

Chelsea & Westminster Hospital NHS Foundation Trust
Council of Governors Meeting 21 July 2016

Hospital Boardroom

21 July 2016 15:00 - 21 July 2016 16:45



15 July 2016

Dear Governors,

**Council of Governors Meeting
Thursday, 21 July 2016**

Please find enclosed the agenda and papers for next week's Council of Governors meeting.

The arrangements for the day are as follows:

- 14.45 – 15.00: Council of Governors group photo session (Atrium, lower ground floor, lift bank C – opposite the Boardroom)
- 15.00 – 16.45: Council of Governors General Meeting (Hospital Boardroom, lower ground floor, lift bank C)

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

We look forward to seeing you all.

Yours sincerely,

Vida Djelic
Board Governance Manager



COUNCIL OF GOVERNORS
21 July 2016, 15.00 – 16.45
Hospital Boardroom, Chelsea and Westminster

Agenda

		GENERAL BUSINESS			
15.00	1.	Welcome & Apologies for Absence	Verbal		Chairman
15.03	2.	Declarations of Interest	Verbal		Chairman
15.05	3.	Minutes of Previous Meeting held on 19 May 2016	Report	For Approval	Chairman
15.07	4.	Matters Arising and Action Log, including <ul style="list-style-type: none"> Clinical Administration Project update 	Report Verbal	For Information For Information	Chairman Deputy Chief Executive/ Lead Governor
15.10	5.	Chairman's Report	Verbal	For Information	Chairman
15.20	6.	Chief Executive Officer's Report	Report	For Information	Chief Executive Officer
15.30	7.	Governors' Questions	Report	For Information	Chief Executive Officer
15.35	8.	Governor Away-Day Planning 15 September 2016	Verbal	For discussion	Chairman/ Lead Governor
15.45	9.	Board Evaluation	Report	For information	Chairman
		STATUTORY/MANDATORY BUSINESS			
15.55	10.	Update on Board of Directors' Appointment	Report	For approval	Chairman
		TRUST PERFORMANCE			
16.05	11.	Integrated Performance Report, including <ul style="list-style-type: none"> Financial Update 	Report	For Information	Executive Directors /Chief Financial Officer
		REPORTS FROM GOVERNOR COMMITTEES			
16.15	12.	Quality Sub-Committee Report: 01 July 2016	Report	For Information	Chair of Quality Sub- Committee
16.20	13.	Membership Sub-Committee Report: 30 June 2016, including: <ul style="list-style-type: none"> Membership Report Open Day 25 June 2016 – feedback Council of Governors Funding Report 	Report Verbal Verbal Tabled	For Information	Chair of Membership Sub-Committee/ Comms/ Deputy Director of Corporate Affairs

16.30	14.	Questions from public	Verbal		Chairman
16.40	15.	Any other business			
16.45	16.	Date of next meeting – 22 September 2016			

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



Minutes of the Council of Governors
Held at 16.00 on 19 May 2016 West Middlesex University Hospital

Present:	Sir Thomas Hughes-Hallett	Trust Chairman	(THH)
	Julia Anderson	Appointed Governor	(JA)
	Juliet Bauer	Patient Governor	(JB)
	Samantha Culhane	Public Governor	(SC)
	Nigel Davies	Public Governor	(ND)
	Dr Simon Dyer	Patient Governor	(SD)
	Paul Harrington	Public Governor	(PH)
	Angela Henderson	Patient Governor	(AH)
	Anna Hodson-Pressinger	Patient Governor	(AHP)
	Elaine Hutton	Public Governor	(EH)
	Melvyn Jeremiah	Public Governor	(MJ)
	Kush Kanodia	Patient Governor	(KK)
	Martin Lewis	Public Governor	(ML)
	Susan Maxwell	Patient Governor	(SM)
	Lynne McEvoy	Staff Governor	(LMc)
	Wendy Micklewright	Public Governor	(WM)
	Philip Owen	Public Governor	(PO)
	Andrea Petre-Goncalves	Patient Governor	(APG)
	David Phillips	Patient Governor	(DP)
	Tom Pollak	Public Governor	(TP)
	Dr Alan Steel	Staff Governor	(AS)
	Laura Wareing	Public Governor	(LW)
In Attendance:	Lesley Watts	Chief Executive	(LW)
	Richard Collins	Chief Information Officer	(RC)
	Nilkunj Dodhia	Non-Executive Director	(ND)
	Dr Zoe Penn	Medical Director	(ZP)
	Sandra Easton	Acting Chief Financial Officer	(SE)
	Thomas Lafferty	Director of Corporate & Legal Affairs	(TL)
	Jane Lewis	Deputy Director of Corporate Affairs	(JL)
	Jeremy Loyd	Non-Executive Director	(JL)
	Karl Munslow-Ong	Chief Operating Officer	(KMO)
Apologies:	Nowell Anderson	Public Governor	(NA)
	Dr Andrew Jones	Non-Executive Director	(AJ)
	Gavin Steele	Staff Governor	(GS)
	Ian Bryant	Staff Governor	(IB)
	Tom Church	Patient Governor	(TC)
	Cllr Catherine Faulks	Appointed Governor	(KF)
	Diane Samuels	Staff Governor	(DS)
	Nick Gash	Non-Executive Director	(NG)
	Eliza Hermann	Non-Executive Director	(EH)
	Jeremy Jensen	Non-Executive Director	(JJ)
	Elizabeth McManus	Chief Nurse	(EMc)
	Liz Shanahan	Non-Executive Director	(LS)

1.	Welcome, apologies for absence and declarations of interest
a.	The Chair welcomed all present to the meeting.

b.	The apologies for absence received were noted.
c.	Declarations of interest – THH noted that a the ‘Good Company’ which he is associated with are now working in the London Borough of Hammersmith & Fulham aiming to provide volunteers to support isolated residents. It is possible that the Local Authority may commission from them.
d.	THH noted that the mental health service update today is the first of a new style agenda item at COG meetings which will either be of an educational nature or will celebrate positive service developments.
2.	Minutes & matters arising
a.	The minutes of the meeting held on 17 March 2016 were agreed as a true and accurate record.
b.	The Council considered the matters arising from the last set of minutes and the corresponding action log.
c.	In relation to action 2.e, KMO advised the Council that the outpatient and clinical administration improvement projects are developing processes to improve signposting for patients who require medical advice in between outpatient appointments. KMO undertook to provide details of progress at the next meeting. ACTION: KMO
d.	In relation to action 4.g, LW reported that there had been some national challenges about the validity of the data used in the Monitor & NHS Trust Development Agency publication ‘Learning from mistakes league’. However, this does not mean that the Trust is not using data published externally to review its processes for improving the quality of care. A review of data from the National Reporting and Learning System and the National Patient surveys does not indicate that the Trust is an outlier. The Trust has just implemented a more robust system for mapping and monitoring compliance against the requirements of 37 regulators which will help us to identify areas for improvement.
e.	In relation to action 5.l, it was noted that a progress report on nurse recruitment and retention will be presented to the Council later in the year. EM to confirm a date for the forward plan. ACTION: EM
f.	In relation to actions 12.c & 12.d, KMO confirmed that the CEO had written to the London Borough of Hounslow with regards to the impact of the closure of Church Road, Isleworth. The Director of Estates & Facilities is due to meet with the head of Traffic Management at the end of the month and a progress report will be provided at the next meeting. ACTION: KMO
3.	Mental Health Services Update
a.	The Council welcomed Tom Hayhoe, Chairman, West London Mental Health Trust to the meeting.
b.	Tom Hayhoe gave a short presentation covering the following; <ul style="list-style-type: none"> • Long standing view that acute hospitals need to engage with mental health providers. • Large number of patients with mental health needs >30% including people with pre-existing psychosis, people with dementia, lower level mental health diagnosis, people presenting with mental health issues as result of physical illness – infection, endocrine imbalance. • When patients are admitted to an acute hospital we fill them up with mind altering drugs, put them in unfamiliar surroundings, get them to eat unfamiliar food, disrupt their sleep,

	<p>and give them bad news.</p> <ul style="list-style-type: none"> • Liaison Psychiatry service was transformative when introduced at WLMHT. An example of its success was a patient who had attended A&E at WMUH > 300 times in one year and with the appropriate psychiatric support in the community she stopped needing to go the A&E. • The perinatal psychiatry service has also been a great success. • But there is a lack of inpatient CAMHS beds impacting on WLMHT and WMUH. • There is evidence of limitations of general nursing and junior doctor sensitivity to mental health issues. • Service developments in West London include the Shaping a Healthier Future for mental health which aims to move activity into community, reduce the need for inpatient beds. • Care Quality Commission inspection at WLMHT which has a programme to address concerns. To date there is evidence of significant progress. • Excellent rating from Royal College of Psychiatry for all three of our liaison psychiatry services. • Band 5 nursing shortages. • Parity of esteem funding with good progress in Hounslow • Glimmer of hope around CAMHS.
c.	<p>There is still a need for greater collaboration;</p> <ul style="list-style-type: none"> • Need to address problems of physical health of patients with mental diagnosis • Further work to up-skill physical health skills of front line RMNs is required. • Need to improve understanding and appreciation within acute hospitals of the mental health dimensions of their patients – there has been major progress with dementia friendly investment in Crane Ward at WMUH. • Further training for acute staff to see the whole person is required. • There are further opportunities for the acute and mental health trusts to work together e.g. training secondments.
d.	<p>Governor WM asked if TH was familiar with a book ‘Cracked’ by James Davies which explores why psychiatry does more harm than good. In response, TH confirmed he had not seen that particular publication but it is important that patients accept what is causing their mental illness whether it be a physical or psychological cause.</p>
e.	<p>Governor AHP welcomed the opportunity to explore and discuss mental health issues and highlighted the importance of any health service provider considering the needs of carers as well.</p>
f.	<p>THH thanked Tom Hayhoe for his interesting presentation. The topic for the next meeting will be A&E.</p>
4.	<p>Chairman’s Report</p>
a.	<p>THH reported that his main point of focus has been conducting Non-Executive Director appraisals and one to one meetings with Executive Directors. In advance of the next Council meeting he will prepare a briefing paper for the Council which will provide details of the appraisals and a summary of the Committee effectiveness questionnaires that the Council, Trust Board and sub-committees have completed. This will in turn inform the development plans to increase a focus on accountability and re-focus the operational agenda on quality.</p>
b.	<p>In response to WM, LW confirmed that the Trust has a legal duty to consult with its local communities if there are significant plans to change the way health services are provided. The Governors were very involved in developing the Clinical Services Strategy which is now in its implementation phase and she would expect the Council to hold the Executive to account for its delivery.</p>
c.	<p>LW noted that should the COG wish to understand the whole systems strategy she would be more</p>

	than willing to arrange and educational session.
5	Chief Executive's Report
a.	In presenting her report, LW drew the Council's attention to the Sustainability & Transformation Plan which aims bring together the Health & Social Care system(s) to work effectively with other sectors (including education, housing, employment, leisure and planning) to ensure the conditions are created that support people to maintain independence and lead full lives. The plan is being worked up and further updates will be provided in due course.
b.	Following the success of the first 'Perfect Day' event the next will be held on Monday 24 May. The aim of the events is twofold; to ensure the everyone from the Board to the ward are sighted on quality issues and to limit expenditure on temporary staff by utilising other appropriately trained staff who are not normally rostered to work in clinical areas.
c.	LW paid tribute to all the staff, including junior doctors who worked hard to mitigate the possibility of any additional clinical risks arising from the junior doctors industrial action days. All the events were well planned and care was well designed pre and post the strikes. A significant number of outpatient and planned cases were cancelled but these are being rebooked over the coming weeks.
d.	In relation to the new junior doctor contract the BMA have agreed with employers and we await the outcome of the referendum.
e.	THH advised the Council that the executive team will be vacating Verney House which will save a significant amount of money for the Trust. For the next few weeks the Chairman will be based on the West Middlesex site.
6.	Governors' Questions
a.	The Council reviewed and noted the responses that had been provided by the Executive to the Governors' questions. All the governors confirmed they were content with the responses provided.
7.	Awayday Planning
a.	The awayday will be held on 15 th September 2016 at a venue to be confirmed. Initial ideas for the event will be a session on the Trust's strategy and a review of the vision and values. LW added that she appreciates the Council's frustration about the delay in agreeing the vision and values for the new organisation but the acquisition, the majority of staff have been subject to restructuring which has been unsettling. However, now that the majority of staff consultations are complete, we are in a better position to engage with staff and governors in this regard.
8.	Annual Quality Report
a.	Shan Jones, Director of Quality Improvement joined the meeting to present the report which had been circulated to Governors in advance of the meeting. The draft report was also presented to the Governor's Quality sub-committee last week.
b.	Headline news is that not as much progress on the Chelsea & Westminster site has been made as we would have wished, however overall the standards of care have remained high. The focus in quarter 1 (April-June) will be to develop measurable metrics for the quality priorities; progress of which will be overseen by the Quality Committee.
c.	Following the audit of core indicators, the Trust's auditors identified a number of data quality issues relating to the A&E and 18 week referral to treatment (RTT) standards. The operational teams are currently addressing both of these issues.

d.	Governor Henderson welcomed the report which she found very easy to read and it presented a comprehensive overview of progress during the last year. On behalf of the Council, Governor Lewis will be drafting a response for inclusion in the final report.
e.	<p>In response to Governor SM, LW explained that the Trust values have been included in the report as they were in place during the reporting year but further work to develop the values for the new organisation is underway and the Governors will have an opportunity to contribute to their development at the awayday. In advance of the awayday Governors were asked to consider what are important values that should be included in our new set of values.</p> <p>ACTION: All Governors</p>
f.	<p>In response to Governor McEvoy, LW agreed that it would be helpful to include in the next team brief details of the 'top ten' complaints. SJ added that the operational teams have started to review complaint themes in conjunction with other sources of data such as incidents and patient feedback.</p> <p>ACTION: LW</p>
g.	LW added that at every induction and meeting she has with staff she covers complaints and in particular staff attitude which is one of the most common issues raised by complainants. Staff are encouraged to challenge poor behaviour and they will always be supported in doing so. JLo added that staff also have to realise that attitude is often prevalent theme because the way in which they deal with issues raised by patients.
9.	Integrated Performance Report – January 2016
a.	In presenting the report, KMO noted that both March and April had been challenging months for the organisation both in terms of the increasing demand through the A&E departments and the knock on effects of the junior doctor strikes. The later impact was 1,000s of outpatient appointment and 100s of elective cases were postponed and are now being re-arranged. In addition to this, the teams are working through the data quality issues identified by auditors relating to A&E and RTT.
b.	Despite the A&E 4 hours waiting time standard not being met in March or April the Trust remains one of the best performing Trust in London.
c.	The 62 days NHS screening service referral to first treatment cancer standard was not met. One of the two patients treated in month was not treated with 62 days following referral from the Breast Screening service provider at day 48. Concern regarding late referrals has been raised formally with the CEO at Imperial College Healthcare Trust (the service provider).
d.	Performance against appraisal and statutory and mandatory training compliance is disappointing and will remain a significant focus for operational teams over the coming months.
e.	ZP presented the quality dashboard drawing the Council's attention to incident reporting. A new electronic incident reporting system, DATIX has been implemented which now provides feedback to staff who report incidents. A high rate of incident reporting is a good indicator of a safety culture.
f.	The Trust reported 3 'never events' in the year. The March incident related to a retained swab following a vaginal delivery. The maternity team are focussing on mitigating risk factors associated with large blood loss procedures and where women are transferred from one care setting to another. Importantly the advice reflected in the National Safety Standards for Invasive Procedures is being applied. ZP reassured the Council that it is recognised that none of the never events should have happened but overall the Trust is a very low reporter of such events. The Trust does take seriously each incident and undertakes a thorough investigation and takes action to ensure lessons are learnt.

g.	There was one case of Clostridium Difficile infection reported in March, bringing the total number for the year to 9 cases which exceeded the upper limit of 8 cases. There were no lapses in care identified by the March case. LW added that the infection prevention & control team attended the last team brief to share learning and remind staff of the policy guidance.
h.	In response to Governor KK, KMO confirmed that the operational teams are still working through the backlog of appointments caused by the junior doctor strikes but he is hopeful that by the end of June this exercise will be complete.
i.	In response to Governor PH, LW asked him to advise the patient who contracted C.diff to contact her directly to raise their concerns. ACTION; Governor PH
j.	In response to THH, ZP noted that the Trust's performance over the past year has been maintained despite the significant distraction caused by the acquisition. THH noted that this has been recognised by the commissioner & NHS Improvement which is a great credit to all the staff.
k.	In response to Governor AH, ZP noted that the Non-Executive Directors have expressed concern about the never events. THH added that we are looking to see how we can improve the dashboard so that if an indicator remains 'red' for more than 12 weeks, the Board can request a 'deep dive' of areas which need to be improved.
l.	SE reported that the final year end accounts will be signed off by the Audit Committee and Trust Board on 24 May. In summary a deficit position was achieved although this was better than planned. Full details will be presented at the Annual Members Meeting on 21 July.
m.	On reflecting on the financial year 2015/16, LW said that the COG could be reassured that the Trust Board do scrutinise performance in detail and that overall the organisation has performed reasonably well. The underlying deficit was recognised at the start of the year and the organisation set itself challenging but realistic budgets which were supported by a robust recovery programme. LW paid tribute to her predecessors, Elizabeth McManus, CEO, C&W site and Jacqueline Totterdell, CEO, WMUH site who enabled the organisation to be in a strong position at the point of acquisition. Performance was maintained during the year which is a great credit to staff and demonstrates their commitment and loyalty to the organisation. Going forward the Executive are absolutely committed to deliver the plan for next year and are determined to improve performance across all domains.
n.	The Council noted the report.
10.	Quality Sub-Committee Report: 19 February 2016
a.	The Council noted the minutes of the meeting held on 19 February 2016. Governor ML, added that the Sub-Committee appointed Nigel Davies as the deputy chair of the Committee. A number of reports were received including the PLACE audit results, volunteering, learning disabilities and patient experience.
11.	Membership Sub-Committee Report: 11 February 2016
a.	The Council noted the minutes of the meeting held on 11 February 2016. Governor PO added that good progress is being made. A new membership brochure has been developed and he asked each Governor to take some away and recruit new members from their local communities.
b.	The Membership Committee is working closely with CW+ to explore partnership options including links with the arts project. The meet a Governor sessions are planned to go out into the local community with the first being held at Brompton library. The Governors will have a stand at both open days and Governors were asked to volunteer to support the event. JL undertook to manage

	the rota for the event. ACTION: JL
c.	Governor PO thanked Susan Maxwell for her sterling work in managing the Meet a Governor rota which will now be undertaken by David Phillips.
12.	Questions from members of the public
a.	Nicola & Diana Keay presented a number of issues relating to the Church Road closure which they would like to be raised when David Butcher, Director of Estates & Facilities meets with Mark Frost, Head of Traffic at the London Borough of Hounslow. In response, LW reassured them that the Trust is doing everything possible to raise the issues with the Council.
13.	Any other business
a.	In response to Governor KK, LW apologised for the late distribution of papers. The aim is to remove as much paper as possible for future meetings and members were asked to inform the Board Governance Manager if they do not wish to receive paper copies in future. ACTION: All
b.	Governor Spring Quality Awards – the Council noted that the award ceremony had been held in advance of this meeting. Winning teams received £250 and individual winners £100. Details of the winners were as follows;
c.	The Midwifery-Led Team on Kensington Wing - Lucy Coe (Lead Midwife for MLC) and her Team introduced a bespoke maternity package available to private maternity patients. Each new patient is assigned a midwife and a named doctor for the term of their labour, which establishes a beneficial personal relationship before admission. The Team's work has been rewarded with a dramatic increase in patient bookings, thus bringing additional income for the Trust.
d.	Laser Clinic at 10 Hammersmith Broadway - HPV infection can cause harmless (but cosmetically significant) skin growths or warts, but also pre-cancerous changes in infected skin. The Laser Clinic at 10HB meets an unmet need and offers an holistic and patient-centred approach, treating all refractory warts and suitable ano-genital pre-malignant conditions in one clinic. Given the paucity of this type of service, regionally it also presents the opportunity to develop a referral clinic for patients from further afield.
e.	Electronic Document Management Team - The work undertaken by the EDM Delivery Team has ensured provision of a single electronic patient record. Documentation is complete and stored in one place. All Trust patient information is available where it is required, when it is required; and now no appointment will be cancelled due to missing notes. Also referral letters are scanned by Appointments into the system, reducing the risk of them going missing in transit to OP clinics. Patients further benefit because procedures and consultations will no longer be cancelled due to lack of supporting notes.
f.	The ICU Team - The ICU Airway Group team was set up following a critical incident involving a young ICU patient with a difficult airway. Issues were identified which the Team worked hard to remedy. Vulnerable patients now have an Airways alert at the head of their bed; an Airways alert handover was initiated; there is improved simulation training for difficult airways; there are new Airways trolleys throughout the Trust, and difficult airways patients are flagged on care plans. This project has enabled the staff to learn as a team in a supportive environment, improving confidence, competency and team-working skills.
g.	Oliver Lynch, IV Line Practitioner - The Nurse-Led Vascular Access Service appointed a dedicated IV Line Practitioner enabling an improvement of choice of lines, skilled placement of lines and a programme of education for ward staff on optimisation of ongoing care. Oliver Lynch has driven the project and delivered the service. With the implementation of this project - "Right patient, Right

	line, Right time” – there is also potential to generate income through training of nurses from other acute Trusts and District nurses.
14.	Date of Next Meeting: 19 th May 2016

The meeting was closed at 16.55 hours.



Council of Governors 19 May 2016 – Action Log

Minute number	Agreed Action	Current Status	Lead
2.c	Present an update on the clinical administration projects at the next meeting.	An update was provided to the COG Quality Committee on 1 July; Martin Lewis, Lead Governor will provide a verbal update to the Council of Governors on 21 July.	KMO
2.e	Schedule a date when the nurse recruitment and retention update will be presented to the COG.	This is on the forward plan for September.	EM
2.f	Provide an update from the meeting with the Head of Traffic, LBH with regard to the closure of Church Street at the next meeting.	<p>David Butcher met with Mark Frost on 26 May to discuss the trial closure of Church Street.</p> <p>Mark reassured him that the Borough are actively collecting information regarding traffic flow impacts on Twickenham Road and monitoring data on both road traffic accidents and air quality. He welcomed any formal feedback from the Trust that may help the Borough fully understand the effect of the trial closure and suggested the Borough remains completely neutral on what the permanent arrangement will be for the road.</p> <p>All data collected will be presented to the Local Area Forum and an interim report will be published in September with a final report on the matter due in the Spring of 2017.</p>	KMO
8.e	In advance of the awayday, consider what are the important values of the organisation.	Noted.	All governors
8.f	Include the top 10 complaint themes in the next team brief.	Completed.	LW
9.i	Ask the family of the patient who contracted C.diff to contact the CEO.	Verbal update at meeting.	Governor PH

11.b	Organise the governor rota for the open day.	Complete.	JL
13.a	Advise Vida Djelic if you do not require paper copies of meeting papers.	Complete.	All governors



Council of Governors Meeting, 21 July 2016

AGENDA ITEM NO.	6/Jul/16
REPORT NAME	Chief Executive's Report
AUTHOR	Lesley Watts, Chief Executive Officer
LEAD	Lesley Watts, Chief Executive Officer
PURPOSE	To provide an update to the Council of Governors on high-level Trust affairs.
SUMMARY OF REPORT	As described within the appended paper. Governors are invited to ask questions on the content of the report.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	For information.



Chief Executive's Report July 2016

1.0 STRATEGIC DEVELOPMENTS

1.1 Imperial College Healthcare NHS Trust

The Trust is currently working with colleagues at Imperial College Healthcare NHS Trust in forming a Partnership Board.

The Partnership Board will focus on the following core areas where working together:

- Can enhance value through better collaboration on support services;
- Can deliver better value and outcomes through clinical service alignment and potential redesign;
- Can lead to the development of a joint vision and strategy for the delivery of accountable care networks;
- Can support the delivery of the challenges set out as part of the Sustainability and Transformation Plans for North West London.

The work plan of the Partnership Board will be developed under the following programmes:

- Local Hospital and Integrated Care Services
- Specialist Services
- Corporate and Clinical Support Services (including IM&T and Estates)
- Education and Training
- Research and Innovation

1.2 Sustainability & Transformation (STP)

The STP looks to describe the shared ambition across health and local government to create an integrated health and care system that enables people to live well and be well: addressing the wider determinants of health; enabling people to make healthy choices; proactively identifying people at risk of becoming unwell and treating them in the most appropriate, least acute setting possible; and re-abling people to regain independence whenever possible. When people do need more specialist care, this needs to be available when needed and to be of consistently high quality with access to senior doctors 7 days a week. In April, the STP planning group for North West London agreed the following aims and priorities:

The following priorities are a consolidation of local place based planning, sub-regional strategies and plans, and the views of the sub-regional health and local government Strategic Planning Group.

They seek to address the challenges of the Triple Gap.

The 9 Priorities have been agreed by our SPG.

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

The focus of the STP for the first two years is to develop the new proactive model of care across North West London and to address the immediate demand and financial challenges. This will include the development and implementation of the new local hospital model at Ealing and Charing Cross alongside the existing acute services.

The system's next checkpoint is the 30 June 2016 submission which sets out the STPs emerging plan that will be used to support the July discussion with Simon Stevens. Submissions remain a work in progress and therefore provider Boards have not been asked to formally sign off any plans.

2.0 PERFORMANCE

2.1 Operational Performance

The Trust continued to perform well against the 4-hour Emergency Access target in May and was the 6th best performing NHS Trust within the UK in respect of this standard. The Trust also delivered the Referral-to-Treatment (RTT) incomplete standard.

However, there are ongoing issues associated with meeting the 62-day Cancer standard due to a patient backlog that had arisen within Urology- this will be the subject to an Executive-led 'deep dive' assessment in the coming weeks.

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

2.2 Perfect Day

We held our third 'Perfect Day' event on 21 June across both hospitals, with senior managers taking a shift on the wards and in departments and clinics as porters, receptionists, healthcare assistants and other roles. Feedback from those who took part has been really positive, as it was an opportunity to get back to the floor and gain an insight into ideas from the front line around innovation, improvement and efficiency. It meant patients were cared for by our own staff, rather than agency staff and means we have saved a significant amount on agency costs.

We plan to continue holding more Perfect Days over the coming months.

3.0 PEOPLE

3.1 Elizabeth McManus

Libby McManus has been offered an exciting secondment at the Royal Free London NHS Foundation Trust and will be departing the Trust in early July. Whilst this is a fantastic opportunity for Libby, we will be sad to see her go as she has served the Trust well both as Chief Nurse and as Interim Chief Executive when she steered us through the acquisition process.

I would like to thank Libby for her ongoing support since I became Chief Executive last September and know that she will be missed by colleagues inside and outside of the organisation.

For the immediate period, the senior nursing leadership team will be jointly led by Vanessa Sloane and Pippa Nightingale. I will keep you updated on our longer term nursing management plans as they develop and for now know you will join me in both thanking Libby and wishing her every success and happiness in the future.

3.2 Keith Loveridge

I am delighted to be able to advise as to the appointment of Keith Loveridge as Director of Human Resources and Organisational Development at the Trust.

Keith is currently the Deputy Director of HR at Imperial College Healthcare NHS Trust and will commence in post with us on 1 August 2016.

3.3 Statutory & Mandatory Training

All staff are expected to undertake core mandatory and statutory training. This month, we have initiated two new steps:

1. All staff were required to have completed their safeguarding training by a set date. Within the past month, we have increased Trust-wide compliance with the mandatory/statutory training package rise from 83% to 95%;
2. Increments for staff who are non-compliant with mandatory and statutory training and appraisals have been 'frozen' subject to management confirmation of their compliance which has resulted in an increased attendance at various sessions face to face sessions and on e-learning.

Whilst the new measures introduce a tougher approach to training compliance, this is justified by the importance of the training covered under the mandatory/statutory training programme, covering the fundamentals of safe care and complying with legislative requirements (e.g. Health & Safety, Fire, Safeguarding, Information Governance).

3.4 Equality & Diversity

The Trust has now published its Annual Equality & Diversity Report on its website; the full report can be found here:

<http://www.chelwest.nhs.uk/about-us/organisation/links/Annual-Equality-Diversity-Report-2015-16.pdf>

An earlier iteration of the report was reviewed by the People & OD Committee.

I am pleased to note that the Trust met its statutory obligations with regard to equality and diversity issues in 2015/16. Given the current political context, it is vitally important that our multinational and multicultural workforce feel supported in their work at the Trust and that all staff are treated fairly and with respect. Over the weeks' ahead, I will be using Team Brief and other communication channels to emphasise the message that our diversity is a key asset of the organisation that enhances the quality of care that we are able to provide to our patients.

4.0 **PATIENT EXPERIENCE**

4.1 Patient Feedback

At our Public Board meetings, we continue to hear the stories of patients who have recent experience of our services where the emphasis is on learning lessons for overall service improvement.

In the meantime, on a monthly basis, I continue to receive extremely positive feedback from patients directly and I have provided two examples of recent correspondence below:

"I am comforted that everyone that met us in the hospital, from A&E, through the wards where (my mother) received expert care and support from the respiratory specialists, and finally in ITU, tried so hard to provide top quality care and a personalised approach."

"The culture within the ITU team is exactly what it should be and I realise that this requires strong and effective leadership which I saw demonstrated on the unit every day by the Consultants, the nursing team and all the staff working there."

5.0 **COMMUNICATIONS AND ENGAGEMENT**

5.1 Team Brief

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

Lesley Watts
Chief Executive Officer
July 2016



July 2016

All managers should brief their team(s) on the key issues highlighted in this document within a week using the slide set template. Email communications@chelwest.nhs.uk

HERE AND NOW

Financial performance headlines

In May we reported an in-month deficit reducing our year-to-date surplus to £0.28m against a plan of £0.32m. There has been a significant increase in pay costs in all areas, both compared to the previous month and the final quarter of 2015/16. This means we have had to delay planned investment

We have fallen behind plan on our quarter one savings target, achieving 53% when we had hoped to have achieved 59% by the end of May. We all need to save on discretionary spend so we achieve our savings target of £27.6m in 2016/17.

Operational performance headlines

The A&E waiting time target for May was achieved, a good recovery after three consecutive months of under performance. The RTT incomplete target was also achieved with the backlog of patients waiting >18 weeks reduced. The Trust reported six patients who were waiting >52 weeks from referral at the end of May. While all these patients have treatment plans and none have come to any harm as a result, no one should wait this long, and resolving these cases is an absolute priority. Validated performance for the 62 Day GP Referral Cancer standard in April was achieved, representing an improvement to the unvalidated performance. Both sites have achieved all other regulatory performance indicators.

Perfect Day and developing an agency free culture

We held our third 'Perfect Day' on 21 June with our staff covering shifts that would otherwise have been filled by costly agency staffing. The next planned Perfect Day will be on Thursday 28 July. We expect managers to plan now how they can release team members to support on the day. Perfect Days are a priority and will continue through the year as we aim to set a date when we declare the Trust agency free in all non-essential cases.

AIP consultation update

Administration lies at the heart of everything that we do – this is why we have launched an 'Administration Improvement Programme' to help us to reflect on what we do well now and what we can do better. We held staff engagement sessions and the feedback has been used to inform our formal Consultation Paper, which proposes a new operating model to deliver a strong administrative service to patients and colleagues.

This consultation paper will be issued to all staff in affected roles on Tuesday 5 July. We encourage all staff to make sure they feedback in order to give their views and insight on the proposed model.

Training and appraisal update

Following previous general communications, letters have been sent to staff due a pay increment who have had a recent appraisal but are not compliant with their statutory

and mandatory training advising that their increment will be held. Letters were also issued to staff non-compliant with their Safeguarding Children training level 1 advising of disciplinary action if they failed to complete it. Staff have responded and we have seen an increase in the number of staff completing their training – with 98% of WMUH staff and 93% of CW staff having completed level 1 safeguarding training. For those that remain non-compliant in this area, disciplinary proceedings will begin this week. The HR team will now begin the same process for non-compliance in equality and diversity and fire training.

WMUH cardiology service developments

The development of the Cardiology Catheter Lab at WMUH continues, with works well underway. The first phase, due to be completed by the end of the summer, will see a new on-site cardiac diagnostic service. The second phase will be for cardiac interventional procedures and is expected to be up and running by early 2017. This investment in cardiac services helps meet a key health need within the local population and will provide better outcomes and experience for patients, as they will receive expert treatment quickly and closer to home. If you are interested in joining the new team please contact: chris.kelly@wmuh.nhs.uk or lorna.gibson@chelwest.nhs.uk

Established leaders programme update

We are investing in leaders with several leadership programmes: Clinical Leaders induction programmes for Service Directors, Clinical Directors and Divisional Medical Directors; also the Emerging Leaders, Established Leaders and Executive Leaders programmes. These are designed to help staff develop their personal leadership by improving self-awareness, how they interact with others and addressing the challenges for leadership in the NHS. There are currently two cohorts of Emerging Leaders underway, along with the first cohort of Established Leaders. Further cohorts of both programmes will begin in the autumn. For more information contact

Maggie.Flanagan@chelwest.nhs.uk / or Harpreet.Aulakh1@chelwest.nhs.uk

New joint formulary

The new joint formulary is available via www.chelwestformulary.nhs.uk and is to be used across both sites. This is the amalgamation of existing CW and WM formularies. The formulary is the list of medicines approved for use within the Trust and that are routinely stocked by Pharmacy.

Structured, timely and accessible data

Investment is being made in an Integrated Data Repository (IDR). The IDR will hold data from both hospital sites in one place and enable Information Services to develop and enhance business intelligence available to staff. The initial focus is automation of the Integrated Board Performance & Quality Report performance indicators and Qlikview allowing reporting at Divisional, Departmental and individual patient level. Work is underway to refresh and rollout the desktop Qlikview Business Intelligence tool at the WMUH site.

Electronic staff record (ESR)

ESR is a fully electronic HR and payroll system which aims

to make it easier for managers and staff to keep their information up-to-date and accurate. With direct access to the data, the overall processes are much faster and more efficient than traditional working methods and people have real ownership over the data. Implementation of ESR Self Service is now underway with further information available on the Trust's [intranet](#).

Complaint themes

The Patient Experience Team support patient concerns and resolution of these with the Divisions. Across both sites during the year 2015/16 there was a total of 763 formal complaints and 1,304 informal concerns. Overall the majority of complaints were themed as: Clinical Care, Communication, Staff Behaviours and Appointments (Delays or cancellations). It is important that concerns are responded to in a timely manner but also with a good quality response of honesty and transparency. The new DATIX module for complaints is in use which streamlines the complaints process. Please seek advice from the team should you need training. We will be working with ward sisters and departmental managers to develop the vision of 'my ward'. This means that the standard of care and behaviour are set at ward level.

Ward authority

Patients and visitors tell us that they want to know who is in charge of the ward or service they are using. The Executive Board want to emphasise that this authority lies with our ward sisters our matrons and departmental managers. With this ownership comes responsibility. Ward sisters and matrons are expected to uphold high standards of clinical care and experience, manage finances and budgets, ensure staff are up-to-date with training, and inform their teams about key Trust issues. We will be working with ward sisters and department managers to develop the vision of 'my ward'.

NOW AND IN THE FUTURE

Changes to children's services at Ealing Hospital

To improve children's care across north west London, on 30 June the children's ward at Ealing Hospital will close and, from that date, ambulances will no longer take children to Ealing's accident and emergency department (though there remains an Urgent Care Centre).

FlexiStaff+

FlexiStaff+ is our new temporary staffing community for doctors. Work is underway to allow staff to electronically book shifts, sign timesheets and receive payment without the need for any paper forms.

Productivity update

In clinical areas, we have a clear opportunity to improve both our productivity and patient experience – for example, ensuring we roster properly before using agency staff; working collaboratively to help patients get discharged in a timely way; or ensuring our theatres start and finish on time. Over the coming weeks, the transformation team will be meeting with you to discuss how the efficiency programme fits together and how all staff, particularly those at the front line, can support improvements. Your engagement in this will be key, as the continued delivery of our savings will get harder as the year progresses.

Electronic Patient Record (EPR) update

The procurement for our replacement EPR is well underway with the supplier demonstration phase completing during week commencing 20 June. There was widespread

engagement at the demonstrations from a range of clinical, operational and technical colleagues representing both hospitals. Staff will be scoring the demonstrations against criteria such as core system functionality, usability and innovation to ensure that the chosen solution fully meets our requirements both in terms of replacing some of our existing clinical systems and meeting the more complex demands of 'digital' healthcare provision over the next 5 to 10 years.

Open Day

Our Open Day at CWH was another extremely successful and popular event and we recruited a number of band 5 nurses on the day. Thank you to everyone who took part. We are now counting down to the WMUH Open Day on 24 September which will also have a recruitment theme as well as stands showcasing our services, tours, live music and entertainment for all the family. If you would like a stand please contact: communications@wmuh.nhs.uk

Role of the deteriorating patient

As part of our routine review of all incidents we consider themes which warrant a specific focus. One such issue, common to most healthcare providers, is that we fail to detect or respond to a patient who has deteriorating health whilst in our care. We have adopted a variety of processes and procedures to help mitigate the risk of this occurring but even these processes can fail. We have asked each division to make the recognition and response to the deteriorating patient a focus of their quality meetings in the next month. All staff should consider how they may act differently to improve our record in this area and share any ideas with their team to help inform the divisional meeting.

Staff survey action plan

In response to the staff surveys we have identified five key areas that as a combined organisation we wish to address: career progression; discrimination; bullying and harassment; stress; and physical violence experienced by staff. Work is underway to support staff including performance under pressure workshops, development of a bank of internal coaches to support staff in their development, provision of counselling for staff who require this support, promoting mindfulness sessions to help staff deal with daily work issues. On-going work will happen during the year and we will keep you updated through the usual staff communication bulletins.

Ways of working

As we near our first anniversary as an organisation we are reflecting on what has worked and what could improve to make us a truly cross site organisation. The Executive Board will initially focus on supporting divisions and departments to be able to work effectively cross site through meetings management and IT. We will also develop one set of values and behaviours that we will expect all staff to work to as part of our organisation.

Annual Members' Meeting

All are welcome to the 2016 Annual Members' Meeting at Chelsea and Westminster Hospital on Thursday 21 July between 5 - 6pm in the restaurant, Lower Ground Floor. This is our first Annual Members' Meeting since we became one organisation so please come along and hear about our achievements in this past year and our plans for 2016/17.

August Team Briefings

- 2 August 3.30-4.30pm WMUH, Meeting Room A
- 4 August 9-10am Harbour Yard G2 offices
- 5 August 3.30-4.30pm CW, MediCinema



Council of Governors Meeting, 21 July 2016

AGENDA ITEM NO.	7/Jul/16
REPORT NAME	Governors' Questions
AUTHOR	Various
LEAD	Lesley Watts, Chief Executive Officer
PURPOSE	To note.
SUMMARY OF REPORT	<p>1. The question raised by Governor Philip Owen: How much money we have available for the Electronic Patients Record system in both hospitals?</p> <p>Response from Richard Collins, Chief Information Officer: The final amount for the Electronic Patient Record will ultimately depend on the Full Business Case submitted to the Finance & Investment Committee in July and Trust Board in September. This will be based on the Trust requirements and Supplier responses as part of the procurement that we are currently running. However, within the acquisition business case we allocated £21.15m for procurement of the single, integrated Electronic Patient Record across both sites, with a further £9.52m for organisational change and transition.</p> <p>2. The question raised by Governor Philip Owen: Can you tell us what percentage of leavers had exit interviews over the past 2 months and what were the top three reasons for leaving? What percentage of staff divided up by category of Nurses, had annual appraisals and what were the three biggest issues?</p> <p>Response from Adrian Kerr, Deputy Director of HR: In the last two months between May and June 2016 there were a total of 187 leavers across both sites, of these 140 were voluntary resignations.</p> <p>Voluntary leavers are sent exit questionnaires to their personal email accounts after they have left the Trust. Individuals can be offered a face to face interview, information through this process is not collated centrally although 'soft intelligence' is gathered and acted upon.</p> <p>At the WM site, exit questionnaires were not collated centrally. The C&W questionnaire was amended in June 16 to incorporate WM services and June voluntary leavers at the WM site were sent questionnaires.</p> <p>A total of 16 questionnaires were completed between May 16 and June 16 (11.4% of the 140 voluntary leavers).</p>

	<table> <tr><td>Leaving Reason</td></tr> <tr><td>*Other</td></tr> <tr><td>Location</td></tr> <tr><td>Promotion/career development</td></tr> </table> <p>*Other – Included ‘Work life balance’, ‘Understaffing/unsafe’, ‘Unsuitable for career development’, ‘Breakdown of working relationships’, ‘Increased workload without resource to support’.</p> <p>Appraisals</p> <p>Midwifery = 85.63% Nursing = 83.10% N&M Support = 83.03%</p> <p>Grand Total = 83.51%</p> <p>The Issues are not reported back centrally.</p> <p>3. The question raised by Governor Anna Hodson-Pressinger: What process the Trust has in place for taking payment from private patients?</p> <p>Response from Sandra Easton, Chief Financial Officer: There have been significant changes in the financial management of private patient pathways to reduce the risk of patients not paying in advance of receiving care. Today, all patients who are self-funding their care, or are covered by insurance have their credit card details taken at the point of booking. If a patient is self-funding we will also produce a cost estimate (adult and paediatric inpatients) which patients need to pay as a deposit in advance of admission, or for fertility and private maternity we take a set deposit at the point of booking. We are working with the clinicians to ensure that we have all details for their patients in advance of admission to ensure that this is taking place.</p> <p>In addition to this, in June 2016 we have created a system which we are trialling to proactively stop patients being able to access the system more than once if they have an outstanding balance with the Trust. We are notified as soon as a patient is added to an NHS waiting list, has an outpatient appointment booked or is scheduled for theatre which enables us to contact the patient and make decisions about continuation of care.</p> <p>4. The question raised by Governor Martin Lewis: Could we please have an update on the introduction of The National Guardian (Freedom to speak up) process and when will the Trust now implement the Freedom to speak up Guardian?</p> <p>Response from Vanessa Sloane, Director of Nursing CW: We are planning to have a Freedom to Speak Up Guardian in the Autumn. Nick Gash is the NED lead who will be working with Vanessa to implement this, along with HR. There is no 1 national model, but following discussions with Lesley we are planning to introduce a model of elected guardians.</p> <p>5. The question raised by Governor Paul Harrington: Page 54 of the [Draft] Quality Report 2015/16 reports a concern of the CQC regarding the high use of interim managers and consequent planning blight. Has the role and/o</p>	Leaving Reason	*Other	Location	Promotion/career development
Leaving Reason					
*Other					
Location					
Promotion/career development					

	<p>number of interim managers been reviewed to see: a. if savings can be achieved or resources used more effectively or b. to improve planning.</p> <p>Response from Murray Keith, Director of Integration & Transformation: The CQC report April 2015 highlighted the high use of interim managers and the potential planning blight that this may have created as a result of the protracted merger process. Following the successful acquisition of West Middlesex in September 2015 the Trust has taken a twin pronged approach designed to reduce the high use of interim managers. Firstly, a process lead by a steering committee chaired by the Chief Financial Officer has been put in place to reduce the high use of interim managers (see workstreams below) and secondly, a Hospital Director has been appointed at both sites to ensure there is the correct level senior level focus on addressing current and future issues to ensure the ongoing development of a sustainable service providing high quality care for patients.</p> <p>Reduction in Temporary Staffing – Workstreams</p> <ul style="list-style-type: none"> • Increased resourcing to support a recruitment drive which will include more frequent recruitment days • Reduction in staff turnover by addressing concerns raised as part of the exit interviews to improve retention • Agreed set of bank terms and conditions including incentive scheme to sign up more staff onto the roster • Tighter controls across all sites to encourage staff to think twice before requesting agency staff • Targeted communications campaign across all sites to raise awareness of the costs of agency staff <p>Response from Adrian Kerr, Deputy Director of HR:</p> <p>6. The question raised by Governor Paul Harrington: At the recent Richmond Volunteers Fair, Kingston hospital had an impressive display of volunteer material with communications staff, governors and volunteers on hand to meet the public. I found it difficult to find information about volunteering on the CW web site. What is our strategy for recruiting volunteers?</p> <p>Response from Vanessa Sloane, Director of Nursing CW: There was a slight pause in the recruitment of volunteers as we were trying to amalgamate the volunteer policy on both sites. The policy will be brought forth for approval at the next patient experience meeting (July 21st). It would be difficult to recruit volunteer under one set of policies only to have them change shortly after they start. In the meantime, Sara Rosenquist and Serena Venticonti have been working with staff on both sites to determine possible volunteering roles. We are also currently performing an audit on the WM side to ensure that all volunteers have the appropriate paper work legally required. Once this has been completed, we will update the CW website with all of the available roles and how to recruit volunteers. We are currently in touch with several organizations in Chelsea (and making new connections in Hounslow) to recruit more volunteers for both hospitals.</p> <p>7. The question raised by Staff Governor Lynne McEvoy on behalf of Nursing: In order to make savings on the perfect days, would it not make sense to ask all interim managers, who are paid a daily rate, to take these days off? This would only need to apply to interim managers but could help in a small way to produce savings.</p> <p>Response from Vanessa Sloane, Director of Nursing CW: Interim staff are required to take time off at times to suit the organisation, not necessarily on Perfect Days but extended time off over Easter, Christmas & the Summer period have been imposed.</p>
--	--

KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	For information.



Council of Governors Meeting, 21 July 2016

AGENDA ITEM NO.	9/Jul/16
REPORT NAME	Board Evaluation
AUTHOR/LEAD	Sir Thomas Hughes-Hallett, Chairman
PURPOSE	To review the key outcomes arising from the Board Evaluation exercise.
SUMMARY OF REPORT	<p>The Monitor Code of Governance states that ‘the board of directors should undertake a formal and rigorous annual evaluation of its own performance and that of its committees and individual directors’. The ‘starting point’ for such an evaluation is assessing the Board <u>collectively</u>.</p> <p>The Board agreed the following multi-faceted approach to Collective Board Evaluation for 2016:</p> <ul style="list-style-type: none"> A. Self-Assessment via Board Evaluation Survey – Based upon the Monitor’s Well-Led Framework for Governance Reviews. All Board members were asked to complete the survey within a specified time period. B. 1:1 Meetings between the Chairman and each member of the Executive Team – To capture the qualitative assessment of each of the Executive Directors on the overall effectiveness of the Board in discharging its responsibilities. C. 1.1 Meetings between the Chairman and each Non-Executive Director – To capture the qualitative assessment of each of the Non-Executive Directors on the overall effectiveness of the Board in discharging its responsibilities. D. Engagement with the Council of Governors – This will occur via i) The completion of Governor surveys on Board effectiveness and ii) A session on Non-Executive Director effectiveness at the September 2015 Governor Away-Day. <p>A summary of the results arising from the Governors evaluation of the Board is enclosed.</p>
DECISION/ ACTION	For noting and discussion.

BOARD COLLECTIVE EVALUATION

1.0 Background and Context

- 1.1 The Monitor Code of Governance states that 'Evaluation of the boards of NHS foundations trusts should be externally facilitated at least every three years. The evaluation needs to be carried out against the Well-Led Framework for Governance Reviews set out by Monitor'. The Trust has taken the view that this was effectively undertaken as part of the Due Diligence work relating to the acquisition of West Middlesex University NHS Trust. Indeed, the auditors' involved used the Monitor framework. This position has been agreed with Monitor.
- 1.2 However, it is nevertheless good governance for an internal Board evaluation process to take place on an annual basis. Indeed, Monitor's Code specifies that: 'the board of directors should undertake a formal and rigorous annual evaluation of its own performance and that of its committees and individual directors'. The 'starting point' for such an evaluation is assessing the Board collectively.
- 1.3 The Board agreed the following multi-faceted approach to Collective Board Evaluation for 2016:
- A. **Self-Assessment via Board Evaluation Survey-** This will be based upon the Monitor domains identified above. All Board members will be asked to complete the survey within a specified time period. The quantitative data obtained from this will be amalgamated and analysed.
 - B. **1:1 Meetings between the Chairman and each member of the Executive Team-** This will be to capture the qualitative assessment of each of the Executive Directors on the overall effectiveness of the Board in discharging its responsibilities.
 - C. **1:1 Meetings between the Chairman and each Non-Executive Director-** This will be to capture the qualitative assessment of each of the Non-Executive Directors on the overall effectiveness of the Board in discharging its responsibilities.
 - D. **Engagement with the Council of Governors-** This will occur via i) The completion of Governor surveys on Board effectiveness and ii) A session on Non-Executive Director effectiveness at the September 2015 Governor Away-Day.
- 1.4 This section summarises the results arising from the Governors evaluation of the Board. The questions used as part of the survey are based upon Monitor's Well-Led Framework for Governance Reviews.
- 1.5 In total 19 Governors responded to the survey; 18 Governors completed the survey; 2 governors felt they have not been long enough in the governor post to be able to evaluate the Board.

2.0 Collective Board Survey Results

QUESTION	0	1	2	3	4	5	AVG.	COMMENTS
Q1 The Board has a credible strategy to provide quality, sustainable services to patients and there is a robust plan to deliver this.		1	1	4	9	3	3.7	<ul style="list-style-type: none"> I am confident that the board is working on the strategy and creating a plan but we have not seen it yet. That said, I believe the Chief Executive and the Board are correct to focus on fixing the 'now' first, and building the longer term strategy second. The Board has implemented a robust plan for integrating Chelsea and Westminster Hospital and West Middlesex Hospital since 2015 – the quality report received by CoG in May 2016 provides evidence of the Board's success in progressing this successfully. The current Trust is very fire fight focused rather than looking at the long term Strategy. The board focus too much on grand ideas, and not enough on how they are practically delivered. Especially impressed by the latest draft quality report which sets out both the challenges and the plans to overcome them very clearly. No credible strategy in place This appears to be the case although the process is still evolving. Board's strategy is well documented and it is well aware of the issues facing the hospital. There are disparate strategies – Clinical Strategy, Quality Strategy, Facilities Strategy, etc, but the governors have been requesting an overall strategy for quite some time now. Hopefully we will discuss and finalise one at our Away Day in September 2016. Board meetings are well conducted and accessible to anyone who wants to attend them. The 5 year Strategy for Quality is set out but must be shared more widely at all levels. There is a Clinical Strategy which is well conceived but what is needed is a 5 to 10 year strategy for the Trust as a whole. There is no overall Trust strategy. Instead individual Executive Directors and their staff have worked up (or are still working up) strategies for their own areas, which are then discussed and approved by the Board. Some (for example the Quality Strategy) are discussed with the Council of Governors. This seems a back-to-front way of doing things. There should be an overall Trust strategy with individual area strategies worked up to contribute to the delivery of that strategy. Individual Governors have advanced this view but without much effect so far. However, the "Away Day" for members of the Board and Governors on 15th September is to discuss "Strategy" at the request of the Governors. Where area strategies have been worked up they include clear accountabilities and monitoring to gauge achievement. Yes, a good strategy that provides quality sustainable services to patients and a good robust plan in place to deliver this. Transparent at all times. There is a process which is reported on at meetings. Overall strategy seems to be in consideration given the coming together of the two hospitals
Q2 The Board is sufficiently aware of potential risks to the quality, sustainability and delivery of current and future services.			1	3	8	6	4.0	<ul style="list-style-type: none"> They are aware of the risks and are doing what they can to mitigate them, but some of the biggest risks are out of their control. The Board discusses the risks – particularly the financial environment – and such matters as the Junior Doctors strike and its impact on services – openly and transparently at CoG and in the public section of Board meetings. The focus is very much on current reported issues, rather than going out and looking at process and identifying potential issues. If you do not go turning over the stones, you will never know what lies beneath them. Board demonstrates at CoG and public board meetings that it is very aware of all the risks and constantly tries to find ways of mitigating and preparing the trust for these. Risks acknowledged.

						<ul style="list-style-type: none">• The board is aware although appears tardy in responding to certain Serious Incident reports.• Yes – a lot of work has gone into identifying risks, defining the strategy and developing ways to execute it.• As far as I can tell the Board keeps a keen eye out for potential risks, and unceasingly engage in ongoing improvements. They are aware of discrepancies when they arise and they are quick to act in order to learn from any mistakes.• The Board receives regular reports on these crucial issues and is alerted to.• The Board are aware of potential risks and this is kept under continual scrutiny.• If this is the case, the governors have not been informed of how this Risk Evaluation functions and has furnished the risk assessment to the governors for their approval and satisfaction. This is an important omission.• The assessment of such risks is a key consideration in the preparation of documents for the Board and is recorded on the cover note of such documents.• A Complex organisation that needs to settle in over a year to understand the then requirements of the future.• Reported fully at meetings.
Q3 The Board has the skills and capability to lead the organisation.	1	5	6	5	3.8	<ul style="list-style-type: none">• On the whole, yes, but I am not yet confident they are well represented in the digital and technology space.• The Board has worked hard to bring together the two Hospitals within in one Trust; it is now addressing issues of identifying appropriate values for the combined organisation; the CEO’s commitment to ensuring excellence of care supported by unfailing kindness should provide an outstanding guide as the Trust takes this piece of work forward. The Board’s non-exec directors provide additional skills and capability to support this work.• There are floods of experience leaving the Trust. Hundreds of years of senior experience have left West Mid Site having been a very stable site. The Fulham Road site has a historic high staff turnover that they have not managed to resolve. There is no establishment of key personnel, there is limited review (or even collected) of exit interviews. There is a significant attitude of Senior Managers that the CW way is the best, and only pays lip service to good ideas. There is very limited delegation or empowerment of responsibilities, and no focus on how to enhance staff to do better.• I agree subject to the People Director becoming permanently filled. We have had turbulence in this critical role and our incumbent is on a part time temporary contract whereas this important post ought to be full time and permanent.• I have attended two out of a possible three public board meetings and have not yet formed a firm impression.• As far as skills and capability are concerned, after a period of instability, I am very sure that our Board now have these assets in place for good leadership of our Trust.• Through the range of experienced non-executive directors the board is receiving expert advice on a variety of issues including finance and service delivery.• There is now a strong team in post who I’m sure will take the Trust forward to a high performance.• The Board has undoubted quality personnel, accompanied by a fine groups of Non-Executive Officers. Leadership is good at top level but does not appear to filter down effectively through middle management.• The Board has taken such steps, and has now the appropriate abilities and skills for the immediate future. These will be tested in securing change to the pre-existing culture in West Middlesex University Hospital now that the Trust has taken it over. I am confident that it will be successful. At that point, when a stable situation has been reached, attention will no doubt turn to reviewing future roles and succession planning.

							<ul style="list-style-type: none"> • I have some reservations here that all the skills and talents in existence are put to maximum use • Uncertain about the skills profile. Board members would appear to want some extra expertise.
Q4 The Board is instrumental in shaping an open, transparent and quality-focused culture.		2	2	10	4	3.9	<ul style="list-style-type: none"> • On the whole, yes, although they must keep listening, even when under pressure. • The commitment of the Board to an open, transparent and quality focused culture is apparent in the public section of the Board meetings, their engagement with CoG and in informal meetings led by the Lead Governor with the non-exec directors. The commitment of the Chairman to these three key elements is demonstrated at all levels. • There is a large gap between the board and the coal face. In as much when things go wrong there is a focus of blame, and sometimes even bullying. As such much of what happens on the coal face is hidden. This significantly impacts the transparent culture. • Huge progress on this with our new CEO and the impact of her aim to be open, transparent and quality-focused is permeating through the organisation. I think we (and indeed the whole NHS) need to do more on a bottoms up basis to improve culture. • I am sure this is the Board's intention, but we can only evaluate what we are presented with at the meetings and we have to take it on trust that they are open, transparent and quality-focused • I believe this is the case and that the chairman is determined to achieve it. • Agree. • The board is doing the best it can in these areas in difficult and challenging times. • Work continues to develop a high quality results, openness and transparency focus must develop and continue if it is to benefit our patients and staff. • The board could communicate much better about strategy and operation with the hospital staff and also receive and manage comments, suggestions and requirements to improve the engagement of staff with the Board. • The Board takes a strong line on this, and is far more open and transparent than most other hospitals. The Quality Strategy will take time to flower fully but it demonstrates to all staff the patient focus which is essential to the delivery of quality. • Yes without doubt under the new NHS Trust • Open and transparent and aiming for quality focus. Procedures appear to be in place.
Q5 The Board supports continuous learning and development across the organisation.	2	1	3	11	1	3.4	<ul style="list-style-type: none"> • I believe so, from what I have heard at the Board. • The Board manages an active programme of continuous learning and development across both. • There is a good focus on clinical development and Training, but limited focus on Management, and Administration development and learning. • This is improving constantly and needs to continue in this vein. • Again, I am sure that the Board supports this, but supporting does not mean that this happens. • I have no information on this. • Because of CIP restrictions and in order to balance the books, it has temporarily put a stop to some outside training programmes which are costly. Mandatory training, however, is still ongoing. • This area of activity is high on the board's agenda to ensure the trust keeps abreast of developments etc. • The learning process must be ongoing and continually developing; staff must be supported at all levels with their learning. The learning process must be more transparent. Governors need to be updated on the training pathway.

							<ul style="list-style-type: none"> • I do not see an effective and broad training and information programme that encourages staff to continue to learn new operational ways of working, prepares them for senior management positions and provides them with greater job satisfaction. This is a real problem and impacts staff turnover in a manner not helpful for hospital morale. • I challenge the presumption in the question. In the broadest sense “continuous learning and development” is a good thing, like motherhood and apple pie. But it can be the umbrella for “jollies” which take staff away from the work they are supposed to be doing, do little or nothing to improve the ability/competence of the staff concerned, and can cost the Trust a great deal of money. Where training is seen to be required, for example as a consequence of a serious incident, the Trust management is excellent in ensuring it is rapidly given. The recent decision to stop less essential training as part of the measures to achieve improvement in the Trust's financial position, however, is to be warmly applauded. • Definitely. By running training programmes internally and externally and specific seminars • Not aware of the training programme. Training and appraisals do not appear to be up to date.
Q6 There are clear roles and accountabilities on the Board	2	1	3	8	4	3.6	<ul style="list-style-type: none"> • I believe things are increasingly clear. • It is clear that the reporting lines to the Executive and the Medical Director work effectively; the Board works through a series of well-structure “sub-committees” which deal with the detailed work – reporting to the Board and the CoG is kept informed and invited to engage. • There is no published organisational structure. With high levels of staff turnover there is significant movement of people in roles which is poorly communicated. As such the organisational structure is flawed, and inefficient. • The relatively recently announced changes are a vast improvement. • I would like to hear more from the actual medial staff sometimes. • Yes. • Now that the team are settling roles /accountabilities are developing. • I have given this 3 but am concerned with that programme management throughout the whale organisation needs to be strengthened. • Yes, though these are not set in stone. The Trust has been through a turbulent phase of its life, with the extra burden of assessing the feasibility of acquiring a second hospital on top of its determination to improve the quality of its service to patients. The roles of individual members of the Board have had to be adjusted from time to time to cope with this. The position is now more settled and in general the governance arrangements are the best they have ever been. • This is dependent on their personal job descriptions. Assuming they are all documented and signed I would agree with statement above. I haven't seen a single JD to comment further • Not fully aware of the lines of responsibilities.

Q7 There are clearly defined, well-understood processes for escalating and resolving issues and managing performance	1	2	3	8	4	3.7	<ul style="list-style-type: none"> Engaging staff, governors and stakeholders is an area of particular strength for this board. Engaging with patients is good on an ad hoc basis but there is room for improving the systematic feedback loop. As a new Governor I have been very impressed with the evidence of engagement of board members with staff – the introduction of staff presentations to public Board meetings has demonstrated the good relationships with the Board and the ease of inter-action; a patient’s relative was invited to make a presentation – again the relationship with members of the Board was clearly excellent; the relationships with Governors are excellent and reports on relationships with key stakeholders seems excellent. There is a significant amount of done too rather than consult with in the implementation of change. This is partly due to the ineffective organisational structure. This significantly limits any changes however well meant they may be. Since merger there is lip service to the need to learn from each other, but there is limited appetite to recognise that WM had the experience of working in a very financially challenged environment, and as such has the ability to advise CW on how to do things more efficiently. This lack of engagement is proving challenging to both sites. Very much so. I think the Board is open and approachable and certainly leaves the door open for questions on any of the above. The Council meetings also supply us with comprehensive dashboard of percentages/targets met etc each quarter. On the whole the Board is good at this, although it is sometimes deficient in engaging with governors on quite important changes. The move of the West London Healthcare for Sexual Health facilities from Charing Cross hospital to 10 Hammersmith Broadway, and the proposed plans for the development of Doughty House are just two examples of lack of information flow to the governors. We would just like to be kept informed of what is going on! This could improve; we only see the executive team at meetings; an occasional update would be beneficial. The governors are well fed with the up to date statistics on quality and performance. I would like to see more background detail on how the figures were calculated and from what source and also more on trends. But generally the Board does a good job on the main functions of the hospital concerning patient care. Financial performance details could be more transparent. But performance in the support functions is definitely lacking eg IT, Communications and appointments. There is a monthly briefing for all staff on current matters. Open Board and Council of Governors meetings receive regular reports on quality, operational and financial performance, as well as reports on patient experience and complaints. A recent development has been the creation of a monthly document setting out the results for quality and performance indicators which is available to all through the website and discussed at the following Board and Council meetings. There are patient representatives involved in various working groups, including the Governors Quality sub-committee. The Annual Meeting of Trust Members is open to the general public and offers the opportunity for members of the public to raise any matters that concern them. Yes. Achieved via ongoing activities to engaged people and Governors. Clear & transparent information. Close monitoring of financial operations. What is active, effective engagement?
--	---	---	---	---	---	-----	---

Q8 The Board supports the Council of Governors in undertaking its duties		1	4	10	2	3.8	<ul style="list-style-type: none"> • The board spends more than enough time thinking about the Council of Governors, given what they have on their plate. • The CoG is fully supported by the Board and encouraged to discuss issues either privately with members of the board or at meetings. • The board is approachable and supportive of Governors and appreciates their input. • I assume this is the case. • The Board invests a lot of time in supporting the Council of Governors. • My opinion only, but very often I feel that the Board thinks of governors as a necessary evil rather than as a useful source of feedback to the Foundation Trust system. On the whole they are reasonably supportive, but I had to keep nagging our Chairman in order to negotiate meetings with our NEDs who (to be fair to them) actually wanted these meetings. Just this year we have negotiated two joint meetings a year with governors and NEDs. We used to have an Away Day, mixing with the Board and the NEDs every year, which went astray for two years and which we have just got back, so it looks as if this aspect of lack of support has improved this year. • Board members are proactive when requests are made for dealing with issues. • The Board together with the NEDS have supported the Council of Governors well — the problem may well lie with the Council itself, for not being more Interactive with the Board on more penetrating questions laced with some thoughts on how problems might be addressed more effectively. More time must be given in the Council meetings to air Governor comments and suggestions. Also the Board meeting must also allow for more time for the public to air their thoughts. • I have been a member of the Council of Governors for six years. When I started in this role it rapidly became clear that the then Chairman and then Chief Executive had a firm view that the Governors had no useful role to play in the Trust and should therefore be “contained”. There was no advance consultation about anything (such as whether there should be the “Children's Hospital” development or even what it should be called). Council of Governors meetings followed a set path of the Chairman telling the Council what was going to happen, usually at such length that no-one had a chance to say much if anything. Some of us having read the Monitor guidance and the basic legislation were not prepared to let this continue, and the departure of the then Chairman (and the then 3 Chief Executive) has allowed the governance position to be improved beyond recognition compared to six years ago. The re-drafting of the Trust Constitution with detailed input from the Governors was very welcome and successful. Governors have a close relationship with the Board members, most recently having established regular discussions with the Non-Executive Directors. The Council was fully consulted in the assessment of the proposal to acquire West Middlesex University Hospital. It is now usually consulted in advance about significant proposals of all kinds. • Yes, at all times by attending regular meetings and the commitment to be involved. • There could be better connections away from formal meetings.
--	--	---	---	----	---	-----	---

General comments on Board performance and effectiveness

- The Chief Executive and the team are doing a fantastic job of getting the Foundation Trust back to where it should be - a leading example of what NHS hospitals can be. If the team can keep one eye on the 3-5yr future, as well as fixing the now, I have no doubt they will succeed in this.
- The Trust has undergone major changes in the last couple of years – new Chairman, new CEO, new Medical Director; it has taken on the West Middlesex Hospital and it has to cope with the very tough financial environment that the whole of the NHS faces. It appears to be well-respected in both Hospitals and to be delivering in all key areas.
- High staff turnover is a very clear identifier that there are issues within an organisation, and dissatisfaction of the Staff, especially if one site has gone from a stable work force to an unstable work force. As Staff are central to anything the Trust wants to do, it is my belief that this needs to be a main focus of the board.
- I'm looking forward to digging a little deeper on NED performance with a view to fulfilling the Governors' duty to hold them to account. We have an excellent Board and it is a pleasure to work with them.
- The Board is well chaired and has an open and approachable style. This is essential to prevent anyone from feeling intimidated from saying what they think/fear/are concerned about.
- Collectively the Board appears strong. Effectiveness of Non-executive Directors is hard to determine at the public board meetings and there is need for a more structured process of evaluation. Certain Neds seem reluctant to speak at the board meetings but that is not to say they are other than effective running their committees.
- Generally very effective. Keen to get Council of Governors involved.
- 2015 proved to be a rather unstable year for our Trust. We were in the middle of acquisition procedures and during this crucial time we lost our CEO and several other members of our Board. We had an excellent interim CEO whilst searching for a permanent one, but these factors combined made for a very unstable set of circumstances at a time when some clinical staff were also having to re-apply for their own jobs. The combined instability at the top and anxiety among the clinical staff led to overall morale often seeming to be at rock bottom. I feel we have a very good Board in situ now, with an excellent CEO, and hope that we can now go through a longish period of stability for the sake of both sites.
- The Senior Team are now bedding in and are very proactive in all aspects of the Trust. My concern lies with work in some areas where staff are asked to take on extra responsibilities without structure to allow them to perform their duties. Would like to see Board visit areas more frequently to talk to staff.
- I suspect we have one of the better hospitals within the NHS and to give the Board credit, they do listen to the governors but the implementation of problem solutions and other comments does take far too much time. Would appreciate a follow up on the effectiveness of the actions taken by the Board as a result of Governor's questions. In general the Board is lively and highly competent. It is well-served by its Chairman and Chief Executive. It is open and transparent in its dealings and considerate of the views of Governors, patients, and carers.
- Regular, punctual and effective meetings. Detailed and regular statistics on the performance of the Hospitals that provides a good snapshot at any time.



Council of Governors Meeting, 21 July 2016

AGENDA ITEM NO.	10/Jul/16
REPORT NAME	Reappointment of Non-Executive Directors
AUTHOR/LEAD	Sir Thomas Hughes-Hallett, Chairman
PURPOSE	To approve the reappointment of Liz Shanahan and Nilkunj Dodhia as Non-Executive Directors for a three-year term.
SUMMARY OF REPORT	<p>Liz Shanahan and Nilkunj Dodhia were originally appointed as 'non-voting' Board members by the Council of Governors for a two-year period on 1 July 2014.</p> <p>Both Liz and Nilkunj became 'voting' Non-Executive Directors on 27 November 2015 after the implementation of the post-acquisition Constitution. However, the tenure of both individuals remains subject to the original service contract which will expire on 30 June 2016.</p> <p>Further to receiving both individuals' confirmation that they intend to stand for reappointment on a further three-year term and following a recent positive appraisal, the Council of Governors is asked to approve the reappointment of both individuals. The Governors' decision in this respect will be informed by the recommendation of the Governors' Nominations & Remuneration Committee which met on 23 June 2016.</p> <p>Within this paper is a summary of the key experience and expertise brought by both individuals to the work of the Trust Board, alongside a summary of their recent appraisal outcomes, the Council of Governors is asked to approve the reappointment of both individuals.</p>
DECISION/ ACTION	The Council of Governors is asked to approve the reappointment of Liz Shanahan and Nilkunj Dodhia as Non-Executive Directors for a three-year term.

Reappointment of Non-Executive Directors

1.0 Introduction

- 1.1 Liz Shanahan and Nilkunj Dodhia were originally appointed as 'non-voting' Board members by the Council of Governors for a two-year period on 1 July 2014.
- 1.2 Both Liz and Nilkunj became 'voting' Non-Executive Directors on 27 November 2015 after the implementation of the post-acquisition Constitution. However, the tenure of both individuals remains subject to the original service contract which will expire on 30 June 2016.
- 1.3 Further to receiving both individuals' confirmation that they intend to stand for reappointment on a further three-year term and following a recent positive appraisal, the Council of Governors is asked to approve the reappointment of both individuals.
- 1.4 Within this paper is a summary of the key experience and expertise brought by both individuals to the work of the Trust Board, alongside a summary of their recent appraisal outcomes.

2.0 Liz Shanahan

2.1 Appointment and Service Contract Details

Liz was appointed as a non-voting Board member by the Council of Governors for a two-year period on 1 July 2014. Liz became a voting Non-Executive Director on 27 November 2015 after the implementation of the post-acquisition Constitution.

Liz currently chairs the People and Organisational Development Committee and is a member of the Audit Committee.

2.2 Background

A medical education and communications professional by background, Liz has extensive experience in healthcare strategy and change consulting. Liz is Executive Chair of Reconfiguration and Engagement partners, a healthcare change communications consultancy. Previously Liz was Global Head of Healthcare and LifeSciences for FTI Consulting, where she was a member of the Executive Leadership Forum. She joined FTI in 2007 when they acquired her company Sante Communications. She is also involved with a portfolio of businesses on investment, advisory and non-executive levels. She is a member of the Global Irish Network, Chair of the Irish International Business Network and a member of the British Council's Provocation Group.

2.3 Appraisal

Liz Shanahan's appraisal took place during May 2016 and was undertaken by Sir Thomas Hughes-Hallett in his role as Chairman.

The appraisal noted Liz' excellent overall contribution to the Board as a Non-Executive Director, particularly citing her enthusiasm and determination to achieve progress with regard to marketing and communications within the Trust and in respect of the development of the People & Organisational Development Committee.

It was noted that Liz' Non-Executive role on the Trust Board was her first within the public sector and that there were key differences when compared with the Non-Executive roles that Liz had undertaken within the private sector within an increased focus on contributing to strategy, holding people to account, ensuring good governance and sharing experience.

The appraisal noted Liz' concern with regard to the Trust's performance in respect of statutory and mandatory training and explored Liz' role as the Chair of the People & Organisational Development Committee in driving improvement in this area.

Liz' suggested need to triangulate the work of all Board Committees was welcomed by the Chairman and this is now being incorporated into the Board Evaluation process.

3.0 Nilkunj Dodhia

3.1 Appointment and Service Contract Details

Nilkunj was appointed as a non-voting Board member by the Council of Governors for a two-year period on 1 July 2014. Nilkunj became a voting Non-Executive Director on 27 November 2015 after the implementation of the post-acquisition Constitution.

Nilkunj is a member of the Audit Committee and of the Finance and Investment Committee.

3.2 Background

Nilkunj has diverse experience as an executive and non-executive director from interests in telecommunications, healthcare and financial services. Nilkunj was previously with McKinsey and Company, serving as the national lead for Mental Health and Orthopaedics. He also served as the Chairman of the South West London Elective Orthopaedic Centre (SWLEOC), one of the largest joint-replacement hospitals worldwide, and a Non-Executive Director of Epsom and St Helier University Hospitals. Nilkunj has an MBA from INSEAD and is a fellow of the Institute of Chartered Accountants in England and Wales having trained with PwC.

3.3 Appraisal

Nilkunj Dodhia's appraisal took place during May 2016 and was undertaken by Sir Thomas Hughes-Hallett in his role as Chairman.

The appraisal noted the extent to which Nilkunj's influence and 'value added' had significantly increased since his original appointment. In particular, the appraisal noted Nilkunj's key role as both a member of the Audit Committee and the Finance and Investment Committee, providing the Non-Executive team with a 'common link' across both fora.

Moreover, Nilkunj's significant involvement in the implementation of the Trust's IT Strategy was praised- the pace of change is high and it was noted that the overall programme had benefitted from Nilkunj's experience and expertise.

The appraisal noted Nilkunj's desire to move the Board's emphasis from scrutiny to accountability, with the need to establish a few key leading indicators which will enable the Board to be held to account, both individually and collectively. The appraisal touched upon the key role that the Audit Committee could play in this respect.

4.0 Recommendation

4.1 The Council of Governors is asked to approve the reappointment of Liz Shanahan and Nilkunj Dodhia as Non-Executive Directors for a three-year term. The Governors' decision in this respect will be informed by the recommendation of the Governors' Nominations & Remuneration Committee which met on 23 June 2016.

Thomas Hughes-Hallett
Chairman

July 2016



Council of Governors Meeting, 21 July 2016

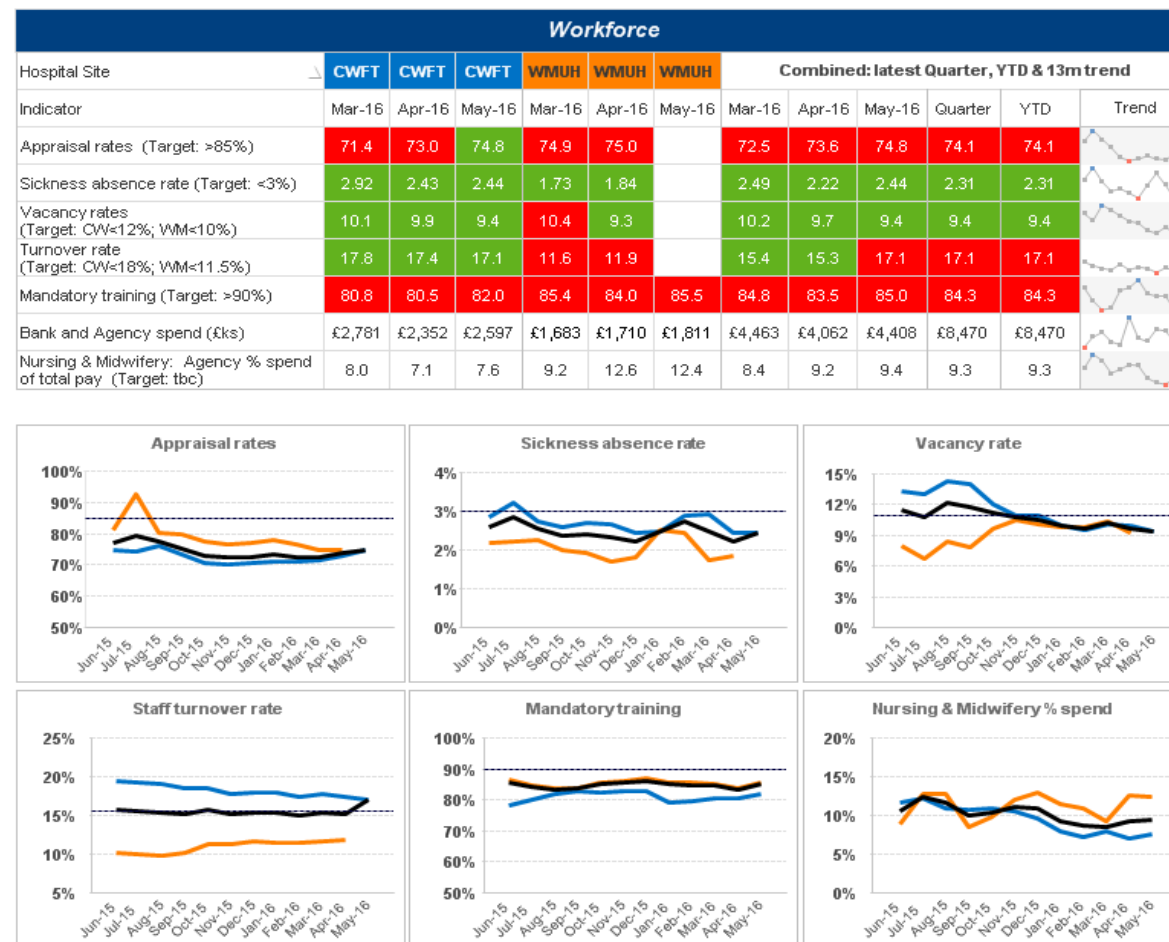
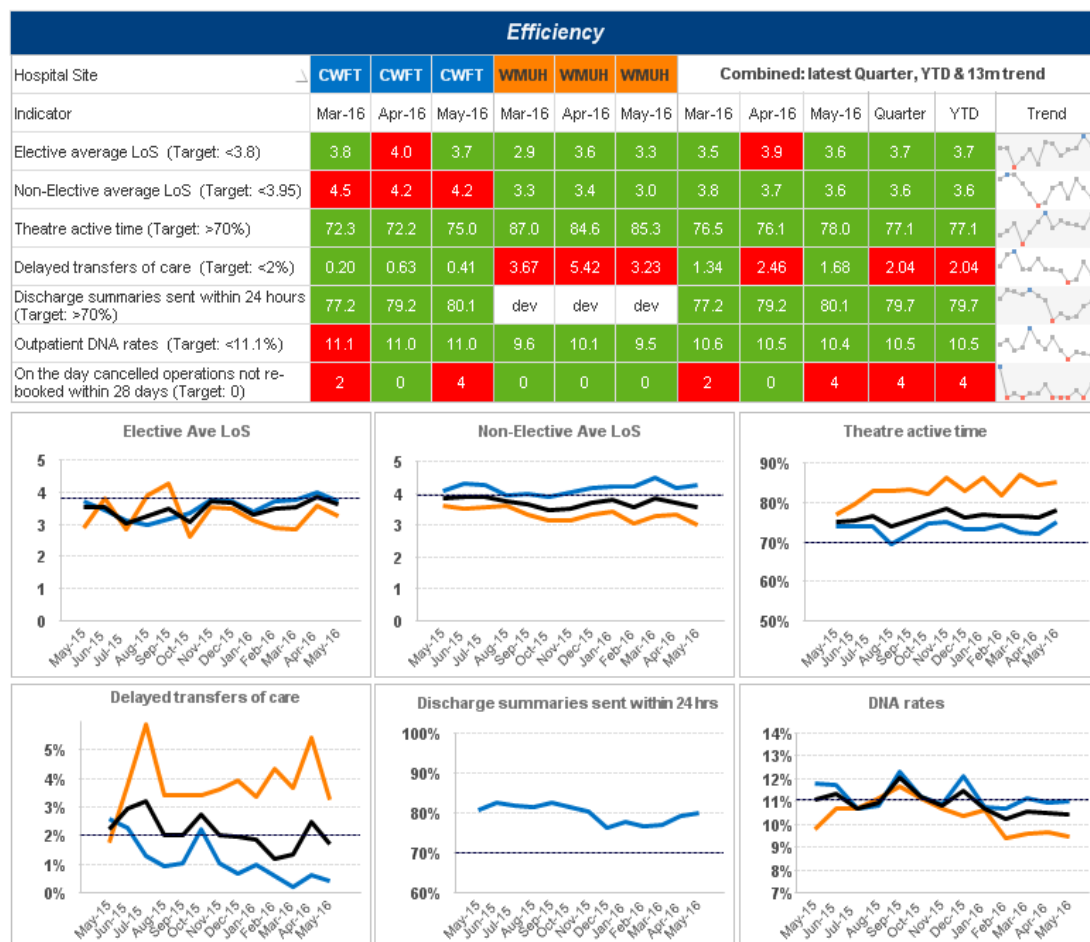
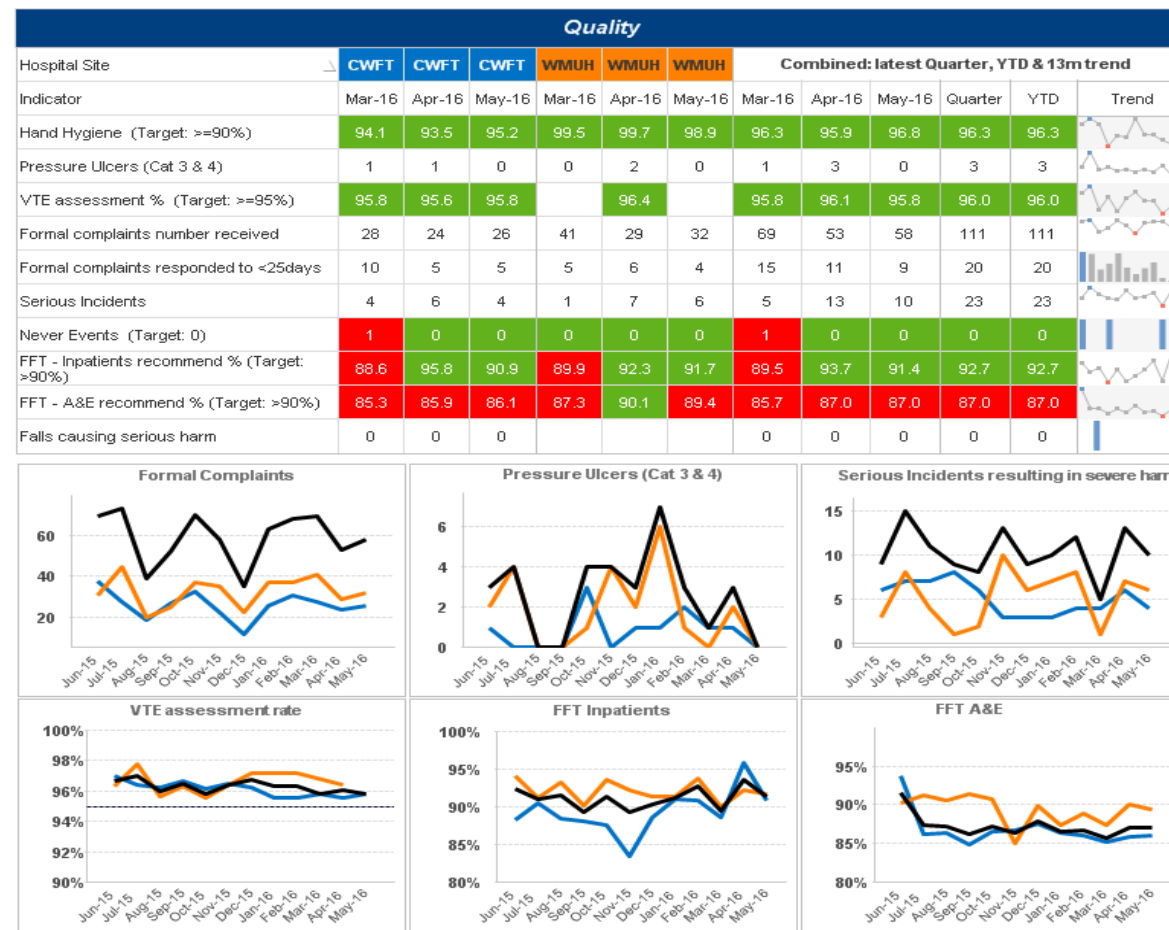
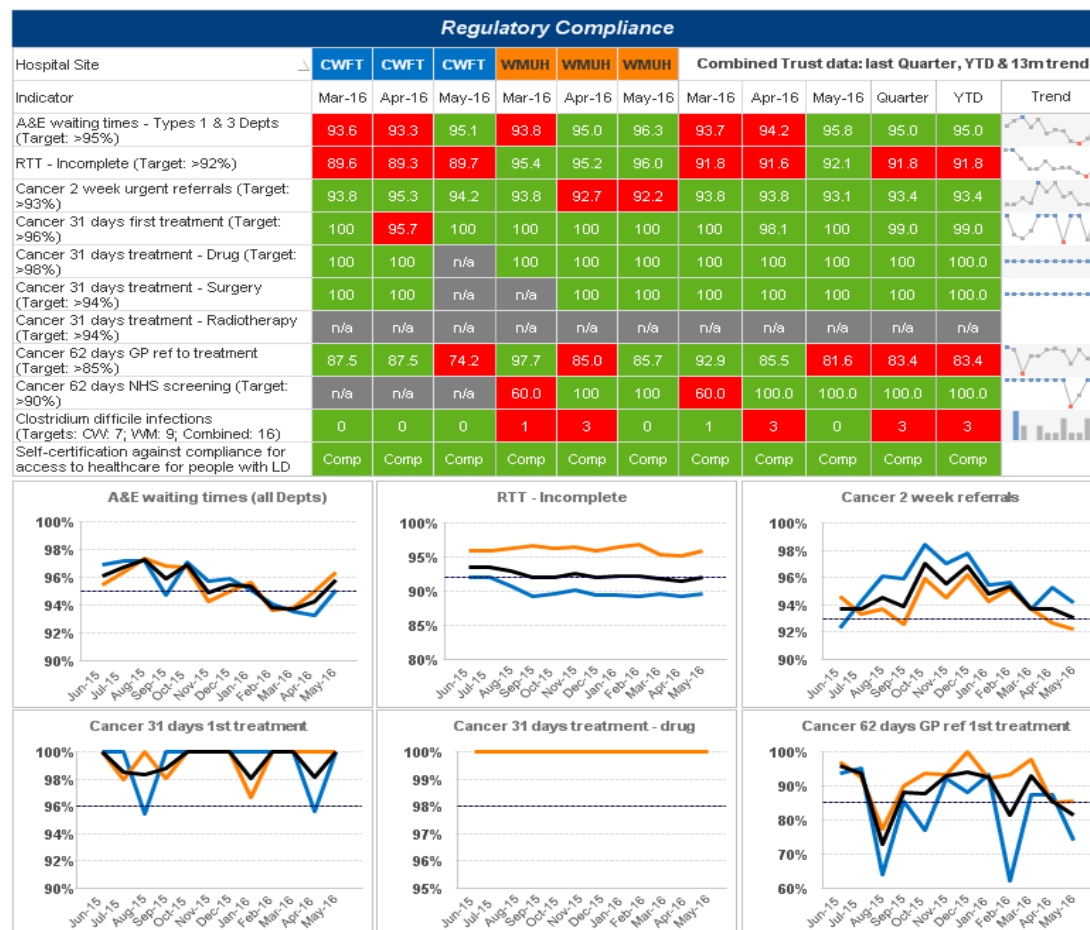
AGENDA ITEM NO.	11/Jul/16
REPORT NAME	Integrated Performance Report – May 2016
AUTHOR	Andy Howlett, Deputy Director of Performance, Information & Contracting
LEAD	Robert Hodgkiss, Chief Operating Officer
PURPOSE	To report the combined Trust's performance for May 2016 for both Chelsea and Westminster and West Middlesex sites, highlighting risk issues and identifying key actions going forward.
SUMMARY OF REPORT	<p>The integrated performance report shows the Trust performance for May 2016.</p> <p>Regulatory performance – The A&E waiting time target for May was achieved on both sites of the Trust. This is a welcome recovery following three consecutive months of under target performance.</p> <p>The RTT incomplete target was also achieved for the overall Trust in May. The backlog of patients waiting >18 weeks reduced in May. The Trust reported six patients who were waiting >52 weeks from referral at the end of May. All patients have treatment plans and none have come to any harm as a result of the delay in treating them.</p> <p>Validated performance for the 62 Day GP Referral Cancer standard in April was achieved on both sites, which represents an improvement to the unvalidated performance reported last month. May's unvalidated performance is forecasting non-compliance on the Chelsea site and for the Trust as a whole. All breaches have been reviewed. Whilst most were unavoidable due to either clinical complexity of patient choice related delays, three patients experienced avoidable delays due to surgical capacity (2 Urology patients) and the junior doctor strike (1 – surgery delayed at another Trust). An action plan is in place to address the issues impacting on the Urology pathway.</p> <p>Both sites have achieved all other regulatory performance indicators.</p> <p>Safety and Patient Experience: Incident reporting rates have now stabilised following implementation of the new Datix-web incident reporting system but remain below the target level, with Medication safety incidents on Chelsea site dropping below target in May. FFT response rates and % of patients who would recommend the Trust have declined across all areas.</p>

	<p>Quality, Efficiency and Clinical Effectiveness: Average length of stay on the C&W site and readmissions across both sites remain below target and of concern. Work is in progress to understand and address the underlying causes.</p> <p>Workforce: Appraisal and Mandatory Training compliance remain areas for improvement despite a concerted drive to improve completeness levels.</p>
KEY RISKS ASSOCIATED:	There are continued risks to the achievement of a number of compliance indicators, including A&E performance, RTT incomplete waiting times, and cancer 62 days waits.
FINANCIAL IMPLICATIONS	The combined Trust reported a year to date surplus of £281k, which is an adverse variance of £43k against the plan for the year to date.
QUALITY IMPLICATIONS	As outlined above.
EQUALITY & DIVERSITY IMPLICATIONS	None
LINK TO OBJECTIVES	<p>Improve patient safety and clinical effectiveness</p> <p>Improve the patient experience</p> <p>Ensure financial and environmental sustainability</p>
DECISION/ ACTION	For information.



TRUST PERFORMANCE & QUALITY REPORT

May 2016





Monitor Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Mar-16	Apr-16	May-16	2016-2017	Mar-16	Apr-16	May-16	2016-2017	Mar-16	Apr-16	May-16	2016-2017 Q1	2016-2017	Trend charts
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	93.6%	93.3%	95.1%	94.2%	93.8%	95.0%	96.3%	95.7%	93.7%	94.2%	95.8%	95.0%	95.0%	
RTT	18 weeks RTT - Admitted (Target: >90%)	76.4%	70.5%	73.2%	72.0%	93.8%	86.7%	88.4%	87.9%	85.7%	79.6%	83.6%	82.1%	82.1%	
	18 weeks RTT - Non-Admitted (Target: >95%)	92.5%	92.5%	93.3%	92.9%	96.5%	95.4%	94.2%	94.6%	94.0%	93.6%	93.8%	93.7%	93.7%	
	18 weeks RTT - Incomplete (Target: >92%)	89.6%	89.3%	89.7%	89.5%	95.4%	95.2%	96.0%	95.6%	91.8%	91.6%	92.1%	91.8%	91.8%	
Cancer	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	93.8%	95.3%	94.2%	94.7%	93.8%	92.7%	92.2%	92.4%	93.8%	93.8%	93.1%	93.4%	93.4%	
	31 days diagnosis to first treatment (Target: >96%)	100%	95.7%	100%	96.8%	100%	100%	100%	100%	100%	98.1%	100%	99.0%	99.0%	
	31 days subsequent cancer treatment - Drug (Target: >98%)	100%	100%	n/a	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	31 days subsequent cancer treatment - Surgery (Target: >94%)	100%	100%	n/a	100%	n/a	100%	100%	100%	100%	100%	100%	100%	100%	
	31 days subsequent cancer treatment - Radiotherapy (Target: >94%)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
	62 days GP referral to first treatment (Target: >85%)	87.5%	87.5%	74.2%	78.7%	97.7%	85.0%	85.7%	85.3%	92.9%	85.5%	81.6%	83.4%	83.4%	
	62 days NHS screening service referral to first treatment (Target: >90%)	n/a	n/a	n/a	n/a	60.0%	100%	100%	100%	60.0%	100%	100%	100%	100%	
Patient Safety	Clostridium difficile infections (Year End Targets: CW: 7; WM: 9; Combined: 16)	0	0	0	0	1	3	0	3	1	3	0	3	3	
Learning difficulties Access & Governance	Self-certification against compliance for access to healthcare for people with Learning Disability	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	
	Governance Rating	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	

Please note the following two 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 and RTT Non-Admitted are no longer Monitor Compliance Indicators

Chelsea & Westminster commentary

18 weeks RTT – Incomplete

The trust incomplete reportable May position was 92.1% against a target of 92%. The compliant position is an improvement over April and March failing position. However it remains the WMUH site that overachieves to improve the failing CW site.

Demand and capacity reviews and additional resource work continues with the particular specialties contributing to the CW position and in June the trust have appointed a RTT programme manager to manage the cross site delivery of this target. The performance officer resource to validate RTT pathways on the CW site have been allocated to the specialties across the site needing RTT support. This is to be embedded through a new governance structure that will allow daily focus on RTT and long waiting patients whilst providing assurance up through the trust of the position.

Cancer - 62 days GP referral to first treatment

Although cross-site May performance is not yet confirmed, it is anticipated that the 62 day target will not be achieved in May. 9 breaches have been reported for the month (4 urology, 1 lower GI, 0.5 Gynaecology, 1 skin, 2 head & neck).

An action plan is in place to reduce avoidable breaches in Urology, with actions including increasing surgical and diagnostic capacity, and better use of 1 stop clinics to reduce the number of steps in the diagnostic pathway.

West Middlesex commentary

A&E waiting times

A&E maintained the good performance. Attendances, admissions and bed occupancy where marginally lower than previous months allowing the closure of escalation capacity.

Cancer - 2 Weeks from referral to first appointment all urgent referrals

The 2 week wait target continues to be a challenge on the West Middlesex site, although this was achieved at a Trust level. This is a particular issue for Breast and Skin, with additional capacity in both tumour sites being explored to improve performance in June.

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

West Middlesex are waiting a National solution to electronic flag/alert on eCamis. Staff are being trained to place LD stickers on patients' medical records for outpatients and to use alert available on 'Realtime' system for in- patients.



Safety Dashboard

Draft Version

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Mar-16	Apr-16	May-16	2016-2017	Mar-16	Apr-16	May-16	2016-2017	Mar-16	Apr-16	May-16	2016-2017 Q1	2016-2017	Trend charts
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Hand hygiene compliance (Target: >90%)	94.1%	93.5%	95.2%	94.3%	99.5%	99.7%	98.9%	99.3%	96.3%	95.9%	96.8%	96.3%	96.3%	
Incidents	Number of serious incidents	4	6	4	10	1	7	6	13	5	13	10	23	23	
	Incident reporting rate per 100 admissions (Target: >8.5)	6.9	6.9	6.5	6.7	6.7	6.8	6.9	6.8	6.8	6.8	6.7	6.8	6.8	
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions (Target: 0)	0.00	0.03	0.05	0.03	0.00	0.02	0.00	0.01	0.00	0.03	0.03	0.03	0.03	
	Medication-related (NRLS reported) safety incidents per 100,000 FCE bed days (Target: >=280)	289.50	405.89	162.46	277.54	646.52	432.47	494.54	463.00	447.15	418.75	311.55	364.00	364.00	
	Medication-related (NRLS reported) safety incidents % with harm (Target: <=12%)	8.5%	8.9%	12.0%	9.9%	2.5%	0.0%	4.8%	2.5%	4.7%	4.5%	6.9%	5.5%	5.5%	
	Never Events (Target: 0)	1	0	0	0	0	0	0	0	1	0	0	0	0	
Harm	Safety Thermometer - Harm Score (Target: >90%)	95.3%	97.0%	94.4%	95.3%	98.2%	98.6%	93.6%	96.1%	96.8%	98.1%	94.0%	95.8%	95.8%	
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	1	1	0	1	0	2	0	2	1	3	0	3	3	
	NEWS compliance %	78.6%	100.0%	100.0%	100.0%					78.6%	100.0%	100.0%	100.0%	100.0%	
	Safeguarding adults - number of referrals	27	24	21	45	6	5	0	5	33	29	21	50	50	
	Safeguarding children - number of referrals	19	25	25	50	76	91	72	163	95	116	97	213	213	
Mortality	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	83.4	83.4	83.4	83.4	83.4	83.4	83.4	83.4	83.4	83.4	83.4	83.4	83.4	
	Number of hospital deaths - Adult	36	29	21	50	79	76	71	147	115	105	92	197	197	
	Number of hospital deaths - Paediatric	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Number of hospital deaths - Neonatal	0	4	1	5	1	1	0	1	1	5	1	6	6	
	Number of deaths in A&E - Adult	2	0	1	1	8	5	6	11	10	5	7	12	12	
	Number of deaths in A&E - Paediatric	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Number of deaths in A&E - Neonatal	0	0	0	0	0	0	0	0	0	0	0	0	0	

Chelsea & Westminster commentary

Patient safety incident resulting in severe harm or death

The incidence of any severe harm or death due to an incident initiates a formal analysis of the episode using the standard investigation procedures. The outcome and actions recommended from this process form a part of the monthly board report on incidents. There were 2 episodes in month 1 which meet this criterion. In month 2 we had 3 episodes and each will be investigated and reported accordingly.

Safeguarding adults - number of referrals

The level of reporting from the Chelsea Site presents a pattern similar to that reported previously. Disparities at West Middlesex are reported opposite.

Safeguarding children - number of referrals

Referrals within normal range for CW, consistent level of safeguarding activity for last month although period of increased activity on one ward with 8 out of 19 patients having safeguarding concern of involvement to some degree.

West Middlesex commentary

Incident reporting rate per 100 admissions

Gradually increasing which represents up take of the new electronic system across the whole trust.

Safeguarding adults - number of referrals

The current analysis of the disparity to the Chelsea Site is threefold as below:

Data capture / data quality - Discharge Admin staff are now the central point for onward referrals. Discussions are underway to capture those incidents that are being reviewed within safeguarding protocols that are currently missed by the former collection process. At Chelsea, the data is directly captured within the EPR system

Escalation procedure - Now resolved with the introduction of a West Middx Specific form including local referral numbers for the discharge team available on the Trust Intranet site

Training - all aspects of a review of training will take time and resource in the on-going challenges within developing a shared vision of adult safeguarding combined with robust processes with as few obstacles to escalation as possible. The vision is to have safeguarding integrated within EPR systems mirroring the Chelsea system and a sound way of capturing any hospital incident that is subject to a section 42 enquiry.



Patient Experience Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Mar-16	Apr-16	May-16	2016-2017	Mar-16	Apr-16	May-16	2016-2017	Mar-16	Apr-16	May-16	2016-2017 Q1	2016-2017	Trend charts
Friends and Family	FFT: Inpatient recommend % (Target: >90%)	88.6%	95.8%	90.9%	93.8%	89.9%	92.3%	91.7%	92.0%	89.5%	93.7%	91.4%	92.7%	92.7%	
	FFT: Inpatient not recommend % (Target: <10%)	6.4%	6.0%	4.4%	5.4%	6.0%	4.3%	3.4%	3.9%	6.1%	5.0%	3.8%	4.4%	4.4%	
	FFT: Inpatient response rate (Target: >30%)	40.5%	39.9%	28.7%	34.4%	27.8%	31.2%	29.6%	30.4%	32.0%	34.1%	29.3%	31.7%	31.7%	
	FFT: A&E recommend % (Target: >90%)	85.3%	85.9%	86.1%	86.0%	87.3%	90.1%	89.4%	89.7%	85.7%	87.0%	87.0%	87.0%	87.0%	
	FFT: A&E not recommend % (Target: <10%)	8.2%	9.0%	7.5%	8.3%	6.1%	6.1%	5.7%	5.9%	7.8%	8.3%	6.9%	7.6%	7.6%	
	FFT: A&E response rate (Target: >30%)	13.9%	15.0%	11.6%	13.2%	19.1%	25.9%	20.1%	22.7%	14.8%	16.9%	13.2%	15.0%	15.0%	
	FFT: Maternity recommend % (Target: >90%)	92.3%	93.6%	86.1%	89.9%	96.2%	87.4%	94.0%	90.6%	93.0%	92.0%	88.2%	90.1%	90.1%	
	FFT: Maternity not recommend % (Target: <10%)	4.5%	4.7%	8.0%	6.3%	3.8%	4.6%	3.6%	4.1%	4.3%	4.6%	6.9%	5.7%	5.7%	
	FFT: Maternity response rate (Target: >30%)	24.4%	24.0%	17.2%	20.1%	12.7%	18.6%	18.8%	18.7%	21.0%	22.3%	17.6%	19.7%	19.7%	
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	28	24	26	50	41	29	32	61	69	53	58	111	111	
	Complaints formal: Number responded to < 25 days	10	5	5	10	5	6	4	10	15	11	9	20	20	
	Complaints (informal) through PALS	98	87	80	167	200	187	186	373	298	274	266	540	540	
	Complaints sent through to the Ombudsman	0	0	0	0	1	3	3	6	1	3	3	6	6	
	Complaints upheld by the Ombudsman (Target: 0)	0	0	0	0	1	3	3	6	1	3	3	6	6	

Please note the following

blank cell

An empty cell denotes those indicators currently under development

Chelsea & Westminster commentary

Response Rate

The Response rate decreased during May. Chelsea & Westminster have experienced technical issues in sending and receiving files (eligible numbers) to the FFT survey provider, HCC. During May there was intensive work carried out to overcome these problems which resulted in the system being turned off to fix the issues. There was a delay with this process and therefore surveys were sent to patients at the end of the month, which is a likely reason for the lower response rate. The issues have been addressed which should prevent such future problems.

Recommendation Rate

The recommendation rates for A&E and Maternity are below the Target >90%. Patients' comments and themes are sent directly to the department for evaluation who have the ability to look in details at the comments raised and action plan.

Number of complaints responded to < 25 days across both sites

Performance remains poor. The new complaint procedure aims to streamline the process which should in turn increase performance.

Complaints (informal) through PALS

Similar themes and numbers have emerged this month which include communication, staff behaviour and appointments as the subjects most complained about.

West Middlesex commentary

Response rate Response rate for the West Middlesex is below the target >90% for the three areas measured. Methods for collections are being addressed in the current procurement process.

Recommendation Rate

It is promising to see the recommendation rate is scoring above average (A&E scores just 0.6% below target).

Note on all Friends and Family Test indicators across both sites

A cross-site review and procurement process has commenced which aims to improve the methods of survey collections and better engagement for FFT.

Performance of complaints that were responded to <25 working days remains low. A new complaint handling process is currently being implemented to streamline the process and promote better response

Complaints (informal) through PALS

There are similar numbers coming through PALS as with previous months with similar themes: clinical treatment, communication and appointments being the subjects with most complaints.



Efficiency & Productivity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Mar-16	Apr-16	May-16	2016-2017	Mar-16	Apr-16	May-16	2016-2017	Mar-16	Apr-16	May-16	2016-2017 Q1	2016-2017	Trend charts
Admitted Patient Care	Average length of stay - elective (Target: <3.7)	3.76	3.98	3.74	3.85	2.86	3.59	3.27	3.43	3.52	3.87	3.61	3.73	3.73	
	Average length of stay - non-elective (Target: <3.9)	4.50	4.16	4.25	4.21	3.31	3.35	3.03	3.19	3.84	3.71	3.59	3.65	3.65	
	Emergency care pathway - average LoS (Target: <4.5)	5.63	5.35	5.33	5.34	3.48	3.57	3.20	3.38	4.19	4.16	3.93	4.04	4.04	
	Emergency care pathway - discharges	207	192	208	401	415	388	395	783	623	580	603	1184	1184	
	Emergency re-admissions within 30 days of discharge (Target: <2.8%)	3.58%	3.38%	3.15%	3.26%	11.52%	10.45%	10.35%	10.40%	6.35%	5.95%	5.62%	5.78%	5.78%	
	Delayed transfer of care - % relevant NHS patients affected (Target: <2%)	0.2%	0.6%	0.4%	0.5%	3.7%	5.4%	3.2%	4.2%	1.3%	2.5%	1.7%	2.0%	2.0%	
	Non-elective long-stayers	460	408	402	810										
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	86.8%	81.8%	85.9%	84.1%	86.8%	84.0%	84.2%	84.1%	86.8%	82.8%	85.2%	84.1%	84.1%	
	Operations cancelled on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.32%	0.21%	0.21%	0.21%					0.32%	0.21%	0.21%	0.21%	0.21%	
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	2	0	4	4	0	0	0	0	2	0	4	4	4	
	Theatre active time (C&W Target: >70%; WMM Target: >78%)	72.3%	72.2%	75.0%	73.7%	87.0%	84.6%	85.3%	84.9%	76.5%	76.1%	78.0%	77.1%	77.1%	
	Theatre booking conversion rates (Target: >80%)	88.6%	90.8%	90.2%	90.5%										
Outpatients	First to follow-up ratio (Target: <1.5)	1.65	1.67	1.64	1.66	1.67	1.68	1.52	1.59	1.67	1.68	1.56	1.61	1.61	
	Average wait to first outpatient attendance (Target: <6 wks)	7.1	7.3	7.3	7.3	5.9	6.4	6.0	6.2	6.6	6.8	6.7	6.7	6.7	
	DNA rate: first appointment	11.7%	12.0%	11.1%	11.5%	11.1%	11.7%	10.3%	11.0%	11.4%	11.9%	10.7%	11.3%	11.3%	
	DNA rate: follow-up appointment	11.0%	10.6%	11.0%	10.8%	8.7%	9.1%	8.9%	9.0%	10.2%	10.1%	10.3%	10.2%	10.2%	

Please note the following

blank cell

An empty cell denotes those indicators currently under development

Chelsea & Westminster commentary

Average length of stay - non-elective

May shows a similar length of stay to April, which remains insufficient to achieve the required standard.

A fundamental review of non-elective LoS is part of bed productivity and other schemes and this must be scheduled and achieved during the next six months ahead of winter 2016/17.

Emergency care pathway - average LoS

Again, May showed little difference to April suggesting little progress at present with achieving an sustainable improvement. This will need to be wrapped into a wider package of work for the Emergency care pathway

Emergency care pathway – discharges

A further improvement was shown in May but yet achieving the <2.8% standard for the month. Work on this will be linked to non-elective LoS improvement plan to be delivered ahead of next winter.

West Middlesex commentary

Non-Elective and Emergency Care average LoS

LoS reduced from the previous month and this is likely to reflect the marginal reduction in acuity noted clinically.

Emergency care pathways – discharges

These were marginally lower as a daily average due to reduced occupancy and overall bed numbers

Emergency re-admissions within 30 days (Adult & Paediatric)

Analysis has been undertaken and is now complete. The actions to address are from partner organisations and are part of a wider piece of work over the next 4 months

Delayed transfers of care affected patients

Delayed transfers of care have been high for Richmond and this is expected not to improve until September 2016 due to a staffing challenge for social worker



Clinical Effectiveness Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Mar-16	Apr-16	May-16	2016-2017	Mar-16	Apr-16	May-16	2016-2017	Mar-16	Apr-16	May-16	2016-2017 Q1	2016-2017	Trend charts
Best Practice	Dementia screening diagnostic assessment (Target: >90%)	100.0%	100.0%	100.0%	100.0%	91.5%	91.9%	80.3%	86.4%	97.0%	97.0%	93.8%	95.4%	95.4%	
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	92.3%	88.9%	66.7%	76.2%	71.4%	80.0%		80.0%	81.5%	85.7%	66.7%	76.9%	76.9%	
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	100.0%	100.0%	100.0%	100.0%	93.8%	85.7%	90.9%	88.0%	95.7%	90.5%	95.0%	92.7%	92.7%	
VTE	VTE: Hospital-acquired (Target: tbc)	0	0	0	0	2	1	0	1	2	1	0	1	1	
	VTE risk assessment (Target: >95%)	95.8%	95.6%	95.8%	95.7%		96.4%		96.4%	95.8%	96.1%	95.8%	96.0%	96.0%	
TB	TB: Number of active cases identified and notified	4	3	2	5	5	9	11	20	9	12	13	25	25	
	TB: % of treatments completed within 12 months (Target: >85%)														

Please note the following

blank cell

An empty cell denotes those indicators currently under development

Chelsea & Westminster commentary

#NoF Time to Theatre for medically fit patients

4 patients failed the 36 hour target in May.

For three patients, the Trauma lists had pre-booked sub-Specialty cases or complex cases. This, in addition to one of the patients requiring a 'THR' prosthesis to be ordered, led to the delays.

The fourth breach was due to the patient's complex cardiac history needing an ECHO and a subsequent Cardiology review. Patient also required HDU post-operatively.

VTE Hospital-acquired

VTE data requires analysis to identify potentially preventable hospital associated VTE events

VTE risk assessment

Trust achieving target with educational support to clinical areas not meeting target

TB: Number of active cases identified and notified

There were 2 TB cases notified. These cases are for C&W only as per the London TB Register. C&W TB Service also manages TB cases for the Royal Brompton and the Royal Marsden.

West Middlesex commentary

#NoF Time to Theatre for medically fit patients

Further analysis to be presented at Quality Committee

VTE Hospital-acquired







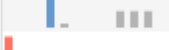
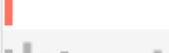


Hospital acquired VTE data is captured for root cause analysis to identify potentially preventable hospital associated VTE events

VTE risk assessment

Not published as there is an issue with the date feed which is being resolved. The figures will be updated next month.



Access Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
Domain	Indicator	Mar-16	Apr-16	May-16	2016-2017	Mar-16	Apr-16	May-16	2016-2017	Mar-16	Apr-16	May-16	2016-2017 Q1	2016-2017	Trend charts
RTT waits	RTT Incompletes 52 week Patients at month end	3	4	6	10	0	0	0	0	3	4	6	10	10	
	Diagnostic waiting times <6 weeks: % (Target: >99%)	99.87%	99.57%	99.21%	99.39%	99.97%	99.39%	99.45%	99.42%	99.92%	99.46%	99.35%	99.40%	99.40%	
	Diagnostic waiting times >6 weeks: breach actuals	3	10	19	29	1	20	18	38	4	30	37	67	67	
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	7.1%	7.4%	7.1%	7.3%	8.5%	8.3%	7.4%	7.9%	7.6%	7.7%	7.2%	7.5%	7.5%	
	A&E time to treatment - Median (Target: <60')	01:16	01:08	01:10	01:09	01:03	00:47		00:47	01:12	01:03	01:10	01:06	01:06	
	London Ambulance Service - patient handover 30' breaches	45	49	28	77	115	73	53	126	160	122	81	203	203	
	London Ambulance Service - patient handover 60' breaches	4	4	0	4	0	0	0	0	4	4	0	4	4	
Choose and Book (available to Mar-16 only for issues) and from Apr-16 for availability	Choose and book: appointment availability (average of daily harvest of unused slots)		2306	2542	2424		0	1	1		2306	2542	2424	2424	
	Choose and book: capacity issue rate (ASI)	18.9%				33.0%				27.8%					
	Choose and book: system issue rate	0.4%				0.3%				0.3%					
Please note the following		blank cell	An empty cell denotes those indicators currently under development												

Chelsea & Westminster commentary

Diagnostic Waiting Times

Satisfactory performance across the board for the range of Radiology diagnostic procedures continues.

Within Radiology, MRI and non-obstetric ultrasound continue to be the most challenging areas. The use of 'waiting list initiative' sessions keeps waits below 6 weeks for diagnostic procedures; this information for ultrasound applies to both sites.

The compliance rate for each site is above the target of >99.0%

Diagnostic Waiting Times breach actuals

10 of the breach actuals at the Chelsea site were for Cystoscopy due to capacity issues. This was also the reason given for 4 breaches in Respiratory.

A&E unplanned re-attendances

A very difficult standard to achieve nationally, this figure remains stubbornly above 5% for the Chelsea site recognising the known safety factor of returning to A&E following appropriate discharge.

A&E time to treatment – Median

Closely linked to the challenging A&E performance, this showed a very similar position to April to just 10 mins over the standard.

London Ambulance Service - patient handover 60' breaches

A better performance eliminated all 60 min LAS handover breaches in May

West Middlesex commentary

Diagnostic Waiting Times breach actuals

2 of the 18 diagnostic breaches at WMUH relate to MRI scans. Both of these patients were referred from Teddington Memorial Hospital where a paper based, manual referral system is in place.

There are inherent delays in this process as it relies on posting, scanning and subsequent electronic referring in order to get the request on the Alliance (MRI provider) system. The Head of Imaging at WMUH and the Unit Manager for Alliance Medical are meeting to review the process.

A&E Unplanned re-attendances

Work will start on a deep dive into the reason for the high re-attendance rate in July 2016.

A&E LAS 30 min handover breaches

These are being monitored daily and are reducing.



Maternity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Mar-16	Apr-16	May-16	2016-2017	Mar-16	Apr-16	May-16	2016-2017	Mar-16	Apr-16	May-16	2016-2017 Q1	2016-2017	Trend charts
Birth indicators	Total number of NHS births	471	439	517	956	416	476	454	930	887	915	971	1886	1886	
	Total caesarean section rate (C&W Target: <27%; WM Target: <29%)	36.4%	32.6%	32.8%	32.7%	28.4%	27.6%	27.3%	27.5%	32.7%	30.0%	30.2%	30.1%	30.1%	
	Midwife to birth ratio (Target: 1:30)	1:30	1:30	1:30	1:30	1:32.7	1:32.7	1:32.7	1:32.7	1:31.3	1:31.3	1:31.3	1:31.3	1:31.3	
	Maternity 1:1 care in established labour (Target: >95%)	98.1%	98.9%	96.9%	97.8%	97.2%	94.0%	95.2%	94.6%	97.6%	96.2%	96.1%	96.2%	96.2%	
Safety	Admissions of full-term babies to NICU	18	17	21	38	n/a	n/a	n/a	n/a	18	17	21	38	38	
Please note the following		blank cell	An empty cell denotes those indicators currently under development												

Cross-site commentary

Total number of NHS births

(971) births currently above plan but both sites on trajectory to meet end of year assumptions: an increase of 300 births and 100 births at WMUH and Chelsea respectively.

Total caesarean section rate

Monthly combined rate remains above National and Network agreed averages although cumulatively are just 0.1% above target. Work continues with the Obstetric teams to look at case mix and clinical outcomes. Consultant Midwife posts appointed to with start dates of September 2016 with a remit to promote normality across both sites by increasing numbers of midwife led births and reducing number of caesarean sections.

Midwife to birth ratio

Remains above recommended standard at 1:31.3. Funding agreed for 16 additional midwives at WMUH site to address higher ratio.

Maternity 1:1 care in established labour

The 95% target has been generally met. A slight dip in performance at WMUH has been rectified bringing the quarter 1 position to 96.2%.



Workforce Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Mar-16	Apr-16	May-16	2016-2017	Mar-16	Apr-16	May-16	2016-2017	Mar-16	Apr-16	May-16	2016-2017 Q1	2016-2017	Trend charts
Staffing	Vacancy rate (Target: CW <12%; WM <10%)	10.1%	9.9%	9.4%	9.4%	10.4%	9.3%			10.2%	9.7%	9.4%	9.4%	9.4%	
	Staff Turnover rate (Target: CW <18%; WM <11.5%)	17.8%	17.4%	17.1%	17.1%	11.6%	11.9%			15.4%	15.3%	17.1%	17.1%	17.1%	
	Sickness absence (Target: <3%)	2.9%	2.4%	2.4%	2.4%	1.7%	1.8%		1.8%	2.5%	2.2%	2.4%	2.3%	2.3%	
	Bank and Agency spend (£ks)	£2,781	£2,352	£2,597	£4,949	£1,683	£1,710	£1,811	£3,521	£4,463	£4,062	£4,408	£8,470	£8,470	
	Nursing & Midwifery Agency: % spend of total pay (Target: tbc)	8.0%	7.1%	7.6%	7.3%	9.2%	12.6%	12.4%	12.5%	8.4%	9.2%	9.4%	9.3%	9.3%	
Appraisal rates	% of appraisals completed - medical staff (Target: >85%)	79.2%	79.1%	85.1%	82.1%	90.9%	87.3%	91.5%	89.4%	84.2%	82.7%	87.9%	85.3%	85.3%	
	% of appraisals completed - non-medical staff (Target: >85%)	70.6%	72.4%	73.7%	73.0%	71.9%	72.6%	74.0%	73.3%	71.0%	72.4%	73.8%	73.1%	73.1%	
Training	Mandatory training compliance (Target: >90%)	80.8%	80.5%	82.0%	81.3%	85.4%	84.0%	85.5%	84.8%	84.8%	83.5%	85.0%	84.3%	84.3%	
	Health and Safety training (Target: >90%)	86.8%	86.8%	86.3%	86.6%	80.7%	90.4%	81.0%	85.7%	84.5%	88.2%	84.4%	86.3%	86.3%	
	Safeguarding training - adults (Target: 100%)	86.2%	87.4%	87.8%	87.6%	93.2%	91.8%	93.3%	92.5%	88.8%	89.0%	89.8%	89.4%	89.4%	
	Safeguarding training - children (Target: 100%)	74.6%	78.5%	84.4%	81.5%	89.5%	82.5%	83.2%	82.9%	80.2%	80.6%	83.8%	82.2%	82.2%	

Please note the following

blank cell

An empty cell denotes those indicators currently under development

Chelsea & Westminster commentary

Staff in Post

In May the number of substantive staff in post was 3287.40 WTE (whole time equivalents), 234.69 (5%+) higher than a year ago. The largest annual increases were in the Medicine directorate (86.08), and the Nursing & Midwifery staff group (104.59). There were 41 voluntary leavers and 57 joiners (excluding Junior Doctors) over the month.

Staff Turnover

Unplanned staff turnover is 2.36% lower than one year ago, dropping from 19.48% (Jun 14 – May 15) to 17.12% (Jun 15 – May 16). Cumulative turnover cannot reduce significantly in a short space of time due to the nature in which it is calculated, but the general trend since May 2015 remains downwards

Vacancy rate

The Trust vacancy rate for May-16 was 9.45%. This is 2.77% lower than last year, and remains below the annual target rate of 12%. This is within the context of a budget increase of 4% in one year. The Trust currently has the lowest overall vacancy rate across all LATTIN Trusts.

The Trust aims to reduce the Nursing and Midwifery vacancy rate (currently 13.32%) to 5%, with timescales and trajectory to be agreed at the Nursing & Midwifery Workforce Group over coming months.

A truer measure of vacancies is the number of posts being actively recruited to, based on the WTE of posts advertised on NHS jobs (2.79%, i.e. 159 WTE across both sites).

West Middlesex commentary

Staff turnover rate

The turnover figure for the last 12 months (June 2015 to May 2016), was 12.20%.

The total number of unplanned staff leavers seen in this period was 243.

WMUH has seen its turnover rate increase since June 2015, month by month when compared with the previous year.

The highest turnover percentages, was seen within the Corporate Service areas with a total 16.56%, whilst the total turnover for the Clinical Divisions was 11.83%.

The HR team continues to work with the Divisions to develop retention plans and ensure the on-going strategy for recruitment.

The top 3 leaving reasons provided in this period were (1) 'Voluntary Resignation – Relocation', (2) 'Voluntary Resignation - Other/Not Known', (3) 'Voluntary Resignation - Work Life Balance'.

Vacancy rate

Month 2 saw budget increases being applied particularly in the Nursing & Midwifery staffgroup, resulting in increased vacancy rates this month.

The vacancy factor rate for WMUH in May was 12.3%,

For qualified nursing the rate was 11.47%,

For unqualified nursing the rate was 11.77%.



Chelsea & Westminster commentary continued

The average time to recruit (from authorisation date to the date all pre-employment checks are complete) for May 16 starters was 62 days, below the Trust target of <55days which is primarily due to continued high volumes through mass recruitment drives.

Average vacancies across LATTIN Trusts = 11.85% March 2016 (latest data available).

Bank and Agency usage

Temporary staffing made up 12.2% of the total workforce, a slight drop from 12.5% a year ago. Agency WTE as a % of workforce dropped from 3.8% to 3.6%, and Bank from 8.7% to 8.6%.

Relative to substantive WTE, the highest agency use was in NICU, Intensive Care and the nursing & midwifery staff group. The highest bank usage (relative to substantive wte) was in Adult Outpatients, and the Additional Clinical Service staff group.

The Nursing Temporary Staffing Challenge Board continues to scrutinise requests for nursing and Admin agency staff. A further Medical Temporary Staffing Challenge Board is in place to scrutinise medical requests.

Appraisals

The non-medical appraisal rate rose 2% to 74%, below the monthly target of 80%. Key areas have been identified where appraisal rates are low and action plans instigated by the DDO's.

The medical appraisal rate increased to 85%, above the target set for the month

West Middlesex commentary continued

Mandatory Training compliance

Current reporting is based on the 10 Pan-London Streamlining topics which now provide a consistent comparison with other Trusts. West Middlesex are currently 4% below 90% target.

Health and Safety training

Overall H&S compliance has dropped, mainly due to WMUH refresh periods being realigned with CW from 3 to 2 years. Email reminders were sent out to WMUH staff who are lapsed at the moment to complete the eLearning module via Training Tracker

Safeguarding training – adults

Figures include those staff who have completed Levels 2 & 3 as this training also gives compliance at L1. Compliance continues to improve at CW month-on-month since the Leaflet was replaced by an eLearning requirement at the end of 2015.

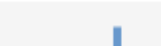











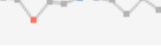
Due to TNA change for level 2 at WMUH, the compliance dropped to 18% but with monthly f2f sessions and e-Learning modules steady improvement is anticipated. Work is on-going to define requirements at L3 (WMUH) which is likely to have a negative impact on compliance figures in the first months of reporting until designated staff complete their necessary training.

Safeguarding training – Children

Compliance continues to improve at CW month on month since the Leaflet was replaced by an eLearning requirement at the end of 2015. Targeted action and reminders by L&D and Trust senior managers has also contributed to a compliance increase of 6% in the last month.

Figures include those staff who have completed Levels 2 & 3 as this training also gives compliance at L1. There remains approximately 600 staff across the Trust who have yet to update their training / compliance each of whom will receive a letter during June to advise the matter will be escalated if they have not completed the necessary training.

**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	Mar-16	Apr-16	May-16	2016-2017	YTD breaches	Mar-16	Apr-16	May-16	2016-2017	YTD breaches	Mar-16	Apr-16	May-16	2016-2017 Q1	2016-2017	YTD breaches	Trend charts
62 day Cancer referrals by site of tumour	Brain	n/a	n/a	n/a	n/a		100%	100%	n/a	100%	0	100%	100%	n/a	100%	100%	0	
	Breast	n/a	n/a	n/a	n/a		100%	100%	100%	100%	0	100%	100%	100%	100%	100%	0	
	Colorectal / Lower GI	100%	100%	50.0%	75.0%	1	50.0%	100%	100%	100%	0	75.0%	100%	83.3%	90.0%	90.0%	1	
	Gynaecological	0.0%	100%	100%	100%	0	100%	90.0%	83.3%	87.5%	1	75.0%	90.9%	85.7%	88.9%	88.9%	1	
	Haematological	n/a	n/a	100%	100%	0	100%	n/a	100%	100%	0	100%	n/a	100%	100%	100%	0	
	Head and neck	0.0%	n/a	n/a	n/a		100%	50.0%	50.0%	50.0%	1	50.0%	50.0%	50.0%	50.0%	50.0%	1	
	Lung	100%	100%	85.7%	90.0%	0.5	100%	n/a	100%	100%	0	100%	100%	87.5%	90.9%	90.9%	0.5	
	Sarcoma	n/a	100%	n/a	100%	0	n/a	0.0%	n/a	0.0%	0.5	n/a	66.7%	n/a	66.7%	66.7%	0.5	
	Skin	100%	50.0%	80.0%	71.4%	1	100%	92.9%	50.0%	83.3%	1.5	100%	87.5%	66.7%	80.0%	80.0%	2.5	
	Upper gastrointestinal	100%	100%	100%	100%	0	100%	100%	100%	100%	0	100%	100%	100%	100%	100%	0	
	Urological	82.4%	66.7%	85.7%	80.0%	1	100%	64.3%	62.5%	63.3%	5.5	88.9%	64.7%	69.6%	67.5%	67.5%	6.5	
	Urological (Testicular)	100%	n/a	n/a	n/a		n/a	100%	n/a	100%	0	100%	100%	n/a	100%	100%	0	
	Site not stated	n/a	n/a	50.0%	50.0%	0.5	n/a	n/a	n/a	n/a		n/a	n/a	50.0%	50.0%	50.0%	0.5	
Please note the following		n/a	Will refer to those indicators where there is no data to report. Such months will not appear in the trend graphs. A blank in a breach cell indicates no activity year to date.															

Chelsea and Westminster commentary**Breaches are as follows:**

2 x 0.5 Urology – avoidable (delays due to surgical capacity)

0.5 x Lung – unavoidable (patient diagnosed by day 33 but treated through clinical trial which involved a 4 week work up)

0.5 x Skin - unavoidable (incidental finding of melanoma following patient choice delays in investigations. Shared with West Middlesex)

1 x Head & Neck – unavoidable (patient medically unfit for treatment for 6 weeks following diagnosis)

1 x Lower GI – unavoidable (patient choice delays in outpatient appointments)

West Middlesex commentary**Breaches are as follows:**

0.5 x Skin, shared with Chelsea as above

3 x Urology - unavoidable (patient choice delays)

0.5 x Gynaecology - avoidable (delay at Hillingdon Hospital in surgery due to Junior Doctors strikes)

2 x 0.5 Head & Neck - unavoidable (patients referred to Imperial requiring complex diagnostics)



Nursing Metrics Dashboard

Safe Nursing and Midwifery Staffing

Chelsea and Westminster Hospital Site

Ward Name	Average fill rate				CHPD		
	Day		Night				
	Registered Nurses	Care staff	Registered Nurses	Care staff	Reg	HCA	Total
Maternity	77.4%	74.2%	75.3%	80.3%	9.0	2.7	11.7
Annie Zunz	83.3%	96.3%	108.1%	96.8%	3.5	1.3	4.7
Apollo	89.0%	58.1%	89.6%	-	18.1	1.2	19.4
Jupiter	68.1%	30.4%	89.3%	12.9%	8.1	1.1	9.2
Mercury	72.5%	93.5%	94.8%	93.5%	7.0	1.3	8.3
Neptune	72.9%	71.0%	97.6%	74.2%	8.2	1.4	9.6
NICU	96.8%	-	98.5%	-	13.5	0.0	13.5
AAU	107.0%	82.1%	127.1%	106.5%	7.4	1.5	8.9
Nell Gwynn	99.5%	91.7%	149.5%	125.8%	5.0	4.2	9.3
David Erskine	128.7%	110.3%	168.0%	110.2%	4.8	2.8	7.6
Edgar Horne	92.9%	100.7%	105.5%	102.4%	3.2	3.3	6.5
Lord Wigram	95.0%	118.3%	100.0%	140.3%	3.3	2.2	5.4
St Mary Abbots	90.3%	101.0%	101.0%	112.6%	3.4	2.3	5.7
David Evans	82.3%	66.8%	95.2%	84.9%	5.7	2.1	7.8
Chelsea Wing	81.4%	71.5%	100.0%	46.8%	10.2	6.4	16.6
Burns Unit	95.5%	92.2%	102.2%	106.5%	10.8	3.6	14.4
Ron Johnson	89.4%	112.3%	88.2%	112.9%	4.4	2.8	7.2
ICU	93.6%	45.3%	112.4%	-	30.7	0.5	31.1

Summary for May 2016

This months report includes the new measure of Care Hours Per Patient Day (CHPPD), this measure is calculated by looking at beds occupied at midnight and comparing to actual staffing levels (aggregated for the month). It is envisaged that this measure will enable better benchmarking of staffing levels.

There are still some minor data accuracy problems which will be fully resolved when the new templates are created on the roster systems.

West Middlesex University Hospital Site

Ward Name	Average fill rate				CHPD		
	Day		Night				
	Registered Nurses	Care staff	Registered Nurses	Care staff	Reg	HCA	Total
Maternity	101.5%	73.0%	101.7%	100.9%	11.3	2.6	13.9
Lampton	105.6%	87.5%	98.9%	101.6%	3.0	1.8	4.8
Richmond	92.1%	103.7%	93.6%	116.1%	10.2	5.3	15.5
Syon 1	98.1%	121.0%	97.6%	121.0%	3.9	2.0	5.9
Syon 2	93.5%	145.8%	98.9%	161.3%	3.1	3.1	6.2
Starlight	79.7%	63.2%	95.5%	109.7%	13.7	3.1	16.9
Kew	78.1%	126.5%	98.9%	187.1%	2.9	3.5	6.4
Crane	76.3%	76.0%	60.0%	67.7%	4.1	3.6	7.7
Osterley 1	81.1%	174.1%	75.0%	184.1%	2.6	3.2	5.9
Osterley 2	90.5%	119.1%	89.3%	137.1%	3.6	2.7	6.3
MAU	80.8%	145.8%	85.7%	104.1%	5.2	2.4	7.7
CCU	105.2%	98.8%	101.6%	-	5.3	0.6	6.0
Special Care Baby Unit	49.3%	-	43.7%	-	8.2	0.8	9.0
Marble Hill	61.3%	84.8%	60.9%	87.1%	2.8	2.5	5.3
ITU	66.4%	114.8%	65.1%	-	23.9	0.8	24.7



CQC Action Plan Dashboard

Chelsea and Westminster NHS Foundation Trust

Area	Total	Green (Fully complete)	Amber	Red
Trust-wide actions: Risk / Governance	17	17	-	-
Trust-wide actions: Learning disability	4	4	-	-
Trust-wide actions: Learning and development	14	14	-	-
Trust-wide actions: Medicines management	5	4	1	-
Trust-wide actions: End of life care	26	26		-
Emergency and Integrated Care	33	32		1
Planned Care	55	53	2	-
Women & Children, HIV & GUM	35	35	-	-
Total	189	185	3	1
April 2016 position for comparison	189	184	4	1

Chelsea and Westminster Commentary

Medicines management: Safe medication storage remains an issue. This is being addressed through training and the use of the senior nursing team Back to Floor Fridays in auditing practice.

End of life care: The End of Life Care team is being reviewed across both sites with recruitment planned to increase cover.

Emergency and Integrated Care: The outstanding action relates to carrying for mental health patients in an appropriate place, reducing waits for mental health placements. This remains a priority and we are working with local Mental Health providers and NHS England to this end.

Planned Care: ICU transfers overnight remain an issue due to capacity issues within ICU, a new build is planned to address capacity. The use of choose & book for booking appointments remains low, the new access team will address this.

The use of Choose & Book for booking appointments remains low. The new Access Team will be

West Middlesex University Hospital

Area	Total	Complete	Green	Amber	Red
Must Have Should Do's	33	30	3	0	0
Children's & Young Peoples	32	32	0	0	0
Corporate	2	2	0	0	0
Critical Care	27	27	0	0	0
ED- Urgent & Emergency Services	17	16	0	1	0
End of Life Care	32	10	18	4	0
Maternity & Gynae	22	22	0	0	0
Medical Care (inc Older People)	19	18	0	1	0
Surgery	26	26	0	0	0
Theatres	15	15	0	0	0
OPD & Diagnostic Imaging	14	14	0	0	0
Total	239	212	21	6	0
April 2016 position for comparison	239	209	24	6	0

West Middlesex Commentary

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

1 will remain outstanding until such time that Emergency Department is rebuilt or reconfigured (resus space) and 1 relates to the community infrastructure and other health partners supporting earlier discharge. End of Life Care is subject to on-going review through the End of Life Strategy Group



Finance Dashboard

Month 2 (May) Integrated Position

Financial Position (£000's)									
£'000	Combined Trust			CW			WM		
	Plan to Date	Actual to Date	Var to Date	Plan to Date	Actual to Date	Var to Date	Plan to Date	Actual to Date	Var to Date
Income	100,386	101,869	1,483	99,127	100,508	1,381	1,259	1,361	102
Expenditure	(94,249)	(96,173)	(1,923)	(66,074)	(67,838)	(1,764)	(28,175)	(28,334)	(159)
EDITDA	6,137	5,697	(440)	33,052	32,670	(383)	(26,916)	(26,973)	(57)
EBITDA %	6.113%	5.592%	-0.52%	33.3%	32.5%	0.8%	-2137.1%	-1981.3%	155.8%
Interest/Other	(992)	(953)	39	(248)	(239)	9	(744)	(713)	30
Depreciation	(3,287)	(2,929)	359	(2,423)	(2,157)	266	(864)	(772)	92
PDC Dividend	(1,534)	(1,534)	(0)	(1,534)	(1,534)	(0)	0	0	0
Surplus/(Deficit)	324	281	(43)	28,847	28,739	(108)	(28,523)	(28,458)	65

Comments RAG rating ■

The Year to date position at May (Month 2) is £281k surplus which is adverse against the plan by £43k.

Income is favourable against the plan by £1,483k, this mainly relates to over-performance in clinical income. At the CW site this relates to over-performance in antenatal pathways, non-elective XBDS for elderly medicine, orthodontics outpatients procedures and local authority income. At the WM site non-elective general surgery and paediatrics continue to over perform against plan.

Pay is adverse by £777k year to date. The main reason for the overspend relates to CIP allocations, medical and nursing cost pressures. Non-pay was adverse by £1146k year to date mainly within clinical supplies (due to activity) and non-clinical supplies.

Non-operating expenditure is favourable by £398k year to date mainly due to depreciation.

Risk rating (year to date) C&W only

FSRR	M2 Plan	M2 Actual
FSRR Rating	3	4

Comments RAG rating ■

The Overall FSRR rating for month 2 is 4 (against a plan of 3).

Cash Flow

Comments RAG rating ■

The closing cash was £39,674k at the end of May. Cash has reduced by £1.16m against April.

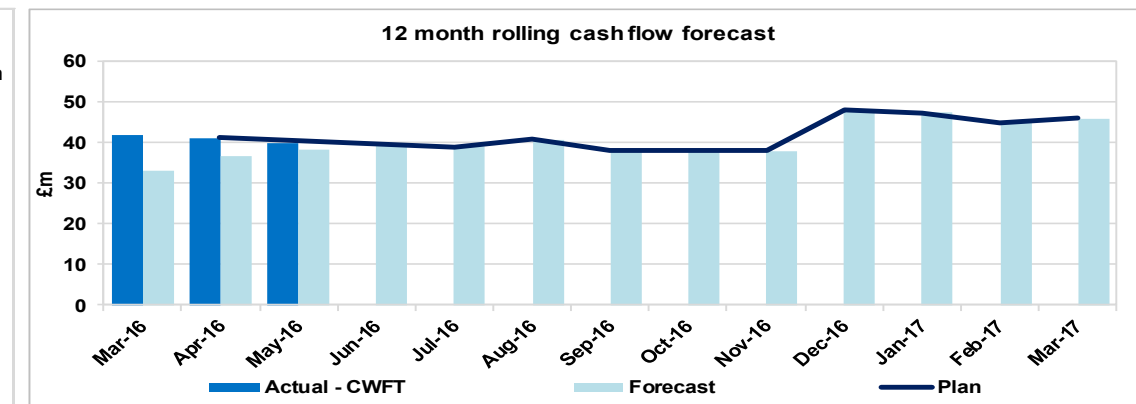
Cost Improvement Programme (CIPs)

Site	In Month			Year to Date		
	Plan £'000	Actual £'000	Var £'000	Plan £'000	Actual £'000	Var £'000
Service Improvement and Efficiency Workstream	1,012	931	(80)	1,930	1,826	(105)
Integration Workstream/Transformation	169	172	3	338	342	4
Q1 Quotas	384	233	(151)	769	565	(204)
Trust Total	1,565	1,336	(229)	3,038	2,733	(305)

Comments RAG rating ■

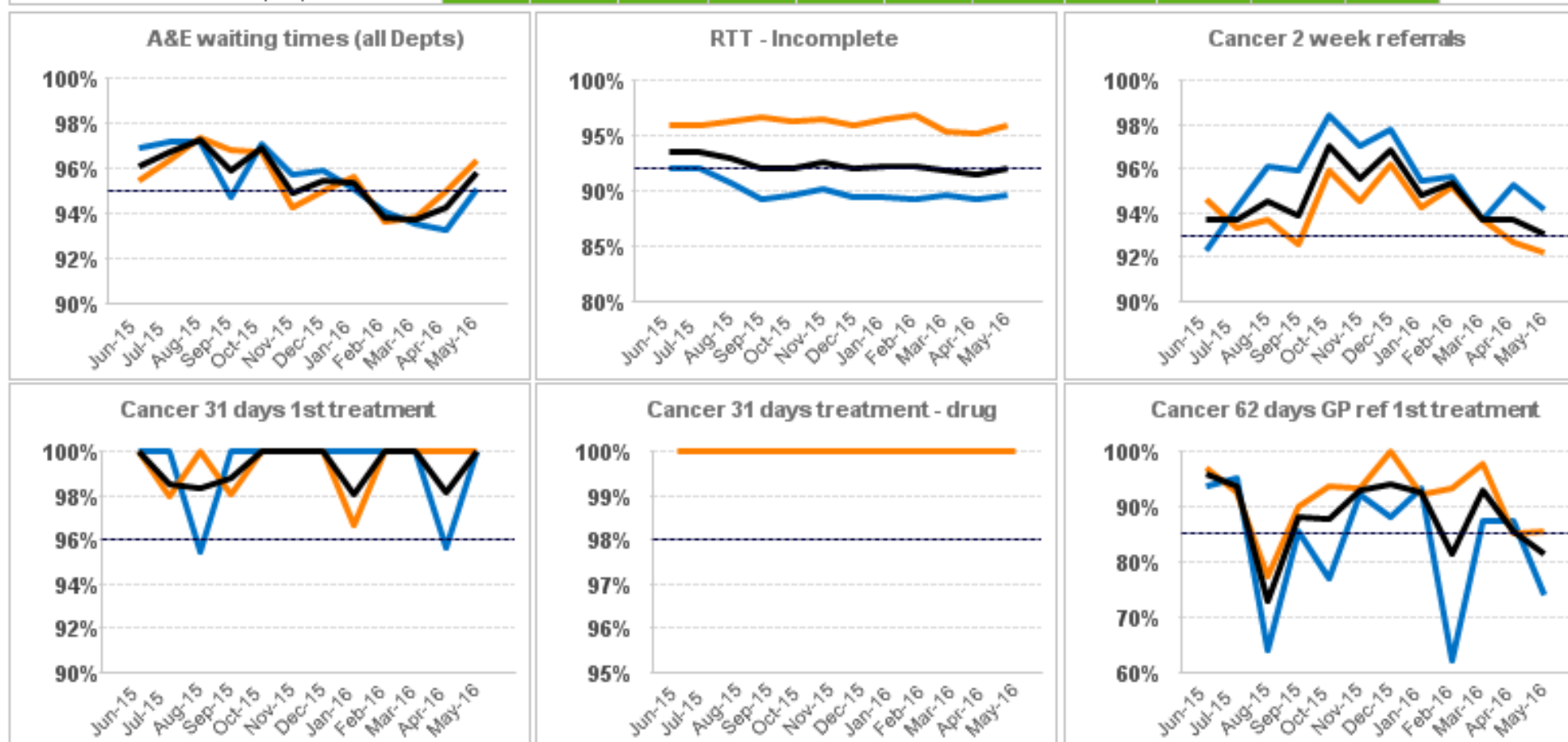
85% of planned savings have been delivered in month, delivery of £1,336k against a plan of £1,565k.

The areas of slippage were: Q1 Quotas (£151k), Temporary Staffing (£88k) Outpatients productivity (£20k) and Clinical Admin schemes (£22k)



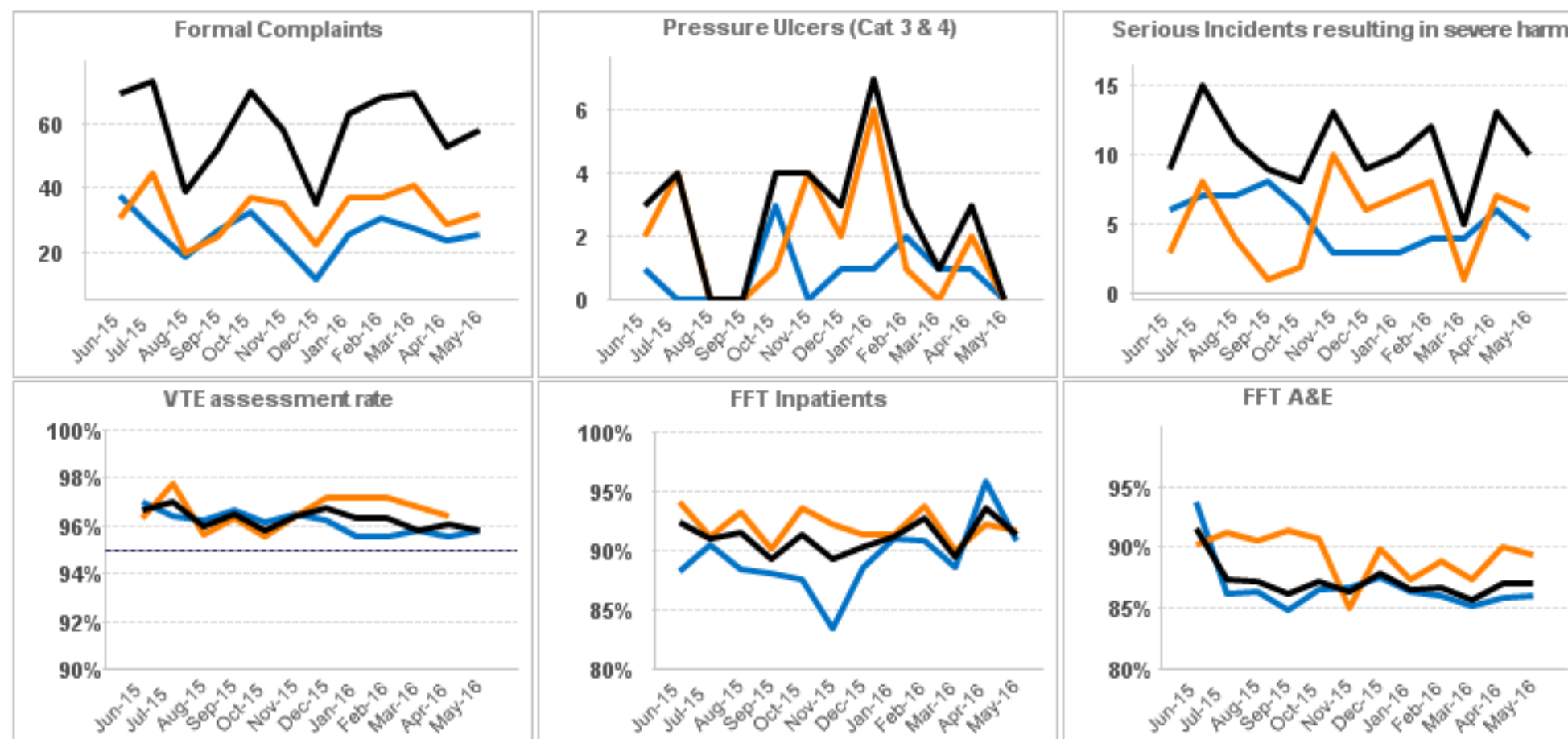


Regulatory Compliance												
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined Trust data: last Quarter, YTD & 13m trend					
Indicator	Mar-16	Apr-16	May-16	Mar-16	Apr-16	May-16	Mar-16	Apr-16	May-16	Quarter	YTD	Trend
A&E waiting times - Types 1 & 3 Depts (Target: >95%)	93.6	93.3	95.1	93.8	95.0	96.3	93.7	94.2	95.8	95.0	95.0	
RTT - Incomplete (Target: >92%)	89.6	89.3	89.7	95.4	95.2	96.0	91.8	91.6	92.1	91.8	91.8	
Cancer 2 week urgent referrals (Target: >93%)	93.8	95.3	94.2	93.8	92.7	92.2	93.8	93.8	93.1	93.4	93.4	
Cancer 31 days first treatment (Target: >96%)	100	95.7	100	100	100	100	100	98.1	100	99.0	99.0	
Cancer 31 days treatment - Drug (Target: >98%)	100	100	n/a	100	100	100	100	100	100	100	100.0	
Cancer 31 days treatment - Surgery (Target: >94%)	100	100	n/a	n/a	100	100	100	100	100	100	100.0	
Cancer 31 days treatment - Radiotherapy (Target: >94%)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
Cancer 62 days GP ref to treatment (Target: >85%)	87.5	87.5	74.2	97.7	85.0	85.7	92.9	85.5	81.6	83.4	83.4	
Cancer 62 days NHS screening (Target: >90%)	n/a	n/a	n/a	60.0	100	100	60.0	100.0	100.0	100.0	100.0	
Clostridium difficile infections (Targets: CVV: 7; WM: 9; Combined: 16)	0	0	0	1	3	0	1	3	0	3	3	
Self-certification against compliance for access to healthcare for people with LD	Comp	Comp	Comp	Comp	Comp	Comp	Comp	Comp	Comp	Comp	Comp	



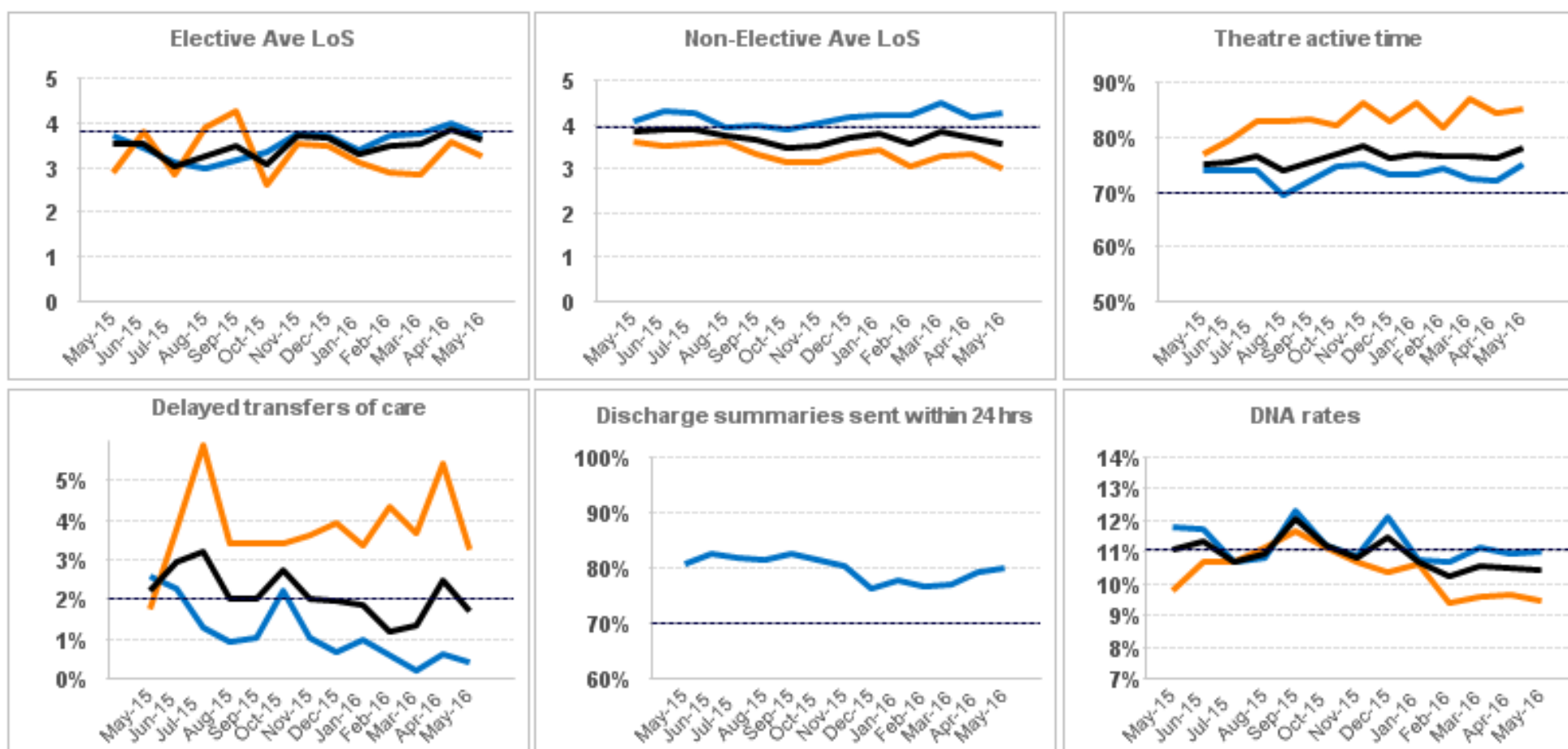


Quality												
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Mar-16	Apr-16	May-16	Mar-16	Apr-16	May-16	Mar-16	Apr-16	May-16	Quarter	YTD	Trend
Hand Hygiene (Target: >=90%)	94.1	93.5	95.2	99.5	99.7	98.9	96.3	95.9	96.8	96.3	96.3	
Pressure Ulcers (Cat 3 & 4)	1	1	0	0	2	0	1	3	0	3	3	
VTE assessment % (Target: >=95%)	95.8	95.6	95.8		96.4		95.8	96.1	95.8	96.0	96.0	
Formal complaints number received	28	24	26	41	29	32	69	53	58	111	111	
Formal complaints responded to <25days	10	5	5	5	6	4	15	11	9	20	20	
Serious Incidents	4	6	4	1	7	6	5	13	10	23	23	
Never Events (Target: 0)	1	0	0	0	0	0	1	0	0	0	0	
FFT - Inpatients recommend % (Target: >90%)	88.6	95.8	90.9	89.9	92.3	91.7	89.5	93.7	91.4	92.7	92.7	
FFT - A&E recommend % (Target: >90%)	85.3	85.9	86.1	87.3	90.1	89.4	85.7	87.0	87.0	87.0	87.0	
Falls causing serious harm	0	0	0				0	0	0	0	0	



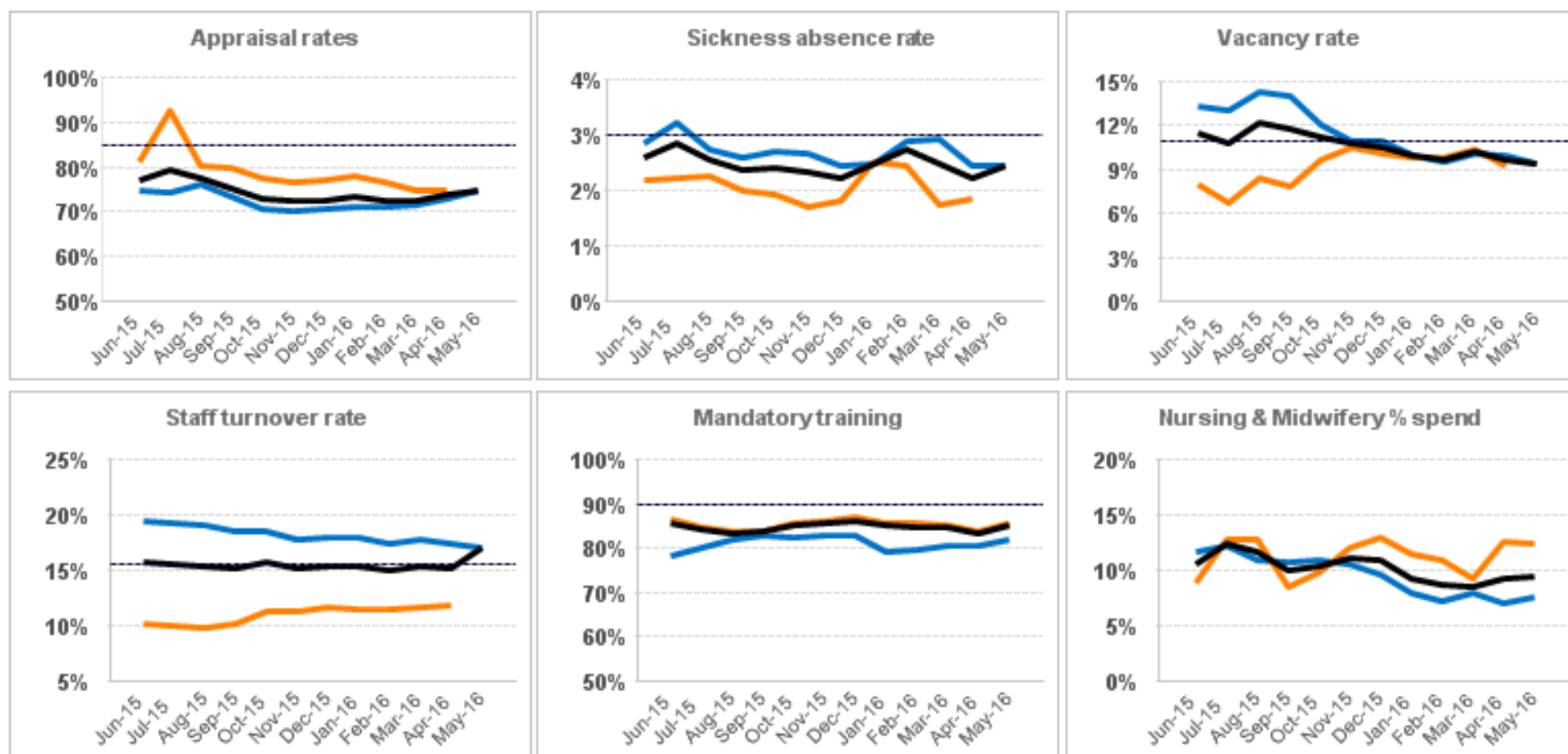


Efficiency												
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Mar-16	Apr-16	May-16	Mar-16	Apr-16	May-16	Mar-16	Apr-16	May-16	Quarter	YTD	Trend
Elective average LoS (Target: <3.8)	3.8	4.0	3.7	2.9	3.6	3.3	3.5	3.9	3.6	3.7	3.7	
Non-Elective average LoS (Target: <3.95)	4.5	4.2	4.2	3.3	3.4	3.0	3.8	3.7	3.6	3.6	3.6	
Theatre active time (Target: >70%)	72.3	72.2	75.0	87.0	84.6	85.3	76.5	76.1	78.0	77.1	77.1	
Delayed transfers of care (Target: <2%)	0.20	0.63	0.41	3.67	5.42	3.23	1.34	2.46	1.68	2.04	2.04	
Discharge summaries sent within 24 hours (Target: >70%)	77.2	79.2	80.1	dev	dev	dev	77.2	79.2	80.1	79.7	79.7	
Outpatient DNA rates (Target: <11.1%)	11.1	11.0	11.0	9.6	10.1	9.5	10.6	10.5	10.4	10.5	10.5	
On the day cancelled operations not re-booked within 28 days (Target: 0)	2	0	4	0	0	0	2	0	4	4	4	





Workforce												
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Mar-16	Apr-16	May-16	Mar-16	Apr-16	May-16	Mar-16	Apr-16	May-16	Quarter	YTD	Trend
Appraisal rates (Target: >85%)	71.4	73.0	74.8	74.9	75.0		72.5	73.6	74.8	74.1	74.1	
Sickness absence rate (Target: <3%)	2.92	2.43	2.44	1.73	1.84		2.49	2.22	2.44	2.31	2.31	
Vacancy rates (Target: CW<12%; WM<10%)	10.1	9.9	9.4	10.4	9.3		10.2	9.7	9.4	9.4	9.4	
Turnover rate (Target: CW<18%; WM<11.5%)	17.8	17.4	17.1	11.6	11.9		15.4	15.3	17.1	17.1	17.1	
Mandatory training (Target: >90%)	80.8	80.5	82.0	85.4	84.0	85.5	84.8	83.5	85.0	84.3	84.3	
Bank and Agency spend (£ks)	£2,781	£2,352	£2,597	£1,683	£1,710	£1,811	£4,463	£4,062	£4,408	£8,470	£8,470	
Nursing & Midwifery: Agency % spend of total pay (Target: tbc)	8.0	7.1	7.6	9.2	12.6	12.4	8.4	9.2	9.4	9.3	9.3	





Council of Governors Meeting, 21 July 2016

AGENDA ITEM NO.	12/Jul/16
REPORT NAME	Draft Minutes of the Council of Governors Quality Sub-Committee meeting held on 1 July 2016
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Martin Lewis, Chair
PURPOSE	To provide a record of any actions and decisions made at the meeting.
SUMMARY OF REPORT	This paper outlines a record of the proceedings of the Council of Governors Quality Sub-Committee meetings held on 1 July 2016.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	For information.



Minutes of a meeting of the Council of Governors Quality Sub-Committee
Held at 12.00 on 1 July 2016 in the Hospital Boardroom

Attendees	Martin Lewis	ML	Chair
	Susan Maxwell	SM	Patient Governor
	Melvyn Jeremiah	MJ	Public Governor – City of Westminster
	Simon Dyer	SD	Patient Governor
	Paul Harrington	PH	Public Governor - London Borough of Richmond upon Thames
In attendance	Nigel Davis	ND	Public Governor – London Borough of Ealing
	Robert Hodgkiss (in part)	RH	Chief Operating Officer
	Sarah Bryan (in part)	SB	Dementia Case Manager
	Cathy McCann (in part)	CMC	Lead Specialist Nurse
	Shan Nelson (in part)	SN	Patient Experience Team representative
	Nicola Richards (in part)	NR	Head of Patient Access
	Vida Djelic	VD	Board Governance Manager

1.	Welcome and Apologies	
a.	The Chairman welcomed the members to the meeting.	
b.	Apologies were received from Lynn McEvoy, David Philips and Wendy Micklewright.	
2.	Minutes of the previous meeting held on 19 February 2016	
a.	Minutes of the previous meeting were accepted as a true and accurate record of the meeting.	
b.	ML undertook to produce a PLACE audit report paper for the September sub-committee meeting. Action: ML to produce a PLACE audit report paper for the September sub-committee meeting.	
4.	Matters Arising	
a.	The sub-committee noted that all matters arising were complete.	
b.	The sub-committee noted that the Barry Quinn was collating the sub-committee's individual views on the proposal of patient snacks and asked for an update at the next meeting. The sub-committee expressed a strong view and agreed that patients waiting in the discharge lounge should have a snack. One governor noted that at the West Middlesex this was not the case. Action: Barry Quinn to update the sub-committee on the point of decision taken in relation to providing patients with snack.	
c.	ML asked SD to bring the issue of patient snacks with the Patient Experience Group.	
5.	Dementia Developments	
a.	Sarah Bryan, Dementia Case Manager and Cathy McCann, Lead Specialist Nurse provided an overview of the work undertaken in relation to supporting patients living with dementia whilst in hospital on both CW and WM site.	
b.	Some examples of improvements made include: <ul style="list-style-type: none"> Improved environment on care of the elderly ward 4 large computer on wheels with DRTDS and 2 tablets available 	

	<ul style="list-style-type: none"> Established tier 1 and tier 2 dementia training Yearly dementia champion training Improved signage Set up a Dementia Steering Group 	
c.	<p>It was noted that the Trust is participating in the national dementia audit. ML asked if the audit results could be shared with the sub-committee.</p> <p>Action: SB to share the dementia audit results with the sub-committee.</p>	
d.	SB highlighted that a patient book has been developed which takes account of patient's personal view so that patient care can be tailored accordingly.	
e.	Some consideration has been given as to developing a patient survey to obtain feedback on how well the Trust is performing in this area. SN said that there is a possibility of linking it to the Friends and Family Test (FFT).	
6.	Outpatients Patient Experience Audit Tool	
a.	ML introduced Nicola Richards, Head of Patient Access and noted that a massive piece of work has been undertaken in relation to administrative improvements.	
b.	The sub-committee noted that that the improvement programme consultation begins the following Tuesday. The outcome of consultation is expected at the end of August.	
7.	COG Quality Awards schedule – Autumn 2016	
a.	The sub-committee noted that the Quality Awards open for applications on 19 September via the Trust Daily Bulletin and regular notices each week thereafter until the closing date. The ward applications close on 21 October. The Quality Awards Judging Panel will meet on 11 November prior to the COG Quality Sub-Committee to choose winners and commended category winner(s); the winners will receive their awards at the December Council of Governors meeting.	
b.	The autumn schedule was noted.	
8.	Integrated Performance Report	
a.	Robert Hodgkiss, Chief Operating Officer and Tina Benson, Hospital Director WM site, joined the meeting.	
b.	RH noted that the A&E waiting time target for April was not achieved; however, C&W remains the best performing Trust in London. The primary cause for non-achievement was the continuation of the pressure from demand.	
c.	The RTT incomplete target was not achieved in April.	
d.	The 62 Day GP Referral Cancer standard in March was achieved on both sites. April's unvalidated performance is forecasting non-compliance on both sites. All breaches have been reviewed and were due to either clinical complexity of patient choice related delays.	
e.	In response to a question from ML, RH said that the Trust's overall compliance with safeguarding is 95% (98% WM and CW 93 %).	
f.	In response to a question from PH regarding compliance rates with regard to appraisals and mandatory training RH said that letters have been issued to all non-compliant staff and where necessary the Trust will take disciplinary action.	
9.	Patient Experience Annual Report	

a.	Sian Nelson, Patient Experience Team representative presented the Patient Experience Annual Report.
b.	She noted that the Patient Experience Team has undergone a restructure of its services and it now consists of the Patient Advice and Liaison Services (PALS), Complaints team, Bereavement and Voluntary Services. All teams work alongside to complement and support each other; the main focus is to support patients and their families/carers with their journey through hospital to home and to ensure they receive the best possible patient experience.
c.	Patient experience data is collected from patients (or families/carer) about their hospital experience; the feedback inform staff, patients, the public and stakeholders. Themes that emerge from the data are used to improve services.
d.	It was noted that there is similar number of complaints across the two sites and the top five themes of complaints include: <ul style="list-style-type: none"> • Aspects of clinical care or treatment • Information/Information to patients (written and oral) • Attitude or behaviour of staff • Appointments Delay • Cancellation
e.	SN highlighted that a number of changes in practice and improvements have been initiated as a result of complaints received.
f.	Key priorities for this year are to improve complaints response times within the agreed timescale (25 days), encourage the use of local resolution meetings where possible, promote the use of digital stories as part of the quality improvement, learning and staff development and share good patient care/experience stories.
g.	The PALS office receive informal concerns and enquiries; it was noted that number of concerns and enquiries received on Chelsea & Westminster site is considerably higher compared to West Middlesex site. The top 3 themes on both site are the same and these are communication (written and oral), appointments delay/cancellation and attitude of staff.
h.	The Friends and Family Test (FFT) is carried out in all areas on both hospital sites. In some areas the response rates are above the national average whereas in some areas the response rates are we are below the national average recommendation rate. The patient experience team with the service provider is evaluating the methods of data collection to improve the response rates in all areas, and will add additional means of collection to enhance the response rate.
i.	ML recognised the excellent work undertaken on West Middlesex site with regards to PALS office service improvement on initiative from governors.
j.	In response to a question from SD in relation to actions taken in order to improve patient experience in A&E, SN said that the Trust is currently in the process of procuring a new Friends and Family Test provider. The Trust will re-evaluate its current processes in this regard and use of volunteers will be considered.
k.	MJ said that the Trust is moving towards implementing a new ward accreditation which is an initiative that focuses on engaging staff and empowering leaders to improve standards and quality on wards and ultimately improve patient experience. It offers the opportunity to share successful approaches between wards and teams.
l.	In response to a question from ML, SN confirmed that Sara Rosenquist, Volunteer Services Manager is currently in the process of developing a volunteer strategy.
10.	Governor feedback on patient contacts

a.	MJ reported on a patient who had suffered a stroke and was admitted to C&W. The case highlights an issue of how information is communicated to patient and staff attitude. He said that he had escalated the issues to Barry Quinn who has been asked to respond.	
11.	Funding report	
a.	The sub-committee noted that the Council Governors budget was discussed at the Membership Sub-Committee the previous day and that any feedback will follow.	
12.	Forward Plan	
a.	The sub-committee noted that the next clinical presentation will be on the topic of infection control. Action: VD to schedule Infection Control on the forward plan.	
b.	The forward plan was noted.	
13.	Any other business	
a.	SM reminded the sub-committee that the Quality Awards Judging Awards pre-meeting will be held from 11.00-12.00 on 11 November.	
14.	Date of next meeting – 8 September 2016, 12.00-14.00; Hospital Boardroom	

The meeting closed at 14.05.



Council of Governors Meeting, 21 July 2016

AGENDA ITEM NO.	13/Jul/16
REPORT NAME	Draft Minutes of the Council of Governors Membership Sub-Committee meeting held on 30 June 2016
AUTHOR	Jane Lewis, Deputy Director of Corporate Affairs
LEAD	Phillip Owen, Chair
PURPOSE	To provide a record of any actions and decisions made at the meeting.
SUMMARY OF REPORT	This paper outlines a record of the proceedings of the Council of Governors Membership Sub-Committee meeting held on 30 June 2016.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	For information.



**Minutes of the Council of Governors Membership & Engagement Sub-Committee
held on 30 June 2016**

Attendees	Philip Owen	Chair	PO
	Nowell Anderson	Public Governor – Hounslow	NA
	Martin Lewis	Public Governor – Westminster	ML
	Paul Harrington	Public Governor – Richmond	PH
	Tom Pollak	Public Governor – Wandsworth	TP
In attendance	Jane Lewis	Deputy Director of Corporate Affairs	JL
	Layla Hawkins	Head of Marketing and Communication (video teleconference)	LH
Apologies /absence	Juliet Bauer	Patient Governor	JB
	Sam Culhane	Public Governor – Hammersmith and Fulham	SC
	Kush Kanodia	Patient Governor	KK
	Angela Henderson	Public Governor – Hammersmith & Fulham	AH
	Diane Samuels	Staff Governor	DS
	David Phillips	Patient Governor	DP

1.	Welcome and Apologies
a.	The Chairman welcomed all to the meeting.
b.	The Chairman noted his concern about the attendance and the lack of notification from some of the members of their absence. In accordance with the Committee's Terms of Reference are required to attend a minimum of two thirds of meetings during a year. PO undertook to discuss his concerns with non attendees and it may be necessary to review the timing of meetings to improve attendance. ACTION: PO
2.	Minutes of previous meeting
a.	The minutes of the previous meeting held on 20 April 2016 were accepted as a true and accurate record of the meeting.
3.	Matters Arising & Action Log
a.	The sub-committee noted the actions that were complete and the following update was given at the meeting.
b.	In relation to action 6.e, the Committee noted that further discussions with CW+ in respect of partnership working have been deferred until the new CEO is in post in September 2016.
4.	Chairman's Remarks
a.	PO reported the following to the Committee.
b.	The first offsite Meet A Governor session had been held at Brompton Library in Kensington.

	<p>Whilst the numbers of visitors to the library on the day were low, 4 new members were recruited. PO asked JL to investigate the option of holding a similar event in the Hounslow area. JL suggested that as the library is situated in the main shopping centre she will look into this on behalf of the Committee and advise PO accordingly. ACTION: JL</p>
c.	<p>The first "Your Health" seminar (replacement of Medicine for Members) on diabetes was held at WMUH on 28 June to which 21 people attended. The Committee agreed that due to its success the event should be repeated on the C&W site. JL noted that the results of the members survey had provided a comprehensive list of the topics members had expressed an interest in and this will enable a timetable of events to be arranged for the coming year. JL will work with the Comms team to develop the programme. ACTION: JL/Caroline Pooley</p>
d.	<p>PH suggested that in future the Your Health seminars could be screened via a video link at other trust sites. This is something the Comms team will look into. ACTION: LH</p>
e.	<p>The first staff contact meeting had been held with 40 student nurses on role of the Governor and this is something that will be repeated to other groups of staff. In common with the theme picked up via the members survey, staff and members do not really understand the role of the Governor or indeed what are the benefits of membership. An awareness programme will be included in the communications plan. PO advised the Committee that he has written a paper on the 'value proposition of becoming a member' which he will share with the Committee. ACTION: PO</p>
f.	<p>PO had reached an agreement with The Friends for two volunteers to help with questionnaires in outpatients and A&E departments. ML highlighted that as part of the administration improvement programme a series of patient questionnaires are planned. The membership committee also have to be cognisant of the on-going Friends and Family Test surveys and to this end any additional surveys this committee wish to undertake will need to be planned carefully to avoid survey overload and duplication. ML advised the Committee that the Outpatients Charter will be presented to the next Council of Governors meeting.</p>
g.	<p>The administration and improvement workstream are reviewing the possibility of inserting membership details in patient admittance/discharge documentation. The Committee felt that a line in a letter would be of limited benefit and that if logistically and financially possible, the inclusion of the membership leaflet would be the Committee's preferred option.</p>
h.	<p>PO and PH are looking to extend the Meet a Governor sessions in the Richmond and Twickenham areas.</p>
5.	<p>Results of the membership questionnaire and discussion and next steps</p>
a.	<p>JL presented the summary of results from the membership questionnaire which was undertaken during March 2016. Whilst the response rate was lower than we would have liked at 8.8% the results clearly demonstrate an appetite amongst the membership for information about the Trust, its performance, service and future developments as well as a wide range of interest in health related topics.</p>
b.	<p>The survey generated a further 346 new email addresses which supports our aim to utilize email as our main communication method and to minimize the use of expensive paper communications. However, it is also clear that for the time being there continues to be a need for the Trust to continue with dual communication both via email and post.</p>

c.	45% of respondents would not be interested in attending an event of which 35% would be interested to learn more via a newsletter. From the free text comments a number of people highlighted difficulty getting to the hospital due to age/incapacity or transport.
d.	48% of respondents (527) would be interested in attending events and with the range of topics suggested from the free text responses we are not able to develop a programme of 'Your Health' events.
e.	<p>The Committee welcomed the survey and supported JL's plan to develop the Membership Committee's communications plan in conjunction with the communications team for the coming year which will include;</p> <ul style="list-style-type: none"> • A forward plan for Your Health seminars • A programme of newsletters • A review of options to make more use of technology to communicate with members i.e. webinars, blogs, videoconferencing etc. <p>ACTION: JL/LH</p>
f.	In response to PO, LH confirmed that she has asked the IT department on the C&W site to undertake a review of the public screens around the hospital with a view to being able to identify all screens that can be used for general messaging.
6.	Membership Report
a.	<p>JL introduced the paper which provided an overview of the following;</p> <ul style="list-style-type: none"> • Membership history (June 2015 – June 2016) • Analysis of current membership (by age, gender & ethnicity) • Analysis of membership by constituency & geographical area • Membership compared to local population distribution • Local population profiling (by age, gender & ethnicity).
b.	<p>When membership schemes were first introduced under the Health & Social Care Act, it was a numbers game to grow membership schemes as big as possible. However, the general direction of travel now for the NHS is not size but to improve the level and effectiveness of the engagement with its members. However, there are some groups of our local communities which are currently underrepresented such as people identifying themselves as 'Asian' and people between the ages of 17 -21 years and 22- 39 years which we may choose to target to become members. JL will work with members of this committee outside the meeting to discuss the recruitment plan going forward. ACTION: JL/PO</p>
7.	Open Day 2016
a.	LH advised the Committee that the C&W Open Day on Saturday 25 June had been a great success. 1,600 people attended which is an increase on the previous year. The theme for the day was recruitment with a focus on band 5 nurses, volunteers and members. 18 nurses were appointed following the day which is a really positive outcome.
b.	PO reported that 70% of Governors had helped out on the day and 30 new members were recruited. The day was well planned and extremely enjoyable and the Committee asked LH to thank her team for all their hard work.
8.	Membership Engagement & Communications Calendar of events
a.	This item and the action plan to develop the calendar were discussed under item 5 above.

<p>9.</p> <p>a.</p> <p>b.</p> <p>c.</p> <p>d.</p> <p>e.</p> <p>f.</p> <p>g.</p> <p>h.</p>	<p>Guest speaker</p> <p>PO welcomed Barbara Benedict to the meeting and thanked her for her attendance. Barbara is a local resident and has a great deal of experience both as a patient herself and the career of her husband who has dementia. Barbara sits on a number of local health committees including the Hounslow CCG Governing Body as a non-voting member. She is also a member of the Patient and Public Engagement Committee.</p> <p>Barbara's passion is to improve the timeliness of patient and public involvement in service developments – all too often organisations spend time reviewing services and coming up with ideas before they are presented for consultation. A more pragmatic approach would be to involve lay people much earlier on in the process as they have first-hand knowledge, which if listened to could save time and money.</p> <p>Barbara took the Committee through the governance structure of the CCG in relation to patient and public engagement and detailed the CCG's patient and public engagement priorities (further details were circulated to committee members in advance of the meeting). The Committee discussed the range of potential opportunities for joint working not just with Hounslow but other CCGs which commission from the Trust. PO will attend the next CCG engagement meeting to explore these opportunities further and will report back to the next meeting. ACTION: PO</p> <p>Barbara highlighted her concerns that since the acquisition of West Middlesex by Chelsea & Westminster she and other local patients are concerned that the West Middlesex is losing its identity. She cited the example of some new publicity relating to 'John's campaign' which only includes the C&W logo. LH explained that since her conversation with Barbara in September, a number of changes to the website had been made to make it easier to find site specific information. LH explained there are limitations to how Trusts can present their logo's but she would review her concerns to see if specific hospital sites could be more visible on patient information. ACTION: LH</p> <p>TP noted his concerns about the current title of the Trust as it indicates a singular hospital and he queried if it could be pluralized. In response, JL said that she would discuss his request with the Director of Corporate Affairs. ACTION : JL</p> <p>Barbara noted her recent experiences at another hospital where overall her impression was that it was a well-run hospital. Indicators such as clean public toilets, drinking water in clinical areas, the majority of staff being permanent and face to face contact with consultants to name but a few. Barbara has shared her observations with one of the non-executive directors as she felt that C&W could learn a lot from one of their neighbouring hospital.</p> <p>Barbara also felt that the Trust does not make enough of volunteers as there are many roles on wards where they could help support direct patient care such as mealtime support, reading and talking to patients. PH concurred with her concerns and he will be raising this issue at the next Council of Governors meeting. Both Barbara and PH noted that there is an eager pool of people wanting to volunteer within our local community.</p> <p>PH highlighted his desire to work more closely with other hospitals and health organisations to encourage a greater level of engagement.</p>
<p>10.</p>	<p>Council of Governors Funding Report</p>

a.	The Committee noted that PO, ML, JL & LH will be meeting next week to review the expenditure plan for this year bearing in mind the Trust is required to make significant savings this year.
11.	Any other business
a.	None discussed.
12.	Date of Next meeting – 2 September 2016

DRAFT