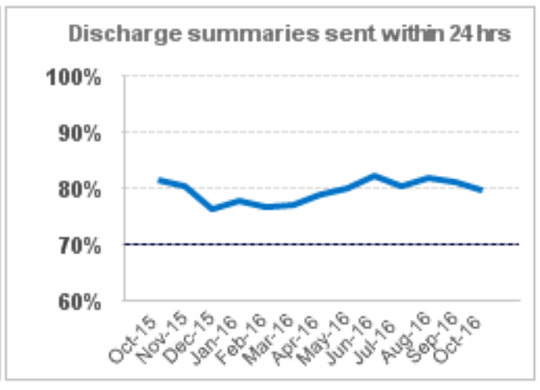
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Aug-16	Sep-16	Oct-16	Aug-16	Sep-16	Oct-16	Aug-16	Sep-16	Oct-16	Quarter	YTD	Trend
Elective average LoS (Target: <3.8)	4.1	3.0	3.9	3.2	3.3	3.3	3.8	3.1	3.7	3.7	3.5	
Non-Elective average LoS (Target: <3.95)	4.3	4.0	4.0	2.9	3.3	3.1	3.5	3.6	3.5	3.5	3.6	
Theatre active time (Target: >70%)	70.4	71.9	71.0	84.5	83.9	88.6	75.0	75.4	76.3	76.3	76.0	
Delayed transfers of care (Target: <2%)	0.65	0.00	0.00	3.31	3.74	3.67	1.57	1.44	1.19	1.19	1.62	
Discharge summaries sent within 24 hours (Target: >70%)	81.8	81.3	79.8	dev	dev	dev	81.8	81.3	79.8	79.8	80.6	
Outpatient DNA rates (Target: <11.1%)	13.5	13.6	11.1	9.7	9.4	9.5	12.1	12.0	10.5	10.5	11.4	
On the day cancelled operations not re-booked within 28 days (Target: 0)	1	1	5	0	0	0	1	1	5	5	10	

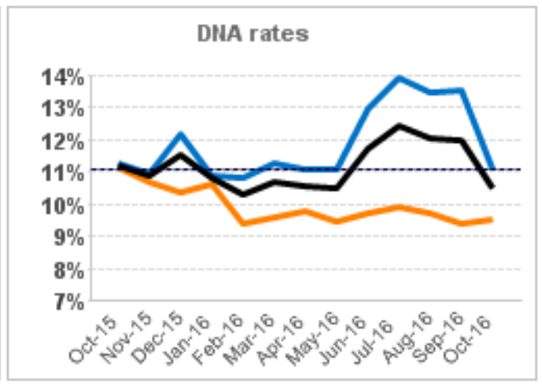






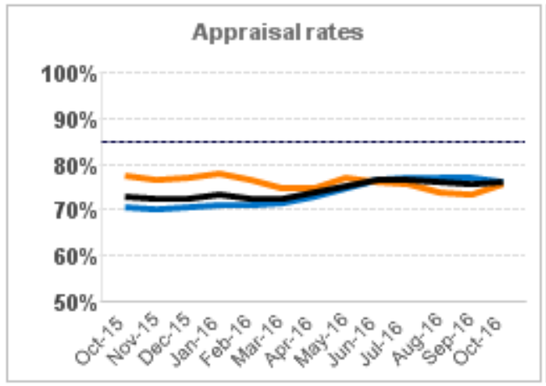


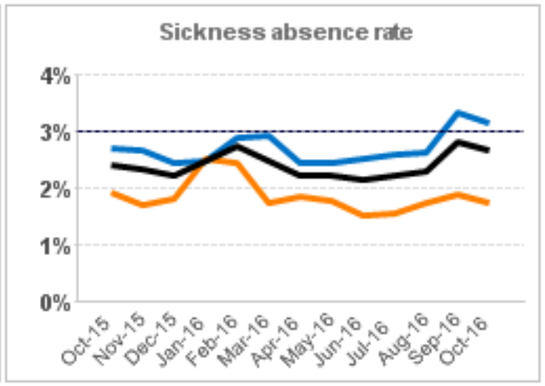


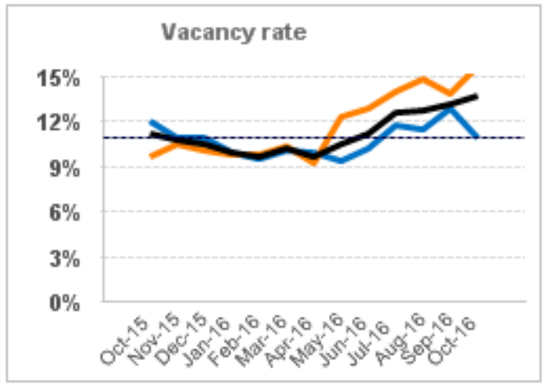


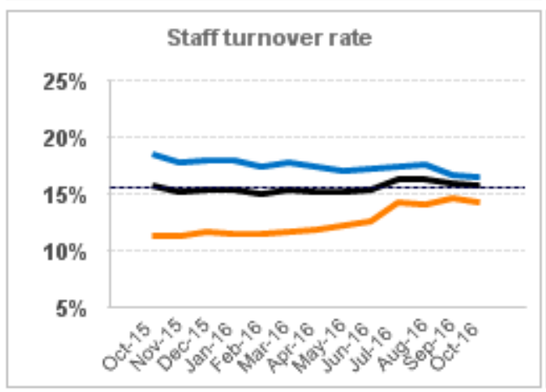
Workforce

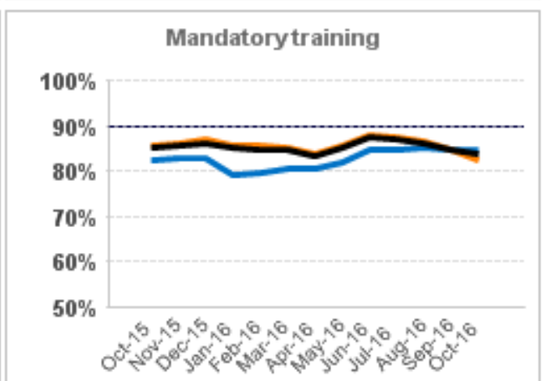
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Aug-16	Sep-16	Oct-16	Aug-16	Sep-16	Oct-16	Aug-16	Sep-16	Oct-16	Quarter	YTD	Trend
Appraisal rates (Target: >85%)	77.1	77.1	76.2	73.8	73.5	75.5	76.0	75.9	76.0	76.0	75.7	
Sickness absence rate (Target: <3%)	2.64	3.35	3.14	1.73	1.88	1.73	2.31	2.83	2.65	2.65	2.37	
Vacancy rates (Target: CW<12%; WM<10%)	11.4	12.9	10.9	14.9	13.9	18.9	12.7	13.2	13.8	13.8	13.8	
Turnover rate (Target: CW<18%; WM<11.5%)	17.6	16.6	16.5	14.1	14.6	14.3	16.3	15.9	15.7	15.7	15.7	
Mandatory training (Target: >90%)	85.1	84.8	84.5	86.4	84.7	82.5	86.2	84.8	83.8	83.8	85.1	
Bank and Agency spend (£ks)	£2,252	£2,583	£2,328	£1,940	£1,790	£1,937	£4,192	£4,373	£4,265	£4,265	£29,629	
Nursing & Midwifery: Agency % spend of total pay (Target: tbc)	6.5	7.7	8.5	13.5	13.7	16.4	9.3	10.0	11.5	11.5	9.6	

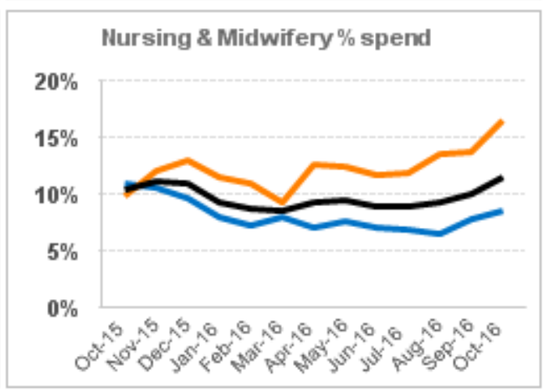












Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 8 December 2016

AGENDA ITEM NO.	3.4/Dec/16
REPORT NAME	Governors' Questions
AUTHOR	Various
LEAD	Lesley Watts, Chief Executive Officer
PURPOSE	To note.
SUMMARY OF REPORT	**1. The question raised by Governor Paul Harrington:** What risk assessments take place regarding staffing levels, resources and other facilities before wards are opened to relieve pressures on A and E? **Response from Tina Benson, Deputy Chief Operating Officer** Escalation capacity is always opened with careful consideration and the balance of maintaining patients safety in the Emergency Department versus open additional areas and wards. For smaller areas, such as the medical day unit, it is often a dynamic multi-disciplinary risk assessment made at the site bed meetings at 9.30am and 3pm. For larger areas such as Rainsford Mowlem at Chelsea and Westminster Hospital and Marble Hill 1 at West Middlesex, there was a full discussion at the Executive board regarding the need for the capacity and the risks with either opening the capacity or keeping the capacity at a fixed level. The decision was taken to open these areas in a phased way supported by the senior nursing leadership team. **2. The question raised by Governor Susan Maxwell:** Throughout both sites, how many breaches of compliance on single-sex bays occurred during the year January 2016 to date and, if any, can we know what the total penalty costs were? **Response from Vanessa Sloane:** The Trust has not had any breaches of single sex accommodation this year. **3. The question raised by Governor Cllr Catherine Faulks:** Will Chelsea and Westminster be joining the innovative FGM project that is currently being based in St Mary's and Queen Charlotte's hospital? **Response from James Beckett, Divisional Director of Operations:** Essentially, Imperial were awarded a department of education innovation grants to set up the Shared Services FGM Prevention Project which comprises a dedicated FGM team-specialist mid-wife, social workers (embedded within the service), health advocates, trauma specialists. They hope to identify girls at risk of FGM and work with FGM survivors to improve their general health and well-being. They tend to identify the majority of women via their maternity services, hence the Queen Charlotte link.

	Our GU FGM service has declined in the last six months due to the fact that we had to stop working with the dedicated outreach worker. We held off approaching any of the local charities for further partnership work as they are under immense pressure currently due to the community tender. We will revisit this is 2017. **4. The question raised by Governor David Philips:** Are there any outstanding payments due from patients who were not eligible to receive free treatment, what that sum is, and if the non-executives are assured that effective procedures are in place to minimise unpaid bills and recoup unpaid amounts? **Response from Sandra Easton, Chief Financial Officer:** There are 683 overseas visitors who received treatment at the Trust in the financial year 2015/16 who were not eligible for free care. Re 2015/16 invoices: Collected to date £1,314,296 and outstanding £722,979. The Board are assured about the collection of these monies with regular discussions taking place in both Finance and Investment Committee and Audit Committee. **5. The question raised by Governor Andreea Goncalves:** What are the reasons for including a C-section target rate in the maternity dashboard birth indicators? What measures does the Trust have in place to ensure that the existence of such a target does not have a detrimental impact on its ability to follow recommended practice on intra-partum care, for instance relevant NICE guidelines? What safeguards are in place to ensure that patients' autonomy and dignity are respected and that patients are not unduly pressured into opting for birth pathways that may be inadequate for their individual circumstances? **Response from Pippa Nightingale, Director of Midwifery:** The C-section rate targets are set nationally and endorsed by NICE. Our rate at CW is higher than the national average as we do not enforce women to have a normal birth and do offer choice which is supported in our clinical guidelines which are in line with NICE guidance.
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, 8 December 2016

AGENDA ITEM NO.	3.5/Dec/16
REPORT NAME	Draft Minutes of the Council of Governors Quality Sub-Committee meeting held on 11 November 2016
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Nigel Davies, Chairman
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 8 September 2016.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	For information.

Minutes of a meeting of the Council of Governors Quality Sub-Committee
Held at 12.00 on 11 November 2016 in the Hospital Boardroom

Attendees	Nigel Davies	ND	Chair (Public Governor – Ealing)
	Susan Maxwell	SM	Patient Governor
	Melvyn Jeremiah	MJ	Public Governor – City of Westminster
	Simon Dyer	SD	Patient Governor
	Paul Harrington	PH	Public Governor - London Borough of Richmond upon Thames
	Anna Hodson-Pressinger	AHP	Patient Governor
In attendance	Sonia Richardson	SR	Patient Representative West London CCG
	Vida Djelic	VD	Board Governance Manager
	Emily Northover (in part)	EN	Diabetes Lead Nurse
	Sian Nelson	SN	Patient Experience Manager

1.	**Welcome and Apologies**	
a.	The sub-committee noted apologies received from Martin Lewis, David Philips and Wendy Micklewright.	
2.	**Election of Chairman**	
a.	The sub-committee acknowledged an early Chairman vacancy. SM nominated Nigel Davies for the vacant chair post and PH seconded. The sub-committee unanimously approved, by show of hands, the appointment of Nigel Davies as the Chair.	
b.	The sub-committee agreed that the Deputy Chair should be elected at its first meeting in 2017.	
3.	**Minutes of the previous meeting held on 8 September 2016**	
a.	Minutes of the previous meeting were accepted as a true and accurate record of the meeting subject to the following change: • P.2, item 4, para i, insert 'along with as well as' between given and an antibiotic.	
4.	**Matters Arising**	
a.	In relation to action 3.b SM noted that as regular PLACE reports are provided to other groups there is little value in duplicating the report to the sub-committee and proposed that it is removed from the forward plan. The sub-committee agreed. **Action: VD to remove PLACE reports from the forward plan.**	
b.	In response to action 3.d VD said that she still had not received the dementia audit results and once received she will circulate to the sub-committee. **Action: Action: VD to circulate the dementia audit results when received from SB.**	

c.	In response to action 5.f ND said that Robert Hodgkiss, Chief Operating Officer, advised him that Pippa Nightingale would attend a sub-committee meeting to provide an update in relation to catheter associated urinary tract infection (CAUTI) compliance. The Chair said that he would raise the issue with Pippa Nightingale and will invite her to the next sub-committee meeting. **Action: The Chair to discuss CAUTI compliance with Pippa Nightingale and to invite her to the next sub-committee meeting.**	
d.	In response to action 5.g SR noted that Robert Hodgkiss needs to get back to her to confirm if pressure ulcers compliance is within the components of safety thermometer indicator. **Action: Robert Hodgkiss to provide the information to SR outside meeting**.	
5.	**Council of Governors Quality Awards Autumn Results**	
a.	SM noted that the Quality Awards Judging Panel had selected three Trust teams to receive awards. The winning teams were:	
b.	• 10 Hammersmith Broadway Re-location Team • Kathryn Mangold and the Team responsible for 'Changing Places' • The Team who implemented the Electronic Weekend Handover System (E-Handover) at West Middlesex Hospital. The awards will be presented to the winning teams by the Chairman at the 8 December 2016 Council of Governors meeting.	
6.	**Diabetes Prevention and Management**	
a.	Emily Northover, Lead Diabetes Specialised Nurse, provided a background of the nature of diabetes and explained the difference between the types 1 and 2, including risk factors which can lead to developing diabetes and shared some advances in treating patient with diabetes.	
b.	She noted that the Diabetes Specialised Nurses support patients with explaining the illness, teaching to manage all aspects of living with diabetes, including monitoring blood sugar, creating a suitable diet, developing an exercise plan and advising on how to access network support.	
c.	The Diabetes Specialised Nurses look after in-patients and out-patients and arrange inpatient referrals to other specialities where necessary. They also educate other nurses and doctors about diabetes.	
d	Access to Insulin Pump treatment and the need for CCG approval was discussed. It was noted that different CCGs have different criteria.	
7.	**Integrated Performance Report**	
a.	In the absence of Robert Hodgkiss, Chief Operating Officer the sub-committee reviewed the September report and noted that the average length of stay on the Chelsea and Westminster site and readmissions across both sites remain below target and of concern.	

b.	SM noted that 13 patients were readmitted within 30 days and asked the Chief Operating Officer to provide the sub-committee with reasons for readmissions. She asked for this information to be regularly provided in the Performance Reports. **Action: Robert Hodgkiss to provide the sub-committee with reasons for readmissions detailed in the September Integrated Performance Report. This information to be provided in the report on a regular basis.**	
8.	**Patient Experience Report including Complaints, PALS and Friends and Family Test**	
a. b. c.	Sian Nelson, Patient Experience Manager presented the report and highlighted the following points: • Cross-site complaints received by Division were detailed in table 1 • Complaints response time requires improvement across both sites as detailed in table 2 • Emergency and Integrated Care data as detailed in table 3.0 showed the highest themes of complaints are related to clinical treatment in General Medicine, values and behaviours followed by communication • Planned Care data as detailed in table 3.1 showed the highest themes of complaints relate to clinical treatment – surgical, values and behaviours and communication • Women's, Children's, HIV, Dermatology and Private Patients Division detailed as table 3.2 showed the highest themes of complaints are communication, clinical treatment – obstetrics and gynaecology, followed by values and behaviours • Patient Experience Team attended a training course on compassionate care and will redeliver the course to the relevant Trust staff The sub-committee expressed a concern over slow divisional response to formal complaints and were unsure as to whether clinical teams take complaints seriously or the issues get addressed but they lack time to respond. In response to a question from the Chairman, SN said that the Datix system allows the Trust to monitor open complaints, including how many are open for longer than 25 days. To that end, the sub-committee asked for a demo of the Datix system at the February meeting. **Action: SN to provide a demo of Datix system at 23 February sub-committee meeting.**	
9.	**Governor feedback on patient contacts**	
a.	SM noted that she had met a patient who said that would get in touch with her in relation to a complaint made to PALS, however, she has not hear further from the	

	patient.	
b.	The sub-committee noted that Wendy Micklewright regularly shares her feedback with governors from meeting patients and public.	
c.	PH noted some positive comments he received from the patient/pubic users on the hospital services.	
d.	MJ noted some compliments he gathered from a patient in relation to cleanliness of Chelsea and Westminster site, welcoming and efficient staff and excellent medical treatment received.	
e.	PH notified the sub-committee that on occasions patient/pubic members would approach him with concerns/complaints about other organisations which operate services on the Trust's site but are not aware that the organisations are fragmented and not necessarily part of the Trust.	
f.	SR noted that there is an ongoing London wide review of patient transport services. She asked the sub-committee if they had any concerns in this area. SM said that patient transport is considered by the Trust's PLACE group.	
10.	**Funding report**	
a.	The report was noted.	
11.	**Forward Plan**	
a.	The sub-committee noted the forward plan. It was agreed that the Chairman and VD will be meeting to agree agenda items for the February 2017 meeting.	
12.	**Any other business**	
a.	The Chairman acknowledged Martin Lewis' and Melvyn Jeremiah's significant contributions to the working of the sub-committee and thanked both governors for their hard work.	
14.	**Date of next meeting** – 23 February 2017; 10.00-12.00; Room A, West Middlesex	

The meeting closed at 14.05.

Council of Governors Meeting, 8 December 2016

AGENDA ITEM NO.	3.6/Dec/16
REPORT NAME	Draft Minutes of the Council of Governors Membership Sub-Committee meeting held on 9 November 2016
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Phillip Owen, 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 9 November 2016.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	For information.

Minutes of the Council of Governors Membership & Engagement Sub-Committee
Held at 12.00 on 9 November 2016 in the Room A, Wes Middlesex

Attendees	Philip Owen	Chair	PO
	Paul Harrington	Public Governor – Richmond	PH
	David Phillips	Patient Governor	DP
	Ian Bryant	Staff Governor	IB
	Nowell Anderson	Public Governor – Hounslow	NA
In attendance	Mark Saunders	MES representative	MS
	Jane Lewis	Deputy Director of Corporate Affairs	JL
	Vida Djelic	Board Governance Manager	VD
Apologies /absence	Kush Kanodia	Patient Governor	KK
	Juliet Bauer	Patient Governor	JB
	Martin Lewis	Public Governor – Westminster	ML
	Tom Pollak	Public Governor – Wandsworth	TP
	Angela Henderson	Public Governor – Hammersmith and Fulham	AH

1.	**Welcome and Apologies**
a.	The Chairman welcomed all to the meeting.
b.	Apologies received from Martin Lewis, Angela Henderson, Kush Kanodia and Tom Pollak.
c.	The Chairman noted that Angela Henderson has resigned from the sub-committee.
2.	**Minutes of previous meeting held on 2 Sep 2016**
a.	The minutes of the previous meeting held on 2 Sep 2016 were accepted as a true and accurate record of the meeting.
3.	**Matters Arising & Action Log**
a.	In response to action 3.b, VD confirmed that as of February 2017 the sub-committee meeting will be held from 10.00-12.00 and the meetings will alternate between Chelsea and Westminster and West Middlesex hospital sites.
b.	In response to action 3.e, JL noted that the Trust was unable to hold an event at Hounslow, however, it will explore opportunities for holding an event in the Hounslow Civic Center in 2017.
c.	In response to action 3.g, VD tabled a copy of guidance for processing complaints which is available on the Trust website and clarified that all complaints/comments received should be logged with the complaints team which would process it in accordance with the Trust Policy for processing complaints.
d.	In response to action 3.o, it was noted that an introduction presentation devised for new governors induction could be used by governors when attending local stakeholder meetings. PO confirmed that he found it useful to talk to CCG Hounslow and an issue with setting up a kiosk at West Middlesex remains to

	be resolved.
e.	In response to action 3s, the sub-committee noted that it was completed.
f.	In relation to action 5.a the sub-committee discussed a variety of options in relation to production of membership report. It was agreed that the standard membership report as required for Monitor submission will be produced and any additional information that governors wish to be included can be added to the report. JL asked the sub-committee to email her with any additional data they wish be provided in membership reports.
4.	**Chairman's remarks, including MAG update and Membership communication**
a.	The Chairman noted successful engagement session held in public constituencies at during the Open Day event at West Middlesex. He highlighted that considerable number of members was recruited. NA added that his recruitment session was very successful and completed membership forms were forwarded to MES for processing.
b.	The sub-committee recognised the difficulty with engaging with the wider membership population. The Chairman noted that in light of the engagement strategy there will be close engagement with local boroughs, faith groups and local schools. It was recognised that in the context of governor engagement with patient and public it could promote the governing body by inserting a strapline at the bottom of appointment letter. **Action: IB to explore the option of putting a strapline at the bottom of appointment letter.**
c.	Use of TV screens as way of promoting the governing body and communicating to patient and public was noted, including the challenge with screens functioning. The Chairman noted that from his communication with the Director of Midwifery he leant that TV screens will be replaced in future.
5.	**Membership Report, including Membership Recruitment and Membership & Engagement Strategy**
a.	JL noted that the During 2016, the sub-committee reviewed the recruitment and engagement strategy to ascertain what was working well and where further focus is required. In addition, a survey of all its patient and public members was conducted to determine how the Trust can increase the active engagement of its members. The outcome of the survey has informed the updated strategy.
b.	In response to a question from IB, JL confirmed that the strategy will be updated with the staff membership number. **Action: JL to update the strategy with the staff membership number.**
c.	The Chairman noted that the sub-committee will need to reconsider value proposition for members and how to convince people to become members. It was agreed that the current benefits of being a member should be widely publicised in Members' News publication. **Action: JL to provide the communication team with article for inclusion in Members' News publication.**
6.	**Membership Engagement & Communications Calendar of events, including Trust Christmas Events**
a.	Mark Saunders, Membership Engagement Services (MES) representative, provided an overview of the membership database functionality and its capabilities. He highlighted that the system allows the Trust to store, organise and search for membership data. It offers the possibility of drilling

	down in information regarding our members (i.e age, gender, ethnicity and socio economic information) direct communication with members including a section for governors, communication with members, surveys, SMS messaging and postal mailing.
b.	The sub-committee noted that the system is designed to provide the Trust with an analysis of public membership compared to its local population. The local population information is based on the Trust's catchment areas. The information is used to better understand its membership.
c.	It was noted that currently 37% of the Trust members have their email address registered. MS added that in comparison to some foundation trusts the figure is good.
d.	In response to a question from IB, MS said that members response to email depends on various factors, some include a subject line. The MES system allows for personalising emails to members. There are some indications that if communication is personalised the higher response is expected.
e.	MS suggested that when sending regular Trust News publication to its members (4 per year) the Trust should reiterate how welcome it would be to have their email address and it could emphasise that it would save the NHS money spent on postage otherwise.
f.	In response to a question from DP, MS confirmed that the membership data is cleansed on a monthly basis. However, staff membership data is updated twice a year.
g.	MS assured the sub-committee that all personal information is stored in accordance with the Data Protection Act.
	Christmas events
h.	JL noted a paper provided by the communication team which detailed plan for the Christmas events for both Chelsea & Westminster and West Middlesex sites.
i.	The communication tam was looking for a volunteer to look after Santa's grotto. DP volunteered to be Santa and NA and PH volunteered to help with organising the events.
7.	**Council of Governors election process – update**
a.	VD noted that the Trust is in the process of electing new governors. The Returning Officer Officer provided the Trust with the stamen of candidates. She highlighted the following:
b.	• Contested election – Wandsworth, Kensington & Chelsea and Hammersmith & Fullham; • Uncontested election in City of Westminster, Staff: Allied Health, Professional and Scientific and Support, Admin and Clerical • The Returning officer distributed ballot papers on 8 November for constituencies in which an election is taking place on 29 November; • Election results are due to be published on 30 November.
8.	**Guest Speaker**
a.	Mark Saunders, Membership Engagement Services (MES) representative was considered to be the guest speaker.

9.	**Council of Governors Funding Report**
a.	The sub-committee noted the activities vs. estimated cost planned for 2016/17.
10.	**Feedback from members**
a.	This was noted earlier in the meeting.
11.	**Any other business**
a.	None.
12.	**Date of Next meeting** – February 2017 at 10am at Chelsea and Westminster (Hospital Boardroom)

The meeting closed at 14.05