

# Chelsea & Westminster Hospital NHS Foundation Trust

## Council of Governors

Meeting Room 1, Centenary House, The Queen's Club, Palliser Road, West Kensington, London W14 9EQ  
30 January 2020 16:00 - 30 January 2020 17:30



**COUNCIL OF GOVERNORS**  
**30 January 2020, 16.00 – 17.30**  
**Meeting Room 1, Centenary House,**  
**The Queen's Club, Palliser Road, West Kensington, London W14 9EQ**

**Agenda**

	<b>1.0</b>	<b>STATUTORY/MANDATORY BUSINESS</b>			
16.00	1.1	Election of new Governors – Announcement of results Welcome and apologies for absence <b>P.7</b>	Report Verbal		Chairman
16.02	1.2	Declarations of interest	Verbal		Chairman
16.03	1.3	Minutes of previous meeting held on 31 October 2019, including 1.3.1 Action Log and Governors' iLog <b>P.14/P.21</b>	Report Report	For Approval For Information	Chairman Chairman
	1.4	<b>QUALITY</b>			
16.15	1.4.1	People & OD Committee Report to the Council of Governors <b>P.25</b>	Report	For Information	Nick Gash, NED
16.35	1.5	Draft 2020/21 Annual Plan	Pres.	For Information	Jeremy Jensen, NED Chair of FIC
16.50	1.6	COG Sub-Committees: 1.6.1 Membership Sub-Committee report – November 2019 <b>P.31</b> 1.6.2 Quality Sub-Committee report – December 2019	Report Verbal	For Information For Information	David Phillips, Chair of sub-committee Laura Wareing, Chair of sub-committee
17.00	1.7	Disability Access Working Group – update	Verbal	For Information	Director of HR & OD
	<b>2.0</b>	<b>PAPERS FOR INFORMATION</b>			
17.10	2.1	Chairman's Report <b>P.36</b>	Report	For Information	Chairman
17.15	2.2	Chief Executive Officer's Report <b>P.39</b>	Report	For Information	Chief Executive Officer
17.10	2.3	Performance and Quality Report, including 2.3.1 People Performance Report 2.3.2 EU Exit update <b>P.56/P.76</b>	Report Report Verbal	For Information	Chief Executive Officer Director of Human Resources & OD
	<b>3.0</b>	<b>OTHER BUSINESS</b>			
17.15	3.1	Questions from the governors and the public <b>P.82</b>	Report/ Verbal	For Information	Chairman

17.25	3.2	Any other business, including: 3.2.1 Forward plan <b>P.85</b> 3.2.2 Schedule of meetings 2020/21 <b>P.91</b> 3.3.3 Governor attendance register <b>P.92</b>	Report Report Report		Chairman
17.30	3.3	Date of next meeting – 23 April 2020, 16.00-18.00, followed by NED/Governor Informal Meeting, 18.00 – 19.00, Boardroom, Chelsea and Westminster Hospital			

Acronym	Term
A&E	Accident & Emergency or Emergency Department
AC	Acute Care
AHP	Allied Health Professionals
AT	Acute Trust
AfC	Agenda for Change
BDA	British Dental Association
BIR	British Institute of Radiology
BMA	British Medical Association
BME	Black and minority ethnic
BMJ	British Medical Journal
CG	Caldicott Guardian
CAS	Central Alert System
CP	Care pathway
CC	Community Care
CCG	Clinical Commissioning Group
C.diff	Clostridium difficile (C. difficile)
CEO	Chief Executive Officer
CG	Caldicott Guardian
CH	Care Home
CHD	Coronary Heart Disease
CHS	Community Health Services
CMO	Chief Medical Officer
CN	Clinical Negligence
CNO	Chief Nursing Officer
CNST	Clinical Negligence Scheme for Trusts
COPD	Chronic Obstructive Pulmonary Disease
CP	Care Pathway
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CWH/CWHFT	Chelsea and Westminster Hospital NHS Foundation Trust
DNA	Did not Attend
DOH	Department of Health
DOS	Directory of Services
ED	Emergency Department or Accident & Emergency
E&D	Equality and Diversity
EC	Elective Care
EMA	Emergency Medical Admission
ENT	Ear, nose and throat
EP	Emergency Plan
EPR	Electronic Patient Records
FIA	Freedom of Information Act 2000
FOI	Freedom of Information
FT	Foundation Trust

GDPR	General Data Protection Regulation
GMC	General Medical Council
GP	General Practitioner
GUM	Genito-Urinary medicine
HOSC	Health Overview and Scrutiny Committee
HC	Health Community
HCA	Health Care Assistant
HI	Health Improvement
HMR	Hospital Medical Record
HPTP	Hospital Pharmacy Transformation Plan
HR	Human Resources
HSE	Health and Safety Executive
HSJ	Health Service Journal
IC	Integrated Care
ICHT	Imperial College Healthcare Trust
ICU	Intensive Care Unit
IM&T	Information Management and Technology
IV	Intravenous
LA	Local Authority
LOS	Length of Stay
LTC	Long Term Condition
MCA	Mental Capacity Act
MDT	Multi Disciplinary Team
MH	Mental Health
MMR	Measles, Mumps and Rubella Vaccination
MRC	Medical Research Council
MRSA	Meticillin-Resistant Staphylococcus Aureus
NHSE/I	NHS England and NHS Improvement
NAO	National Audit Office
NICE	National Institute of Health and Clinical Excellence
NMAC	National Medical Advisory Committee
NED	Non-executive Director
NPSA	National Patient Safety Agency
OA	Open Appointment
OATs	Out of Area Treatments
OD	Organisational Development
OP	Out Patient
OPT	Optician
OT	Occupational Therapy
PALS	Patient Advice and Liaison Service
PAS	Patient Administration System
PbR	Payment by Results
PC	Primary Care
PCT	Primary Care Trust

PDR	Performance Development Review
PEAT	Patient Environment Action Team
PFI	Private Finance Initiative
PH	Public Health
PHSO	Parliamentary and Health Service Ombudsman
PHC	Primary Health Care
PI	Performance Indicator
PIL	Patient Information Leaflet
PIN	Personal Identification Number
PP	Patient Pathway
PPG	Patient Participation Group
PPI	Patient and Public Involvement
PR	Performance Ratings
PCN	Primary Care Network
PH	Public Health
QA	Quality Assurance
QARC	Quality Assurance Reference Centres
QIA	Quality Impact Assessment
QIPP	Quality Innovation Productivity and Prevention
R&D	Research and Development
RCGP	Royal College of General Practitioners
RCN	Royal College of Nursing
RES	Race Equality Scheme
RRT	Rapid Response Team
SaHF	Shaping a Healthier Future
SC	Secondary Care
SC	Social Care
SCG	Specialised Commissioning Group
SLA	Service Level Agreement
SMR	Standardised Mortality Ratio
SoS	Secretary of State
SPS	Specialised Services
SSFH	Secretary of State for Health
SRO	Senior Responsible Owner
TC	Treatment Centre
TUPE	Transfer of Undertaking Protection of Employment Regulations
VFM	Value for Money
VTE	Venous Thromboembolism
WHO	World Health Organisation
WTD	Working-Time Directive
WTE	Whole Time Equivalent



**Council of Governors Meeting, 30 January 2020**

<b>AGENDA ITEM NO.</b>	1.1/Jan/20
<b>REPORT NAME</b>	Announcement of Council of Governors election results
<b>AUTHOR</b>	Vida Djelic, Board Governance Manager
<b>LEAD</b>	Sir Thomas Hughes-Hallett, Chairman
<b>PURPOSE</b>	To update.
<b>SUMMARY OF REPORT</b>	As enclosed.
<b>KEY RISKS ASSOCIATED</b>	None.
<b>FINANCIAL IMPLICATIONS</b>	None.
<b>QUALITY IMPLICATIONS</b>	None.
<b>EQUALITY &amp; DIVERSITY IMPLICATIONS</b>	N/A
<b>LINK TO OBJECTIVES</b>	All.
<b>DECISION/ ACTION</b>	To note.



## Council of Governors election results November 2019

### Public Constituency

- City of Westminster: Cass J. Cass-Horne (elected); Anthony Levy (elected)
- London Borough of Hammersmith and Fulham: Trusha Yardley (elected)
- London Borough of Wandsworth: Caroline Boulliat Moulle (elected)
- Royal Borough of Kensington and Chelsea: Paul Kitchener (re-elected)

### Staff Constituency

- Allied Health Professionals, Scientific and Technical Class: Thewodros Leka (elected unopposed)
- Management Class: Majid Bhatti (elected unopposed)
- Support Administrative and Clerical Class: Richard Jackson (elected unopposed)



**Cass J Cass-Horne**

Public Governor: City of Westminster

**What do you do?**

As a Senior NHS Health Advisor, I have personal experience and knowledge of NHS services. I was elected previously as a Patient Governor at the Trust from 2009–12. During that time I played an active role in driving up standards of care and increasing the membership of both sites when the two trusts joined. I became a Governor because of my first-hand experience of care received at Chelsea and Westminster Hospital as a patient. I bring a unique perspective to the NHS as a patient having worked in numerous health services abroad. During this, I experienced how hospitals can tailor their services better for the communities they serve. My combined experience in HR, non-executive advisory roles and NHS Health Advisory will be invaluable as a Public Governor. I believe members of the public and patients visiting the NHS should be treated equally, fairly and with respect. Viewpoints of the public and patients are very important and help Governors making informed decisions. In my previous role as a Patient Governor I worked with commitment and dedication to represent patients.

**Why did you become a governor?**

As a Public Governor, I pledge I will represent Westminster residents' opinions with the same enthusiasm. I will contribute and ensure that all persons are able to access services at our Trust. I am a strong believer in the NHS.

**Name: Anthony Levy**

Public Governor: City of Westminster

**What do you do?**

I combine business board roles with business school teaching and leadership consulting & coaching. For over thirty years I have run this alongside giving much of my time to voluntary and community organisations. This has included the NHS, where I have held Chairman, non-executive and governor roles, and a variety of charities mainly in health and social care. I am currently the Chairman of Self-Management UK which helps people with long term conditions to live healthier and happier lives (and reduces their demands on the NHS).

**Why did you become a governor?**

With a long term commitment to the NHS, I have always been keen to contribute to the process of continuous improvement. I am particularly interested in quality and access issues, and representing the public in ensuring that our hospitals deliver for patients & carers whilst being supportive to staff and delivering value for public money.

**Name: Trusha Yardley**

Public Governor: London Borough of Hammersmith and Fulham

**What do you do?**

I am first and foremost a mother of three girls, living in the Fulham area. I am a qualified accountant and work at Credit Suisse where I am Chief Operating Officer within the Risk department. I am also Treasurer of All Saints Church, Fulham.

**Why did you become a governor?**

I became a Governor as I would like to use my skills and experience to support and help Chelsea & Westminster Hospital to prosper and continue in its outstanding provision of NHS health services in an area I live in and love. And why this hospital? For me personally, it's where I and my whole family have received emergency and maternity care throughout the years, for which I am always grateful and in awe of its people, facilities, services and care provided. I want to help to ensure this continues to be available to everyone and help to improve and develop further.

**Caroline Boulliat Moulle**

Public Governor: London Borough of Wandsworth

**What do you do?**

As a local resident for more than 15 years and a Mum of four children, I know the Chelsea and Westminster hospital well. My family and I have experienced its excellent professional medical care, including during the joy of giving birth.

**Why did you become a Governor?**

Being a governor is a great opportunity to give something back to the hospital for everything from which my family and I have been so lucky to benefit.

I am a pharmacist and I come from a family with a deep interest in improving people's health. My father and grandfather are both doctors in Medicine.

I have a deep passion for patient care.

I believe my professional background, combined with my personal experience as a patient, a daughter and a mother, could contribute and help the Chelsea and Westminster Trust to deliver and execute successful long term plans, helping medical professionals to deliver the best clinical care for patients within the financial budget.

Being a governor will be a privilege. It is a great opportunity to be involved, to support and influence the strategy objectives for a trust in which I so passionately believe, with a strong focus on the patient needs.

**Richard Jackson**

Staff Governor: Support Administrative and Clerical

**What do you do?**

I am Quality Improvement Lead and Head of Patient Experience. Previously I was a general nurse. Later retrained as a therapist and worked for 17 years in both private practice and for the Heath Service in primary care. A career change took me into project management at The Royal Marsden Hospital. I joined this Trust in 2017.

**Why did you become a governor?**

I have worked in many London NHS Trusts. There is something genuinely different here in Chelsea and West Middlesex. This is the only time I feel like I am part of the family. I think our patients sense this too. One of the great aspects of my role is that I work across both the main sites and all the divisions. It is a privilege to rub shoulders with so many dedicated, effective, passionate and caring colleagues. I include administrative colleagues and staff in support roles when I say this. I am passionate about our values and became a governor to play my part in improving the experience for every one of our patients and all our staff.

**Thewodros Leka**

Staff Governor: Allied Health Professionals, Scientific and Technical

**What do you do?**

I qualified with a Bachelor of Pharmacy as well as a postgraduate certificate in medicines management, a postgraduate diploma in clinical pharmacy, an MBA and a certificate in established leadership. I am also registered with the General Pharmaceutical Council of Great Britain.

I have more than 25 years' experience in pharmaceutical services and management. Recently, I worked in a senior management role as principal pharmacist in the patient services and pharmacy dispensary at West Middlesex University Hospital, a lead directorate pharmacist for Surgery at our Chelsea site and currently as a lead directorate pharmacist for Surgery, Dermatology, Neurology, ITU, Clinical Imaging and Theatres at West Mid.

My management experience and achievement is supported with some of real examples such as:

- Inspiring shared purpose where I have introduced improved pharmacy service and patient care by introducing a surgical satellite pharmacy and winning the 2018 service improvement award at the Trust
- Evaluating information to generate new ideas and make effective plans for improvement. This is evidenced by using audit data to influence the Trust management to finance the establishment of the surgical satellite pharmacy
- Connecting our services where the pharmacy team work with social services team, specialist diabetes nurses, pain and anaesthetics team to improve patient safety and transfer of service
- Engaging others where the pharmacy team is involved in the provision of training for nurses and doctors, recording of clinical interventions, auditing to reduce medication errors and improving patient safety

I work closely with other healthcare professionals in the Trust on both sites on multidisciplinary projects to develop and implement various clinical guidelines and protocols such as management of diabetic surgical patients, prescription pattern of opioid drugs in elective surgical patients, participating in innovative research and clinical trials.

**Why did you become a governor?**

Patient safety and service improvement is my prime motivator, though I am passionate about all aspects of pharmacy and derive great pleasure from developing my understanding and skills. It is my ambition to search for ways to improve patient safety in general and medication safety in particular here and around the world.

Being a Governor will be a good opportunity to share my experience to improve the service we provide.

**Majid Bhatti**

Staff Governor: Management

**What do you do?**

I am Head of Financial Operations and I work with a fantastic team to ensure that our financial processes and systems are robust, of a high standard and effective to help the Trust achieve its financial objectives today and also its financial plans for the future.

I am primarily responsible for maintaining the integrity of the Trusts balance sheet, ensuring that the information contained within it is reported accurately and on time internally and also to our external stakeholders (such as the Department of Health and NHS Improvement). I help oversee production of the Trusts Statutory accounts in line with International Financial Reporting Standards as well as DH and NHSI&E policies so that they pass the close annual inspection by our external auditors.

My team and I ensure that the Trust receives a financial transactions service, to pay suppliers, raise invoices and collect debt on time, which achieve best value for money for agreed levels of service.

We also provide financial rigour over the Trusts capital programme by supporting managers in managing their spend within the Trusts capital envelope and forecast its capital programme for the following five years.

My team and I ensure that the Trust remains liquid by maintaining an effective Treasury function (forecasting any risk and opportunities for its cash flow) and also maintaining strong control, analysis and accounting of its other areas of working capital.

I graduated with a degree in Accounting and Finance and am a Fellow of the Association of Chartered Certified Accountants (ACCA).

I sit on the Healthcare Financial Management Association (HFMA), Accounting and Standards Committee which aims to promote high standards in accounting and financial reporting within the NHS.

I feel absolutely privileged to work in NHS finance and especially for a hospital where decisions we make in finance are valued and ultimately contribute towards improved care and better health of our patients.

**Why did you become a governor?**

I really want to get more involved in helping to shape the way in which our hospital services are provided to meet the needs of our patients, carers, staff and local stakeholders and I think that by becoming a governor will allow me to do that in a capacity outside of finance.

And in similar light, I feel that I can use my position as a governor to try and encourage closer partnerships between finance and other teams.

In my role I try and encourage my team as much as possible to develop and progress and as a staff governor I want to do the same for the constituents which I will represent by ensuring that their views are heard so that they feel part of an environment which encourages their development and where they feel that they have been able to contribute towards the achievements of our hospital.



**DRAFT**  
**MINUTES OF COUNCIL OF GOVERNORS**  
**31 October 2019, 16.00 – 18.00**  
**Boardroom, Chelsea and Westminster Hospital**

<b>Present:</b>	Sir Thomas Hughes-Hallett	Chairman	(THH)
	Nowell Anderson	Public Governor	(NA)
	Richard Ballerand	Public Governor	(RB)
	Juliet Bauer	Patient Governor	(JB)
	Tom Church	Patient Governor	(TC)
	Nigel Davies	Public Governor	(ND)
	Christopher Digby-Bell	Patient Governor	(CDB)
	Simon Dyer	Lead Governor/Patient Governor	(SD)
	Angela Henderson	Public Governor	(AH)
	Anna Hodson-Pressinger	Patient Governor	(AHP)
	Elaine Hutton	Staff Governor	(EHu)
	Kush Kanodia	Patient Governor	(KK)
	Paul Kitchener	Public Governor	(PK)
	Minna Korjonen	Patient Governor	(MK)
	Johanna Mayerhofer	Public Governor	(JMa)
	Chisha McDonald	Staff Governor	(CM)
	Fiona O'Farrell	Public Governor	(FOF)
	Tom Pollak	Public Governor	(TP)
	David Phillips	Patient Governor	(DP)
<b>In attendance:</b>	Lesley Watts	Chief Executive	(LW)
	Thomas Simons	Executive Director	(TS)
	Nick Gash	Non-executive Board member	(NG)
	Jeremy Jensen	Non-Executive Director	(JJ)
	Liz Shanahan	Non-Executive Director	(LS)
	Vida Djelic (Minutes)	Board Governance Manager	(VD)
	Shelia Murphy	Company Secretary	(SMM)
	Priscilla Gyewu	Membership Officer	(PG)
	Felix Vaal (in part)	ICT Project Manager	(FV)
<b>Apologies:</b>	Jodeine Grinham	Staff Governor	(JG)
	Mark Nelson	Staff Governor	(MN)
	Jenny Parr	Staff Governor	(JP)
	Cllr Patricia Quigley	Local Authority Governor	(PG)
	Jacquei Scott	Staff Governor	(JS)
	Dr Desmond Walsh	Appointed Governor	(DW)
	Laura Wareing	Public Governor	(LJW)
	Steve Gill	Non-Executive Director	(SG)
	Martin Lupton	Honorary Non-Executive Director	(ML)
	Dr Andy Jones	Non-Executive Director	(AJ)
	Eliza Hermann	Non-Executive Director	(EH)
	Nilkunj Dodhia	Non-Executive Director	(ND)

<b>1.0</b>	<b>STATUTORY/MANDATORY BUSINESS</b>
<b>1.1</b>	<p><b>Welcome and apologies for absence</b></p> <p>THH welcomed members and attendees to the meeting and apologies for absence were noted as per attendance list.</p>

	<p>Nick Gash, NED Chair of the Audit and Risk Committee read out the guidance on the pre-election period advising on the publicity restrictions and matters that should be observed during the purdah period. It was noted and confirmed that 7 November Board agenda will be altered accordingly.</p> <p>Members discussed the planning of the Governors' Away Day planned for 14 November. KK noted there would be no opportunity for new governors, who are due to be elected on 15 November, to attend the Away Day. The Council voted on a proposal to postpone the Away Day until January and the result was as follows:</p> <ul style="list-style-type: none"> <li>• 13 vote for postponing</li> <li>• 1 vote against postponing</li> <li>• 1 abstained from voting</li> </ul> <p>THH advised that a date will be established and communicated to the Governors the following week.  <b>Action: VD to circulate a new date for the Council Away Day to the Governors.</b></p> <p>THH noted that it was LS's last Council of Governors meeting and praised her contributions over the past six years, in particular helping the Trust with setting up and chairing the People and Organisational Development Committee and providing leadership in the communications and marketing area. SD linked to it by saying that on behalf of the Governors he wished to express his gratitude for LS's contributions to the Trust and the Council of Governors.</p> <p>THH also note that Emily Clayton was moving on and that VD and PG will continue supporting the Governors.</p> <p>THH reminded the Governors that they are required to undertake mandatory training and advised that those Governors who are in breach will receive a letter from him.</p>
<b>1.2</b>	<p><b>Declarations of interest</b></p> <p>THH informed the Governors of three matters:</p> <ul style="list-style-type: none"> <li>• He has become a Chair of Cancer Research Technology Company</li> <li>• He has received a brief from Sir David Sloman on new London strategy for volunteering</li> <li>• He met with the Secretary of State for Health in relation to Helpforce</li> </ul>
<b>1.3</b>	<p><b>Minutes of previous meeting held on 25 July 2019</b></p> <p>Minutes of the previous meeting were noted as a true and accurate record, subject to the following changes:</p> <ul style="list-style-type: none"> <li>- p. 6, item 2.1, change word 'quality' to 'equality'</li> <li>- p. 6, item 2.1, remove word '(c£200,000)'</li> </ul>
<b>1.3.1</b>	<p><b>Action Log and Governors' iLog</b></p> <p>THH noted that all actions on the action log were complete.</p> <p>Further update was received on action 1.3/April 2019 Associate NED post. AH explained that this action was raised by her and the idea was to have an 'apprentice NED' due to a NED role in the health sector being challenging one. The Council of Governors agreed that this action will be taken to the COG Nominations and Remuneration Committee for consideration and discussion.</p> <p><b>Action: Associate NED proposal to be taken to the next COG Nominations and Remuneration Committee for consideration and discussion.</b></p> <p>The Council of Governors reviewed the iLog and the following points were noted:</p> <ul style="list-style-type: none"> <li>- Rearrange the iLog matters to start with the most recent dates</li> <li>- Review matters currently marked as going to Quality Sub-Committee to ensure that only necessary matters are taken to the sub-committee</li> </ul>

	<ul style="list-style-type: none"> <li>- Remove the sub-committee column from the iLog</li> <li>- Complete matters to be closed</li> </ul> <p><b>Action: IE and VD to review the iLog with a view of deferring the necessary matters to the COG Quality Sub-Committee and closing down matters which have been completed.</b></p> <p>DP queried a matter relating to the ophthalmology service. THH explained that there are ongoing discussions with Imperial College Healthcare Trust, who run the Western Eye Hospital, to explore how the two Trusts can work together to improve services.</p> <p>DP further queried a matter relating to TV screens. LW replied that TV screens are working on most of wards in the hospital and that there are couple of screens which currently seem not to be working. She explained that this may impact on patient experience, however the hospital continues to provide excellent patient care.</p> <p>TP noted that availability of bike racks remains an issue. LW explained that plenty of spaces are available within both the car park and outside the hospital on Chelsea site. However, following the discussion LW confirmed that she will write to the Mayor of Royal Borough of Kensington and Chelsea on behalf of the Governors.</p>
<b>1.3.2</b>	<p><b>Disability Access Working Group Terms of Reference &amp; update</b></p> <p>TS presented the paper prepared by the Group Chair, Steve Gill and noted that the Group's second meeting took place earlier in the day.</p> <p>TS highlighted the purpose of the Group, the areas it was aiming to address and the membership. He remarked on good Governor involvement and progress made to date.</p> <p>TS concluded his update by saying that the Group will bring a recommendation to the Trust Board for consideration and ratification in due course.</p> <p>KK linked up by saying that the key aim of the Group is to identify accessibility needs for disabled and elderly. He stated that he has recently received a letter from the Action Disability Kensington and Chelsea, an organisation with approximately one thousand members which campaigns to make the Royal Borough fully inclusive of disabled people. He also informed members that he had recently attended a reception at the House of Lords as one of the most influential people with a disability in the UK. THH congratulated KK on his achievement and expressed his delight to have him as a Hospital Governor. He asked that a copy of KK's letter is circulated to the Governors in advance of the next meeting.</p> <p><b>Action: VD to circulate a copy of KK's letter to the Governors in advance of the next meeting.</b></p>
<b>1.4</b>	QUALITY
<b>1.4.1</b>	<p><b>Quality Committee Report to Council of Governors</b></p> <p>LS noted that it was her last meeting of Council of Governors since her term is due to expire at the end of November. She remarked on her initiative of setting up the People and Organisational Development Committee as well as chairing the Committee and being a member of the Quality Committee.</p> <p>LS further noted that she will remain as a Trustee of CW+ Charity.</p> <p>She took Governors through the areas which the Committee had looked at in the past year and noted that:</p> <ul style="list-style-type: none"> <li>- Although the Committee meetings switched from monthly to bi-monthly in April 2019, there is no loss of energy, focus or oversight.</li> <li>- Attendance and participation of all members of the Committee is very good.</li> </ul>



	<ul style="list-style-type: none"> <li>- The Trust has a thorough investigation process of never events; investigation is conducted by a panel with scrutiny provided by an Executive Chair plus a Non-Executive Director member. The Quality Committee examines each never event and seeks assurance of the actions identified by investigators and ratified by the panel; the Trust has an open and learning culture.</li> </ul> <p>Governors were invited to ask LS questions.</p> <p>FOF referred to the 'mouth care quality improvement project' and asked if learning from that project is rolled out to other wards where it would make a significant difference. LS replied that there is a programme in place and that the Trust has shared this learning with other health providers.</p> <p>ND queried what assurances are put in place to ensure effective function of the Committee considering that the number of meetings has reduced. LS confirmed that Committee members feel it has not had an impact on the effective running of meetings, especially considering that meetings have been extended to three hour and there is a robust structure below the Committee level. THH linked to it by saying that the change in frequency of meetings will be reviewed as part of the annual review of the Quality Committee effectiveness, which is due to be undertaken in November and subsequently reported to the Quality Committee and the Audit and Risk Committee.</p>
1.5	<p><b>Digital Developments (COG Away Day action 15.11)</b></p> <p>VF, ICT Project Manager, took the Governors through a presentation on 'Digital Developments – Developing a Schedule for Unscheduled Care' and highlighted the following points:</p> <ul style="list-style-type: none"> <li>• The programme is funded by Innovate UK (IUK) and is being delivered in partnership with the Hounslow CCG. Its aim is to develop digitally enabled services that support patient self-management starting with the Heart Failure Service; over 500 patients have been registered so far;</li> <li>• The planned benefits include: fewer unnecessary ED visits, fewer unnecessary inpatient bed days, fewer duplications, better patient experience, higher patient self-management and reduced cost.</li> </ul> <p>In response to a question from NA relating to the system security and fraud prevention, VF replied that the security process is stringent and meets all the relevant guidelines.</p> <p>In response to NA's comment that elderly people may not be able to use the platform, VF clarified that the new platform would not replace the existing function, it would look to encourage those that can use it going forward. AH linked to it by saying that she sits on the Test Bed Steering Group and that she learnt that the uptake from carer to elderly people is very encouraging.</p>
1.6	<p><b>Governors Away Day November 2019 – plan</b></p> <p>THH advised that at the beginning of the meeting it was discussed and agreed to postpone the Away Day to January 2020. He noted that Tim Orchard, Chief Executive, Imperial College Healthcare NHS Trust will be invited to attend.</p> <p>AH suggested that this year Governors might like to conduct their review of effectiveness by using a questionnaire survey and offered her support with developing it. THH suggested an online tool be used and invited AH and NG to work together and come up with a proposal.</p> <p><b>Action: NG and AH to work together on developing an online questionnaire survey.</b></p> <p>DP asked that more time is assigned to the engagement item on the draft agenda. It was also noted that CQC item should be removed from the agenda since it would no longer be relevant.</p> <p><b>Action: VD to allow more time on the agenda for the engagement item and remove CQC item.</b></p>

	<p>In response to AHP's observation of low governor attendance at the recent CQC briefing session, THH confirmed that this will be discussed, including proactive communication on governor meeting dates.</p> <p><b>Action: THH/IE/SD to discuss governor attendance at meetings, including communication on governor meeting dates.</b></p>
<b>1.7</b>	<p><b>Quality Sub-Committee report – September 2019</b></p> <p>SD presented the item on behalf of Laura Wareing.</p> <p>He advised that the Governors on the Quality Sub-Committee had judged nominations for the Governor Quality Improvement Awards and decided to give award to Daniel Board and Nightingale Acute Frailty Unit. The awards were given to the two winners at the Staff Awards Ceremony held on 2 October 2019 at the Harlequins Rugby Union.</p>
<b>2.0</b>	<b>PAPERS FOR INFORMATION</b>
<b>2.1</b>	<p><b>Chairman's Report</b></p> <p>THH advised that Karen Bonner, Divisional Director of Nursing for Planned Care has been nominated for the Nursing Times' Diversity and Inclusion Champion of the Year Award. He remarked that the Trust is fortunate to have Karen as its employee and the Diversity and Inclusion Champion.</p> <p>THH advised that he and JJ are currently reviewing Non-Executive Director membership of the Board Committees. An updated membership list will be shared with the Governors at the COG Away Day.</p> <p>THH presented a slide on Health and Care Vision for London, which sets out the ambition for London to be the healthiest global city and the best city in which to receive health and care services by working together with partners from different sectors. He highlighted the 10 key areas of focus where partnership action is needed.</p>
<b>2.2</b>	<p><b>Chief Executive Officer's Report</b></p> <p>LW highlighted strong operational performance and the Trust being shortlisted in the HSJ Awards 2019 in the category of Acute or Specialist Trust of the Year. The Trust has also been busy planning for winter and preparing for the upcoming CQC inspection. The Trust is currently in the process of preparing next year's annual plan and delivery. We have also continued to work with our NWL partners to deliver the best possible patient care within the resources available.</p> <p>LW remarked on the Staff Awards Ceremony held in October to celebrate the outstanding achievements of staff and emphasised how proud she was to take part in the event.</p> <p>In response to DP's question if in future all Governors could be invited to the Staff Awards Ceremony, THH replied that Governors who had been involved in judging of the Governor awards were invited.</p> <p>In response to EH's question regarding Christmas party for staff, LW replied that as in past there is an event organised on each site for staff, patients and hospital visitors. All Governors and Non-Executive Directors are invited to join the CW and WM Christmas events.</p>
<b>2.3</b>	<p><b>Performance and Quality Report, including 2.3.1 Winter Preparedness</b></p> <p>The Performance and Quality report including winter preparedness paper were noted by Governors.</p>

	<p><b>2.3.2 People Performance Report</b></p> <p>TS presented the month 4 report and highlighted the following points:</p> <ul style="list-style-type: none"> <li>• An encouraging performance around vacancy rates</li> <li>• Lowest in London sickness rates (2<sup>nd</sup> best in the country)</li> <li>• Good mandatory training compliance rates</li> <li>• The HR team held a Health and Wellbeing Week at the Trust at the beginning of July and promoted Healthy Body, Healthy Living and Healthy Mind. The Trust also launched new staff health and wellbeing platform 'Vivup'</li> <li>• The Board of Directors and senior managers attended development session on equality, diversity and inclusion facilitated by the national Workforce Race Equality Scheme (WRES) team in early October.</li> <li>• The investment to increase ISS staff pay to the London Living Wage (LLW) from April 2020 has been agreed and funded by the Trust.</li> </ul> <p>CDB asked question whether the Trust could design a training programme which it could sell to other healthcare providers both inside and outside the country. TS replied that there is an apprenticeship programme which enables the Trust to draw down the levy on an annual basis. LW explained that various training programmes and courses are available to staff. She added that trainees from other countries are encouraged to train in the UK and return to their home countries. JJ linked to it that the Board discussed a possibility of practicing in other countries and concluded that providing medical training in the UK has been considered by the Board as better way of transferring good medical practice.</p> <p>In response to KK's question relating to developing an app for therapies, CC said that the Trust and CW+ have recently launched a new innovation programme which aims to deliver better patient experience and care.</p>
	<p><b>2.3.2.1 EU Exit update</b></p> <p>TS advised that the Trust is sighted on the risks of an EU exit and has in place a business continuity plan.</p>
<b>2.4</b>	<p><b>Council of Governors Election November 2019 – update</b></p> <p>THH advised that the Trust has decided to proceed with the process for electing new Governors which commenced in late September. The Trust has considered the general election guidance relating to pre-election period and is proceeding on the basis that there is no known conflict in that area.</p>
<b>3.0</b>	<b>OTHER BUSINESS</b>
<b>3.1</b>	<p><b>Questions from the governors and the public</b></p> <p>KK expressed that he was satisfied with the Trust's response to his questions.</p>
<b>3.2</b>	<p><b>Any other business, including Schedule of Meetings</b></p> <p>A public member praised the hard work of hospital staff and raised an issue of medication management and patient feeding. THH advised of the process of registering any issues with PALS and suggested that the patient contacts the Chief Nursing Officer to assist with her issues.</p> <p>THH noted the schedule of meetings for the remainder of 2019/20 and confirmed that the schedule of meetings will be regularly included in meeting packs.</p>

<b>3.3</b>	<b>Date of next meeting</b> Council of Governors Away Day – 30 January 2020, 09.30 – 15.30 Council of Governors 16.00-18.00
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## Council of Governors – 31 October 2019 Action Log

Meeting Date	Minute number	Action	Current status	Lead
Oct 2019	1.1	<u>COG Away Day</u> Action: VD to circulate a date for the Council Away Day to the Governors the following week.	Complete.	VD
	1.3.1	<u>Associate NED</u> Action: Associate NED proposal to be taken to the next COG Nominations and Remuneration Committee for consideration and discussion.	This will be discussed at a future COG Nominations and Remuneration Committee meeting.	TS/VD
		<u>Ilog</u> Action: IE and VD to review the iLog with a view of deferring the necessary matters to the COG Quality Sub-Committee and closing down matters which have been completed.	Complete.	SS/VD
	1.3.2	<u>Disability Access Working Group</u> Action: VD to circulate a copy of KK's letter to the Governors in advance of the next meeting.	This will be circulated to Governors once received from Governor Kush Kanodia.	VD
	1.6	<u>COG effectiveness review</u> Action: NG and AH to work together on developing an online questionnaire survey.	Complete.	NG/AH
	1.6	<u>COG Away Day agenda</u> Action: VD to allow more time on the agenda for engagement item and remove CQC item.	Complete.	VD
	1.6	<u>Governor attendance at meetings</u> Action: THH/IE/SD to discuss governor attendance at meetings, including proactive communication on governor meeting dates.	This will be discussed at the 30 January Away Day.	THH/IE/SD



## Governor iLog

### Introduction

The Council of Governors at its November 2018 Effectiveness session had suggested an issue log should be developed. The Trust approached NHS Providers and were directed to a foundation trust which uses the iLog methodology to record and action ideas, innovations and issues that get raised to or by the governors. The aim of the iLog is to enable ideas, innovations and issues to be raised and addressed as far as possible. The Council of Governors at its February 2019 meeting supported the idea of adopting the iLog.

Tabled below are ideas, innovations and issues raised with or by Governors since February and are presented in a 'You Said We Did' approach.

iLog number	Date	'You said'	'We did'	Status
7/Apr/19	25/04/19	Availability of bike racks at the front of the hospital to be reviewed	There are 45 spaces for bikes within the cages in the car park and a further 82 cycle hoops (which hold 2 bikes per hoop) available outside the mains hospital on the Chelsea site these are located: 3 in nightingale place 2 outside Starbucks 5 outside A&E department 72 in the basement	Closed.
6/Apr/19	25/04/19	Consideration to whether St Mary Abbotts ward signage can be changed.	This is on the work plan for the Wayfinding project, which includes signage. The project is run by the Estates Team.	Closed. An update on hospital signage will be provided at a future COG Quality Sub-Committee.
5/Apr/19	25/04/19	There was a feeling that the TV-screens outside-service should be obliged to respond promptly if they want a hospital as a client. Is there anything we can do to help you impress this upon the supplier?	The Director of ICT and Operations has raised concerns with Hospidia (service provider) and explained the impact on patient experience. There is also a longer term plan to replace these systems in their entirety.	Closed.

4/Apr/19	25/04/19	The other thing that came up was the number of lifts out of order for several days. Again, there was concern at the delay in repairing and why two bank should be out of action at the same time	The lift upgrade programme is in place.	Closed.
3/Apr/19	24/04/19	Several Governors complained about the food quality delivered at C&W compared with the quality at WM.	Marie Courtney met with DP and the Chefs at C&W to go through the menus and options available.	Closed.
2/Feb/19	15.02.19	Who is responsible for the catering quality at the C&W site, please? I've eaten there a few times recently and been disappointed by the poor cooking, although the front-line staff are very pleasant. There is also an emphasis on chips rather than more healthy alternatives. I did notice on two recent occasions that the single pudding offer had finished by 1.30 and no replacement was automatically forthcoming. Is there a possibility of an anonymous or unannounced check on the quality?	As part of monitoring of catering service for staff and visitors in the restaurant, inspections and audits are carried out to assess compliance against contract specifications which include quality of food served and compliance with CQUIN which incorporates provision of healthy options. Following the issue raised, a meeting was held with retail management to ensure menu items are available throughout hours of service and regularly replenished.	Closed.
1/Feb/19	18.02.19	I wondered if you had considered approaching Moorfields to run and expand the ophthalmic service on the first floor at C&W site. I was an out-patient at Moorfields St George's but was moved to the main Moorfields hospital at City Road a year ago when renovation work took	We are currently in discussions with Imperial College Healthcare Trust, who run the Western Eye Hospital, in order to see how services can best be provided across the STP. Ophthalmology is one service where ICHT is much larger and better equipped to provide across a wider patch. Conversely, for Dermatology, CWFT is larger and better equipped so the discussions with ICHT are about a range of services that can be	Closed.

		<p>place. Moorfields City Road was vastly oversubscribed and a four hour wait not unusual. That prompted me to move to C&amp;W where the treatment and support are excellent.</p> <p>That said, it feels like a slightly underutilised facility. It occurred to me that the Moorfields 'brand' might be a benefit to the hospital both in terms of revenue and by attracting new patients into the hospital.</p>	<p>provided better for our patients and staff alike.</p>	
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## **People and Organisational Development Committee (PODC) – Report by the Chair to the Council of Governors (COG) Meeting, 30<sup>th</sup> January 2020.**

The purpose of this report is to provide Governors with an update on the activities and effectiveness of PODC for 2019 and to briefly discuss HR&OD areas of progress and next steps.

### **1) PODC CHAIR / HR LEADERSHIP:**

Steve Gill was appointed as a Non-Executive Director (NED) of the Trust on 1<sup>st</sup> November 2017 and appointed as Chair of PODC from 1<sup>st</sup> February 2018. Steve qualified as a Chartered Accountant with PwC in London, he has had an international Executive career in the Information Technology (IT) industry including Chief Executive Officer (CEO) roles in UK & Ireland, Korea and China.

Thomas Simons (previously HRD for the East & North Hertfordshire NHS Trust) was appointed as Director of HR&OD on 1<sup>st</sup> March 2019. Karen Adewoyin was appointed as Deputy Director of HR on 1<sup>st</sup> September 2019.

### **2) PODC:**

PODC is the Board Committee with responsibility for assurance re 1 of the Trust's 3 Strategic Objectives. (Objective 2: 'Be the Employer of Choice'. Enablers: Staff engagement; recruitment and retention; equality, diversity and inclusion; health and well-being).

**Strategic Aim:** To have a workforce that puts patients first; is responsive and supportive to our patients and each other; is open, welcoming and honest; is unfailingly kind, respectful and compassionate; treats our patients with dignity. We are also determined to develop the skills of our people. This will ensure we achieve our objectives of providing the best quality care and become an employer of choice.

**Operational Aim:** To provide the Trust Board with assurance on matters related to its staff, the development thereof to the highest standards and that there are appropriate processes in place to identify any risks and issues and to manage them accordingly. Also, to ensure opportunities are not missed and are capitalised upon for the benefit of patients, our people and the organisation.

### **7 major areas of focus:**

- People and organisational development strategy and planning (including recruitment and retention).
- Leadership development, talent management and succession planning.
- Education, skills and capability (clinical and non-clinical, statutory and mandatory).
- Performance, reward and recognition.

- Culture, values and Staff engagement.
- Health and well-being.
- Legal compliance and NHSI certification.

### **Meetings:**

PODC held 9 meetings in 2019 (monthly except June, August and December).

### **PODC Membership (2019):**

NED Chair: Steve Gill.

NED Members: Nick Gash - Chair of Audit & Risk Committee (ARC); Eliza Herman – Chair of Quality Committee; Martin Lupton – Hon NED, Imperial College.

Executive Members: Sandra Easton – CFO / Acting HRD (January - March only); Rob Hodgkiss – Deputy CEO / COO; Pippa Nightingale – Chief Nurse; Zoe Penn – Chief Medical Officer / Roger Chinn – Deputy Medical Director; Thomas Simons – Director HR&OD (March onwards); Vanessa Sloane – Hospital Director West Mid & Freedom to Speak Up (FTSU) Guardian; Lesley Watts – CEO.

PODC discussions are open and robust with strong contributions from attendees.

### **Changes to membership for 2020:**

Eliza Herman replaced by Ajay Mehta – NED. Karen Adewoyin – Deputy Director of HR to join PODC.

### **PODC meetings are structured into 8 areas:**

General Business: Agenda; Apologies; Declaration of Interest; Prior Minutes; Action Log.

Workforce Strategy: includes HR Diagnostics and action plan; Operating Division Report reviewed Quarterly (i.e. Each Division reviewed once per year).

Staff Well-being: various topics. E.g. Staff Survey; Workforce Race Equality Standard (WRES); Health & Well-being (H&WB).

Performance: includes Workforce Report as a standing item; Guardian of Safe Working reviewed Quarterly; Risk Assurance Framework (RAF); Board Assurance Framework (BAF).

Deep Dives: based on priorities and issues. E.g. FTSU Report (Quarterly); Temporary Staffing; Recruitment and Retention.

Sub-Group Reports/Minutes: monthly.

Top Concerns: free format discussion.

AOB: includes Forward Plan and Next Meeting as standing items.

**In 2019 PODC has reviewed the following items:**

Workforce performance report (every meeting).

Staffing Issues (every meeting).

HR Diagnostics, priorities and action plan.

Workforce Race Equality Standard (WRES) Diagnostic Report and action plan.

Annual Workforce Equality & Diversity Report (including WRES initiatives).

Health and Well-being (H&WB) strategy and action plan.

Staff survey results and action plan.

Freedom to Speak Up (FTSU) Report and themes (Quarterly).

Guardian of Safe Working Report (Quarterly).

Gender Pay Gap Annual Report and action plan.

Workforce Planning.

Nurse recruitment and retention plan.

Allied Health Professional (AHP) recruitment and retention plan.

Talent Management.

Succession Planning.

Leadership and Management Development.

Maternity Leadership.

Temporary Staffing.

London Living Wage (LLW).

Statutory & Mandatory Training compliance report.

Disciplinary triage process.

Risk Assurance Framework (RAF) – PODC risks (29 risks, approx. 9% of Trust total, re Staffing and Training. 29 risks split: 1 low risk; 10 moderate risk; 18 high risk; 0 extreme risk)

Board Assurance Framework (BAF) – PODC risk (BAF risk 4: Culture, Values and Leadership. Risk score = 8, High. Target score = 4, Moderate).

Medical Revalidation Annual Report -sign off.

Apprenticeship Levy and action plans.

Rostering.

General Medical Council (GMC) Training Survey findings and action plan.

Brexit planning re Staff.

Annual Effectiveness and Terms of Reference (TOR) Review.

Regulatory Standards.

Sub-group reports e.g. Workforce Development Committee; PROUD Action Group; Education Strategy Board; Partnership Forum.

Various HR Policies for review/approval.

### 3) AREAS OF PROGRESS & NEXT STEPS:

#### Areas of progress:

- **Voluntary Turnover:** at 13.4% in November 2019 (latest data available) significantly reduced over last 2 years (15.6% in November 2017), below 15% from October 2018, below 14% since April 2019, but still above Trust ceiling of 13%. Areas of weakness are AHPs (radiographers and sonographers – over 20%) and Scientific/Technical (over 15%).
- **Statutory and Mandatory training:** compliance above 90% target every month since June 2018. Introduction of online system (Learning Chelwest) to manage mandatory training. Introduction of Core Management Fundamentals from January 2019, tripling scale. Well-developed emerging leadership programme for Staff in bands 6-8a. Use of apprenticeship levy increasing across the organisation (approx. 40% monthly from September – November 2019).
- **Sickness and Absence:** below 3.3% ceiling every month since February 2018. 2<sup>nd</sup> lowest rate in England, strong management of absence centrally. Clear programme of Health and well-being (see below).
- **Vacancy rate:** at 7.6% in November 2019, below Trust ceiling of 10% and significantly reduced from 11.2% in November 2018. Both Nursing and Medical vacancy rates are below the NHS National median. Nursing vacancy rate is the best in London.
- **NHS Staff Survey:** Response rate 41% (vs. 32% in prior year; vs. All NHS Acute rate of 44%). 10 Survey Themes - 5 scored above average (Staff Engagement, Immediate Managers, Quality of Appraisals, Quality of Care, Safety Culture); 1 scored average (Morale); 4 scored below average (Equality and diversity, Health and well-being, Bullying and harassment, Violence from Patients). Note: on the 4 WRES questions the Trust is above average on 3, the area of weakness is treatment of Staff by public and patients. For Bullying and harassment, the Trust is above average except for treatment of Staff by public and patients. However, the whole domain of questions on equality and diversity indicate there is significant work to do in this area. Next Annual Staff Survey analysis expected to be available from NHSE for review at March 2020 PODC.
- **HR Diagnostic and Action Plan:** Comprehensive, fact based, benchmarked HR diagnostic by new Director of HR&OD reviewed at PODC in April and May. Operational and strategic HR&OD plan approved at June Trust Board. Plan based on Diagnostic and key themes from Staff Survey.
- **Equality Diversity & Inclusion (EDI):** Initial work supported by external consultants Roger Kline and Doyin Atewologun reviewed at PODC in March and April 2019. Approx. 45% of Staff are Black Asian & Minority Ethnic (BAME). Non-BAME Staff 1.6x more likely to be

shortlisted. Higher proportion of BAME Staff (2.7x) in formal disciplinary process. ACTIONS: BAME Network launched in June 2019 linked to 'Windrush' events. Annual EDI Report approved at September PODC and November Trust Board. Board (and separately Senior and Middle Managers) EDI Training by NHSE/I in October. Disciplinary Triage process reviewed/approved at September PODC (objective to reduce BAME from 2.7x to be within NHS Target of 0.8-1.25x by April 2021; to reduce numbers entering disciplinary process by 50% and to reduce time to complete disciplinary review from 78 to 50 days). Women's Network launched in 2018, currently being revised with more structure, new Chair and TOR. LGBTQ+ forums set up to guide formation of Network.

- **Health & Well-being (H&WB):** H&WB relaunch in July with events at both Chelsea and West Mid publicising existing H&WB offerings plus new benefits. Launched Vivup App (currently in excess of 1000 Staff users). Employee Assistance programme set up with 24/7 counselling service. Salary sacrifice schemes for cars and bikes. Discount electrical goods allowing Staff to spread payments for no extra cost. Financial advice service (Neyber) which gives sub-market loans to help consolidate debt. H&WB Champions appointed. Operational Health (OH) fast-track support re Musculoskeletal issues. Staff Safety Group set up. Safety posters designed and distributed. Body camera trial ongoing in high risk areas (of violence from patients / public).
- **Temporary Staffing:** Bank:Agency ratio = 89:11 in November 2019, below 80:20 target. Agency cost (as % of monthly pay costs) at 2.5% in November and has been below Trust ceiling of 5% throughout 2019. Strengthening of control environment with rostering (e-rostering for Nursing only in 2019). Improved analytics around temporary staffing to enable better decisions on deployment. Co-location of rostering and temp staffing teams to enable better alignment and practice.
- **Time to hire:** under 9 weeks throughout 2019, reduced from 15 weeks at end of 2017, saving 6 weeks of Bank and Agency cost on every post recruited.
- **Performance & Development Reviews (PDRs):** on trajectory to achieve / exceed target of 90% at end of 2019 (December data not available at time of writing this Paper).
- **Transaction processing:** E-Pay gives staff and managers greater control and visibility over additional payments. Use of 'Amelia' (virtual assistant) to manage first line queries (never previously done within NHS). Introduction of robotics scheduled for first quarter of 2020. Improvements to workforce information to triangulate data across different areas.

#### **Next Steps / Areas for Development:**

- **HR Diagnostic - Journey to Outstanding:** Initial diagnostic in March 2019 rated Trust HR at level 0-1 (Basic - Industry Standard) on Maturity index. Next steps to move to level 1-2 (Industry Standard – Top Quartile) with ongoing plan over time to move towards level 3 (Best in Class).
- **Continued systematic delivery of employee metrics:** Voluntary Turnover (to be under Total Trust ceiling of 13% and make significant progress in identified problem areas); Statutory

and Mandatory Training (over 90% minimum); Sickness & absence (below 3.3% ceiling); Vacancy rate (under 10% ceiling); Temporary Staff costs (below 5% Target).

- **Workforce Information:** triangulation of data and move towards real time, predictive and intelligent monitoring. Continue to improve the monthly Workforce Report with management commentary focussing on interpretation and actions with timelines and owners.
- **Staff Survey:** Shorten timelines for action plans and communication for next Staff Survey. Redesign Quarterly 'Pulse' survey. Focus on continual improvement in below average scores in EDI; H&WB; Bullying & harassment (on Staff by public and patients); Violence (on Staff from public and patients).
- **Learning & Development (L&D):** Revised programme for established leaders in progress for launch in 2020. Continued analysis of optimal usage of Apprenticeship levy. Consideration of novel approaches, e.g. Scholarships and apprenticeships across the Multi-Disciplinary Team (MDT) workforce; design of Future Workforce roles.
- **Talent Management and Succession Planning:** Director of HR&OD is Talent Management lead for London Acute Trusts. CWFT is one of only 2 Acute Trusts taking part in NHS National pilot. Process approach agreed, PODC to focus on outcomes during 2020.
- **Volunteers:** In excess of 600 volunteers across the Trust. Volunteer data, performance metrics and action plans to be incorporated into HR reports and analytics during 2020.
- **Brexit planning:** Analysis of potential impact plus continued support to relevant Staff members re registration requirements.

S. Gill – January 2020



## Council of Governors Meeting, 30 January 2020

<b>AGENDA ITEM NO.</b>	1.6.1/Jan/20
<b>REPORT NAME</b>	Draft minutes of the Council of Governors Membership & Engagement Sub-Committee meeting held on 21 November 2019
<b>AUTHOR</b>	Vida Djelic, Board Governance Manager
<b>LEAD</b>	David Phillips, Chair
<b>PURPOSE</b>	To provide a record of any actions and decisions made at the meeting.
<b>SUMMARY OF REPORT</b>	This paper outlines a record of the proceedings of the Council of Governors Membership & Engagement Sub-Committee meeting held on 21 November 2019.
<b>KEY RISKS ASSOCIATED</b>	None.
<b>FINANCIAL IMPLICATIONS</b>	None.
<b>QUALITY IMPLICATIONS</b>	None.
<b>EQUALITY &amp; DIVERSITY IMPLICATIONS</b>	None.
<b>LINK TO OBJECTIVES</b>	NA
<b>DECISION/ ACTION</b>	For information.



**Minutes of the Council of Governors Membership & Engagement Sub-Committee meeting  
Held at 10.30am on 21 November 2019**

<b>Attendees</b>	David Phillips	Chair	DP
	Nowell Anderson	Public Governor	NA
	Anna Hodson-Pressinger	Patient Governor	AHP
	Patricia Quigley	Appointed Governor	PQ
<b>In attendance</b>	Lucy Shardalow	Senior Communications Officer	LS
	Vida Djelic (minutes)	Board Governance Manager	VD
	Priscilla Gyewu	Membership Officer	PG
<b>Apologies</b>	Simon Dyer	Lead Governor	SD
	Sheila Murphy	Interim Company Secretary	SMM

<b>1.0</b>	<b>Welcome &amp; Apologies</b>  The Chair welcomed all to the meeting.  Apologies for absence were noted as above.  DP expressed his concern over low governor attendance and undertook to discuss this at the January COG Away Day. VD linked to it by confirming that the meeting was quorate.
<b>2.0</b>	<b>Minutes of previous meeting held on 5 June 2019</b>  Minutes of the previous meeting were approved as a true and accurate record.
<b>3.0</b>	<b>Matters Arising &amp; Action Log</b>  The sub-committee reviewed a list of actions and the updates were noted.  Action point 7, PG noted that Medicinema can be used as and when it is available, however AV system is not available in the room.  DP expressed his dissatisfaction with lack of interest from governors to join 'meet a governor' sessions.  The sub-committee members discussed some options for attracting more governors to attend and how to make it more useful to patient and public members. It was agreed that a proposal to hold an all-day meet a governor session on first Monday of the month which will be open to all governors with flexibility to join at any point in the day suitable to individual governors be discussed at the COG Away Day.  In response to PQ's question how the public and patient get in touch with governors, VD replied



	<p>that there is a generic FT Secretary email address published on the website which she has access to and she actions any email communication to governors accordingly. She added that requests mainly include patient requesting to meet a governor to discuss their personal experience and share any compliments or complaints.</p> <p>DP concluded the discussion on this point by saying that a proposal to hold an all-day meet a governor session will be discussed with the Governors.</p> <p><b>Action: DP to take a proposal to hold an all-day meet a governor session on first Monday of the month to the COG Away Day for discussion and agreement.</b></p>
4.0	<p><b>Progress update on Strategy Action Plan</b></p> <p>VD introduced the item by saying that the Membership and Engagement Strategy and the Action Plan were approved by the Council of Governors in July 2019. The action plan has been taken forward by the Membership Officer and a paper detailing progress is being submitted to the sub-committee for review.</p> <p>In presenting the paper PG highlighted information as detailed in Plan/ Opportunity for involvement column. The following points were highlighted:</p> <ul style="list-style-type: none"> <li>• Some enquiries have been made in relation to upcoming community-focused events and having a Governor stand at these events.</li> <li>• A meeting is being arranged with Joe Crooke, Volunteer Manager, to explore ways of promoting membership amongst volunteers and volunteer assistance with recruiting new members.</li> <li>• CW+ West Middlesex Manager leads on youth volunteering programme and will help with rising awareness when delivering targeted presentations to young people with an accent on joining the membership of Chelsea and Westminster Hospital.</li> <li>• An opportunity for involvement in YBC Ealing on 4 February 2020; expression of interest to attend this event will be sought from governors.</li> <li>• AHP suggested PG approaches organisers of Christmas markets held in community and local halls.</li> </ul> <p><b>Action: PG to look into this and encourage governors to attend.</b></p> <ul style="list-style-type: none"> <li>• DP advised that the Mayor of Hounslow's office should be approached and help sought with events.</li> <li>• DP expressed some doubts over the ambitious target to recruit 300 new members; VD noted that this could be achieved with some help from volunteers.</li> <li>• PQ and TP suggested PG approaches Healthwatch and local Clinical Commissioning Groups for support with advertising the Trust membership.</li> </ul> <p><b>Action: PG to explore the above suggested options for involvement in community events to enable governor engagement with members and the public.</b></p> <p><b>Action: PG to update on the outcome of CW+ and volunteer assistance with promoting membership and recruiting new members.</b></p>
5.0	<p><b>Membership Report</b></p> <p>PG presented the report and noted that the overall membership number has increased by 34. She was optimistic that the action plans will help with keeping the steady increase in the</p>

	<p>membership rate.</p> <p>According to the analysis of our current membership by age and ethnicity there is still ongoing work in recruiting young people and recruiting more diverse members. DP linked to it by asking if newly recruited Non-Executive Director Ajay Mehta could be asked to help with promoting membership in particular with ethnic minority groups recruitment and engagement. VD noted that the Chair Sir Tom Hughes-Hallett undertook to speak with Ajay Mehta on his subject.</p>
6.0	<p><b>Membership Engagement &amp; Communications Calendar of Events</b></p> <p>LC provided an overview of preparations for hospital Christmas events taking place on 10 December (CW site) and 11 December (WM site). The events present an opportunity to thank staff for all of their hard work during this busy period, provide patients and staff with information on how to stay well throughout winter and offer some seasonal cheer for patients and families under our care.</p> <p>Head of Security Trevor Post has agreed to be Santa for the event. JCA will be building a grotto in the Information Zone and there will be a postbox for children to send their letters to Santa. DP and governors will be manning the grotto and sourcing a small gift for Santa to give to children who visit the grotto.</p> <p>We will present staff with Christmas Cheer awards and announce the winners of our Best Decorated Ward/Department. DP and NA volunteered to participate in judging best decorated ward/department.</p> <p>On both site there will be seasonal refreshments, stands, a Christmas tree and the relevant hospital radio (among other things). However, in the spirit of keeping school kids away from seasonal viruses, we will not have school choir performance at Christmas events. This year focus will be mainly on inpatient children. AHP linked to it by saying that she has always had impression that older people are being left out at Christmas. Hence her initiative of presents giving and singing carols on wards with middle age/elderly patients who will be alone on Christmas day. AHP was very much in favour of LS's proposal that the Santa Grotto should not be governor responsibility in future and would rather governors focused on engaging with members and recruiting new members as far as possible. The sub-committee discussed LS's proposal and agreed that this is discussed with the full Council of Governors.</p> <p><b>Action: A proposal for removing governor responsibility for the Santa Grotto to be discussed with the full Council of Governors.</b></p> <p>LC announced that it was her last sub-committee meeting and that she was leaving the Trust. In response to DP's question who will be taking over from her, LC confirmed that Abraham Abdelmagid, Communications Assistant, will be covering until a substantial post-holder has been recruited.</p> <p>AHP advised that on 16 December (CW) and 18 December (WM) respectively she will undertake the same initiative as in previous years so she will be going on wards to sing carols and give a present those patients who will be alone on Christmas day. She has asked PG to assist with logistics, cascade down communication to all staff and invite staff and governors to join AHP with carol singing.</p> <p><b>Action: PG to assist with logistics, cascade down communication to all staff and invite staff and</b></p>

	<p><b>governors to join AHP with carol singing</b></p> <p><b>Action: PG to make the necessary booking for David's Christmas presents wrapping send an invitation to all governors to support him.</b></p> <p>NA congratulated LC on being an effective communicator and excellent leader.</p> <p>The schedule of upcoming events for members was noted.</p>
<b>7.0</b>	<p><b>Feedback from 'Your Health' seminars</b></p> <p>PG thanked Governors NA and DP on chairing the July and November health seminars respectively and noted positive feedback from members returned via feedback survey.</p> <p>She highlighted that number of members asked for repeat of dementia seminar and if it could be extended to 2hrs. AHP linked to it by suggesting that seminars are recorded and a video be posted on the Trust website so that those members of the Trust and the public who were unable to attend can access it. DP agreed that this was a good idea and suggested this is considered going forward.</p> <p><b>Action: PG to discuss recording of health seminars with the Communication Team.</b></p> <p>DP noted that some work is required on attracting members on West Middlesex site to attend seminars and suggested communication plan be developed (some suggestions included a quote from a NED or a famous person, local Mayor, use of social media, etc)</p>
<b>8.0</b>	<p><b>Meet a Governor Schedule</b></p> <p>This paper was noted.</p>
<b>9.0</b>	<p><b>Feedback from members</b></p> <p>NA reported that he regularly receives feedback on the hospital services whilst engaging with people in his community and confirmed that he escalates any points of relevance to PALS accordingly.</p>
<b>10.</b>	<p><b>Any other business: Committee Members attendance</b></p> <p>DP thanked Governor TP for his valuable contributions to the work of the sub-committee over the past years.</p> <p>DP suggested that newly elected governors be encouraged to join the sub-committee.</p>
<b>11.</b>	<p><b>Date of next meeting – 14 May 2020, 10.30-12.30 (Room A, WestMid)</b></p>



**Council of Governors Meeting, 30 January 2020**

<b>AGENDA ITEM NO.</b>	2.1/Jan/20
<b>REPORT NAME</b>	Chairman's Report
<b>AUTHOR</b>	Sir Thomas Hughes-Hallett, Chairman
<b>LEAD</b>	Sir Thomas Hughes-Hallett, Chairman
<b>PURPOSE</b>	To provide an update to the Council of Governors on high-level Trust affairs.
<b>SUMMARY OF REPORT</b>	As described within the appended paper.  Governors are invited to ask questions on the content of the report.
<b>KEY RISKS ASSOCIATED</b>	None
<b>FINANCIAL IMPLICATIONS</b>	None
<b>QUALITY IMPLICATIONS</b>	None
<b>EQUALITY &amp; DIVERSITY IMPLICATIONS</b>	None
<b>LINK TO OBJECTIVES</b>	NA
<b>DECISION/ ACTION</b>	For information.

## **Chairman's Report**

### **January 2019**

#### **1.0 Performance**

There is a continued high level of activity across the Trust's range of services specifically in non-elective demand and A&E regardless of which the majority of patients are seen within 4 hours.

Despite a drop in performance in November against the national standard at the time of the roll out of Cerner on the Chelsea site, the Trust has maintained a high level of performance.

#### **2.0 EU Exit**

You will all be aware of the outcome of the general election and the current status of the EU Exit. I can assure you that the Trust continues in its preparedness for the eventual exit from the EU.

#### **3.0 Council of Governors**

Following completion of another successful year of collaboration with and support from the Council of Governors and a positive response to the Governors' election process, an Away Day is scheduled for 30 January at which time the newly elected Governors will be introduced to the Trust.

#### **4.0 Staff Achievements and Awards**

You will see from our CEO's report the impressive list of long service awards. This is a reflection on the whole organisation and ranges from 289 receiving a 10 year service award and 8 receiving awards for service at the Trust greater than 35 years. Of particular note, Tonie Neville, Chief Midwifery Officer received a special Gold Award from Chief Midwifery Officer for England Professor Jacqueline Dunkley-Bent OBE on her retirement from West Middlesex Hospital having served over 35 years with the Trust and 40 years with the NHS.

Our CEO will provide more detail of those receiving PROUD Awards but I am delighted that Frankie Rose of the Youth Volunteers at WM received a PROUD award.

#### **5.0 Communications and Engagement**

##### **Events**

World AIDS Day was celebrated at the Trust on Friday 29 November across site including its community services such as 10 Hammersmith Broadway and 56 Dean Street providing an excellent opportunity to raise awareness.

##### **Christmas Awards and Events**

The Trust's Christmas events on both sites started the holiday season with participation in festivities across site including the Christmas Cheer awards, Best Dressed or Unit awards, celebrity visitors but also included support from schools, community, faith groups and many others not least our Governors and Friends.

## **6.0 Strategic Partnerships Update**

The Trust continues its focus on how to lead and support the development of an Integrated Care System for North West London with two main programmes namely, the Joint Transformation Programme with Imperial Healthcare Hospitals NHS Trust including the development of a Clinical Academic strategy between the two Trusts and Imperial College Medical School and the Hounslow Integrated Care Partnership.

**Sir Thomas Hughes-Hallett**

Chairman



## Council of Governors Meeting, 30 January 2020

<b>AGENDA ITEM NO.</b>	2.2/Jan/20
<b>REPORT NAME</b>	Chief Executive's Report
<b>AUTHOR</b>	Vida Djelic, Board Governance Manager
<b>LEAD</b>	Lesley Watts, Chief Executive Officer
<b>PURPOSE</b>	To provide an update to the Council of Governors on high-level Trust affairs.
<b>SUMMARY OF REPORT</b>	<p>As described within the appended paper.</p> <p>Annex A – September team brief</p> <p>Annex B – CEO bulletin</p> <p>Annex C – Summary of board papers - statutory bodies (provided by NHS Providers)</p> <p>Governors are invited to ask questions on the content of the report.</p>
<b>KEY RISKS ASSOCIATED</b>	None.
<b>FINANCIAL IMPLICATIONS</b>	None.
<b>QUALITY IMPLICATIONS</b>	None.
<b>EQUALITY &amp; DIVERSITY IMPLICATIONS</b>	None.
<b>LINK TO OBJECTIVES</b>	NA
<b>DECISION/ ACTION</b>	For information.



## Chief Executive's Report January 2020

### 1.0 Introduction

As we see out 2019 I wish all our staff, patients and friends a healthy and successful New Year. There is little doubt that 2020 will be a very exciting and challenging year for our Trust. Together with the regular challenges of rising patient demand, limited capacity, specific workforce issues and a stretched financial position, we will continue with the rollout of our new Electronic Patient Record; this is already proving transformational for our Trust but it cannot be denied that we have some knotty problems to solve to ensure we realise the amazing benefits for our staff and patients.

In the coming year we will see the fruition of our programme to enhance our ITU and NICU provision, a project that would not have been possible without the collaboration of our staff, the Trust Board and our Charity CWplus.

Our current operational performance is being affected by winter pressure and remains relatively strong in large part to the concerted efforts of our staff across all disciplines.

2019 saw us celebrate so many wonderful occasions with our staff, the highlight of course being the 300<sup>th</sup> Anniversary at Westminster Abbey which allowed us to reflect on our history and renew our resolve to provide ever improving care to our patients.

### 2.0 Quality

In the past two months 33 wards and departments had a ward accreditation assessment undertaken, the majority of departments improved on their previous score with continuous improvement seen across the sites. The assessors reported that they were impressed by the caring nature of our staff and gave many examples of excellent care. The annual PLACE inspection was also undertaken by staff and patient representatives on both sites, the verbal feedback was overall positive with many improvements made a full report is due to go to Quality committee in March.

The Trust had its comprehensive unannounced CQC inspection in November with critical care and maternity on each site been inspected; there was then a further Well-led inspection in December. The report is expected to be published in February but the CQC team fed back how welcoming, open and honest all staff were to the CQC inspectors.

The Trust has re-designed its external patient feedback pages on the website to ensure patients are correctly directed to the right team if they want to provide formal and informal feedback. This has made a slight reduction to the number of formal complaints with more patients using the early resolution process. Performance with the formal complaints time target continues to exceed the target.

The volunteering service continues to go from strength to strength with over 650 volunteers in post; there were a number of volunteers supporting patient and staff over the festive period. The Trust had a celebration event for volunteers to thank them for their continued support.

The Trust held a research, innovation and quality improvement event in December on both sites with over 50 poster presentation presented by the multidisciplinary teams across the organisations, it was an excellent celebration of the continued improvement and innovation happening across the organisation.



Although no patient wants to be in hospital for Christmas the Trust made every effort to make the festive period for patients as pleasant as possible, there were celebrations such as the paediatric Christmas party, Christmas cinema events for patients and Carol singing on the ward with present been given to patients by the Trust Governors. Our catering team also served an excellent Christmas dinner for patients.

### **3.0 People**

There has been a continued decrease in the vacancy rate of all staff in November at 7.58% against the Trust ceiling of 10% and a significant improvement since the same time last year. The qualified nursing vacancy rate is at 4.66%. The Trust's mandatory training compliance rate is 92% and remains static since last month. Our current rate has remained above our target rate of 90% for 19 consecutive months. The Trust's sickness rate is currently 2.63% which is increase from October although this is an improvement on last November 2018 rates. Our sickness target of 3.3% has not been breached during the last 20 months peaking in April '18 at 2.95%. This compares favourably with peers and the Trust remains in the lowest quartile nationally. The 12 month rolling PDR rate increased in November to 92% and exceeding the 90% target. In November, our voluntary turnover decreased to 13.42% which is our lowest rate for over 18 months.

The Trust continues to work on the Equality, Diversity and Inclusion agenda with the launch of the cultural ambassador programme to improve the fairness of recruitment processes for all staff. This programme will train staff to participate in recruitment panels and add external challenge where necessary. The Trust has been notified that it has been accepted onto the national NHSI/E pilot to improve the cultural and clinical transition of overseas doctors. This month has also seen a set of successful LGBT+ focus groups on both sites to help identify the key issues and priorities and fully establish the LGBT+ network in the organisation. The Trust has continued to develop a full calendar of events around Health and Wellbeing with publication widely across the Trust in November.

The Trust held two celebratory events on both sites to recognise the contribution of our long serving staff. These events were well-attended with members of staff ranging from 10 to 40 years of service recognised.

### **4.0 Finance and Operational Performance**

In November the Trust experienced further growth against the same period last year and a continued high level of activity across its range of services; specifically in non-elective demand and A&E attendances which were up with a Trust wide increase of 6% in attendances compared to November 2018.

Despite this we have continued to see the majority of patients within 4 hours. The Trust is currently part of the national pilot for the testing of the proposed revisions to the Urgent Care Standards. In the coming months the Trust will gather data and monitor against these new standards to provide feedback in to the national process later in the year.

Following the roll out of Cerner on the Chelsea site RTT performance for the Trust dropped below the national standard delivering 91.51% for November. This is driven by a 1.78% drop on the Chelsea site. Despite this drop the trust has maintained a high level of performance. The West Middlesex site delivered over 92% during November following 3 consecutive months of improvement. Recovery plans are in place or in development covering challenged specialties and issues. There continue to be no reportable patients waiting over 52 weeks to be treated on either site and this is expected to continue.

Cancer 62 day performance for October is below the national standard, this is driven in part by the Trust addressing the backlog of patients needing treatment. All clinical division and the cancer services teams

have an agreed recovery plan to deliver a compliant position for December 2019 and sustainably going forward. This involves pathway reviews and how the supporting services are structured to maintain compliance and is monitored weekly at the Cancer Access meeting.

Diagnostic performance was maintained at 99.09% in November.

## 5.0 Strategic Partnerships

The main focus of our Strategic Partnerships work continues to be focussed on how the Trust leads and supports the development of an Integrated Care System in North West London. As previously indicated by the Board our two leading programmes are:

- 1) The Joint Transformation Programme with Imperial Healthcare Hospitals NHS Trust and the wider development of a Clinical Academic strategy between the two Trusts and Imperial College Medical School. Our approach to better plan and deliver services across the Trusts with the ambition of providing *world class outcomes* for the population is now echoed in NWL System Intentions (previously CCG Commissioning Intentions). It also aligns with the NWL Health & Care Partnership Clinical Priorities which will be the subject of a further paper to Board.

The two Trusts have also developed Adult and Childrens Multi Disciplinary Team (MDT) support along with local GPs to support the Grenfell survivor group with specific support, follow up care and – where and when appropriate – referrals into acute care

- 2) Hounslow Integrated Care Partnership: The Board reviewed the outline steps for operationalising the ICP and for creating a formal Partnership Agreement in December 2019 and the formal proposals will be brought back to Board (and all other provider partners) by March 2020.

Other key issues this month include:

- The Trust has been invited to join Genomics England, a company wholly funded and owned by the Department of Health, and the organisation that has been tasked to deliver the 100,000 whole genome sequences. The approach is line with the Trust Research Strategy and one aspect of the agreement is that it sets the framework by which programmes and individuals can access national research data. The Executive will consider the supporting Participation Agreement. This Agreement does not prevent the Trust from exploring its own research and commercial relationships.

## 6.0 Staff Achievements and Awards

Tonie Neville, Chief Midwifery Officer received a special award, after her retirement from West Middlesex Hospital – after serving over 35 years with the Trust and 40 years with the NHS.

### November PROUD Award winners

**Emergency and Integrated Care division:** Dave Goodair, Senior Neurophysiotherapist, CW

**Clinical Support division:** Anna Letchworth, General Manager, Cross site

**Women's and Children's division:** Sinead Pritchard, Clinical Nurse Specialist, CW

**Volunteers:** Frankie Rose, Youth Volunteers, WMUH

**Planned Care division:** Planned Care Cerner EPR Teams, CW

**Corporate division:** Corporate Cerner EPR team, CW

### **Long Service Awards Awards**

The Long Service Awards 9<sup>th</sup> December marked staff who have shown long commitment to the organisation. The longest service commemorated was 35 years at Chelsea and 40 years at West Middlesex, three recipients in each case. The number of recipients of these awards absolutely speaks to the loyalty and dedication of our staff.

- CW 10 years (187 recipients)
- CW 15 years (117 recipients)
- CW 20 years (61 recipients)
- CW 25 years (33 recipients)
- CW 30 years (12 recipients)
- CW 35 years (3 recipients)
- WM 10 years (102 recipients)
- WM 15 years (53 recipients)
- WM 20 years (36 recipients)
- WM 25 years (7 recipients)
- WM 30 years (7 recipients)
- WM 35 years (2 recipients)
- WM 40 years (3 recipients)

### **56T service**

The 56T service for trans and non-binary service users at Dean Street received an 'Oscar' award as Clinic of the Year. This recognises the exemplary clinical care of clinics across the country whose holistic approach to health and wellbeing directly impacts the lives of BAME communities.

## **7.0 Communications and Engagement**

### **Events**

The Trust celebrated World AIDS Day on Friday 29 November on both sites and in its community services like 10 Hammersmith Broadway and 56 Dean Street, with awareness raising, prevention messages, and special film showings.

### **Visitors**

High profile Christmas visits from our supporters really lifted the spirits of patients and staff. The most high profile visitors included Harlequins Rugby Football Team, the England Rugby Sevens, Chelsea Football Club but we also saw support from schools, school choirs, community groups, faith groups and others.

### **Team Brief**

November Team Brief covered CQC preparations, and provided particularly compelling presentations from our clinical staff on Microbial Pharmacy, Critical Care development at Chelsea, and Ambulatory Emergency Care at West Middlesex.

December Team Brief was a thank-you to staff for their hard work and achievements over the year and a final push before Christmas for flu vaccination.

## **Christmas Awards and Events**

The Trust's Christmas events on both sites were well attended and kicked off the holiday season. On each site, a patient switched on the Christmas tree, there were carols and refreshments, and the announcement of awards celebrating kindness, teamwork, positivity, and creativity.

The Christmas Cheer Awards, nominated by staff and the public, and the Christmas Best Dressed Ward or Unit Awards were made on each site. Our thanks to CW+, the governors, and the Friends for their support of the events.

### **Best Dressed Wards**

Chelsea and Westminster

- **1st place:** Mars Ward
- **2nd place:** Edgar Horne
- **3rd place:** Paediatric Physiotherapy

West Middlesex

- **1st place:** Operating Theatres
- **2nd place:** Endoscopy Unit
- **3rd place:** Coronary Care Unit

### **Christmas Cheer Awards**

#### **Clinical support**

- Abir Hassan
- Lisa Davidson
- Nuala Donnelly
- Rashpal Kaur
- Roshan Khugpath

#### **Emergency and integrated care**

- Ashling Spellman
- Iñaki Bovill
- Jessica Dawson
- Matteo Guglielmi
- Valerie Cyster

#### **Planned care**

- Charlie Ratcliffe
- Eye Clinic Team
- Gabriela Frunza
- Jane-Marie Hamill
- Sherile Mulgrave-Burton

**Special award:** West Middlesex Day Surgery—who asked to share it with the Recovery Team

Women/Children/Sexual Health/Dermatology

- Anna Miklen
- Barbara Thompson
- Briony Mwakalenga

- Donna Wheeler
- Omolara Ajala

#### **Volunteers**

- Douglas Payne
- Margaret Hendrick
- Richard Rooney
- Sue Payne

#### **Corporate**

- Abraham Abdelmagid
- Alex Bolton
- Buddha Malla
- Narinder Bhamra
- Punch Kumari Rai

#### **Media coverage**

##### **November and December**

- [Golden Retirement](#)
- [Christmas Chelwest Volunteers](#)
- [Thank you ChelWest-Sugar Babe](#)

##### **Coverage relating to the ISS**

- [NHS Workers pay relating to ISS](#)
- [Demonstration relating to ISS](#)

#### **Website**

##### **Overall summary**

The Trust website had 123,000 visits in Nov 2019 and 107,000 visits in Dec 2019. Just over three quarters of visitors were new and one quarter were returning visitors.

#### **Social Media**

##### **Twitter**

Topics for November and December included: Mum and Baby App, Staff Survey, Flu Jabs, Research and Innovation showcase, Christmas events, Chelsea Football Club visit, Emergency Department viral video.

Impressions for November and December totalled 332,000 impressions across both accounts.

High performing tweets included:

- Cerner go-live weekend (over 15,000 impressions)
- Chelsea Football Club Hospital Visit (over 83.9K impressions)

- Staff survey (over 10,000 impressions)
- Emerging leaders award (over 10,000 impressions)
- ED Christmas video (78,000 impressions)

### **Facebook**

Our Reach across our two Facebook pages totalled 9.5k impressions in November/December with posts relating to Christmas and Long Service awards, Brentford FC visit, New Year Celebrations being the most popular.

2019 has been such a wonderful year for our Trust and we are determined that 2020 we ensure that we maintain the high level of commitment to our staff and patients.

**Lesley Watts**

Chief Executive Officer

January 2020



December 2019

**All managers should brief their teams within a week on the key issues highlighted in this document.**

### **Planned care**

A huge thank you to all of our staff in the Planned Care division for your work over the past month. Cerner is now live on the Chelsea site so well done to everyone at either site involved in making the go-live as smooth as possible—this has been a change that allows us to make the best use of digital technology to deliver great patient care. We want to ensure we can provide the best care to our patients during this period. Please ensure that you get your flu jab if you haven't already. We'd also like to say well done to everyone in the division who presented a poster at last week's Research, Innovation and Quality Improvement event—along with a huge congratulations to the quartet of Henry Simon, James Hazelwood, Henry Magill, Tim Sinnett who were awarded the best poster in for their work on VTE assessment at West Mid. We say good bye to Bruno Botelho who leaves the Division to take up the post of Director of Digital Operations and we welcome Gareth Teakle into his new role as Divisional Director of Operations. Again, thank you to everyone for all the work you do day in, day out and we hope you all have some well-deserved time off with family during the festive period.

### **Women, neonatal, children and young people, HIV/GUM and dermatology**

It is again a busy time for our division as we are not only managing winter pressures but also planning for Christmas in the children's areas with lots of exciting events planned in collaboration with CW+. Work continues in our new Neonatal Intensive Care Unit (NICU). We had hoped to be moving into part of the new space but unfortunately there has been a delay. The contractors are now working hard to finish and hand over to us by 18 December. In the mean time we marked World Prematurity Day (17 November) where we took time (and baked cakes!) to raise awareness of prematurity. The new unit will be a great environment once completed for our brave babies, their amazing families and our dedicated staff. Keeping with a neonatal theme this month we are really proud of two of our Newborn Hearing Screeners in Maternity who have successfully completed the new Newborn Health Screener L3 Diploma in the first wave of this national qualification.

### **Clinical support**

We would like to take this opportunity to say a massive thank you to every member of the Clinical Support division for your contribution in making the implementation of our Cerner Electronic Patient Record (EPR) system so successful. The support of the West Middlesex admin team, who have been present on our Chelsea site over the last few weeks, demonstrates what an amazing team you are, along with being strong advocates for our Trust values. We are very PROUD of you all. Well done also to our Pharmacy Team. With support from the Transformation Team, Non-Medical Prescribers, Divisional Digital Information Officers and ICHT colleagues, they completed the transfer of patients over to Cerner Prescribing by Wednesday 6 November. This is a great achievement. The division and the Trust said farewell to Olga Sleight on 15 November. Olga has retired to enjoy long holidays with her family and to get greater work life balance. We have appointed to the Head of Decontamination role and they have the *Olga seal of approval* to continue the exceptionally high standards that she has set.

### **Emergency and integrated care**

November has been a very busy month within EIC, with the implementation of Cerner at the Chelsea site as well as the continued increase in the number of patients attending our A&Es. Despite this our teams have been busy working to improve services; our Frailty team visited Hillingdon Hospitals NHS FT and Norfolk and Norwich University Hospitals NHS FT to understand how they have managed to reduce admissions for elderly patients attending A&E. Our Stroke Units on both sites underwent Peer Review and received great feedback on the improvements they have made over the last year, particularly in ensuring that patients are transferred back from our local Hyper Acute Stroke Units as soon as they are fit to do so. Thank you also to all of our teams who showcased their achievements at last week's Research, Innovation and Quality Improvement event, with a special mention to therapists Lucie Wellington and Melissa Deacon who won the divisions poster award for their work on the MDT Nightingale Acute Frailty Unit.

## Latest CW+ PROUD award winners

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

- Emergency and Integrated Care: **David Erskine ward**, CW
- Planned Care: **Elsbeth Pickering**, Clinical Director—Anaesthetics/ITU, CW
- Women and Children: **Chloe Buckle**, Midwife, CW
- Clinical Support: **Eleanor Long**, Diagnostic Service Manager, Cross -site
- Corporate: **Ahmed Khan**, Data Warehouse Developer, CW
- Volunteers: **Douglas Payne**, Bleep Volunteer, CW

Visit the intranet to nominate a team or individual.

## Mandatory and statutory training

The Trust has achieved 92% compliance over the past month, with all divisions now reaching 91% or above. Current compliance figures (at 18 Nov) are:

Division	Compliance
Corporate	<b>94%</b>
Emergency and Integrated Care	<b>91%</b>
Planned Care	<b>91%</b>
Women, Neonatal, Children, Young People, HIV/Sexual Health	<b>92%</b>
Clinical Support	<b>95%</b>
<b>Overall compliance</b>	<b>92%</b>

Information Governance is hovering around 93%, almost a third of the Trust will lapse on their IG before the end of March. Please ensure you plan in your e-learning before your lapse date. Both ESR and Learning Chelwest will send you a reminder **three** months before your compliance lapses, and you can view Qlikview and ESR to the due dates.

Managers are reminded that all new staff require a local induction to the ward/dept and an e-form should be submitted online to confirm when it has been completed.

## CQC

The CQC concluded the formal 'well-led' inspection on Wednesday. Their feedback so far has been positive, and we will get more feedback later in December. A great many staff worked very hard to show the Trust at its best, and our thanks and appreciation to all those who did so.

In theory, the CQC could carry out a further unannounced inspection this week although it is not considered likely. The same procedures would apply. They would need to identify themselves, the site

manager should be contacted, and the visitors issued with visitor lanyards.

## Quality Improvement

Last week R&D, clinical governance and the quality improvement and innovation teams jointly hosted the 2019 **Research, Innovation and Quality Improvement (RIQI)** event. We had more than 150 staff attend and hear more about our ambitions for innovation across the Trust. We showcased over 50 posters, from our large and growing portfolio of staff-led projects which have improved patient care and experience through innovation, improvement or research. Our ambition is to establish our Trust as a leader for innovation in the NHS and create a test and scale environment where the latest innovations can be shared across the NHS and beyond.

If you have an idea that will improve patient care and experience, you can get in touch at [improvement@chelwest.nhs.uk](mailto:improvement@chelwest.nhs.uk).

## CernerEPR

We are now in our second month on CernerEPR at Chelsea and Westminster. Staff have engaged really well with the new system and new ways of working. The way that staff have supported each other has been impressive—including colleagues and champions from both Chelsea and Westminster and West Middlesex.

Key things to remember are:

- Get into good habits now so that the right information is entered on CernerEPR at the right time
- Keep asking for help if you are not sure – you are not expected to know everything after only a month
- Continue reporting issues or concerns – we need to identify and resolve problems with the system or the way we are using it as early as possible

For more information go to the CernerEPR intranet site.

## Christmas Events

Join us as we present staff with Christmas Cheer awards and announce the winners of our Best Decorated Ward/Department awards. If you're planning to decorate your area and want to enter the competition—wards/departments will be judged shortly before the Christmas Events take place—please email [communications@chelwest.nhs.uk](mailto:communications@chelwest.nhs.uk) by **5pm on Friday 6 December**. Please make sure to clearly state the name of your area and your location.

**Chelsea:** Tue 10 Dec, 3–5pm

**West Mid:** Wed 11 Dec, 3–5pm





## Lesley's weekly message

### Monday 23 December 2019

2019 has been a remarkable year for our Trust. We have seen and treated a record number of patients through our doors, we have made huge progress with the redevelopment plans for our Neonatal and Adult Intensive Care Units, we've successfully deployed one of the most comprehensive electronic patient record systems in the NHS, we've had a CQC inspection in Maternity and Critical Care areas, and we continue to develop our relationships and impact within North West London and, indeed, across London. All of this while simultaneously delivering on our three strategic priorities of Quality, Workforce and Use of Resources. Our performance for our patients is among the best in the country, our vacancy rates are the lowest in London and we consistently balance the books. As I reflect back over the past year, I sit here as your Chief Executive and I am so proud of, and humbled by, all that we have achieved together.

I do hope that for those of you who have some time off, please relax, enjoy this special time with your friends and families, and recharge your batteries ready for next year! For those of you here working, a very big thank you on behalf of your colleagues and our patients. I think you can rightly look forward to having 2020 Christmas off!

A very Merry Christmas and a happy and peaceful New Year to you all.



Our Christmas events filled our hospitals with music and good cheer.

Our Christmas Cheer Awards celebrated staff and volunteers who do something above and beyond to bring kindness and care to their colleagues and patients. Over a hundred individuals and teams were nominated, by staff and patients, and [30 awards made](#).

The Trust has a reputation for art and design and our Christmas period has seen an explosion of local creativity on the wards. The standard of decoration I have seen in our wards and departments has been seriously amazing and I know has been a source of great pleasure and pride to everyone. I have named award winners below together with a selection of our photographs.



The winners of the best dressed wards and units:

## Chelsea and Westminster

- 1st place: Mars Ward
- 2nd place: Edgar Horne
- 3rd place: Paediatric Physiotherapy

## West Middlesex

- 1st place: Operating Theatres (pictured above)
- 2nd place: Endoscopy Unit
- 3rd place: Coronary Care Unit

There are so many people to thank at this time of year. Those friends and supporters who come in to visit patients and to offer gifts, the musicians and artists who fill our hospitals with colour and music, a special mention for the school choirs, our contractors and partners who sponsor or support our events. And, of course, our governors, our Friends, and the tireless staff and supporters of CW+ who help us every day do better for our patients. And again, you, for what you do. Thank you.



I hope you have looked at [Estates and Facilities detailed and site specific information](#) about those crucial Christmas questions on what's open, when you can get hot meals, parking, accommodation and travel.

I look forward to seeing you as we start another tremendous year.

Best wishes,





Twitter: [@lesleywattsceo](https://twitter.com/lesleywattsceo)

*Please note that due to IT restrictions you will need to send the Twitter link above to your personal device.*

Don't forget you can email me on [feedback@chelwest.nhs.uk](mailto:feedback@chelwest.nhs.uk) anytime.

 Like

Don't forget you can email me on [feedback@chelwest.nhs.uk](mailto:feedback@chelwest.nhs.uk) anytime and follow me @LesleyWattsCEO

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[Click here](#) for details of our staff who are living our PROUD values.

The information contained in this newsletter is to be treated as confidential and for employees only.

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## Summary of board papers – statutory bodies

### NHS England and NHS Improvement - 28 November 2019

For more detail on any of the items outlined in this summary, please find the full agenda and papers [available online](#).

#### Chief executive's report

- Simon Stevens notified the board that UCAS has reported an increase of 6% in applications to medicine courses, and a 6.3% increase in acceptance to nursing programmes.
- He gave an update to the board on the independent review into The Shrewsbury and Telford Hospital NHS Trust, led by Donna Ockenden. Professor Stephen Powis, national medical director at NHS England and NHS Improvement (NHSE/I), noted that updated terms of reference for the review have been published and are now available online. He also confirmed that NHSE/I will be increasing resources available to review the additional cases that have come forward.

#### Financial performance report

- The month 6 financial position across the NHS against plan is a year to date revenue overspend of £129.6m, a variance of 0.2% against plan.
- The provider sector is forecast to the finish year on plan, with a deficit of £320m. It is also forecast to deliver savings of £3.1bn by the end of the year. Mental health trusts are off plan by around £43m.
- The NHS has spent £1.5bn on capital, compared to £1.2bn at this point last year.

#### Operational performance report

- Urgent and emergency care: The board notes that NHSE/I aim to embed same day emergency care (SDEC) provision in every acute hospital with a Type 1 A&E department. NHSE/I note that 90% of providers are on track to have SDEC available for at least 12 hours a day, 7 days a week by the end of 2019.
- Referral to treatment: The total waiting list in September 2019 was 4.4 million, which has increased by 9,000 from August 2019.
- Primary care and system transformation: NHSE/I expect all STPs to have completed the System Diagnostic by December (which is a self-assessment against the attributes described in the ICS maturity matrix). So far, 85% of systems have submitted self-assessments.
- Mental health: 377,866 children and young people accessed mental health services in 2018/19. Data for the first quarter of 2019/20 show 86% of children and young people accessed treatment for eating disorders within four weeks.
- Learning disability and/ or autism: Between October 2018 and October 2019, 2,986 learning from deaths review (LeDeR) notifications were raised. NHSE/I have allocated £2.4m to support CCGs to increase capacity to complete LeDeR reviews and implement subsequent learning.

## Care Quality Commission - 20 November 2019

For more detail on any of the items outlined in this summary, please find the full agenda and papers [available online](#).

### Executive office update

- Representatives from the Care Quality Commission (CQC) spoke about its State of Care 2018/19 publication at a parliamentary event in the House of Lords.
- The CQC updated parliamentarians on the progress of the CQC review of restraint, prolonged seclusion and segregation (RSS).
- Ted Baker updated the board on the CQC report into care in closed environments, following David Noble's inspections into Whorlton Hall. The guidance emphasised the human rights approach to care, and the CQC suggest considering the impact of commissioning of out of area placements on how services are inspected and regulated.
- On 5 November the Secretary of State for Health and Care announced his commitment to delivering the CQC's recommendation to review everyone identified as being in segregation in its interim RSS report.

### Publications

- The Joint Committee on Human Rights has published its report, [The detention of young people with learning disabilities and/or autism](#). The report makes a number of recommendations to the CQC, including:
  - Unannounced inspections, including weekends and evenings and the use of covert surveillance where appropriate
  - Changes in legislation to enable CQC to react more swiftly where concerns have been raised
  - A review of the system which currently allows a service to be rated 'Good' overall, even when individual aspects (such as safety) may have a lower rating
- The results from the CQC's Community Mental Health Survey will be published soon.

### Whistleblowing and enforcement report

- CQC summarised the whistleblowing concerns data it received in 2018/19.
- The report notes that in 2018/19, the CQC received 8,906 whistleblowing concerns, an increase of 9% from 2017/18. Of the 8,906 whistleblowing enquiries, just over half were used to support future inspections, 2% triggered responsive inspections and close to 5% brought inspections forward.
- The team leading the programme of work transforming how the CQC handle, respond and provide feedback are working on ways to improve. This will include developing a new coding system that will lead to a significant reduction in the use of the 'to be considered at next inspection' term.

### Change and people update

- The paper presented to the board reported on key CQC achievements over the last quarter, including the 'Quality Improvement programme', designed to build an organisation wide culture of learning and improvement, and 'improving regulation today', which focusses specifically on driving targeted regulatory interventions within the CQC's existing strategy.

## Health Education England board meeting: 19 November 2019

For more detail on any of the items outlined in this summary, please find the full agenda and papers [available online](#).

### Chief executive update

- No board paper available

### Reviewing 2019/20 performance

- HEE presented a paper to the board reporting on its financial position as of 30 September 2019.
  - Programme budgets are £2.1m overspent, and admin budgets are £0.1m overspent.
- HEE presented a paper to the board summarising its latest performance figures, and its position against key metrics.
  - Of the 54 high priority deliverables, three have been delivered, 45 are on track for delivery and six have been indicated to have potential challenges to delivery.
  - HEE note that by 2020, there will be a significant gap in demand for learning disability nurses and the available workforce. This is due to insufficient recruitment, increased attrition and increased demand within the private independent and voluntary sector.

### Quality of Education and Training

- David Farrelly, Regional Director for Midlands and East, and Professor Wendy Reid, Director of Education and Quality, presented an update to the board on developing HEE's quality approach.
- In light of HEE's restructure to seven regions, each with a regional postgraduate dean, HEE's quality governance has been refreshed and the deans will have oversight of quality across learning environments.
- The results from last year's national pilot of the National Education and Training Survey (NETS) were also presented. HEE aim to develop the NETS to become a multi-professional source of insight and intelligence, which will support ICSs in their workforce planning, and aid their leverage of place-based funding for education and training.

### Health careers

- The board was presented a paper on the Health Careers programme, highlighting its main areas of activity, setting out future development and longer term proposals.
- The paper outlined the health careers strategy and showed the importance of interventions to attract people into the NHS workforce, including young people, those looking to change career and people returning to work.



## Council of Governors Meeting, 30 January 2020

<b>AGENDA ITEM NO.</b>	2.3/Jan/20
<b>REPORT NAME</b>	Integrated Performance Report – November 2019
<b>AUTHOR</b>	Robert Hodgkiss, Chief Operating Officer & Deputy CEO
<b>LEAD</b>	Robert Hodgkiss, Chief Operating Officer & Deputy CEO
<b>PURPOSE</b>	To report the combined Trust's performance for November 2019 for both the Chelsea & Westminster and West Middlesex sites, highlighting risk issues and identifying key actions going forward.
<b>SUMMARY OF REPORT</b>	<p>The Integrated Performance Report shows the Trust performance for November 2019.</p> <p><b>Regulatory performance</b> – The Trust continued to deliver a high level of performance in its UEC standards. During November we continued to see growth in attendances to our Emergency Departments, with a 5.8% increase at CWH, 6.4% and WM and a Trust wide increase of 6% in attendances compared to November 2018. The trust remains part of the UEC test pilot in to the review of standards which is set to continue in to 2020.</p> <p>Following the roll out of Cerner on the Chelsea site RTT performance for the trust dropped below the national standard delivering 91.51% for November. This is driven by a 1.78% drop on the Chelsea site. Despite this drop the trust has maintained a high level of performance. The West Middlesex site delivered over 92% during November following 3 consecutive months of improvement. Recovery plans are in place or in development covering challenged specialties and issues. There continue to be no reportable patients waiting over 52 weeks to be treated on either site and this is expected to continue.</p> <p>Cancer 62 day performance for October is below the national standard, this is driven in part by the Trust addressing the backlog of patients needing treatment. All clinical divisions and the cancer services teams have an agreed recovery plan to deliver a compliant position for December 2019 and sustainably going forward. This involves pathway reviews and how the supporting services are structured to maintain compliance and is monitored weekly at the Cancer Access meeting.</p> <p>DM01 Diagnostic continues to deliver at aggregate level with performance of 99.09%. Chelsea site reporting 98.05% for November and West Middlesex reporting 99.62%.</p> <p>There were four cases of community onset health care associated Clostridium Difficile in November 2019. There have been 20 identified cases against a Trust tolerance of 26 for 2019/20 to date.</p>



<b>KEY RISKS ASSOCIATED:</b>	There are continued risks to the achievement of a number of compliance indicators, including A&E performance & RTT incomplete waiting times, whilst Cancer 2 week, 31 and 62 day waits remain a high priority.
<b>QUALITY IMPLICATIONS</b>	As outlined above.
<b>EQUALITY &amp; DIVERSITY IMPLICATIONS</b>	None
<b>LINK TO OBJECTIVES</b>	Improve patient safety and clinical effectiveness Improve the patient experience
<b>DECISION / ACTION</b>	For information.














# **TRUST PERFORMANCE & QUALITY REPORT**

## **November 2019**



# NHSI Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Sep-19	Oct-19	Nov-19	2019-2020	Sep-19	Oct-19	Nov-19	2019-2020	Sep-19	Oct-19	Nov-19	2019-2020 Q3	2019-2020	Trend charts
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	95.13%	93.38%	87.96%	93.95%	93.55%	94.35%	92.15%	94.09%	94.27%	93.92%	90.31%	92.10%	94.03%	
RTT	18 weeks RTT - Incomplete (Target: >92%)	92.83%	92.57%	90.79%	93.24%	91.42%	91.97%	92.32%	92.09%	92.14%	92.27%	91.51%	91.87%	92.69%	
Cancer <small>(Please note that all Cancer indicators show interim, unvalidated positions for the latest month (Nov-19) in this report)</small>	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	92.69%	93.19%	88.52%	94.94%	96.32%	97.00%	96.73%	97.23%	94.88%	95.43%	93.69%	95.43%	96.33%	
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	n/a	98.48%	100%	100%	98.09%	98.48%	100%	100%	100%	98.09%	
	31 days diagnosis to first treatment (Target: >96%)	93.55%	100%	93.33%	97.35%	98.08%	98.39%	100%	98.57%	96.39%	99.04%	97.59%	99.04%	98.06%	
	31 days subsequent cancer treatment - Drug (Target: >98%)	n/a	n/a	n/a	100%	n/a	100%	100%	100%	n/a	100%	100%	100%	100%	
	31 days subsequent cancer treatment - Surgery (Target: >94%)	100%	100%	100%	96.88%	100%	100%	100%	96.15%	100%	100%	100%	100%	96.55%	
	62 days GP referral to first treatment (Target: >85%)	56.6%	57.8%	51.1%	63.2%	81.3%	85.3%	59.6%	83.4%	71.4%	74.7%	56.7%	74.7%	76.1%	
	62 days NHS screening service referral to first treatment (Target: >90%)	n/a	n/a	n/a	n/a	100%	25.00%	100%	69.57%	100%	25.00%	100%	25.00%	69.57%	
Patient Safety	Clostridium difficile infections (Year End Target: 26)	1	2	2	10	2	3	2	10	3	5	4	9	20	
Learning Difficulties	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	
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												
			Note that all Cancer indicators show interim, unvalidated positions for the latest month (Nov-19) and are not included in quarterly or yearly totals												

## Trust Commentary

### A&E waiting times – Types 1 & 3 Departments

As a pilot site for the national review of urgent Emergency Care standards, the Trust is not currently reporting performance against the 4hr standard.

During November we continued to see growth in attendances to our Emergency Departments, with a 5.8% increase at CWH and a Trust wide increase of 6.0% in attendances compared to November 2018.

### 18 Weeks RTT – Incomplete

Following the roll out of Cerner on the Chelsea site performance for the trust dropped below the national standard delivering 91.51% for November. This is driven by a 1.78% drop on the Chelsea site. Despite this drop the trust has maintained a high level of performance. The West Middlesex site delivered over 92% during November following 3 consecutive months of improvement. Recovery plans are in place or in development covering challenged specialties and issues.

### 62 day GP referral to first treatment

October performance is below the national standard, this is driven in part by the Trust addressing the backlog of patients needing treatment. All clinical divisions and the cancer services teams have an agreed recovery plan to deliver a compliant position for December 2019 and sustainably going forward. This involves pathway reviews and how the supporting services are structured to maintain compliance and is monitored weekly at the Cancer Access meeting

### Remaining Cancer Indicators

The remaining cancer indicators were all compliant with National Standards in October with the exception of 62 day screening where there were 1.5 breaches

### Clostridium Difficile infections

There were four cases of community onset health care associated Clostridium Difficile in November 2019. There have been 20 identified cases against a Trust tolerance of 26 for 2019/20 to date.

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

The Trust continues to declare compliance at both sites

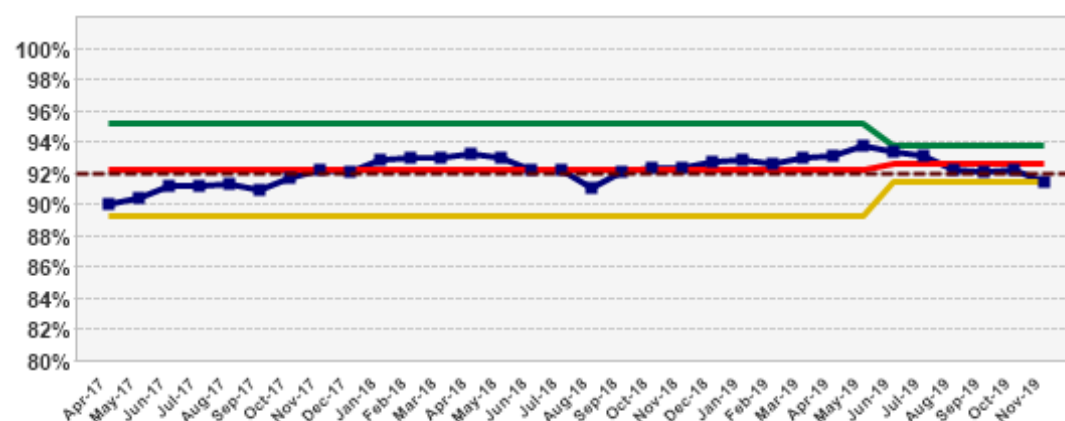


## SELECTED BOARD REPORT NHSI INDICATORS

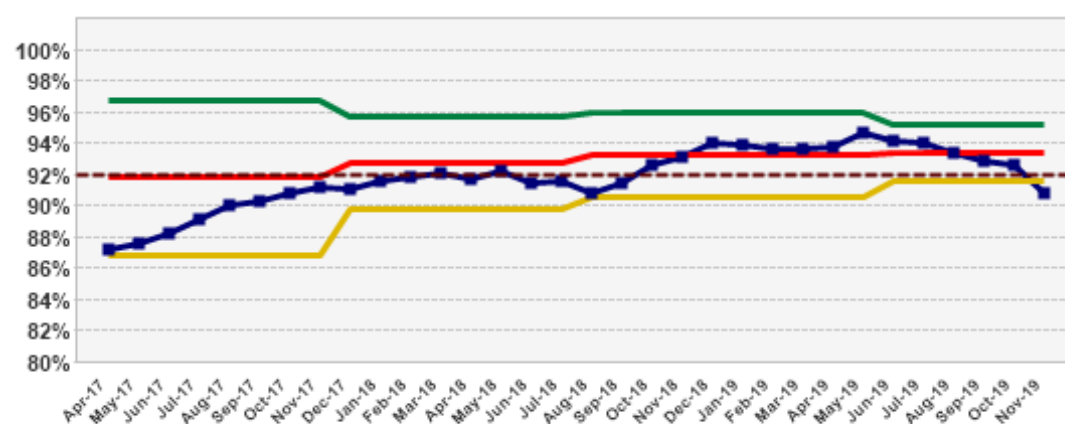
Statistical Process Control Charts for the 32 months April 2017 to November 2019

RTT Incomplete pathways

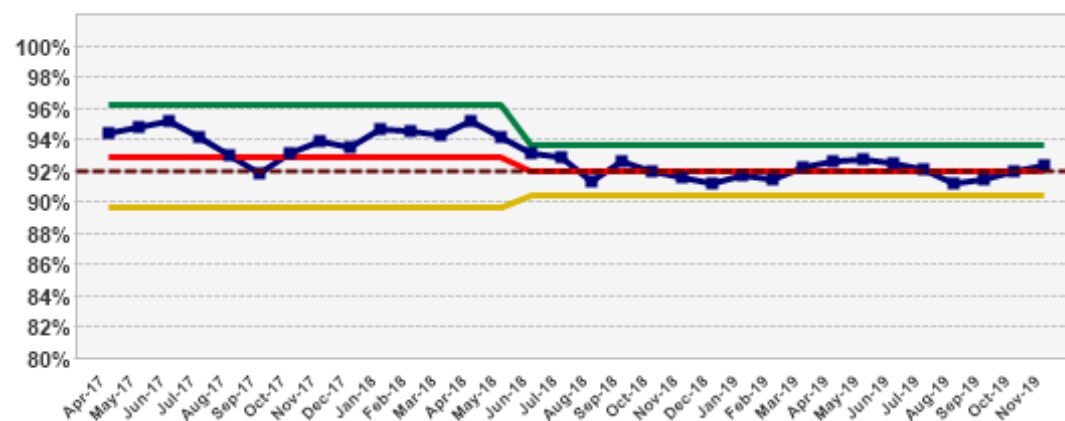
Trust Total



Chelsea and Westminster

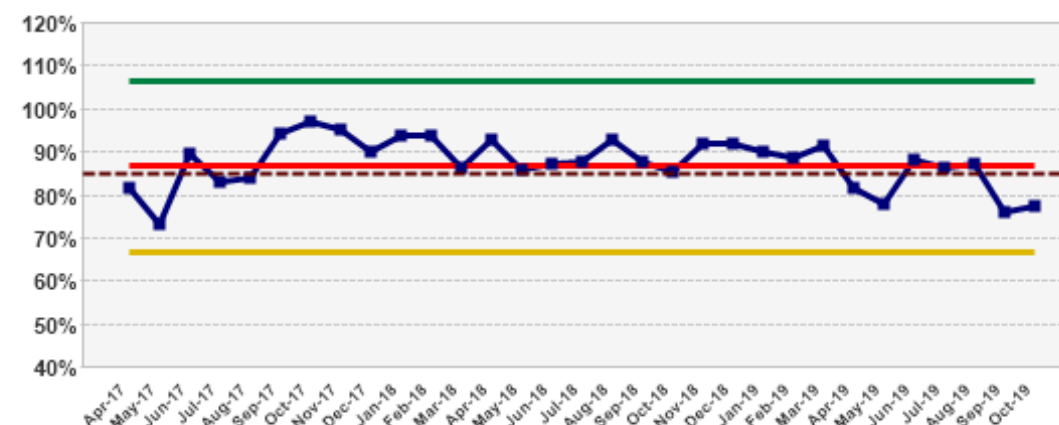


West Middlesex

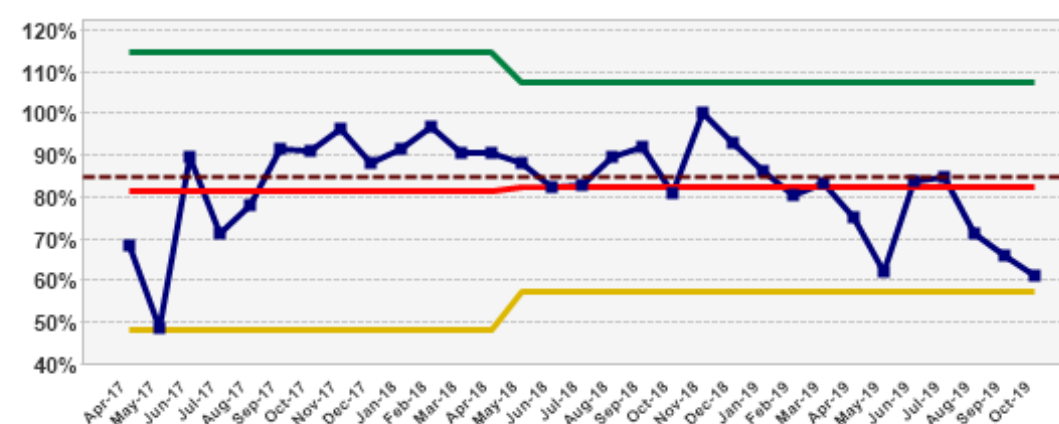


Cancer: 62 day standard

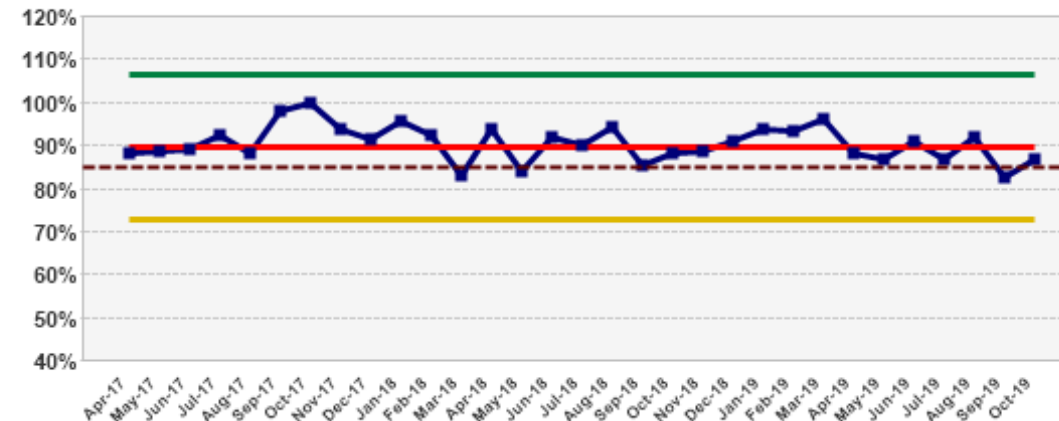
Trust Total



Chelsea and Westminster



West Middlesex





## Safety Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Sep-19	Oct-19	Nov-19	2019-2020	Sep-19	Oct-19	Nov-19	2019-2020	Sep-19	Oct-19	Nov-19	2019-2020 Q3	2019-2020	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%)	97.0%	90.5%	85.7%	94.3%	92.5%	85.8%	93.2%	91.6%	95.1%	88.5%	89.1%	88.8%	93.1%	
Incidents	Number of serious incidents	1	2	3	24	1	4	3	23	2	6	6	12	47	
	Incident reporting rate per 100 admissions (Target: >8.5)	7.3	8.1	9.5	8.0	9.1	8.8	9.5	9.0	8.1	8.4	9.5	8.9	8.5	
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions (Target: 0)	0.00	0.00	0.03	0.01	0.02	0.00	0.00	0.01	0.01	0.00	0.02	0.01	0.01	
	Medication-related (NRLS reportable) safety incidents per 1,000 FCE bed days (Target: >=4.2)	5.18	6.21	5.15	5.45	4.32	5.86	3.84	4.11	4.74	6.03	4.52	5.26	4.77	
	Medication-related (NRLS reportable) safety incidents % with moderate harm & above (Target: <=2%)	0.0%	0.0%	1.4%	0.4%	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%	0.8%	0.3%	0.3%	
Harm	Never Events (Target: 0)	0	0	0	0	0	0	0	1	0	0	0	0	1	
	Safety Thermometer - Harm Score (Target: >90%)	95.7%	96.6%	95.9%	93.1%	96.5%	99.0%	98.3%	96.0%	96.3%	98.1%	97.6%	97.8%	95.2%	
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	0	0	0	0	0	0	0	0	0	0	0	0	0	
	NEWS compliance %	97.9%	96.8%	97.9%	96.9%	97.3%	95.5%	93.1%	97.0%	97.6%	96.2%	95.7%	95.9%	96.9%	
	Safeguarding adults - number of referrals	37	32	49	270	35	31	13	253	72	63	62	125	523	
Mortality	Safeguarding children - number of referrals	49	35	30	392	81	128	83	735	130	163	113	276	1127	
	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	
	Number of hospital deaths - Adult	34	39	33	258	60	64	52	461	94	103	85	188	719	
	Number of hospital deaths - Paediatric	0	2	1	7	0	0	1	1	0	2	2	4	8	
	Number of hospital deaths - Neonatal	1	0	1	9	3	0	4	13	4	0	5	5	22	
	Number of deaths in A&E - Adult	2	1	4	17	5	7	5	32	7	8	9	17	49	
	Number of deaths in A&E - Paediatric	0	1	0	2	0	0	0	4	0	1	0	1	6	
	Number of deaths in A&E - Neonatal	0	0	0	1	0	0	0	0	0	0	0	0	1	
Please note the following		blank cell	An empty cell denotes those indicators currently under development								Either Site or Trust overall performance red in each of the past three months				

### Trust Commentary Number of serious incidents

There were 6 serious incidents reported during November across the Trust; 3 at Chelsea and Westminster and 3 at the West Middlesex site. The SI report prepared for the Board contains further details regarding SI's, including the learning from completed investigations.

### Hand Hygiene compliance

The Trusts Hand Hygiene compliance improved to 89.1% in November.

This was driven by a decline at the West Middlesex site due to cross auditing introduced by the Emergency and Integrated Care (EIC) Division at WM to ensure non biased auditing. An action plan led by the Division but supported by the IPCT is currently in progress to recover compliance.

### Incident reporting rate per 100 admissions

The incident reporting rate for the Trust returned to a compliant position in November, with the Trust reporting 9.6 against the 8.5 target. This was driven predominantly by an improved position of 9.8 at Chelsea site, and a sustained compliance reported at West Middlesex of 9.4.



## Trust Commentary Continued

### Never events

No Never Events were reported during November 2019.

### Incidents of newly acquired category 3 & 4 pressure ulcers

There were no hospital-acquired grade 3 or 4 pressure ulcers reported on either site during November 2019

### Medication-related safety incidents

A total of 156 medication incidents were reported in November. CW site reported 94 and WM site reported 62 incidents. The Medication Safety Group (MSG) has been working to increase the reporting of medication-related incidents at the West Middlesex site through shared learning and awareness of cross-site medication-related incident trends and lessons learnt. Although the number of incidents reported at WM site has decreased from 98 in October, WM site continues to remain above Trust target of 4.2 for medication related incidents reported per 1000 FCE bed days.

### Medication-related (NRLS reportable) safety incidents per 1000 FCE bed days

The Trust position of medication-related incidents involving patients (NRLS reportable) was compliant in November 2019 with 4.52 per 1,000 FCE bed days. This is delivering above the Trust target of 4.2, and is above the national median of 4.3 (as per the latest Model Hospital data, March 2019). The number of reported medication-related incidents per 1,000 FCE bed days was 5.15 for WM site and 3.84 for CW site in November 2019.

### Medication-related (NRLS reportable) safety incidents % with harm

Reporting for the integrated performance report in relation to medication-related incidents resulting in harm to patients has been aligned to mirror all other safety metrics, reporting moderate harm or above. The Trust had 1.6% of medication-related safety incidents with moderate or above harm in November 2019. This accounts for one moderate harm incident at CW site involving a patient who relapsed with sepsis following an inappropriate choice of antimicrobial on discharge. This figure is within the target of 2%.



## Patient Experience Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Sep-19	Oct-19	Nov-19	2019-2020	Sep-19	Oct-19	Nov-19	2019-2020	Sep-19	Oct-19	Nov-19	2019-2020 Q3	2019-2020	Trend charts
Friends and Family	FFT: Inpatient recommend % (Target: >90%)	95.5%	95.0%	93.4%	94.8%	94.4%	95.0%	94.4%	95.2%	94.8%	95.0%	94.1%	94.6%	95.0%	-
	FFT: Inpatient not recommend % (Target: <10%)	2.7%	0.5%	2.8%	2.0%	1.5%	1.6%	2.2%	1.4%	1.9%	1.2%	2.4%	1.8%	1.7%	-
	FFT: Inpatient response rate (Target: >30%)	29.8%	25.0%	14.8%	29.1%	21.2%	20.8%	19.4%	21.0%	23.5%	22.1%	17.7%	19.8%	23.5%	!
	FFT: A&E recommend % (Target: >90%)	90.3%	90.0%	87.6%	90.3%	91.5%	89.8%	85.6%	89.4%	90.5%	90.0%	86.8%	88.6%	90.1%	-
	FFT: A&E not recommend % (Target: <10%)	6.0%	6.4%	7.6%	6.2%	5.1%	7.1%	10.1%	7.1%	5.9%	6.6%	8.6%	7.4%	6.4%	-
	FFT: A&E response rate (Target: >30%)	19.7%	19.3%	17.2%	18.6%	18.5%	18.8%	17.2%	18.2%	19.5%	19.2%	17.2%	18.3%	18.5%	!
	FFT: Maternity recommend % (Target: >90%)	92.3%	91.0%	91.4%	92.1%	98.0%	97.5%	100.0%	94.5%	92.8%	91.0%	95.0%	95.0%	92.3%	-
	FFT: Maternity not recommend % (Target: <10%)	4.3%	8.4%	8.1%	5.3%	0.0%	2.5%	0.0%	3.9%	3.9%	7.8%	8.1%	7.9%	5.1%	-
	FFT: Maternity response rate (Target: >30%)	20.4%	18.3%	11.5%	19.5%	13.0%	11.1%	2.4%	14.1%	19.4%	17.1%	9.6%	13.9%	18.7%	!
Experience	Breach of same sex accommodation (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0	-
Complaints	Complaints formal: Number of complaints received	45	59	52	420	39	36	34	257	84	95	86	181	677	-
	Complaints formal: Number responded to < 25 days	34	40	32	299	28	26	17	177	62	66	49	115	476	-
	Complaints (informal) through PALS	180	198	232	1477	61	54	54	460	241	252	286	538	1937	-
	Complaints sent through to the Ombudsman	0	0	0	0	1	0	0	9	1	0	0	0	9	-
	Complaints upheld by the Ombudsman (Target: 0)	0	0	0	0	0	0	1	1	0	0	1	1	1	-
Please note the following		blank cell	An empty cell denotes those indicators currently under development							!	Either Site or Trust overall performance red in each of the past three months				

### Trust Commentary

#### Friends and family test

Recommendation rate for A&E was reported at 86.8% in November 2019. The Inpatient recommendation rate consistently exceeds target.

The response rates at both sites remain a challenge across all related indicators and require further improvement to bring them in line with the required targets.

#### Same Sex Accommodation

There continues to be no breaches in same sex accommodation

#### Complaints

The number of complaints received by the Trust in November decreased and 99% of these were acknowledged within 2 working days.

The Trust exceeded the target for responding within 25 working days and achieved 94% compliance with this indicator in November.





# Efficiency & Productivity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Sep-19	Oct-19	Nov-19	2019-2020	Sep-19	Oct-19	Nov-19	2019-2020	Sep-19	Oct-19	Nov-19	2019-2020 Q3	2019-2020	Trend charts
Admitted Patient Care	Average length of stay - elective (Target: <2.9)	3.22	2.77	3.16	3.03	2.41	2.69	2.19	2.64	3.02	2.75	2.87	2.80	2.94	
	Average length of stay - non-elective (Target: <3.95)	3.63	3.60	3.55	3.78	2.91	2.97	3.00	2.95	3.21	3.23	3.24	3.24	3.30	
	Emergency care pathway - average LoS (Target: <4.5)	4.05	4.14	4.04	4.16	3.36	3.34	3.43	3.31	3.60	3.62	3.67	3.65	3.61	
	Emergency care pathway - discharges	221	242	271	1852	404	442	430	3384	625	685	701	1386	5236	
	Emergency re-admissions within 30 days of discharge (Target: <7.6%)	4.30%	3.79%	6.65%	4.19%	11.07%	10.96%	11.09%	11.10%	7.59%	7.20%	9.01%	8.04%	7.58%	
	Non-elective long-stayers	418	433	382	3332	353	409	392	3132	771	842	774	1616	6464	
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	87.0%	86.7%	83.4%	84.1%	88.9%	91.9%	85.9%	89.5%	87.7%	88.3%	84.5%	86.7%	86.0%	
	Operations cancelled on the day for non-clinical reasons: actuals	18	20	23	107	9	10	11	97	27	30	34	64	204	
	Operations cancelled on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.63%	0.61%	1.16%	0.46%	0.69%	0.70%	0.80%	0.86%	0.65%	0.64%	1.01%	0.80%	0.59%	
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	5	4	13	30	5	6	7	29	10	10	20	30	59	
	Theatre Utilisation (Target >85%)	71.9%	73.3%	62.1%	67.3%	73.8%	74.4%	73.6%	74.3%	72.6%	73.6%	65.8%	69.8%	69.6%	
Outpatients	First to follow-up ratio (Target: <1.5)	1.51	1.49	2.18	1.49	1.36	1.30	1.33	1.36	1.40	1.35	1.33	1.34	1.39	
	Average wait to first outpatient attendance (Target: <6 wks)	7.8	8.1	9.8	7.6	8.3	7.7	7.7	8.1	8.0	7.9	8.7	8.2	7.8	
	DNA rate: first appointment	10.4%	10.2%	13.8%	10.8%	10.5%	9.9%	9.0%	10.9%	10.5%	10.0%	11.3%	10.6%	10.8%	
	DNA rate: follow-up appointment	9.3%	9.6%	12.7%	9.9%	7.9%	8.0%	8.4%	9.2%	8.8%	9.0%	10.9%	9.8%	9.7%	
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

### Average length of stay

The Trust reported a combined organisational average length of stay of elective patients at 2.87 in November against a target of <2.9.

### Emergency re-admissions within 30 days of discharge

Indicator under investigation due to unexpected change

### Non-elective long stayers

NHSE require a 40% reduction from baseline by March 2020 in the number of beds being utilised for patients who have a LOS 21+ days. A decrease of non-elective long stay patients was reported in November, reducing to 472 from Octobers reported total of 681.

### Daycase rate (basket of 25 procedures)

The Trust reported a combined position of 84.5% against the 85.0% standard.

### Operations cancelled on the day for non-clinical reasons: % of total elective admissions

Indicator under investigation due to unexpected change





## Clinical Effectiveness Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Sep-19	Oct-19	Nov-19	2019-2020	Sep-19	Oct-19	Nov-19	2019-2020	Sep-19	Oct-19	Nov-19	2019-2020 Q3	2019-2020	Trend charts
Best Practice	Dementia screening case finding (Target: >90%)	98.1%	98.2%	91.0%	98.0%	95.6%	90.2%	97.0%	92.2%	96.9%	93.4%	94.0%	94.0%	95.0%	
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	75.0%	92.9%	78.6%	91.6%	100.0%	100.0%	100.0%	88.7%	85.2%	96.0%	88.9%	92.3%	90.2%	
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	94.1%	66.7%	86.7%	92.2%	92.9%	92.0%	92.9%	91.3%	93.5%	81.4%	89.7%	84.7%	91.8%	
VTE	VTE: Hospital acquired	0	0	0	4	1	0	1	9	1	0	1	1	13	
	VTE risk assessment (Target: >95%)	94.9%	93.7%	N/A	93.7%	90.8%	91.0%	89.4%	75.0%	93.0%	92.5%	N/A	90.9%	85.0%	
TB Care	TB: Number of active cases identified and notified	3	1	2	25	2	8	7	56	5	9	9	18	81	
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

#### VTE: Hospital acquired

C&W and WMUH sites: Clinicians are encouraged to report hospital associated VTE events via Datix for root cause analysis investigation. One hospital associated VTE event was reported at West Middlesex during November 2019.

#### VTE risk assessment

##### C&W site:

Following Cerner roll out, there is on-going work to validate performance by division and speciality to resolve data quality issues. Inclusion and exclusion criteria for VTE risk assessment were applied in December 2019 and the timing of the Cerner VTE risk assessment alert trigger for ward locations is to be adjusted.

An interim paper VTE risk assessment is being used for maternity patients whilst electronic tool is built and the APEX online tool has been introduced at Chelsea site to allow midwifery staff to document if the paper assessment was completed. Detailed weekly and monthly VTE risk assessment performance reports will be reintroduced once data quality issues are resolved.

##### WMUH site:

Performance declined slightly in November 2019 compared to the previous months. Paper VTE risk assessment form has been implemented in all clinical areas. The APEX tool to electronically record completion rates is embedded in clinical areas with hourly refresh to support staff with timely completion. Weekly VTE risk assessment performance reports have been introduced for clinical/service leads. VTE magnets in use on non-electronic patient noticeboards to identify patients with outstanding VTE risk assessments to prompt completion, with action at board rounds/ward visits/handovers. On-going VTE education and awareness continues.



## Access Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Sep-19	Oct-19	Nov-19	2019-2020	Sep-19	Oct-19	Nov-19	2019-2020	Sep-19	Oct-19	Nov-19	2019-2020 Q3	2019-2020	Trend charts
RTT waits	RTT Incompletes 52 week Patients at month end	0	0	0	0	0	0	0	0	0	0	0	0	0	-
	Diagnostic waiting times <6 weeks: % (Target: >99%)	96.37%	97.86%	98.05%	97.69%	99.71%	99.70%	99.62%	99.26%	99.11%	99.18%	99.09%	99.14%	98.80%	!
	Diagnostic waiting times >6 weeks: breach actuals	49	51	49	449	18	18	19	350	67	69	68	137	799	-
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	9.4%	8.3%	8.5%	9.0%	8.1%	8.9%	8.5%	8.3%	9.0%	8.5%	8.5%	8.5%	8.8%	!
	A&E time to treatment - Median (Target: <60')	01:20	01:19	00:36	01:13	01:03	00:57	00:56	01:03	01:16	01:14	00:44	01:02	01:10	-
	London Ambulance Service - patient handover 30' breaches	12	28	44	187	50	38	84	341	62	66	128	194	528	-
	London Ambulance Service - patient handover 60' breaches	1	0	3	4	1	1	1	3	2	1	4	7	7	!
Choose and Book (available to Sep-19 only for issues)	Choose and book: appointment availability (average of daily harvest of unused slots)	1566	1418	409.1	1737	0	0	0	0	1566	1418	409.1	936.3	1737	-
	Choose and book: capacity issue rate (ASI)														-
	Choose and book: system issue rate	134	129	158	135										-
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

#### RTT Incompletes 52 week Patient at month end

There were no 52 week breaches at either site in November 2019.

#### Diagnostic Waiting Times

The DM01 standard was maintained for November delivering performance of 99.09%

#### A&E Un-Planned Re-Attendances

The percentage of patients re-attending A&E remains above the 5% target. The teams continue to review re-attendances, with a particular focus on 'frequent attenders'. This work, led by the North West London Urgent and Emergency Care Board, is looking at coordinating care plans with community partners to allow patients to be managed in the community without needing to attend A&E.

#### London Ambulance Service -

YTD the Trust has seen a 9% increase in ambulance conveyances; the highest growth in North West London. Despite this we continue to be one of the top performers in London in terms of ambulance handover times, with 96.8% of ambulances handed over within 30 minutes on the Chelsea site and 96.2% on the West Middlesex site in November.

There were 4 occasions in November when an ambulance crew waited over 60 minutes to handover a patient. 3 of these were on the Chelsea site and 1 at West Midd, it is recognised that this happens at times when the department is busy and is unable to create cubicle capacity to offload patients. As a result, a 'fit to sit' area will be in place from January 2020, allowing well patients to be transferred from cubicles and creating capacity for ambulance handovers.



## Maternity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Sep-19	Oct-19	Nov-19	2019-2020	Sep-19	Oct-19	Nov-19	2019-2020	Sep-19	Oct-19	Nov-19	2019-2020 Q3	2019-2020	Trend charts
Birth indicators	Total number of NHS births	476	508	486	3953	386	444	400	3229	862	952	886	1838	7182	
	Total caesarean section rate (C&W Target: <27%; WMM Target: <29%)	30.1%	36.7%	35.0%	35.5%	25.9%	32.6%	28.9%	30.2%	28.2%	34.8%	32.2%	33.6%	33.1%	
	Midwife to birth ratio (Target: 1:30)	1:29	1:29	1:29	1:29	1:28	1:28	1:28	1:28	1:28	1:28	1:28	1:28	1:28	
	Maternity 1:1 care in established labour (Target: >95%)	95.1%	97.3%	96.0%	96.8%	97.5%	97.5%	98.5%	97.3%	96.2%	97.4%	97.2%	97.3%	97.0%	
Safety	Admissions of full-term babies to NICU	24	18	14	159	n/a	n/a	n/a	n/a	24	18	14	32	159	
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

#### Caesarean Births

CW site - There was reported Caesarean section rate 32.2%. The combined Trust position, for the Year to date, stands at 33.1%.







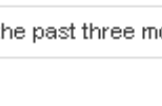






#### NICU admissions

In November there were 14 admissions of term babies to NICU.



## 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	Sep-19	Oct-19	Nov-19	2019-2020	YTD breaches	Sep-19	Oct-19	Nov-19	2019-2020	YTD breaches	Sep-19	Oct-19	Nov-19	2019-2020 Q3	2019-2020	YTD breaches	Trend charts		
62 day Cancer referrals by site of tumour	Breast	n/a	n/a	n/a	100%	0	100%	93.5%	70.0%	94.5%	7	100%	93.5%	70.0%	93.5%	94.6%	7			
	Colorectal / Lower GI	100%	81.8%	66.7%	87.0%	5	85.7%	58.3%	11.1%	82.2%	10.5	90.9%	69.6%	42.9%	69.6%	84.0%	15.5			
	Gynaecological	25.0%	25.0%	75.0%	42.9%	6.5	75.0%	85.7%	100%	89.2%	2	41.7%	63.6%	87.5%	63.6%	72.4%	8.5			
	Haematological	100%	100%	0.0%	100%	1	66.7%	100%	100%	75.0%	3	75.0%	100%	71.4%	100%	85.4%	4			
	Head and neck	n/a	0.0%	100%	66.7%	0.5	100%	100%	50.0%	92.3%	1	100%	75.0%	66.7%	75.0%	87.5%	1.5			
	Lung	0.0%	80.0%	100%	82.4%	1.5	n/a	100%	n/a	90.0%	0.5	0.0%	85.7%	100%	85.7%	85.2%	2			
	Sarcoma	100%	n/a	n/a	100%	0	n/a	100%	n/a	100%	0	100%	100%	n/a	100%	100%	0			
	Skin	100%	61.5%	100%	93.8%	3	100%	90.9%	100%	97.3%	1	100%	75.0%	100%	75.0%	95.3%	4			
	Upper gastrointestinal	100%	100%	n/a	64.3%	2.5	0.0%	66.7%	50.0%	60.0%	5.5	75.0%	80.0%	50.0%	80.0%	61.8%	8			
	Urological	18.2%	42.1%	25.0%	42.6%	39	75.0%	87.5%	51.7%	84.1%	22	60.5%	67.4%	42.2%	67.4%	68.4%	61			
	Urological (Testicular)	n/a	100%	n/a	100%	0	n/a	100%	n/a	100%	0	n/a	100%	n/a	100%	100%	0			
	Site not stated	n/a	n/a	n/a	100%	0	n/a	100%	n/a	100%	0	n/a	100%	n/a	100%	100%	0			
Please note the following		n/a	Refers to those indicators where there is no data to report. Such months will not appear in the trend graphs																Either Site or Trust overall performance red in each of the past three months	
			Please note that all indicators show interim, unvalidated positions for the latest month (Nov-19) and are not included in quarterly or yearly totals																	

### Trust commentary

There were 25.5 breaches of the standard: 9.5 at Chelsea with 16 at West Middlesex. This was from a total of 63 treatments.

Split by Tumour site the breaches and treatment numbers were as follows:

Tumour Site	Chelsea and Westminster		West Middlesex	
	Breaches	Treatments	Breaches	Treatments
Breast			3	10
Colorectal / Lower GI	2	6	4	4.5
Gynaecological	0.5	2	0	2
Haematological	1	1	0	2.5
Head and Neck	0	0.5	0.5	1
Lung	0	1		
Not yet coded				
Sarcoma				
Skin	0	2	0	5
Upper Gastrointestinal			1.5	3
Urological	6	8	7	14.5
Urological (Testicular)				
<b>Totals</b>	<b>9.5</b>	<b>20.5</b>	<b>16</b>	<b>42.5</b>



## CQUIN Dashboard

### November 2019

#### National CQUINs (CCG commissioning)

No.	Description of Indicator	Responsible Executive (role)	Forecast RAG Rating
CCG1a	Antimicrobial Resistance - lower urinary tract infections in older people	Chief Medical Officer	
CCG1b	Antimicrobial Resistance - antibiotic prophylaxis in colorectal surgery	Chief Medical Officer	
CCG2	Staff Flu Vaccinations	Chief Nursing Officer	
CCG3a	Alcohol and Tobacco - Screening	Chief Medical Officer	
CCG3b	Alcohol and Tobacco - Tobacco Brief Advice	Chief Medical Officer	
CCG3c	Alcohol and Tobacco - Alcohol Brief Advice	Chief Medical Officer	
CCG7	Three high impact actions to prevent hospital falls	Chief Nursing Officer	
CCG11a	Same Day Emergency Care (SDEC) - Pulmonary Embolus	Chief Operating Officer	
CCG11b	Same Day Emergency Care (SDEC) - Tachycardia with Atrial Fibrillation	Chief Operating Officer	
CCG11c	Same Day Emergency Care (SDEC) - Community Acquired Pneumonia	Chief Operating Officer	

#### National CQUINs (NHSE Specialised Commissioning)

No.	Description of Indicator	Responsible Executive (role)	Forecast RAG Rating
PSS1	Medicines Optimisation and Stewardship	Chief Medical Officer	
SDS1	Secondary Dental Services	Chief Operating Officer	

#### 2019/20 CQUIN Schemes Overview

Nationally, CQUIN scheme content has been reduced in comparison with 2018/19, as has the associated funding. It has been agreed with Specialised Commissioning that the 'Medicines Optimisation and Stewardship' indicator will be our sole focus in 19/20. Agreement in principle has been reached with CCG Commissioners that payment will reflect 100% achievement for the year, but with our commitment that each indicator will be delivered on a 'reasonable endeavours' basis and, where possible, quarterly evidence submitted in the normal way. This is the same as the approach agreed for 18/19.

#### 2019/20 National Indicators (CCG commissioning)

The key change to note from 18/19 is that CQUIN funding has been reduced from 2.5% of contract value, to 1.25%. The number of indicators has been limited to 5 accordingly. The forecast RAG rating for each indicator relates only to expected delivery of the specified milestones, not financial achievement (which is guaranteed).

#### 2019/20 National Indicators (NHSE Specialised Commissioning)

The key change to note from 18/19 is that CQUIN funding has been reduced from 2% of contract value, to 0.75%. The number of indicators has been reduced accordingly. The forecast RAG rating for each scheme reflects both expected delivery of the milestones and the associated financial performance.

#### 2019/20 CQUIN Outcomes

NHSE Specialised Commissioning has now confirmed that the Trust achieved 100% for the Medicines Optimisation indicator for Q1. The outcome of the Q1 assessment from NWL CCGs was 25% for all indicators combined. Delivery RAG ratings have been updated accordingly in this month's report.



# Safe Staffing & Patient Quality Indicator Report – Chelsea Site November 2019

Ward	Day		Night		CHPPD	CHPPD	CHPPD	National Benchmark		Vacancy	Voluntary Turnover		Inpatient fall with harm				Trust acquired pressure ulcer 3,4,unstageable	Medication incidents	FF scores 2018/19 Q4		
	Average fill rate - registered	Average fill rate - care staff	Average fill rate - registered	Average fill rate - care staff	Reg	HCA	Total				Qualified	Un-qualified	Moderate		Severe						
													month	YTD	month	YTD	month	YTD	month	YTD	
Maternity	94.2%	92.2%	94.8%	94.3%	11	4.1	15.2	14.9		1.4%	17.3%	9.9%						5	62		
Annie Zunz	88.4%	90.0%	95.0%	100.0%	6.6	2.8	9.4	8		9.0%	29.1%	0.0%						1	13	100.0%	
Apollo	95.6%	70.0%	94.0%	-	8.4	0.6	9	12.1		4.9%	25.1%	100.0%						6	17	100.0%	
Jupiter	142.2%	-	146.7%	-	11.1	0	11.1	12.1		14..1%	22.1%	133.3%						1	16	100.0%	
Mercury	95.0%	-	85.3%	-	8.2	0	8.2	9.4		8.5%	31.7%	37.5%						3	14	100%	
Neptune	95.1%	66.7%	91.7%	-	9.2	0.7	9.9	12.1		-5.5%	20.5%	66.7%						2	12	98.5%	
NICU	91.8%	-	92.6%	-	18.3	0	18.3	27		9.6%	12.8%	0.0%						9	54	100.0%	
AAU	111.0%	72.0%	104.7%	92.4%	12.9	2.9	15.8	8.5		17.5%	10.3%	56.8%					1	9	75	75.0%	
Nell Gwynne	98.4%	73.7%	126.7%	95.9%	4.8	3.4	8.3	7.3		-2.3%	18.1%	0.0%						3	22	82.4%	
David Erskine	101.2%	92.3%	99.0%	113.3%	3.8	3.6	7.4	7.3		8.3%	49.2%	7.2%	1	1	1	1		3	21	100.0%	
Edgar Horne	126.4%	93.5%	144.4%	110.4%	5	3.2	8.5	6.7		-2.2%	18.6%	22.0%		1				1	28	100.0%	
Lord Wigram	95.0%	97.8%	101.1%	108.7%	4.5	3.2	7.7	7		13.5%	21.5%	7.5%	1	1				1	24	94.6%	
St Mary Abbots	98.6%	79.2%	98.2%	97.7%	4.7	2.6	7.5	7.3		11.6%	20.3%	10.5%						2	24		
David Evans	106.7%	97.9%	109.9%	196.2%	6.4	2.9	9.3	7.3		0.9%	21.9%	0.0%						4	17	96.2%	
Chelsea Wing	79.8%	102.6%	100.8%	113.7%	24.7	18	42.7	7.3		13.8%	18.5%	27.0%						1	15	75.0%	
Burns Unit	113.2%	100.0%	118.2%	100.0%	22.7	3.1	25.8	N/A		2.5%	11.2%	11.5%							7	100.0%	
Ron Johnson	94.3%	97.5%	100.0%	99.9%	5.5	3	8.6	7.6		6.2%	18.2%	10.5%						5	43	100.0%	
ICU	102.6%	-	100.0%	-	29.2	0	29.2	27		9.2%	18.0%	0.0%						7	37		
Rainsford Mowlem	93.9%	83.3%	104.2%	97.5%	3.9	3.3	7.3	7.3		-2.9%	11.2%	0.0%						1	24	63.0%	
Nightingale	75.1%	37.6%	77.6%	65.2%	4.6	2.4	7	6.7		n/a	n/a	n/a						1	8	100.0%	





**Safe Staffing & Patient Quality Indicator Report – West Middlesex Site**  
**November 2019**

Ward	Day		Night		CHPPD	CHPPD	CHPPD	National Benchmark		Vacancy	Voluntary Turnover		Inpatient fall with harm				Trust acquired pressure ulcer 3,4,unstageable	Medication incidents	FF scores 2018/19 Q4	
	Average fill rate - registered	Average fill rate - care staff	Average fill rate - registered	Average fill rate - care staff	Reg	HCA	Total			Qualified	Un-qualified	Moderate		Severe						
													month	YTD	month	YTD	month	YTD	month	YTD
Maternity	95.5%	93.6%	103.1%	93.0%	6.7	2.1	8.8	7 – 17.5		1.1%	4.9%	9.5%						4	15	
Lampton	101.9%	138.7%	100.0%	166.6%	3	3.5	6.5	6 – 7.5		5.8%	5.9%	3.8%		1				3	8	95.2%
Richmond	100.0%	99.2%	131.1%	106.8%	7.4	3.3	10.7	6 – 7.5		15.5%	8.8%	0.0%						2	9	100.0%
Syon 1	102.7%	76.9%	99.3%	113.8%	3.7	2.1	5.9	6 – 7.5		17.8%	13.5%	10.9%							17	86.1%
Syon 2	102.5%	86.1%	100.8%	94.4%	3.5	2.4	5.9	6 – 7.5		20.9%	8.5%	17.3%						6	23	95.8%
Starlight	103.4%	100.0%	110.6%	-	6.8	0.2	7	8.5 – 13.5		-1.2%	7.7%	0.0%						2	16	97.1%
Kew	108.5%	95.3%	109.7%	152.4%	3.4	2.8	6.2	6 - 8		11.7%	19.1%	7.7%							18	90.0%
Crane	107.8%	110.2%	110.0%	112.6%	3.4	3	6.4	6 – 7.5		19.4%	5.5%	0.0%		1				2	16	89.7%
Osterley 1	101.6%	133.2%	99.3%	171.4%	3.3	3.4	6.7	6 – 7.5		8.6%	14.5%	15.2%						7	50	92.3%
Osterley 2	98.7%	104.4%	99.0%	110.8%	3.4	3.2	6.8	6 – 7.5		9.3%	2.6%	12.9%						2	25	96.2%
MAU	101.7%	80.1%	96.7%	91.4%	6.1	2.3	8.4	7 - 9		8.0%	6.1%	15.9%		2				11	93	96.5%
CCU	101.4%	100.6%	102.5%	-	5.7	0.7	6.3	6.5 - 10		11.4%	0.0%	0.0%						2	12	100.0%
Special Care Baby Unit	101.8%	-	110.1%	-	9.5	0	9.5			15.0%	0.0%	0.0%						1	18	100.0%
Marble Hill 1	99.4%	94.4%	103.3%	184.9%	3.5	3.4	6.9	6 - 8		19.0%	27.3%	29.0%						2	25	92.5%
Marble Hill 2	100.3%	108.6%	102.2%	105.0%	3.1	2.7	5.8	5.5 - 7		3.5%	5.4%	0.0%						2	11	96.9%
ITU	107.8%	110.2%	110.0%	110.4%	10.4	9.3	19.7	17.5 - 25		5.8%	22.3%	0.0%						5	29	



# Safe Staffing & Patient Quality Indicator Report

## November 2019

The purpose of the safe staffing and patient quality indicator report is to provide a summary of overall Nursing & Midwifery staffing fill rates and Care Hours per Patient Day (CHPPD). This is then benchmarked against the national benchmark and triangulated with associated quality indicators and staffing vacancy/turnover for the same month and patient experience for the previous month. Overall key concerns are areas where the staffing fill rate has fallen below 80% and to understand the impact this may have on outcomes. Please note that CHPPD scores are inclusive of Apprentice Nursing Associates which is now required to be reported separately to NHSI. The Trust is compliant with this request.

AAU, Nell Gwynne and Nightingale had difficulties filling bank shifts for HCAs throughout November and the risk was mitigated by daily review, moving staff when required and nursing staff assisting HCAs. Recruitment is underway. Nell Gwynne had high fill rates for night RNs due to a tracheostomy patient requiring specialising. Edgar Horne had high fill rates for RNs on both day and night shifts due to RMN requirement.

Lampton, Kew and Osterley 1 had high fill rates for HCAs on nights due additional staffing being required to care for confused mobile patients at risk of falls and absconding.

In November escalation beds were opened on Nightingale ward at short notice resulting in low fill rates for RN shifts but substantive staff from the Frailty Unit assisted.

The CHPPD ratio for Chelsea Wing is higher as has been benchmarked against other Private Patient wards. The electives for November were low in numbers and bank/agency staff were cancelled as a result. CHPPD high on Richmond due to Day Surgery patients not being counted as patient census is taken at midnight. High fill rates on Richmond at night due to high acuity of patients.

In November there were 2 falls with moderate harm and one with severe harm at the Chelsea site.

Family and friends test scores relate to October 2019 and three wards at West Middlesex site and ten wards at the Chelsea site scored 100% with patients likely to recommend the ward to their friends or family if they needed similar care or treatment. Low scores were recorded for Rainsford Mowlem at 63%, Chelsea Wing and AAU at 75%. Turnover and Vacancy rates also relate to October 2019.

In line with recommendations by the National Quality Board (2016) and the Developing Workforce Safeguards (2018) guidance, actual staffing levels have been compared with staffing levels required according to the bi-annual patient's acuity and dependency assessments utilising the Shelford Safer Nursing Care tool. In early July 2019 this data was presented to Trust Board in line with other staffing and quality metrics. As part of this safe staffing review, the Chief Nurse & Medical Director confirmed in a statement to the Board that they were satisfied with the assessment that staffing is safe effective and sustainable.





## CQC Insights Report – Indicators rated ‘Better’ or ‘Much Better’

### November 2019

Indicator	National Comparison	Previous	Latest	National Average	Sentiment Direction
Clostridium difficile infections (trust-apportioned)	Better	NA	13	-	High values are bad
Crude proportion of highest-risk cases (>10% predicted mortality) admitted to critical care post-operatively	Better	100.00%	100.00%	86.80%	Low values are bad
Crude proportion of highest-risk cases (>10% predicted mortality) admitted to critical care post-operatively	Better	83.30%	100.00%	86.80%	Low values are bad
Crude proportion of high-risk cases (=5% predicted mortality) with consultant surgeon and anaesthetist present in theatre	Better	88.90%	95.80%	82.50%	Low values are bad
Crude proportion of patients having surgery on the day or day after admission (%)	Better	77.30%	84.30%	69.50%	Low values are bad
Hospital Standardised Mortality Ratio (HSMR)	Much better	79.2	74.2	100	High values are bad
Hospital Standardised Mortality Ratio (Weekday)	Much better	75.1	72.7	100	High values are bad
Hospital Standardised Mortality Ratio (Weekend)	Much better	84.7	74.1	100	High values are bad
Identified level of potential support needs by the provider shadow segmentation	Better	NA	Providers with maximum autonomy.	-	High values are bad
Information about next steps	Better	NA	8.5	-	Low values are bad
In-hospital mortality: Acute bronchitis	Better	48.3	37.6	100	High values are bad
In-hospital mortality: Chronic obstructive pulmonary disease and bronchiectasis	Better	63.7	55.6	100	High values are bad
In-hospital mortality: Fracture of neck of femur (hip)	Better	71.8	57.2	100	High values are bad
In-hospital mortality: Pneumonia	Better	94.3	69.8	100	High values are bad
In-hospital mortality: Urinary tract infections	Much better	66.3	31.5	100	High values are bad
PROMs: Primary Hip Replacement EQ-5D score (17-18) - Provisional (finalised Aug 2019)	Better	NA	Upper 95%		Low values are bad
PROMs: Primary Hip Replacement Oxford score (17-18) - Provisional (finalised Aug 2019)	Better	NA	Upper 95%		Low values are bad
Quality of appraisals	Better	6.1	6	5.5	Low values are bad
Quality of care	Better	7.7	7.7	7.5	Low values are bad
Ratio of senior midwives to midwives	Better	0.33	0.39	0.25	Low values are bad
Risk adjusted 30-day mortality rate (%)	Much better	13.80%	0.00%	9.50%	High values are bad
Risk-adjusted hospital mortality ratio	Better	1.16	0.77	1	High values are bad
Risk-adjusted hospital mortality ratio for patients with predicted risk of death <20% (lower risk)	Much better	1.08	0.28	1	High values are bad
Safety Culture	Better	6.9	6.9	6.7	Low values are bad
Sick days for medical and dental staff-[set target 3.5%] (%)	Much better	0.56%	0.86%	1.19%	High values are bad
Sick days for non-clinical staff (%)	Better	3.67%	3.08%	4.38%	High values are bad
Sick days for nursing and midwifery staff (%)	Better	3.24%	3.24%	4.37%	High values are bad
Sick days for other clinical staff (%)	Better	3.78%	3.41%	4.82%	High values are bad
SSNAP Domain 2: overall team-centred rating score for key stroke unit indicator	Much better	Level A	Level A		High values are bad
Stabilised and risk-adjusted extended perinatal mortality rate (per 1,000 births)	Better	5.9	6.2	6.7	High values are bad
Staff Engagement	Better	7.3	7.3	7	Low values are bad
Summary Hospital-level Mortality Indicator (SHMI)	Much better	0.79	0.77	1	High values are bad
Understanding what staff say	Better	NA	8.9	-	Low values are bad



# CQC Insights Report – Indicators rated ‘Worse’ or ‘Much Worse’

## November 2019

Indicator	National Comparison	Previous	Latest	National Average	Sentiment Direction
A&E Attendees spending more than 12 hours from decision to admit to admission	Much worse	0	5	-	High values are bad
Confidence and trust in the nurses	Worse	8.5	8.4	-	Low values are bad
Crude overall hospital length of stay	Worse	27.7	24.8	20.0	High values are bad
Crude proportion of cases with access to theatres within clinically appropriate time frames	Worse	88.60%	82.80%	82.0%	Low values are bad
Crude proportion of cases with pre-operative documentation of risk of death	Worse	81.40%	77.10%	74.6%	Low values are bad
Crude proportion of cases with pre-operative documentation of risk of death	Worse	72.70%	78.70%	74.6%	Low values are bad
Crude proportion of high-risk cases (=5% predicted mortality) with consultant surgeon and anaesthetist present in theatre	Worse	56.80%	70.00%	82.5%	Low values are bad
Crude proportion of patients having perioperative medical assessment (%)	Worse	75.00%	75.00%	88.6%	Low values are bad
Crude proportion of patients having perioperative medical assessment (%)	Worse	50.00%	21.70%	88.6%	Low values are bad
Emergency readmissions: Acute cerebrovascular disease	Much worse	319.5	269.4	100	High values are bad
Equality, diversity & inclusion	Worse	8.7	8.7	9.1	Low values are bad
Maternity outlier alert: Puerperal sepsis (not including other infection)	Worse	NA	Action plans being followed up by CQC		N/A
Ratio of occupied beds to other clinical staff	Worse	3.03	2.74	1.75	High values are bad
Safe Environment - Bullying & Harassment	Worse	7.7	7.7	8.0	Low values are bad
Safe Environment - Violence	Worse	9.3	9.3	9.5	Low values are bad
Stability of non-clinical staff	Worse	0.79	0.78	0.85	Low values are bad
Stability of Nursing and Midwifery staff	Much worse	0.79	0.78	0.87	Low values are bad
Turnover rate for nursing and midwifery staff (%)	Worse	19.10%	17.50%	11.4%	High values are bad



## Finance Dashboard Month 8 2019-20 Integrated Position

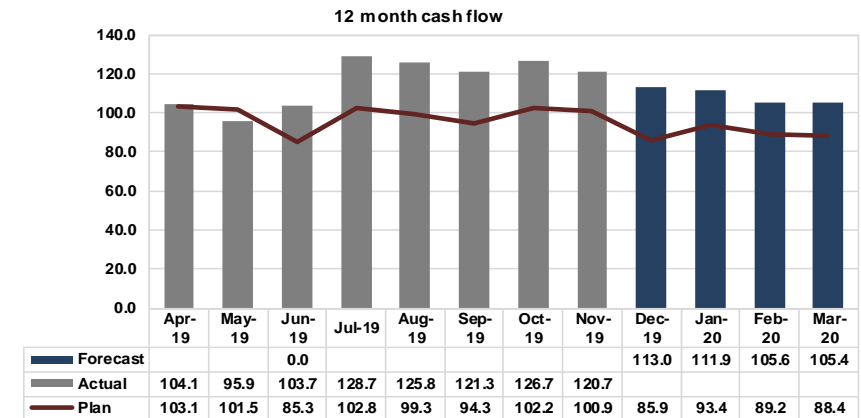
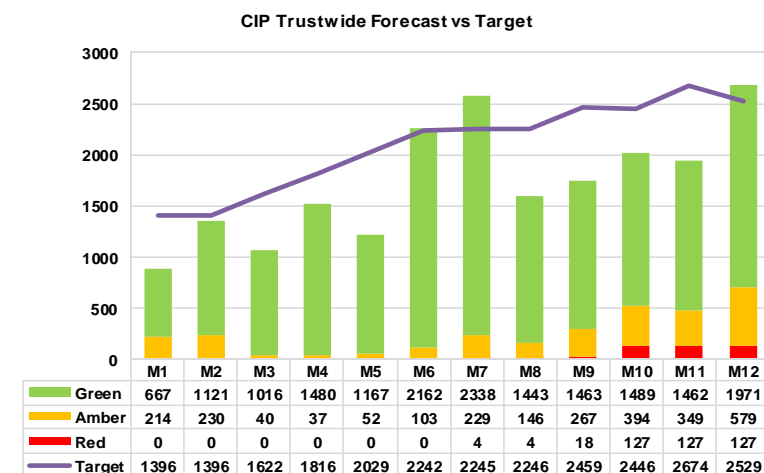
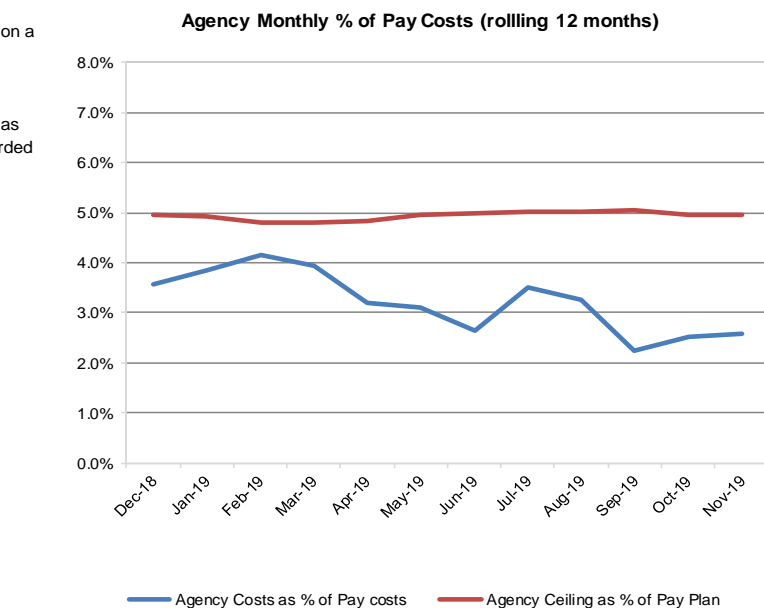
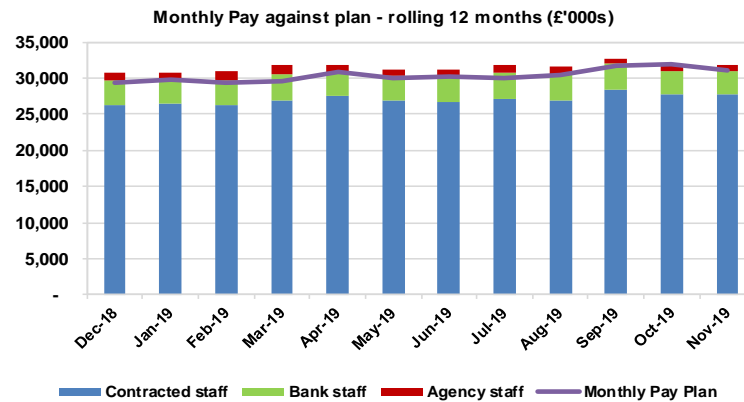
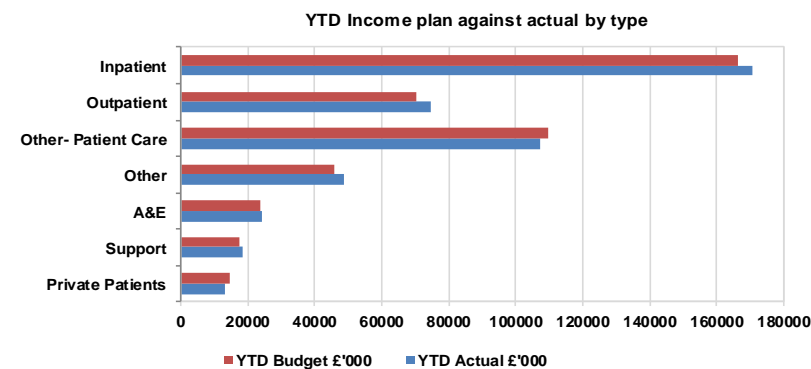
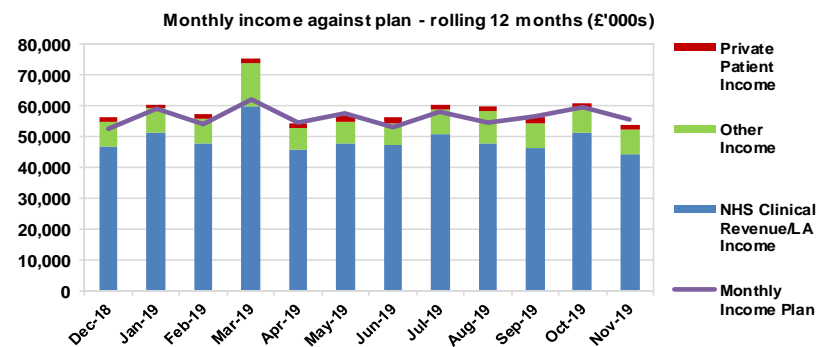
£'000	Combined Trust		
	Plan to Date	Actual to Date	Variance to Date
Income	448,362	456,521	8,159
Expenditure			
Pay	(246,221)	(253,803)	(7,582)
Non-Pay	(173,380)	(170,563)	2,816
EBITDA	28,762	32,155	3,393
EBITDA %	6.41%	7.04%	0.63%
Depreciation	(11,534)	(11,612)	(79)
Non-Operational Exp-Inc	(10,700)	(10,130)	570
Surplus/Deficit	6,528	10,412	3,884
Control total Adj - Donated asset, Impairment & Other		(4,137)	0
Surplus/Deficit on Control Total basis	6,528	6,275	(253)

### Comment:

The Trust is reporting a YTD surplus of £6.28m with an adverse variance of £0.25m against the YTD plan on a control total basis.

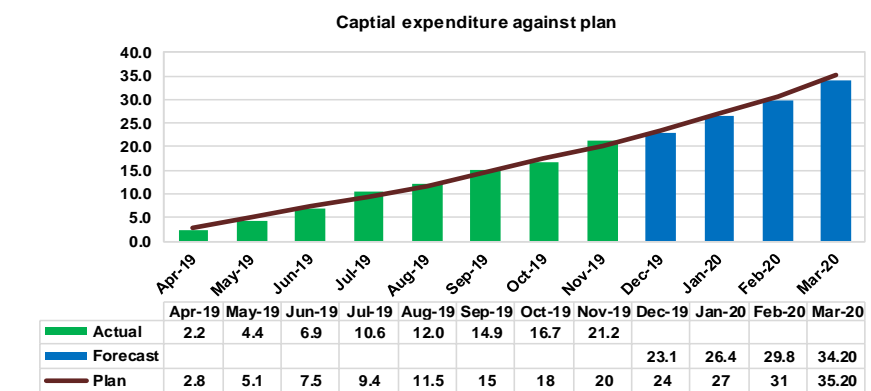
Income: Income under performance in November is mainly due to Cerner implementation on the CW site. Planned reduction in elective and outpatient activity; sections of the system not fully built/operational such as critical care and paper records not yet entered into Cerner. Accruals were made to adjust for the unrecorded activity.

Pay is adverse by £7.58m YTD. The Trust continues to use bank and agency staff to cover vacancies, sickness and additional activity. However, the main contributor to this position are unidentified CIPs and identified red/amber CIP schemes.



### Comment:

The favourable cash variance to plan in M08 of £19.7m is favourable cash variance b/fw d from M7 of £24.4m, lower cash receipts to plan of £1.5m (No PSF/MRET) and higher cash outflow s to plan £3.2m (higher creditor payments & higher payroll costs).



### Comment:

The Trust has spent £21.19m at the end of month 8. This is £0.85m above the planned year to date spend of £20.34m. The major variances are: NICU which is £2.20m overspent against YTD plan of £7.50m, less the underspend on medical equipment replacement £1.08m and also the fire alarm replacement programme of £0.32m, where we will commence from M9.

Use of Resources Rating	Jun 19 (YTD) Plan	Jun 19 (YTD) Actual	BPPC % of bills paid in target	Year to date		
				Current Month %	Previous Month (%)	Movement %
Capital Service rating	2	2	By number	95.3%	95.1%	0.2%
Liquidity rating	1	1				
I&E Margin rating	1	1	By value	84.1%	83.1%	1.0%
I&E Margin Distance from Financial Plan		1				
Agency rating	1	1	Creditor days	120	121	(1)
UORR before override M3		1	Debtor days			
UORR after override M3		1		31	31	(0)



## Council of Governors Meeting, 30 January 2020

<b>AGENDA ITEM NO.</b>	2.3.1/Jan/20
<b>REPORT NAME</b>	People and OD Committee KPI Dashboard
<b>AUTHOR</b>	Karen Adewoyin, Deputy Director of People and OD
<b>LEAD</b>	Thomas Simons, Director of Human Resources & Organisational Development
<b>PURPOSE</b>	The People and OD Committee KPI Dashboard highlight current KPIs and trends in workforce related metrics at the Trust. There was not a scheduled People and OD Committee in December, however there has been a review of performance at the Workforce Development Committee in November. This report provides a summary of M8s performance.
<b>SUMMARY OF REPORT</b>	<p>The dashboard is to provide assurance of workforce activity across eight key performance indicator domains;</p> <ul style="list-style-type: none"> <li>• Workforce information – establishment and staff numbers</li> <li>• HR Indicators – Sickness and turnover</li> <li>• Employee relations – levels of employee relations activity</li> <li>• Temporary staffing usage – number of bank and agency shifts filled</li> <li>• Vacancy – number of vacant post and use of budgeted WTE</li> <li>• Recruitment Activity – volume of activity, statutory checks and time taken</li> <li>• PDRs – appraisals completed</li> <li>• Core Training Compliance</li> </ul>
<b>KEY RISKS ASSOCIATED</b>	The need to continue to focus on staff engagement and retention to reduce turnover rates further.
<b>FINANCIAL IMPLICATIONS</b>	Costs associated with high turnover rates and reliance on temporary workers.
<b>QUALITY IMPLICATIONS</b>	Risks associated workforce shortage and instability.
<b>EQUALITY &amp; DIVERSITY IMPLICATIONS</b>	We need to value all staff and create development opportunities for everyone who works for the trust, irrespective of protected characteristics.
<b>LINK TO OBJECTIVES</b>	All
<b>DECISION/ ACTION</b>	For noting.



# Workforce Performance Report to the People and Organisational Development Committee

**Month 8 – November 2019**

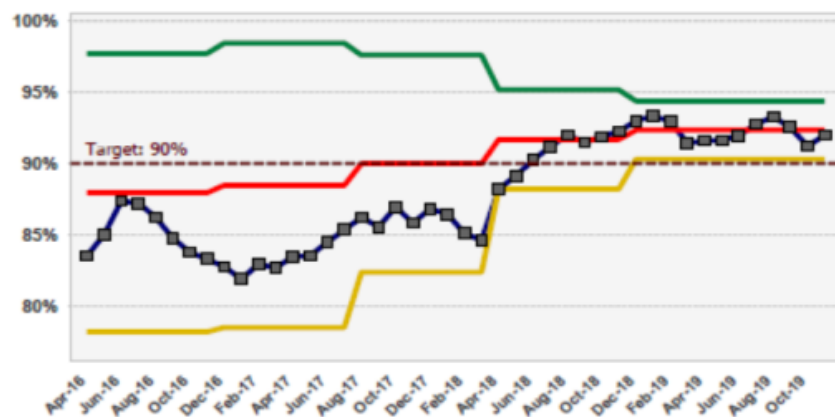
# Statistical Process Control – April 2016 to Nov 2019



## WORKFORCE INDICATORS

Statistical Process Control Charts for the 44 months April 2016 to November 2019

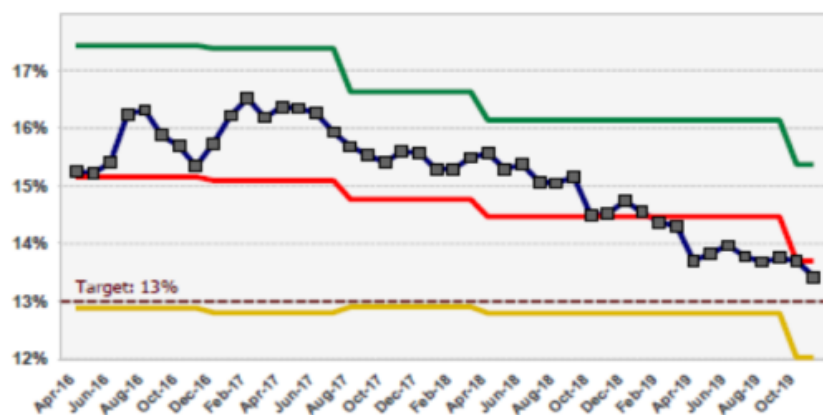
Mandatory Training compliance



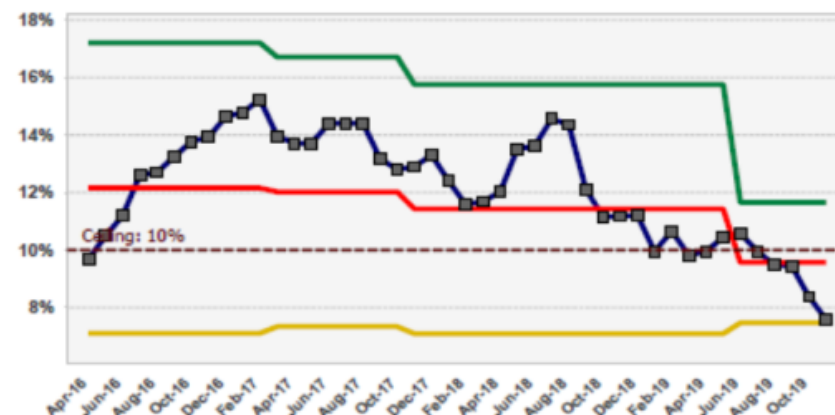
Sickness absence



Staff voluntary turnover rate



Vacancy rate





# People and Organisational Development Workforce Performance Report November 2019

## Key Performance Indicators



Chelsea and Westminster Hospital  
NHS Foundation Trust

Item	Units	This Month Last Year	Last Month	This Month	Target / Ceiling	RAG Status			Trend
						Red	Amber	Green	
1. Workforce Information									
1.1 Establishment	No.	6283.18	6,371.90	6,369.57					↓
1.2 Whole time equivalent	No.	5580.84	5837.78	5886.52					↑
1.3 Headcount	No.	6065	6374	6375					↑
1.5 Overpayments (Number)	No.		75	63					↓
1.4 Overpayments (Costs)	£		340,135	278,415					
2. HR Indicators									
2.1 Sickness absence	%	2.67%	2.45%	2.63%	<3.3%				↑
2.2 Long Term Sickness absence	%	1.31%	1.31%	1.30%					↓
2.3 Short Term Sickness absence	%	1.35%	1.14%	1.33%					↑
2.4 Gross Turnover	%	18.80%	18.32%	17.95%	<17%				↓
2.5 Voluntary Turnover	%	14.52%	13.70%	13.42%	<13%				↓
3. Employee Relations									
3.1 Live Employment Relations Cases	No.		122	111					↓
3.2 Formal Warnings	No.		2	1					↓
3.3 Dismissals	No.		3	1					↓
4. Temporary Staffing Usage									
4.1 Total Temporary Staff Shifts Filled	No.	14217	15029	14851					↓
4.2 Bank Shifts Filled	No.	12207	13338	13240					↓
4.3 Agency Shifts Filled	No.	2010	1691	1611					↓
5. Vacancy									
5.1 Trust Vacancy Rate	%	11.18%	8.38%	7.58%	<10%				↓
5.2 Corporate	%	10.05%	7.11%	6.03%	<10%				↓
5.3 Clinical Support Services	%		10.44%	9.47%	<10%				↓
5.4 Emergency & Integrated Care	%	11.11%	9.80%	9.26%	<10%				↓
5.5 Planned Care	%	13.38%	8.11%	8.11%	<10%				↑
5.6 Women's, Children and Sexual Health	%	9.18%	6.42%	5.06%	<10%				↓
6. Recruitment (Non-medical)									
6.1 Offers Made	No.		167	91					↓
6.2 Pre-employment checks (days)	No.		19.7	19.0	<20				↓
6.3 Time to recruit (weeks)	No.		8.38	8.60	<9				↑
7. PDRs Undertaken (AFC Staff over 12 months)									
7.1 Trust PDRs Rate (AFC Staff)	%	84.67%	81.77%	92.03%	≥90%				↑
7.2 Corporate	%	78.91%	77.80%	95.96%	≥90%				↑
7.3 Clinical Support Services	%		74.97%	91.34%	≥90%				↑
7.4 Emergency & Integrated Care	%	82.74%	86.00%	93.48%	≥90%				↑
7.5 Planned Care	%	90.93%	87.46%	92.79%	≥90%				↑
7.6 Women's, Children and Sexual Health	%	79.75%	81.21%	89.27%	≥90%				↑
8. Mandatory Training									
8.1 See Appendix 1 for details on Mandatory Training									



October 19 SICKNESS

Division	Sickness Abs.	RAG Status Ceiling <3.30%	Available WTE	Abs. WTE	Episodes	Long Term (WTE Lost)	% Long Term	Prev. Month	% +/-
Corporate	1.45%		17967.51	260.11	44	184.40	1.03%	1.62%	-0.17%
Clinical Support	3.02%		29477.63	889.94	167	341.87	1.16%	2.90%	0.12%
Emergency & Integrated Care	2.20%		49604.19	1092.38	236	465.01	0.94%	1.77%	0.43%
Planned Care	3.25%		32276.15	1047.66	156	629.19	1.95%	2.71%	0.54%
Women's, Children and Sexual Health	2.84%		52384.17	1485.62	227	743.72	1.42%	2.99%	-0.16%
Trust	2.63%		181709.65	4775.72	830	2364.19	1.30%	2.45%	0.18%

November 19 Core Training

Course	Last Month	This Month	Target	RAG Status	Trend
Core Training Compliance Overall	91%	92%	<90%		↑
Theory Adult BLS	83%	85%	<90%		↑
Practical Adult BLS	86%	86%	<90%		↔
Conflict Resolution	95%	96%	<90%		↑
Equality, Diversity and Human Rights	93%	94%	<90%		↑
Fire	89%	90%	<90%		↑
Health & Safety	94%	95%	<90%		↑
Infection Control (Hand Hygiene)	94%	95%	<90%		↑
Infection Control - Level 2	92%	93%	<90%		↑
Information Governance	92%	92%	<95%		↔
Moving & Handling - Inanimate Loads	91%	92%	<90%		↑
Moving & Handling - Patient Handling	87%	89%	<90%		↑
Safeguarding Adults Level 1	94%	94%	<90%		↔
Safeguarding Adults Level 2	90%	91%	<90%		↑
Safeguarding Adults Level 3	69%	69%	<90%		↔
Safeguarding Children Level 1	94%	94%	<90%		↔
Safeguarding Children Level 2	92%	93%	<90%		↑
Safeguarding Children Level 3	91%	93%	<90%		↑

November Employee Relations

Category	Metric	Number / %
No of Disciplinary cases in month	Number	4
Length of Disciplinary cases	Days <60	67
Total Disciplinary cases in year (April 19)	Number	34
% BAME Disciplinary Cases in month	%	44%
Exclusions - No. of live in month	Number	1
Grievance - No. of live cases in month	Number	9
B&H cases - included in grievance number	Number	4
Sickness - No. of cases in month	Number	90
Long Term - sickness cases in month	Number	49
Short Term - sickness cases in month	Number	41
No. of Employment Tribunals (ET)	Number	6
Managers having ER training (from April 19)	Number	62
No. of informal queries (disciplinary process)	Number	4

November 19 Vacancy / Bank and Agency Ratio on "Fill Rate"

Division	Budgeted WTE	Staff in Post (WTE)	Vacancy (WTE)	Bank Usage (WTE)	Agency Usage (WTE)	**Total WTE Used	Budget minus Used WTE	RAG Status
Corporate	620.32	582.92	37.40	28.72	2.75	600.35	19.97	
Clinical Support	1056.58	956.49	100.09	140.93	13.90	1087.82	-31.24	
Emergency & Integrated Care	1757.58	1594.86	162.72	232.89	47.96	1777.96	-20.38	
Planned Care	1126.63	1035.23	91.40	109.35	30.41	1142.27	-15.64	
Women's, Children and Sexual Health	1808.46	1717.02	91.44	156.03	26.58	1809.56	-1.10	
TRUST	6369.57	5886.52	483.05	667.92	121.60	6417.96	-48.39	

November 19 Voluntary Turnover

Division	Turnover	Prev Month	% +/-
Corporate	13.85%	15.21%	-1.35%
Clinical Support	14.26%	14.16%	0.10%
Emergency & Integrated Care	16.03%	16.24%	-0.21%
Planned Care	10.50%	10.69%	-0.18%
Women's, Children and Sexual Health	12.16%	12.35%	-0.20%
TRUST	13.42%	13.70%	-0.27%

Key to Sickness Figures

Sickness Absence = Calendar days sickness as percentage of total available working days for past 3 months (days x ave FTE)
Episodes = number of incidences of reported sickness A Long Term Episode is greater than 27 days
**Total WTE Used Adjusted to account for staff currently on maternity leave & establishment adjustments





# People and Organisation Development Workforce Performance Report

## PDRs Windows November 2019

PDR's Completed Since 1st April 2019 (19/20 Financial Year)					
Division	Band Group	%	Division	Band Group	%
COR	Band 2-5	80.63%	CSD	Band 2-5	64.01%
	Band 6-8a	86.12%		Band 6-8a	84.66%
	Band 8b +	93.51%		Band 8b +	91.67%
Corporate		85.43%	Clinical Support		70.17%
PDC	Band 2-5	82.97%	EIC	Band 2-5	92.68%
	Band 6-8a	90.55%		Band 6-8a	84.75%
	Band 8b +	100.00%		Band 8b +	94.74%
Planed Care		86.72%	EIC Emergency & Integrated Care		89.27%
WCH	Band 2-5	67.73%			
	Band 6-8a	75.52%			
	Band 8b +	94.44%			
WCH Women's, Children's & SH		72.54%			
Band 2-5	Band 6-8a	Band 8b +			
76.64%	82.43%	93.83%			
Trust Total				79.90%	





## Council of Governors Meeting, 30 January 2020

AGENDA ITEM NO.	3.1/Jan/20
REPORT NAME	Governors' Questions
AUTHOR	Various
LEAD	Lesley Watts, Chief Executive
PURPOSE	To note.
SUMMARY OF REPORT	<p><b>1. The questions raised by Governor Kush Kanodia:</b></p> <p><b>1.1 Question:</b> Who exactly decided at Chelsea Westminster Hospital to start charging for disabled parking?</p> <p><b>Response from Steve Gill, Chair of AWG</b> Lesley Watts, Chief Executive agreed that we should consider if parking charges should be harmonised across both sites for disabled parking. The Board decided to pause making a final decision about the commencement of charges at our Chelsea site until it had discussed it further with governors. This was in response to concerns that were raised by some governors.</p> <p><b>1.2 Question:</b> Why was the strong opposition of the Council of Governors, the Evidence Base and our Values all ignored?</p> <p><b>Response from Steve Gill, Chair of AWG</b> The Trust has put in place an Accessibility Working Group to consider the options around accessibility more broadly including the issue of disabled parking. This group has strong representation from governors and aims to look at the available evidence base to make recommendations to the board. Whilst this group has been considering the issue, the Trust has not implemented any charges for parking in response to the strong opposition from some governors.</p> <p><b>1.3 Question:</b> When will the Trust now abolish our disabled car parking charges at our West Middlesex hospital?</p> <p><b>Response from Response from Steve Gill, Chair of AWG</b> The Accessibility Working Group will make recommendations in the New Year.</p> <p><b>2. The questions raised by Governor Des Walsh</b> Have we seen a rise in previously vaccine-preventable diseases over the past 12 months. If so and how can we, as a Trust, help to promote the pro-vaccination agenda?</p> <p><b>Response from Dr Roger Chinn, Deputy Medical Director</b> Measles incidence is increasing nationally, regionally and locally and our Paediatrics department is</p>

	<p>offering MMR vaccination (see enclosed poster).</p> <p>Pertussis (whooping cough) is also on the increase nationally and we are actively encouraging uptake of the pertussis vaccine in our maternity units.</p> <p>Flu vaccination programme for our Healthcare workers has been effective. As in previous years, we also make efforts to vaccinate the elderly patients who remain in our care awaiting placement and other long stay patients who qualify for the vaccine, recognising that they might miss the opportunity to achieve vaccination from their GPs.</p>
<b>KEY RISKS ASSOCIATED</b>	None.
<b>FINANCIAL IMPLICATIONS</b>	None.
<b>QUALITY IMPLICATIONS</b>	None.
<b>EQUALITY &amp; DIVERSITY IMPLICATIONS</b>	None.
<b>LINK TO OBJECTIVES</b>	NA
<b>DECISION/ ACTION</b>	For information.

# MEASLES is spreading....

Measles is highly infectious and a serious illness. It can make children very ill, and even cause death. The virus is spread through coughing and sneezing and we are currently experiencing an outbreak in London. Only 80% of children locally are immunised. They are at high risk of catching the disease and also infecting young babies, who have not yet had their 12 month MMR vaccine

## SIGNS & SYMPTOMS:

- TEMPERATURE
- RUNNY NOSE & COUGH
- RASH
- RED WATERY EYES
- SPOTS IN THE MOUTH



We are offering MMR vaccinations to children

M M R

SAFE. EFFECTIVE. FREE.

Paediatric Emergency Department

Chelsea and Westminster Hospital **NHS**

NHS Foundation Trust





**Council of Governors Forward Plan**

	03 April 2019 NED/Governor Strategy Representation Group	25 April 2019 Council of Governors	27 June 2019 Briefing Session – performance, quality workforce & finance
<b>Statutory/Mandatory Business</b>	<ul style="list-style-type: none"> <li>• Our strategy refresh</li> <li>• How we react to the shift from a competitive landscape to a collaborative/constituent one; and adding the context of:               <ol style="list-style-type: none"> <li>a) NHS Long Term Plan</li> <li>b) London Plan</li> <li>c) North West London HCP Plan</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>• Chairman's Appraisal PRIVATE</li> <li>• Minutes of Previous Meeting, including Action Log and iLog</li> <li>• Quality: Finance &amp; Investment Committee Report to Council of Governors (JJ)</li> <li>• Annual Plan submission to NHSI</li> <li>• Draft Month 12 Financial Position</li> <li>• Draft Quality Report and Governor Commentary</li> <li>• </li> </ul>	<ul style="list-style-type: none"> <li>• Performance &amp; quality review</li> </ul>
<b>Papers for Information</b>	<ul style="list-style-type: none"> <li>• </li> </ul>	<ul style="list-style-type: none"> <li>• Chairman's Report</li> <li>• Chief Executive Officer's Report</li> <li>• Performance &amp; Quality Report, including Workforce Performance Report</li> <li>• Governors' Questions</li> <li>• Quality Sub-Committee Terms of Reference (for approval)</li> <li>• Membership Sub-Committee Terms of Reference (for approval)</li> </ul>	
<b>Other Business</b>	<ul style="list-style-type: none"> <li>• </li> </ul>	<ul style="list-style-type: none"> <li>• Questions from public</li> <li>• Any other business</li> </ul>	<ul style="list-style-type: none"> <li>• </li> </ul>

	25 July 2019 Council of Governors	26 September 2019 Briefing Session – performance, quality workforce & finance	31 October 2019 Council of Governors
<b>Statutory/Mandatory Business</b>	<ul style="list-style-type: none"> <li>Minutes of Previous Meeting, including Action Log and iLog</li> <li>Quality: Audit and Risk Committee Report to Council of Governors (NG)</li> <li>Our workforce, including - Health and Wellbeing</li> <li>Non-Executive Director Nominations and Remuneration Committee: Update on recruitment of NED and Terms of Reference (for approval)</li> <li>Quality Sub-Committee Report</li> <li>Membership Sub-Committee Report, including Membership Strategy and Action Plan</li> </ul>	<ul style="list-style-type: none"> <li>Regulatory: Overview of CQC inspection</li> </ul>	<ul style="list-style-type: none"> <li>Minutes of Previous Meeting, including Action Log and iLog</li> <li>Disability Access Working Group Terms of Reference &amp; update</li> <li>Quality: Quality Committee Report to Council of Governors (EH)</li> <li>Digital Developments</li> <li>Governors Away Day November 2019-plan</li> <li>Quality Sub-Committee report – September 2019</li> </ul>
<b>Papers for Information</b>	<ul style="list-style-type: none"> <li>Chairman's Report</li> <li>Chief Executive Officer's Report</li> <li>Performance &amp; Quality Report, including Workforce Performance Report</li> <li>Governors' Questions</li> <li>Council of Governors election November 2019 – update</li> </ul>		<ul style="list-style-type: none"> <li>Chairman's Report</li> <li>Chief Executive Officer's Report</li> <li>Performance &amp; Quality Report, including Winter Preparedness; Workforce Performance Report; EU Exit update</li> <li>Governors Elections 2019 – update</li> <li>Governors' Questions</li> </ul>
<b>Other Business</b>	<ul style="list-style-type: none"> <li>Governor attendance register</li> <li>Schedule of meetings</li> <li>Questions from public</li> <li>Any other business</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>Governor attendance register</li> <li>Schedule of meetings</li> <li>Questions from public</li> <li>Any other business</li> </ul>

	5 December 2019 Briefing Session – performance, quality workforce & finance	30 January 2020 AWAY DAY	30 January 2020 Council of Governors Council of Governors & NED/Governor Strategy and Representation Group
<b>Statutory/Mandatory Business</b>	<ul style="list-style-type: none"> <li>Equality, Diversity and Inclusion</li> </ul>	<ul style="list-style-type: none"> <li>Announcement of Election results</li> <li>Current position</li> <li>Directors achievements (HSJ Video) and question session</li> <li>How the digital agenda supports patient pathway</li> <li>Showcase: Innovation</li> <li>Strategy               <ul style="list-style-type: none"> <li>Understanding our patients and public</li> <li>Shaping of London</li> <li>North West London HCP Plan</li> <li>Our Clinical Services Strategy framework</li> </ul> </li> <li>Findings from the COG effectiveness survey</li> <li>Council of Governors engagement</li> </ul>	<ul style="list-style-type: none"> <li>Announcement of Election results</li> <li>Minutes of Previous Meeting, including Action Log and iLog</li> <li>Quality: People &amp; OD Committee Report to the Council of Governors (SG)</li> <li>Draft 2020/21 Annual Plan</li> <li>Disability Access Working Group – update</li> <li>Quality Sub-Committee Report</li> <li>Membership Sub-Committee Report</li> </ul>
<b>Papers for Information</b>			<ul style="list-style-type: none"> <li>Chairman’s Report</li> <li>Chief Executive Officer’s Report</li> <li>Performance &amp; Quality Report, including Workforce Performance Report</li> </ul>
<b>Other Business</b>			<ul style="list-style-type: none"> <li>Questions from the governors and the public</li> <li>Forward plan</li> <li>Schedule of meetings</li> <li>Governor attendance register</li> <li>Any other business</li> </ul>

	12 March 2020 Briefing Session – performance, quality workforce & finance	02 April 2020 NED/Governor Strategy and Representation Group	23 April 2020 Council of Governors
<b>Statutory/Mandatory Business</b>	<ul style="list-style-type: none"> <li>Workforce</li> </ul>	<ul style="list-style-type: none"> <li>Annual Plan</li> </ul>	<ul style="list-style-type: none"> <li>Chairman’s Appraisal PRIVATE</li> <li>Minutes of Previous Meeting, including Action Log and iLog</li> <li>Quality: Finance &amp; Investment Committee Report to Council of Governors (JJ)</li> <li>Annual Plan submission to NHSI</li> <li>Draft Month 12 Financial Position</li> <li>Draft Quality Report and Governor Commentary</li> <li>Nominations and Remuneration Committee Report as and when required</li> </ul>
<b>Papers for Information</b>		<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>Chairman’s Report</li> <li>Chief Executive Officer’s Report</li> <li>Performance &amp; Quality Report, including Workforce Performance Report</li> <li>Quality Sub-Committee Terms of Reference (for approval)</li> <li>Membership Sub-Committee Terms of Reference (for approval)</li> </ul>
<b>Other Business</b>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>Questions from the governors and the public</li> <li>Forward plan</li> <li>Schedule of meetings</li> <li>Governor attendance register</li> <li>Any other business</li> </ul>



	28 May 2020 Briefing Session – performance, quality workforce & finance	23 July 2020 Council of Governors	24 September 2020 Briefing Session – performance, quality workforce & finance
<b>Statutory/Mandatory Business</b>	<ul style="list-style-type: none"> <li>Performance &amp; Quality</li> </ul>	<ul style="list-style-type: none"> <li>Announcement of Election results</li> <li>Minutes of Previous Meeting, including Action Log and iLog</li> <li>Quality: People &amp; OD Committee Report to the Council of Governors (SG)</li> <li>Draft 2021/22 Annual Plan</li> <li>Nominations and Remuneration Committee Report as and when required</li> </ul>	<ul style="list-style-type: none"> <li>Regulatory</li> </ul>
<b>Papers for Information</b>		<ul style="list-style-type: none"> <li>Chairman’s Report</li> <li>Chief Executive Officer’s Report</li> <li>Performance &amp; Quality Report, including Workforce Performance Report</li> <li>Quality Sub-Committee Report</li> <li>Membership Sub-Committee Report</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
<b>Other Business</b>		<ul style="list-style-type: none"> <li>Questions from the governors and the public</li> <li>Forward plan</li> <li>Schedule of meetings</li> <li>Governor attendance register</li> <li>Any other business</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>

	29 October 2020 Council of Governors	26 November 2020 AWAY DAY NED/Governor Strategy and Representation Group	10 December 2020 Briefing Session – performance, quality workforce & finance
<b>Statutory/Mandatory Business</b>	<ul style="list-style-type: none"> <li>Minutes of Previous Meeting, including Action Log and iLog</li> <li>Quality: Quality Committee Report to Council of Governors (EH)</li> <li>Governors Away Day November 2020-plan</li> </ul>	<ul style="list-style-type: none"> <li>Announcement of Election results</li> <li>Strategy</li> <li>Finance</li> <li>Accountability</li> <li>COG Effectiveness evaluation</li> </ul>	<ul style="list-style-type: none"> <li>Finance</li> </ul>
<b>Papers for Information</b>	<ul style="list-style-type: none"> <li>Chairman's Report</li> <li>Chief Executive Officer's Report</li> <li>Performance &amp; Quality Report, including Winter Preparedness; Workforce Performance Report;</li> <li>Governors Elections 2020 – update</li> <li>Quality Sub-Committee Report</li> <li>Membership Sub-Committee Report</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
<b>Other Business</b>	<ul style="list-style-type: none"> <li>Questions from the governors and the public</li> <li>Forward plan</li> <li>Schedule of meetings</li> <li>Governor attendance register</li> <li>Any other business</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>

# High Level Meetings 20/21

	Jan-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Mar-21
Board PUBLIC	09-Jan 11.00-13.30 WM Room A	05-Mar 11.00-13.30 CW Boardroom		07-May 11.00-13.30 CW Boardroom		02-Jul 11.00-13.30 WM Room A	03-Sep 11.00-13.30 CW Boardroom		05-Nov 11.00-13.30 WM Room A		07-Jan 11.00-13.30 CW Boardroom	04-Mar 11.00-13.30 WM Room A
Lead Governor & COG Informal Meeting			23-Apr 15.00-16.00 CW Boardroom			23-Jul 15.00-16.00 WM Room A		29-Oct 15.00-16.00 CW Boardroom			28-Jan 15.00-16.00 CW Boardroom	
Council of Governors	30-Jan 16.00-17.30 Queen's Club		23-Apr 16.00-18.00 CW Boardroom			23-Jul 16.00-18.00 WM Room A		29-Oct 16.00-18.00 CW Boardroom			28-Jan 16.00-18.00 WM Room A	
COG Away Day 2020	30-Jan 09.30-15.30 Queen's Club								26-Nov 10.00-16.00 Venue: TBC			
Annual Members' Meeting							03-Sep 17.00-18.30 CW Restaurant					
NED/COG Informal Meeting			23-Apr 18.00-19.00 CW Boardroom					29-Oct 18.00-19.00 CW Boardroom				
COG Agenda Sub-Committee		19-Mar 16.00-17.00 CW Boardroom	26-Mar 16.00-17.00 CW Boardroom		18-Jun 16.00-17.00 CW Boardroom		24-Sep 15.00-16.00 CW Boardroom			17-Dec 15.00-16.00 CW Boardroom		25-Mar 16.00-17.00 CW Boardroom
COG Quality Sub-Committee		27-Mar 10.30-12.30 CWB			26-Jun 10.00-12.00 CW Boardroom		11-Sep 10.00-12.00 CW Boardroom			4-Dec 10.00-12.00 CW Boardroom		26-Mar 10.00-12.00 WM Room A
COG Membership & Engagement Sub-Committee				14-May 10.30-12.30 WM Room A					19-Nov 10.30-12.30 CW Boardroom			
NED/Governor Strategy and Representation Group			02-Apr 16.00-17.00 CW Boardroom						26-Nov Part of Away Day			
Briefing sessions – performance, workforce, finance & quality		12-Mar 16.00-17.00 CW Boardroom		28-May 16.00-17.00 CW Boardroom			24-Sep 16.00-17.00 CW Boardroom			10-Dec 16.00-17.00 CW Boardroom		11-Mar 16.00-17.00 CW Boardroom



**Council of Governors – Attendance Record 2019/20**

<b>Governor</b>	<b>Category</b>	<b>Constituency</b>	<b>24.04.18</b>	<b>27.07.18</b>	<b>31.10.19</b>	<b>30.01.20</b>	<b>TOTAL to date</b>	<b>30.01.20 Away Day</b>
Nowell Anderson	Public	Hounslow	X	✓	✓		2/3	
Richard Ballerand	Public	Kensington and Chelsea	✓	X	✓		2/3	
Juliet Bauer	Patient		X	✓	✓		2/3	
Majid Bhatti	Staff	Management	N/A	N/A	N/A			
Cass J. Cass-Horne	Public	City of Westminster	N/A	N/A	N/A			
Tom Church	Patient		X	✓	✓		2/3	
Nigel Davies	Public	Ealing	✓	X	✓		2/3	
Christopher Digby-Bell	Patient		✓	✓	✓		3/3	
Simon Dyer	Patient		✓	✓	✓		3/3	
Angela Henderson	Public	Hammersmith and Fulham	✓	✓	✓		3/3	
Anna Hodson-Pressinger	Patient		✓	✓	✓		3/3	
Elaine Hutton	Public	Wandsworth	✓	X	✓		2/3	
Richard Jackson	Staff	Support, Administrative and Clerical	N/A	N/A	N/A			
Jodeine Grinham	Staff	Contracted	X	X	X		0/3	
Kush Kanodia	Patient		✓	✓	✓		3/3	

Paul Kitchener	Public	Kensington and Chelsea	✓	✓	✓		3/3	
Minna Korjonen	Patient		✓	✓	✓		3/3	
Thewodros Leka	Staff	Allied Health Professionals, Scientific and Technical	N/A	N/A	N/A			
Anthony Levi	Public	City of Westminster	N/A	N/A	N/A			
Johanna Mayerhofer	Public	London Borough of Richmond upon Thames	✓	X	✓		2/3	
Mark Nelson	Staff	Medical and Dental	✓	X	X		1/3	
Fiona O'Farrell	Public	London Borough of Richmond upon Thames	✓	✓	✓		3/3	
David Phillips	Patient		✓	✓	✓		3/3	
CLlr Patricia Quigley	Appointed	London Borough of Hammersmith and Fulham	✓	✓	X		2/3	
Jacquei Scott	Staff	Nursing and Midwifery	X	✓	X		1/3	
Dr Desmond Walsh	Appointed	Imperial College	✓	✓	X		2/3	
Laura Wareing	Public	Hounslow	✓	✓	X		2/3	
Trusha Yardley	Public	London Borough of Hammersmith and Fulham	N/A	N/A	N/A			
Sonia Samuels (Governor until 27.07.19)	Public	City of Westminster	X	X	N/A	N/A	0/2	N/A
Chisha McDonald (Governor until 28.11.19)	Staff	Allied Health Professionals, Scientific and Technical	✓	✓	✓	N/A	3/3	N/A
Jennifer Parr (Governor until 28.11.19)	Staff	Management	✓	✓	X	N/A	2/3	N/A

Tom Pollak (Governor until 28.11.19)	Public	Wandsworth	✓	✓	✓	N/A	3/3	N/A
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