

Chelsea & Westminster Hospital NHS Foundation Trust
COUNCIL OF GOVERNORS

Room A, West Middlesex
27 July 2017 15:00 - 27 July 2017 17:00



COUNCIL OF GOVERNORS
27 July 2017, 15.00 – 17.00
Room A, West Middlesex

Agenda

	1.0	STATUTORY/MANDATORY BUSINESS			
15.00	1.1	Welcome & Apologies for Absence	Verbal		Chairman
15.02	1.2	Declarations of Interest	Verbal		Chairman
15.05	1.3	Minutes of Previous Meeting held on 18 May 2017 & Action Log	Report	For Approval For Information	Chairman
15.10	1.4	Quality			
	1.4.1	Audit Committee Report to Council of Governors	Report	For Information	Jeremy Loyd
	1.4.2	IT	Report	For Information / Discussion	Chief Information Officer
15.50	1.5	Non-Executive Director Nominations and Remuneration Committee Terms of Reference	Report	For Approval	Chairman
15.55	1.6	Non-Executive Directors Re-Appointments proposal	Verbal	For Approval	Chairman
16.00	1.7	Council of Governors Working Party: Code of Conduct review and integration into Constitution Terms of Reference	Report	For Information	Interim Board Secretary
16.10	1.8	Governors' contributions	Verbal	For Information	Chairman
	2.0	PAPERS FOR INFORMATION			
16.20	2.1	*Chairman's Report	Verbal	For Information	Chairman
16.25	2.2	*Chief Executive Officer's Report	Report	For Information	Chief Executive Officer
16.30	2.3	*Integrated Performance Report	Report	For Information	Chief Operating Officer
16.35	2.4	*Governors' Questions	Report	For Information	Chief Executive Officer
16.40	2.5	*Quality Sub-Committee Report: 23 June 2017	Report	For Information	Chair of Quality Sub-Committee

16.45	2.6	*Membership Sub-Committee Report: 22 June 2017	Report	For Information	Chair of Membership Sub-Committee
	3.0	OTHER BUSINESS			
16.50	3.1	Questions from public	Verbal		Chairman
16.55	3.2	Any other business, including 3.2.1 Deputy Governor	Verbal		Chairman
17.00	3.3	Date of next meeting – 28 September 2017, 15.00-17.00, Room A, West Middlesex			

*Items that have been starred will not be discussed, however, questions may be asked.



Minutes of the Council of Governors Meeting Held on 18 May 2017 at 16.00 at Chelsea and Westminster

Present:	Sir Thomas Hughes-Hallett	Trust Chairman	(THH)
	Julia Anderson	Appointed Governor	(JA)
	Nowell Anderson	Public Governor	(NA)
	Juliet Bauer	Patient Governor	(JB)
	Ian Bryant	Staff Governor	(IB)
	Nigel Davies	Public Governor	(ND)
	Simon Dyer	Patient Governor	(SD)
	Paul Harrington	Public Governor	(PH)
	Angela Henderson	Public Governor	(AH)
	Anna Hodson-Pressinger	Patient Governor	(AHP)
	Elaine Hutton	Public Governor	(EHA)
	Kush Kanodia	Patient Governor	(KK)
	Paul Kitchener	Public Governor	(PK)
	Chisha McDonald	Staff Governor	(CMD)
	Susan Maxwell	Patient Governor	(SM)
	Lynne McEvoy	Staff Governor	(LMC)
	Philip Owen	Public Governor	(PO)
	Guy Pascoe	Public Governor	(GP)
	Andreea Petre-Goncalves	Patient Governor	(APG)
	David Phillips	Patient Governor	(DP)
	Sonia Samuels	Public Governor	(SS)
	Matthew Shotliff	Staff Governor	(MS)
In Attendance:	Lesley Watts	Chief Executive	(LW)
	Sandra Easton (in part)	Acting Chief Financial Officer	(SE)
	Karl Munslow-Ong (in part)	Deputy Chief Executive	(KMO)
	Pippa Nightingale (in part)	Director of Midwifery	(PN)
	Zoe Penn (in part)	Medical Director	(ZP)
	Donald Neame	Director of Communications	(DN)
	Nick Gash	Non-Executive Director	(NG)
	Eliza Hermann	Non-Executive Director	(EH)
	Jeremy Loyd	Non-Executive Director	(JL)
	Nilkunj Dodhia	Non-Executive Director	(ND)
	Chris Cheney	CEO, CW+	(CC)
	Jeremy Jensen	Non-Executive Director	(JJ)
	Liz Shanahan	Non-Executive Director	(LS)
	Sarah Ellington	Interim Corporate Support Manager	(SEL)
Apologies:	Tom Church	Patient Governor	(TC)
	Tom Pollak	Public Governor	(TP)
	Laura Waering	Public Governor	(LW)
	Cllr Catherine Faulks	Appointed Governor	(CF)

The agenda items were taken in the following order: Cyber Security Incident Briefing, 1.1, 1.2, 1.3, 1.5.1, 1.5.2, 1.5.3, 1.5.4, 1.5.5, 2.2, 1.6, 1.4, 2.1, 2.3, 1.4, 2.5, 2.6, 3.1, 3.2 and 3.3

1.0	STATUTORY/MANDATORY BUSINESS
1.1	Council of Governors Quality Awards
a.	SM introduced the item by saying that the Council of Governors Quality Awards aim to recognise and reward initiatives from a Trust individual or team who have made an improvement to the quality of care given to patients, or whose initiative has greatly enhanced the working methods of Trust staff. The awards are presented twice a year (Spring and Autumn) for projects meeting all or some of the established criteria set by the governors. These are patient safety, patient experience, clinical effectiveness and the Trust values. The initiative is pinned by support from the Council of Governors Quality Sub-Committee.
b.	The three governors who are members of the Quality Sub-Committee, Susan Maxwell, Simon Dyer and Nigel Davis introduced the winners to the meeting, who were then awarded a quality certificate and a money voucher.
c.	<p>The quality awards winners were:</p> <ul style="list-style-type: none"> • Cara Taylor – for the successful introduction of a Bravery Box on Neptune paediatric ward, which will now be rolled out to all paediatric areas in the Trust. • Emily Ward – for her pilot work in engaging stakeholders in referrals for the reviewing of medication in older people. • Darren Brown – for creating and leading a specialised physiotherapy supervised group rehabilitation intervention for people living with HIV, providing an individualised exercise and HIV specific educational ‘self-management programme’. • Dr Bobby Mann and his Adult Care Bundle Implementation Team – for their development and ongoing implementation of an Adult Asthma Care Bundle.
d.	<p>SM added that the following two categories were ‘Highly Commended’:</p> <ul style="list-style-type: none"> • Dr. Linsey Christie and Dr. Marcela Vizcaychipi – for their work on organising and delivering high quality training through the Delirium Awareness week on the Intensive Care Unit. • Dr. Sheba Azam, Dr. Julian Collinson, Jake Jenkins, John Littlewood, Karen Baker, Arun Ruthiran, Sheila Gauld and Sonia Williams – for their work in highlighting the impact of missing/delayed reports on patient care by implementing the digital transformation in Neurophysiology Reporting from paper to paperless.
e.	The Chairman congratulated all winners on their excellent initiatives.
1.2	Welcome & Apologies for Absence
a.	The Chairman welcomed all to the meeting, which is being held in the building of the leading sexual health and HIV practice in the world. He added that it has so far been a very busy day due to the Trust conducting the mock up CQC inspection in advance of the upcoming CQC visit.
b.	The Chairman welcomed Will Pascall, Deputy Mayor - Royal Borough of Kensington and Chelsea, to the meeting.
c.	Apologies for the meeting were received from Tom Church, Tom Pollak and Laura Waering and Cllr Catherine Faulks Appointed Governor.
d.	LW advised the governors that after undertaking a very competitive process the Trust appointed Pippa Nightingale (PN) as Chief Nurse. Pippa Nightingale said that she has been working for the Trust for 18 month as Director of Nursing and Midwifery.

e.	Donald Neame, Interim Director of Communications, noted that he has been working for the Trust since February; he highlighted that one of the main initiatives undertaken by his department include working on values and corporate priorities.
f.	LW added that the Trust is in the process of recruiting the permanent Company Secretary; meanwhile the Trust has appointed Sarah Ellington ¹ as Interim Corporate Support Manager to cover the role with Harbens Kaur, Head of Legal and existing Interim Company Secretary.
1.3	Declarations of Interest
a.	None.
1.4	Minutes of Previous Meeting held on 16 March 2017 & Action Log
a.	Minutes of the previous meeting with a few revisions were re-issued to governors. The amended minutes were approved.
b.	It was agreed that any changes made to the draft minutes will be highlighted in the final draft iteration in future.
	Cyber Security Incident Briefing
a.	The Chairman note that Cyber Security item was introduced on the agenda and that due to it being currently a very sensitive matter KMO would provide a verbal update on the status of current affairs.
b.	KMO noted that since the incident was reported on Friday 12 May the Trust staff have been working very hard to minimise the impact to patients and visitors with a number of cancellations being kept to a minimal. There were over 70 additional staff in the hospital at different stages of the weekend dealing with the situation. The Trust is hugely grateful for the tremendous efforts that all staff made during the challenging time. The Chairman assured governors that he and the Non-Executive Directors met with the Chief Information Officer and the Deputy Chief Executive earlier in the day and that a full briefing was delivered in confidence.
c.	The Chairman emphasised the importance maintaining confidentiality whilst the matter is being dealt with and that there will be the opportunity to discuss this subject in more detail at a later stage.
d.	SM noted that the governors discussed the matter in their pre-meeting earlier in the day and on behalf of the Council of Governor she expressed gratitude to the Chief Executive and staff who have worked very hard to reduce the impact of the cyber-attack.
1.5	Quality
1.5.1	Draft Quality Report and Governor Commentary
a.	PN noted that the Quality Report provided was produced in a draft form. According to the plan it was due to be finalised the following day.
b.	She highlighted that the Trust set the following 5 priorities for the 2016/17 (which were rolled over from 2015/16): <ul style="list-style-type: none"> • Patient safety <ul style="list-style-type: none"> ○ Priority 1: Reduction of hospital acquired pressure ulcers ○ Priority 2: Embedding of the WHO surgical checklist

¹ Sarah Ellington since appointed Interim Board Secretary.

	<ul style="list-style-type: none"> ○ Priority 3: Early identification of the deteriorating patient • Clinical effectiveness <ul style="list-style-type: none"> ○ Priority 4: Reduce avoidable admissions of term babies to the NICU • Patient experience <ul style="list-style-type: none"> ○ Priority 5: Friends and Family Test—inpatient responses
c.	She added that the Quality Committee reviewed and provided their comments on an earlier iteration of the Quality Report and their comments were implemented in the document provided.
d.	In response to a question from AH if non-Executive Directors could comment on the Quality Report, EH said work had been requested on making it more user friendly. The report will be finalised at the end of May and the Committee had delegated the responsibility of proof reading and providing comments on the final version of the report to herself as the Chair of the Quality Committee.
e.	SM suggested that any staff national and international awards awarded in the year could be included under the value PROUD to care. CMD also suggested that pharmacy should be included in the Quality Report.
f.	The Council of Governors acknowledged that the Governors' Statement for inclusion in the Quality Report had been reviewed and approved by the Quality Sub-Committee. The Council of Governors ratified the Statement.
1.5.2	People & OD Committee Report
a.	LS noted that her first report provides a brief overview of the activity and effectiveness of the People and Organisational Development Committee for the year 2016/17.
b.	She highlighted that the Committee was established in 2015 in recognition of the Trust Board need to be assured on matters related to its staff, and the development thereof to the highest standards and that there are appropriate processes in place to identify any risks and issues and manage them accordingly. It is also there to ensure opportunities are not missed and are capitalised upon for the benefit of patients, staff and the organisation. The remit of the Committee changed following the acquisition of West Middlesex Hospital, which presented both an opportunity and challenge on the people side.
c.	The specific areas considered by the Committee included, people strategy and planning (including recruitment and retention), leadership development and talent management, Education, skills and capability (clinical and non-clinical, statutory and mandatory), performance, reward and recognition and Culture, values and engagement.
d.	LS added that the Committee have three strategic meetings per year and three deep dive meetings.
e.	In response to a question from AHP relating to a long-term strategy relating to reducing use of agency staff, LS said that at the last meeting the Committee looked at staff experience in variety of areas and how staff experience could be improved, especially at how induction can be made good and strong.
f.	In response to another question from AHP relating to the impact of Brexit on employment in future, LS noted that we are in the period of purdah. Brexit along with other factors had been discussed by the Committee. LW assured the governors that the Trust is committed to all staff and it will continue to do so going forward. In relation to staff retention, LW highlighted the work of the Emerging leaders programme and Established leaders programmes.
g.	In response to a question from SS regarding a strategy in relation to retaining staff, LS said that there

	are variety reasons impacting on retaining staff and that the same challenges are experienced by other London organisations. Work was on going to see commitment to a career at the Trust.
h.	In relation to a question from DP, LS noted that there are some differences in dealing with people issues across the sites.
i.	<p>In response to a question from KK, LS said that the Trust values, including compassionate leadership are a key part of the leadership programme; she added that she hoped that the PROUD value will be incorporated throughout the organisation.</p> <p>The Chairman said that in addition to leadership being active and visible in hospital areas, he has recently learnt that about the importance of hospital presence in social media i.e Twitter. He encouraged governors to follow LW and the Executive Team on Twitter. With the company secretary, the chair would be looking at getting more local influencers in dialogue, "inside the tent".</p>
j.	In respect to a question from LM how well the Trust performs in relation to conducting exit interview, LW said that sometimes responses are negative and that there is a great learning from the responses received.
k.	ND noted that some of issues affecting people come from external sources and sometimes there is a little the Trust can do about it no matter how good people strategy it might have in place.
l.	<p>The Chairman acknowledged very useful suggestions from governors in relation to supported housing scheme and Santander cycles as a way of helping staff with their health and wellbeing. He encouraged governors to forward any suggestions about how Trust can best support staff to LW.</p> <p>Action: VD to discuss making more Santander cycles available to staff with David Butcher, Director of Estates outside the meeting.</p>
m.	The Chairman thanked LS for presenting to governors.
1.5.3	Draft Month 12 Financial Position
a.	<p>SE delivered a presentation on unaudited financial performance for 2016/17 and highlighted the following:</p> <ul style="list-style-type: none"> • The statement of comprehensive income providing the position at year end. • The Trust delivered 96% of CIP which is a great achievement; this delivery level provides the Trust with the ability to submit a capital plan for the next year. • Key Capital Programme investments include: A&E's on both main sites, start of NICU/ICU project, Electronic Patient Record and updating medical equipment. • £15,317 surplus for the year from continuing operations; however there is small surplus adjusted for exceptional items. • The Trust received some incentive based Sustainability and Transformation Funds • Clinical income has increased in 2016/17. • The final accounts are due to be signed off by the Board on 25 May. • Future plans include: a surplus of £11.9m include for 16/17; CIP requirement £25.9m and Capital Programme £50.6m.
b.	LW noted that she was pleased with the Trust's financial performance.
1.5.4	Finance & Investment Committee Report
a.	JJ provided an overview of the Committee's activities and noted that the loss making services are one of key areas they focus on. There is also a need to resolve recruitment and retention, to both improve quality and reduce expensive temporary staff costs..

b.	The significant items considered by the Committee included; monthly financial reports, cost improvement programme (CIP) status, business cases, deep dive into an area of performance, capital expenditure forecast and plan, annual budget and plan preparation and the forward plan. There are challenges. EPR requires significant investment.
c.	In response to a question from KK in relation to capitalising on leading work, eg in sexual health. JJ said that there are some very productive areas, eg in sexual health clinics, but there are some challenges in relation to sustaining margin.
d.	In relation to strategy post acquisition of West Middlesex Hospital from KK, JJ said that the key elements of the plan in the immediate term are implementing the recruitment and retention strategy and the quality strategy. The Chairman emphasised that the time is required in order to embed these two strategies. He added that 'what next' could be discussed at the next Council of Governors away day. The financial result was improved and was subject to scrutiny at Finance and Investment Committee (FIC).
e.	In relation to a question from AHP on STF funding, SE said that the scheme was introduced on 16/17 and it will run for 3 years. JJ added that there have been other sources of funding and highlighted the importance of monitoring debt and keeping an eye on possible sources of funding available to foundation trusts.
f.	In response to AHP's question regarding PFI debt, JJ said that it is almost impossible to get out of it considering that the value to be paid on exit would be almost three times the PFI loan.
g.	The Chairman thanked JJ for presenting to governors.
1.5.5	Independent review findings
a.	LW introduced the item by saying that a staff governor raised a question in relation to the quality of care and treatment and clinical governance processes in relation to three historic gastroenterology cases. An external expert review of these three cases was commissioned and the report provided to governors.
b.	The report found no concerns with the clinical management of the cases themselves but had a number of recommendations about a more effective and timely clinical governance process.
c.	The recommendations included: to procure an electronic risk management system, to convene a regular standing panel for review of serious incidents and to appoint a clinical director for patient safety. Since the date of these cases all these improvements have been implemented anyway as part of a programme of improvement. The only other outstanding recommendation is that there should be a review of the functioning of the multidisciplinary morbidity and mortality reviews to ensure that there is robust challenge to clinical decision making going forward and this is planned in the near future.
d.	The Chairman confirmed that the findings from the review will be shared with the former staff governor who raised the question
1.6	Media Policy and Social Media Guide
a.	The Council of Governors noted the Trust Media Policy as provided in the meeting pack. DN emphasised that the policy applies to all staff, Board of Directors, Council of Governors, contracted staff and affiliated charities.
b.	In response to a question from NA, DN said that the policy is updated at regular intervals; the next one was due in January 2018.

c.	DN noted that the Social Media Guide is a new guide and that it sets out staff, Non-Executive Directors and governors responsibilities when using social media as part of their respective role.
d.	In response to a question from CMD in relation to any staff posting negative comments on social media, DN said that if a staff member posts a view whilst associating himself/herself with the organisation, it is in breach of the guidance; employees should state their views are their own and not those of their employer.
e.	The Chairman advised all to read and understand; the Trust would need to hold people to account.
f.	NG noted that there is the Freedom to Speak Guardian and it is an independent mechanism though which issues of concern can be raised.
g.	In response to a question from DP, the Chairman said that the Trust does a lot of marketing work however it does not have a written marketing strategy in place and the plan is to develop it.
h.	The Chair encouraged governors to forward any question they may have to DN. He emphasised that should a governor be approached by the media as either an individual or within another organisation to comment on Trust matters, he/she should contact the Communications Department before speaking to the media.
2.0	PAPERS FOR INFORMATION
2.1	*Chairman's Report
a.	Noted.
2.2	*Chief Executive Officer's Report
a.	LW noted the report which was previously submitted to the May Board Public meeting.
b.	LW expressed her pride in the organisation and the congratulated staff on working hard to ensure the Trust provides patients and their families with the best care possible during both Westminster incident 23 March and the cyber-attack on 12 May.
c.	She added that the Care Quality Programme progresses well and that the Trust was conducting the mock inspection at the Chelsea and Westminster site as she was speaking and that the same mock inspection would take place at West Middlesex site the following day. The aim was to gain some feedback on the status of how well clinical areas were performing in relation to compliance with CQC quality standards. She added that staff were particularly enthusiastic and keen on hearing reflections post the mock up.
d.	LW advised that the Trust and Imperial Healthcare NHS Trust had received a summons from the Health and Safety Executive in relation to the death on a member of staff who died in 2011. The Council of Governors will be kept informed about the outcome.
e.	In response to a question from SS in relation whether the Trust had ownership rights over a secure app relating to detection of abnormal heartbeats by turning smartphones into heart monitors, LW responded that it was an innovative project developed in collaboration with NIHR and that it will be checked and the governors will be provided with a response at the next meeting. Action: SEL to update the Council of Governors on the ownership rights over the secure app.
2.3	*Integrated Performance Report
a.	The Council of Governors noted the report which was submitted to the May Board Public meeting.

	<p>PH commented on the recent c difficile incident at West Middlesex and queried why it did not appear on the report. EH replied that the c difficile was detailed on the p.3 of the report. LW confirmed that the Infection and Prevention Control meetings were taking place on both of the main hospital sites and the meetings are being aligned.</p> <p>b. In response to a question from AH relating to a higher caesarean section rate at Chelsea and Westminster site and the drop rate in maternity 1:1 care in established labour as detailed in the report EH said that she will talk to AH about this outside the meeting. Action: EH/AH to talk outside the meeting.</p>
2.4	*Governors' Questions
a.	<p>The Chairman noted a question raised by Tom Pollak in relation to Board Private agenda being shared with the Board public papers. For reasons of confidentiality and commercial sensitivity, this could not be done. However, the company secretary would be asked to produce appropriate highlights from the private board meeting to include in the Chairman's report, to the public Trust Board meeting and/or to the Council of Governors.</p> <p>ACTION: Company Secretary to liaise with Chairman to consider what matters from private board meeting can be included in the Chairman's report.</p>
b.	<p>It was noted that the Director of HR &OD had distributed letters to the staff governors' line managers to ensure their role is being supported. LM said that it was good step forward and that another meeting with the staff governors was going to be organised in the autumn 2017 to review the arrangements and to establish if it was working for staff governors.</p>
2.5	*Quality Sub-Committee Report: 28 April 2017, including Terms of Reference
a.	<p>The Council of Governors noted the report provided from the most recent sub-committee meeting and the Terms of Reference, which were updated by the sub-committee, and submitted for approval.</p>
b.	<p>The Council of Governors approved the updated Quality Sub-Committee Terms of Reference.</p>
2.6	*Membership Sub-Committee Report: 20 April 2017, including Terms of Reference and Open Day 20 May 2017 – update
a.	<p>PO said he was delighted to deliver good news in relation to Members E-News being reinstated and the first edition for this year was distributed to members at the beginning of this month. He was also pleased to announce that the next Your Health Matter event is being organised on 30 May and members and governors are invited to attend. He congratulated MS and VD on joint efforts in organising the event. He added that the sub-committee agreed for the next publication to be posted to a friend or a relative contact with an email where members do not have an email address registered with the Trust, so that the Trust can communicate with them in a cost effect way. He also congratulated DN for agreeing to support VD with preparing Members E-News.</p>
b.	<p>PO reported on the membership recruitment initiatives undertaken by governor representatives on the sub-committee and particularly thanked NA and KK on their contributions.</p>
c.	<p>PO thanked KMO and VD for progressing with the recruitment of Membership Officer.</p>
d.	<p>In response to a question from the Chairman, PO said that the Trust has circa 17,000 members.</p> <p><u>Open Day 20 May – update</u></p>
e.	<p>DN thanked the Council of Governors for their support with the Open Day event and provided a brief</p>

	update on the current plans.
f.	He noted that the Going Beyond publication is available in public areas of the hospital as well as from the communication office.
3.0	OTHER BUSINESS
3.1	Questions from public
a.	None.
3.2	Any other business
a.	<p>SEL introduced herself to the meeting and said that she has recently joined Corporate and Legal Affairs and that she would be setting up a working party, in response to a request from the Council of Governors, consisting of chair of the Membership and Quality sub-committees and the Lead Governor in order to review annex 6 of the Trust's Constitution relating to governors (including code of conduct) and its integration into the Constitution. An update from the work undertaken by the working party will be brought to governors in due course.</p> <p>Action: SEL to bring update on working party to next Council of Governors.</p>
b.	<p>In response to a question from NA relating to frequency of estates and management contracts, the Chairman said that an update will be provided on this at the next meeting.</p> <p>Action: Provide assurance to governors in relation to frequency of awarding contracts to estates and management.</p>
c.	<p>The Chairman thanked governors for adhering to instructions given earlier in relation to refrain from visiting wards until the Trust has reviewed its process in that respect. The Trust is considering involving governors in the ward accreditation process.</p> <p>Action: Update governors on visiting wards and/or involving governors in the ward accreditation process.</p>
d.	<p>GP noted that he has recently attended a Learning and Disability course delivered by Kathryn Mangold. He recommended the course to fellow governors.</p>
3.3	Date of next meeting – 27 July 2017, Room A, West Middlesex

The meeting closed at 18.00



Council of Governors – 18 May 2017 Action Log

Minute number	Agreed Action	Current Status	Lead
1.5.2.l	VD to discuss making more Santander cycles available to staff with David Butcher, Director of Estates outside the meeting.	<p>There are at least two Santander 'docking stations' in close proximity to the hospital. Nearby docking stations can be found at the following link: https://tfl.gov.uk/modes/cycling/santander-cycles/find-a-docking-station</p> <p>Docking stations nearby – Limerston Street; Hortensia Road; King's Road;</p> <p>There is also secure cycle storage for personal bicycles on the Trust site.</p> <p>The Estates team have not been approached by staff to provide any additional facilities of this type.</p>	VD
2.2.e	Update the Council of Governors on the ownership rights over the secure app.	This innovative project is part of the Trust's engagement with the digital acceleration programme. The Trust does not hold intellectual property rights, which rest with the company which has devised the product. However, the collaboration will improve the clinical care of Trust patients and patients generally.	SEL
2.3.b	Talk outside the meeting re caesarean section rate at Chelsea and Westminster site and the drop rate in maternity 1:1 care in established labour.	Complete.	EH/AH
2.4.a	Company Secretary to liaise with Chairman to consider what matters from private board meeting can be included in the Chairman's report.	This is on the 6 July Board Closed Session for discussion.	SEL
3.2.a	Bring update on working party to next Council of Governors.	This is on current agenda.	SEL
3.2.b	Provide assurance to governors in relation to frequency of awarding contracts to estates and management.	The Procurement department holds a central database of contracts that is used to inform planning throughout the year. All major	SEL

		<p>contract, such as Soft and Hard FM, and Agency contracts, are factored into the annual work-plan, to ensure the timely review and replacement, and importantly to enable Board oversight of activity. All other contracts are managed through the Tenders and Projects team who routinely review and replace contract with the internal stakeholders.</p> <p>The Procurement department apply the Standing Financial Instruction rigidly in respect of the review and renewal of contracts for the organisation.</p> <p>All expenditure over £7.5k (to be amended to £10k at next Audit committee) and below £50k is subject to three quotes-all expenditure above £50k will go to formal tender or be let through an existing framework or national contract. Any expenditure above £164k is subject to OJEU Public sector regulations and will be tendered accordingly or let through an existing framework or national contract. The CFO receives an Award report for all expenditure subject to the processes described. In the event there is a request to avoid further competition, re-letting of contracts can be approved by the use of a Single Tender Waiver, but this is subject to scrutiny within the Procurement department, and is recommended (or not) by the Head of Procurement for approval by the CFO. STW's are reported to FIC on a monthly basis and are proactively managed to avoid inappropriate use.</p> <p>All final contracts are signed off in line with the scheme of delegation which ensures that all high value contracts are approved at CFO and Board level as appropriate.</p> <p>The Procurement department do not manage works tenders ie; building tenders, but instead support the tender and contracting for the services for those able to carry out building tenders. The responsibility for these sits with Estates.</p>	
--	--	---	--

3.2.c	Update governors on visiting wards and/or involving governors in the ward accreditation process.	All Governors are invited to take part in the Ward Accreditation Programme, as part of the Trust's quality assurance, reporting through Quality Committee to the Board. Dates and guidance will be circulated for the next inspections through the Interim Board Secretary/ Board Governance Manager from the Chief Nurse.	SEL
-------	--	--	------------



Audit and Risk Committee - Chairman's Report to Council of Governors, July 2017

The Committee Chairman – Jeremy Loyd

I have been a Non-executive Director of the Chelsea and Westminster Foundation Trust for 6 years and am therefore due to complete my second term of office at the end of this year. This is therefore both my first and my last report to the Council of Governors on the work of the Audit and Risk Committee. Some of you will know me quite well by now, but for others it might be helpful to let you have a brief outline of my background.

I spent the majority of my executive career in the media and related industries. Specifically, I was with Capital Radio for 12 years ending up as its Managing Director before becoming a founding Director of Carlton Television, the London ITV company, in 1992. Since then I have been a Non-Executive Director or Chairman of several companies in both the UK and the USA.

Until recently I was on the board of the Government body that regulates, licences or manages all commercial and conservation activity in the waters around the UK. I am currently a Non-executive Director of Blackwells, the national bookshop chain and online retailer. I am a Trustee of the UCL Cancer Institute Research Trust and our own CW+ Charity, having formally been either a Trustee or Chairman of several other Charities.

I joined the Chelsea and Westminster Foundation Trust in 2011 on the explicit understanding that I would not be interested in becoming the Chairman of the Audit Committee. Six years later I regret having been so dismissive. I have thoroughly enjoyed my tenure as its Chairman and very much hope I have been able to play a small part in the stewardship and development of this important committee.

What does the Audit and Risk Committee do?

We are essentially a client committee. We commission and then receive and consider reports from several third party advisors and audit service providers. We monitor progress made in implementing their advice and pass on to either the board or the executive their recommendations and observations.

We also receive, review and monitor the progress of recommendations in relation to the Trusts Annual Report, focusing on the audit of both our Financial and Quality accounts, on behalf of both the Board and ultimately the Council of Governors.

Our standing advisors are:

Deloitte – External auditors
KPMG – Internal auditors
TIAA – Anti fraud specialists

The non-statutory and discretionary work of the Audit and Risk Committee is, for the most part, agreed by the committee each year and forms the basis of the Internal Audit Plan carried out by KPMG.

Aside from the important and familiar work involving the audit of our financial systems and governance processes, the committee will also seek input from the Chairman of the Trust, the Board of Directors and the Chief Executive in formulating its Audit Plan. We also add to the plan during the course of the year as issues, concerns and risks arise. A recent example of this would have been the work done by the committee in commissioning reports into the areas of Cyber Security, Disaster Recovery and Business Continuity. The work done on Cyber Security was started some months before the recent worldwide attacks and was based on the mounting publicity about emerging threats and advice from both our Internal and external auditors on the development of best practice and governance to safe guard our organisation.

Who is on the Audit and Risk Committee?

Jeremy Loyd	Non-Executive Director
Nilkunj Dodhia	Non-Executive Director
Liz Shanahan	Non-Executive Director

Also often in attendance (in addition to the standing advisors)

Lesley Watts	Chief Executive
Karl Munslow-Ong	Deputy CEO
Sandra Easton	Chief Finance Officer
Susan Heimbach	Deputy Finance Director
Zoe Penn	Medical Director
Roger Chinn	Deputy Medical Director
Pippa Nightingale	Director of Midwifery
Sarah Ellington	Interim Board Secretary

Other members of the executive team will attend for reports relevant to their specialty.

The main executive point of contact for the committee has been Sandra Easton. Her department has historically been the primary subject and focus of the committee's work. However, in response to the widening operational remit of the committee, Karl Munslow-Ong will now take over this important primary role, with Sandra continuing to lead on all things financial.

Committee Meetings

The Committee meets five times a year for two hours and works to a formal forward plan.

Typical items that would come to the Committee include:

- Counter Fraud Annual Work Plan & Strategy (annually)
- Internal Audit Annual Report, including Head of Internal Audit Opinion (annually)
- Internal Audit Plan (annually)
- External Auditors Report, including ISA 260 (annually)
- Findings and Recommendations from the 2016/17 NHS Quality Report External Assurance Review (annually)
- Annual Report, including Quality Accounts and Annual Governance Statement and including Going Concern Statement (annually)
- Annual Accounts (annually)
- Counter Fraud Progress Report (quarterly)
- Internal Audit Progress Report (quarterly)
- Internal Audit Reports (quarterly) i.e Disaster Recovery, Cyber Security, Risk Incident Reporting, Data Quality, Revalidation Nurses, Health and Safety etc.
- Internal Audit Recommendations and Implementations (quarterly)
- External Audit Status Update and Sector Developments Report (quarterly)
- Risk Assurance Framework (quarterly)
- Losses and Special Payments including Write Offs (quarterly)
- Waiver of Standing Financial Instructions (quarterly)
- Forward Plan (quarterly)
- Policies for approval (as and when required)

We are currently reviewing the frequency and or duration of the meetings in response to the increasing workload of the committee. The meetings are (were) held as follows:

25th May 2017

26th July 2017

30th October 2017

24th January 2018

28th March 2018

What next for the Audit and Risk Committee?

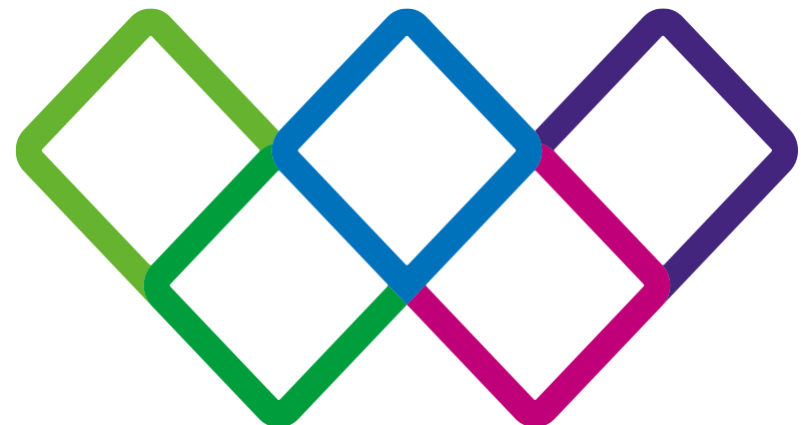
When I took over the chair from Sir John Baker he passed me a baton that he thought pointed to a new direction of travel for the committee within the Trusts Governance structure. He believed that its work should become much more forward facing rather than just its traditional role of historic, or after the fact, auditing. I took up this challenge and working alongside both the Chief Executive and Chief Financial Officer we started to broaden the scope and scale the of committee's remit.

Anticipating risk and responding to a Board and operational/ management driven agenda has become an increasingly important part of our work. Our traditional financial and governance work remains and must continue to remain a vital part of the committee's work. But I hope it will also continue to develop its role in capturing and monitoring the Trust's risk agenda and commissioning work from external specialists that supports the executive in their mitigation of risk and gives the board a means by which it can benefit from a third party view and benchmark ourselves against the latest developments and best practice in other organisations.

Jeremy Loyd
July 2017

EPR and ICT Update

Kevin Jarrold
Chief Information Officer



Issues to Cover

- Update on progress with the Cerner Electronic Patient Record Programme
- Progress with the Cyber Security ICT Plan
- ICT Infrastructure
- Global Digital Exemplar Initiative
- Information Commissioner Audit Programme

EPR Update

Key areas of focus

- The EPR Programme continues to track to the baselined plan and West Middlesex is on schedule for the April 2018 go live date
- Key areas of focus have been on:
 - Ensuring that the West Middlesex virtual hospital build (recreating wards, clinics, departments etc within Cerner) delivers to schedule
 - Reviewing and updating the order communications solution – this is one of the most complex parts of the Imperial solution so has required more support from Cerner experts
 - Developing the Gateway criteria that will be assured by Ernst and Young and reported to the Audit Committee
 - Aligning the planning process for future developments between the Trust and ICHT. This covers code upgrades and delivery of Global PAS
 - Finalising the Clinical Systems Strategy for legacy systems like the Electronic Document Management system and the Clinical Portal
 - Ensuring that accommodation is available for the programme team, to support training and the immediate post go live support

Forward look

- Sharing the detailed Gateway criteria with clinical and operational teams
- Reviewing the governance arrangements to reflect the wider ICT role of the EPR Programme Board
- Making progress with the Global Digital Exemplar initiative
- Planning for the 'Countdown to Cerner Event' on 13th September
- Resolving the business as usual data quality challenges in advance of the Cerner implementation
- The reporting work stream is now getting intensive focus

The Work Streams

Getting the System Ready	Getting the Trust Ready
<ul style="list-style-type: none">• Data Migration• Information Governance• System Configuration• Domain Management• Reporting & Data Warehousing• Testing• Integration & Interfaces	<ul style="list-style-type: none">• Transformation• Training• Service Management• Communications• Infrastructure• Registration Authority & Security

Global Digital Exemplar - Update

- The GDE funding is now starting to flow.
- Plans for the creation of Divisional Chief Clinical Information Officers will be the first call on the funding
- The approach to the elimination of unwarranted variation that would use the Sheffield Teaching Hospitals Patient Flow methodology is being explored

Progress with ICT Cyber Security Plan

ICT Cyber Security Action Plan

1. Recommended immediate policy changes

Harmonise Chelsea network access with West Middlesex ICT security policies
 Block access to external webmail accounts (gmail, Hotmail etc) across the Trust and allow access to NHS Mail
 Block social media except for very small number of users such as the Comms team
 Force regular restarts on PCs to ensure patches are installed
 Any new IT projects to be approved by both CIO and CCIO
 Assign overall responsibility for Medical Equipment to a single Trust Director

2. 30 Days

Develop Information Asset Register (IAR) database and publish on Intranet (ICT)
 Co-ordinate populating IAR (IG)
 Agree monthly downtime patching maintenance window (EXEC)
 Disconnect all Windows 2000 servers from the network (Sphere)
 Give notice to all Windows 2003 system owners that system needs to be upgraded (Sphere and ICT)
 Develop Cyber Security Incident Plan (Emergency Planning)
 Agree additional patch maintenance windows (2 – 3 per week) (EXEC)

3. 90 Days

Business case approved and project started for Desktop upgrade and replacement of XP devices
 Business case approved and project started for Backups (Chelsea and West Mid)
 Business case approved and project started for Network and firewalls
 Transfer West Middlesex infrastructure management and support to Sphere (servers, storage, desktop and network)
 Clarify contractually who is responsible for patching with all 3rd party vendors
 Develop capability to white list sites on firewalls
 Procure new toolsets to manage cyber security, web filtering and patching

3. 90 – 120 days

Complete application of all released security patches onto server and desktop Estate.
 Overhaul the joiners and leavers processes (HR)
 Implement new cyber security tool sets and capabilities

Longer term

Upgrade network and firewalls (hardware and management software)
 Implement NAC and network segmentation
 Review network design (VLANs) for medical equipment
 Finish standardisation of desktop estate and replacement of XP PCs
 Redesign backups and strengthen ability to recover from Ransomware
 Ensure all servers and storage are within supported versions, patched and up to date
 Implement new toolsets to manage cyber security and patching
 Implement email archiving, move to NHS mail and decommission on site exchanges



ICT Critical Infrastructure

- Desktop infrastructure
 - New single build image needs to be designed and tested
 - Replace 1300 old PCs
 - Replace 400 PC screens at West Mid
 - All windows 7 PCs must have same image and build or it will be difficult to trouble shoot any Cerner issues
- Network
 - Risk is to operation of Chelsea site, not just for Cerner
 - New firewalls needed for protection and management of both sites
 - New network management software for improved security dependant on Chelsea site upgrade
- Backups
 - Both sites have completely inadequate backups, this is a major risk to information security

Information Commissioner's Office

Audit of the Trust

- **Why it is happening?**
- In December 2016 the Trust was notified that the Information Commissioner's Office (ICO) intends to carry out an audit of the trust
- The aim of the audit will be to assess whether:
 - The Trust's processing of personal data follows good practice
 - Effective policies and procedures are in place and being followed.
- The Trust welcomes the opportunity to have an external assessment of our approach to the protection of personal data
- The audit is scheduled to take place in September 2017.

Scope of the Audit

- **Training and awareness** – The provision and monitoring of staff data protection training and the awareness of data protection requirements relating to their roles and responsibilities.
- **Subject access requests** - The procedures in operation for recognising and responding to individuals' requests for access to their personal data.
- **Data sharing** - The design and operation of controls to ensure the sharing of personal data complies with the principles of the Data Protection Act 1998 and the good practice recommendations set out in the Information Commissioner's Data Sharing Code of Practice.

Format of the Audit

- The ICO audit team will on site for three days
- They will visit key departments and sites across the hospital that fall within the scope of the audit
- They will spend a further two days off-site reviewing documentation
- The draft audit report will be issued in early October for a factual accuracy check
- A second draft with an executive summary will be issued by the end of October
- A final draft setting out an agreed action plan should be completed by mid-November.



Council of Governors Meeting, 27 July 2017

AGENDA ITEM NO.	1.5/Jul/17
REPORT NAME	Non-Executive Director Nominations and Remuneration Committee Terms of Reference
AUTHOR	Sarah Ellington, Interim Board Secretary
LEAD	Sir Thomas Hughes-Hallett, Chairman
PURPOSE	To maintain good governance.
SUMMARY OF REPORT	As enclosed.
KEY RISKS ASSOCIATED	NA
FINANCIAL IMPLICATIONS	NA
QUALITY IMPLICATIONS	NA
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	All
DECISION/ ACTION	For approval.



Non-Executive Director (NED) Nominations and Remuneration Committee

Terms of Reference

1. Constitution

The NED Nominations and Remuneration Committee is established as a Committee of the Chelsea and Westminster Hospital NHS Foundation Trust ('the Trust') Council of Governors.

The NED Nominations and Remuneration Committee will review these Terms of Reference on an annual basis as part of a self-assessment of its own effectiveness. Any recommended changes brought about as a result of the yearly review, including changes to the Terms of Reference, will require Council of Governors approval.

2. Authority

The NED Nominations and Remuneration Committee is directly accountable to the Council of Governors of the Trust.

3. Aim

The Council of Governors shall be guided by the Committee in making recommendations with regard to the remuneration of Non-Executive Directors, including the Trust Chairman.

The Committee is also charged with advising on any appointment and removal of Non-Executive Directors, including the Trust Chairman.

Furthermore, the Committee will oversee all aspects of the Non-Executive Director appointment process and the approval of arrangements for the termination of employment and other major contractual terms.

The Committee will operate in accordance with principles outlined in the Monitor Code of Governance and any other relevant guidance from its successor, NHS Improvement, or from CQC and NHS England

4. Objectives

The NED Nominations and Remuneration Committee will:

4.1 Further the objectives and values of the Trust

4.2 Non-Executive Director Appointment

- Make recommendations to the Council of Governors on the recruitment, selection and appointment of the Chairman and Non-Executive Directors;
- Review the procedure for the recruitment and selection of the Chairman and Non-Executive Directors;
- Select a shortlist for interview of Chairman and/or Non-Executive Director candidates in accordance with the person specifications from the approved Trust candidate list;

4.3 Performance Appraisal

- Provide assurance to the Council of Governors on the Chairman's appraisal of the performance of each Non-Executive Director on an annual basis as part of the Non-Executive Director appraisal process.

- Provide assurance to the Council of Governors on the Senior Independent Director's appraisal of the Chairman.
- Assist in the designing of performance assessments for use in the Council of Governors' appraisal of the Board collectively and of Non-Executive Directors individually.

4.3 Remuneration

- Keep under review the fee scales for the Chairman and Non-Executive Directors, having due regard to market conditions, other FT Trust scales and national benchmarking information;
- To review Non-Executive Director allowances such as travel and mileage: telephone calls: printing and stationery and any other related allowances for the Chairman and Non-Executive Directors;
- Make recommendations to the Council of Governors on the fees and allowances for the Chairman and Non-Executive Directors.

4.4 Succession Planning

- *Evaluate, at least annually, the balance of skills, knowledge and experience on the board of directors and, in the light of this evaluation, prepare a description of the role and capabilities required for appointment of future Non-Executive Directors, including the Chairman.*
- Regularly review the structure, size and composition (including the skills, knowledge and experience) required of the Board and make recommendations to the Board as appropriate.

5. Method of working

The NED Nomination and Remuneration Committee will have a standard agenda. At every meeting, the following item headings will be on the agenda:

Standard Items

1. Apologies for absence
2. Declarations of Interest
3. Minutes of the previous meeting
4. Business to be transacted by the Committee (which is likely to comprise multiple agenda items)
5. Any Other Business
6. Date of next meeting

All Minutes of the NED Nominations and Remuneration Committee will be presented in a standard format. All meetings will receive an action log (detailing progress against actions agreed at the previous meeting) for the purposes of review and follow-up.

6. Membership

The membership of the NED Nominations and Remuneration Committee comprises five publicly/patient elected Governors, the Lead Governor and the Trust Chairman.

The Trust Chairman will ordinarily Chair the Committee. Where the Committee's business includes discussion with regard to the Chairman role, the Senior Independent Director will Chair the meeting.

The Committee may choose to invite other members of staff to act as advisors to the Committee (e.g. Chief Executive, Chief People Officer & Director of Corporate Affairs), where appropriate.

The Trust Secretary will ordinarily attend meetings of the Committee in order to take minutes, unless this is considered inappropriate given the nature of discussions.

7. Quorum

The quorum will be three publicly elected Governors and the Trust Chairman or Senior Independent Director.

8. Frequency of Meetings

The NED Nominations and Remuneration Committee will meet at least on a biannual basis, with further meetings being arranged where necessary to undertake specific items of business relating to the Committee's duties.

Members are expected to attend a minimum of 75% of Committee meetings throughout the year.

9. Secretariat

Minutes and agenda to be circulated by the Trust Company Secretary or equivalent.

10. Reporting lines

All recommendations made by the Committee will be presented to the Council of Governors for approval.

11. Openness

The agenda, papers and minutes of the NED Nominations and Remuneration Committee are considered to be confidential.

Approved: 09 September 2015

Reviewed: 19 July 2017

Approved:



Council of Governors Meeting, 27 July 2017

AGENDA ITEM NO.	1.7/Jul/17
REPORT NAME	Council of Governors Working Party: Code of Conduct review and integration into Constitution Terms of Reference
AUTHOR	Sarah Ellington, Interim Board Secretary
LEAD	Sir Thomas Hughes-Hallett, Chairman
PURPOSE	To maintain good governance.
SUMMARY OF REPORT	As enclosed.
KEY RISKS ASSOCIATED	NA
FINANCIAL IMPLICATIONS	NA
QUALITY IMPLICATIONS	NA
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	All
DECISION/ ACTION	For approval.



The Governor's Role Working Party: to review Annex 6 of the constitution and its integration into the Trust Constitution

Terms of Reference

1. Constitution

The Governor's Role Working Party: to review Annex 6 of the Constitution and its integration into the Trust Constitution ("the Working Party") is established as a group of Chelsea & Westminster Hospital NHS Foundation Trust (CWFT).

The Working Party will review these Terms of Reference on an annual basis (so long as the Working Party exists) as part of a self-assessment of its own effectiveness. Any recommended changes brought about as a result of the yearly review, including changes to the Terms of Reference, will require approval by the Chairman, the Council of Governors and the Board of Directors.

2. Authority

The Working Party has no independent authority and will make recommendations to the Chairman, for consideration in turn for recommendation to the Council of Governors and to the Trust Board of Directors in the Chairman's absolute discretion.

3. Aim

The Working Party is established to review the Governors' role as set out in Annex 6 of the Constitution and its integration into the Trust Constitution ("the Working Party"), as part of good governance within an integrated governance structure, in line with the CQC requirements for a well led NHS FT. For the avoidance of doubt, the working party has no purpose to recommend amendments to the Constitution in relation the powers or duties of the Council of Governors as a whole (or otherwise with respect to the role that the Council of Governors has as part of the Trust).

4. Objectives

To complete the Aim in (3) above, making proposals to the Chairman by 7 August 2017, for consideration in turn for recommendation to the Council of Governors and to the Trust Board of Directors in the Chairman's absolute discretion.

5. Method of working

5.1 The Working Party will have a standard agenda. At every meeting, the following item headings will be on the agenda:

1. Apologies for absence
2. Declarations of Interest
3. Minutes of the previous meeting
4. Business to be transacted by the Group
5. Any Other Business
6. Date of next meeting

5.2 All Minutes of the Working Party will be presented in a standard format, including an action log (detailing progress against actions agreed at the previous meeting) for the purposes of review and follow-up.

5.3 Where decisions can be reached (in line with paragraph 7 on quorum) by e mail, those decisions will

be accepted as decisions of the working party,

6. Membership

- 6.1 The membership of the Working Party shall consist of:
Sarah Ellington CWFT Interim Corporate Support Manager (Chair)
Keith Loveridge CWFT Director of Human Resources and Organisational Development
Susan Maxwell, Lead Governor CWFT
Simon Dyer, Deputy Chair Quality Sub Committee CWFT, Governor
Philip Owen, Chair Membership and Engagement Sub Committee CWFT, Governor
- 6.2 In the absence of the Chair, the meeting will be presided by Keith Loveridge.
- 4.2 All core members of the Working Party are required to attend meetings set or send suitable seniority representation in their absence for continuity and decision making purposes.
- 4.3 The Working Party may invite attendance on an ad hoc basis to provide specific advice, reports or updates. Any such person shall not be a member of the group and shall withdraw upon request.

7. Quorum

- 7.1 The Working Party will be deemed quorate with two governors, together with either Sarah Ellington or Keith Loveridge.
- 7.2 No decisions shall be made where a quorum is not reached.

8. Frequency of meetings

- 8.1 Meetings shall be held as and when required.
- 8.2 Urgent items may be handled by email.

9. Secretariat

- 9.1 Minutes and agenda to be circulated by the Interim Corporate Support Manager (Chair).
- 9.2 Minutes and matters arising have to go out within 1 week. Schedule of actions should be completed by leads prior the meeting. Those with updates to give or actions to feedback on are expected to provide written updates to the Interim Corporate Support Manager (Chair) two weeks before the date of the meeting, if unable to attend.

10. Reporting Lines

- 10.1 The Working Party has no independent authority and will make recommendations to the Chairman, for consideration in turn for recommendation to the Council of Governors and to the Trust Board of Directors in the Chairman's absolute discretion.

11. Openness

- 11.1 The agenda, papers and minutes of the Working Party are considered to be confidential.

Reviewed by: Sarah Ellington CWFT Interim Corporate Support Manager (Chair)
Keith Loveridge CWFT Director of Human Resources and Organisational Development
Susan Maxwell, Lead Governor CWFT
Simon Dyer, Deputy Chair Quality Sub Committee CWFT, Governor

Date: Philip Owen, Chair Membership and Engagement Sub Committee CWFT, Governor
7 June 2017

Approved by: Sarah Ellington CWFT Interim Corporate Support Manager (Chair)
Keith Loveridge CWFT Director of Human Resources and Organisational Development
Susan Maxwell, Lead Governor CWFT
Simon Dyer, Deputy Chair Quality Sub Committee CWFT, Governor
Philip Owen, Chair Membership and Engagement Sub Committee CWFT, Governor



Council of Governors Meeting, 27 July 2017

AGENDA ITEM NO.	2.1/Jul/17
REPORT NAME	*Chairman's Report
AUTHOR	Sir Thomas Hughes-Hallett, Chairman
LEAD	Sir Thomas Hughes-Hallett, Chairman
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.



Chairman's Report
July 2017

1.0 Performance

As Governors will be able to see from our performance, the Hospital continues to do well in extraordinarily challenging times. Yesterday I learned from our Chief Operating Officer that over the last twelve months our cancer referrals have risen by 46%. Planning for and dealing with such extraordinary change is hard indeed.

2.0 Major incident

I am so proud of all of our staff and volunteers who have done so much to care for patients and families involved in recent terrorist tragedies as well as the catastrophic fire in Grenfell Tower.

3.0 Governance procedures review

As a consequence of this rapidly shifting environment I have suggested to the Board that we should carry out an exceptional review of our risk and governance procedures. We need to review and ensure that we are prepared for eventualities that would have been seen, until recently, as marginal risks but now are an ever present risk to our Trust, ranging from fire, to fraud, to cyber attacks to terrorism. I will Chair this review myself. It is my intention to bring a draft to the Council Away day for discussion and input.

4.0 Council of Governors Away Day

We have now agreed with the Lead Governor that we will hold our annual Away Day in November and will bring the date and proposed Agenda to Council for discussion. I have asked the Lead Governor to raise this with all of you in your informal session ahead of the meeting for ideas on how you would like us to plan the day.

5.0 Jeremy Loyd retirement from the Board

You will also see from the papers that very sadly Jeremy Loyd retires this November and we are now planning the recruitment of his successor. This too is covered further in the papers.

6.0 Meetings attendance

Finally, I want to mention to you that you will know I have not been able to attend every Board and Meetings recently. I apologise for this. The reasons relate to some minor health issues that have arisen over the last few months. I have briefed the Lead Governor throughout. I am delighted to say that after a very successful operation at the Royal Brompton four weeks ago, the issue I faced (probably since birth) has now been entirely corrected, and I am told that my energy levels will be the highest I have experienced for many years! I remain fully committed to being your Chair and with renewed vigour.

On a personal note I would like to thank our Lead Governor, Susan Maxwell, for all her commitment and support. During the last months she has been a tower of strength and support to all of us on the Board and our colleagues. We are so grateful to her.

7.0 Private Board Matters

I promised to share appropriate matters from the Private Board with the Council of Governors. As so many of the agenda items replicate the Public Board agenda, it may be best to share the flavour of the committee minutes, which are not put before Public Board.

Discussion around Finance and Investment Committee minutes highlighted that Women and Children's Division were further in achieving their allocated Cost Improvement Programme than Planned Care, and Governors will have noted the Integrated Performance Report presented by the Chief Operating Officer at Public Board. Discussion of Audit Committee minutes focussed on issues of Cyber Security and ways in which we can improve our systems, which was before Public Board in the report of Kevin Jarrold. Discussion of People and Organisational Development Committee minutes considered if there were any other solutions to the challenges of retention and recruitment, but there was nothing added to the existing strategy.

Sir Thomas Hughes-Hallett
Chairman

July 2017



Council of Governors Meeting, 27 July 2017

AGENDA ITEM NO.	2.2/Jul/17
REPORT NAME	Chief Executive's Report
AUTHOR	Karl Munslow Ong, Deputy 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	<p>As described within the appended paper.</p> <p>Governors are invited to ask questions on the content of the report.</p>
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

May 2017

1.0 Major Incidents

As we reflect on the past few months in which we have had to respond to two terrorist attacks, a major cyber attack and most recently the devastating fire at Grenfell Tower, I am struck both by the enormity and awful impact of these events but also the resilience and spirit of our amazing staff.

As the Grenfell tragedy unfolded, hundreds of staff who had not been scheduled to be at work arrived at the Trust. We were bowled over by the commitment of our doctors, nurses and health care professionals who arrived in our hospital ready to receive injured patients. Not only did everyone work together as a team, but the offers of help from those not directly involved were amazing. I have visited many of the teams who have been so supportive to thank them on behalf of the Board for their incredible effort through this very challenging time. We have also ensured that the right support mechanisms are in place for staff in light of these very traumatic incidents.

The efforts of our teams have also been acknowledged by many others. We had a number of visits to meet patients and staff including Theresa May, the Prime Minister, and the Mayor of the Royal Borough of Kensington and Chelsea, Cllr Marie-Therese Rossi and Cllr William Pascall.

I want to make a special mention to our colleagues at the Royal Brompton and Royal Marsden Hospitals who demonstrated, with their great support, that the Fulham Road coalition is a wonderful asset to all of us. I have also spoken to colleagues at other London hospitals who received patients and with whom we have a very supportive relationship sharing both our issues, and how we can help each other. It is at times like these that you really do feel that the NHS is one big family. All of our thoughts very much remain with the families who have been affected by this tragic event.

2.0 Performance

In the context of the unprecedented pressures noted above, the month of May was another busy and challenging month for the organisation in the delivery of our performance metrics. Whilst neither of our sites delivered against the 95% A&E standard, we continued to see increased levels of demand, nearly 7%.

The RTT incomplete target was not achieved in May for the Trust, but improved from the previous month, with the team focussed on delivery of their RTT recovery trajectory which forecasts a return to compliance by August 2017. I am pleased to report that there continues to be no reportable patients waiting over 52 weeks to be treated on either site and this is expected to continue.

The demand for our services continues, especially in relation to 2 week wait cancer referrals with May having received the highest number of referrals ever recorded. The operational and clinical teams are finding it increasingly difficult to provide this additional capacity. We are looking to work closely with both our commissioner and GP colleagues but also the National Cancer Taskforce to consider ways to help improve performance. In month, we had a particularly challenging time with a significant deterioration in the 62 Day indicator with a total of 14 breaches. A full review has been undertaken with a key part of the recovery plan being the introduction of the agreed Urology optimal pathway from 1st July.

Despite the challenges noted above, especially in relation to non-elective demand, we met with our colleagues from NHSI, who recognise our Trust as one of the best performing in London and I offer my thanks and congratulations to the teams involved.

3.0 Staff Achievements

I am delighted to report to the Board on various staff awards and achievements over the past few months.

April

PROUD staff award winners: Cardiology Team (WMUH); Dermatology Department (both sites)
Lord Wigram Ward (C&W); Corporate Security Team (both sites); Critical Care Outreach Team (Chelsea)

Industry awards: Cancer Pain Award - Barry Quinn, Assistant Director of Nursing; Royal College of Anaesthetists 25th Anniversary Trainer Award - Dr Michelle Hayes, Consultant Intensivists; Nursing Times Student Nurse of the Year Award - 3rd year nursing student, Anwar Tabali.

May

PROUD staff award winners: Acute Medical Unit (WMUH); Melanie Knight, Maternity Support Worker (WMUH); Therapies Administration Team (C&W); Porters (C&W)

Industry awards: Health Service Journal (HSJ) Value in Healthcare Awards for Acute Service Redesign - Paediatric Team for the Paediatric Assessment Unit (PAU) model developed at West Middlesex with Hounslow CCG.

4.0 Appointments

Following a competitive process I am delighted to announce that Pippa Nightingale has been appointed as Chief Nurse at the Trust. Pippa was previously our Director of Midwifery and Clinical Director for Women's services. Her appointment brings us up to a full complement of substantive Executive Directors.

We are also in the process of recruiting to a substantive Company Secretary and Director of Communications and look forward to updating you at our next Board meeting.

5.0 Care Quality Programme

The Care Quality Programme established in the corporate nursing team aims to support a sustainable approach to quality and safety improvement within the Trust. Part of this programme is leading on preparations for the anticipated upcoming CQC inspection. This programme of work includes key work

streams such as: estates and facilities; medicines management; clinical services; corporate governance; and stakeholder and staff engagement.

To engage staff we have: delivered staff awareness sessions on both sites; produced a *Staff Preparation Handbook* for all staff; and established the Senior Leader Partner Programme to support local teams and strengthen communications ward to board. I am very happy to be the link for Marble Hill 1 and 2 at West Middlesex and the Labour Ward at Chelsea.

To test ourselves we have conducted two Trust-wide peer reviews, which were supported by local acute providers, commissioners and NHS Improvement. The findings have informed divisional action plans and the progress with these is being formally monitored through the executive structure and a Trust-wide action tracker which also combines the actions from previous inspections for both sites. We engaged in two estates and facilities peer reviews in both hard and soft facilities management and have planned a peer review of the pharmacy function and medicines management.

Ongoing improvements include: quality ward boards for clinical areas to display staffing levels and key quality and safety information; and the establishment of a reference group of staff who have chosen to be part of the Trust's on-going approach to improvement of quality and safety.

We will continue to liaise with the CQC through our relationship management team.

6.0 Communications and Engagement

Our Chelsea site open day held on 20th May was a great success with over 2,000 people attending and bringing together staff from all Departments after a difficult few weeks. We had more stalls than ever before and there was a real buzz and sense of togetherness throughout the hospital – which was fabulous to see. I was delighted to accompany William, our VIP and a star of the future. William was born at 28 weeks in our NICU and spent just over eight weeks with us. He has been in and out of hospital quite a lot but is now a very fit, strong and healthy almost 10-year-old. William has been raising money for the NICU campaign and so was the perfect person to open the event. Thank you to the Governors and CW+ both for their significant personal contribution of time, as well financial support to run this ever popular event.

We have recently facilitated a number of broadcast programmes including CBBC TV footage in maternity and paediatrics; a patient wanting to tell his story to Victoria Derbyshire following his treatment after the Grenfell Tower fire; and a number of BBC and other broadcasters wanting to film with 56 Dean St. We are planning to work with the BBC on a BBC Science programme about burns. Footage that was shot last year at 56 Dean St was broadcast on BBC1 in The Truth about HIV documentary.

The latest Team Brief follows this report.

7.0 Joint Work Programme with Kingston Hospital

The two Trusts met at a joint Executive last month to identify opportunities for collaborative working. The main progress has been in a collective approach to Out of Hospital requirements with the specific objectives of developing the narrative and case to support investment and a revised approach to supported discharge for Winter 2017/18. This work includes:

- Cross referencing our Day of Care Audit (at WMUH) with a developing dataset in Kingston (KHT)
- A Phase 1 audit/diagnostic scheduled for KHT in late July
- A Phase 2 at WMUH (as part of scheduled Day of Care in September)
- Out of Hospital/Care home capacity options appraisal to prioritise where additional capacity could physically be located
- Developing workstreams on workforce and capacity development and financial flows

The outputs of this work are expected to be presented to local Emergency Care Boards and STP planning groups.

I can also report that following the consolidation of Kingston and Richmond CCG Management Teams, a specific sub group of the South West London STP has been created spanning this area. The Trust has been invited to join the designated Executive Transformation Board.

8.0 Accountable Care Update

Hammersmith & Fulham Accountable Care Partnership (ACP): Since the last update provided to the Trust board in March 2017, CLCH NHS Trust and Hammersmith and Fulham Council have joined the Programme Board. Neither party has signed the existing Memorandum of Understanding (MOU) as the current proposals are that all organisations will move to a superseding Partnership Agreement.

It is important to emphasise that at this point in the ACP development there is no contract award and no services being jointly delivered. All work remains evaluatory with the following objectives in mind:

- 1) To give commissioners confidence to develop a specification for ACP contracts
- 2) To allow the ACP to meet any 'Most Capable Provider' tests and, therefore, allow commissioners to consider not using the formal market and procurement routes to make any contract award
- 3) To position the ACP as a possible early adopter/pace-setter programme within NWL STP with limited contract award in April 2018 (a year ahead of STP milestones)

The Executive have considered that the benefits of such an approach:

- Would be a key enabling step to any contract award and the development of an alliance contract
- Would ***not be legally binding*** so represents a positive but lower risk first step in a transition towards a more formal joint venture or new entity in the future (mindful that only CWFT of the partners currently has the ability to enter into formal organisational JV terms)

Subject to further detail on the proposed arrangements and scrutiny from our established governance and decision making process it is proposed that the Draft Partnership Agreement is brought for approval by Board on 7 September.

9.0 Finance

At the end of May, month 2, our year to date adjusted position is favourable to internal plan by £0.28m. Pay costs are over plan by £2.39m offset by underspends in non-pay and revenue in excess of plan.

We had planned to achieve 11.9% of our savings target for 2017/18 of £25.9m by the end of month 2 but actually achieved 6.8%. We need to work hard to get our CIP delivery back on plan and to ensure we achieve our year end target.

10.0 NHS Provider Chairs and Chief Execs Meeting

NHS Providers held their most recent national Chairs and Chief Executives meeting on 20th June. There was a presentation on the Mental Health Five Year Forward View from Claire Murdoch, National Programme

Director. The work plan has a significant focus on enhancing mental health provision both at the interface, and delivery within acute hospitals.

Pauline Phillip, National Director for Urgent and Emergency Care talked about the significant challenges the wider system faced. She described this as the single biggest patient safety risk that the NHS had to deal with. There was particular mention of the roll out of the 'red to green days' initiative which our trust has well under way. Finally Pauline referenced the need for a whole hospital and whole system approach to surge/winter planning.

Sir Robert Naylor updated attendees on both his national and London estates review. Sir Robert outlined that the investment requirements to resolve the backlog maintenance issues that the NHS faced, and the capital requirements to support the five year forward view, would require at least £10 billion of investment. The Department of Health is yet to formally respond to the report and therefore we await further details of any next steps.

Chris Hopson provided a policy and national overview. The CQC formally announced the appointment of Prof Ted Baker as the new Chief Inspector of Hospitals who had previously been deputy to Sir Mike Richards. The 2016/17 year end position for the NHS was a deficit of -£791 million. The NHS plan for 2017/18 is for a deficit of -£500 million.

11.0 Workforce

Health and well-being: We have stepped up our promotion of staff health and well-being. We organised two well attended health and well-being days at West Middlesex and Chelsea in June and we will run similar events in September. We have also standardised the counselling service we offer our staff across both our main sites.

Managing conflict: We have launched a one day employee relations training course aimed at giving our managers the skills and confidence to deal effectively with workplace conflict. There is a high demand for places and feedback on the course is positive.

Raising concerns: On 1 July we re-launched our raising concerns (whistleblowing) policy. We encourage people to raise concerns about a risk, wrongdoing or malpractice through a number of routes, including to Vanessa Sloane, Director of Nursing, and our freedom to speak up guardian. The new policy puts in place more robust processes for recording, monitoring and reporting public interest disclosures. A quarterly report on our most serious disclosures will be considered by the quality committee.

Lesley Watts
Chief Executive Officer
July 2017



June 2017

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



Tell us why you are #PROUDtocare on Facebook or Tweet @ChelwestFT or @WestMidHospital

HERE AND NOW

CW+ PROUD Apr 2017 award winners

- **Planned Care—critical care outreach team (C&W):** For all their support, teaching and guidance to the Nell Gwynne ward nursing and medical staff in caring for complex patients with tracheostomies.
- **Emergency and Integrated Care—cardiology team (WMUH):** The team have worked very hard to promote the excellent care of patients with cardiac conditions. They are a pleasure to work with and always very helpful. They continue to drive forward cardiology care for the local population and are an example to all.
- **Women and Children—dermatology admin teams at both sites:** The admin teams have worked very hard to ensure as a department we maintain and meet all of our targets around 2 week wait and referral to treatment even at difficult times. They have made many excellent changes and have worked tirelessly to ensure our patients are seen and managed in a very professional and timely manner.
- **Corporate—security teams at both sites:** The security teams are always on hand to provide their colleagues with help and support, any time of day. No task is too big or too small and they will often accommodate requests at the last minute in order to provide a fantastic service to patients and staff, going above and beyond what is expected.

Visit the intranet to nominate a team or individual.

Performance update—Apr 2017

Both hospitals again showed improvement in A&E performance but combined this remained insufficient to achieve the 95% target with overall performance at 94.1%. There is a comprehensive plan of internal improvement actions including: RED/GREEN days, 2b412, AEC improvements, and expanding the discharge teams. System-wide support is being sought to ensure sector-wide improvement schemes are delivering.

The April RTT reported Trust position is below the national expected target of 92%. WM as a site reported continued compliance with a decline on the C&W site. The administration function on the C&W site has had an impact but this is being addressed with an expected improvement in the May position. Despite this we reported no patients waiting over 52 weeks to be treated.

Financial update – Apr 2017

In April the Trust's in month and year to date position is behind plan by £0.51m. This is predominantly due to under performance in elective work. Pay costs are over plan by £0.21m offset by underspends in non-pay. We have a

challenging savings target for 2017/18 of £25.9m and will need to work hard to achieve this by year end.

Mock inspections feedback

As part of the Trust's preparations for the upcoming Care Quality Commission (CQC) inspection, a Peer Review was conducted on the 18 and 19 May 2017 across both main hospital sites. These 'mock inspections' were undertaken over a range of services. Inspection teams consisted of a range of over 80 people, which included both clinical and non-clinical subject matter experts. Over 30 areas were reviewed. Trust staff were supported by colleagues from: NHS Improvement; Commissioners; other acute Trusts, our contractors ISS, CBRE and Bouygues.

The service reviews were based on the CQC's five key questions:

- Is it Safe
- Well-Led
- Effective
- Caring
- Responsive?

Reviews included the physical environment, documentation and interviews with staff and patients about the quality and safety of care being delivered in the areas. From this, issues requiring immediate attention (or 'red flags'), areas for improvement and areas of good practice were identified and action plans are in place to address these. The main themes or red flags were predominantly focused in the CQC's Safety domain:

Medicines management, infection prevention and control, incident reporting, deteriorating patient, emergency equipment, fire, staffing, safeguarding, Portable Appliance Testing (PAT) and information governance.

Adult inpatient survey results

The results from the 2016 adult inpatient survey are now available from the CQC website www.cqc.org.uk. Please make sure that you take the time to review and reflect on the feedback so we continue to improve care and experience for our patients.

Emergency and integrated care division update

It was a very busy May for the division with a continuing focus on retention and recruitment to ensure we are filling our gaps in staffing, reducing our temporary spend on agency staff and providing the best quality services to our patients.

A monthly welcome breakfast for all new joiners to the division has been introduced, and recently two successful away days (engagement and listening events with staff) have been held for AAU at the C&W site and for AMU at the WM site. These were both well attended and generated several good ideas for improving our services for patients – some of which are being put in place straight away.

Elsewhere the division has been continuing to improve governance, share learning, update guidelines and answer complaints promptly and efficiently. Substantial progress is

being made with all of these, so a big thank you to everyone for finding the time for such important work.

Finally, well done to everyone involved with the recent trauma peer reviews at both hospitals; the visits went very smoothly with a couple of concerns to address, but overall there were many areas of very good practice being highlighted by the external review team.

Planned care division update

We would like to thank the pathology team based at WMUH and the radiology teams across both sites for their support during the cyber-attack. Their input was invaluable in attempting to maintain excellent patient care and prevent further cancellation of appointments. The division would like to thank Claire Painter, Divisional Director of Nursing, for her hard work and commitment over the past few years. Claire is leaving the Trust at the end of June and we would like to wish her all the best in the new role.

Women's and Children's division update

Thank you to all staff who took part in the mock inspection last month which identified lots of areas of good practice and some areas we need to focus on over the coming weeks. We would like to congratulate the Paediatric Assessment Unit for their Health Service Journal (HSJ) award win as well as Viv Heaslip for the PROUD Award along with all the worthy nominees.

A big thank you goes to all staff who worked incredibly hard through the Cyber Attack and Open Day. Finally, please ensure that you are aware of the key Care Quality Programme messages of the week through your executive link and that you are up to date with your mandatory training!

Cyber attack update

We have been working through the IT issues associated with the recent cyber attack and a normal clinical service is running across all sites. The work we now face is to ensure that any backlog in processing (be that processing results and communicating these with our clinical colleagues or booking all urgent appointments) is dealt with as swiftly as possible. A huge thanks goes to all our staff for tirelessly working to provide an excellent service to our patients despite these challenges. We believe that the precautions we have been taking over the past few weeks will make us more resilient to similar situations in the future.

Paediatric team wins Value in Healthcare award

Our paediatric team has won a Health Service Journal (HSJ) Value in Healthcare award in the acute service redesign category. The awards recognise outstanding improvement in quality of care and efficiency throughout the NHS.

The award was for the Paediatric Assessment Unit (PAU) model which sees children and young people treated quickly and discharged home as soon as possible. The team was committed to making a change which would have a positive impact on children and young people attending for urgent care at the site. The whole team worked tirelessly to refine the model to give our patients a brilliant service. Based on the initial success of the model, it was rolled out at all acute hospitals with paediatric units in North West London.

Fantastic turnout at 11th annual Open Day

On Saturday 20 May more than 2,000 people came to our Open Day to find out more about how we are proud to care for the 600,000 patients we see each year at our hospital.

Everyone worked incredibly hard to make it an absolutely fantastic event and can feel very proud. 97% of visitors surveyed rated it excellent and we have taken calls from patients telling us how much they enjoyed the event. Well done to those who took part in our PROUD to Bake competition too. The delicious entries are available for viewing on our Facebook page. Key achievements from the day include:

- 15 nurses who were interviewed were given job offers on the day
- 100 people signed up to apply for future job opportunities at the Trust
- donations on the day which will support the redevelopment of our critical care services.

You can find a link to our photo album here:

<http://www.chelwest.nhs.uk/about-us/events/open-day>

Make sure you have the WMUH Open Day date in your diary: Saturday 16 September from 11am-3pm.

Datix

As of 1 June 2017 there are 188 incidents 'awaiting review' and 669 'being reviewed' that are overdue on Datix. This means that 188 incidents have been reported by staff, but the handler (usually the ward or department manager) has not yet looked at potentially serious incidents and assigned an investigator. This should occur within two working days. Similarly, 699 incidents have been assigned an investigator but the learning outcomes and confirmation of what is being done to reduce any risks has not yet been completed. This should occur within ten working days.

Things will sometimes go wrong in an organisation but, when they do, we need to take action to prevent mistakes being repeated and minimise harm to our patients. A number of incidents have not yet been reviewed in the first instance to determine whether it is serious and to assign an investigator. Staff are reminded to urgently review 'To Do' lists in Datix to manage incidents so they can be closed on the system and staff provided with feedback on how we continue to learn from these events. If anyone would like further help or guidance, please contact clinicalgovernancesupportteam@chelwest.nhs.uk or visit the intranet.

IN THE FUTURE

EPR update: NHS smartcards

Everyone using the Cerner EPR system will need an NHS smartcard. That includes both clinical and operational staff. The card carries your photograph and user ID number and gives you secure access to the parts of the Cerner EPR that you will need to do your job. New starters will get cards when they join the Trust. For existing staff, the registration authority team are distributing cards, service by service, starting with the WMUH site. For more information about smartcards and EPR, go to the Electronic patient record site on the intranet, or email us at CernerEPR@chelwest.nhs.uk

July 2017 team briefing dates

Mon 3 Jul, 11am-12pm, CW Gleeson Lecture Theatre
Mon 3 Jul, 1-2pm, G2 Offices Harbour Yard
Tue 4 Jul, 1-2pm, WMUH Meeting Room A



Council of Governors Meeting, 27 July 2017

AGENDA ITEM NO.	2.3/Jul/17
REPORT NAME	Integrated Performance Report – May 2017
AUTHOR	Robert Hodgkiss, Chief Operating Officer
LEAD	Robert Hodgkiss, Chief Operating Officer
PURPOSE	To report the combined Trust's performance for May 2017 for both Chelsea & 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 2017.</p> <p>Regulatory performance – Overall performance was 92.1% (CW site 93.7%, WM site 90.6%). Two key factors contributed to the decline from previous months' improved performance; a further rise in ED attendances of 6.7% compared with May 2016, and second disruption resulting from the ransomware attack which particularly impacted WM site ED performance and led to significant number of breaches.</p> <p>The RTT incomplete target was not achieved in May for the Trust, but improved from the previous month, with a performance of 90.5%. The RTT recovery trajectory indicates that compliance will be achieved by August 2017.</p> <p>There continue to be no reportable patients waiting over 52 weeks to be treated on either site and this is expected to continue.</p> <p>Cancer services had a particularly challenging month with a significant deterioration in the 62 Day indicator with a total of 14 breaches. A revised trajectory in recognition of the challenges has been established with in-month compliance expected during Q2 and overall achievement for the year. A key component of this recovery is the implementation of the agreed Urology optimal pathway from 1st July. Urology represented 5.5 of the 14 breaches with tumour site performance of 26.67%. The 2WW indicator was also non-compliant with May receiving the highest number of referrals ever recorded and the operational and clinical teams struggling to provide additional capacity.</p> <p>There were three reported CDiff infections in May at WMUH. Three specific actions have been identified to recover the position.</p> <p>Both sites have achieved all other regulatory performance indicators.</p> <p>Access There were 154 breaches in May resulting in a 97.81% diagnostic waiting time and</p>

	whilst not compliant, is an improvement from the previous month. Capacity issues are being addressed to aid the recovery of this position by July 2017.
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 Year-to-Date adjusted surplus stands at £283k above plan with a cash balance of £4.68m more than plan
QUALITY IMPLICATIONS	As outlined above.
EQUALITY & DIVERSITY IMPLICATIONS	None
LINK TO OBJECTIVES	Improve patient safety and clinical effectiveness Improve the patient experience Ensure financial and environmental sustainability
DECISION/ ACTION	To note.

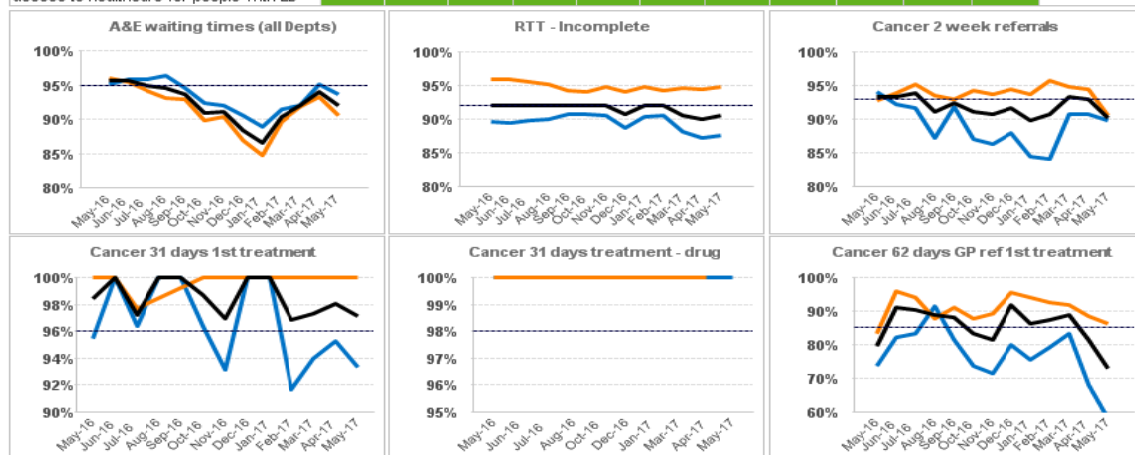


TRUST PERFORMANCE & QUALITY REPORT

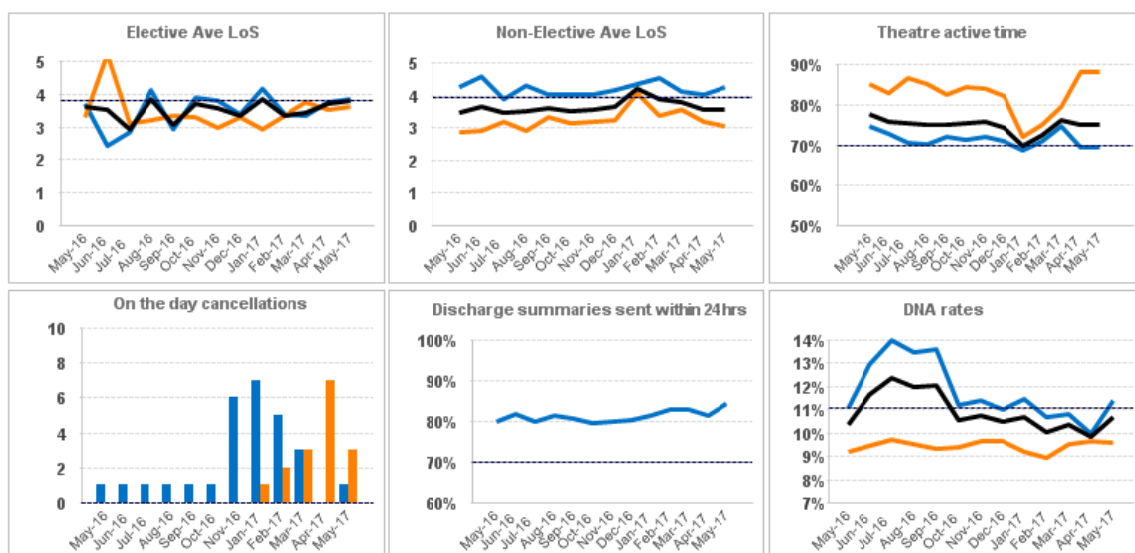
May 2017



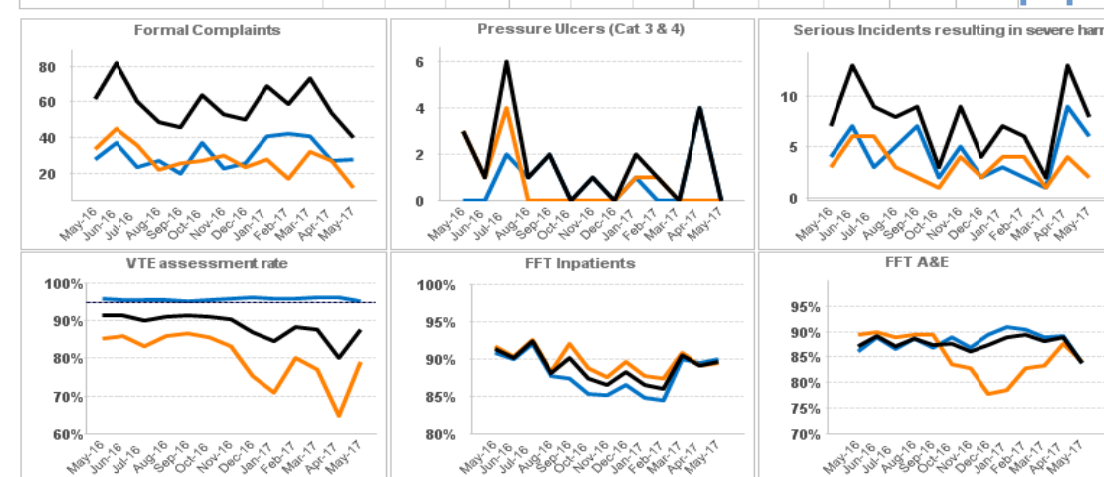
Regulatory Compliance											
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined Trust data: last Quarter, YTD & 13m trend				
Indicator	Mar-17	Apr-17	May-17	Mar-17	Apr-17	May-17	Mar-17	Apr-17	May-17	Quarter	YTD
A&E waiting times - Types 1 & 3 Depts (Target: >95%)	92.1	95.0	93.7	91.8	93.3	90.6	92.0	94.1	92.1	93.0	93.0
RTT - Incomplete (Target: >92%)	88.2	87.2	87.6	94.6	94.4	94.8	90.6	90.0	90.5	90.2	90.2
Cancer 2 week urgent referrals (Target: >93%)	90.8	90.8	89.8	94.9	94.4	90.6	93.0	93.0	90.2	91.5	91.5
Cancer 2 week Breast symptomatic (Target: >93%)	n/a	n/a	n/a	94.5	89.1	90.4	94.5	89.1	90.4	89.9	89.9
Cancer 31 days first treatment (Target: >96%)	93.9	95.2	93.3	100	100	100	97.3	98.0	97.1	97.5	97.5
Cancer 31 days treatment - Drug (Target: >98%)	100	n/a	100	100	100	n/a	100	100	100	100	100.0
Cancer 31 days treatment - Surgery (Target: >94%)	50.0	100	100	100	100	100	81.8	100	100	100	100.0
Cancer 62 days GP ref to treatment (Target: >85%)	83.3	68.2	50.0	91.8	88.4	86.2	89.0	81.5	72.8	76.2	76.2
Cancer 62 days NHS screening (Target: >90%)	n/a	n/a	n/a	100	100	100	100.0	100.0	100.0	100.0	100.0
Clostridium difficile infections (Targets: CVV: 7, VIM: 9, Combined: 16)	0	0	0	1	1	3	1	1	3	4	4
Self-certification against compliance for access to healthcare for people with LD	Comp	Comp	Comp	Comp	Comp	Comp	Comp	Comp	Comp	Comp	Comp



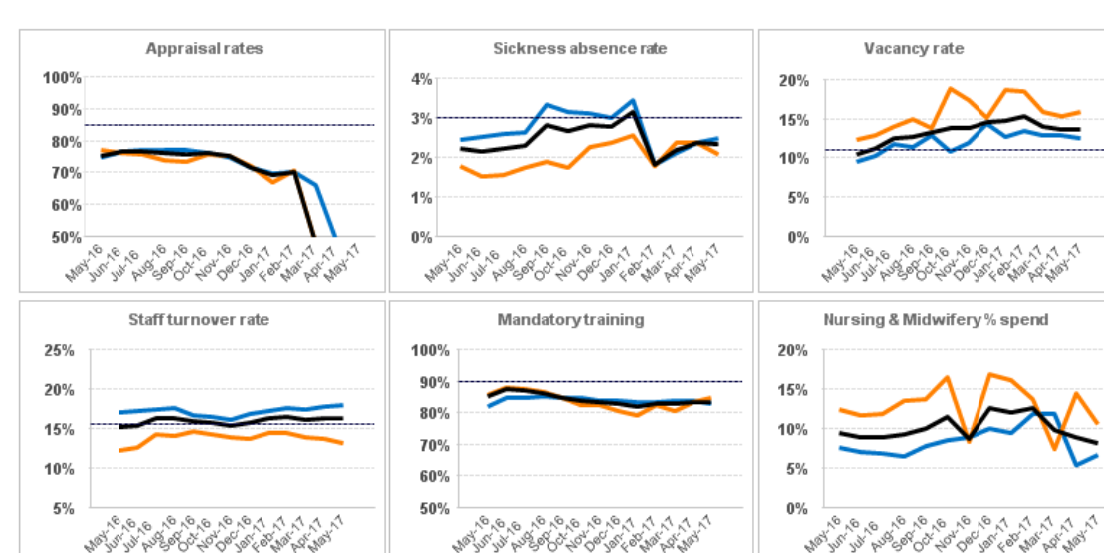
Efficiency											
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend				
Indicator	Mar-17	Apr-17	May-17	Mar-17	Apr-17	May-17	Mar-17	Apr-17	May-17	Quarter	YTD
Elective average LoS (Target: <3.8)	3.3	3.8	3.9	3.8	3.6	3.6	3.5	3.7	3.8	3.8	3.8
Non-Elective average LoS (Target: <3.95)	4.1	4.0	4.3	3.5	3.2	3.1	3.8	3.6	3.6	3.6	3.6
Theatre active time (Target: >70%)	74.6	69.3	69.4	79.6	88.1	88.2	76.2	75.0	75.0	75.0	75.0
Discharge summaries sent within 24 hours (Target: >70%)	82.8	81.6	84.4	dev	dev	dev	82.8	81.6	84.4	83.2	83.2
Outpatient DNA rates (Target: <11.1%)	10.8	10.0	11.4	9.5	9.6	9.6	10.4	9.8	10.7	10.3	10.3
On the day cancelled operations not re-booked within 28 days (Target: 0)	3	0	1	3	7	3	6	7	4	11	11



Quality											
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend				
Indicator	Mar-17	Apr-17	May-17	Mar-17	Apr-17	May-17	Mar-17	Apr-17	May-17	Quarter	YTD
Hand Hygiene (Target: >=90%)	96.0	95.8	96.4	98.4	96.3	89.7	96.7	96.0	94.1	95.0	95.0
Pressure Ulcers (Cat 3 & 4)	0	4	0	0	0	0	0	4	0	4	4
VTE assessment % (Target: >=95%)	96.4	96.1	95.4	77.1	64.6	79.2	87.5	80.3	87.6	84.3	84.3
Formal complaints number received	41	27	28	32	27	12	73	54	40	94	94
Formal complaints responded to <25days	15	11	5	12	5	3	27	16	8	24	24
Serious Incidents	1	9	6	1	4	2	2	13	8	21	21
Never Events (Target: 0)	0	0	0	0	0	0	0	0	0	0	0
FFT - Inpatients recommend % (Target: >90%)	89.9	89.4	90.0	90.9	89.1	89.6	90.5	89.2	89.7	89.5	89.5
FFT - A&E recommend % (Target: >90%)	89.0	89.1	83.8	83.4	87.7	84.2	88.1	88.9	83.9	86.3	86.3
Falls causing serious harm	0	0	0	0	0	0	0	0	0	0	0












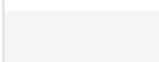

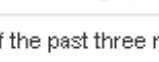



Workforce											
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend				
Indicator	Mar-17	Apr-17	May-17	Mar-17	Apr-17	May-17	Mar-17	Apr-17	May-17	Quarter	YTD
Appraisal rates (Target: >85%)	65.9	8.6	13.0	2.3	11.4	2.1	4.1	9.6	2.4	2.7	2.7
Sickness absence rate (Target: <3%)	2.11	2.35	2.46	2.36	2.35	2.09	2.19	2.35	2.34	2.35	2.35
Vacancy rates (Target: CW< 2%; WM<10%)	12.9	12.9	12.6	16.0	15.2	15.9	14.0	13.7	13.7	13.7	13.7
Turnover rate (Target: CW< 8%; WM<11.5%)	17.4	17.8	18.0	13.8	13.6	13.2	16.2	16.4	16.3	16.3	16.3
Mandatory training (Target: >90%)	83.9	83.6	82.9	80.4	83.2	84.6	82.7	83.5	83.5	83.5	83.5
Bank and Agency spend (£k)	£3,488	£2,482	£2,165	£1,997	£2,271	£2,347	£5,486	£4,753	£4,512	£9,265	£9,265
Nursing & Midwifery: Agency % spend of total pay (*target: tbc)	11.9	5.3	6.6	7.4	14.5	10.6	9.8	8.9	8.1	8.5	8.5





NHSI Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Mar-17	Apr-17	May-17	2017-2018	Mar-17	Apr-17	May-17	2017-2018	Mar-17	Apr-17	May-17	2017-2018 Q1	2017-2018	Trend charts
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	92.1%	95.0%	93.7%	94.3%	91.8%	93.3%	90.6%	91.9%	92.0%	94.1%	92.1%	93.0%	93.0%	
RTT	18 weeks RTT - Admitted (Target: >90%)	75.5%	65.5%	62.8%	63.9%	80.9%	81.7%	84.9%	83.5%	78.6%	75.1%	75.2%	75.2%	75.2%	
	18 weeks RTT - Non-Admitted (Target: >95%)	93.6%	92.7%	93.1%	92.9%	93.4%	92.6%	93.8%	93.3%	93.5%	92.7%	93.3%	93.1%	93.1%	
	18 weeks RTT - Incomplete (Target: >92%)	88.2%	87.2%	87.6%	87.4%	94.6%	94.4%	94.8%	94.6%	90.6%	90.0%	90.5%	90.2%	90.2%	
Cancer <small>(Please note that all Cancer indicators show interim, unvalidated positions for the latest month (May-17) in this report)</small>	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	90.8%	90.8%	89.8%	90.2%	94.9%	94.4%	90.6%	92.4%	93.3%	93.0%	90.2%	91.5%	91.5%	
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	n/a	94.5%	89.1%	90.4%	89.9%	94.5%	89.1%	90.4%	89.9%	89.9%	
	31 days diagnosis to first treatment (Target: >96%)	93.9%	95.2%	93.3%	94.1%	100%	100%	100%	100%	97.3%	98.0%	97.1%	97.5%	97.5%	
	31 days subsequent cancer treatment - Drug (Target: >98%)	100%	n/a	100%	100%	100%	100%	n/a	100%	100%	100%	100%	100%	100%	
	31 days subsequent cancer treatment - Surgery (Target: >94%)	50.0%	100%	100%	100%	100%	100%	100%	100%	81.8%	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%)	83.3%	68.2%	50.0%	56.7%	91.8%	88.4%	86.2%	87.0%	89.0%	81.5%	72.8%	76.2%	76.2%	
Patient Safety	62 days NHS screening service referral to first treatment (Target: >90%)	n/a	n/a	n/a	n/a	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	Clostridium difficile infections (Year End Targets: CW: 7; WM: 9; Combined: 16)	0	0	0	0	1	1	3	4	1	1	3	4	4	
Learning difficulties Access & Governance	Self-certification against compliance for access to healthcare for people with Learning Disability	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	
	Governance Rating	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
Please note the following three items		n/a	Can refer to those indicators not applicable (eg Radiotherapy) or indicators where there is no available data. Such months will not appear in the trend graphs.												
			RTT Admitted & Non-Admitted are no longer Monitor Compliance Indicators												
			Either Site or Trust overall performance red in each of the past three months												

Trust commentary

A&E 4 hours waiting time

Both hospitals showed a drop in performance from the previous month, and this remained insufficient to achieve the 95% target.

Overall performance was 92.1% (CW site 93.7%, WM site 90.6%). Two key factors led to this: a further rise in ED attendances of 6.7% compared with May 2016, and second disruption resulting from the ransomware attack which particularly impacted WM site ED performance.

As described previously, indications remain that the key actions to recover performance are achieving increasing effect and that further progress on schemes to reduce length of stay on both sites. Early indications for June are that performance is improving further and this work is being monitored in detail by the by the A&E Delivery Board. To improve further, we have invited NHSI and ECIP to undertake a two day improvement visit to both hospitals in early July, and the Acute Medicine operational team has been strengthened with the addition of a General Manager joining from Epsom and St Helier Hospital – a strong performing London Acute FT

Clostridium difficile infections

Three cases of *Clostridium difficile* infection (CDI) were identified at the WMUH. Because these patients were on prolonged courses of antibiotic which increased their susceptibility to CDI, it has been recognised that antimicrobial stewardship could be improved. Therefore the actions taken are set out below:

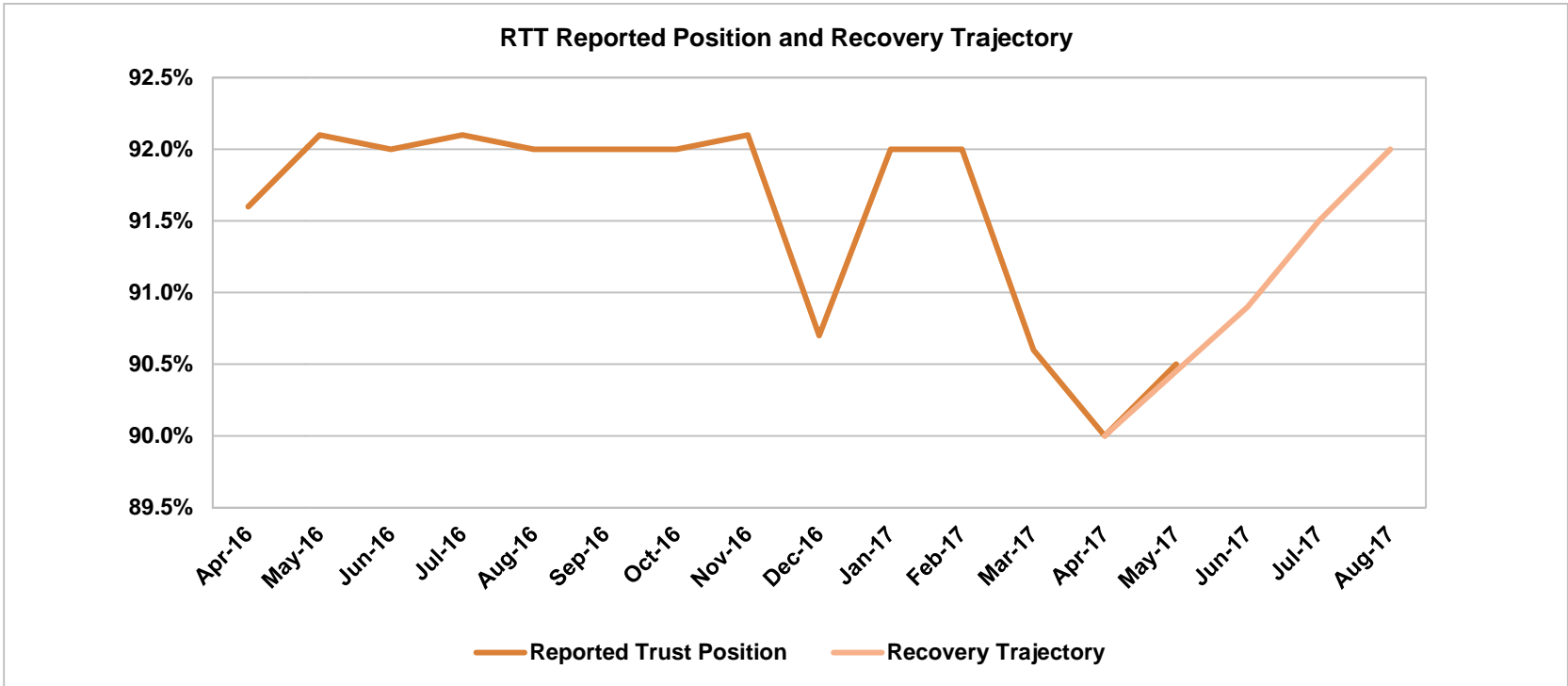
- A CDI checklist was introduced at WMUH on 3rd June. This means that the Trust policy for this has been harmonised across the organisation. There are plans to add this document to ICE for to aid compliance.
- Weekly antimicrobial stewardship rounds.
- To review the antimicrobial guidelines at COE to optimise the use of IV Co-amoxiclav



Trust commentary continued

18 weeks RTT – Incomplete pathways

The May RTT reported trust position is below the national expected target of 92%. WM Site reported a compliant position at 94.77% and this follows a consistent trend. CW site reported an improved position at 87.64% but remains non-compliant. The trajectory below indicates compliance will be regained by August 2017.



As referenced in last month's commentary the administration function on the CW site has had an impact on the way patients are booked in line with the Trust Access Policy and this is being addressed. The recovery is based around introducing new controls and measuring these on a daily basis to ensure the correct patients are booked into capacity and the trust elective access policy is adhered to. Whilst reviewing capacity and increasing where possible to reduce the backlog and reduce the number of patients being added. There continue to be no reportable patients waiting over 52 weeks to be treated on either site and this is expected to continue.

Whilst we are still reporting a non-compliant position at Trust level, there has been an improvement compared to the previous 2 month's performance. An additional compounding factor preventing quicker recovery is the significant increase in referrals in both 2WW Cancer (21% increase) and Elective pathways (3% increase) which require additional capacity.

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

The numbers received by the trust continues to rise with referrals in May 2017 36% higher than those received by the trust in May 2016. The 2WW target continues to be challenged with May performance on both sites poor and a notable increase in breaches for colorectal and Skin. Although many are down to patient choice / cancellation, across all tumour sites less than 15% of patients are being booked within the first week. In May skin was particularly challenged due to unexpected consultant absence. Straight to Test for LGI at WM (an enhancement in the patient pathway) also commenced in May with some initial issues which have now been resolved.

2 weeks from referral to first appointment all Breast symptomatic referral

Breast Symptomatic has 12 breaches, 11 of which were patient cancellations however capacity within breast is challenged with all but 5% being booked into the second week. Capacity has been reviewed alongside the clinicians with additional being created in June.

Cancer - 31 days diagnosis to first treatment

2 patients were not treated within 31days of decision to treat. At the Chelsea site one of the breaches was for Skin where a scheduling error with Plastics failed to book the patient within breach with the other being Urology where surgery was originally scheduled within time but cancelled on the day due to PACs issues during Cyber Attack

Cancer - 62 days GP referral to first treatment

May's performance has seen an increase in the number of breaches, particularly on the Chelsea site and specifically for Urology with only 1 patient treated within 62 days. There have been 14 breaches in the month, 4.5 related to complex diagnostics pathways, 2 were complex comorbidities and 2 related to patient initiated delays. A revised trajectory in recognition of the challenges has been established with in-month compliance expected during Q2 and overall achievement for the year.. A key component of this is the agreed Urology optimal pathway from 1st July. Proposals for targeted actions to improve performance have been submitted to the CCG for potential funding, including tumour site specific pathway navigators to ensure patients progress through diagnostics as outlined in the optimal pathway. Weekly Cancer PTL has improved attendance and more robust actions and Cancer Access meeting has been moved to weekly to improve senior oversight.



Safety Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Mar-17	Apr-17	May-17	2017-2018	Mar-17	Apr-17	May-17	2017-2018	Mar-17	Apr-17	May-17	2017-2018 Q1	2017-2018	Trend charts
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	0	0	0	0	1	0	0	0	1	0	0	0	0	
	Hand hygiene compliance (Target: >90%)	96.0%	95.8%	96.4%	96.1%	98.4%	96.3%	89.7%	93.0%	96.7%	96.0%	94.1%	95.0%	95.0%	
Incidents	Number of serious incidents	1	9	6	15	1	4	2	6	2	13	8	21	21	
	Incident reporting rate per 100 admissions (Target: >8.5)	6.7	8.0	6.4	7.1	8.8	9.1	9.0	9.0	7.6	8.5	7.6	8.0	8.0	
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions (Target: 0)	0.01	0.02	0.03	0.04	0.00	0.14	0.00	0.07	0.01	0.07	0.02	0.04	0.04	
	Medication-related (NRLS reportable) safety incidents per 100,000 FCE bed days (Target: >=280)	357.87	382.12	488.55	439.22	269.64	201.68	164.47	182.37	314.85	294.34	336.57	316.64	316.64	
	Medication-related (NRLS reportable) safety incidents % with harm (Target: <=12%)	9.4%	20.0%	4.1%	10.5%	15.8%	28.0%	13.6%	21.3%	12.1%	22.7%	6.3%	13.5%	13.5%	
	Never Events (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Harm	Safety Thermometer - Harm Score (Target: >90%)	95.3%	91.5%	98.5%	93.7%	95.8%	94.0%	95.7%	94.6%	95.6%	92.9%	96.8%	94.2%	94.2%	
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	0	4	0	4	0	0	0	0	0	4	0	4	4	
	NEVVS compliance %	95.7%	96.7%	97.6%	97.2%	96.2%	99.2%	101.7%	100.5%	95.8%	97.4%	98.6%	98.0%	98.0%	
	Safeguarding adults - number of referrals	23	23	19	42	34	23	23	46	57	46	42	88	88	
	Safeguarding children - number of referrals	31	25	24	49	132	109	98	207	163	134	122	256	256	
Mortality	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	86.4	86.4	86.4	86.4	86.4	86.4	86.4	86.4	86.4	86.4	86.4	86.4	86.4	
	Number of hospital deaths - Adult	32	32	25	57	63	57	52	109	95	89	77	166	166	
	Number of hospital deaths - Paediatric	1	1	1	2	0	0	0	0	1	1	1	2	2	
	Number of hospital deaths - Neonatal	1	2	1	3	0	3	0	3	1	5	1	6	6	
	Number of deaths in A&E - Adult	2	1	1	2	5	2	4	6	7	3	5	8	8	
	Number of deaths in A&E - Paediatric	0	0	0	0	1	0	0	0	1	0	0	0	0	
	Number of deaths in A&E - Neonatal	0	0	0	0	0	0	0	0	0	0	0	0	0	
Please note the following		blank cell	An empty cell denotes those indicators currently under development								Either Site or Trust overall performance red in each of the past three months				

Trust commentary

Number of serious incidents

8 Serious Incidents were reported in May 2017; 6 at CWH and 2 at WMUH. Table 2 within the SI Report prepared for the Board reflects the number of incidents, by category reported on each site during the month.

Incident reporting rate per 100 admissions

Of the 1009 patient safety incidents reported, 478 relate to incidents occurring on the CWH site, 519 on WMUH site, 13 in Community clinics.

Rate of patient safety incidents resulting in severe harm or death

1 incident resulted in a patient death within the paediatric theatre. A further 3 incidents resulted in severe harm relating to maternity, ophthalmology and a patient undergoing treatment within the ITU. Comprehensive investigations are currently underway relating to all 4 of these incidents, which are also referred to within the SI Report prepared for the Board.



Trust commentary

Medication-related safety incidents

WMUH site medication related safety incident reporting rate is below target. The pharmacy team are working with teams to encourage 'low' and 'no harm' incident reporting.

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

The combined Trust reporting rate for May is 316/100,000 FCE bed days, which is better than the Trust target and the latest benchmarks published on the Carter dashboard; National Median 286 and Peer Median 279 (March 2016 data).

Chelsea site achieved 489/100,000 FCE bed days, the West Middlesex site was below target at 164.

Medication-related (reported) safety incidents % with harm

The Trust % of medication related safety incidents with-harm for May was 13.5% which is just above the Trust target of $\leq 12\%$, worse than the latest Carter National Benchmark (9.7%) and that of the Peer Median (8.2%) (March 2016 data).

Out of 6 reported incidents with-harm (3 at each site), one was moderate-harm (WMUH site) and 5 were low-harm.

Antimicrobials and controlled drugs (CDs) are the most common groups of drugs associated with incidents.

The majority of CD incidents are due to documentation issues and do not cause patient harm. The Medication Safety Group continues to monitor and act upon incident trends, to promote reporting of no - harm and near - miss incidents and work to improve safety culture as well. For 2017-18, the Patient Safety Group has asked for the target for this indicator to be $\leq 9.7\%$ in line with the national benchmarks.

Never Events

There were no Never Events reported in May

Incidence of newly acquired category 3 & 4 pressure ulcers

Preventing Hospital Acquired Pressure Ulcers remain high priority for both C&W and WM sites.

One (1) patient sustained a pressure ulcer whilst receiving care via a small face mask. This is being investigated in order to identify and introduce further preventative measures.

Safeguarding Adults – number of referrals

The number of referrals remains at a consistent level across both main acute sites



Patient Experience Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Mar-17	Apr-17	May-17	2017-2018	Mar-17	Apr-17	May-17	2017-2018	Mar-17	Apr-17	May-17	2017-2018 Q1	2017-2018	Trend charts
Friends and Family	FFT: Inpatient recommend % (Target: >90%)	89.9%	89.4%	90.0%	89.7%	90.9%	89.1%	89.6%	89.4%	90.5%	89.2%	89.7%	89.5%	89.5%	!
	FFT: Inpatient not recommend % (Target: <10%)	4.3%	5.5%	4.3%	4.9%	4.4%	6.1%	5.5%	5.8%	4.3%	5.9%	5.1%	5.4%	5.4%	-
	FFT: Inpatient response rate (Target: >30%)	33.3%	33.3%	35.6%	34.5%	31.2%	30.5%	38.9%	34.9%	32.0%	31.5%	37.7%	34.7%	34.7%	-
	FFT: A&E recommend % (Target: >90%)	89.0%	89.1%	83.8%	86.4%	83.4%	87.7%	84.2%	85.9%	88.1%	88.9%	83.9%	86.3%	86.3%	!
	FFT: A&E not recommend % (Target: <10%)	5.5%	5.0%	5.5%	5.2%	9.4%	7.3%	10.4%	8.9%	6.1%	5.4%	6.4%	5.9%	5.9%	-
	FFT: A&E response rate (Target: >30%)	14.9%	16.2%	19.8%	17.8%	14.7%	13.7%	14.2%	14.0%	14.9%	15.7%	18.4%	17.0%	17.0%	!
	FFT: Maternity recommend % (Target: >90%)	93.4%	92.5%	89.8%	91.2%	98.2%	95.1%	93.8%	94.3%	94.3%	93.0%	90.9%	92.0%	92.0%	-
	FFT: Maternity not recommend % (Target: <10%)	3.9%	4.9%	7.8%	6.2%	0.0%	1.6%	5.2%	3.8%	3.2%	4.3%	7.0%	5.7%	5.7%	-
	FFT: Maternity response rate (Target: >30%)	20.2%	20.5%	22.8%	21.5%	14.2%	15.3%	21.1%	18.4%	18.8%	19.2%	22.3%	20.7%	20.7%	!
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	41	27	28	55	32	27	12	39	73	54	40	94	94	-
	Complaints formal: Number responded to < 25 days	15	11	4	15	12	5	3	8	27	16	7	23	23	-
	Complaints (informal) through PALS	140	105	62	167	56	31	42	73	196	136	104	240	240	-
	Complaints sent through to the Ombudsman	0	0	0	0	2	0	0	0	2	0	0	0	0	-
	Complaints upheld by the Ombudsman (Target: 0)	0	0	0	0	2	0	1	1	2	0	1	1	1	-
Please note the following		blank cell	An empty cell denotes those indicators currently under development							!	Either Site or Trust overall performance red in each of the past three months				

Trust commentary

FFT – new electronic devices are being rolled out across the Trust to enable timely collection of feedback prior to patients leaving the premises. Inpatient response rates have exceeded the target with the highest return achieved in May 37.7%. For recommendation rates CW site achieved the target & WM site made some improvement. There is a focus in all clinical areas on FFT figures but also the qualitative commentary which sits alongside this so that we are responding to concerns. The new ward quality boards have a section for FFT & this was also part of the mock CQC inspections.

A & E continue to struggle with response rates but the electronic devices should help with this. This month there was a sudden jump in the not recommends for WM site although we have received very positive feedback through NHS choices & social media. The information provided by FFT is being interrogated for learning & changes required.

Maternity also continue to struggle with response rates although these have increased at WM site. The recommendation rate for CW site has dropped & as above is being interrogated for learning & improvement.

Formal complaints received have dropped this month. The low number of responses within 25 days are due to the focus on clearing our backlog of complaints. We recognise that this has caused a slip in current complaints which will be rectified. There is a changing process within complaints to have more of a divisional focus with alignment of the complaints teams to the divisions.



Efficiency & Productivity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Mar-17	Apr-17	May-17	2017-2018	Mar-17	Apr-17	May-17	2017-2018	Mar-17	Apr-17	May-17	2017-2018 Q1	2017-2018	Trend charts
Admitted Patient Care	Average length of stay - elective (Target: <3.7)	3.34	3.77	3.87	3.83	3.78	3.55	3.63	3.59	3.46	3.71	3.81	3.76	3.76	-
	Average length of stay - non-elective (Target: <3.9)	4.13	4.03	4.26	4.15	3.55	3.20	3.07	3.13	3.80	3.55	3.57	3.56	3.56	!
	Emergency care pathway - average LoS (Target: <4.5)	5.06	5.25	5.51	5.39	4.36	4.00	3.75	3.87	4.65	4.47	4.45	4.46	4.46	!
	Emergency care pathway - discharges	230	200	233	433	328	326	351	678	558	526	585	1111	1111	-
	Emergency re-admissions within 30 days of discharge (Target: <2.8%)	3.70%	4.39%	3.22%	3.75%	8.50%	9.90%	9.77%	9.83%	5.79%	7.00%	6.16%	6.54%	6.54%	!
	Non-elective long-stayers	465	384	438	822	575	563	625	1188	1040	947	1063	2010	2010	-
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	83.8%	86.1%	86.4%	86.3%	88.3%	89.3%	89.2%	89.3%	85.6%	87.5%	87.5%	87.5%	87.5%	-
	Operations cancelled on the day for non-clinical reasons: actuals	23	19	25	44	3	6	6	12	26	25	31	56	56	-
	Operations cancelled on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.72%	0.79%	0.78%	0.79%	0.22%	0.53%	0.45%	0.48%	0.57%	0.71%	0.68%	0.69%	0.69%	-
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	3	0	1	1	3	7	3	10	6	7	4	11	11	!
	Theatre active time (C&W Target: >70%; WM Target: >78%)	74.6%	69.3%	69.4%	69.3%	79.6%	88.1%	88.2%	88.1%	76.2%	75.0%	75.0%	75.0%	75.0%	-
	Theatre booking conversion rates (Target: >80%)	83.2%	85.5%	84.3%	84.8%	49.5%	50.7%	56.6%	53.5%	72.8%	73.0%	76.7%	75.0%	75.0%	!
Outpatients	First to follow-up ratio (Target: <1.5)	1.57	1.56	1.53	1.54	1.21	1.27	1.26	1.26	1.29	1.34	1.33	1.33	1.33	!
	Average wait to first outpatient attendance (Target: <6 wks)	7.8	7.5	7.7	7.6	6.1	6.5	10.9	8.9	7.0	7.0	9.3	8.3	8.3	!
	DNA rate: first appointment	12.5%	10.7%	13.1%	12.0%	9.7%	10.3%	9.8%	10.0%	11.1%	10.5%	11.5%	11.0%	11.0%	-
	DNA rate: follow-up appointment	10.2%	9.7%	10.8%	10.3%	9.4%	9.2%	9.4%	9.3%	10.0%	9.5%	10.3%	10.0%	10.0%	-
Please note the following		blank cell	An empty cell denotes those indicators currently under development							!	Either Site or Trust overall performance red in each of the past three months				

Trust commentary

Non-Elective LoS

This showed a very slight drop on CW site and a largely steady figure for WM site resulting in an overall modest improvement. Linked to both A&E improvement trajectory and the Acute Frailty work, a further improvement work stream is underway via the 2017/18 length of stay and NEL schemes which aim to deliver significant reductions in LOS and lower readmissions to both hospitals; the major focus being a significantly enhanced service for the frail elderly patients. These efforts are being tracked by the NWL system-wide A&E Delivery Board and at a more local level by the new Acute Frailty strategy group

Emergency re-admissions within 30 days







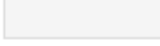

A significant improvement on both sites, but with a significant differential between both hospitals with this the focus of the on-going EMIC divisional improvement work stream through April-June 2017. Detailed data to support the NEL growth and Frailty agenda, shows that there is a significant dividend in terms of readmission rate reductions when the frailty improvement pilots are developed in a more wide scale manner

Delayed transfers of care affected patients

This metric and 'long-stayers' have been subject to a deep dive in support of the LOS and acute frailty work. One initiative in place is provision of an enhanced discharge team. This is being supported via additional CCG funding for immediate roll out which will allow an expanded team of discharge coordinators to support the wards from mid-2017.



Clinical Effectiveness Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Mar-17	Apr-17	May-17	2017-2018	Mar-17	Apr-17	May-17	2017-2018	Mar-17	Apr-17	May-17	2017-2018 Q1	2017-2018	Trend charts
Best Practice	Dementia screening case finding (Target: >90%)	80.6%	92.7%	93.6%	93.2%	92.0%	90.8%	93.6%	92.3%	86.8%	91.7%	93.6%	92.7%	92.7%	
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	87.5%	75.0%	100.0%	89.3%	65.0%	86.7%	84.6%	85.7%	71.4%	81.5%	93.1%	87.5%	87.5%	
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
VTE	VTE: Hospital-acquired (Target: tbc)					0	0	0	0	0	0	0	0	0	
	VTE risk assessment (Target: >95%)	96.4%	96.1%	95.4%	95.7%	77.1%	64.6%	79.2%	72.4%	87.5%	80.3%	87.6%	84.3%	84.3%	
TB	TB: Number of active cases identified and notified	3	6	0	6	8	2	4	6	11	8	4	12	12	
	TB: % of treatments completed within 12 months (Target: >85%)														
Please note the following		blank cell	An empty cell denotes those indicators currently under development								Either Site or Trust overall performance red in each of the past three months				

Trust commentary

VTE Hospital-acquired

C&W Site: Root cause analysis performed on hospital associated VTE events.

WMUH site: Further work now started to ensure RCA are undertaken post event, pending information/radiology teams to identify hospital associated VTE events linked to admission episodes.

VTE Risk assessments completed

C&W site: Target achieved. Clinical areas requiring improvement highlighted to teams.

WMUH site:

Developers of RealTime (West Middlesex reporting module) to implement changes to VTE risk assessment form.

Operational leads reviewing RealTime access in ED to provide access for VTE risk assessment completion, and improve performance for when patients are admitted.



Access Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Mar-17	Apr-17	May-17	2017-2018	Mar-17	Apr-17	May-17	2017-2018	Mar-17	Apr-17	May-17	2017-2018 Q1	2017-2018	Trend charts
RTT waits	RTT Incompletes 52 week Patients at month end	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Diagnostic waiting times <6 weeks: % (Target: >99%)	95.83%	95.72%	95.96%	95.83%	98.08%	98.78%	98.96%	98.89%	96.88%	97.20%	97.81%	97.53%	97.53%	
	Diagnostic waiting times >6 weeks: breach actuals	114	131	109	240	46	35	45	80	160	166	154	320	320	
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	7.6%	7.9%	8.0%	8.0%	8.2%	8.9%	8.5%	8.6%	7.8%	8.2%	8.2%	8.2%	8.2%	
	A&E time to treatment - Median (Target: <60')	01:12	01:04	01:08	01:06	00:27	00:46	00:44	00:45	01:00	01:01	01:02	01:02	01:02	
	London Ambulance Service - patient handover 30' breaches	24	17	39	56	54	57	64	121	78	74	103	177	177	
	London Ambulance Service - patient handover 60' breaches	2	0	0	0	1	0	0	0	3	0	0	0	0	
Choose and Book (available to Apr-17 only for issues)	Choose and book: appointment availability (average of daily harvest of unused slots)	1232	1049	998.8	1022	0	0	0	0	1232	1049	998.8	1022	1022	
	Choose and book: capacity issue rate (ASI)	45.0%								45.0%					
	Choose and book: system issue rate														
Please note the following		blank cell	An empty cell denotes those indicators currently under development								Either Site or Trust overall performance red in each of the past three months				

Trust commentary

Diagnostic waiting times

Although non-compliant in May, there has been an improvement in the number of breaches for Endoscopy on the Chelsea site May following the implementation of a recovery plan.

However, the diagnostic RTT performance in Cardiology remains challenging despite cross site support, due to increased demand and resource imbalance. To fix this shortfall, additional weekend clinics are being scoped, while more fundamentally, the development of an electronic diagnostic PTL is being underway to allow pathway tracking and avoid future non-compliance.

It is expected that the 6 week wait diagnostic trajectory will be compliant by July 2017.

A&E Unplanned Re-attendances






There has been little change to this metric with the overall figure remaining very stable. Given the continuing pressure (6.7% growth in May) on both sites, keeping re attendances steady reflects the on-going care and focus on avoiding readmissions within both hospitals.

A&E LAS 30 min handover breaches

A worsening compared to April attributable to delays during the ransomware attacks. June is looking to see a return to a much improved performance.



Maternity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Mar-17	Apr-17	May-17	2017-2018	Mar-17	Apr-17	May-17	2017-2018	Mar-17	Apr-17	May-17	2017-2018 Q1	2017-2018	Trend charts
Birth indicators	Total number of NHS births	460	463	499	962	405	413	467	880	865	876	966	1842	1842	 -
	Total caesarean section rate (C&W Target: <27%; WMM Target: <29%)	40.3%	29.5%	31.6%	30.5%	24.5%	27.4%	27.2%	27.3%	32.9%	28.5%	29.4%	29.0%	29.0%	 !
	Midwife to birth ratio (Target: 1:30)	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	 -
	Maternity 1:1 care in established labour (Target: >95%)	94.9%	96.5%	98.8%	97.6%	95.3%	96.6%	98.1%	97.4%	95.2%	96.5%	98.4%	97.5%	97.5%	 -
Safety	Admissions of full-term babies to NICU	22	17	21	38	n/a	n/a	n/a	n/a	22	17	21	38	38	 -
Please note the following		blank cell	An empty cell denotes those indicators currently under development							!	Either Site or Trust overall performance red in each of the past three months				

Trust commentary

Total number of NHS births

The Trust continues to be over plan for births year-to-date

Total C-Section rate







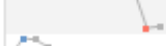



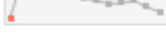
Work continues to address rate at Chelsea site. Remains significantly lower than previous months

Maternity 1:1 care in established labour

Despite increased activity the Trust continues to perform over the 95% standard for this indicator



Workforce Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Mar-17	Apr-17	May-17	2017-2018	Mar-17	Apr-17	May-17	2017-2018	Mar-17	Apr-17	May-17	2017-2018 Q1	2017-2018	Trend charts
Staffing	Vacancy rate (Target: CW <12%; WM <10%)	12.9%	12.9%	12.6%	12.6%	16.0%	15.2%	15.9%	15.9%	14.0%	13.7%	13.7%	13.7%	13.7%	 !
	Staff Turnover rate (Target: CW <18%; WM <11.5%)	17.4%	17.8%	18.0%	18.0%	13.8%	13.6%	13.2%	13.2%	16.2%	16.4%	16.3%	16.3%	16.3%	 !
	Sickness absence (Target: <3%)	2.1%	2.4%	2.5%	2.4%	2.4%	2.4%	2.1%	2.2%	2.2%	2.4%	2.3%	2.3%	2.3%	 -
	Bank and Agency spend (£ks)	£3,488	£2,482	£2,165	£4,646.7	£1,997	£2,271	£2,347	£4,618.3	£5,486	£4,753	£4,512	£9,265	£9,265	 -
	Nursing & Midwifery Agency: % spend of total pay (Target: tbc)	11.9%	5.3%	6.6%	6.0%	7.4%	14.5%	10.6%	12.5%	9.8%	8.9%	8.1%	8.5%	8.5%	 -
Appraisal rates	% of Performance & Development Reviews completed - medical staff (Target: >85%)	79.1%	69.3%	79.2%	74.3%	89.5%	83.9%	83.5%	83.7%	83.5%	75.3%	80.9%	78.1%	78.1%	 !
	% of Performance & Development Reviews completed - non-medical staff (Target trajectory: >60%)	64.4%	1.8%	5.6%	3.7%	65.8%	0.4%	1.8%	1.1%	64.8%	1.3%	4.3%	2.8%	2.8%	 -
Training	Mandatory training compliance (Target: >90%)	83.9%	83.6%	82.9%	83.3%	80.4%	83.2%	84.6%	83.9%	82.7%	83.5%	83.5%	83.5%	83.5%	 !
	Health and Safety training (Target: >90%)	85.0%	82.8%	81.7%	82.3%	80.9%	84.8%	84.6%	84.7%	83.6%	83.5%	82.7%	83.1%	83.1%	 !
	Safeguarding training - adults (Target: 90%)	89.2%	88.5%	88.5%	88.5%	80.8%	85.6%	85.3%	85.5%	86.3%	87.5%	87.4%	87.4%	87.4%	 !
	Safeguarding training - children (Target: 90%)	91.1%	88.9%	87.9%	88.4%	88.3%	88.7%	88.2%	88.4%	90.2%	88.8%	88.0%	88.4%	88.4%	 !
Please note the following		blank cell	An empty cell denotes those indicators currently under development							!	Either Site or Trust overall performance red in each of the past three months				

Trust commentary

Staff in Post

In May we employed 5156 whole time equivalent (WTE) people on substantive contracts, 31 more than last month. Taking into account bank and agency workers our WTE workforce was 6197.

Turnover

Our voluntary turnover rate was 16.3%, unchanged from last month. Voluntary turnover is 18.0% at Chelsea and 13.2% at West Middlesex.

Vacancies

Our general vacancy rate for May was 13.7%, which is the same as April. Work is on-going to reconcile ESR to the financial ledger. Average time to recruit was down to 59 working days in May.

Core training (statutory and mandatory training) compliance

The Trust reports core training compliance based on the 10 Core Skills Training Framework (CSTF) topics to provide a consistent comparison with other London trusts. Our compliance rate stands at 84% against its target of 90%.

Performance and Development Reviews

On 1 April 2017 we changed our PDR process for non-medical staff so that everyone is required to have their PDR in a set period after 1 April 2017, starting first with the most senior staff. At the end of the May 4.3% of non-medical staff had had their PDR. PDRs for our most senior staff must be completed by the end of June. The rolling annual appraisal rate for non-medical staff is 60.67%. The appraisal rate for medical staff was 80.9%, 2% more than last month.

**62 day Cancer referrals by tumour site Dashboard****Target of 85%**

Domain	Tumour site	Chelsea & Westminster Hospital Site					West Middlesex University Hospital Site					Combined Trust Performance						Trust data 13 months
		Mar-17	Apr-17	May-17	2017-2018	YTD breaches	Mar-17	Apr-17	May-17	2017-2018	YTD breaches	Mar-17	Apr-17	May-17	2017-2018 Q1	2017-2018	YTD breaches	Trend charts
62 day Cancer referrals by site of tumour	Brain	n/a	n/a	n/a	n/a		n/a	n/a	100%	100%	0	n/a	n/a	100%	100%	100%	0	
	Breast	n/a	n/a	n/a	n/a		100%	100%	96.0%	97.1%	0.5	100%	100%	96.0%	97.1%	97.1%	0.5	
	Colorectal / Lower GI	100%	66.7%	50.0%	57.1%	1.5	100%	80.0%	75.0%	77.8%	1	100%	75.0%	62.5%	68.8%	68.8%	2.5	
	Gynaecological	100%	n/a	100%	100%	0	100%	100%	100%	100%	0	100%	100%	100%	100%	100%	0	
	Haematological	n/a	n/a	100%	100%	0	100%	n/a	0.0%	0.0%	0.5	100%	n/a	66.7%	66.7%	66.7%	0.5	
	Head and neck	100%	100%	n/a	100%	0	100%	50.0%	100%	66.7%	0.5	100%	66.7%	100%	75.0%	75.0%	0.5	
	Lung	n/a	100%	42.9%	55.6%	2	60.0%	100%	100%	100%	0	60.0%	100%	60.0%	76.5%	76.5%	2	
	Sarcoma	n/a	100%	100%	100%	0	n/a	n/a	n/a	n/a		n/a	100%	100%	100%	100%	0	
	Skin	87.5%	100%	71.4%	87.5%	1	62.5%	100%	81.3%	88.0%	1.5	75.0%	100%	78.3%	87.8%	87.8%	2.5	
	Upper gastrointestinal	100%	n/a	100%	100%	0	100%	100%	100%	100%	0	100%	100%	100%	100%	100%	0	
	Urological	71.4%	0.0%	18.2%	11.8%	7.5	100%	66.7%	50.0%	61.5%	2.5	85.7%	40.0%	26.7%	33.3%	33.3%	10	
	Urological (Testicular)	n/a	n/a	n/a	n/a		100%	n/a	n/a	n/a		100%	n/a	n/a	n/a	n/a		
	Site not stated	n/a	n/a	0.0%	0.0%	1	n/a	n/a	0.0%	0.0%	0.5	n/a	n/a	0.0%	0.0%	0.0%	1.5	

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

Trust commentary

May breaches to the standard by Tumour Site are outlined below:

Chelsea Site

Colorectal 1.0	Unavoidable:	Patient initiated delays for diagnostics & specialist work-up needed at Kings Hospital
Lung 1.0	Unavoidable:	Complex diagnostic with additional histology required before commencing transfer
Lung 1.0	Unavoidable:	Complex pathway, initially LGI, additional diagnostics required and patient failed to attend an Outpatient appointment
Lung 0.5	Unavoidable:	ITR not received from UCL until day 68, pt. choice to attend CW not UCL
Skin 1.0	Avoidable:	Delay in plastics scheduling treatment
Urology 1.0	Avoidable:	Delay to biopsy – capacity / scheduling as patient choice to delay MRI
Urology 1.0	Avoidable:	Delay to biopsy
Urology 1.0	Avoidable:	Delays to diagnostic. Patient also required to stop medication before TURBT
Urology 0.5	Avoidable:	Delays to OPA due to capacity, diagnostic at SGH cancelled as machine not working
Urology 1.0	Unavoidable:	Complex diagnosis requiring joint surgery with Urology, General Surgery and Gynaecology, additional delay to surgery as cancelled due to Cyber Attack

West Middlesex Site

Breast 0.5	Avoidable:	Patient referred to RMH day 36, delay to Outpatient appointment and offering TCI date there
Lower GI 0.5	Unavoidable:	Treatment scheduled within breach but then delayed for medical reasons
Haematological 0.5	Unavoidable:	Patient required complex diagnostics and additional investigations before commencing treatment
Skin 1.0	Unavoidable:	Patient choice to delay Outpatient treatment
Skin 0.5	Unavoidable:	Complex, comorbidities and frail patient
Urology 1.0	Avoidable:	Delayed diagnostics and additional delay to Outpatient appointment in joint clinic due to capacity/bank holiday
Site not stated 0.5	Unavoidable:	Complex pathway, multiple diagnostics, seen at Lung, Breast and Head & Neck MDT's



CQUIN Dashboard

May 2017

National CQUINs

No.	Description of goal	Responsible Executive (role)	Plan Value
A.1	Improvement of health and wellbeing of NHS staff	Director of HR & OD	£427,062
A.2	Healthy food for NHS staff, visitors and patients	Deputy Chief Executive	£426,550
A.3	Improving the uptake of flu vaccinations for front line staff within Providers	Director of HR & OD	£426,550
B.1	Sepsis (screening) - ED & Inpatient	Medical Director	£320,041
B.2	Sepsis (antibiotic administration and review) - ED & Inpatient	Medical Director	£320,041
B.3	Anti-microbial Resistance - review	Medical Director	£320,041
B.4	Anti-microbial Resistance - reduction in antibiotic consumption	Medical Director	£320,041
C.1	Improving services for people with mental health needs who present to A&E	Chief Operating Officer	£1,280,167
D.1	Offering Advice and guidance for GPs	Medical Director	£1,280,167
E.1	NHS e-Referrals	Chief Operating Officer	£1,280,167
F.1	Supporting safe & proactive discharge	Chief Operating Officer	£1,280,167

NHS England CQUINs

No.	Description of goal	Responsible Executive (role)	Plan Value
N1.1	Enhanced Supportive Care	Chief Operating Officer	£121,600
N1.2	Nationally standardised Dose banding for Adult Intravenous Anticancer Therapies	Chief Operating Officer	£121,600
N1.3	Optimising Palliative Chemotherapy Decision Making	Chief Operating Officer	£121,600
N1.4	Hospital Medicines Optimisation	Chief Operating Officer	£638,200
N1.5	Neonatal Community Outreach	Chief Operating Officer	£182,400
N1.6	Dental Schemes - recording of data, participation in referral management & patient education	Chief Operating Officer	£72,787

TOTAL

£8,512,121

2016/17 CQUIN Performance

A total of £7.8m of income was available in 2016/17 through 21 separate CQUIN schemes negotiated with the Trust's Commissioners. The Q3 position has been ratified for both North West London and NHS England commissioners and all Q4 evidence has been provided. The final performance will be ratified by both NWL CCGs and NHS England by end July 2017.

2017/18 CQUIN Performance

The Trust has agreed 12 CQUIN schemes (6 national schemes for CCGs, 6 NHS England schemes) for 2017/18. Most of these schemes are 2 year schemes across the 2017-19 contracts; with the exception of NHS e-referrals, which is a 2017/18 only scheme.

The schemes and the plan values are reported here and a forecast will be included for future reports. Senior Responsible Officers and operational leads have been established for all schemes and they are working towards the Q1 milestones. Q1 reports are due by the end of July.

National Schemes

The first two schemes are an extension from the 2016/17 schemes on improving the health and wellbeing of staff, patients and visitors and reducing the impact of serious infections. The other schemes are new schemes for the Trust and there are risks around some of the schemes, particularly where delivery is required to be undertaken jointly with other organisations, such as improving services for people with Mental Health needs presenting at A&E.

NHS England Schemes

Three of the schemes are expanded schemes from 2016/17, including the enhanced supportive care, chemotherapy dose banding and dental CQUIN and therefore already have a firm base for extension in 2017/18. The three new schemes are being worked up, with a potential risk regarding the specification for the neonatal community outreach scheme, which is under discussion with NHS England, to ensure that an agreed quality improvement scheme is in place across all organisations in the neonatal network.

**Nursing Metrics Dashboard****Safe Nursing and Midwifery Staffing****Chelsea and Westminster Hospital Site**

Ward Name	Average fill rate				CHPPD			National bench mark
	Day		Night					
	Reg Nurses	Care staff	Reg Nurses	Care staff	Reg	HCA	Total	
Maternity	91.0%	89.2%	90.4%	87.5%	11.0	3.2	14.2	7 – 17.5
Annie Zunz	87.0%	106.3%	89.9%	100.0%	5.2	2.3	7.5	6.5 - 8
Apollo	103.6%	58.1%	105.8%	96.4%	16.1	2.4	18.5	
Jupiter	121.5%	24.3%	120.0%	-	10.0	0.7	10.7	8.5 – 13.5
Mercury	83.6%	96.8%	82.8%	-	6.4	0.9	7.3	8.5 – 13.5
Neptune	96.9%	100.0%	98.4%	64.5%	7.5	1.4	8.9	8.5 – 13.5
NICU	94.6%	-	98.5%		13.1	0.0	13.1	
AAU	102.6%	93.0%	99.3%	122.4%	8.9	2.5	11.3	7 - 9
Nell Gwynn	188.2%	106.7%	236.6%	149.5%	4.9	3.0	7.9	6 – 8
David Erskine	108.3%	173.8%	119.4%	143.6%	3.2	2.4	5.6	6 – 7.5
Edgar Horne	95.2%	92.2%	100.2%	95.2%	2.8	2.8	5.7	6 – 7.5
Lord Wigram	94.8%	116.1%	98.9%	136.6%	3.0	2.9	5.9	6.5 – 7.5
St Mary Abbots	116.1%	78.2%	134.4%	140.3%	3.9	2.1	6.0	6 – 7.5
David Evans	79.9%	61.8%	88.2%	95.9%	5.2	2.2	7.4	6 – 7.5
Chelsea Wing	96.1%	90.6%	98.4%	102.3%	6.7	3.8	10.5	
Burns Unit	99.0%	97.4%	99.3%	100.0%	13.6	3.1	16.7	
Ron Johnson	98.8%	125.8%	102.2%	141.9%	4.2	3.0	7.1	6 – 7.5
ICU	100.0%	0.0%	100.0%	-	26.4	0.0	26.4	17.5 - 25
Rainsford Mowlem	82.2%	116.4%	103.5%	114.5%	2.8	3.0	5.7	6 - 8

Summary for May 2017

CHPPD is showing an overly generous amount on Richmond due to bed census data being counted at midnight and therefore not accounting for day surgery activity.

Additional HCAs have been agreed for David Erskine but are not yet reflected in the budget.

Nell Gwynne are staffing medical escalation beds so fill rates appear high.

High fill rates on SMA due to the new staffing model for SAU.

Reasons for high HCA fill rates on Crane, Kew and Osterleys and Marble 2 are due to patient with dementia, patients at risk of falls, and wandering patients at risk of leaving ward. On Kew and Osterley 2 there were patients at risk of pulling out tracheostomy or nasogastric tubes. Osterley 1 had a patient who required 2 RMNs to care for them.

West Middlesex University Hospital Site

Ward Name	Average fill rate				CHPPD			National bench mark
	Day		Night					
	Reg Nurses	Care staff	Reg Nurses	Care staff	Reg	HCA	Total	
Maternity	91.6%	88.8%	98.3%	95.9%	6.3	1.8	8.1	7 – 17.5
Lampton	103.8%	100.7%	96.8%	100.0%	2.8	2.0	4.8	6 – 7.5
Richmond	88.5%	96.6%	74.7%	50.0%	5.7	3.0	8.7	6 – 7.5
Syon 1	95.5%	116.1%	95.2%	112.9%	4.0	2.0	6.0	6 – 7.5
Syon 2	97.2%	118.1%	103.2%	129.0%	3.1	2.3	5.5	6 – 7.5
Starlight	80.1%	106.5%	102.6%	100.0%	7.8	1.4	9.2	8.5 – 13.5
Kew	73.2%	109.8%	96.8%	195.2%	3.0	4.2	7.2	6 - 8
Crane	97.3%	141.0%	100.0%	166.1%	3.2	3.3	6.5	6 – 7.5
Osterley 1	119.2%	126.0%	115.1%	127.6%	3.2	3.0	6.2	6 – 7.5
Osterley 2	108.3%	126.7%	123.5%	200.0%	4.1	3.5	7.6	6 – 7.5
MAU	89.6%	97.5%	91.4%	100.8%	5.4	3.4	8.8	7 - 9
CCU	96.7%	103.5%	96.8%	-	5.3	0.8	6.1	6.5 - 10
Special Care Baby Unit	91.6%	98.5%	91.3%	-	15.9	1.7	17.6	15.9
Marble Hill 1	93.7%	98.6%	89.8%	111.3%	3.0	2.3	5.3	6 - 8
Marble Hill 2	96.4%	136.4%	94.6%	196.7%	2.9	4.0	6.9	5.5 - 7
ITU	97.0%	93.3%	95.4%	-	24.9	0.6	25.6	17.5 - 25



Finance Dashboard

Month 2 2017/2018 Integrated Position

Financial Position (£000's)

£'000	Combined Trust		
	Plan to Date	Actual to Date	Variance to Date
Income	99,454	100,540	1,086
Expenditure	(96,308)	(97,316)	(1,008)
Adjusted EBITDA	3,146	3,224	78
Adjusted EBITDA %	3.163%	3.207%	0.04%
Interest/Other	(876)	(885)	(9)
Depreciation	(3,017)	(2,802)	215
PDC Dividends	(1,583)	(1,584)	(1)
Other	0	0	0
Adjusted Surplus	(2,330)	(2,047)	283

Comments

The Trust is reporting a YTD deficit of £2,047k which is £283k favourable against the internal plan.

Income is favourable by £1,086k YTD predominantly against clinical income where high levels of A&E activity has led to increases in admissions. Increase in births across both sites has also impacted the position.

Pay is adverse by £2,390k year to date, The Trust continues to use bank and agency staff to cover vacancies. Temporary staffing is also used to cover sickness and additional activity, including unfunded beds in escalation areas which remain open at month 2 and outpatient clinics not removed due to continuing demand. Spend on specialising and RMN usage was higher than plan. Under achievement against CIP targets has also contributed to this variance.

Non-pay is £1,382k favourable year to date and £928 adverse in month. The shift in month was due to a number of reasons including ; CW April electricity charge (CHP was offline for all of April so electricity had to be drawn down directly from the Grid), underachievement against CIP targets and movement in the provision for contractual disputes.

Risk rating (year to date)

Use of Resource Rating (UOR)	M02 (Before Override)	M02 (After Override)
Use of Resource Rating	2	3

Comments

The UORR is utilised by NHSI as a measure of the Trust's financial performance. Under this rating "1" is the highest score and 4 the lowest. The overall score is a simple average of the individual scores however, if an individual score is a "4" then an override is applied under which the best score achievable is a "3".

For May, the Trust is performing in line with plan for all areas of measurement but as a "4" has been scored for both the capital service cover rating and I&E margin rating the override applies and the UORR rating is a "3". This is consistent with the month 2 position in the 2017/18 plan submitted to NHS Improvement.

Cost Improvement Programme (CIPs)

Heading	In Month			Year to Date		
	Plan £'000	Actual £'000	Var £'000	Plan £'000	Actual £'000	Var £'000
Service Developments/Business Cases	98	0	(98)	208	0	(208)
Targeted Specialities	415	320	(95)	818	710	(109)
Residual % Based Savings	968	665	(303)	2,054	1,056	(999)
Trust Total	1,481	985	(496)	3,080	1,765	(1,315)

Comments

RAG rating

The Trust has achieved YTD CIPs of £1,765k against an internal target of £3,080k with an adverse variance of £1,315k.

Underachievement against CIPs have been across all themes but more predominantly against the residual % based savings, these include Service line-£159k, Support services £214k and Corporate £130k.

The Trust also has unidentified CIP target at month 2 £323k.

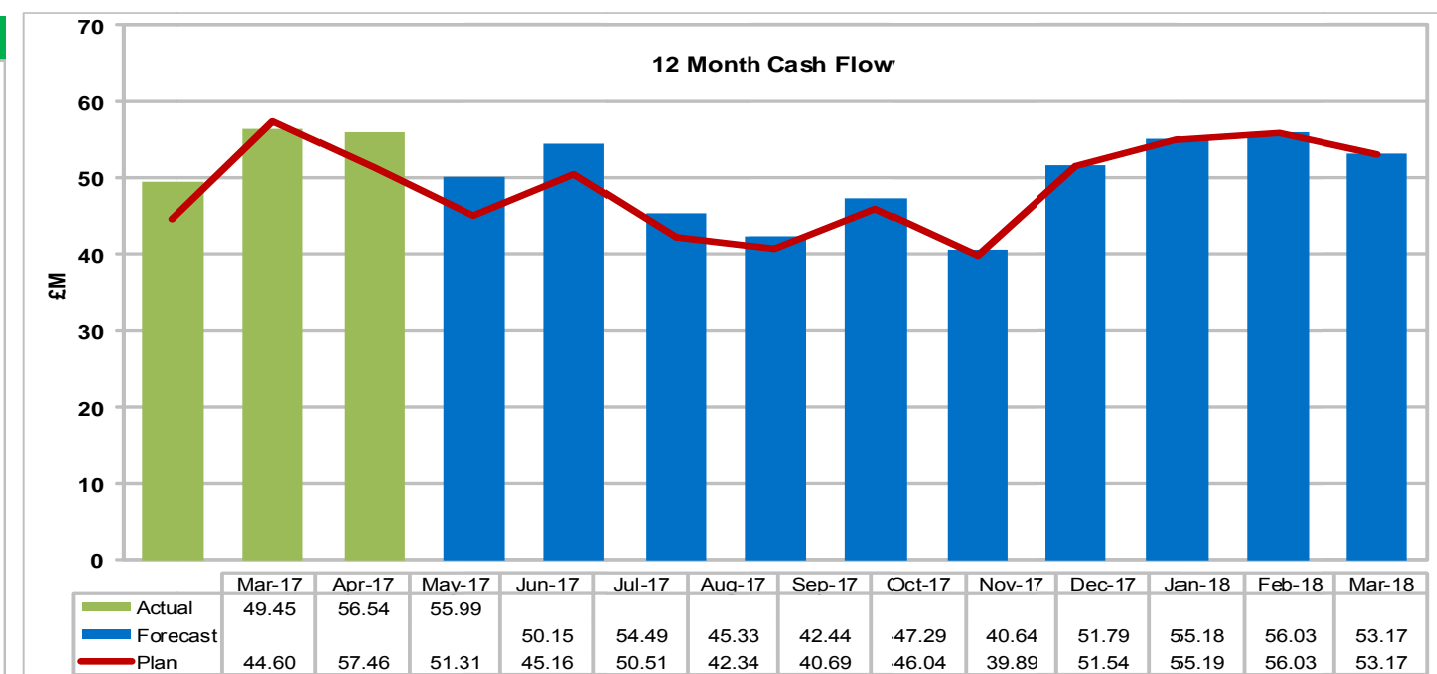
Cash Flow

Comments RAG rating

The cash balance at the end of May is £55.99m which is £4.68m more than plan of £51.31m.

The main drivers of this increase are a reduction in opening cash figure compared to plan of £(1.15m); an increase in capital expenditure on a cash basis of £(2.7m) spent on items brought forward from the prior year programme; and an increase in working capital compared to plan of £8.37m (which is mainly an increase in trade and other receivables).

The planned end of year cash balance is £53.17m. The Trust has a number of planned external funding requirements for capital projects which it will call upon during the year. There is no expected borrowing requirement for revenue expenditure this year.





Council of Governors Meeting, 27 July 2017

AGENDA ITEM NO.	2.4/Jul/17																								
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 Sonia Samuels:</p> <p><u>1.1 Finance</u> End of Year Accounts: The trust has appeared to have made an operating surplus for the financial year 2016/2017. This continues into 2017/2018 because I believe STF bonus subsidies received. What is the Medium to Long Term Financial Model for cash provisions do we have in place for 2018/2019?</p> <p>Response from Sandra Easton, Chief Financial Officer: The below summary shows the Trusts long term financial planned surplus/(deficit). The normalised position shows this excluding non-recurrent funding such as STF and transaction funding. The bottom line shows the Trusts forecast cash position for each year.</p> <table><tr><th>Category</th><th>Mar-18</th><th>Mar-19</th><th>Mar-20</th><th>Mar-21</th><th>Mar-22</th></tr><tr><td>Net Surplus/(deficit) (£000s)</td><td>£11,939</td><td>£15,950</td><td>£6,100</td><td>(£9,022)</td><td>(£7,600)</td></tr><tr><td>Normalised surplus/(deficit) (£000s)</td><td>(£17,165)</td><td>(£9,467)</td><td>(£2,698)</td><td>(£9,022)</td><td>(£7,600)</td></tr><tr><td>Cash & Cash equivalents (£000s)</td><td>£53,198</td><td>£65,695</td><td>£71,467</td><td>£60,385</td><td>£46,644</td></tr></table> <p><u>1.2 People and organisation</u> Considering we have a London wide staff shortage, the reduction of reliance on bank staff is one of our priorities why are we not keeping and maintaining long term staff at West Middlesex Hospital. As part of the behavioural change strategy what if any problems have been uncovered in West Middlesex Hospital?</p> <p>Response from Keith Loveridge, Director of HR & OD: At WM our voluntary turnover rate is 12.4% and our vacancy rate of 16.72. Our focus at WM is therefore on both attracting staff as well as retaining staff.</p> <p>To address this, the Board recently agreed a people and OD strategy which includes a comprehensive attraction and on boarding action plan. Progress against the plan is tracked at monthly meetings. The plan includes streamlined recruitment and on-boarding processes to</p>	Category	Mar-18	Mar-19	Mar-20	Mar-21	Mar-22	Net Surplus/(deficit) (£000s)	£11,939	£15,950	£6,100	(£9,022)	(£7,600)	Normalised surplus/(deficit) (£000s)	(£17,165)	(£9,467)	(£2,698)	(£9,022)	(£7,600)	Cash & Cash equivalents (£000s)	£53,198	£65,695	£71,467	£60,385	£46,644
Category	Mar-18	Mar-19	Mar-20	Mar-21	Mar-22																				
Net Surplus/(deficit) (£000s)	£11,939	£15,950	£6,100	(£9,022)	(£7,600)																				
Normalised surplus/(deficit) (£000s)	(£17,165)	(£9,467)	(£2,698)	(£9,022)	(£7,600)																				
Cash & Cash equivalents (£000s)	£53,198	£65,695	£71,467	£60,385	£46,644																				

	<p>reduce time to recruit and enhanced support for new starters in their first six months of employment.</p> <p>Targeted interventions have been implemented focussed on nursing in particular to increase the number of starters and reduce turnover in hard to recruit/ retain areas which include targeted recruitment and overseas recruitment. We are also working on developing opportunities to make it easier for people to move internally either through promotion or sideways moves.</p> <p>As part of our on-going commitment to create a great place to work, we have introduced joiner and leaver surveys so we can understand why people leave the organisation and also what their initial three months have been like since joining. The results of these will be used to inform further actions within the attraction and on boarding plan.</p> <p>A range of initiatives have also been agreed which are aimed at increasing staff engagement. Recent/on-going/planned initiatives include:</p> <ul style="list-style-type: none"> • embedding of values in core workforce procedures – on going • new PDR process has been introduced which incorporates the values • launch of new monthly people recognition scheme in February 17 • overhaul of corporate welcome process <p>2. The question raised by Governor Simon Dyer: <u>HIV & Sexual Health Services</u> Chelsea and Westminster Hospital NHS Foundation Trust provides a wide range of award winning sexual health and HIV services across London and now wider afield. The clinics offer testing for sexually transmitted infections (including HIV tests), contraceptives including the morning after pill (emergency contraception), condoms, pregnancy testing, Hepatitis A and B vaccinations, safer sex education and support/counselling. Apart from the main sexual health clinics, at John Hunter Clinic for Sexual Health (located in St Stephens Centre next to Chelsea and Westminster Hospital), 10 Hammersmith Broadway (previously West London Centre for Sexual Health), 56 Dean Street and Dean Street Express in Soho, West Middlesex University Hospital and St Helier Hospital. The Trust has won the contracts to provide outreach sexual health clinics which are services based in the community (e.g. in NHS walk-in centres) and other specialist sexual health clinics in Sutton and Harlow among other places.</p> <p>I would like assurance that with the increased coverage now brought about through the winning of these contracts there remains sufficient resource within the HIV & Sexual Health Services and there will be no impact on access to and the excellent level of care offered at the core facilities in St Stephen's, 10 HB and Dean Street.</p> <p>Response from Response from Keith Loveridge, Director of HR & OD and Robert Hodgkiss, Chief Operating Officer: The Trust is extremely proud of the world class HIV and Sexual Health services that are provided. The expansion is a clear strategy to try and improve services which were not previously run by Chelsea and Westminster and safeguard our existing services at a time of significant financial pressure by increasing our scale. The Trust has not moved any resource away from the 'historical core' services in order to support the new developments. Each tender has been won with a business case with the necessary support for that development identified and brought in. As well as each clinic having a Clinical Lead and Clinic Manager structure maintained, the central Directorate management team has been bolstered in order to ensure that the team are able to meet the demands of the increased service.</p> <p>3. The question raised by Governor Lynne McEvoy: Staff have reported to me that there are issues with staff being paid. One member of staff, not paid for two months. This particularly seems to be affecting staff doing additional hours and locum staff. Are senior management aware of these issues and who in the first instance should staff escalate to?</p>
--	---

	<p>Response from Keith Loveridge, Director of HR & OD: We are aware that there have been some issues with staff being paid following the introduction of enhanced rates due to changes required in our electronic systems. This is in the process of being resolved and all adjustments are being corrected. A letter of apology will be sent to those staff affected. Staff still experiencing issues should contact the Temporary Staffing Office in the first instance.</p> <p>4. The question raised by Governor Philip Owen:</p> <p>4.1 Please could the Chairman give us a COG update in his remarks on the state of the STP development involving our Trust?</p> <p>Response from Karl Munslow-Ong, Deputy Chief Executive: Since the submission of the NW London STP in October 2016 (and its publication online in November) five key implementation themes have been identified and Delivery Area Groups (DA) have been established:</p> <ol style="list-style-type: none"> 1. Radically upgrading prevention and wellbeing 2. Eliminating unwarranted variation and improving LTC management 3. Achieving better outcomes and experiences for older people 4. Improving outcomes for children & adults with mental health needs 5. Ensuring we have safe, high quality sustainable acute services <p>Each DA has a further series of sub-groups and work streams as a means of developing the required granular detail and of engaging the right people/organisations (essentially key clinician and managerial input and leadership). Given the focus of DA5 on acute services the FT is proportionately more engaged in this set of programmes. Some examples of where the FT is engaged include:</p> <p>Prevention & Wellbeing: A funded project in Maternity where staff are being trained in Stop Smoking interventions to test:</p> <ul style="list-style-type: none"> • This methodology to reduce numbers of mothers smoking in pregnancy • The impact on low birth weight • Any subsequent impact on access to SCBU and NICU <p>Outcomes for Older People: Re-designing inpatient care of the elderly to move towards the Frailty Network model</p> <p>High Quality, Sustainable Acute Services: Collaborative planning of Specialised Services with ICHT to ensure we meet national standards, Carter KPI's and other best practice indicators. Initial focus on:</p> <ul style="list-style-type: none"> • Renal (ICHT agreed as lead provider) • HIV (CWFT agreed as lead provider) • Next phase programmes are indicated as Childrens Services, Cardiology and Cancer which reflect wider London and national priorities. <p>Over and above these STP delivery sub groups the Trust is engaged in a series of Board and working groups including:</p> <ul style="list-style-type: none"> • Provider Board (CEO and Deputy CEO engagement) • Chief Financial Officers working group • Chief Operating Officers working group <p>From July 2017 Lesley Watts is chair of Provider Board and has been identified as the lead provider CEO across the NWL STP.</p>
--	--

	<p>The Trust reviews STP issues each month at Strategic Partnerships Board (through CEO Cabinet) and the Board uses its Strategy sessions (bi-monthly) to review and discuss impact on our Strategy and Operating Plan and to direct next steps</p> <p>4.2 Could we have an overview of the positive contribution which our Trust has made to the recent terrorist events in London and the fire in the high rise block. No numbers needed just the panned operation.</p> <p>Response from Karl Munslow-Ong, Deputy Chief Executive: The Chief Executive's Report enclosed in the meeting pack makes reference to major incidents, reflecting on the past few months in which we have had to respond to two terrorist attacks, a major cyber-attack and most recently the devastating fire at Grenfell Tower.</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, 27 July 2017

AGENDA ITEM NO.	2.5/Jul/17
REPORT NAME	*Draft Minutes of the Council of Governors Quality Sub-Committee meeting held on 23 June 2017
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Nigel Davies, Chairman
PURPOSE	To provide a record of any actions and decisions made at the meeting.
SUMMARY OF REPORT	This paper outlines a record of the proceedings of the Council of Governors Quality Sub-Committee meetings held on 23 June 2017.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	The draft minutes are enclosed for information.



Minutes of a meeting of the Council of Governors Quality Sub-Committee
Held at 10am on 23 June 2017
Room A, West Middlesex

Attendees	Nigel Davies	Chair (Public Governor – Ealing)	ND
	Susan Maxwell	Patient Governor	SM
	Simon Dyer	Patient Governor	SD
	Chisha MacDonald	Staff Governor	CMD
	Guy Pascoe	Public Governor	GP
	Shan Jones	Director of Quality Improvement	SJ
In attendance	Marie Courtney	Deputy Director of Estates and Facilities	MC
	Margaret Outaleb	Contract Manager	MO
	Chris Higgs	Lead Nurse for HIV and Sexual Health & Dermatology	CH
Apologies	Anna Hodson-Pressinger	Patient Governor	AHP
	Laura Wareing	Public Governor – London Borough of Hounslow	LW
	Lynne McEvoy	Staff Governor – Nursing and Midwifery	LM
	Sonia Samuels	Public Governor – City of Westminster	SS
	Sonia Richardson	Patient Representative on the West London CCG	SR

1.	Welcome and Apologies
a.	The Chair welcomed members to the meeting.
b.	Apologies for absence were noted.
2.	Minutes of previous meeting held on 28 April 2017
a.	Minutes of the previous meeting were accepted as a true and accurate record of the meeting.
2.1	Matters Arising
a.	The sub-committee reviewed the action log and noted that most of actions were complete.
3.	Quality Awards Autumn schedule
a.	A copy of the Quality Awards autumn timetable was tabled.
b.	The Sub-Committee noted that the process starts in July. The Quality Sub-Committee judging panel will meet and decide on winners in September. The quality awards winners will receive their awards at the 30 November Council of Governors meeting.
4.	Governor's Patient Story

4.1	Governor feedback on patient contacts
a.	SM reported on a recent experience of a fellow patient governor who was admitted to Chelsea ward where noise from an event held in the hospital atrium made it difficult for patients to rest and sleep. The case highlighted the need for more consideration to be given to patient environment.
b.	SM reported on another patient she had met through meet a governor session whose experience of Chelsea and Westminster Hospital was not great. The case highlighted the importance of reception staff being welcoming and the PALS when clinical care is not as satisfactory to patient as it should be which amounted to not very good overall experience of hospital. Action: SM to email complaint to PALS and copy in Shan to ensure the case has been taken forward.
c.	The sub-committee noted that the customer service should be part of the training programme.
d.	GP reported on a patient who was due to have a cyst removed from the knee; appointment scheduling errors occurred which contributed to patient not having a satisfactory experience. SJ said that there is an ongoing work in relation to booking appointments. A new Head of Patient Access has been appointed recently at West Middlesex site and she is working closely with the team on Chelsea and Westminster site. The importance of patients' easy access to PALS was noted.
5.	Quality
5.1	Hospital food quality – update
a.	Marie Courtney, Deputy Director of Estates and Facilities and Margaret Outaleb, Contract Manager attended for this item.
b.	MC introduced the item by saying that valuable feedback is obtained from inpatients through patient experience questionnaire which gives an indication as to how well Trust is doing in this area. According to feedback there is a minimal number of complaints about food. PLACE audits also include patient food. The Trust has two main menus; paediatric and general menu; three meals are served each day – breakfast, lunch and supper. Tea and coffee are available throughout the day. Apetito, Trust's chosen provider of food for wards, provides delicious and nutritious meals for patients; it benefits from having an in-house dietician and it also meets the nutritional standards required by the British Dietetic Association (BDA), the National Association of Care Catering and the Hospital Food Standards Panel. There is a wide range of meals and desserts to choose from; Apetito cater for specialist nutrition, food allergies, different cultural tastes and specific religious beliefs. The Trust selects foods that Apetito offers. MC invited governors to join patient food testing.
c.	ND noted that a specific point from a governor who was unable to attend was in relation to choice and quality of food. Action: VD to seek clarification from Laura in relation to issue of quality of food.
d.	The importance of hostesses getting message to patients in relation to what foods they can choose from and nursing staff working with ISS on delivering meals to patients was noted.
e.	In response to SD's question MO confirmed that all menus are easy read compatible.

f.	In response to SM's question regarding bed sheet cleanliness in patient hotel, it was noted that SM will escalate this to Diana Nikollaj, Monitoring Officer, Estates & Facilities outside the meeting. Action: SM
5.2	Phlebotomy appointments – Kobler Unit
a.	Chris Higgs, Lead Nurse for HIV and Sexual Health & Dermatology attended for this item. He explained that there were some temporary staffing issues within the department earlier in the year. All posts have been filled and the appointments system is working well.
b.	Patient care coordinator has also been appointed and patients are encouraged to make a phlebotomy appointment after their clinic appointment.
c.	The importance of signposting patients with this type of issues and important messages was noted. It was suggested to look into a possibility of seeking help from volunteers in this regard.
d.	SJ noted that going forward there will be an online appointment booking system and that the unit is currently in the tendering process.
e.	In response to SD's question relating the difference between general phlebotomy and Kobler's phlebotomy CH said that all patients can use general phlebotomy but since some patients are concerned about confidentiality there is separate phlebotomy available to Kobler patients. The sub-committee suggested that this is explored and impact on general phlebotomy patients considered. Action: CH to take forward and to provide feedback to next sub-committee meeting.
5.3	Update on significant items from Board Quality Committee held 2 June 2017
a.	SJ highlighted the following points: <ul style="list-style-type: none"> • Patient Safety Group report and minutes • SI Report (this report is shared with Board public) • IPR • Divisional quality and safety plan – there is a rolling programme of divisions presenting on key points of concern, success and challenge in relation to quality and governance. • Compassionate Care Agreement - Dr Sarah Cox, Consultant Palliative Care Physician presented the new Compassionate Care Agreement which replaces the Liverpool Care Pathway. Organisations were expected to implement individualised end of life care plans to support carers, patients and staff in this challenging area.
6.	Questions or clarification arising from Patient Experience Report*
a.	SJ noted that a report appeared in an old style and the Trust is working on devising a new style report. She added that there is a new nursing structure – Vanessa Sloane, Director of Nursing WM and Nathan Askew, Director of Nursing CW. It was clarified that patient experience sits within Nathan's remit.
b.	In response to CMD' comment relating to recurrent main categories of complaints, namely Communication, Values and Behaviour SJ said that some work has been taken forward from

	the inpatient survey.
c.	SM added that since she has become a governor, 8 years ago, the same categories of complaints remain as communications, values, behaviour and appointments. SD suggested that deep dive into each category should be performed in order to see a breakdown of issues. Action: SN/NA
d.	Linking to the action from the previous meeting ND emphasised that governors were keen to help with obtaining Friends and Family Test. SN said that since Nathan Askew is the new lead in this area that this should be discussed with him and that he should be invited to the next sub-committee meeting.
7.	Questions or clarification arising from Integrated Performance Report*
a.	It was noted that RTT performance remains of concern and that a NSHI secondee will be working with the Trust on improving in this area.
b.	CMD commented on high turnover rates and the reasons for WM being in red. Action: KL to provide information as to why WM was in red.
8.	Forward Plan
a.	The sub-committee reviewed the forward plan and the following points arose: Action: VD to invite Nathan Askew to the next sub-committee meeting. Action: PN to provide an update on CQC inspection preparations at the next meeting. Action: ND to review the outstanding actions and to close ones that have been complete.
9.	Any other business
a.	None.
10.	Timing of sub-committee meetings
a.	It was agreed that the timing of meetings will remain as recently changed 10.00-12.00 and meetings will alternate between Chelsea and Westminster and West Middlesex sites.
11.	Date of next meeting – 15 September 2017, 10.00-12.00, Boardroom, Chelsea and Westminster site

The meeting closed at 12.00.



Council of Governors Meeting, 27 July 2017

AGENDA ITEM NO.	2.6/Jul/17
REPORT NAME	*Draft Minutes of the Council of Governors Membership Sub-Committee meeting held on 22 June 2017
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Phillip Owen, Chair
PURPOSE	To provide a record of any actions and decisions made at the meeting.
SUMMARY OF REPORT	This paper outlines a record of the proceedings of the Council of Governors Membership Sub-Committee meeting held on 22 June 2017.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	The draft minutes are enclosed for information.



Council of Governors Membership & Engagement Sub-Committee meeting
22 June 2017 from 10.00-12.00
Boardroom, Chelsea and Westminster

Attendees	Philip Owen	Chair	PO
	David Phillips	Patient Governor	DP
	Susan Maxwell	Lead Governor	SM
	Tom Pollak	Public Governor – Wandsworth	TP
	Matthew Shotliff	Staff Governor	MS
In attendance	Don Neame	Director of Communications	DN
	Michael Hill	Strategy Analyst	MH
	Vida Djelic (Minutes)	Board Governance Manager	VD
Apologies / Absence	Anna Hodson-Pressinger	Patient Governor	AHP
	Sonia Samuels	Public Governor – Westminster	SS
	Ian Bryant	Staff Governor	IB
	Susan Maxwell	Lead Governor	SM

1.	Welcome & Apologies
a.	The Chair welcomed all to the meeting and apologies were noted.
2.	Minutes of previous meeting held on 20 April 2017
a.	Minutes of the previous meeting were accepted as a true and accurate record.
3.	Matters Arising & Action Log
a.	The sub-committee reviewed the action log and the following points were noted:
b.	Re action 3.4.a/April – It was agreed that in the absence of substantive update on the action of finding out Clinical Commissioning Groups annual meeting dates, it should be assigned to another governor from the sub-committee. Action: The Chair to talk to TP in the first instance and if necessary to assign the action to another governor and to feedback to the sub-committee.
c.	Regarding health seminars planning it was noted that Matthew Shotliff, Staff Governor and VD were currently in the process of firming up two further dates with speakers, one to be organised at the beginning of July and the other at the end of July.
d.	The Chair noted very good turnout of members at the 30 May health seminar and proposed that a poster be devised detailing future health seminars and that it is widely published so that it covers as wider community population as possible. A suggestion of posters being published in local GP surgeries was noted and some help from GP Liaison Officer when appointed would be very helpful.
e.	Regarding the 20 May 2017 Open Day SM expressed her dissatisfaction at a low number of

	governors who volunteering to assist with the Council of Governors stand on the day. It was suggested that future dates should be set up early in the year so that governors can put in their diaries and plan accordingly.
f.	The sub-committee noted that the engagement aspect of the day was very satisfactory, however, a low number of members was recruited due to the fact that most of people who attended were registered members. A suggestion of sending message out to wider community and non-members re the Open Day was raised. Displaying a posted in GP surgeries and also emailing directly GP surgeries was also suggested. DN confirmed that the Trust already sends invites to GPs and GP surgeries. There is no direct emailing to CCGs but this can be explored directly with them. Action: DN to explore.
g.	DN noted that the Open Day was a success to the extent that lot of people attended the event.
h.	In response to action 8.2.d Trust leaflet, DN noted that he will get this prepared for the September sub-committee meeting. Action: DN
4.	Chair's remarks
a.	The Chair highlighted to the sub-committee his ambition for Members E-News to be distributed to larger membership population by writing to all non-email members and asking to provide their friend or a relative email address so that Trust communication can be emailed to them as opposed being posted.
b.	The Chair also noted that Rachael Allsop, Head of Volunteer Services, agreed to his proposal to come to the September sub-committee meeting. Action: PO to invite Rachel to the September meeting.
c.	In relation to local borough residents' association meetings, the Chair asked DP to contact local councils to find out about meetings of residents' associations. Action: DH
d.	The Chair highlighted the need for more governors to come forward to join the Meet a Governor sessions. SM felt that the governor election process material needs to detail the expectation of governor involvement in various hospital activities of benefit to governors and the Trust i.e obtaining patient feedback, engagement and increasing membership base.
5.	Membership Report
a.	The Chair noted that the total membership number has decreased in the last couple of months and emphasised that some efforts should be made as to keeping the membership numbers stable.
6.	Membership Engagement & Communications Calendar of Events
a.	VD noted that the calendar has recently been updated and that some more dates will be populated for upcoming events.
7.	Guest Speakers
7.1	GP Surgeries and Membership
a.	Michael Hill, Strategy Analyst attended for this item. He reminded the sub-committee of his presentation given at the April sub-committee meeting and highlighted that our membership

	<p>broadly reflected the GPs we served, however there was a slight bias towards the Chelsea site; GPs that are closer to Chelsea refer proportionately more patients, since there is more dense population around Chelsea site.</p>
b.	In response to a question regarding the information presented at the April's meeting, MH said that the lower concentration in members reflect a less dense population near the WM site to an extent.
c.	<p>MK confirmed that broadly speaking our membership adequately cover our non-elective patients, however, our non-elective take is very spread out.</p> <p>In response to a question regarding which GPs refer the most patients to us and therefore might be good places to target recruitment, MH provided a slide on the top 20 referrers.</p>
d.	In response to a question from the sub-committee if there is any information about where governors might focus efforts to increase the diversity of our membership, MH said that by targeting a few GP surgeries to the west of the West Middlesex site we can better reflect the geographical location of our patients in our membership (both elective and non-elective) and increase the diversity of our membership.
e.	In response to a question from DP regarding what might influence patients decision when being offered to choose between 2 to 3 hospital for their referral (i.e waiting times etc), MH said that one of reasons rated high on the list relates to parking fees charges.
f.	<p>The Chair thanked MH for attending and presenting on such an important topic of interest to governors and in asking for a copy of the presentation to be emailed to the sub-committee invited him to present to the Council of Governors at a future meeting.</p> <p>Action: VD to email a copy of MH's presentation to the sub-committee. Action: VD to put GP Surgeries and Membership on the Council of Governors forward plan and to invite MH to attend accordingly.</p>
7.2	Communications update
a.	<p>DN noted that although some hospital screens have been updated and working GV is trying hard with IT to get all screens working. This has been seen as an excellent and efficient way of advertising. The Chair suggested that an overview of the hospital services is available on screens. To that end it was proposed to use the CEO's presentation provided for Governor Induction.</p> <p>Action: VD to email DN with the CEO's presentation.</p>
b.	<p>DN provides some highlights of the recently undertaken work by the Communication Team:</p> <ul style="list-style-type: none"> • Staff Handbook prepared for the upcoming CQC inspection was tabled • the next edition of Going Beyond publication was due at the end of July • Quality boards have been published on wards which detail key info about each ward, including accreditation • Proud values boards will go on wards and in meeting rooms

	<ul style="list-style-type: none"> • Board members photos have been displayed by the main reception desk • Work undertaken on updating policies and guidelines on the Intranet and merging WM and CW intranets <p>SM commented that the Whistleblowing Policy should be published widely across the Trust and beforehand asked if she could get a copy of the policy. Action: DN to email the Whistleblowing Policy to SM.</p> <ul style="list-style-type: none"> • Working on communications out of hours and in emergency • Preparations undertaken for the CQC inspection
c.	The Chair noted that the Membership Officer interviews are due to be held late in the day. The Trust is hoping to make the appointment as soon as possible.
d.	SM acknowledged Sonia Samuels contribution to engaging with members by holding a meet a governor session and helping with recruitment members at the May Open Day event.
8.	Council of Governors funding report
a.	Noted.
9.	Feedback from members
a.	None.
10.	Any other business
a.	None.
11.	Date of next meeting – 14 September 2017 (Room A, West Middlesex)

Meeting closed at 12.00.