

**Chelsea & Westminster Hospital NHS Foundation Trust**  
**Council of Governors**

Room A, West Middlesex Hospital  
26 July 2018 15:00 - 26 July 2018 17:00



**COUNCIL OF GOVERNORS**  
**26 July 2018, 15.00 – 17.00**  
**Room A, West Middlesex Hospital**

**Agenda**

14.00 – 14.50		<b>Lead Governor and COG Informal Meeting PRIVATE (attended by the Lead Governor and Governors only)</b>			
	<b>1.0</b>	<b>STATUTORY/MANDATORY BUSINESS</b>			
15.00	1.1	Welcome and apologies for absence Apologies received from Sir Thomas Hughes-Hallett and Laura Wareing.	Verbal		Deputy Chairman
15.03	1.2	Declarations of interest	Verbal		Deputy Chairman
15.05	1.3	Minutes of previous meeting held on 17 May 2018 and Action Log, including 1.3.1 Blue Badge holders charges	Report Report Verbal	For Approval / For Information For Information	Deputy Chairman Deputy Chairman Deputy Chief Executive
15.15	1.4	QUALITY			
	1.4.1	Our people, including staff survey	Report	For Information	Steve Gill, NED
	1.4.2	Charity relationships	Report	For Information	Nick Gash, NED
16.05	1.5	Report of the Council of Governors' Nominations and Remuneration Committee including: <ul style="list-style-type: none"> <li>• Reappointment of Non-Executive Director</li> <li>• Review of Terms of Reference</li> </ul>	Report	For Approval	Deputy Chairman
16.15	1.6	Membership Sub-Committee Report June 2018	Report	For Information	Chair of Membership Sub-Committee
16.20	1.7	Quality Sub-Committee Report June 2018	Report	For Information	Lead Governor
	<b>2.0</b>	<b>PAPERS FOR INFORMATION</b>			
16.25	2.1	*Chairman's Report	Report	For Information	Deputy Chairman
16.30	2.2	*Chief Executive Officer's Report	Report	For Information	Chief Executive Officer
16.35	2.3	*Performance and Quality Report, including 2.3.1 Workforce Performance Report	Report Report	For Information For Information	Chief Executive Officer /Chief Financial Officer

16.40	2.4	*Governors' questions	Report	For Information	Chief Executive Officer
	<b>3.0</b>	<b>OTHER BUSINESS</b>			
16.45	3.1	Questions from the public	Verbal		Deputy Chairman
16.55	3.2	Any other business	Verbal		Deputy Chairman
17.00	3.3	Date of next meeting – 27 September 2018, 15.00-16.00, Boardroom, Chelsea and Westminster Hospital			

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



**DRAFT**  
**MINUTES OF COUNCIL OF GOVERNORS**  
**17 May 2018, 15.00 – 17.00**  
**Boardroom, Chelsea and Westminster Hospital**

<b>Present:</b>	Sir Thomas Hughes-Hallett	Trust Chairman	(THH)
	Julia Anderson	Appointed Governor	(JA)
	Nowell Anderson	Public Governor	(NA)
	Juliet Bauer	Patient Governor	(JB)
	Christopher Digby-Bell	Patient Governor	(CDB)
	Simon Dyer	Lead Governor/Patient Governor	(SD)
	Tom Church	Patient Governor	(TC)
	Cllr Catherine Faulks	Appointed Governor	(CF)
	Jodiene Gringam	Staff Governor	(JG)
	Anna Hodson-Pressinger	Patient Governor	(AHP)
	Kush Kanodia	Patient Governor	(KK)
	Paul Kitchener	Public Governor	(PK)
	Johanna Mayerhofer	Public Governor	(JM)
	Lynne McEvoy	Staff Governor	(LMc)
	Guy Pascoe	Public Governor	(GP)
	Andrea Petre-Goncalves	Patient Governor	(APG)
	David Phillips	Patient Governor	(DP)
	Chisha McDonald	Staff Governor	(CMD)
	Sonia Samuels	Public Governor	(SS)
	Matthew Shotliff	Staff Governor	(MS)
	Laura Wareing	Public Governor	(LWa)
<b>In Attendance:</b>	Lesley Watts	Chief Executive	(LW)
	Karl Munslow-Ong	Deputy Chief Executive	(KMO)
	Sandra Easton	Chief Finance Officer	(SE)
	Nick Gash	Non-Executive Director	(NG)
	Eliza Hermann	Non-Executive Director	(EH)
	Jeremy Jensen	Non-Executive Director	(JJ)
	Liz Shanahan	Non-Executive Director	(LS)
	Renuka Jeyarajah-Dent	NExT Director	RJD
	Julie Myers	Company Secretary	(JM)
<b>Apologies:</b>	Richard Ballerand	Public Governor	(RB)
	Ian Bryant	Staff Governor	(IB)
	Nigel Davies	Public Governor	(ND)
	Angela Henderson	Public Governor	(AH)
	Elaine Hutton	Public Governor	(EHA)
	Martin Lewis	Public Governor	(ML)
	Mark Nelson	Staff Governor	(MN)
	Fiona O'Farrell	Public Governor	(FOF)
	Tom Pollak	Public Governor	(TP)
	Andrew Jones	Non-Executive Director	(AJ)
	Nilkunj Dodhia	Non-Executive Director	(ND)
	Steve Gill	Non-Executive Director	(SG)
	Gary Sims	Non-Executive Director	(GS)
	Chris Chaney	Chief Executive CW+	(CC)

<b>1.0</b>	<b>STATUTORY/MANDATORY BUSINESS</b>
1.1	<p><b>Welcome and apologies for absence</b></p> <p>The Chairman welcomed members and attendees to the meeting. In his opening remarks, he noted that the agenda contained a matter that was often contentious, charges for car parking, and signalled his intention to keep the discussion short and focused.</p> <p>Apologies for absence were noted (as per attendance list).</p>
1.2	<p><b>Declarations of interest</b></p> <p>No new declarations of interest were recorded.</p>
1.3	<p><b>Minutes of previous meeting held on 15 February 2018 and action log</b></p> <p>The minutes of the previous meeting were approved as a true and accurate record.</p> <p>Minute 2.4: PK noted that his question as to whether the impact of flu vaccination on staff sickness levels could be observed had not been captured as an action. KMO and SE noted that staff sickness was kept under close observation, but that, whilst it was possible to review days lost reportedly due to flu, it was likely that this category would also include days lost to colds and other viruses.</p> <p>Action 2.4: SE confirmed that payroll figures for groups of staff would be included in future quarterly performance reports. Figures for the final quarter of 2017/18 were not currently available as they were subject to audit.</p>
1.3.1	<p><b>Car parking review</b></p> <p>KMO explained that a full review of car parking across both hospital sites had taken place with a view to improving both the operation of the car parking system and its capacity, particularly at West Middlesex. A benchmarking review of costs had also taken place. The proposals arising from the review had been reviewed at the Board in May. At this stage, the proposals for charges for public parking had been approved, but proposals relating to charges for staff were still subject to consultation. On the latter, the executive were hopeful that an agreed position would be reached.</p> <p>KK expressed his disappointment at the proposals regarding charges for Blue Badge holders, noting the irony of this being discussed on Global Accessibility Awareness Day. He noted that the Chelsea and Westminster hospital site is located in a London borough with one of the highest levels of inequality and questioned whether the proposals reflected the Trust's value. He pointed out that that Blue Badge holders often have more than one condition and, as such, they are deserving of the most support. He asked, on behalf of the Council of Governors, that the decision regarding charging for Blue Badge holders at the Chelsea site be reversed.</p> <p>The CEO explained that the executive had thought long and hard about the proposals. She noted that since parking charges for Blue Badge holders had been in place at West Middlesex, it had never been raised with her as an issue. She stressed that it would remain the case that anyone with evidence of financial hardship would continue to be able to park for free. This applied irrespective of whether the person was a Blue Badge holder or not. In addition, she noted that there had been representations from people with disabilities who did not want to be treated differently because of their disabilities. As such, the proposals were about equal treatment rather than equating disability with an inability to pay.</p> <p>KK noted that the Equality Act allows organisations to make reasonable adjustments for people with disabilities and observed that the Trust may receive negative publicity for the decision to introduce charging for Blue Badge holders at the Chelsea site. He suggested that the administrative burden of reclaiming parking costs was an additional layer of complexity and that £1/2 million extra income would still be generated even without the changes to Blue Badge parking charges.</p> <p>In response to a question from GP, the CEO advised that the process for reclaiming parking charges involved attending the cashier office and that it needed to be done every time.</p> <p>The Chairman reminded Council that Blue Badge holders were charged at the West Middlesex site already, as they are at many other hospitals. The Chelsea site was an exception. People in receipt of benefits were also able to park for free, irrespective of whether they were a Blue Badge holder and that that would remain the case. He also stressed the</p>

	<p>financial position of the Trust, which is pressured. The additional income generated by the proposed charges was the equivalent to the salary of two HCAs. He also noted that Council, at the time of the merger with West Middlesex, had agreed that the Trust should operate 'as one'. Finally, although there was no detailed data, he noted that the Trust's parking was often used by those not attended or working at the hospitals. KMO confirmed that this was a particular issue at West Middlesex, where the car park was used by those visiting Heathrow, local stations and local businesses.</p> <p>In response to a question from CF, KMO confirmed that there had been very few complaints about parking charges at West Middlesex and that the Blue Badge charges had been in place for a number of years. CF also noted that some Blue Badge holders may also have access to alternative transport through local authority subsidies.</p> <p>CDB stated that he opposed the increase in staff charges in the context of the need to retain staff, very few of whom could afford to live locally. The CEO noted that the majority of staff travel to work by public transport, which is not subsidised by the Trust.</p> <p>In response to a question from CM, KMO confirmed that the shuttle bus between sites would continue and the frequency would be increasing. The Chairman reflected that public bodies were also being encouraged to discourage the use of private vehicles.</p> <p>Reflecting on the discussion, JJ suggested that Council might wish to endorse all of the proposals for changes to car parking charges, with the exception of the introduction of charging for Blue Badge holders at the Chelsea site.</p> <p>Council agreed to this proposition.</p> <p>The Chairman confirmed that the executive would review the element of the proposal that related to the introduction of charges for Blue Badge holders at the Chelsea site and advise the Governors of the final decision.</p> <p><b>Action: Executive to review proposal for introduction of charges for Blue Badge holders at Chelsea and report back to Council.</b></p>
1.4	<b>QUALITY</b>
1.4.1	<p><b>Care Quality Commission (CQC) report</b></p> <p>EH reported to Council on the outcome of the CQC inspection and the annual quality report.</p> <p>With regard to the CQC inspection, EH confirmed that as Chair of the Quality Committee (QC) she was proud and pleased for staff that the CQC recognised their hard work. The report provided a sound basis for further continuous improvement.</p> <p>On behalf of Governors, SD extended a vote of extreme thanks and congratulations on a very good result, noting that they were all very proud but recognised that it was an ongoing process.</p> <p>In response to a question from SD, EH commented on some of the areas that still needed improvement. These included:</p> <ul style="list-style-type: none"> <li>- patient experience, in particular, timeliness</li> <li>- improvements in Friends and Family test response rates</li> <li>- medicines management</li> <li>- some clinical governance processes.</li> </ul> <p>She reflected, however, that the organisation was still relatively new and that embedding of processes often takes time in merger situations.</p> <p>In response to a question from SD, the Chairman agreed that the Trust would continue to look externally for best practice it could learn from. EH agreed but observed that many of the Trusts rated 'outstanding' were not acute. LW commented that the Trust would also look to learn from specific pieces of work and would be talking to NHSI about</p>

	<p>sharing learning. What was key, was embedding good practice and making it systematic. By way of example, EH advised that she would be attending an NHSI event in early June on being outstanding in relation to patient safety, in the context of no Trust being rated outstanding in that domain.</p> <p>KK asked why the Trust’s rating had declined on one area when it had improved or stayed the same in every other. EH and NG said that they had reflected on the same issue and that it was of concern. Contributing factors may be areas such as VTE assessments where, whilst the Board were assured checks were being done, recording of those checks was not being done in a way that was auditable. Additionally, some of the cause may be about coordination of management of teams.</p> <p>CF expressed her concern about the reported instance of staff complaining that staffing levels were insufficient for patient safety. EH rebutted this firmly, reporting that QC reviews safe staffing levels at every meeting and query all that look low with the Chief Nurse. Typically, the issue would relate to the mix of patient acuity on the ward. LW reassured Council that all of the triangulation done by the executive suggested that there were safe staffing levels but that this was inevitably an area where staff would raise concerns. She reiterated that the Trust takes safety very seriously: there are objective measures and the Trust submits returns centrally. This is also an area reviewed by the wad accreditation process. What is important is the staff know how to, and feel able, to escalate.</p> <p>EH concluded the discussion by noting that the CQC did not identify any ‘must do’ recommendations, which should provide a relative sense of assurance. Further inspections would follow of those areas not looked at during this inspection round.</p>
1.4.2	<p><b>Draft Quality Report 2017-18</b></p> <p>EH introduced the Trust’s Annual Quality Report and took questions from the Council.</p> <p>KK asked about complaints performance. EH explained that the Quality Committee had been pressing the executive to improve timeliness and showing that learning from complaints was taking place. She confirmed that when responses were issued, they were of high quality, and noted that very few complaints were upheld by the Parliamentary and Health Services Ombudsman (PHSO).</p> <p>The CEO agreed that timeliness performance in relation to complaints was not yet good enough but reinforced that the quality of responses was good. She explained that she reviews every complaint response and will send drafts back if they are not good enough. Every complainant is now contacted personally and is kept updated and, in a number of cases, have a meeting with a senior member of staff. She reassured Council that the Trust was working hard to improve performance and to make sure learning from complaints was captured and embedded.</p> <p>The Chairman noted the CEO’s personal commitment to delivering an improved complaints resolution system.</p>
1.4.3	<p><b>Draft Governor Commentary on the Quality Report 2017-18</b></p> <p>SD introduced the draft Governors’ commentary on the Trust’s Quality Report.</p> <p>Council approved the Governors’ commentary.</p> <p>The Chairman noted that he had recently attended a wonderful fund-raising event organised by the Friends of Chelsea and Westminster Hospital Charity. It had raised a lot of money for the hospital and would help to add to the number of Butterfly Rooms already funded by the Friends.</p> <p>Council extended their unanimous thanks to the Friends and, in particular to Andrew Goodwin, departing Chairman of the charity.</p> <p><b>Action: Letter of thanks to be sent to Andrew Goodwin on behalf of the Council of Governors.</b></p>
1.5	<p><b>FINANCE</b></p>

### 1.5.1 Finance and Investment Committee Report to Council of Governors

#### 1.5.2 Draft Month 12 Financial Position

#### 1.5.3 Annual Plan submission to NHSI

JJ updated Council on the work of the Finance and Investment Committee (FIC) over the past 12 months and asked SE to take the Council through the year's financial results. SE spoke to the paper presented at item 1.5.2, which contained figures that were still subject to audit. She advised Council that the Trust was reporting a surplus of £38.4m, £12.8m of which was due to an asset revaluation. This meant an adjusted surplus of £25.6m. The remainder was bolstered through non-recurrent funding of £14.1m STF funding and additional incentive STF funding of £13.6m. The Trust also invested £37.9m in capital in 2017/18, which included the start of the ICU/NICU project and the implementation programme for Cerner EPR.

SE presented the Annual Plan as presented to NHSI. Looking ahead, the Trust was planning to deliver a surplus of £22.7m in 2018/19, after receipt of STF and CW+ donation for ICU/NICU. This plan would rely on the Trust delivering £25.1m of CIPs. The Trust also has a large capital programme planned for 2018/19.

The Chairman reflected that many other Trusts required significant capital investment of the magnitude in some of cases of £600m - £2bn. He noted that Trust was in a stronger position, from a capital perspective, as it had invested wisely in its estates over the years.

JJ noted that the main issue facing the Trust was the £19m underlying deficit. He reminded Council that STF funding was introduced in response to the income received for treating non-elective patients not covering the costs. It would be difficult for any acute Trust to make savings that would cover this systemic shortfall in income and there was a general expectation that STF, of a replacement scheme, would need to stay in place until issues with the tariff for non-elective care was resolved. The Trust would continue to work hard to make further savings, however, and had invested heavily in IT to generate some of these. The staff had responded well to the challenge and understood that savings made allowed for investment in patient care.

He extended his thanks to SE and her team for their hard work and commended the Trust on being rated 1 for use of resources.

Council discussed:

- the strict reporting requirements for the Annual Report which meant that the way that the surplus and deficit was report was prescribed. JJ reassured Council that the Trust's financial position was discussed openly and transparently and report in public Board and Council papers.
- The accounting treatment for costs attached to the EPR programme and associated training
- That fire safety costs were only broken out for the Chelsea site and they formed part of the PFI arrangements at West Middlesex
- the potential impact that the financial position of other Trusts in North West London might have on this Trust, in particular if they required more money from the centre to maintain services, where the CEO advised that funding prioritisation issues were discussed frequently within the STP
- the risk of the centre giving mixed messages on performance-based results, in the context of Trusts that missed their performance targets still receiving their STF funding
- the need for a whole system review of the way healthcare was funded and provided to make sure people were treated at the right time and at the right place and in a way that was cost-efficient, noting that the system was not joined up at present.
- the coming to an end of transition funding at a similar time to a likely change of Trust Chairman.

**Council congratulated Lynne McEvoy, staff governor, on her long service award which was presented by the CEO.**

### 1.6 North West London landscape

KMO introduced this item which provided Council with an overview of the North West London health provider landscape. He drew Council's attention to 7 of the pack, which showed how other local providers were performing relative to this Trust by way of reference to their cost rating.

	<p>As time was pressing, he offered to arrange a separate session to brief Governors with a particular interest in more detail.</p> <p>In response to a question from CF, the CEO gave an update on the Royal Brompton’s proposals regarding paediatric services. She explained that the Brompton had expressed its preference to move services south of the Thames in conjunction with Guys and St Thomas’s and Evelina Children’s Hospital. This would be a project that would take circa ten years to deliver. She explained that this Trust has made clear its view, both to NHS England and to others, that more than one option should be considered, including an option that retained service delivery in North West London. She noted that the Brompton was very clear that the move south of the river was its preferred option. The views of the Commissioners were ultimately the most critical, as they commission services for patients. At present, circa one-third of the Brompton’s patients are drawn from North West London.</p> <p>The Chairman thanked the CEO for the briefing and noted that the Trust has been very open with the Royal Brompton, and with others, in particular NHSI and NHS, about its views on the proposal. What mattered most was providing the best possible care for the people of North West London within the available resources.</p> <p><b>Action: Briefing session on North West London landscape to be included on the Governor awayday agenda.</b></p>
2.0	<b>PAPERS FOR INFORMATION</b>
2.1	<p><b>*Chairman’s Report</b></p> <p>The Chairman presented his report, noting in particular the report of the work of the PROUD (Health and Wellbeing) Action Group. Council watched a video that had been prepared to support Mental Health Awareness Week, comprising an interview with the Chairman about his own metal health. This had been shared with colleagues within the Trust and widely elsewhere.</p>
2.2	<p><b>*Chief Executive Officer’s Report</b></p> <p>The CEO introduced her report and noted in particular:</p> <ul style="list-style-type: none"> <li>- that the Occupational Health Team had given a presentation at recent All Staff Briefings which had focused on how we build personal resilience</li> <li>- the ‘go live’ of Cerner EPR at West Middlesex on 4 May 2018. It was early days but so far the implementation had gone well and staff had worked very hard. She noted that demand at West Middlesex had been high but performance had been well-maintained and it was a huge credit to the staff that they could do this whilst learning a new system. She commended, in particular, the leadership provided by Rob Hodgkiss, Tina Benson, Roger Chinn and Kevin Jarrold. Learning from the implementation at West Middlesex would inform the roll-out of the system at Chelsea.</li> </ul> <p>JB congratulated the Trust on the EPR implementation and asked about the impact it was expected to have. The CEO advised that the expectation was of transformational change. This would include improved data sharing and reduction of duplication of data entry. JB noted that, ultimately, the aspiration was that patients could also have more access to their own data.</p> <p><b>Action: Company Secretary to circulate video made by Chief Operating Officer to launch EPR.</b></p> <p>In response to a question from SD regarding services at Dean Street, the CEO advised that the Trust would like to provide more appointments but they are unable to do so if they are not commissioned as there would be no associated payment. She agreed that these were debates that needed to be held openly and across the local health economy.</p> <p>In response to a question from DP regarding the communications strategy, the CEO noted that the Trust has invested in this area by allocating a dedicated member of staff. There was a good working relationship between the communications team and the governance team and, ultimately, all of the work of the communications team was about engaging with the membership. The Chairman confirmed that this had been discussed at the May public Board meeting, where it was confirmed that improving membership communications would be part of the year two work of</p>

	the communications strategy.
2.3	<p><b>*Performance and Quality Report, including</b>  <b>2.3.1 Workforce Performance Report</b></p> <p>The report was noted.</p>
2.4	<p>*Governors' questions</p> <p>The paper under this item was noted.</p>
2.5	<p><b>Quality Sub-Committee Report February and April 2018, including</b></p> <ul style="list-style-type: none"> <li>• <b>Terms of Reference</b></li> <li>• <b>Governors quality improvement award</b></li> </ul> <p>Council approved the revised Terms of Reference for the Quality Sub-Committee.  Council noted the Governors' quality improvement award item.</p>
2.6	<p><b>Membership Sub-Committee Report February and April 2018, including</b></p> <ul style="list-style-type: none"> <li>• <b>Terms of Reference</b></li> </ul> <p>Council approved the revised Terms of Reference for the Membership Sub-Committee.</p>
<b>3.0</b>	<b>OTHER BUSINESS</b>
3.1	<p><b>Questions from the public</b></p> <p>A member of the public said that she understood circa 4 – 5000 staff came to the UK to be trained as nurses and doctors on lower grades and then returned to their home countries. She asked whether or not the overseas aid budget could be used to employ these people within the NHS, rather than losing their skills and experience.</p> <p>The CEO advised that anyone coming to work at this Trust would be appointed on the appropriate grade for the work they were employed to do. The Trust employed a number of overseas staff and they were required to stay for a certain period of time. The Chairman suggested that the question may be better directed to Ministers as it related to political decisions as to the use of public funds, which were not within the remit of the Trust.</p> <p>A member of the public said that he had heard patients complain that they were bored whilst in hospital and encouraged to stay in bed and noted that this may affect mental health and well-being. He asked whether the Council had any ideas as to how to alleviate this.</p> <p>The Chairman advised that the Trust was a beacon site for volunteering, and part of their work would be to consider how best they could keep patients engaged whilst in hospital.</p>
3.2	<p><b>Any other business</b></p> <p>There was none.</p>
3.3	<b>Date of next meeting – 26 July 2018, 15.00-17.00, Room A, West Middlesex site</b>



Council of Governors – 17 May 2018 Action Log

Minute number	Action	Current Status	Lead
1.3.1	<u>Car parking review</u> Action: Executive to review proposal for introduction of charges for Blue Badge holders at Chelsea and report back to Council.	This is on current agenda.	KMO
1.4.3	<u>Draft Governor Commentary on the Quality Report 2017-18 – Friends</u> Action: Letter of thanks to be sent to Andrew Goodwin on behalf of the Council of Governors.	Complete.	THH/JM
1.6	<u>North West London landscape – COG Awayday</u> Action: Briefing session on North West London landscape to be included on the Governor awayday agenda.	This has been added to the draft agenda for 15 November COG Awayday.	JM
2.2	<u>Chief Executive Officer's Report – EPR</u> Action: Company Secretary to circulate video made by Chief Operating Officer to launch EPR.	Complete.	JM



## People and Organisational Development Committee (PODC)

### Report by the Chair to the Council of Governors (COG) Meeting, 26th July 2018

The purpose of this report is to provide Governors with an update on the activities and effectiveness of PODC for the period January to July 2018 and to briefly discuss HR areas of success and areas for development.

#### 1. PODC CHAIR / HR LEADERSHIP:

Steve was appointed as a NED of the Trust on 1st November 2017 and was asked to chair PODC from 1st February 2018 building on the work done by the prior PODC Chair, Liz Shanahan.

In January 2018 Keith Loveridge resigned as HR Director (HRD). Sandra Easton (CFO) and Pippa Nightingale (Chief Nurse) were asked to lead HR pending Board agreement on the structure of the HR portfolio (including HRD).

Steve qualified as a Chartered Accountant with PwC in London, he has had an international Executive career in the Information Technology (IT) industry including UK, Europe Middle East Africa (EMEA) and International CFO roles; has led Global Sales for Asia Pacific; and held COO and CEO roles in EMEA, UK & Ireland, South Korea and China.

He has built and led high performing executive teams, successfully implemented complex large-scale change management programs across multiple cultures, has extensive experience in mergers and acquisitions (M&A), restructuring, strategic planning, talent management, risk management and building long-term customer relationships.

#### 2. PODC UPDATE:

**Strategic Aim:** To have a workforce that puts patients first, is responsive and supportive to our patients and each other, is open, welcoming and honest, is unfailingly kind, respectful and compassionate, treating our patients with dignity. We are also determined to develop the skills of

our people. This will ensure we achieve our objectives of providing the best quality care and become an employer of choice.

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

**PODC considers 7 major areas:**

- People and organisational development strategy and planning (including recruitment and retention).
- Leadership development, talent management and succession planning.
- Education, skills and capability (clinical and non-clinical, statutory and mandatory).
- Performance, reward and recognition.
- Culture, values and engagement.
- Health and well-being.
- Legal compliance and NHSI certification.

**Terms of Reference (TOR) - Updated in February 2018 with 4 main changes:**

Add Health and well-being.

Add Legal compliance and NHSI certification.

Remove HR staff attendees.

Increase the number of meetings per year to 10 (from 6).

**PODC Membership (from 1st February 2018):**

Steve Gill – Chair

Eliza Herman – NED

Martin Lupton – Hon NED, Imperial College

Gary Sims – NED (March only)

Lesley Watts – CEO

Sandra Easton – CFO

Rob Hodgkiss – COO  
Gill Holmes – Director of Communications  
Julie Myers – Company Secretary  
Pippa Nightingale – Chief Nurse  
Zoe Penn – Medical Director  
Vanessa Sloane – Hospital Director WM  
Vida Djelic – In attendance re Minutes, Action Log.

PODC discussions are increasingly lively, open and robust with strong contributions from attendees.  
The quality of Papers is mixed but steadily improving.

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

General Business: Agenda, Apologies, Declaration of Interest, Prior Minutes, Action Log.  
Workforce Strategy: includes HR Improvement Program as a standing item.  
Staff Well-being: various topics.  
Performance: includes Workforce Report as a standing item.  
Deep Dives: based on priorities and issues.  
Sub-Group Reports: one per month.  
Top Concerns: free format discussion.  
AOB: includes Forward Plan and Next Meeting as standing items.

**During the period January to July 2018 PODC has reviewed the following items:**

Workforce performance report (every meeting).  
HR improvement plan (every meeting from March).  
Clinical Fellows program.  
Cerner - Electronic Patient Records (EPR) impact on roles, organisation and culture.  
Healthy workplace charter.  
Temporary staff report.  
Employee relations scorecard.  
Wards/Departments with high staff turnover.  
Overseas recruitment plan.  
Staff survey results and action plan.

Gender pay gap analysis and plan.  
Health Education England (HEE) Medical education.  
Nurse and overall staff recruitment and retention.  
Leadership development program and evaluation.  
Annual Report (People section).  
Board Assurance Framework (BAF).  
Workforce Race Equality Standard (WRES) report.  
Care Quality Commission (CQC) report recommendations/actions (people section).  
Occupational Health (OH), North West London (NWL) Sustainability Transformation Partnership (STP) plan.  
Freedom To Speak Up (FTSU) report.  
Future Workforce Roles - planning group initial update.  
Local staff engagement plan.  
Statutory and mandatory training plan update.  
Medical revalidation annual report.  
Sub-group reports e.g. Workforce Development Committee; PROUD Action Group; Education Strategy Board; Partnership Forum.  
PODC self-evaluation (in January).  
Various HR Policies for review/approval.

### **3. PODC ISSUES RAISED BY GOVERNORS (informal NED and Governors meeting, May 2018):**

Staff survey – Quote: “No actions, nothing ever changes, therefore limited interest in completing survey year after year.”

See separate Staff Survey Paper:

- significant year on year improvements; amongst the best results in London.
- 3 bottom quartile scores: response rate; bullying; near misses.

Time from survey closing to communication of action plans is impacted by NHS analytics (3 months) and by the review process with Trade Unions and at Partnership Forum.

Actions being reviewed to shorten timeline, see Areas for Development (below).

Quarterly ‘Pulse’ survey being redesigned.

Bullying – staff on staff

Focus area for Staff Survey action plan. See separate Staff Survey Paper and Areas for Development (below).

Racial discrimination – based on minority ethnic status.

Focus area for Staff Survey/WRES action plan. See separate Staff Survey Paper and Areas for Development (below).

Long service awards – certificate vs. monetary award.

Long service awards reintroduced in 2018, continuing to review ongoing improvements.

#### **4. AREAS OF SUCCESS & AREAS FOR DEVELOPMENT:**

##### **Areas of success:**

- At Phase 1 on Journey to Outstanding.
- Successful delivery of Phase 1 of HR Improvement Programme.
- Creation of robust and reliable workforce information, building on the reconciliation of Electronic Staff Records (ESR) and ledger.
- Positive, incremental progress across all key workforce metrics (but turnover rates continue to be high).
- NHS Staff Survey Top 20% staff engagement score, linked with communications improvements, results are amongst the best in London (but 3 bottom quartile scores including relatively low response rate).
- Agency expenditure significantly reduced compared to previous years.
- FlexiStaff+ with c.1000 DRs being rolled out across NWL partners and nationally.
- Notable operational improvements made, despite the loss of HRD, whilst maintaining a stable HR team.
- Overseas recruitment campaigns yielding results.
- Time to hire halved from 15 weeks to less than 8 weeks, saving 7 weeks of Bank and Agency cost on every post recruited.
- Hit the 90% Statutory and Mandatory training target for the first time in 10 years (since target was introduced).

- Launched E-Pay which gives staff and managers greater control and visibility over additional payments.

#### **Areas for Development:**

- Increase speed and urgency re Phase 2 of the HR Improvement Programme, through the delivery of the 7 key workstreams to fully embed improved processes and systems.
- Systematic delivery of the expected employee compliance metrics (Performance and Development Review (PDR), Statutory and Mandatory Training) with clear consequences for non-conformity.
- Moving to real time, predictive and intelligent monitoring. Moving away from retrospective, one-dimensional and traditional reporting. Significantly improve the monthly Workforce Report with the introduction of Statistical Process Control (SPC) Charts and a step change in the quality of management commentary, focussing on interpretation and actions with timelines and owners.
- Forensic examination and understanding of: Staff Turnover; WRES; Gender bias. Implement clear, urgent improvement plans to address.
- Shorten timelines for action plans and communication of Staff Survey. Redesign Quarterly 'Pulse' survey. Focus on addressing three bottom quartile scores from latest Survey: low response rate; harassment and bullying; witnessing errors and near misses.
- Increasing the priority, nimbleness and focus of the retention strategy.
- Step change in the Learning & Development (L&D) offer, leverage value with Academic partners.
- Consideration of novel approaches, e.g. Scholarships and apprenticeships across the Multi-Disciplinary Team (MDT) workforce; design Future Workforce roles.
- Staff Wellbeing programmes.
- Finalise proposal for the structure of the HR portfolio (including HRD) with Board approval for implementation and timeline.

Steve Gill

July 2018



## 2017 National NHS staff survey

### **1. Introduction**

The NHS National Staff Survey is a requirement set by NHS England for all NHS Trusts in England and is one of our key measures for staff engagement. The survey is conducted on an annual basis in the autumn of each year with the results then published in the following February / March. The results for the 2017 Staff Survey were made available from the 6<sup>th</sup> March 2018.

All Trusts who participate in the survey are placed into a set category that reflects the type of NHS organisation that they are operating as i.e. Community Trust, Ambulance Trust etc. Chelsea and Westminster Hospital NHS Foundation Trust are identified as an Acute Trust and as such our results are benchmarked against other Acute NHS providers in England.

The results of the survey are summarised in 32 key findings (14 scale summary (composite) scores, calculated by converting staff responses to particular questions into scores with the minimum score being 1 and the maximum being 5, and 18 percentage scores showing the percentage of staff who gave a particular response to a question or a series of questions).

The results of the staff survey are one of the three parts that make up the “Improving staff health and wellbeing” CQUIN, with an expectation that there will be improvements in the scores on a year by year basis in relation to two of the three staff survey questions on health and wellbeing, MSK and stress.

The findings of the survey also feed into our Equality and Diversity work stream as the results of four of the questions relating to bullying and harassment, equal opportunities and discrimination are used for our annual reporting on the Workforce Race Equality Standard (WRES).

### **2. Key findings and actions following the 2016 Staff Survey**

The 2016 Staff Survey was the first year that the Trust undertook the survey as one organisation as previously the two hospital sites had been surveyed separately. Our response rate this year was 48% which meant that we were in the highest 20% of acute trusts in England. However our overall indicator of staff engagement in 2016 was below average and the results of the survey identified some key areas of concern in relation to staff experience.

As a result of the findings the Trust implemented a two year Staff Experience Action plan which was devised in conjunction with staff who were invited to a series of focus groups. This plan is broken down into eight areas of focus, with a number of specific actions within each of these. Divisions and departments were also asked to make their own pledges for the staff in their areas based on the results for their own area.

The areas of focus in the Trust Staff Experience Plan are:-

- Better information on staff engagement
- Dignity and respect in the workplace
- Promote staff security
- Promote Equality and Diversity
- Promote Health and Wellbeing
- Promote fair and reflective practices for reporting incidents and feedback
- Performance Development Reviews (Appraisals)
- Improving processes for recognition

An updated version of this plan is included within Appendix 1 of this paper showing the progress against each of the actions. It was agreed that the plan would be reviewed once the results of the 2017 survey were available in order to see if the actions identified had made any difference to the results and if there was further work that needed to be done in relation to any of these areas as well as to consider if there were any additional themes that now needed to be considered.

### **3. 2017 National Staff Survey results**

#### **3.1 Background**

The 2017 Staff Survey ran from the 4<sup>th</sup> October 2017 and closed on the 1<sup>st</sup> December 2017. This survey was issued to all eligible staff (which includes all substantive staff on all types of contract (permanent, fixed term etc. who were directly employed by the Trust on 1st September 2017).

The methodology used in distributing the survey in 2017 was a mixed mode approach consisting of on-line electronic surveys which were sent to staff via their work email addresses, alongside hard copy paper surveys which were given to staff who it was felt may have more difficulty in accessing computers and Trust email accounts on a day to day basis. Staff who received a paper copy of the survey in 2017 were those in Nursing and Midwifery posts as well as all Junior Doctors, and all other staff received this electronically. Any staff who were on maternity leave on the 1<sup>st</sup> September were sent a copy of the survey by post to their home address.

Questionnaires were sent to a total of 5434 staff. Of these 1736 staff took part in this survey which put our response rate at 32% and meant we are in the lowest 20% of acute trusts in England. This represented a drop of 16% from the 2016 response rate which does need to be taken into account when reviewing the results.

#### **3.2 Key findings**

In 2017 the Trust saw a vast improvement in our indicator of staff engagement with a score of 3.93, placing us in the highest 20% of Acute trusts. This is an increase from last year when our staff engagement score was 3.79 and was below the national average.

This score is calculated using the responses to three key areas:-

- Staff feeling they are able to contribute towards improvements at work
- Staff who would recommend the organisation as a place to work or receive treatment
- Staff motivation at work

The Trust has seen increase in all three of these areas, most noticeably in the questions relating to staff recommending the organisation as a place to work or receive treatment. For these questions there has been an increase of 5% meaning that 69% of staff would now recommend the Trust as a place to work (against a national average of 61%), and 78% of staff would recommend the trust as a place to be treated (against a national average of 71%).

### **3.3 Top 5 ranking scores**

Our top five ranking scores in comparison to the national average are:-

- KF12. Quality of appraisals
- KF 29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month
- KF24. Percentage of staff / colleagues reporting most recent experience of violence
- KF7. Percentage of staff able to contribute towards improvements at work
- KF 31. Staff confidence and security in reporting unsafe clinical practice

### **3.4 Bottom 5 ranking scores**

Our bottom five ranking scores in comparison to the national average are:-

- KF25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
- KF20. Percentage of staff experiencing discrimination at work in the last 12 months
- KF28. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month
- KF23. Percentage of staff experiencing physical violence from staff in last 12 months
- KF21. Percentage of staff working extra hours

### **3.5 Key changes to scores**

The areas where we have seen the largest positive changes since 2016 survey are:-

- KF 29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month-increase from 89% to 93%
- KF9. Effective Team working-increase from 3.70 to 3.81
- KF4. Staff motivation at work –increase from 3.90 to 3.99
- KF7. Percentage of staff able to contribute towards improvements at work-increase from 70%-75%
- KF6. Percentage of staff reporting good communications between senior management and staff-increase from 34% to 41%

### 3.6 Workforce Race Equality Standard (WRES)

The below table shows our results are defined for the Workforce Race Equality Standard in comparison to our results from 2016.

			<b>Our score</b>	<b>Median for acute trusts</b>	<b>2016</b>
KF25	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White	38%	27%	<b>40%</b>
		BME	32%	28%	<b>36%</b>
KF26	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White	24%	25%	<b>27%</b>
		BME	28%	27%	<b>28%</b>
KF21	Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	White	89%	87%	<b>88%</b>
		BME	75%	75%	<b>74%</b>
Q17b	In the 12 last months have you personally experienced discrimination at work from manger/team leader or other colleagues	White	7%	7%	<b>6%</b>
		BME	13%	15%	<b>12%</b>

These indicators show that there for one of these the Trust has seen a slight improvement (percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months) for BME staff; however the Trust is still above the national average for Acute Trusts. For the other 3 indicators the results are either slightly worse than in 2016 or they have stayed the same, but in most cases we do remain above the national average.

We are able to review the results based on a demographic groups and a review of this does show that despite this staff from a BME background have a slightly higher level of staff engagement (3.96 compared to white staff who scored 3.91). BME staff also rate the quality of their appraisal and quality on non-mandatory training higher than white staff. However for the majority of the results it would appear that BME staff report a less positive experience in the workplace.

Our actions to address the issues that have been identified with these 4 indicators and the other 5 that make up the WRES submission are incorporated in the Staff Experience plan in Appendix 1.

Appendix 1

**Staff Experience Plan 2017-2019**

This document sets out the priorities for the staff experience action plan based on the results of the Trusts National Staff Survey results and also incorporates our actions in line with the current WRES indicators. Priorities for 2018-19 have been reviewed in line with the 2017 NHS staff survey and actions have been updated or additional actions have been included accordingly.

Area of Focus	Action (s)	Owner	Timeframe	Progress	Benchmark - Staff Survey 2016 Score	Benchmark - Staff Survey 2017 Score <sup>i</sup>
<b>Better information on staff engagement</b>	Launch quarterly Staff Engagement Survey	Nicole Porter-Garthford		A decision was taken to not look to launch this survey at this time and instead focus on creating a better system for reviewing the information we already receive on staff engagement through the staff FFT and the joiners and leavers survey	Overall level of staff engagement: 3.79  Staff recommendation of the organisation as a place to work or receive treatment: 3.77	Overall level of staff engagement: 3.93  Staff recommendation of the organisation as a place to work or receive treatment: 3.96

	Implement a formal process to review staff FFT results and starters and leavers survey and develop actions as appropriate	Nicole Porter-Garthford	July 2018	Meeting to be arranged once Q1 FFT results are available to review these results and the annual joiners and leavers survey		
<b>Dignity and respect in the workplace</b>	Develop a dignity and respect at work policy with our trade union partners	Nicole Porter-Garthford	August 2018	Policy in progress and due to go through ratification process in August 2018	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months: 27%	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months: 25%
	Develop a respect at work service staffed by trained respect at work champions, to provide confidential advice to people who experience inappropriate behaviour from colleagues	Nicole Porter-Garthford	July 2018	In progress- quotes are currently being sought for this service	WRES Indicator: White Staff : 27% BME Staff: 28%	WRES Indicator: White Staff : 24% BME Staff: 28%
	Plan to embed the PROUD values across the	Christine Catlin	Sept 2017	Completed		

	Trust.					
	Review all relevant current training to managers on the informal management of low level conflict between staff and devise new training intervention as appropriate	Nicole Porter-Garthford/ Christine Catlin	October 2017	Completed-a proposal has now been drafted to roll out further training in this area and improve the internal mediation service		
	Formal training for managers in 'holding difficult discussions with staff' to be rolled out across the Trust	Nicole Porter-Garthford/ Viki Burley	October 2018	Training is booked for the ER team in July , following this the team will then design the training for managers and this will be rolled out across the Trust		

	Launch training for managers in application of employee relations policies.	Nicole Porter-Garthford	April 2017	Completed		
<b>Promote staff security</b>	Working group to review staff security especially at WMUH and produce recommended actions	Nicole Porter-Garthford/ Toni Shepherd	October 2017	Completed-a security action plan has been developed and is being progressed	Percentage of staff experiencing physical violence from patients etc in last 12 months- 16%	Percentage of staff experiencing physical violence from patients etc in last 12 months -16%
	<p>To complete the actions identified in the Staff Security action plan which includes:-</p> <ul style="list-style-type: none"> <li>• Training for frontline staff</li> <li>• Review security presence in ED at WMUH with a view to introducing a third security guard</li> <li>• Improved communication on the red/ yellow card system</li> <li>• Review of visitors policy</li> </ul>	Nicole Porter-Garthford/ Toni Shepherd	November 2018	A staff safety action group is currently meeting monthly to monitor progress against these actions	<p>Percentage of staff experiencing harassment, bullying or abuse from patients etc last 12 months 36%</p> <p>WRES Indicator: White Staff : 40% BME Staff: 36%</p>	<p>Percentage of staff experiencing harassment, bullying or abuse from patients etc last 12 months 34%</p> <p>WRES Indicator: White Staff : 38% BME Staff: 32%</p>

<b>Promote workforce equality and diversity</b>	Publish equality and diversity workforce information report and workforce equality plan	Nicole Porter-Garthford/ Harry Sarsah	Sept 2017	Completed	Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion: 80%	Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion: 83%
	<p>To complete the actions identified in the Workforce Equality Action Plan (the majority of which form part of the overall Staff Experience Plan):-</p> <ul style="list-style-type: none"> <li>• Fair processes for addressing workplace conflict</li> <li>• Improved data collection</li> <li>• Recruitment and promotions</li> <li>• Dignity and Respect at work</li> <li>• Staff Networks and Focus groups (staff with disabilities, LGBT, BME and Women's Network)</li> </ul>	Nicole Porter-Garthford/ Harry Sarsah	December 2018	In progress-the majority of actions in this plan are cross references with other areas in this action plan	<p>WRES Indicator:</p> <p>White Staff : 88%</p> <p>BME Staff: 74%</p> <p>WRES data: Relative likelihood of staff entering the disciplinary process -BME staff are 2.84 times more likely to enter into this process</p> <p>Percentage of staff experiencing discrimination at work in the last 12 months -19%</p>	<p>WRES Indicator:</p> <p>White Staff : 89%</p> <p>BME Staff: 75%</p> <p>Percentage of staff</p>

<p>Achieve year on year increases in the proportion of staff with known status for disability, religious belief and sexual Orientation (this will be monitored as part of the 2018 Annual Report)</p>	<p>Natasha Elvidge</p>	<p>August 2018</p>	<p>In progress</p>	<p>WRES Indicator: White Staff : 6% BME Staff: 12%</p>	<p>experiencing discrimination at work in the last 12 months -18%</p> <p>WRES Indicator: White Staff : 6% BME Staff: 12%</p>
<p>Adoption of NHS Equality Delivery System for workforce equality starting with bullying and flexible working</p>	<p>Nicole Porter-Garthford/Harry Sarsah</p>	<p>July 2018</p>	<p>Stakeholder groups held and write up completed.</p>		
<p>Review support provided to people with disabilities. Issue management guidance to managers on supporting people with disabilities and long term health conditions.</p>	<p>Nicole Porter-Garthford/Harry Sarsah</p>	<p>July 2018</p>	<p>Completed – policy for Maintaining the Employment of People with Disabilities’ is currently being ratified.</p>		
<p>The Trust is now taking part in the pan London work “Improving</p>	<p>Nicole Porter-Garthford/Harry</p>	<p>April 2019</p>	<p>In progress, the required template</p>		

	Equalities Outcomes” to review the issue of the fact a disproportionate number of staff from a BME backgrounds enter the disciplinary process. The aim of this is to identify, implement and evaluate models of better practice, improve understanding of the mechanisms and causes of this disproportionality , and provide evidence based models of better practice which Trusts can use to reduce or eliminate the gap over time.	Sarsah		document has now been agreed and is being used to report our data on a monthly basis. This will then be reviewed at the end of 12 months.		
	Launch recruitment & selection training for managers	Natasha Elvidge		Completed		
<b>Promote health and</b>	Re-establish the Health and Wellbeing group and ensure appropriate	Nicole Porter-Garthford / Anna-Marie	Sept 2017	Completed-established as the PROUD	Percentage of staff feeling unwell due to work related stress in the last 12	Percentage of staff feeling unwell due to work related stress in the last 12

<b>well-being</b>	representation from across the organisation.	Mitchell/Bethan Davies		Action group	months: 39%	months: 39%
	Finalise health and wellbeing strategy	Nicole Porter-Garthford / Anna-Marie Mitchell	June 2018  Revised date of September 2018	In progress- health and wellbeing strategy being developed in line with Healthy Workplace Charter gap analysis work. A draft is currently being submitted to the HWC team for a first review	Organisation and management interest in and action on health and  Wellbeing: 3.58	Organisation and management interest in and action on health and  Wellbeing: 3.68
	Review and implementation of new prevention of stress at work policy	Nicole Porter-Garthford / Anna-Marie Mitchell	June 2018  Revised date of August 2018	In progress- policy has been drafted and feedback received from Trade Union that needs to be incorporated into the policy		

	Restructure occupational health service with changed operating model.	Anna-Marie Mitchell	March 2018  Revised date of September 2018	This has been delayed due to issues with the merger of the two OH systems- however this is now in progress. Paper now drafted and there is a plan to launch this on the 6 <sup>th</sup>		
	Two health and well-being days per site per year	Anna-Marie Mitchell	June 2017	Completed		
	Review and revise publicity of health & well-being and OH services	Nicole Porter-Garthford / Anna-Marie Mitchell	Sept 2017	Completed- further work being done in conjunction with the work of the PROUD Action group		
<b>Promote fair, reflective process for</b>	Revise and relaunch raising concerns (whistleblowing) and	Nicole Porter-Garthford	July 2017	Completed	Fairness and effectiveness of procedures for reporting	Fairness and effectiveness of procedures for reporting

<b>reporting incidents and feedback</b>	grievance policies: poster campaign, team brief sessions, legal presentation				errors, near misses and incidents: 3.72  Staff confidence and security in reporting unsafe clinical practice: 3.68	errors, near misses and incidents: 3.82  Staff confidence and security in reporting unsafe clinical practice: 3.78
<b>Performance and development review</b>	Embed our new performance and development review process, achieve 90% compliance and review operation / user experience –this will need to continue in 2018 to achieve the 90% compliance rate.	Christine Catlin	September 2018	In progress	Percentage of staff appraised in last 12 months: 81%	Percentage of staff appraised in last 12 months: 81%
<b>Improve processes for staff recognition</b>	Devise long service award scheme	Christine Catlin	March 2018	Completed-long service awards held for those with over 25 years' service and divisional events now being arranged	Recognition and value of staff by managers and the organisation: 3.42	Recognition and value of staff by managers and the organisation: 3.51

				for those with 10, 15 and 20 years' service		
	Devise an integrated people recognition scheme which combines annual and monthly awards with instant recognition	Christine Catlin	Dec 2017	Completed		

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<sup>i</sup> Key

Green-increase in score in 2017

Blue-no change in score 2017

Red-decrease in score in 2017



**Council of Governors Meeting, 26 July 2018**

<b>AGENDA ITEM NO.</b>	1.4.2/Jul/18
<b>REPORT NAME</b>	Charity Update
<b>AUTHOR</b>	Nick Gash (Non-Executive Director lead for FT Charities), Chris Chaney (Chief Executive, CW+)
<b>LEAD</b>	Nick Gash, Non-Executive Director
<b>PURPOSE</b>	To update Governors on progress of FT charitable actives
<b>SUMMARY OF REPORT</b>	<p>In January last year and following on from the WMUH / CWH merger, CW+ was reconstituted and formally designated as the official charity of the Trust, tasked by the Trust Board with supporting, coordinating and positioning the activities of charitable activity across the Trust to help progress the strategic priorities of the FT. This paper aims to highlight key themes and areas of progress for CW+ and its work with other charities across the Trust YTD 2018/19.</p> <p>In particular:</p> <ul style="list-style-type: none"> <li>• Fundraising £11.5 million for NICU</li> <li>• The Sun and Stars appeal at West Middlesex</li> <li>• Research and innovation as a founding partner of the Digital Health. London Accelerator</li> <li>• Contributing to the national strategy being prepared by the All-Party Parliamentary Group in Arts and Health.</li> <li>• Sponsorship of CW+ PROUD Awards and the annual CW+ Staff Awards</li> <li>• St Stephen's Aids Trust integration planned for September 2018</li> </ul>
<b>KEY RISKS ASSOCIATED</b>	N/A.
<b>FINANCIAL IMPLICATIONS</b>	Some FT services and major projects are reliant on philanthropic support (including Critical Care, volunteering)
<b>QUALITY IMPLICATIONS</b>	N/A
<b>EQUALITY &amp; DIVERSITY IMPLICATIONS</b>	N/A
<b>LINK TO OBJECTIVES</b>	<p>FT charitable activity aims to support all primary FT objectives:</p> <ul style="list-style-type: none"> <li>• Excel in providing high quality, efficient clinical services</li> <li>• Improve population health outcomes and integrated care</li> <li>• Deliver financial sustainability</li> <li>• Create an environment for learning, discovery and innovation</li> </ul>

<b>DECISION/ ACTION</b>	N/A
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## **Introduction**

This report is presented by me as the NED with specific responsibility for Charitable Activity across the Trust. By way of introduction I live in Brentford and was appointed the FT Board in November 2015. Prior to that I had been Chair of the Board at WMUH in the run up to the merger with Chelsea and Westminster. After a career in the voluntary sector I set up my own Public Affairs Consultancy offering communications, policy and political advice and training. I have other NHS interests, being a lay member of the North West London assessment panel for national clinical excellence awards and a lay chair and assessor for local and national medical recruitment and training progress reviews. I have direct experience of charities having for 9 years been Chair of the Trustees of 'Watermans' a multi-cultural arts centre based in Brentford.

## **Background**

There is no formal Charitable sub-committee of the Board. I have two main roles. One is that I am one of four nominees from the FT who are Trustees of CW+. The others are my fellow NED Liz Shanahan, CEO Lesley Watts and Medical Director Zoe Penn. The second is that I have a role in supporting liaison with the other Charities that operate across the Trust - the Friends of CWH, the Mulberry Centre at WMUH, St Stephens Aids Trust, St Nicholas Fund, Chelsea Children's Hospital Charity, Borne and the Westminster Medical School Research Trust. It is a key objective of the FT Board to ensure that all charitable activity is co-ordinated and directed to help progress the strategic priorities of the FT. I work with CW+ on this and we have had a number of meetings bringing all the charities together and also bilateral meetings with individual charities.

## **Key Activity – Fundraising**

The main focus of charitable fundraising at CWH continues to the Critical Care Campaign. This initiative will see radical expansion and redevelopment of the adult and neonatal intensive care units, transforming the clinical environments and increasing capacity to care for an additional 650 patients each year. At a cost of £25 million, this is the largest capital redevelopment the FT has undertaken. Having committed half of the required funds, the FT has asked CW+ to raise the remaining £12.5 million. So far, the charity, with help from the Friends and the St Nicholas Fund, has secured £11.5 million and are aiming to complete the fundraising appeal this year.

At WMUH, CW+ is running the Sun and Stars appeal to raising £100,000 to renovate the hospital's paediatric wards. Again, with support from the St Nicholas Fund, £50,000 has been raised to date. Having recently been selected by the Mayor of Hounslow as her charity of the year, the aim is to reach this target by the end of 2018.

Several other areas across the FT have recently benefitted from philanthropic support. The Friends have raised significant funds to help establish palliative care 'butterfly rooms' as part of their hugely successful 25<sup>th</sup> anniversary celebrations and a major gift from the Reuben Foundation is supporting the renovation of maternity facilities at CWH – the first phase of which will open later this year.

## **Key Activity – Research and Innovation**

Several charities continue to solely focus on research, including Borne (which researches causes of prematurity and still birth) and the Westminster Medical School Research Trust which, in partnership with CW+, supports young clinical researchers across the FT with grants managed by the internal Joint Research Committee (JRC).

CW+ is also heavily involved advancing the FT's innovation agenda, with a pipeline of projects currently being evaluated across the FT. CW+ is a founding partner of the Digital Health. London Accelerator and this, coupled with

other partnerships with organisations including Microsoft, the NHS Innovation Accelerator and NESTA help to identify new technologies, digital solutions or system improvements that can be introduced to the FT to help support patient outcomes, patient experience and organisational efficiency.

As a recognised NHS Global Digital Exemplar, the FT has a growing reputation as a leader in digital innovation and in recent months CW+ and FT staff have presented at several events showcasing this work including the Digital Health World Congress, Digital Health Roadshow and the Imperial College Innovation Forum.

### **Key Activity – Arts, Design, Patient Experience**

CW+ leads on a wide ranging arts and health programme across the FT, incorporating visual and performing arts into the patient experience and the clinical environment. This includes a well established programme which brings arts, craft, music, storytelling and performance to patients across both sites (including a partnership with the national MediCinema charity to deliver free weekly screenings at our CW+ MediCinema at CWH); a diverse set of partnerships with external organisations including Royal College of Music, Royal Academy of Music, Rambert Ballet, Kings College to evaluate the impact of design enhancements and art interventions on patients, families and staff; and an active design and clinical environment programme that helps maintain and improve the FT estate to meet the needs of our patients and create an outstanding healing environment across our hospitals and clinics.

A major current focus of this programme is the Critical Care Campaign, with baseline studies currently underway to assess sound, light and air quality on the current units and leading external companies including Fosters Architects and Canary Wharf Group engaged with design process. Work to improve the environment in both CWH and WMUH A&E's was highlighted in the recent FT CQC report and CW+ has been asked to contribute to the national strategy being prepared by the All Party Parliamentary Group in Arts and Health.

### **Key Activity – Staff and Patient Support and Engagement**

Charitable support plays an important role in helping promote and celebrate the achievements of staff across the FT. Currently CW+ sponsor the CW+ PROUD Awards and the annual CW+ Staff Awards ceremony and recently were heavily involved in planning and delivery of celebrations to mark the 25<sup>th</sup> Anniversary of CWH and the NHS 70<sup>th</sup> Birthday on both sites.

Several on-site charities, including the Friends, St Stephens and CW+ have historically supported the FT volunteering service and this help remains central to supporting the FT's ambition to centralise its volunteer management, recruit a new cohort of young volunteers to support WMUH and triple the number volunteers working across our hospitals to over 900 by 2020.

Staff can also benefit from a variety of charitably supported grants and training programmes. To mark the NHS 70<sup>th</sup> CW+ has launched its first dedicated Training and Development Fund for FT staff and is committed to funding a minimum of £500,000 p/a in discretionary grants to staff lead projects across the FT.

### **Looking Ahead**

Having already marked several significant milestones in 2018, we have a major anniversary next May in the tercentenary of the founding of the Westminster Hospital. CW+ is coordinating this special occasion and concurrently running a series of Heritage activities across 2018/19 to bring the history the FT into the wider vision of the FT community.

This year will also see continued consolidation among FT charities, most notably with St Stephens Aids Trust coming under the wing of CW+ in September in line with the 30<sup>th</sup> Anniversary of the opening of the Kobler Clinic.



**Council of Governors Meeting, 26 July 2018**

<b>AGENDA ITEM NO.</b>	1.5/Jul/18
<b>REPORT NAME</b>	Report of the Council of Governors' Nominations and Remuneration Committee including: <ul style="list-style-type: none"><li>- reappointment of Non-Executive Director</li><li>- review of Terms of Reference</li></ul>
<b>AUTHOR/LEAD</b>	Sir Thomas Hughes-Hallett, Chairman
<b>PURPOSE</b>	To report on the most recent meeting of the Council of Governors' Nominations and Remuneration Committee. To approve the reappointment of Nick Gash as a Non-Executive Directors for a three-year term. To agree the revised Terms of Reference of the Committee.
<b>SUMMARY OF REPORT</b>	<p><b>Report of meeting</b> The Committee met on 20 June 2018 and discussed:</p> <ul style="list-style-type: none"><li>- the schedule of appointments for non-executive directors</li><li>- the reappointment of Nick Gash</li><li>- the Terms of Reference for the Committee</li><li>- the appointment of a new Chair.</li></ul> <p><b>Reappointment of Nick Gash</b> Nick Gash was appointed as a Board member by the Council of Governors for a three-year period on 1 November 2015. His term of office is due to expire on 31 October 2018. Further to receiving Nick's confirmation that he would wish to seek reappointment for a further three-year term following a recent positive appraisal, the Council of Governors Nomination and Remuneration Committee considered the proposal and is recommending the reappointment of Mr Gash to Council.</p> <p>Within this paper is a summary of the key experience and expertise brought by Mr Gash to the work of the Trust Board, alongside a summary of his recent appraisal outcomes.</p> <p><b>Revised Terms of Reference</b> Minor administrative amendments have been made to the Committee's Terms of Reference.</p>

<b>DECISION/ ACTION</b>	The Council of Governors is asked: <ul style="list-style-type: none"><li>- to approve the reappointment of Nick Gash as a Non-Executive Director for a three-year term commencing 1 November 2018.</li><li>- To approve the revised Terms of Reference.</li></ul>
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## Reappointment of Non-Executive Director

### Appointment details

Nick Gash was appointed as a Board member by the Council of Governors for a three-year period on 1 November 2015.

Nick currently chairs the Audit and Risk Committee and is a member of the Quality Committee. Nick is also one of the Trust's two Freedom to Speak Up Guardians.

### Background

Nick works as a consultant offering communications, policy and political advice and training to a wide range of clients. He is an associate director of public affairs company Interel Consulting UK. Nick was chairman at WMUH from Apr 2015 until the acquisition, having been a non-executive director and deputy chairman before that. He has other NHS interests, being a lay member of the North West London assessment panel for national clinical excellence awards and a lay chair and assessor for local and national medical recruitment and training progress reviews. Until 2004 Nick was the national director (CEO) of the National Union of Students having previously been director of development and training. Nick was for nine years chairman of the trustees of Watermans, a multicultural arts centre based in Brentford. Nick is also a Trustee of hospital charity CW+.

### Appraisal

Formal appraisals by the Chairman were conducted in June 2017 and June 2018.

Both appraisals noted Nick's excellent overall contribution to the Board as a Non-Executive Director, citing the high regard with which he was held by peers and how important his long experience of interacting with staff, particularly at West Middlesex, was to nurturing the relationship between the Board and the staff. His important role in respect of guardianship and whistle-blowing was noted. The 2017 appraisal noted the work done by Nick in relation to the then nascent People and OD Committee and to his ability to act as the 'glue' around the Board table. The 2018 appraisal noted the work undertaken by Nick in 2017 with the Council of Governors around Governor engagement and his more recent taking on of the Audit and Risk Committee Chairmanship.

The 2018 appraisal made particular mention of Nick's visible commitment to demonstrating the Trust's PROUD values

### Proposal

Nick has expressed his interest in seeking reappointment for a second term of three years. The Committee agreed to recommend to the Council that it agree to reappoint on the basis of Nick's strong and passionate commitment to the work of Trust and the valuable contribution he makes. He brings an informed perspective on the work of the Trust, and the local health economy, informed by his past experience with West Middlesex pre-merger. This insight continues to be invaluable.

## **4.0 Recommendation**

- 4.1 The Council of Governors is asked to approve the reappointment of Nick Gash as a Non-Executive Director for a second three-year term commencing 1 November 2018.

Sir Thomas Hughes-Hallett  
**Chairman**

July 2018



## 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. Aims

The Committee shall:

- ~~The Committee is also charged with a~~ Advise the Council of Governors ~~ing~~ on any appointment and removal of Non-Executive Directors, including the Trust Chairman.
- ~~Furthermore, the Committee will~~ Oversee all aspects of the appointment process for Non-Executive Directors ~~appointment process~~ and the approval of arrangements for the termination of employment Directorships and other major contractual terms.
- Make recommendations to the Council of Governors ~~shall be guided by the Committee in making recommendations with~~ regarding ~~to~~ the remuneration of Non-Executive Directors, including the Trust Chairman.

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 appointments

- 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.

#### 4.3.4 **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 Director.
- Make recommendations to the Council of Governors on the fees and allowances for the Chairman and Non-Executive Directors.

#### 4.4.5 **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 Nominations 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 (eg Chief Executive, ~~Executive Director with responsibility for HR~~~~Chief People Officer~~ and ~~Director of Corporate Affairs~~~~Company Secretary~~), where appropriate.

The ~~Trust Company~~ 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 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: 19 July 2017

Reviewed: 20 June 2018



**Council of Governors Meeting, 26 July 2018**

<b>AGENDA ITEM NO.</b>	1.6/Jul/18
<b>REPORT NAME</b>	Minutes of the Council of Governors Membership & Engagement Sub-Committee meeting held on 28 June 2018
<b>AUTHOR</b>	Vida Djelic, Board Governance Manager
<b>LEAD</b>	David Phillips, Chair
<b>PURPOSE</b>	To provide a record of any actions and decisions made at the meeting.
<b>SUMMARY OF REPORT</b>	This paper outlines a record of the proceedings of the Council of Governors Membership & Engagement Sub-Committee meeting held on 28 June 2018
<b>KEY RISKS ASSOCIATED</b>	None.
<b>FINANCIAL IMPLICATIONS</b>	None.
<b>QUALITY IMPLICATIONS</b>	None.
<b>EQUALITY &amp; DIVERSITY IMPLICATIONS</b>	None.
<b>LINK TO OBJECTIVES</b>	NA
<b>DECISION/ ACTION</b>	For information.



**DRAFT Minutes of a meeting between members of the Council of Governors Membership & Engagement Sub-Committee**  
**Held at 10.30am on 28 June 2018 in Room A, West Middlesex Site**

<b>Attendees</b>	David Phillips	Chair	DP
	Ian Bryant	Staff Governor	IB
	Anna Hodson-Pressinger	Patient Governor	AHP
	Tom Pollak	Public Governor	TP
	Matthew Shotliff	Staff Governor	MS
	Simon Dyer	Lead Governor	SD
	Richard Ballerand	Public Governor	RB
	Elaine Hutton	Public Governor ((Teleconference))	EH
<b>In attendance</b>	Carmen Hurst	Head of Communications	CH
	Julie Myers	Company Secretary (Teleconference)	JM
	Priscilla Gyewu	Membership Officer	PG
	Vida Djelic	Board Governance Manager	VD
	Jaudan Izzo	GP Liaison Manager	JI
<b>Apologies /Absence</b>	Nowell Anderson	Public Governor	NA

<b>1.</b>	<b>Welcome &amp; Apologies</b>	
	The Chair welcomed all to the meeting.  Apologies for absence were noted as above.	
<b>2.</b>	<b>Minutes of previous meeting held on 19 April 2018</b>	
	Minutes of the previous meeting were approved as a true and accurate record.	
<b>3.</b>	<b>Matters Arising &amp; Action Log</b>	
	The sub-committee reviewed a list of actions and the updates were noted.  In response to action 6/Apr/18, IB said that he has explored the possibility of adding text to the effect of joining the membership to a reminder text messaging about patient appointment and noted that it would not be possible due to word limit and highlighted that it would be very costly to expand the current text format.  The sub-committee discussed the possibility of increasing the Trust membership via using Private Patient Group (PPG) contacts. PG confirmed that she has been in touch with some PPGs and that she will follow up to find out what interest it attracted.	

	<p>TP said in his view the most effective and practical way of attracting people to sign up is when they visit the hospital. AHP added that another good opportunity would be to sign up people in discharge lounge while waiting to be discharged. TP added that outpatients area should be the main focus of governor recruitment campaign. SD linked to it by saying there were some plans for involving governors in helping with Friends and Family Test (FFT). SD and DP undertook to speak to Shan Nelson about governor involvement in FFT.</p> <p><b>Action: SD and DP to speak to Shan Nelson about governor involvement in FFT.</b>  <b>Action: VD to find an appropriate contact for AHP to speak regarding a governor presence in discharge lounge for the purpose of recruiting members and to pass to AHP.</b></p> <p>TP suggested the full information about health seminars for members should appear in Going Beyond magazine which he hoped would attract more members attending.</p> <p>DP asked if there has been an uptake of members from local PPGs attending since they were provided with the seminar details and also if any joined the Trust membership. PG undertook to follow up with GP surgeries and to report back at the next meeting.</p> <p>TP questioned the relevance of Chelsea and Westminster Hospital to some commissioners. He felt that people who have connection to and an interest in the hospital are more likely to become a member. He felt that there would be little gain in recruitment members via GP practices and suggested that the most effective way of recruiting members would be undertraining membership recruitment campaign on the two main hospital sites.</p> <p>Jl felt that GP practice PPGs are good resource and present the opportunity for governors to engage with an enlarged group of people.</p> <p><b>Action: PG to follow up with GP practices and report back at the next meeting on how many members from PPGs attended the recent health seminar and if any signed up to the membership.</b></p> <p>AHP commented that she has not received any email communication regarding health seminars. PG undertook to check AHP's email address on MES database.</p> <p><b>Action: PG to check if AHP's email is correct on the MES database and to advise her outside the meeting.</b></p>	<p>SD/DP VD</p> <p>PG</p> <p>PG</p>
4.	<p><b>Election of Deputy Chair</b></p>	
	<p>The Chair stated that in accordance with the Terms of Reference, the sub-committee should elect a Deputy Chair who will deputise in an unlikely event of his absence.</p> <p>The sub-committee discussed some potential candidates. AHP proposed TP, DP seconded and TP agreed to take up the post.</p> <p>The sub-committee voted and agreed for TP to be the Deputy Chair of the Membership &amp; Engagement Sub-Committee.</p>	
5.	<p><b>Membership Report</b></p>	
	<p>PG presented the report and noted that the overall membership number has increased by 90 between January and May 2018.</p>	

	<p>She concentrated on analysing different ethnic groups and elaborated on the lowest group being the Arab ethnicity.</p> <p>She also went on to talk about representation from the patient and public constituencies and noted that efforts should be concentrated on recruiting more members in the public constituencies Ealing and Richmond upon Thames since these are two least represented public constituencies.</p> <p>AHP linked to it by suggesting that a membership application form should be made available to some Ealing GP practices and she proposed to look into Ealing area.</p> <p>TP commented that we may not gain many members from GP practices as people tend to support hospital in their catchment area and used St Georges Hospital which is based Wandsworth borough as an example.</p> <p>RB expressed his view which suggested monitoring trends over the time and adding other FTs membership data in order to benchmark ourselves against other hospitals just so we can understand how well we compare. JM undertook to obtain membership information from other FT Company Secretaries via the network.</p> <p><b>Action: JM to obtain membership information from other FT Company Secretaries via the network.</b></p> <p>In response to TP’s question about her view, JM noted that efforts should be put into increasing overall membership which in turn should increase membership of all of London boroughs proportionally.</p> <p>In supporting JM’s view, DP concluded the item by saying that we should continue increasing overall membership number and through that we will notice the growth in all areas.</p>	JM
6.	<p><b>Membership Engagement &amp; Communications Calendar of Events</b></p>	
	<p>PG presented the calendar of events and noted that the seminar held on 20<sup>th</sup> June on the subject of recognition of skin cancer and sun exposure advice was a success compared to the May’s ‘Sexual Health’ seminar which attracted low attendance. Attendees seemed very interested in the subject and a positive feedback was received via a feedback survey and the encouraging comments as to usefulness of holding health seminars for members.</p> <p>PG added that the next seminar will be held on 10 July on West Middlesex site on the subject of genomic medicine/ genetics and how genetics is improving care for patients.</p> <p>As a way of improving attendance TP suggested that the Trust may like to consider holding a seminar at a different time in the day. AHP linked to it by suggesting that seminars are filmed and videos made available on the Trust’s website for easy access by members and the public. MS said that the Gleeson Theatre has filming equipment which is normally used for lectures and he undertook to check if the facility can be used for the October seminar. TP also suggested that JM discusses this with her network of colleagues to find out if other foundation trust film and publish their seminars. The sub-committee agreed that this be further explored and CH undertook to take it forward.</p> <p><b>Action: CH to explore the possibility of filming health seminars and to feedback to the sub-committee at the next meeting.</b></p>	CH

	<p><b>Action: MS to check if filming equipment can be used for the October seminar.</b>  <b>Action: JM to check with the FT Secretaries network if other FTs record/film their seminars and publish on their websites.</b></p> <p>The sub-committee suggested that presentations are published on the website shortly after each seminar.</p> <p><b>Action: PG to ensure all presentations are agreed with presenters in advance of seminars and subsequently published on the website.</b></p>	<p>MS JM</p> <p>PG</p>
	<p><b>Communications update</b></p> <p>CH reported on the progress with organising the NHS 70<sup>th</sup> Anniversary celebration including a mini open day on the two major hospital sites and unveiling Critical care project plans.</p> <p>She outlined the schedule for the day and added that the running order will be sent to those governors who volunteered to help out with serving tea/coffee and cake and to those governors who will be manning a governor stand.</p> <p>CH noted that the communications team was working on press coverage and some media included Sky, ITV and Evening Standard.</p> <p>DP highlighted that the event offers the opportunity for recruiting new members and engaging with visitors, patient and the public. To that end, he invited as many governors as possible to participate.</p> <p>DP congratulated CH for providing a comprehensive overview of the celebration activities taking place on 5 July.</p>	
7.	<p><b>Your Health seminars – update</b></p>	
	<p>Part of this item was discussed earlier in the meeting.</p> <p>In light of improvements planned to be made to future health seminars, VD suggested switching from a monthly to a quarterly seminar in order to allow more time for publicising and logistics preparations.</p> <p>The sub-committee agreed that this takes effect from January 2018 since there are events planned for the remainder of the 2018 calendar year.</p> <p><b>Action: PG to update the health seminar schedule as above.</b></p> <p>The sub-committee discussed the recent seminar evaluation and the following points for improvement as received from members were noted:</p> <ul style="list-style-type: none"> <li>• Use of microphones in large meeting rooms</li> <li>• Signposting people from the main reception desk to the meeting room</li> <li>• Upload presentations from seminars on the website</li> </ul> <p>MS stated that better signage from the main reception desk to Gleeson Lecture theatre has been approved and he undertook to follow up on the point of implementation.</p> <p>The sub-committee acknowledged that providing hard copy presentation to all attendees is</p>	<p>PG</p>

	<p>not the most effective use of public money and supported the earlier suggestion for making presentations available on the website for easy access.</p> <p><b>Action: MS to follow-up on signage and directions to Gleeson Lecture Theatre.</b></p>	MS
<b>8.</b>	<b>Meet a Governor Schedule</b>	
	<p>DP noted the latest schedule of MAG sessions and commented on low uptake from governors. He encouraged the sub-committee members to participate. EH expressed willingness to be involved but due to busy work schedule she would join another governor holding a session at a short notice.</p> <p><b>Action: VD to provide EH with the website link to Meet a Governor schedule.</b></p> <p>SD emphasised that only Nowell Anderson and himself hold sessions on West Middlesex site and invited more governor volunteers for that site.</p> <p>DP stated that he plans to encourage greater uptake from governors at the 26 July Council of Governors meeting.</p> <p>JM informed the sub-committee that the community Hub development has commenced on Chelsea and Westminster site and West Middlesex community hub is being developed. The Hub will have information about hospital, charity and membership and this area can potentially be used for meet a governor sessions.</p> <p>SD invited any governors who would like to be involved in the community Hub project. DP expressed interest in being involved.</p>	VD
<b>9.</b>	<b>Feedback from members</b>	
	<p>RB reported that soon after joining the Council of Governors in November 2017 he had received comments from few people he had interaction with that they did not know what governors do.</p>	
<b>10..</b>	<b>Council of Governors funding report – for information</b>	
	<p>VD noted that the paper detailing a list of projects planned 2018/19 including estimated spend has been provided for information.</p>	
<b>11.</b>	<b>Any other business</b>	
	<p>DP noted that he had noticed that the Communication Strategy plan presented at the May Board did not include membership and upon raising it with the Trust Chairman he was reassured that it will be included in the year two plan.</p> <p>AHP suggested that one of future health seminars is replaced with a tea/coffee party for members, and members be encouraged to bring along a friend or family member and as many as possible governors should be attending. She offered to sponsor the event. DP suggested the tea party could be linked to the Annual Members' Meeting. AHP felt it needed to be a stand-alone event with a very different approach to other hospital events. VD undertook to look into costing of the proposed event.</p> <p><b>Action: VD to look into costing of the proposed tea/coffee party for members.</b></p>	VD

	<p>RB explained that there is some inserting research work undertaken by Patient Experience Research Centre in broadening the scope of patient and public involvement activity in research, by collaborating with other organisations locally and nationally, as well as demonstrating the value and impact of these activities through high quality, evidence-based work. He suggested this being either a topic for a future seminar and/or presented to the Council of Governors and undertook to provide JM and VD with some background information.</p> <p>Jl noted that he had a conversation with PG about one of future topics for members' seminar being on the subject of maternity and paediatrics and suggested that event could be used as a pilot event for changing the time for health seminar from evening to afternoon.</p> <p><b>Action: PG to review the calendar of events and to schedule maternity/paediatrics seminar.</b></p>	PG
<b>12.</b>	<b>Date of next meeting</b>	
	13 September 2018, 10.30-12.30 (Hospital Boardroom, Chelsea and Westminster Site )	

The meeting closed at 12.05



### Council of Governors Meeting, 26 July 2018

<b>AGENDA ITEM NO.</b>	1.7/Jul/18
<b>REPORT NAME</b>	Minutes of the Council of Governors Quality Sub-Committee meeting held on 29 June 2018
<b>AUTHOR</b>	Vida Djelic, Board Governance Manager
<b>LEAD</b>	Simon Dyer, Lead Governor
<b>PURPOSE</b>	To provide a record of any actions and decisions made at the meeting.
<b>SUMMARY OF REPORT</b>	This paper outlines a record of the proceedings of the Council of Governors Quality Sub-Committee meetings held on 29 June 2019.
<b>KEY RISKS ASSOCIATED</b>	None.
<b>FINANCIAL IMPLICATIONS</b>	None.
<b>QUALITY IMPLICATIONS</b>	None.
<b>EQUALITY &amp; DIVERSITY IMPLICATIONS</b>	None.
<b>LINK TO OBJECTIVES</b>	NA
<b>DECISION/ ACTION</b>	For information.



**Minutes of a meeting of the Council of Governors Quality Sub-Committee  
Held at 10am on 29 June 2018  
Boardroom, Chelsea and Westminster Hospital**

<b>Attendees</b>	Simon Dyer	Deputy Chair (Patient Governor)	SD
	Nowell Anderson	Public Governor	NAn
	Anna Hodson-Pressinger	Patient Governor	AHP
	Kush Kanodia	Patient Governor	KK
	Guy Pascoe	Public Governor – London Borough of Hammersmith and Fulham	GP
	Laura Wareing	Public Governor – London Borough of Hounslow	LW
	Sonia Richardson	Patient Representative on the West London CCG	SR
<b>In attendance</b>	Julie Myers	Company Secretary	JM
	Nathan Askew	Director of Nursing	NA
	Shan Jones	Director of Quality Improvement	SJ
	Nathan Post	Clinical Innovation and Improvement Fellow	NA
	Emer Bouaneum,	Clinical Nurse Specialist, Orthopaedic	EB
	Vida Djelic (Minutes)	Board Governance Manager	VD
<b>Apologies</b>	Nigel Davies	Chair (Public Governor – Ealing)	ND
	Lynne McEvoy	Staff Governor – Nursing and Midwifery	LM
	Sonia Samuels	Public Governor – City of Westminster	SS
	Chisha McDonald	Staff Governor – Allied Health Professionals, Scientific and Technical	CMD

<b>1.</b>	<b>Welcome and Apologies</b>	
	The Lead Governor welcomed members to the meeting. Apologies that had been received were noted as above.	
<b>2.</b>	<b>Minutes of previous meeting held on 2018</b>	
	Minutes of the previous meeting were accepted as a true and accurate record of the meeting.	
<b>3.</b>	<b>Matters Arising</b>	
	The sub-committee noted that all actions were completed and the following updates were received: <ul style="list-style-type: none"> <li>In relation to a governor representation on the Falls Working Group, NP undertook to confirm this with Lizzie Wallman. <b>Action: NP to confirm with LW if there could be a governor representative on the Falls Working Group.</b></li> <li>NA confirmed that in relation to action 10 there has been feedback that the backs on some of the chairs are low. The matron has done some work looking at alternatives and funding will be sourced to improve wheelchairs in orthopaedic</li> </ul>	

	department.	
<b>4.</b>	<b>Quarter 4 2017/18 Incident Summary Report</b>	
	<p>SJ introduced the report by saying that it provides a summary of incidents reported on Datix which affect patients, the organisation and visitors. This information is used to inform the organisation about recent Trust-wide incident trends, issues and to support the work of the Patient Safety Group. She added that members of the group are expected to take the information provided and share it with their teams.</p> <p>SJ highlighted the following points:</p> <ul style="list-style-type: none"> <li>• A total of 14,875 Incidents were reported during 2017/18 which is an increase of 10% compared to the previous year. The increase reflects that we are better at reporting incidents and a culture of greater openness.</li> <li>• The top 5 incident categories during 2017/18 include: pressure ulcers, maternity, medication, patient falls and provision of care / treatment.</li> <li>• The Trust reported 4,361 patient safety incidents (rate of 29.16 per 1,000 bed days) during the last National Reporting Learning System (NRLS) reporting period, between 1 April and 30 September 2017.</li> <li>• The Trust is within the bottom quartile with respect to the proportion of incidents reported. This is not interpreted as a 'safe' service, as this typically represents underreporting. A higher reporting rate usually represents a learning and more effective safety culture with greater openness; some work will be undertaken on rising awareness of incidents reporting.</li> <li>• The graph 1 on p.4 presented Trust's reporting rates compared against other acute organisations during the period April to September 2017. We are trying to identify where the problems are so that we can learn and improve our reporting culture.</li> </ul> <p>In response to KK's question if an analysis has been undertaken into low incidents reporting, SJ replied that a number of reasons contribute to it and some may include staff having perception that it takes time to report, no access to password, being concerned about consequences/punishment etc. She gave some examples of wards with good reporting culture which included medication, maternity, pressure ulcers etc.</p> <p>SJ concluded the item by saying that incident reporting is integral to patient safety which enables the Trust to analyse the type, frequency and severity of incidents that occur and staff are actively encouraged to report incidents including those that result in no harm and near misses; this supports the Trust's continued development of an open and honest reporting culture, and the information arising from these reported incidents is used to make active changes to improve our provision of quality care and to safeguard the wellbeing of our patients and staff.</p>	
<b>5.</b>	<b>Falls prevention – quality priority</b>	
	<p>Nathan Post, Clinical Innovation and Improvement Fellow, introduced the item by saying that the Clinical Innovation and Improvement Fellows have been with the Trust since August 2017. As part of the Trust quality priorities, this improvement work continues the next two years.</p>	

NP noted that the strategy has been developed on safer steps for preventing inpatient falls and highlighted the following:

- Hospitals are high risk environment for falls.
- Recovery period is prolonged and care needs increased.
- NHSI estimate £3 million per year direct and indirect costs across Chelsea and Westminster.
- The Trust undertakes multiple methods of risk assessment and its approach to care planning.
- It remains the Trust Quality Priority for 2018/19.
- The Trust has fewer falls than other foundation trusts.
- The key components of best practice nationally include a) implement all recommendations from NICE Quality Standard; b) evidence from RCP that fall rate can be reduced 20-30% through implementation of NICE Quality Standard; c) leadership on falls prevention should be through multidisciplinary steering group; and d) focus on recording process and local understanding of incident reporting rates.
- NHSI run a patient falls improvement collaborative with acute, community and mental health trusts with a view to achieving best practice.
- The success will be measured by auditing use of risk assessments, care plans and interventions; quarterly reporting of fall rate; potential financial benefit by reducing falls by 30% (RCP suggested target); and reporting to Improvement Board and Quality Committee (a Board Committee).
- The Falls Steering Group meets monthly and has multidisciplinary attendance; the group reviews falls incidents and provides support for implementing falls strategy.
- The draft policy and local guideline have been complete and await Quality Committee approval.
- Challenges and risks include continued reinforcement of risk assessment and intervention messaging, focus on falls reduction target may dis-incentivise incident reporting, increased reporting rate may increase recorded number of falls, opportunity to change and improve practice needs to be supported by appropriate training and staff resource and adequate risk assessment needs to be included on Cerner.
- Next steps involve mandatory and update training on new risk assessment, post fall care, use of equipment, funding from CW+ to purchase falls mats, work on updating bed contract to include low level beds, preparing bid for support from CW+ relating to reminiscence therapy as part of dementia care and work to be undertaken on developing Cerner risk assessment since it is closely linked to incidents.

In response to a question from SD if there is a policy on use of fall alarms, NA said that different practices apply to wards and confirmed that there are no alarms on West Middlesex site and that Chelsea and Westminster site stopped ordering alarms for individual wards since there are other better products.

KK queried if the same picture is common for other FTs. NP explained the difficulty with obtaining fall rates from other FTs since it is no longer required by national guidance.

In response to a further question from KK, NP said that the Trust works in collaboration with the community and CCGs and share best practice. SR liked to it and commended good work undertaken by the Trust on preventing falls.

	<p>In response a question from AHP, NP said that elderly patient wards have a high incidence of falls and this is due to various reasons.</p> <p>AHP suggested the Trust may like to consider electrical alarm system for monitoring falls. SD linked to it by saying that it came through the ward accreditation and it was recommended that patient alarm systems should only be used with the provision of supervision and following an appropriate risk assessment.</p> <p>AHP expressed her interest in joining the Falls Steering Group. NA said he will check with Lizzie Wallman and confirm as stated earlier in the meeting.</p> <p>NA congratulated NP for driving change and putting system and process in place for falls prevention.</p>	
<b>6.</b>	<b>Cerner update /electronic patient record</b>	
	This item has been deferred.	
<b>7.</b>	<b>Patient and Public Involvement: Quality Improvement Project – Hip Fracture</b>	
	<p>Emer Bouaneum, Orthopaedic, Clinical Nurse Specialist introduced the item by saying that she is completing the quality improvement project as part of Masters programme through the King's College the Older Person's Fellowship which is sponsored by Heath Education England. The programme is designed to enhance knowledge, leadership and innovation in older person's services across the country and aims to drive clinical excellence, innovation and quality improvement in our care to people.</p> <p>She highlighted that her project is focused on hip fracture and aims to optimise the pain management throughout the hip fracture pathway to enable early mobilisation day 1: a) to engage with the multi-disciplinary team; b) based on feedback to set up education and training programme for the nursing teams. Overall improvements include:</p> <ol style="list-style-type: none"> <li>1) improved pain management for patients with hip fracture</li> <li>2) improvement in the percentage of patient's mobilising day 1 post hip fracture surgery within 3months</li> <li>3) Decrease non-mobilisation incidences due to pain</li> <li>4) Improved communication between Therapy Team and ward staff</li> <li>5) Enriched knowledge and confidence within the multi-disciplinary teams</li> <li>6) Increased patient satisfaction and patient experience</li> <li>7) Reduced length of stay</li> <li>8) Reduction in falls, pressure ulcers and complaints.</li> <li>9) Consideration for confounding factors inhibiting day 1 therapy</li> </ol> <p>Next steps involve:</p> <ul style="list-style-type: none"> <li>• Looking at reasons why patients do not come out of bed and to capture patient experience</li> <li>• Continuing training for Nursing, Therapy and Medical Staff</li> <li>• Ongoing audit and feedback on progress</li> <li>• LOS, Falls, Pressure Ulcers graphics impact- end June 18.</li> <li>• Rolling-out cross site</li> <li>• Addressing alternate themes to patients not mobilising day 1 i.e. fluid</li> </ul>	

	<p style="text-align: center;">management</p> <p>In response to SD’s question how long next steps might take, EB responded that is an ongoing process. To his further question if all patients on the same medication would be able to get out of bed, EB said that medication is checked with every patient and added that drug chart is electronically prescribed.</p> <p>LW expressed her gratitude for EM’s excellent work and reflected on her mother’s hip fracture experience as well as other patients she met whilst learning through their experience of pain and support they needed to be able to get out of bed. EM related to it by saying that nurses have been specifically trained to assist patient with getting out of bed.</p> <p>SR expressed how impressed she was with the approach to quality improvement and all multi factors being considered. She emphasised the importance of staff empathy and reassuring patient that pain can be relived and that they will be helped to walk. LW linked to it by asking if there were some courses for nurses and doctors on how to communicate better with patients. NA undertook to speak with Shan Nelson and to report back to the sub-committee.</p> <p><b>Action: NA to speak with Shan Nelson and to report back to the sub-committee.</b></p> <p>KK observed that patients may stay less time in hospital if they are mobilised quicker. EB replied positively and added that that ultimately the project helps reduce length of stay in hospital, all patients are appropriately assessed and it applies best practice from the sector.</p> <p>KK asked what are root causes of hip fracture? EB replied that the majority are falls related and added that there may have been an underlying cause.</p> <p>In response to a question from GP if exercising is part of the protocol, EB replied by saying that physiotherapy is undertaken twice a day and an exercise sheet is given to patient.</p> <p>SD thanked EB for presenting to the Council of Governors Quality Sub-Committee on the topic of considerable interest to them and for her contribution to improving patient care which attracted a lot of direct experience round the table. He wished her well with her studies.</p>	
<p><b>8.</b></p>	<p><b>Patient Experience Report</b></p>	
	<p>NA provided an update to the sub-committee on the range of activities undertaken under patient experience including the improvement work underway within this service and the following points were highlighted:</p> <ul style="list-style-type: none"> <li>• The new patient experience team structure and new ways of working fully operational.</li> <li>• A work undertaken with the relevant departments and division on action planning in relation to the recent national survey feedback reports.</li> <li>• Patient reported experience measures have been developed to capture feedback from each survey; data collected will help the local teams with developing quality improvement plans for each area, monitoring the impact through real time</li> </ul>	

	<p>feedback.</p> <ul style="list-style-type: none"> <li>• We have changed the way we present data and whilst the Trust is not achieving its Friends and Family Test target in all areas, the feedback obtained is used within departments to make changes and improve services; Although it looks like the Trust is not doing well in this area, the Trust performance is better than average FT. The Trust is working with its Commissioners on addressing metrics and contract variations.</li> <li>• The FFT dashboards are live and provide ward and department level in month and trend data.</li> <li>• The Trust has recommissioned text messaging and the contract has been awarded; it will be operational Q2 2018-19.</li> <li>• There has been a noticeable improvement in performance with formal complaints and the backlog of overdue complaints has continued to reduce.</li> <li>• KPMG performed an audit on the Trust’s processes for responding to complaints and the governance mechanisms for overseeing performance as well as learning lessons from complaints; the outcome of the report was very positive.</li> <li>• CW+ have kindly provided a £10K grant to improve the mortuary viewing facilities at the C&amp;W site, to include</li> <li>• A refurbishment of the family viewing room and widening the doorway to make the transfer of bariatric patients easier have been completed; the process policy and training in relation to bereavement across the Trust’ sites is scheduled for review.</li> <li>• Whilst there is a vast amount of work underway in relation to volunteers, with circa 300 volunteers already working with the Trust, there is also an ambitious target to recruit 900 volunteers by 2020; the three specific areas of volunteering include Helpforce – bleep volunteers, youth volunteers and End of Life care volunteers.</li> </ul> <p>In response to a question from SD, NA said that the volunteers work across the two main hospital sites and confirmed that volunteers working in end of life care area will receive a robust training programme.</p> <p>NA asked how much time volunteers are expected to spend in hospital. NA replied that the average time commitment is 4 hours.</p> <p>LW asked who members of the Steering Group were. NA stated it was himself, Rachael Allsop (Head of Volunteering) and volunteers with specialist skills and knowledge.</p> <p>SD thanked NA for providing a comprehensive report with positive outcomes.</p>	
<b>9.</b>	<b>Integrated Performance Report – for information</b>	
	<p>NA noted that the Integrated Performance Report has been provided for information and highlighted that the March was a very challenging month in respect of balancing elective versus emergency work. The highlights provided include:</p> <ul style="list-style-type: none"> <li>• The A&amp;E waiting time target (94%) was not met.</li> <li>• The RTT incomplete target (93%) was – the best performance since the merger in 2015.</li> <li>• There continues to be no reportable patients waiting over 52 weeks to be treated on either site.</li> </ul>	

	<ul style="list-style-type: none"> <li>All reportable cancer indicators met the target.</li> </ul> <p>He further noted that the Trust continues to work with commissioners on addressing A&amp;E unplanned re-attendances metric.</p> <p>NA emphasised that the Trust is the best performing in the UK for aggregated performance and congratulated staff for working very hard to achieve this.</p>	
<b>10.</b>	<b>Governors' quality improvement award</b>	
	<p>SD presented the Governors' awards schedule and said that it was agreed with governors that awards are presented to staff winners at an annual Staff Awards event.</p> <p>He noted that the schedule contains key timelines and action points and highlighted that the awards will be launched on 27 July via the Daily Bulletin.</p> <p>KK asked what was the main differentiating factor? SD replied that in essence the process remains the same as before with the difference that the presentation of the awards would be made at the Staff Awards event.</p> <p>The sub-committee confirmed the following:</p> <ul style="list-style-type: none"> <li>A governor will be presenting award for each winning category.</li> <li>It will be called 'Governor's Quality Improvement Awards'.</li> <li>It will continue adhering to the same criteria.</li> <li>It will continue awarding individual and group awards with number of awards to be decided nearer the time, depending on quality and number of nominations received.</li> </ul> <p>AHP suggested that in future the awards process should start earlier in the year to allow more time for nominations.</p>	
<b>11.</b>	<b>Governor's patient story and feedback on patient contacts</b>	
	<p>NAn reported on two patients who approached him in relation to appointment cancellations. Both cases were taken up with Tina Benson. He confirmed that both cases have been promptly resolved. NA emphasised the importance that all complaints are logged with PALS, even if complaint has been resolved, for any learning.</p> <p>It was flagged up that the current comment/complaint form needs to have more guidance as to what information should be included by way of feedback. LW commended the electronic version of the comment/complaint form which is easy to use and available on the website.</p> <p>AHP reported on her inpatient experience from last year and added that she would like to learn more about what training the Trust provides to doctors and consultants on 'bedside manner' and empathetic treatment of patients and if a concern is raised about eg the manner with which a doctor/consultant speaks to or engages with patient, including failing to listen to their concerns about a course of treatment, what the process is for investigating that and what remedial action the Trust would take if a doctor/consultant's manner was found to be lacking. JM suggested that the Medical Director is invited to the next sub-committee meeting to provide an update on this or a</p>	

	question be put on Council of Governors' questions for the July meeting. AHP said that she will consider how she would like this to be addressed.	
<b>12.</b>	<b>Forward Plan</b>	
	The sub-committee reviewed the forward plan and it was suggested that the Melanie van Limborgh is invited to present an update on care quality and ward accreditation at the September meeting. <b>Action: VD to invite update the forward plan and to invite Melanie van Limborgh to the September meeting.</b>	
<b>13.</b>	<b>Any other business</b>	
	None.	
<b>14.</b>	<b>Date of next meeting</b> – 14 September 2018, 10.00-12.00, Room A, West Middlesex Site	

The meeting closed at 12.00.



**Council of Governors Meeting, 26 July 2018**

<b>AGENDA ITEM NO.</b>	2.1/Jul/18
<b>REPORT NAME</b>	Chairman's Report
<b>AUTHOR</b>	Sir Thomas Hughes-Hallett, Chairman
<b>LEAD</b>	Sir Thomas Hughes-Hallett, Chairman
<b>PURPOSE</b>	To provide an update to the Council of Governors on high-level Trust affairs.
<b>SUMMARY OF REPORT</b>	As described within the appended paper.  Governors are invited to ask questions on the content of the report.
<b>KEY RISKS ASSOCIATED</b>	None
<b>FINANCIAL IMPLICATIONS</b>	None
<b>QUALITY IMPLICATIONS</b>	None
<b>EQUALITY &amp; DIVERSITY IMPLICATIONS</b>	None
<b>LINK TO OBJECTIVES</b>	NA
<b>DECISION/ ACTION</b>	For information.



**Chairman's Report  
July 2018**

**1.0 NHS 70<sup>th</sup> celebrations**

It has been wonderful to see the NHS celebrated so widely over recent weeks as the 70<sup>th</sup> anniversary approaches. I hope the events at our hospitals today go well and enable all of our staff, patients and members of the public to pay tribute to the service and give thanks for the vital role it plays in our society.

**2.0 Board's May 2018 Extraordinary meeting and June strategy awayday**

The Board met in May to receive and approve the Annual Report and Accounts 2018, including the Quality Account. These were subsequently laid before Parliament on 19 June 2018 and will be presented to Governors and Members at the September Annual Members Meeting.

In June, the Board held an awayday to discuss its strategic approach for the short to longer term. We had an excellent discussion, underpinned by an over-riding commitment to making sure this Trust continues on a journey from good to outstanding, with our workforce right at the heart of all that we do.

**3.0 Council of Governors Nominations and Remuneration Committee**

On 20 June, I chaired a meeting of the Council of Governors Nominations and Remuneration Committee to discuss succession planning for the non-executive director (NED) members of the Board. The Committee will report to the Council of Governors on 26 July.

**4.0 External engagements**

Since the last Board meeting I have:

- Met Baroness Dido Harding, Chair of NHS Improvement as part of the NHSI Chair and CEO Advisory Panel. The meeting had an interesting discussion on the tenure of NEDs, where it became clear that many Foundation Trusts were now deviating from the best practice guidance issued by Monitor suggesting that NEDs should not serve longer than six years unless there were extenuating circumstances.
- Volunteering afternoon with Professor Sir Malcolm Grant CBE, Chairman of NHS England on the Chelsea Hospital site
- Meeting with all the London Chairs of NHS Trusts
- Meeting with the Chair of Barts Health NHS Trust meeting
- Visit to Liverpool NHS Trust including visiting end of life care unit
- Visit to Sandwell and West Birmingham NHS Trust
- Meeting with Imelda Redmond, CEO of Healthwatch England
- Visit to Northumbria Healthcare NHS Foundation Trust
- Meet Lord Drayson with Lesley Watts, Trust CEO.

**5.0 Volunteering**

I was pleased to see the Trust take part in Volunteer's Week in early June. Our work in this area is really having an impact and I was delighted to learn that Dr Neil Churchill, Director for Experience, Participation

and Equalities at NHS England chose to spend time volunteering at the Trust, to see how we are making good use of volunteers.

**Sir Thomas Hughes-Hallett**  
Chairman



## Council of Governors Meeting, 26 July 2018

<b>AGENDA ITEM NO.</b>	2.2/Jul/18
<b>REPORT NAME</b>	Chief Executive's Report
<b>AUTHOR</b>	Karl Munslow Ong, Deputy Chief Executive Officer
<b>LEAD</b>	Lesley Watts, Chief Executive Officer
<b>PURPOSE</b>	To provide an update to the Council of Governors on high-level Trust affairs.
<b>SUMMARY OF REPORT</b>	As described within the appended paper.  Governors are invited to ask questions on the content of the report.
<b>KEY RISKS ASSOCIATED</b>	None.
<b>FINANCIAL IMPLICATIONS</b>	None.
<b>QUALITY IMPLICATIONS</b>	None.
<b>EQUALITY &amp; DIVERSITY IMPLICATIONS</b>	None.
<b>LINK TO OBJECTIVES</b>	NA
<b>DECISION/ ACTION</b>	This paper is submitted for the Board's information.



## Chief Executive's Report

July 2017

### 1.0 Anniversaries of major incidents

This year we have been commemorating the anniversaries of major incidents across the country, including London terror attacks and the Grenfell Tower tragedy. Our teams responded to four major incidents in a four-month period alone in 2017, and as each anniversary arises we have remembered all those affected, honoured the hard work of our staff, and reminded everyone about support available. These events shook the nation, but also saw our teams responding as we knew they would with huge compassion and professionalism, and showing great resilience and determination at a time of real tragedy. Most recently was the first anniversary of Grenfell (14 June), where our staff observed the national minute's silence at midday. A Grenfell memorial service was held in our chapel on 23 June which our chaplains arranged for the families we supported.

### 2.0 Performance

May was another very challenging month not just with the continued growth in non-elective demand but also due to the implementation of the new Cerner EPR at our West Middlesex Site. Despite these challenges both of our sites responded incredibly well and for the second consecutive month of this financial year, we delivered on the A&E waiting time standard (the best performing Trust in London) and the Referral to Treatment incomplete target was achieved on both sites. Also, as a Trust we were compliant with all reportable Cancer Indicators. Overall, this is a fantastic achievement; I'm not aware of another NHS Trust that has maintained their regulatory performance standards following a new EPR implementation and demonstrate the amazing efforts of all of our staff to ensure we provide our patients with the very best, timely care.

### 3.0 Celebrating 70 years of the NHS

Our Trust is proudly marking the 70<sup>th</sup> anniversary of the NHS on 5 July at our hospitals and satellite clinics. Both Chelsea and Westminster and West Middlesex University hospitals are holding mini open days and inviting staff, patients and supporters to raise a cup of tea and enjoy something sweet for the 'big7tea', along with the rest of the NHS family. There will be a range of stalls, school choir performances, NHS70-themed children's poetry, history photos, therapy dogs, a CW+ art tour and more. We will also look to the future and promote innovation, and will launch the construction of our Critical Care project at Chelsea. The day gives us a great opportunity to celebrate the achievements of the NHS, reflect on the vital role the service plays in everyone's lives and thank our staff for their tireless dedication to our patients each and every day. As such,

on the day, eight special NHS 70<sup>th</sup> CW+ Proud Awards will be given to staff to celebrate the milestone.

#### 4.0 Staff Achievements and Awards

##### Celebrating our staff – special awards

In May, we recognised staff with 25 years or more of service through the reintroduction of our long service awards. These staff members attended afternoon tea events and received a badge, certificate and a special Trust notebook. Awards for 10, 15 and 20 years will be given out via the Divisions throughout the rest of the year.

##### Our latest CW+ PROUD award winners:

- **Emergency and Integrated Care:** Dr Cerys Morgan, Speciality Registrar, Ron Johnson Ward, Chelsea site
- **Women and Children's:** Marina Wingham, Matron, Queen Mary Maternity Unit, West Mid site
- **Planned Care:** Miriam Segawa, Sister, Chelsea site
- **Corporate:** Iheoma Asoluka, Receptionist (Chelsea site) and Lisa Macey, HR Service Centre Manager (Harbour Yard)

##### External recognition:

- **The Neonatal Data Analysis Team** has received a Royal College of Physicians Excellence in Patient Care award for innovation. Their forward-thinking specialist neonatal work has seen them set up a national research database – which is a powerful, unique resource that is improving healthcare for pre-term babies.
- **The AAU team** at Chelsea and Westminster Hospital, including FY1 Doctors Dr Maria Goryaeva and Dr Diana Newman, were recognised for their innovative Acute Medicine projects at the SAMsterDAM (Society for Acute Medicine and Dutch Acute Medicine) conference in Amsterdam in May. Research Prof Derek Bell OBE also presented 'Acute Care: The British Way' and Dr Hannah Skene presented 'Lessons Learnt from London's Major Incidents.'
- **Emily Berrisford**, an Orthopaedic Clinical Lead Physiotherapist at Chelsea and Westminster Hospital, has recently won an NHS70 Women Leaders Award for her contribution to the NHS. She was also recognised for her inspiration, courage, influence, resilience, drive and compassion.

#### 5.0 Communications and Engagement

In May we celebrated Chelsea and Westminster's 25<sup>th</sup> birthday, and brought this to life across our internal and external communications channels. Engagement was positive and wide-spread, and centred around staff, supporters and patients celebrating our hospital in a [special video](#).

We received prominent coverage in the Evening Standard – a full page 3 article on the hospital’s birthday – highlighting the high-profile supporters who have commended us on our excellent care (including Claudia Winkleman, Holly Willoughby, Piers Morgan and more). The story also ran [online](#), and included our branded birthday video, featuring staff, patients and supporters, along with our logos and ‘PROUD to care’ message. This received significant traction on [social media](#), supported by Piers Morgan retweeting to his 6.5 million followers. The coverage followed two successful long service award events for staff, as well as a supporter reception by CW+, all of which earned congratulations from key stakeholders, including NW London commissioners.

#### Other press coverage

We received coverage on ITV’s ‘NHS Saved My Life’ – when Amanda Holden shared her story of using our hospitals and thanked midwives who supported her at West Mid. This was a very high-profile and emotional piece on primetime national television. It has received subsequent online [news coverage](#) and [was popular on social media](#) as well, with many messages of support for Amanda, who was recounting the stillbirth of her son.

#### Internal communications / ongoing activity

We have implemented a new internal communications tool, Poppulo, which is helping us send staff emails in an engaging, targeted way, as well as track open rates and adjust our strategy accordingly. In our first month, we achieved our KPI for staff reading internal communications emails, with open rates of more than 50% (up from approximately only one fifth of staff reading all staff emails).

We are now sending a new-look daily noticeboard, issuing five monthly newsletters (CEO News, Nursing/Midwifery News and 3x Divisional News), and in June we launched our bumper NHS 70th anniversary edition of [Going Beyond](#).

Our monthly all staff briefings at the start of June were well-attended, covering volunteering, ePay and West Mid’s Older Adult Therapy Team 7-day Service Pilot. Podcasts are [available on the intranet](#) and are being promoted for those who were unable to attend. The latest all staff briefing is attached to my report.

Our increasing use of video has led to higher engagement across all digital channels such as:

- **International Day of the Midwife** – [new staff/patient video produced](#) to recognise maternity area
- **International Nurses Day** – [new video produced to recognise nurses](#), photos and video with Pippa Nightingale shared
- **Chelsea site’s 25<sup>th</sup> anniversary: #CWH25** – [‘happy birthday’ video produced](#), featuring staff, patients and volunteers, history photos shared
- **Cerner EPR go-live** – [video with Rob Hodgkiss](#) received high engagements on the day of the go-live, with ongoing positive content throughout the first week

Together, these generated significant engagements—we reached more than 350,000 social media users with 15,000 interactions in a 28-day period. This is much higher than an average month, made possible by a high-volume of video content and celebrity endorsement. This follows our CQC result social media activity in April, which reached nearly 100,000 social media users for this one story alone.

Our program of revamping key pages on the website is ongoing in line with demand and divisional priorities. We have also launched a [special anniversaries page](#) and a [video library](#).

## **6.0 Williams Review**

In the spring of this year I was asked by the Secretary of State to join Professor Sir Norman Williams as part of a panel set up to conduct a rapid policy review into the issues relating to gross negligence manslaughter in healthcare.

The review was asked to consider the following:

1. how we ensure healthcare professionals are adequately informed about:
  - where and how the line is drawn between gross negligence manslaughter (GNM) and negligence;
  - what processes are gone through before initiating a prosecution for GNM;
  - In addition, provide any further relevant information gained from engagement with stakeholders through this review about the processes used in cases of gross negligence manslaughter;
2. how we ensure the vital role of reflective learning, openness and transparency is protected where the healthcare professional believes that a mistake has been made to ensure that lessons are learned and mistakes not covered up;
3. lessons that need to be learned by the General Medical Council (GMC) and other healthcare professionals' regulators in relation to how they deal with professionals following a criminal process for gross negligence manslaughter.

The findings of the Williams review were shared with the Secretary of State and made public in June. The aim of the panel recommendation is to change the environment by establishing a just culture and providing reassurance to healthcare professionals, patients and their families that gross negligence manslaughter cases will be dealt with in a fair and compassionate manner. The implementation of the recommendations it is hoped will dispel fear within the healthcare professions and improve patient safety. By seeking to remove inconsistencies in the approach to gross negligence manslaughter, it is anticipated that fewer investigations will be pursued and only those rare individuals whose performance is so "truly exceptionally bad" that it requires a criminal sanction will be indicted. By so doing, the panel hopes that the public will be reassured that patients' families will be treated fairly, with respect and will receive honest explanations for their loved ones' deaths. In addition, the public will see effective action by the police, courts and regulators, where appropriate.

## **7.0 Visitor and migrant programme**

I have recently been appointed as the Chair of the Senior Advisory Board which has been established to advise and challenge the Overseas Visitor and Migrant NHS Cost Recovery Programme Board. There is an increasing imperative to ensure the effective implementation of

the NHS Cost Recovery Charging Regulations. In particular, there is a strategic need to increase senior oversight of and engagement with Overseas Cost Recovery across the health system whilst ensuring urgent treatment is never delayed or denied and protections are in place for the most vulnerable patients. I will keep the Board updated on progress with this important work.

## **8.0 Strategic Partnerships Update**

### Sector and STP Leadership

Mark Easton has recently been appointed as the Accountable Officer (AO) for the 8 CCGs in North West London. Mark takes over from Clare Parker (previously AO for the 5 inner NWL CCGs) and Rob Larkman (previously AO for 3 outer NWL CCGs). As the Board is aware, I have over the past year increased my involvement in system leadership, firstly as the Provider Lead, and have very recently now taken over as the overall STP lead. I will be continuing to work closely with provider and commissioner colleagues and will be keeping the Board regularly updated on progress with our sector wide work.

### Capital Plans

A significant amount of work has taken place over recent months with STP partners to update the sector's strategic estates plan ahead of a July submission to the national bodies. Large scale investment is clearly required to address backlog maintenance issues across the NW London healthcare estate. However, investment decisions need to be taken in the context of the wider strategy, value for money and affordability.

Much of the initial investment proposals likely to be taken forward in the July submission are based on the outer North West London Strategic Outline Case (SOC1) which was approved by the STP in late 2017. The sector has however been considering investment requirements across the whole STP including the significant requirements for Imperial College Healthcare Trust and primary, community and mental health colleagues. It is anticipated that the July submission (known as wave 4) will then be followed by further capital bid opportunities in the autumn (wave 5) where further elements of both the STP estates and digital capital investment requirements can be taken forward.

### Royal Brompton and Harefield

In November 2017, NHS England Board agreed that Royal Brompton could work with Kings Health Partners on their proposal to enable Royal Brompton's compliance with the national standards for congenital heart disease, specifically colocation of the paediatric service for congenital heart disease with other specialised paediatric services. This proposal involves all services (adult and paediatric) transferring from the RBH site on Fulham Road to a new paediatric and cardiovascular centre on the St Thomas's site.

NHS England London has received legal advice on its role following the November 2017 decision which indicated that they would need to go to public consultation on this reconfiguration due to

its scale. As part of this consultation NHS England must be able to show it is acting independently, although acknowledging that the work and data provided by RBH/GSTT will form a key component of the consultation document.

The decision confirmed that NHS England would work with RBH and other potential partners on the full range of options for delivering a solution that could offer full compliance with the congenital heart disease standards including the paediatric standards and ensuring the sustainability of other connected services. It required RBH to develop and deliver a credible solution for meeting colocation requirements, against a set of milestones to progress a Strategic Outline case by 30 June 2018, an Outline Business Case (OBC) by 30th November 2019 and full colocation by April 2022.

Consideration has been given to how to garner a wide spectrum of advice on the proposals and options as they develop. To this end NHS England London has established a Clinical Advisory Panel to be chaired by Professor Sir Mike Rawlins. The panel brings together the chairs of relevant national Clinical Reference Groups (as is required for NHS England commissioned service reconfigurations) and representatives of relevant Royal Colleges.

NHS England London Specialised Commissioning has been engaging other key stakeholders, including ourselves, in developing an understanding of viable alternative options. We are currently working with our North West London partners to evaluate a number of potential options and will provide a further update on progress with this at our next Board meeting.

#### North West London Pathology (NWLP)

Following my last update in May where I reported on the recent go live of the new Laboratory Information Management System (LIMS) on the Chelsea site, we have continued to experience a number of challenges in terms of ongoing service delivery. I have over the last 6 weeks met twice with the senior team from NWLP to discuss a number of clinical, operational and strategic issues and the team remain in very regular contact as we work through the process, system and communication issues that have emerged over recent months.

We have more recently received greater assurances that the NWLP team are getting on top of the issues although we have not yet agreed a roll out date for the West Middlesex site until we are satisfied that the problems that occurred following the Chelsea go live are fully resolved.

### **9.0 Cerner Electronic Patient Record Implementation Update**

The Cerner systems continues to bed in well at the West Middlesex Hospital. The clinical and operational teams are working together to stabilise the system and check that we are utilising the correct work flows. We are using both the reports directly from Cerner but also a data quality dashboard which compares our current data with our previous baseline. In terms of activity, including the rate of booking appointments, we are back to pre go-live levels. Our current focus is on diagnostic booking and RTT outcomes.

The plan is to undertake the Gateway 6 review during the month of July. The purpose of this will be to assess progress towards stable business as usual operation and review the plans that are being developed for the roll out of clinical functionality at West Middlesex and the full implementation at the Chelsea site.

## **10.0 Finance**

At the end of May, month 2, our year to date adjusted position is a deficit of £1.14m which is to £0.32m adverse to the internal plan. Pay costs are over plan by £2.6m offset, in part, by underspends in non-pay and revenue in excess of plan.

We had planned to achieve 10% of our savings target for 2018/19 of £25.1m by the end of month 2 but actually achieved 9%. We will be focusing on getting our CIP delivery back on plan and to ensure we achieve our yearend target.

**Lesley Watts**  
Chief Executive Officer  
July 2017



June 2018

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

## One month of Cerner EPR

Cerner EPR has now been live at WMUH for a month and we are delighted that it has gone so well. Following the success of such a significant change, it's vital that our new way of working becomes our 'business as usual' as quickly as possible. So while preparations for the next steps at WMUH and C&WH are already underway, our priority remains making sure that Cerner EPR at WMUH beds in properly and that everyone is confident using it. The Trust would like to thank all staff for their patience and hard work in making the go-live such a success.

## Financial performance

For Month 1 (April) the Trust is reporting a £1.32m deficit which is £0.14m adverse against the NHSI plan. After adjusting for non-recurrent funding for STF and Transaction the Trust has an underlying deficit of £3.6m. The Trust is required to deliver CIPs of £25.1m in 2018/19 and has achieved 64% of the month 1 target, with most of the shortfall due to unidentified schemes.

## Anniversaries in 2018

We are celebrating special anniversaries this year.

- On 5 July we will be celebrating the 70th anniversary of the NHS with events at each hospital.
- 13 September will be the 30th anniversary of the Kobler Centre

Thank you to those who joined us in celebrating the 25<sup>th</sup> anniversary of Chelsea and Westminster Hospital in May. As always, if you have any great historical photos or stories to share, we'd love to hear from you. Please email [communications@chelwest.nhs.uk](mailto:communications@chelwest.nhs.uk). Thank you to everyone who has sent us photos so far.

## Care Quality Programme (CQP)

Our Care Quality Commission inspection process continues. This summer we are expecting inspection visits to both main sites for maternity, gynaecology, critical care, diagnostics and imaging; also to Sexual Health and HIV services at main sites and off-site locations from our main sites. These visits will be unannounced.

To support this work the CQP team are delivering updates and briefings for staff in the areas concerned. Further information is available on the intranet page, <http://connect/departments-and-mini-sites/cqp/> or email [cqp@chelwest.nhs.uk](mailto:cqp@chelwest.nhs.uk)

Recent ward accreditation activity has been focussed on these services. This has helped to identify our areas of outstanding practice and areas that need improvement.

If you have not been part of the ward and department accreditation teams, reviewing our clinical services that support the quality improvement and CQC work, please

get involved. The teams are accrediting some of the clinical areas on the next Perfect Day on 26 June, this month, focussing on the C&WH site. Contact: [warddepartment.accredation@chelwest.nhs.uk](mailto:warddepartment.accredation@chelwest.nhs.uk)

## Mandatory and statutory training

We continue to make progress toward the Trust's compliance target of 90%, currently 88% for the whole Trust.

Staff are reminded of their responsibility in ensuring they are up-to-date with their mandatory training. Managers should ensure that their staff have this in hand. GDPR is now in force, so IG training is especially important for everyone. As we are now in the new cycle for PDR please can all managers ensure they check Qlikview before an individual's review to confirm compliance. Compliance figures as at 31<sup>st</sup> May are as follows:

Division	Compliance
Corporate	<b>92%</b>
Emergency and Integrated Care	<b>86%</b>
Planned Care	<b>88%</b>
Women, Neonatal, Children, Young People, HIV/Sexual Health	<b>89%</b>
<b>Overall compliance</b>	<b>88%</b>

Moving and Handling compliance has increased by 4% across the trust but remains low at 69% whilst all clinical staff at WMUH are brought in line with Trust policy. The moving and handling teams are running multiple additional sessions on the WMUH site and these can be booked by contacting [learninganddevelopmentadmin@chelwest.nhs.uk](mailto:learninganddevelopmentadmin@chelwest.nhs.uk)

Staff can now complete eight of the core training eLearning modules at [learning.chelwest.nhs.uk](http://learning.chelwest.nhs.uk)—which is available from both within and outside the Trust, across a variety of devices (including smartphones and tablets). Face to face learning is only required for BLS, patient Moving and Handling and Safeguarding Children / Adults level 3.

## Latest CW+ PROUD award winners

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

- Planned Care: **Bryan Sy**, Technician, Intensive Care Unit (WMUH)
- Emergency and Integrated Care: **Danilo Passero**, Junior Charge Nurse (C&WH)
- Women and Children: **Laura Parry and Emily Bridges**, Midwives, Birth Centre (C&WH)
- Corporate: **Alice Howard**, Lead Information Analyst, HY

Visit the intranet to nominate a team or individual.

## July All Staff Briefing:

- Will take place the first week of July.



**Council of Governors Meeting, 26 July 2018**

<b>AGENDA ITEM NO.</b>	2.3/Jul/18
<b>REPORT NAME</b>	Integrated Performance Report – May 2018
<b>AUTHOR</b>	Robert Hodgkiss, Chief Operating Officer
<b>LEAD</b>	Robert Hodgkiss, Chief Operating Officer
<b>PURPOSE</b>	To report the combined Trust’s performance for May 2018 for both the Chelsea & Westminster and West Middlesex sites, highlighting risk issues and identifying key actions going forward.
<b>SUMMARY OF REPORT</b>	<p>The Integrated Performance Report shows the Trust performance for May 2018.</p> <p><b>Regulatory performance</b> – The A&amp;E Waiting Time figure for May was 95.7%. National figures show that Chelsea and Westminster ranked 1<sup>st</sup> amongst London Trusts. Both sites were compliant with the standard.</p> <p>The RTT incomplete target was achieved in May for the Trust, with performance of 92.8%. This represents the seventh consecutive month the national standard was reached. Both sites were compliant with the standard. Of particular note is the delivery of compliance despite the implementation of a new EPR system on the WMUH site.</p> <p>There continues to be no reportable patients waiting over 52 weeks to be treated on either site and this is expected to continue.</p> <p>The WMUH site narrowly missed the delivery of the 62 Day standard in May. As a Trust, we are currently compliant at just over 85% but we have experienced a high number of breaches (9.5). Some of these breaches were unavoidable however 3 were avoidable and have been investigated. All other cancer indicators passed.</p> <p>There was one reported CDiff infection in May.</p> <p><b>Access</b></p> <p>The Diagnostic wait metric returned 98.49%. Issues in Urology at Chelsea and in Endoscopy, Urology and Cardiology at West Middlesex remain a focus.</p>
<b>KEY RISKS ASSOCIATED:</b>	There are continued risks to the achievement of a number of compliance indicators, including A&E performance, RTT incomplete waiting times while cancer 31 and 62 day waits remains a high priority. The Trust will continue to focus on the Diagnostic Waiting time issues in the weeks to come.

<b>QUALITY IMPLICATIONS</b>	As outlined above.
<b>EQUALITY &amp; DIVERSITY IMPLICATIONS</b>	None
<b>LINK TO OBJECTIVES</b>	Improve patient safety and clinical effectiveness Improve the patient experience Ensure financial and environmental sustainability
<b>DECISION/ ACTION</b>	To note.

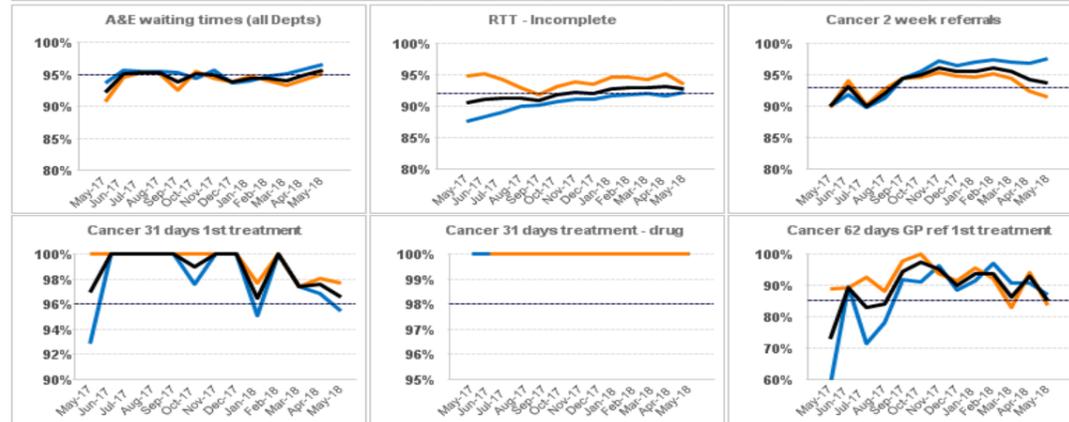


# TRUST PERFORMANCE & QUALITY REPORT

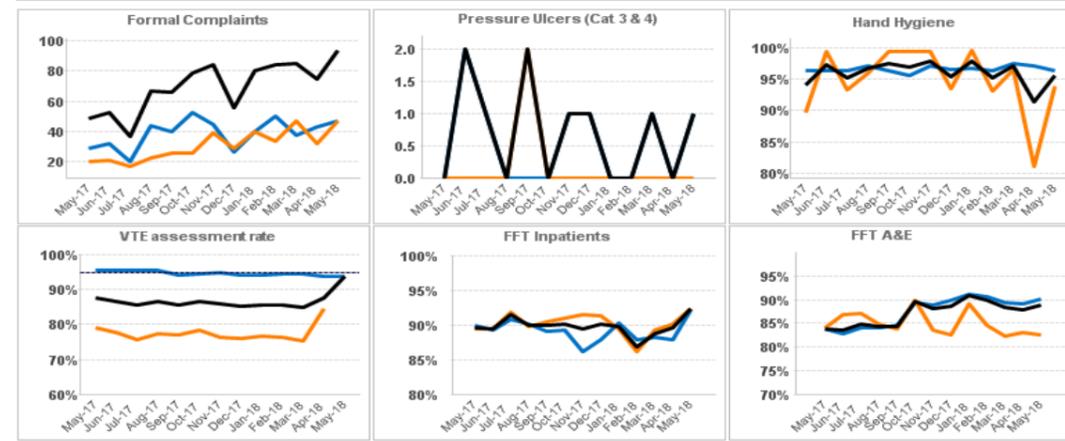
## May 2018



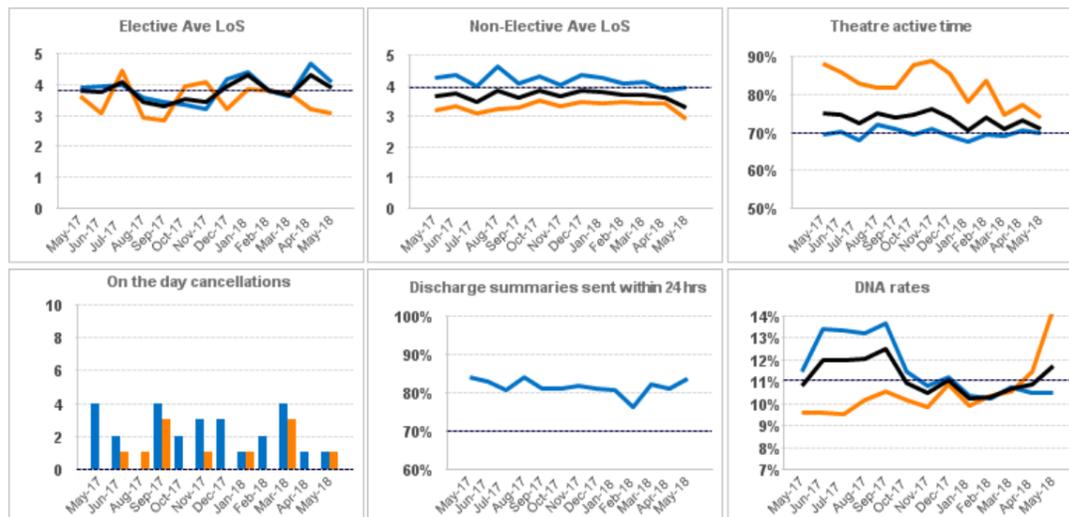
Regulatory Compliance												
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined Trust data: last Quarter, YTD & 13m trend					
Indicator	Mar-18	Apr-18	May-18	Mar-18	Apr-18	May-18	Mar-18	Apr-18	May-18	Quarter	YTD	Trend
A&E waiting times - Types 1 & 3 Depts (Target: >95%)	95.0	95.9	96.5	93.3	94.2	95.0	94.0	95.0	95.7	95.3	95.3	
RTT - Incomplete (Target: >92%)	92.1	91.7	92.2	94.3	95.2	93.6	93.0	93.2	92.8	93.0	93.0	
Cancer 2 week urgent referrals (Target: >93%)	97.0	96.8	97.6	94.4	92.5	91.4	95.5	94.2	93.6	93.9	93.9	
Cancer 2 week Breast symptomatic (Target: >93%)	n/a	n/a	n/a	96.1	93.8	94.4	96.1	93.8	94.4	94.0	94.0	
Cancer 31 days first treatment (Target: >95%)	97.4	96.9	95.5	97.4	98.1	97.7	97.4	97.6	96.6	97.1	97.1	
Cancer 31 days treatment - Drug (Target: >95%)	100	n/a	100	100	100	100	100	100	100	100	100.0	
Cancer 31 days treatment - Surgery (Target: >94%)	100	n/a	100	100	100	100	100	100	100	100	100.0	
Cancer 62 days GP ref to treatment (Target: >85%)	90.6	90.6	87.0	82.8	93.9	83.6	86.3	92.9	85.0	88.4	88.4	
Clostridium difficile infections (Targets: CW: 7; WM: 9; Combined: 16)	1	1	1	0	0	0	1	1	1	2	2	
Average Emergency PreOp LoS	0.90	0.55	0.51	1.52	1.42	0.79	1.18	0.94	0.64	0.79	0.79	
Average Elective PreOp LoS	0.17	0.08	0.14	0.19	0.15	0.01	0.18	0.10	0.11	0.10	0.10	



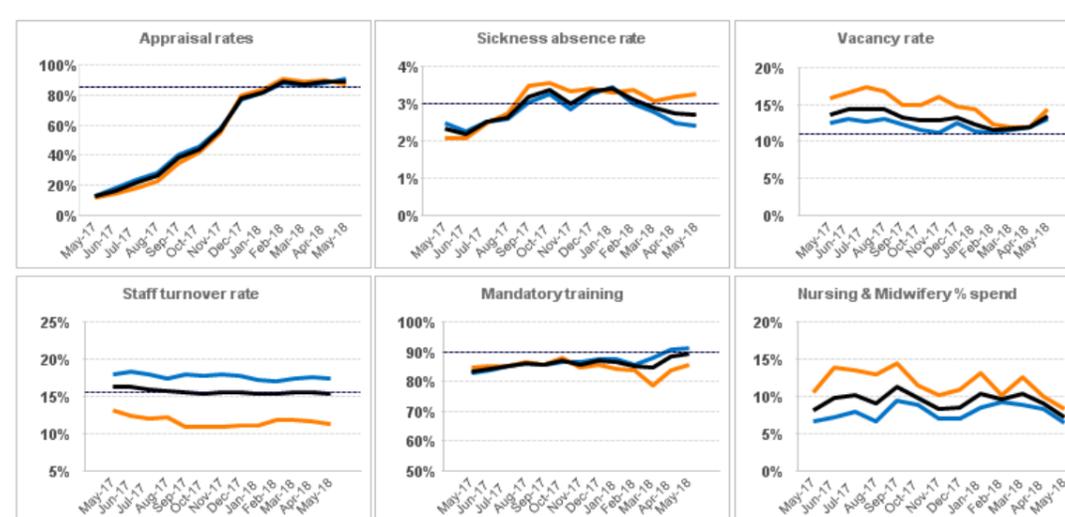
Quality												
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Mar-18	Apr-18	May-18	Mar-18	Apr-18	May-18	Mar-18	Apr-18	May-18	Quarter	YTD	Trend
Hand Hygiene (Target: >=90%)	97.5	97.1	96.4	96.7	81.1	93.9	97.2	91.5	95.6	93.5	93.5	
Pressure Ulcers (Cat 3 & 4)	1	0	1	0	0	0	1	0	1	1	1	
VTE assessment % (Target: >=95%)	94.7	93.9	94.0	75.4	84.7		84.9	87.8	94.0	89.3	89.3	
Formal complaints number received	38	43	47	47	32	47	85	75	94	169	169	
Formal complaints responded to <25days	20	32	31	21	21	31	41	53	62	115	115	
Serious Incidents	3	0	2	4	3	3	7	3	5	8	8	
Never Events (Target: 0)	1	0	0	0	0	0	1	0	0	0	0	
FFT - Inpatients recommend % (Target: >90%)	88.2	87.9	92.3	89.3	90.2	92.5	88.9	89.6	92.4	90.8	90.8	
FFT - A&E recommend % (Target: >90%)	89.4	87.0	90.2	82.3	83.2	82.5	88.3	88.0	88.9	88.5	88.5	
Falls causing serious harm	0	0	0	0	0	0	0	0	0	0	0	



Efficiency												
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Mar-18	Apr-18	May-18	Mar-18	Apr-18	May-18	Mar-18	Apr-18	May-18	Quarter	YTD	Trend
Elective average LoS (Target: <3.8)	3.6	4.7	4.1	3.7	3.2	3.1	3.7	4.3	3.9	4.1	4.1	
Non-Elective average LoS (Target: <3.95)	4.1	3.8	3.9	3.4	3.4	2.9	3.7	3.6	3.3	3.5	3.5	
Theatre active time (Target: >70%)	69.2	70.6	69.7	74.8	77.3	73.8	70.8	73.0	70.9	72.0	72.0	
Discharge summaries sent within 24 hours (Target: >70%)	82.1	81.1	83.8	dev	dev	dev	82.1	81.1	83.8	82.5	82.5	
Outpatient DNA rates (Target: <11.1%)	10.8	10.5	10.5	10.6	11.5	14.1	10.7	10.9	11.7	11.3	11.3	
On the day cancelled operations not re-booked within 28 days (Target: 0)	4	1	1	3	0	1	7	1	2	3	3	



Workforce												
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Mar-18	Apr-18	May-18	Mar-18	Apr-18	May-18	Mar-18	Apr-18	May-18	Quarter	YTD	Trend
Appraisal rates (Target: >85%)	86.4	88.5	90.6	88.7	89.8	87.2	87.2	88.9	89.4	89.2	89.2	
Sickness absence rate (Target: <3%)	2.78	2.50	2.42	3.08	3.17	3.25	2.89	2.73	2.70	2.72	2.72	
Vacancy rates (Target: CW<12%; WM<10%)	11.5	12.1	13.1	12.0	12.0	14.3	11.7	12.0	13.5	13.5	13.5	
Turnover rate (Target: CW<18%; WM<11.5%)	17.4	17.5	17.3	11.8	11.7	11.3	15.5	15.6	15.3	15.3	15.3	
Mandatory training (Target: >90%)	88.1	90.9	91.1	78.7	83.7	85.8	84.6	86.2	89.1	88.7	88.7	
Bank and Agency spend (£k)	£2,963	£2,652	£2,311	£2,964	£2,397	£2,312	£5,926	£5,049	£4,623	£9,672	£9,671.9	
Nursing & Midwifery: Agency % spend of total pay (Target: tbc)	9.0	8.3	6.4	12.6	10.1	8.3	10.4	9.0	7.1	8.1	8.1	





## NHSI Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Mar-18	Apr-18	May-18	2018-2019	Mar-18	Apr-18	May-18	2018-2019	Mar-18	Apr-18	May-18	2018-2019 Q1	2018-2019	Trend charts	
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	95.0%	95.9%	96.5%	96.2%	93.3%	94.2%	95.0%	94.6%	94.0%	95.0%	95.7%	95.3%	95.3%		-
RTT	18 weeks RTT - Admitted (Target: >90%)	72.3%	74.4%	75.4%	74.9%	87.7%	86.4%	86.3%	86.4%	81.8%	82.2%	79.8%	81.3%	81.3%		!
	18 weeks RTT - Non-Admitted (Target: >95%)	95.0%	94.4%	94.9%	94.6%	91.7%	90.9%	90.5%	90.8%	93.6%	93.1%	93.6%	93.3%	93.3%		!
	18 weeks RTT - Incomplete (Target: >92%)	92.1%	91.7%	92.2%	91.9%	94.3%	95.2%	93.6%	94.4%	93.0%	93.2%	92.8%	93.0%	93.0%		-
Cancer <small>(Please note that all Cancer indicators show interim, unvalidated positions for the latest month (May-18) in this report)</small>	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	97.0%	96.8%	97.6%	97.2%	94.4%	92.5%	91.4%	91.9%	95.5%	94.2%	93.6%	93.9%	93.9%		-
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	n/a	96.1%	93.8%	94.4%	94.0%	96.1%	93.8%	94.4%	94.0%	94.0%		-
	31 days diagnosis to first treatment (Target: >96%)	97.4%	96.9%	95.5%	96.1%	97.4%	98.1%	97.7%	97.9%	97.4%	97.6%	96.6%	97.1%	97.1%		-
	31 days subsequent cancer treatment - Drug (Target: >98%)	100%	n/a	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		-
	31 days subsequent cancer treatment - Surgery (Target: >94%)	100%	n/a	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		-
	31 days subsequent cancer treatment - Radiotherapy (Target: >94%)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a		-
	62 days GP referral to first treatment (Target: >85%)	90.6%	90.6%	87.0%	88.4%	82.8%	93.9%	83.6%	88.5%	86.3%	92.9%	85.0%	88.4%	88.4%		-
62 days NHS screening service referral to first treatment (Target: >90%)	n/a	n/a	n/a	n/a	100%	66.7%	100%	81.8%	100%	66.7%	100%	81.8%	81.8%		-	
Patient Safety	Clostridium difficile infections (Year End Targets: CW: 7; WVM: 9; Combined: 16)	1	1	1	2	0	0	0	0	1	1	1	2	2		!
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 Waiting Times

The Trust delivered a combined performance of 95.7% in May which was the best performance across London. This was more notable given the performance at West Middlesex, which saw it deliver the national target for the first time in seven months- this despite the implementation of a new PAS (Patient Administrative System).

#### 18 weeks RTT – Incomplete

The Trust again reached the national target – 92.8% against a target of 92%. As with the A&E metric, this is an achievement given the complexities of transferring pathways between the old and new PAS systems at West Middlesex

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

Two-week waits have been compliant for April and May at a Trust level.

At a site level West Middlesex failed in April and May. However in June, the Trust is on course to achieve at both sites. Trend is an improvement in performance cross site

#### Cancer - 62 days GP referral to first treatment

The Trust was again compliant for April with a validated position of 92.9%. Unvalidated performance is very close for May, but forecast to be marginally compliant. The trust is seeing very high numbers of patients for treatment, higher than any time in the last year. This has offset our higher than normal breach numbers (9.5)

Breaches are a mixture of unavoidable (heart attack, complex diagnosis) and avoidable (diagnostic capacity, diagnostic reporting, transport and admin issues) 3-3.5 breaches were avoidable and 6-6.5 breaches unavoidable

(Details of breaches by tumour site can be found on page 12 of this report)



## Safety Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Mar-18	Apr-18	May-18	2018-2019	Mar-18	Apr-18	May-18	2018-2019	Mar-18	Apr-18	May-18	2018-2019 Q1	2018-2019	Trend charts	
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0		-
	Hand hygiene compliance (Target: >90%)	97.5%	97.1%	96.4%	96.7%	96.7%	81.1%	93.9%	87.5%	97.2%	91.5%	95.6%	93.5%	93.5%		-
Incidents	Number of serious incidents	3	0	2	2	4	3	3	6	7	3	5	8	8		-
	Incident reporting rate per 100 admissions (Target: >8.5)	7.9	7.0	7.3	7.2	10.2	10.1	8.7	9.4	9.0	8.4	8.0	8.2	8.2		!
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions (Target: 0)	0.02	0.00	0.03	0.02	0.00	0.04	0.00	0.02	0.01	0.02	0.02	0.02	0.02		!
	Medication-related (NRLS reportable) safety incidents per 100,000 FCE bed days (Target: >=280)	483.06	535.09	487.66	511.15	254.99	233.83	158.59	194.74	374.57	385.92	319.84	352.08	352.08		!
	Medication-related (NRLS reportable) safety incidents % with harm (Target: <=12%)	7.0%	10.0%	15.4%	12.6%	20.6%	13.3%	9.1%	11.5%	11.4%	11.0%	13.8%	12.3%	12.3%		-
	Never Events (Target: 0)	1	0	0	0	0	0	0	0	1	0	0	0	0		-
Harm	Safety Thermometer - Harm Score (Target: >90%)	95.6%	97.1%	95.6%	96.6%	92.0%	96.5%	93.5%	94.9%	92.9%	96.8%	94.2%	95.6%	95.6%		-
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	1	0	1	1	0	0	0	0	1	0	1	1	1		-
	NEWS compliance %	98.4%	97.7%	98.0%	97.9%	98.0%	98.8%	98.7%	98.8%	98.2%	98.2%	98.3%	98.3%	98.3%		-
	Safeguarding adults - number of referrals	16	26	20	46	6	17	4	21	22	43	24	67	67		-
	Safeguarding children - number of referrals	15	28	22	50	64	63	89	152	79	91	111	202	202		-
Mortality	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	81.7	81.7	81.7	81.7	81.7	81.7	81.7	81.7	81.7	81.7	81.7	81.7	81.7		-
	Number of hospital deaths - Adult	40	35	35	70	72	56	56	112	112	91	91	182	182		-
	Number of hospital deaths - Paediatric	2	1	0	1	0	0	0	0	2	1	0	1	1		-
	Number of hospital deaths - Neonatal	2	3	1	4	0	0	0	0	2	3	1	4	4		-
	Number of deaths in A&E - Adult	3	2	1	3	10	5	3	8	13	7	4	11	11		-
	Number of deaths in A&E - Paediatric	0	0	0	0	0	1	0	1	0	1	0	1	1		-
	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

5 Serious Incidents were reported during May 2018; this is higher than April (3 incidents reported). Of the 5 reported, 3 incidents occurred on the WMH site; one medication incident, one medical equipment/ devices/disposables incident and one diagnostic incident. 2 incidents occurred on the C&W site; one Maternity/Obstetric incident and one Hospital acquired Pressure ulcer.

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

The calculated rate of reported patient safety incidents per 100 admissions during May 2018 was 7.7% against a target of 8.5%.

We continue to encourage reporting, with an increased focus on the reporting of no harm/near miss incidents.



#### Trust commentary continued

#### Rate of patient safety incidents resulting in severe harm or death

3 incidents resulting in Severe Harm were reported during May 2018 (2 X CWH; 1 X WMH).

Two of these incidents have been reported externally due to a delayed diagnosis of cancer and a neonate unexpectedly admitted to SCBU.

The third incident is being investigated as an internal SI and relates to a neonate who was escalated to the surgeons shortly after birth for exclusion of testicular torsion.

#### Medication-related safety incidents

68 patient safety medication incidents were reported at the CWH site, 22 patient safety medication incidents reported at WMH site.

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

The Trust has achieved an overall reporting rate of NRLS reportable medication-related incidents of 316/100,000 FCE bed days in May 2018. This is higher than the Trust target of 280/100,000. There were 480 and 159 medication-related incidents per 100,000 FCE bed days at CW and WM sites respectively. The WM rate of 159 is on a downward trajectory and is significantly less than that for CW site (480) for May 2018.

In general, there has been a decrease in reporting of medication incidents this month compared to recent months; with reporting at WM site lower than the Trust target.

#### Medication-related (reported) safety incidents % with harm

The Trust had 14% medication-related safety incidents with harm in May 2018. This figure is higher than in previous months (11%) and is above the Carter dashboard National Benchmark (10.3%). The year to date figure is 12.4%.

There were 12 incidents with harm, 10 at CW site and 2 at WM site. At CW site, 6 were low harm and 4 were moderate harm. At WM site, 1 was low harm and 1 was moderate harm

- Themes CW site: Low harm – old rivastigmine patch not removed before new patch administered, incorrect dose of Zomorph administered, over-administration of paracetamol, omitted analgesia when clinically indicated, and incorrect administration of insulin.
- Themes CW site: Moderate harm – diabetic ketoacidosis as a result of no supply of insulin and delayed medication arrival on ward, patient not contacted for liver function monitoring for ulipristal (Esmya) following MHRA alert due to reports of serious liver injury associated with this medication, no review of high dose chlordiazepoxide during admission until discharge date, missed dose (36 hours after loading dose) of vancomycin for MRSA positive bacteraemia resulting in sub-therapeutic levels and patient deterioration.
- Themes WM site: Low harm – incorrect administration of teicoplanin due to brand and generic names.
- Themes WM site: Moderate harm – Co-amoxiclav prescribed and administered in Emergency Department with a documented penicillin allergy, requiring anaphylaxis management.

The Medication Safety Group continues to encourage incident reporting, monitor trends and aims to improve learning from medication related incidents.

#### NEWS compliance %

We continue to have high compliance in both completion & escalation of early warning scores. Trends are identified for each area. Any areas of concern are addressed through Divisional Directors of Nursing & plans put in place to rectify.

#### Safeguarding Adults - number of referrals

West Middlesex referral numbers continue to show variation on a declining number that reflects changes in IDVA work flows



## Patient Experience Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Mar-18	Apr-18	May-18	2018-2019	Mar-18	Apr-18	May-18	2018-2019	Mar-18	Apr-18	May-18	2018-2019 Q1	2018-2019	Trend charts	
Friends and Family	FFT: Inpatient recommend % (Target: >90%)	88.2%	87.9%	92.3%	90.4%	89.3%	90.2%	92.5%	91.0%	88.9%	89.6%	92.4%	90.8%	90.8%		-
	FFT: Inpatient not recommend % (Target: <10%)	5.1%	6.0%	4.6%	5.2%	3.5%	3.5%	3.1%	3.3%	4.2%	4.2%	3.8%	4.0%	4.0%		-
	FFT: Inpatient response rate (Target: >30%)	31.6%	34.0%	44.4%	39.2%	28.1%	59.7%	45.6%	53.7%	29.4%	49.6%	45.0%	47.5%	47.5%		-
	FFT: A&E recommend % (Target: >90%)	89.4%	89.0%	90.2%	89.7%	82.3%	83.2%	82.5%	82.8%	88.3%	88.0%	88.9%	88.5%	88.5%		!
	FFT: A&E not recommend % (Target: <10%)	5.9%	7.2%	5.9%	6.5%	8.1%	7.1%	11.3%	9.2%	6.2%	7.2%	6.8%	6.9%	6.9%		-
	FFT: A&E response rate (Target: >30%)	18.1%	18.2%	20.3%	19.2%	12.9%	14.6%	15.7%	15.2%	17.0%	17.4%	19.4%	18.4%	18.4%		!
	FFT: Maternity recommend % (Target: >90%)	88.1%	92.7%	90.7%	91.5%	90.0%	93.9%	96.6%	95.3%	88.6%	93.1%	92.5%	92.7%	92.7%		-
	FFT: Maternity not recommend % (Target: <10%)	7.3%	4.2%	6.3%	5.4%	7.1%	3.0%	1.7%	2.3%	7.3%	3.8%	4.9%	4.4%	4.4%		-
	FFT: Maternity response rate (Target: >30%)	22.0%	17.9%	24.9%	21.4%	19.1%	26.8%	32.7%	29.7%	21.2%	20.2%	26.8%	23.5%	23.5%		!
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	36	42	47	89	47	32	47	79	83	74	94	168	168		-
	Complaints formal: Number responded to < 25 days	20	32	34	66	21	21	33	54	41	53	67	120	120		-
	Complaints (informal) through PALS	130	115	114	229	116	93	107	200	246	208	221	429	429		-
	Complaints sent through to the Ombudsman	0	0	0	0	0	0	0	0	0	0	0	0	0		-
	Complaints upheld by the Ombudsman (Target: 0)	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

#### Friends and Family Test

##### Inpatients

Inpatient areas saw an increase to over 44% response rate in May and also saw the recommended cares return to above 90% for both sites. The Trust overall was compliant for this indicator in May.

##### Accident and Emergency

Chelsea site ED saw an increase in response rates to above 20% and also in the recommended score to above 90%. Whilst the response rate remains below the 30% Trust target it is significantly above the national average of 12.5%. The West Middlesex site continues to fall below the response rate and recommendation targets. Introduction of real time data collection and volunteers the ED are anticipated to help improve this.

##### Maternity

Both sites continue to achieve above the 90% recommendation score. There has been an increase in the response rate at both sites with the West Middlesex site achieving above the 30% target.

##### Same Sex Accommodation

In May, as per previous months, there were no breaches of the same sex accommodation metric

##### Complaints

Response to complaints within 25 days continues to improve with an increase in May to 60% compliance. In addition the number of overdue complaints has fallen, and the total number of open complaints has reduced. There continues to be a focus on improving the compliance with 25 day response times. No ombudsman referrals have been upheld in May.



## Efficiency & Productivity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Mar-18	Apr-18	May-18	2018-2019	Mar-18	Apr-18	May-18	2018-2019	Mar-18	Apr-18	May-18	2018-2019 Q1	2018-2019	Trend charts	
Admitted Patient Care	Average length of stay - elective (Target: <3.7)	3.65	4.67	4.10	4.38	3.65	3.21	3.08	3.15	3.65	4.30	3.88	4.09	4.09		-
	Average length of stay - non-elective (Target: <3.9)	4.13	3.84	3.92	3.88	3.41	3.44	3.19	3.30	3.73	3.63	3.48	3.55	3.55		-
	Emergency care pathway - average LoS (Target: <4.5)	4.94	4.62	4.48	4.55	3.96	3.98	3.71	3.83	4.33	4.24	3.97	4.09	4.09		-
	Emergency care pathway - discharges	217	212	207	419	364	316	401	717	582	528	608	1136	1136		-
	Emergency re-admissions within 30 days of discharge (Target: <2.8%)	3.63%	3.89%	3.97%	3.93%	9.23%	7.97%	10.40%	9.26%	6.23%	5.72%	7.03%	6.40%	6.40%		!
	Non-elective long-stayers	506	432	403	835	430	390	312	702	936	822	715	1537	1537		-
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	80.4%	81.1%	82.0%	81.5%	83.2%	88.9%	87.1%	88.1%	81.5%	84.5%	83.8%	84.1%	84.1%		!
	Operations cancelled on the day for non-clinical reasons: actuals	16	20	14	34	17	3	1	4	33	23	15	38	38		-
	Operations cancelled on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.55%	0.70%	0.47%	0.59%	1.23%	0.20%	0.08%	0.15%	0.77%	0.53%	0.36%	0.44%	0.44%		-
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	4	1	1	2	3	0	1	1	7	1	2	3	3		!
	Theatre active time (C&W Target: >70%; WMM Target: >78%)	69.2%	70.6%	69.7%	70.1%	74.8%	77.3%	73.8%	75.8%	70.8%	73.0%	70.9%	72.0%	72.0%		!
	Theatre booking conversion rates (Target: >80%)	85.5%	84.5%	85.6%	85.1%	68.5%	72.4%	79.8%	75.3%	78.2%	79.1%	83.6%	81.2%	81.2%		!
Outpatients	First to follow-up ratio (Target: <1.5)	1.49	1.57	1.47	1.51	1.29	1.26	1.34	1.29	1.34	1.34	1.38	1.36	1.36		-
	Average wait to first outpatient attendance (Target: <6 wks)	6.7	6.6	6.9	6.8	6.7	7.0	7.5	7.2	6.7	6.8	7.2	7.0	7.0		!
	DNA rate: first appointment	11.6%	10.6%	11.3%	10.9%	10.8%	12.0%	14.0%	12.9%	11.2%	11.2%	12.4%	11.8%	11.8%		-
	DNA rate: follow-up appointment	10.5%	10.5%	10.2%	10.4%	10.4%	11.1%	14.2%	12.6%	10.4%	10.7%	11.4%	11.0%	11.0%		-

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 and Emergency Care Average LoS

May '18 has seen a very minor shift at Chelsea Site (within tolerance).

A recent detailed NEL LOS review by division is now complete with confirmation that the Trust benchmarks well (top quartile) when compared with peer group hospitals for NEL LOS. However, within Care of the Elderly, there remains a further opportunity to improve LOS further at both hospitals. Delivering this improvement remains a strong focus for the BEDS/LOS work stream, and this is being tracked via the system-wide AE Delivery Board.

#### Emergency readmissions within 30 days

This continues to a significant disparity between sites and the figure has jumped significantly at West Middlesex. Two actions are taking place to address this: 1) checking the monthly data feed (data quality) is correct following Cerner implementation at WM, and 2) undertaking a divisional deep dive into the readmissions trends across both hospitals to isolate the causes (repeating patients, transfers to AEC) and then work up schemes to mitigate the causes. This work links closely to the development of expanded ambulatory services at both sites which is planned for Autumn 2018.

#### On the day cancellations not re-booked within 28 days

The one patient whose operation was cancelled by the hospital on the day at the Chelsea Site, was not re-booked within 28 days. This is noted as being for reasons of patient choice

#### Theatre Active Time - % of staffed time

Lower than usual theatre active time due to 2 bank holidays in month (Consultant Surgical Leave on CW site)



## Clinical Effectiveness Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Mar-18	Apr-18	May-18	2018-2019	Mar-18	Apr-18	May-18	2018-2019	Mar-18	Apr-18	May-18	2018-2019 Q1	2018-2019	Trend charts	
Best Practice	Dementia screening case finding (Target: >90%)	90.9%	92.5%	92.9%	92.7%	92.6%	84.0%		84.0%	91.8%	87.8%	92.9%	89.4%	89.4%		-
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	87.5%	100.0%	87.5%	93.9%	81.5%	66.7%	84.0%	78.4%	84.3%	86.2%	85.4%	85.7%	85.7%		!
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	100.0%	100.0%	100.0%	100.0%	100.0%	92.9%	90.0%	91.7%	100.0%	96.0%	95.7%	95.8%	95.8%		-
VTE	VTE: Hospital-acquired (Target: tbc)					0	0	0	0	0	0	0	0	0		-
	VTE risk assessment (Target: >95%)	94.7%	93.9%	94.0%	93.9%	75.4%	84.7%		84.7%	84.9%	87.8%	94.0%	89.3%	89.3%		!
TB Care	TB: Number of active cases identified and notified	1	0	7	7	9	3	3	6	10	3	10	13	13		-
	TB: % of treatments completed within 12 months (Target: >85%)															-

Please note the following

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### Trust commentary

#### #NOF Time to Theatre <36h for medically fit patients

We have seen 41 patients with #NOF during May 2018. 6 patients were taken to theatre >36h of admission:

- 2 patients were medically unfit for surgery, one on each site.
- 1 patient at CW was delayed due to theatre capacity
- 3 patients at the West Middlesex site were delayed. 2 related to theatre capacity/ previous list overrunning and 1 due to not having an anaesthetic cover.

#### VTE Hospital-acquired

Chelsea site: Identification of positive VTE events from radiology reports in progress, with review of hospital records to establish hospital associated VTE events for root cause analysis investigation.

West Middlesex site: A multidisciplinary thrombosis pathway implemented in Ambulatory Emergency Care (AEC) in April 2018 to review all VTEs on a weekly basis; potential HATs are identified and reported on Datix by AEC staff.

#### VTE Risk assessments completed

Chelsea site: No significant improvement in performance. Performance has been disseminated to divisions to highlight amongst clinical teams, with support for areas not meeting ≥ 95% target. Weekly and monthly VTE performance reports continue to be circulated to all divisions.

West Middlesex site: Performance not reported for May 2018 – commentary not provided. Target unlikely to be achieved due to current IT infrastructure, and will improve with Cerner implementation (Clinical Documentation phase).



## Access Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Mar-18	Apr-18	May-18	2018-2019	Mar-18	Apr-18	May-18	2018-2019	Mar-18	Apr-18	May-18	2018-2019 Q1	2018-2019	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%)	98.95%	98.79%	98.23%	98.54%	97.60%	97.62%	98.67%	98.08%	98.17%	98.09%	98.49%	98.26%	98.26%		!
	Diagnostic waiting times >6 weeks: breach actuals	33	40	48	88	104	120	52	172	137	160	100	260	260		-
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	8.4%	8.7%	8.7%	8.7%	8.3%	8.5%	7.8%	8.2%	8.4%	8.6%	8.4%	8.5%	8.5%		!
	A&E time to treatment - Median (Target: <60')	01:08	01:04	01:06	01:05	00:51	00:47	00:45	00:46	01:05	00:59	01:00	01:00	01:00		!
	London Ambulance Service - patient handover 30' breaches	29	8	9	17	53	40	63	103	82	48	72	120	120		-
	London Ambulance Service - patient handover 60' breaches	0	0	0	0	0	0	0	0	0	0	0	0	0		-
Choose and Book (available to Mar-18 only for issues)	Choose and book: appointment availability (average of daily harvest of unused slots)	1567	1347	1483	1418	0	0	0	0	1567	1347	1483	1418	1418		-
	Choose and book: capacity issue rate (ASI)															-
	Choose and book: system issue rate															-

Please note the following

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### Trust commentary

#### RTT Incompletes – 52 week waiters at month end

The Trust again reported no patient waiting 52 weeks at Month End for Elective treatment

#### Diagnostic waiting times

The underperformance is driven by a backlog in Endoscopy and Cardiology largely on the West Middlesex site. As part of the transition to Cerner we have moved from a paper based system to a fully electronic system, which gives full visibility of all our patients. Performance continues to improve back to compliance.

#### London Ambulance Service – patient handover

Whilst neither site breached the 60 minutes handover tolerance there were challenges at the West Middlesex site for the 30 minutes handover target. The Chelsea Site again saw minimal breaches of this metric



## Maternity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Mar-18	Apr-18	May-18	2018-2019	Mar-18	Apr-18	May-18	2018-2019	Mar-18	Apr-18	May-18	2018-2019 Q1	2018-2019	Trend charts	
Birth indicators	Total number of NHS births	458	479	455	934	383	371	377	748	841	850	832	1682	1682		-
	Total caesarean section rate (C&W Target: <27%; WM Target: <29%)	36.6%	39.1%	31.1%	35.2%	29.6%	27.8%	29.0%	28.4%	33.5%	34.1%	30.1%	32.1%	32.1%		!
	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		-
Safety	Maternity 1:1 care in established labour (Target: >95%)	95.7%	97.2%	93.8%	95.5%	98.4%	97.8%	98.4%	98.1%	97.0%	97.5%	95.9%	96.7%	96.7%		-
	Admissions of full-term babies to NICU	22	12	15	27	n/a	n/a	n/a	n/a	22	12	15	27	27		-

Please note the following

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### Trust commentary

#### Total caesarean section rate

The c-section rate at the Chelsea site dropped considerably in May from April. This constituted the lowest monthly rate since October 2016 at the Chelsea site. As a result, the Trust as a whole was able to report a rate better than any month since February 2017.

#### Maternity 1:1 care in established labour

The underperformance at the Chelsea & Westminster site in May is a data recording issue where the field to capture data relating to 1:1 care in labour is non-mandatory.

The midwifery managers for the Chelsea site will be actively reviewing and monitoring compliance to ensure future data is appropriately captured in the future. The service is also discussing with Information Governance if it is possible to retrospectively update the data for May.



## Workforce Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Mar-18	Apr-18	May-18	2018-2019	Mar-18	Apr-18	May-18	2018-2019	Mar-18	Apr-18	May-18	2018-2019 Q1	2018-2019	Trend charts	
Staffing	Vacancy rate (Target: CW <12%; WM <10%)	11.5%	12.1%	13.1%	13.1%	12.0%	12.0%	14.3%	14.3%	11.7%	12.0%	13.5%	13.5%	13.5%		!
	Staff Turnover rate (Target: CW <18%; WM <11.5%)	17.4%	17.5%	17.3%	17.3%	11.8%	11.7%	11.3%	11.3%	15.5%	15.6%	15.3%	15.3%	15.3%		-
	Sickness absence (Target: <3%)	2.8%	2.5%	2.4%	2.5%	3.1%	3.2%	3.2%	3.2%	2.9%	2.7%	2.7%	2.7%	2.7%		-
	Bank and Agency spend (£k)	£2,963	£2,652	£2,311	£4,963.3	£2,964	£2,397	£2,312	£4,708.5	£5,926	£5,049	£4,623	£9,672	£9,672		-
	Nursing & Midwifery Agency: % spend of total pay (Target: tbc)	9.0%	8.3%	6.4%	7.4%	12.6%	10.1%	8.3%	9.2%	10.4%	9.0%	7.1%	8.1%	8.1%		-
Appraisal rates	% of Performance & Development Reviews completed - medical staff (Target: >85%)	70.6%	83.2%	87.7%	85.5%	90.1%	84.1%	84.0%	84.0%	77.9%	83.6%	86.2%	84.9%	84.9%		-
	% of Performance & Development Reviews completed - non-medical staff (Target trajectory: >60%)	88.4%	89.2%	91.0%	91.0%	88.5%	90.9%	87.8%	87.8%	88.4%	89.8%	89.9%	89.9%	89.9%		-
Training	Mandatory training compliance (Target: >90%)	88.1%	90.9%	91.1%	91.0%	78.7%	83.7%	85.8%	84.7%	84.6%	88.2%	89.1%	88.7%	88.7%		!
	Health and Safety training (Target: >90%)	95.4%	96.2%	95.6%	95.9%	87.7%	92.5%	93.4%	92.9%	92.6%	94.8%	94.8%	94.8%	94.8%		-
	Safeguarding training - adults (Target: 90%)	91.5%	94.7%	93.9%	94.3%	87.6%	92.3%	92.9%	92.6%	90.1%	93.8%	93.5%	93.7%	93.7%		-
	Safeguarding training - children (Target: 90%)	90.1%	92.3%	92.9%	92.6%	85.5%	90.1%	91.8%	91.0%	88.4%	91.5%	92.5%	92.0%	92.0%		-
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

#### Staff in Post

In May we employed 5403 whole time equivalent (WTE) people on substantive contracts, 4 WTE more than last month.

#### Turnover

Our voluntary turnover rate was 15.3%, 0.3% less than last month. Voluntary turnover is 17.4% at Chelsea and 11.3% at West Middlesex.

#### Vacancies

Our general vacancy rate for May was 13.5%, which is 1.3% higher than April. The vacancy rate is 14.3% at West Middlesex and 13.1% at Chelsea.

The increase in vacancy reflects changes to the establishment as a result of the business planning process.

#### Sickness Absence

Sickness absence in the month of May was 2.7%, 0.3% lower than April.

#### 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 90% against our target of 90%.

#### Performance and Development Reviews

The PDR rate increased by 0.11% in May and now stands at 89.8%.

The rolling annual appraisal rate for medical staff was 87.72%, 3.72% higher 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-18	Apr-18	May-18	2018-2019	YTD breaches	Mar-18	Apr-18	May-18	2018-2019	YTD breaches	Mar-18	Apr-18	May-18	2018-2019 Q1	2018-2019		YTD breaches		
62 day Cancer referrals by site of tumour	Brain	n/a	n/a	n/a	n/a		n/a	n/a	n/a	n/a	0	n/a	n/a	n/a	n/a	n/a	0		-	
	Breast	n/a	n/a	n/a	n/a		90.9%	100%	100%	100%	0	90.9%	100%	100%	100%	100%	0		-	
	Colorectal / Lower GI	n/a	80.0%	82.4%	81.8%	2	62.5%	66.7%	100%	80.0%	1	62.5%	72.7%	85.7%	81.3%	81.3%	3		-	
	Gynaecological	75.0%	50.0%	75.0%	66.7%	1	50.0%	50.0%	50.0%	50.0%	1	66.7%	50.0%	66.7%	60.0%	60.0%	2		!	
	Haematological	100%	n/a	n/a	n/a		100%	100%	77.8%	84.6%	1	100%	100%	77.8%	84.6%	84.6%	1		-	
	Head and neck	n/a	100%	100%	100%	0	66.7%	50.0%	66.7%	62.5%	1.5	66.7%	75.0%	75.0%	75.0%	75.0%	1.5		!	
	Lung	n/a	n/a	n/a	n/a		100%	100%	100%	100%	0	100%	100%	100%	100%	100%	0		-	
	Sarcoma	n/a	n/a	n/a	n/a		0.0%	n/a	n/a	n/a		0.0%	n/a	n/a	n/a	n/a				-
	Skin	100%	100%	88.2%	90.5%	1	100%	100%	83.3%	92.3%	0.5	100%	100%	87.0%	91.2%	91.2%	1.5		-	
	Upper gastrointestinal	33.3%	100%	n/a	100%	0	100%	100%	50.0%	71.4%	1	50.0%	100%	50.0%	77.8%	77.8%	1		-	
	Urological	90.0%	94.1%	92.3%	93.3%	1	94.1%	100%	72.2%	83.3%	5	91.9%	97.6%	77.6%	86.7%	86.7%	6		-	
	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	100%	n/a	100%	100%	0	n/a	100%	100%	100%	0	100%	100%	100%	100%	100%	0		-	

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

#### Trust commentary

The unvalidated breaches in May by Tumour site are as follows:

Note that a pathway can be shared between organisations hence the fractions of a breach

Colorectal / Lower GI: C&W: 1.5 breaches of 8.5 patients treatments

Gynaecological: C&W: 1 breach of 2 patients treatments  
WMUH: 0.5 of a breach of 1 patient treated

Haematological: WMUH: 1 breach of 4.5 patients treated

Head and Neck: WMUH: 1 breach of 3 patients treated

Skin: C&W: 1 breach of 8.5 patients treated  
WMUH: 0.5 of a breach of 3 patients treated

Upper Gastrointestinal: WMUH: 0.5 of a breach of 1 patient treated

Urological: C&W: 0.5 of a breach of 6.5 patients treated  
WMUH: 2.5 breaches of 9 patients treated

All other pathways on both sites were treated within the 62 day target



### 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	HCA	Total	
	Reg Nurses	Care staff	Reg Nurses	Care staff				
Maternity	95.7%	84.8%	93.7%	83.8%	6.9	2.4	9.3	7 – 17.5
Annie Zunz	99.9%	84.6%	100.0%	100.0%	5.7	2.3	8.0	6.5 - 8
Apollo	103.4%	106.5%	102.6%	100.0%	14.5	2.9	17.4	
Jupiter	146.2%	95.5%	142.3%	-	9.4	2.5	11.9	8.5 – 13.5
Mercury	68.0%	87.1%	66.7%	90.3%	9.1	1.8	10.9	8.5 – 13.5
Neptune	100.0%	-	100.0%	0.0%	8.5	0.0	8.5	8.5 – 13.5
NICU	117.0%	-	117.0%	-	13.8	0.0	13.8	
AAU	106.9%	79.6%	100.0%	99.9%	9.4	2.1	11.6	7 - 9
Nell Gwynn	97.3%	81.2%	133.3%	100.0%	4.1	3.2	7.3	6 – 8
David Erskine	98.0%	99.1%	104.3%	104.2%	3.4	3.2	6.6	6 – 7.5
Edgar Horne	96.7%	104.6%	98.9%	108.1%	3.0	3.5	6.6	6 – 7.5
Lord Wigram	97.3%	97.4%	114.0%	105.4%	4.0	2.8	6.7	6.5 – 7.5
St Mary Abbots	96.3%	91.4%	97.6%	104.3%	4.0	2.6	6.6	6 – 7.5
David Evans	79.7%	90.4%	89.4%	102.0%	6.1	3.1	9.1	6 – 7.5
Chelsea Wing	88.1%	95.5%	99.9%	96.8%	13.7	8.3	21.9	
Burns Unit	96.9%	100.0%	97.9%	100.0%	9.9	3.1	12.9	
Ron Johnson	96.1%	116.1%	101.1%	112.9%	4.8	3.0	7.8	6 – 7.5
ICU	100.0%	100.0%	100.4%	-	37.9	1.0	38.9	17.5 - 25
Rainsford Mowlem	82.2%	85.0%	99.2%	100.0%	3.3	3.1	6.4	6 - 8

**Summary for May 2018**

Nell Gwynne showing high fill rates due to enhanced care being given to a patient with a tracheostomy.

Jupiter showing high fill rates due to number of RMNs being used. Mercury has had beds closed due to infection outbreak and ITU activity low at West Middx, so fill rates on both department were low – as temporary staffing reduced.

ITU activity on ITU at Chelsea also low, and therefore showing high CHPPD , though staff were redeployed into other areas.

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 booked to care for confused patients at risk of falls on Osterley 1 & 2 and for high number of patients on NIV. Increased fill rate for HCAs on Syon 2 as a result of high number of confused patients at risk of falls. On going work is occurring to further reduce usage of specials and improve substantive staffing levels.

##### West Middlesex University Hospital Site

Ward Name	Average fill rate				CHPPD			National bench mark
	Day		Night		Reg	HCA	Total	
	Reg Nurses	Care staff	Reg Nurses	Care staff				
Maternity	74.6%	78.9%	95.0%	96.6%	8.2	1.5	9.7	7 – 17.5
Lampton	100.1%	157.3%	97.7%	100.4%	3.2	3.1	6.3	6 – 7.5
Richmond	99.0%	97.2%	79.2%	47.5%	6.2	2.9	9.1	6 – 7.5
Syon 1	98.8%	98.9%	97.6%	108.1%	4.2	2.4	6.6	6 – 7.5
Syon 2	97.0%	157.5%	100.9%	183.9%	3.7	3.7	7.4	6 – 7.5
Starlight	103.0%	0.0%	103.2%	0.0%	8.6	0.0	8.6	8.5 – 13.5
Kew	102.1%	88.0%	131.2%	127.4%	4.5	3.4	7.9	6 - 8
Crane	99.0%	99.3%	100.0%	104.8%	3.5	2.8	6.3	6 – 7.5
Osterley 1	114.4%	78.5%	115.2%	151.6%	3.8	3.6	7.4	6 – 7.5
Osterley 2	103.6%	123.4%	102.4%	200.0%	3.9	3.8	7.7	6 – 7.5
MAU	102.7%	94.2%	94.3%	95.2%	4.7	2.3	7.0	7 - 9
CCU	99.8%	96.8%	100.4%	-	5.8	0.7	6.5	6.5 - 10
Special Care Baby Unit	118.6%	-	118.3%	-	5.7	0.0	5.7	
Marble Hill 1	79.0%	87.7%	86.3%	93.5%	4.3	3.1	7.4	6 - 8
Marble Hill 2	100.8%	114.3%	106.8%	121.0%	3.8	3.7	7.6	5.5 - 7
ITU	81.3%	0.0%	76.1%	-	32.2	0.0	32.2	17.5 - 25



## CQUIN Dashboard

May 2018

### National CQUINs

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

### NHS England CQUINs

No.	Description of goal	Responsible Executive (role)	Forecast RAG Rating
N1.1	Enhanced Supportive Care	Chief Operating Officer	Green
N1.2	Nationally standardised Dose banding for Adult Intravenous Anticancer Therapies	Chief Operating Officer	Green
N1.3	Optimising Palliative Chemotherapy Decision Making	Chief Operating Officer	Green
N1.4	Hospital Medicines Optimisation	Chief Operating Officer	Green
N1.5	Neonatal Community Outreach	Chief Operating Officer	Yellow
N1.6	Dental Schemes - recording of data, participation in referral management & patient education	Chief Operating Officer	Green

### CQUIN Scheme Overview

The Trust agreed 12 CQUIN schemes (6 schemes with CCGs, 6 schemes with NHS England) for 2017/18. For 2018/19, CQUIN schemes will number 11 in total; CCG schemes will reduce to 5, but NHSE schemes are unchanged.

#### 2017/18 Quarterly Performance

For NHSE schemes, Q1 and Q2 performance was confirmed as 100%, Q3 as 85%. For CCG schemes, performance was 92% for Q1 and 86% for Q2 for CCG schemes. Confirmation from the CCGs of Q3 achievement is imminent. Partial achievement was reported for the 'Sepsis screening and Antimicrobial resistance', 'Improving services for people with mental health needs who present to A&E', 'NHS e-Referrals' and 'Supporting proactive and safe discharge' schemes in Q2, which was in line with forecast achievement. Submission of Q4 reports to both Commissioners is complete and confirmation of the outcomes expected by the end of June.

#### National Schemes (CCG commissioning)

There is a continued risk to delivery of certain schemes, including 'Sepsis screening and Anti-microbial resistance', in line with the year to date delivery, and the Trust is forecasting partial achievement. The 'e-Referrals' scheme performance is also likely to be less than 100% owing to a particularly challenging Q4 indicator. However the associated financial risk is partly mitigated by a local payment agreement with NWL CCGs.

#### National Schemes (Specialised Services commissioning)

The schemes are expected to achieve 100%, with the exception of the 'Neonatal Community Outreach' scheme. The Commissioner and Neonatal Network continue to co-design the specification, but the uncertainty could adversely affect full year performance.

#### 2018/19 CQUIN Schemes overview

2018/19 is the second year of delivery for the majority of the schemes. The 'Supporting safe & proactive discharge' scheme has been suspended for 2018/19, with the weighting given to the other schemes increasing as a result. Certain other scheme specifications have been updated following provider feedback. A new scheme is introduced for 18/19 only, replacing a previous scheme intended for 17/18 only. A similar local payment arrangement with NWL CCGs has been agreed for 18/19, which will mitigate the financial risk of under-performance. The Specialised Services schemes remain unchanged from 17/18.



## Finance Dashboard

### Month 2 2018-19 Integrated Position

Financial Position (£000's)			
£'000	Combined Trust		
	Plan to Date	Actual to Date	Variance to Date
Income	107,609	106,886	(723)
Expenditure	(102,571)	(102,373)	197
<b>Adjusted EBITDA</b>	<b>5,039</b>	<b>4,513</b>	<b>(526)</b>
Adjusted EBITDA %	4.682%	4.222%	-0.46%
Interest/Other	(889)	(886)	3
Depreciation	(3,107)	(2,899)	208
PDC Dividends	(1,872)	(1,872)	0
Other	0	0	0
<b>Trust Deficit</b>	<b>(829)</b>	<b>(1,144)</b>	<b>(315)</b>

#### Comments

In May (Month 2) the Trust is reporting a £0.18m surplus which is £0.14m adverse against the internal plan. The YTD position is £1.14m deficit which is £0.32m adverse against the internal plan.

Income is below plan in month and YTD mainly due to critical care, elective and emergency admissions. A&E and outpatients are on plan and trend.

Pay is overspent by £0.9m in month 02 and by £2.57 YTD. The Trust continues to use bank and agency staff to cover vacancies. Temporary staffing is also used to cover, sickness, additional activity and Cerner training. The position includes unidentified CIPs.

Non-pay, excluding pass through drugs, is £0.82m favourable in month and £2.76m favourable YTD.

#### Risk rating (year to date)

Use of Resource Rating (UORR)	M02 (Before Override)	M02 (After Override)
Use of Resource Rating	2	2

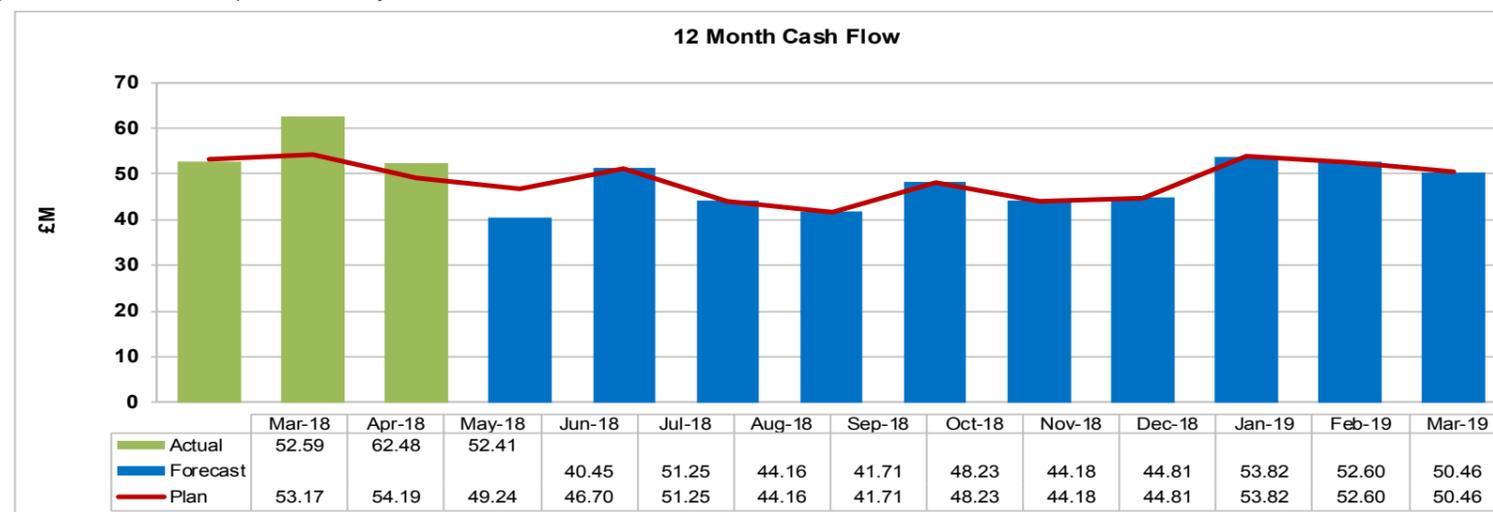
#### Comments

Under the Use of Resources Rating (UORR) the Trust is performing in line with plan for all areas of measurement except against its I&E margin distance from plan and also its agency rating, where YTD expenditure was £3.270m against a ceiling of £3.269m, an adverse variance of £0.001m.

As the Trust did not score a "4" in any of its risk ratings, the override does not apply and the Trust achieved a UORR rating of "2" in line with plan.

#### Cash Flow Comments RAG rating

The cash balance at the end of May is £52.41m which is £3.17m more than plan of £49.24m. The main drivers of this increase are: increase in capital expenditure on a cash basis of £(1.73m) spent on items brought forward from the prior year programme; an increase in working capital and other movements compared to plan of £5.30m; and decrease in cash flows from operating activities £(0.40m). The planned end of year cash balance is £50.46m. The Trust has currently set the monthly cash forecast to equal plan from July onwards and is currently working on updating these forecasts. The Trust has a number of planned external funding requirements for capital projects which has planned to call upon from Q2 of the year. There is no expected borrowing requirement for revenue expenditure this year.



#### Cost Improvement Programme (CIPs)

Theme	In Month			Year to Date		
	Plan £'000	Actual £'000	Var £'000	Plan £'000	Actual £'000	Var £'000
Targeted Specialities	956	500	(457)	1,910	925	(985)
Corporate savings	225	176	(49)	495	320	(175)
Residual % Based Savings	508	508	0	1,017	1,017	0
<b>Trust Total</b>	<b>1,690</b>	<b>1,184</b>	<b>(506)</b>	<b>3,422</b>	<b>2,262</b>	<b>(1,160)</b>

#### Comments

RAG rating

The Trust has achieved YTD CIPs of £2.26m against a target of £3.42m with an adverse variance of £1.16m.

Key drivers for not maximising CIP achievement relate to underachieving clinical pay schemes from the original plan submitted.

The current unidentified efficiencies is £3.54m however through new schemes the trust will aim to achieve the CIP target of £25.1m.



**Council of Governors Meeting, 26 July 2018**

<b>AGENDA ITEM NO.</b>	2.3.1/Jul/18
<b>REPORT NAME</b>	Workforce Performance Report - Month 2
<b>AUTHOR</b>	Natasha Elvidge. Associate Director of HR; Resourcing
<b>LEAD</b>	Sandra Easton, Chief Financial Officer
<b>PURPOSE</b>	The workforce performance report highlights current KPIs and trends in workforce related metrics at the Trust.
<b>SUMMARY OF REPORT</b>	<p><b><u>Staff in Post</u></b></p> <p>In May the trust employed 5403 whole time equivalent (WTE) people on substantive contracts, 3.8 WTE greater than last month. The trust's substantive workforce has grown by 4.1% (222.3 WTE) over the last twelve months.</p> <p><b><u>Turnover</u></b></p> <p>Our voluntary turnover rate was 15.3%, 0.41% lower than last month. Voluntary turnover is 17.4% at Chelsea and 11.3% at West Middlesex.</p> <p><b><u>Vacancies</u></b></p> <p>Our general vacancy rate for May was 13.5%, which is 1.5% higher than April. The vacancy rate is 14.3% at West Middlesex and 13.1% at Chelsea.</p> <p><b><u>Sickness Absence</u></b></p> <p>Sickness absence in the month of May was 2.7%, 0.03% lower than April.</p> <p><b><u>Agency spend</u></b></p> <p>In May agency spend was £1,575,411 which breached the total target agency spend by 0.3%.</p> <p><b><u>Core training (statutory and mandatory training) compliance</u></b></p> <p>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 89% against our target of 90%. The recent introduction of the single compliance reporting platform (QlikView) has coincided with the trust achieving and increasing its highest level of compliance since the introduction of core training reporting.</p>

	<p><b><u>Performance and Development Reviews</u></b></p> <p>From April '17 a new PDR process was introduced, specifying date windows for PDR completion according to pay band. A target of 90% was set for all non-medical staff to have had a PDR by the end of December. The PDR rate increased by 0.1% in May and now stands at 89.9%.</p> <p>The rolling annual appraisal rate for medical staff was 86.6%, 2.43% higher than the previous month.</p>
<b>KEY RISKS ASSOCIATED</b>	The need to reduce vacancy and turnover rates.
<b>FINANCIAL IMPLICATIONS</b>	Costs associated with high vacancy and turnover rates and high reliance on agency workers.
<b>QUALITY IMPLICATIONS</b>	Risks associated workforce shortage and instability.
<b>EQUALITY &amp; DIVERSITY IMPLICATIONS</b>	We need to value all staff and create development opportunities for everyone who works for the trust, irrespective of protected characteristics.
<b>LINK TO OBJECTIVES</b>	<ul style="list-style-type: none"> <li>• Excel in providing high quality, efficient clinical services</li> <li>• Improve population health outcomes and develop integrated care</li> <li>• Deliver financial sustainability</li> <li>• Create an environment for learning, discovery and innovation</li> </ul>
<b>DECISION/ ACTION</b>	For noting.



# Workforce Performance Report to the Workforce Development Committee

Month 2 – May 2018

# Workforce Performance Report Jun'17 - May'18

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# Performance Summary

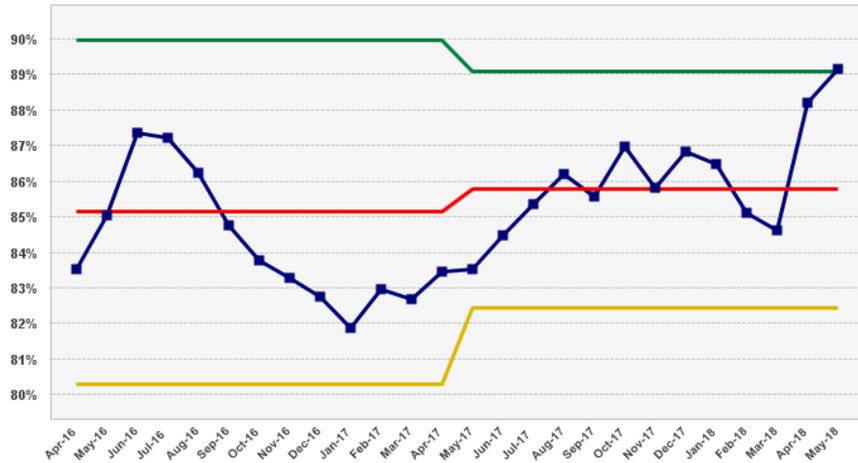
Summary of overall performance is set out below

Page	Areas of Review	Key Highlights	Previous Year	Previous Month	In Month	Target	Change
5	Vacancy	Vacancy rate has increased by 1.5%	13.7%	12.0%	13.5%	10.0%	↗
6	Turnover	Turnover has decreased by 0.1%	21.6%	19.6%	19.5%		↘
7	Voluntary Turnover	Voluntary turnover has decreased by 0.41%	16.4%	15.7%	15.3%	13.0%	↘
10	Sickness	Sickness has decreased by 0.03%	2.3%	2.7%	2.7%	3.3%	↔
15	Temporary Staffing Usage (FTE)	Temporary Staffing % usage has decreased by 0.9% this month		16.4%	15.4%		↘
17	Core Training	Core Training compliance has increased by 0.8%	83.5%	88.2%	89.0%	90.0%	↗
18	Staff PDR	The percentage of staff who have had a PDR has increased by 0.1%	4.3%	89.8%	89.9%	90.0%	↗

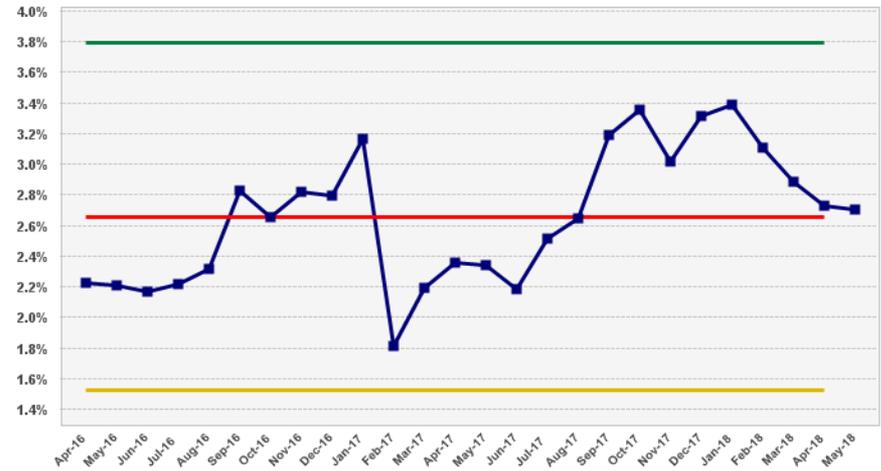
In addition to the information in this report, the trust monitors its workforce data by protected characteristics as defined by the Equality Act. To view the most recent annual workforce equality report please click this link <http://connect/departments-and-mini-sites/equality-diversity/>

# Statistical Process Control – April 2016 to May 2018

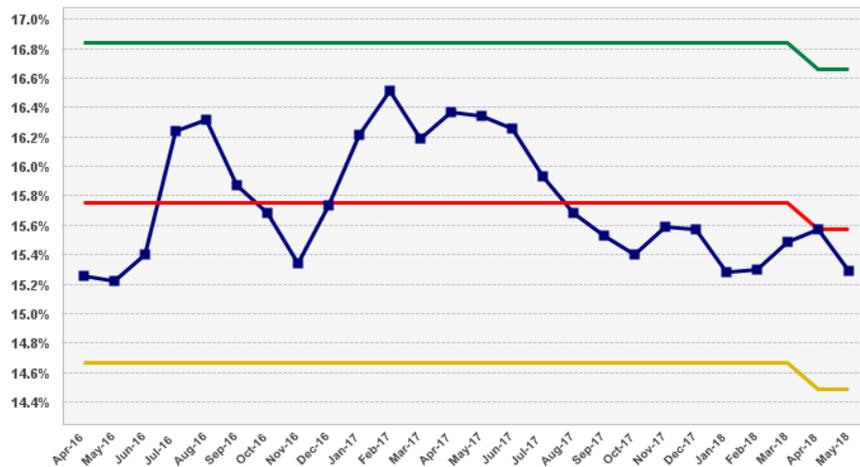
Mandatory Training compliance



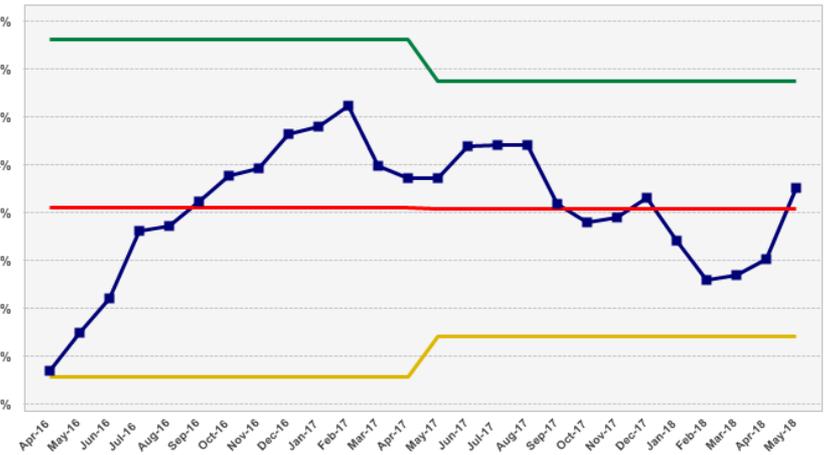
Sickness absence



Staff turnover rate

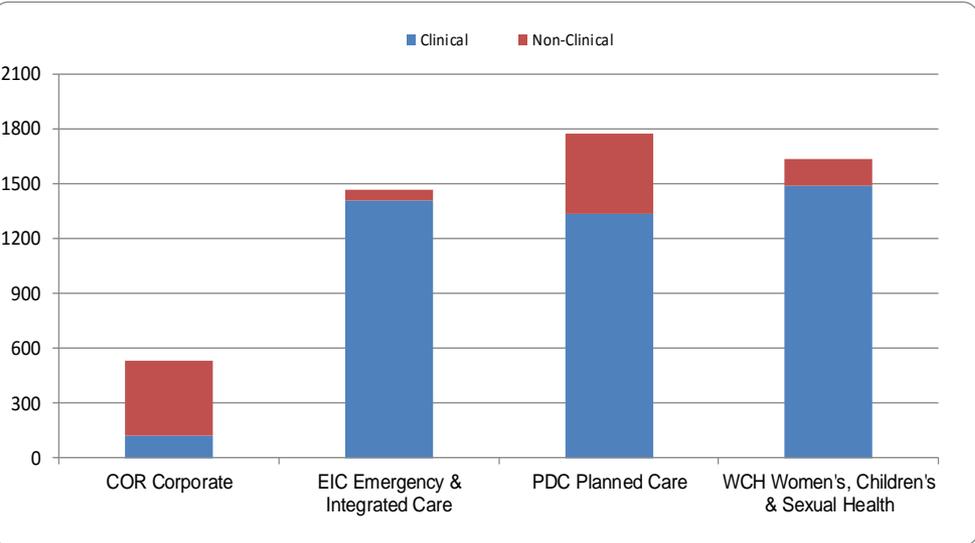
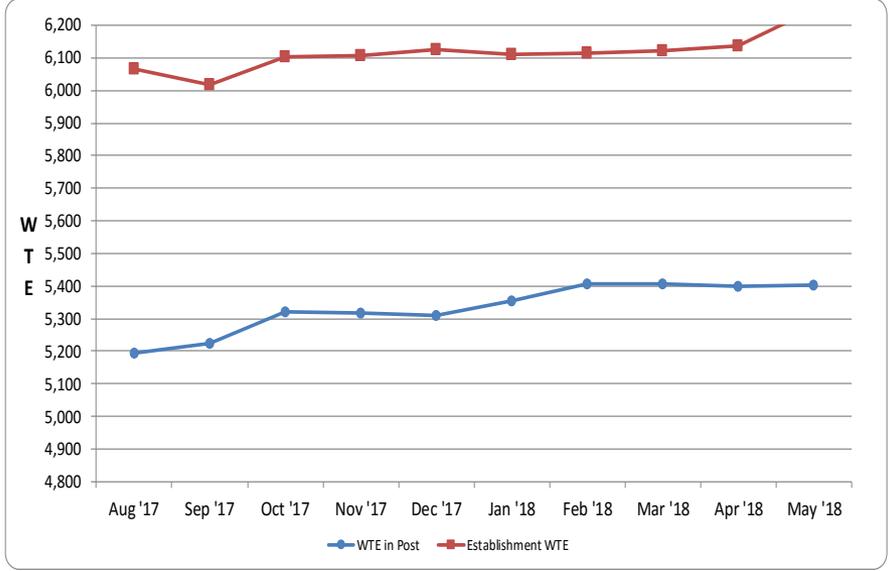
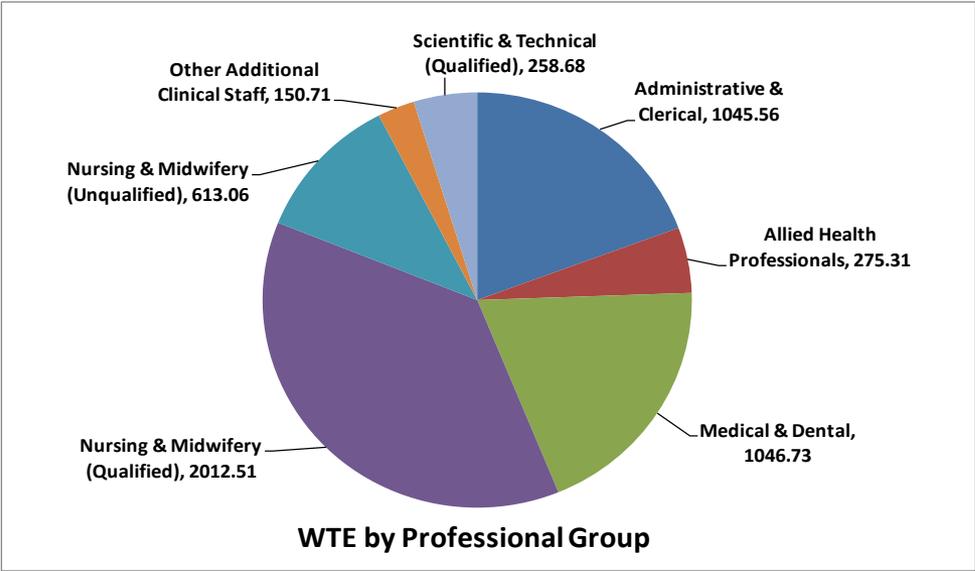


Vacancy rate



# Current Staffing Profile

The data below displays the current staffing profile of the Trust



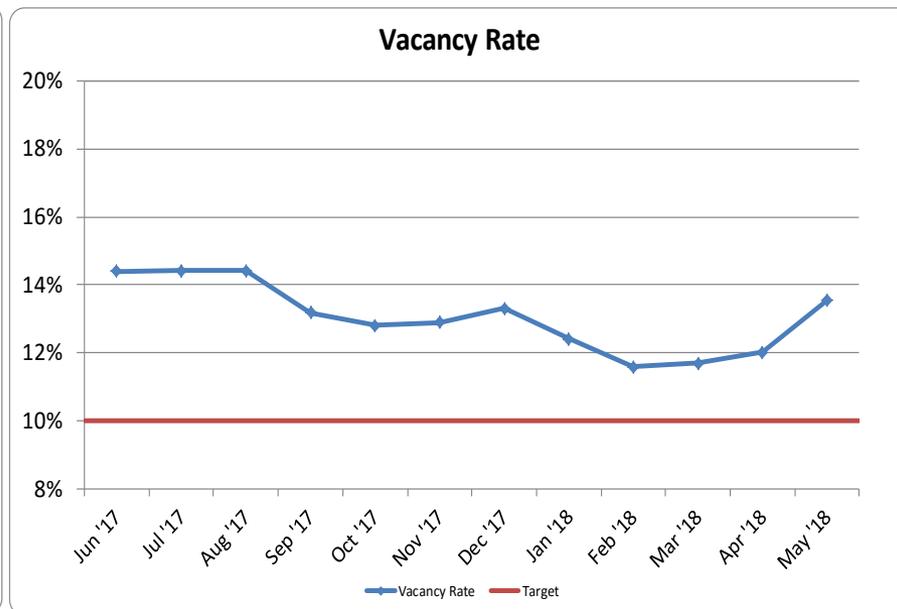
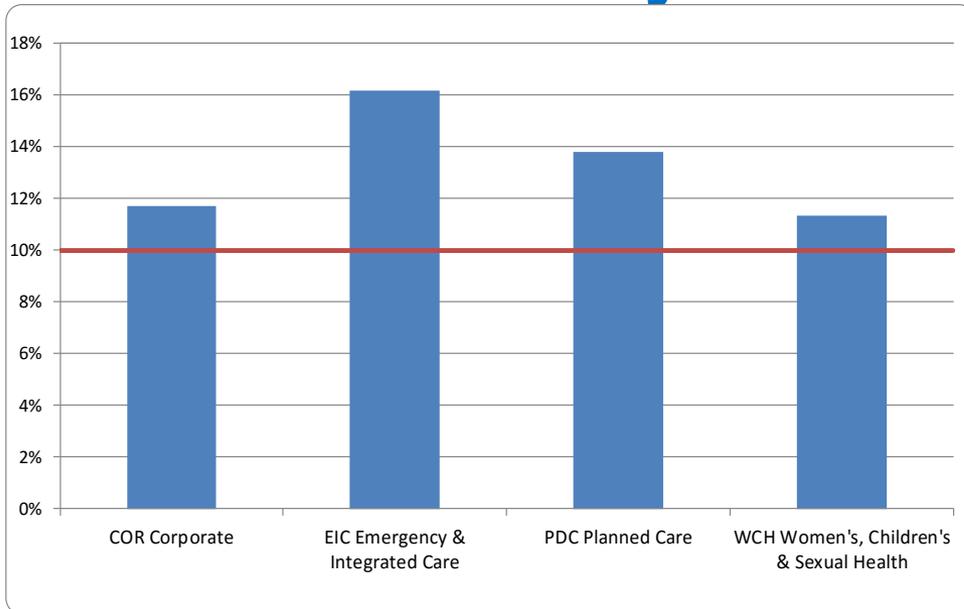
## COMMENTARY

The Trust currently employs 5878 people working a whole time equivalent of 5403 which is 3.8 WTE greater than April. The largest increase in May was Unqualified Nursing (4.34 WTE), whilst Administrative & Clerical staff reduced by 3.86 WTE.

Over the last year, staff numbers have increased by 222.3 WTE with the highest increase being in the EIC Division (137.4 WTE). The professional group with the highest increase has been Qualified Nursing & Midwifery (94.4 WTE).

In May there were 1868 WTE staff assigned to the West Middlesex site and 3535 WTE to Chelsea.

# Section 1: Vacancy Rates



Vacancies by Division	Feb '18	Mar '18	Apr '18	May '18	Trend
COR Corporate	9.9%	10.5%	11.0%	11.7%	↗
EIC Emergency & Integrated Care	14.0%	14.0%	13.5%	16.2%	↗
PDC Planned Care	10.6%	11.0%	11.8%	13.8%	↗
WCH Women's, Children's & Sexual Health	11.0%	10.8%	11.2%	11.3%	↗
Whole Trust	11.6%	11.7%	12.0%	13.5%	↗
West Mid Site	12.3%	12.0%	12.0%	14.3%	↗
Chelsea Site	11.2%	11.5%	12.1%	13.1%	↗

Service	Establishment WTE	Staff in Post WTE	Vacancy Rate %	Trend
WM Paediatric Starlight Unit	59.2	35.5	40.1%	↗
WM Radiology	60.7	37.9	37.5%	↗
WM Marble Hill 2	32.4	20.8	36.1%	↗
CW Mercury Ward	21.4	13.8	35.5%	↗
CW Nell Gwynne Ward	38.4	25.0	34.9%	↗

Vacancies by Professional Group	Feb '18	Mar '18	Apr '18	May '18	Trend
Administrative & Clerical	10.8%	11.5%	11.6%	13.7%	↗
Allied Health Professionals	10.0%	10.8%	13.1%	14.5%	↗
Medical & Dental	9.3%	10.1%	10.8%	13.0%	↗
Nursing & Midwifery (Qualified)	13.5%	12.8%	12.7%	13.4%	↗
Nursing & Midwifery (Unqualified)	13.5%	14.0%	14.5%	16.2%	↗
Other Additional Clinical Staff	8.3%	7.5%	5.0%	6.1%	↗
Scientific & Technical (Qualified)	7.5%	7.8%	9.8%	12.1%	↗
<b>Total</b>	<b>11.6%</b>	<b>11.7%</b>	<b>12.0%</b>	<b>13.5%</b>	↗

## COMMENTARY

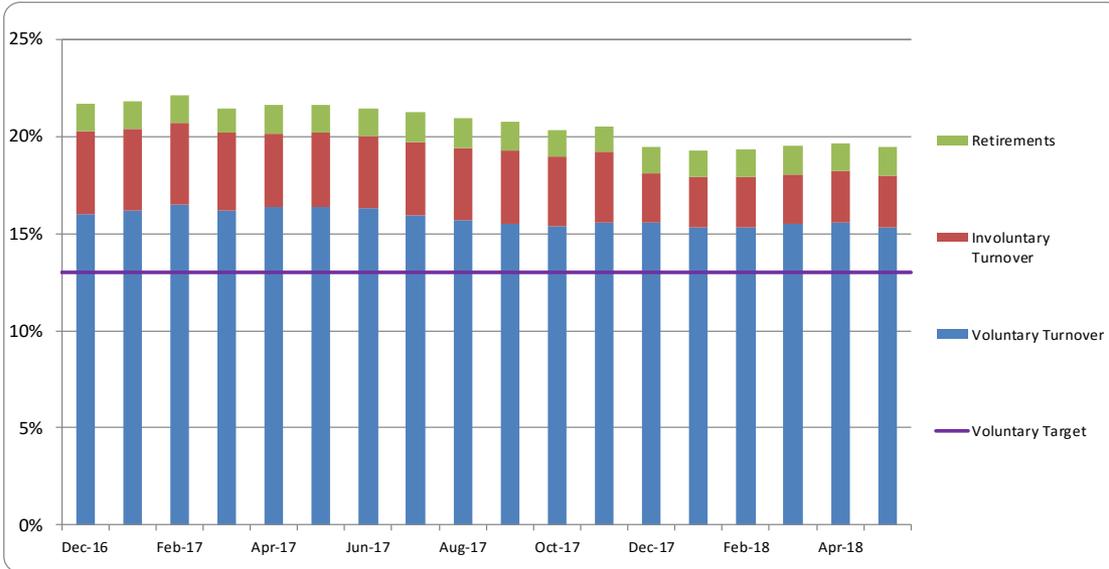
The vacancy rate has increased by 1.5% in May. The significant increase in the vacancy rate illustrates the effect of the business planning cycle.

The vacancy rate currently is highest in the Nursing & Midwifery (Unqualified) professional group at 16.2% and in the Emergency & Integrated Care Division at 16.2%.

The table above shows the services with more than 20 staff which currently have the highest vacancy rates at the Trust.

# Section 2a: Gross Turnover

The chart below shows turnover trends. Tables by Division and Staff Group are below:



## COMMENTARY

The total trust turnover rate has decreased slightly by 0.1% to 19.5% this month. In the last 12 months there have been 1014 leavers.

The Trust now has data from responses to exit surveys to enable more focused work on retention.

Division	Gross Turnover				
	Feb '18	Mar '18	Apr '18	May '18	Trend
COR Corporate	21.0%	23.3%	21.4%	21.4%	↔
EIC Emergency & Integrated Care	19.6%	20.0%	20.1%	20.2%	↗
PDC Planned Care	18.0%	17.8%	18.2%	18.1%	↘
WCH Women's, Children's & Sexual Health	20.0%	19.7%	20.2%	19.7%	↘
<b>Whole Trust</b>	<b>19.4%</b>	<b>19.5%</b>	<b>19.6%</b>	<b>19.5%</b>	↘

Leaver Category	Number of Leavers
Death in Service	2
Dismissal	19
Employee Transfer	10
End of Fixed Term Contract	107
Redundancy	4
Retirement	68
Voluntary Resignation	804
<b>Total</b>	<b>1014</b>

Professional Group	Gross Turnover				
	Feb '18	Mar '18	Apr '18	May '18	Trend
Administrative & Clerical	18.2%	19.9%	18.8%	19.4%	↗
Allied Health Professionals	21.6%	20.9%	20.8%	21.5%	↗
Medical & Dental	15.7%	14.6%	16.3%	16.1%	↘
Nursing & Midwifery (Qualified)	19.8%	19.3%	19.5%	19.2%	↘
Nursing & Midwifery (Unqualified)	21.1%	21.8%	23.0%	22.1%	↘
Other Additional Clinical Staff	25.7%	25.5%	23.2%	22.3%	↘
Scientific & Technical (Qualified)	18.2%	19.1%	19.6%	19.1%	↘
<b>Whole Trust</b>	<b>19.4%</b>	<b>19.5%</b>	<b>19.6%</b>	<b>19.5%</b>	↘

# Section 2b: Voluntary Turnover

Division	Voluntary Turnover					Leavers HC	Other Turnover May 2018	
	Feb '18	Mar '18	Apr '18	May '18	Trend		In-voluntary	Retirement
COR Corporate	16.4%	18.0%	16.7%	16.5%	↘	88	3.6%	1.3%
EIC Emergency & Integrated Care	16.8%	17.2%	17.3%	17.2%	↘	223	2.1%	0.9%
PDC Planned Care	13.4%	13.3%	13.2%	13.3%	↗	229	3.1%	1.7%
WCH Women's, Children's & Sexual Health	15.7%	15.7%	16.3%	15.5%	↘	256	2.4%	1.8%
Whole Trust	15.3%	15.5%	15.6%	15.3%	↘	796	2.7%	1.5%
West Mid Site	11.8%	11.8%	11.7%	11.3%	↘	200		
Chelsea Site	17.1%	17.4%	17.6%	17.4%	↘	596		

Professional Group	Voluntary Turnover					Leavers HC	Other Turnover May 2018	
	Feb '18	Mar '18	Apr '18	May '18	Trend		In-voluntary	Retirement
Administrative & Clerical	14.3%	15.7%	14.9%	15.3%	↗	168	2.7%	1.5%
Allied Health Professionals	19.9%	18.9%	18.6%	19.0%	↗	59	1.6%	1.0%
Medical & Dental	5.9%	5.7%	6.2%	5.5%	↘	32	9.2%	1.4%
Nursing & Midwifery (Qualified)	17.5%	17.1%	17.4%	17.0%	↘	362	0.8%	1.5%
Nursing & Midwifery (Unqualified)	17.2%	18.0%	19.0%	18.5%	↘	118	2.0%	1.6%
Other Additional Clinical Staff	14.7%	14.6%	12.2%	11.5%	↘	19	6.6%	4.2%
Scientific & Technical (Qualified)	13.2%	14.1%	14.3%	13.4%	↘	38	4.6%	1.1%
Whole Trust	15.3%	15.5%	15.6%	15.3%	↘	796	2.7%	1.5%

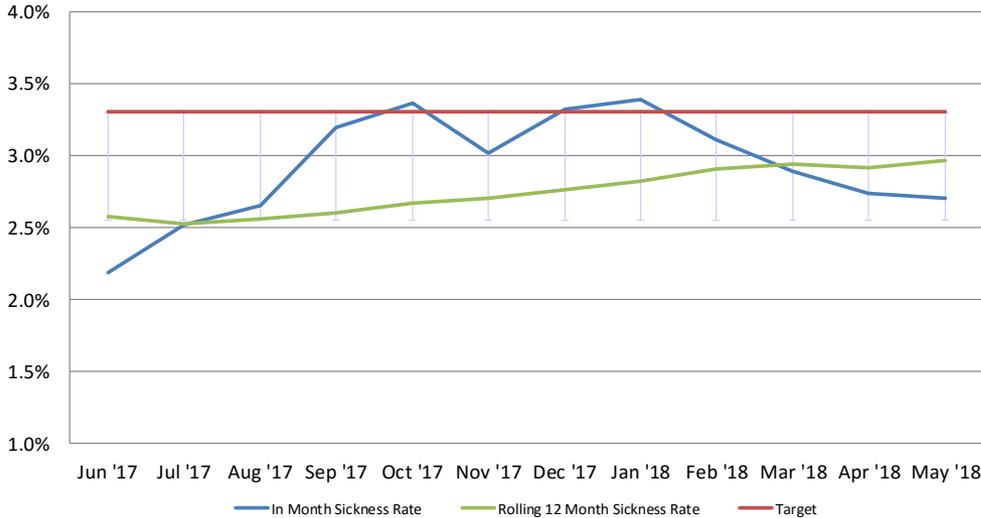
Service	Average Staff in Post HC	Leavers HC	Voluntary Turnover Rate
CW Ron Johnson	25	11	44.9%
CW Nell Gwynne Ward	36	13	36.6%
CW Mercury Ward	28	10	36.4%
CW Outpatients	21	7	34.2%
CW David Evans Ward	34	11	32.8%

## COMMENTARY

Voluntary Turnover has decreased by 0.41% this month. Chelsea Site has a voluntary turnover rate consistently about 5 % higher than West Mid. The 5 services with more than 20 staff with the highest voluntary turnover rates are shown in the bottom table. Divisional HR Business Partners are working within divisions to tackle any issues within these areas. The Trust is also taking part in the NHSi Retention Support Program to help reduce turnover.

# Section 3: Sickness

The chart below shows performance over the last 11 months, the tables by Division and Staff Group are below.



## COMMENTARY

The monthly sickness absence rate is at 2.7% in May which is a decrease of 0.03% on the previous month.

The Planned Care Division had the highest sickness rate in May at 3.41%. The professional group with the highest sickness rate was Nursing and Midwifery (Unqualified) at 4.7%.

The table below lists the services with the highest sickness absence percentage during May 2018. Below that is a breakdown of the top 5 reasons for absence, both by the number of episodes and the number of days lost.

Sickness by Division	Feb '18	Mar '18	Apr '18	May '18	Trend
COR Corporate	2.58%	2.82%	1.92%	1.83%	↘
EIC Emergency & Integrated Care	2.81%	2.46%	2.36%	2.14%	↘
PDC Planned Care	3.15%	3.29%	3.35%	3.21%	↘
WCH Women's, Children's & Sexual Health	3.51%	2.84%	2.65%	2.89%	↗
Whole Trust In Month %	3.11%	2.89%	2.73%	2.70%	↘
Whole Trust Annual Rolling %	2.90%	2.94%	2.91%	2.96%	↗
Long Term Sickness Rate %	1.60%	1.49%	1.36%	1.29%	↘
Short Term Sickness Rate %	1.51%	1.40%	1.37%	1.43%	↗

Sickness by Professional Group (In Month)	Feb '18	Mar '18	Apr '18	May '18	Trend
Administrative & Clerical	3.42%	3.67%	3.54%	3.14%	↘
Allied Health Professionals	2.07%	1.83%	1.91%	1.53%	↘
Medical & Dental	0.73%	0.59%	0.40%	0.39%	↘
Nursing & Midwifery (Qualified)	3.66%	3.20%	2.87%	3.20%	↗
Nursing & Midwifery (Unqualified)	5.24%	4.81%	4.71%	4.65%	↘
Other Additional Clinical Staff	4.36%	1.53%	2.33%	2.61%	↗
Scientific & Technical (Qualified)	2.87%	4.07%	4.32%	2.97%	↘
Whole Trust In Month %	3.11%	2.89%	2.73%	2.70%	↘
Chelsea Site %	2.98%	2.78%	2.50%	2.42%	↘
West Mid Site %	3.36%	3.08%	3.17%	3.25%	↗

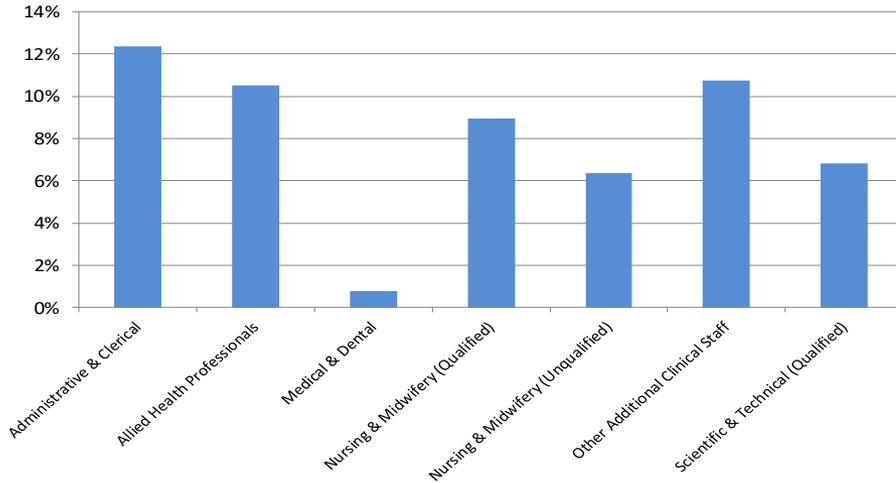
Service	Staff in Post WTE	Sickness WTE Days Lost	WTE Days Available	Sickness %
WM Syon 2 Pay	31.13	127.28	986.13	12.9%
WM Critical Care	51.71	165.76	1603.63	10.3%
CW Edgar Horne Ward	38.01	104.52	1193.41	8.8%
CW John Hunter Clinic	46.37	130.65	1682.37	7.8%
WM Paediatric Starlight Unit	35.48	78.28	1099.88	7.1%

Top 5 Sickness Reasons by Number of Episodes	% of all Episodes
S25 Gastrointestinal problems	19.30%
S13 Cold, Cough, Flu - Influenza	18.75%
S12 Other musculoskeletal problems	9.65%
S10 Anxiety/stress/depression/other psychiatric illnesses	8.33%
S16 Headache / migraine	8.22%

Top 5 Sickness Reasons by Number of WTE Days Lost	% of all WTE Days Lost
S10 Anxiety/stress/depression/other psychiatric illnesses	17.73%
S12 Other musculoskeletal problems	14.34%
S25 Gastrointestinal problems	10.56%
S28 Injury, fracture	8.68%
S13 Cold, Cough, Flu - Influenza	8.63%

# Section 4: Staff Career Development

The chart below shows the percentage of current staff promoted in each staff group over the last 12 months.



## COMMENTARY

In May, 24 staff were promoted, there were 72 new starters to the Trust (excluding Doctors in Training). In addition, 73 employees were acting up to a higher grade.

Over the last year 8.1% of current Trust staff have been promoted to a higher grade. The highest promotion rate can be seen in the Corporate Division.

Admin & Clerical currently have the highest promotion rate at 12.4% followed by the Other Additional Clinical Staff group at 10.5%.

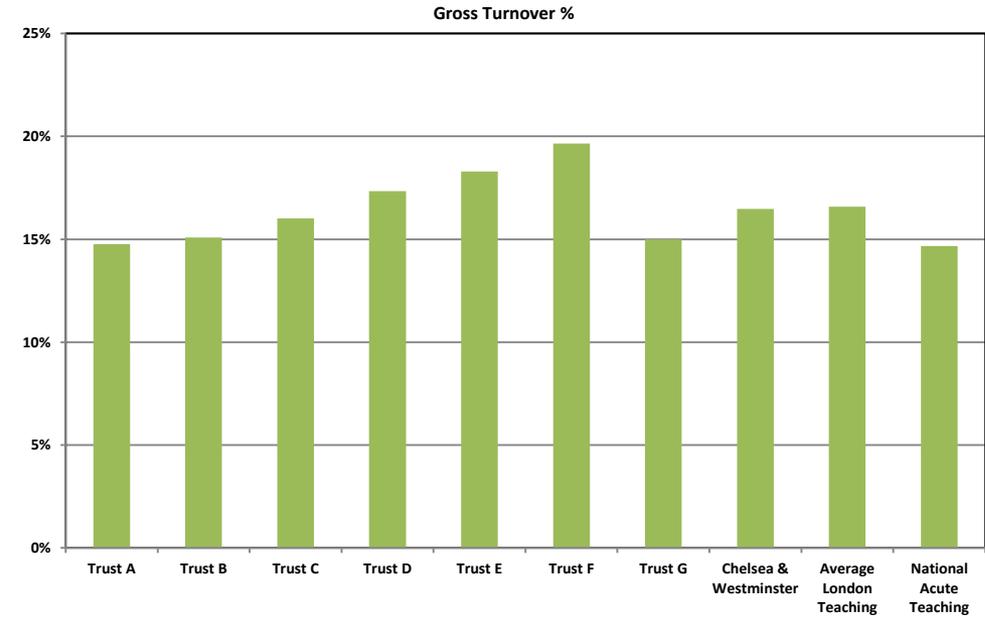
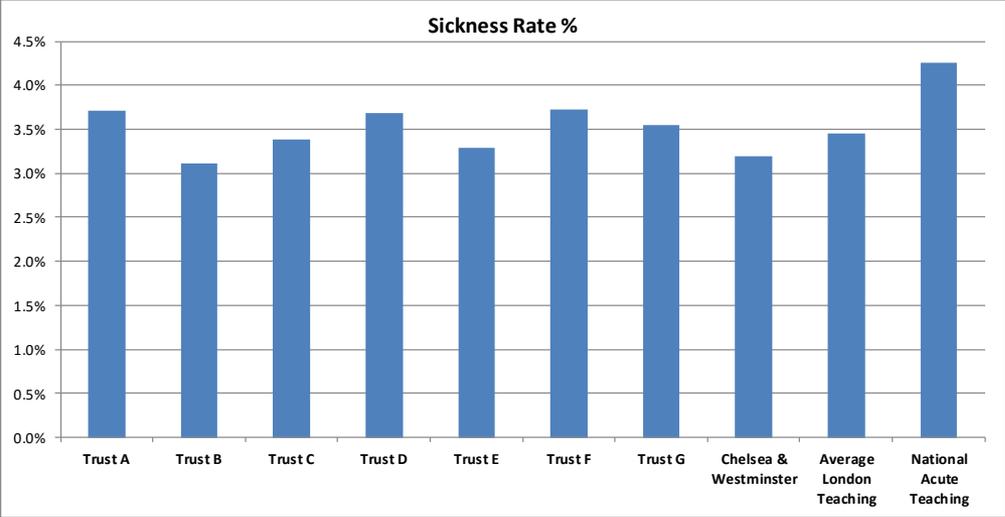
Division	Monthly No. of Promotions				
	Feb '18	Mar '18	Apr '18	May '18	Trend
COR Corporate	6	3	5	0	↘
EIC Emergency & Integrated Care	9	6	17	8	↘
PDC Planned Care	7	13	17	10	↘
WCH Women's, Children's & Sexual Health	10	14	28	6	↘
Whole Trust Promotions	32	36	67	24	↘
New Starters (Excludes Doctors in Training)	92	89	98	72	↘

Division	Staff in Post + 1yrs Service	No. of Staff Promoted (12 Months)	% of Staff Promoted	Currently Acting Up	BME % Overall Division	BME % Promoted
COR Corporate	429	49	11.4%	8	43.4%	44.9%
EIC Emergency & Integrated Care	1042	83	8.0%	18	45.4%	45.8%
PDC Planned Care	1448	98	6.8%	24	48.0%	44.9%
WCH Women's, Children's & Sexual Health	1388	121	8.7%	23	34.5%	17.4%
Whole Trust	4307	351	8.1%	73	42.6%	35.6%
New Starters (Excludes Doctors in Training)		989				

Professional Group	No. of Promotions				
	Feb '18	Mar '18	Apr '18	May '18	Trend
Administrative & Clerical	10	10	19	4	↘
Allied Health Professionals	2	4	6	3	↘
Medical & Dental	0	2	0	6	↔
Nursing & Midwifery (Qualified)	19	16	27	6	↘
Nursing & Midwifery (Unqualified)	0	1	6	6	↔
Other Additional Clinical Staff	0	0	4	1	↘
Scientific & Technical (Qualified)	1	3	5	0	↘
Whole Trust	32	36	67	24	↘

Professional Group	Staff in Post + 1yrs Service	No. of Staff Promoted (12 Months)	% of Staff Promoted	Currently Acting Up	BME % of Prof Group	BME % Promoted
Administrative & Clerical	882	109	12.4%	27	44.0%	44.0%
Allied Health Professionals	228	24	10.5%	10	18.6%	20.8%
Medical & Dental	645	5	0.8%	0	37.0%	20.0%
Nursing & Midwifery (Qualified)	1710	153	8.9%	28	42.2%	26.8%
Nursing & Midwifery (Unqualified)	486	31	6.4%	0	60.0%	58.1%
Other Additional Clinical Staff	121	13	10.7%	1	49.1%	30.8%
Scientific & Technical (Qualified)	235	16	6.8%	7	46.2%	50.0%
Whole Trust	4307	351	8.1%	73	42.6%	35.6%

# Section 5: Workforce Benchmarking



**COMMENTARY**

This benchmarking information comes from iView the Information Centre data warehouse tool.

Sickness data shown is from Feb '17 which is the most recent available on iView. Compared to other Acute teaching trusts in London, Chelwest had a rate just below the average at 3.1%. In the top graph, Trusts A-G are the anonymised figures for this group. The Trust's sickness rate was lower than the national rate for acute teaching hospitals in January.

The bottom graph shows the comparison of turnover rates for the same group of London teaching trusts (excluding junior medical staff). This is the total turnover rate including all types of leavers (voluntary resignations, retirements, end of fixed term contracts etc.). Chelwest currently has higher than average turnover (12 months to end March). Stability is lower than average. High turnover is more of an issue in London trusts than it is nationally which is reflected in the national average rate which is 1.6% lower than Chelwest.

\*\*As with all benchmarking information, this should be used with caution. Trusts will use ESR differently depending on their own local processes and may not consistently apply the approaches. Figures come direct from the ESR data warehouse and are not subject to the usual Trust department exclusions and so on.

Reference Group	Gross Turnover Rate %	Stability Rate %	Sickness Rate %
Trust A	14.77%	84.74%	3.71%
Trust B	15.08%	84.53%	3.11%
Trust C	16.01%	83.58%	3.38%
Trust D	17.34%	82.61%	3.69%
Trust E	18.29%	82.00%	3.29%
Trust F	19.65%	80.44%	3.72%
Trust G	14.99%	84.75%	3.55%
Chelsea & Westminster	16.48%	82.97%	3.19%
Average London Teaching	16.58%	83.20%	3.46%
National Acute Teaching	14.67%	85.20%	4.26%

# Section 6: Nursing Workforce Profile/KPIs

## Nursing Establishment WTE

Division	Feb '18	Mar '18	Apr '18	May '18	Trend
COR Corporate	89.1	88.1	89.1	89.1	↔
EIC Emergency & Integrated Care	1024.3	1024.3	1022.5	1060.0	↗
PDC Planned Care	711.9	712.0	716.4	716.9	↗
WCH Women's, Children's & Sexual Health	1181.7	1182.4	1189.8	1189.8	↔
<b>Total</b>	<b>3007.0</b>	<b>3006.7</b>	<b>3017.8</b>	<b>3055.8</b>	↗

## Nursing Staff in Post WTE

Division	Feb '18	Mar '18	Apr '18	May '18	Trend
COR Corporate	86.0	85.0	83.8	83.7	↘
EIC Emergency & Integrated Care	848.2	852.2	861.9	861.3	↘
PDC Planned Care	645.7	651.6	649.6	650.9	↗
WCH Women's, Children's & Sexual Health	1021.2	1024.2	1026.8	1029.6	↗
<b>Total</b>	<b>2601.0</b>	<b>2613.1</b>	<b>2622.1</b>	<b>2625.6</b>	↗

## Nursing Vacancy Rate

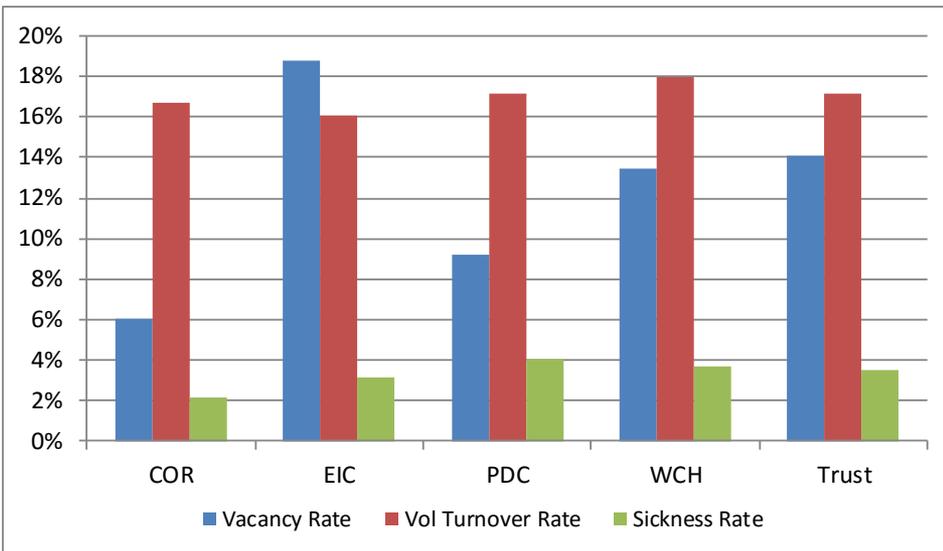
Division	Feb '18	Mar '18	Apr '18	May '18	Trend
COR Corporate	3.5%	3.5%	5.9%	6.0%	↗
EIC Emergency & Integrated Care	17.2%	16.8%	15.7%	18.7%	↗
PDC Planned Care	9.3%	8.5%	9.3%	9.2%	↘
WCH Women's, Children's & Sexual Health	13.6%	13.4%	13.7%	13.5%	↘
<b>Total</b>	<b>13.5%</b>	<b>13.1%</b>	<b>13.1%</b>	<b>14.1%</b>	↗

## Nursing Sickness Rates

Division	Feb '18	Mar '18	Apr '18	May '18	Trend
COR Corporate	3.7%	4.2%	3.0%	2.2%	↘
EIC Emergency & Integrated Care	3.7%	3.3%	3.3%	3.1%	↘
PDC Planned Care	4.0%	4.0%	3.7%	4.1%	↗
WCH Women's, Children's & Sexual Health	4.4%	3.5%	3.1%	3.7%	↗
<b>Total</b>	<b>4.5%</b>	<b>4.0%</b>	<b>3.6%</b>	<b>3.5%</b>	↘

## Nursing Voluntary Turnover

Division	Feb '18	Mar '18	Apr '18	May '18	Trend
COR Corporate	17.97%	16.79%	18.44%	16.70%	↘
EIC Emergency & Integrated Care	16.23%	16.71%	16.36%	16.06%	↘
PDC Planned Care	17.52%	16.75%	17.05%	17.16%	↗
WCH Women's, Children's & Sexual Health	18.36%	18.17%	19.06%	18.00%	↘
<b>Total</b>	<b>17.5%</b>	<b>17.3%</b>	<b>17.7%</b>	<b>17.1%</b>	↘
<b>West Mid Site</b>	<b>12.5%</b>	<b>12.5%</b>	<b>12.1%</b>	<b>11.2%</b>	↘
<b>Chelsea Site</b>	<b>20.3%</b>	<b>20.1%</b>	<b>21.0%</b>	<b>20.8%</b>	↘



## COMMENTARY

This data shows a more in-depth view of our nursing workforce (both qualified and unqualified combined).

The nursing workforce has increased by 3.4 WTE in May.

Voluntary Turnover is much higher at the Chelsea site compared to West Mid.

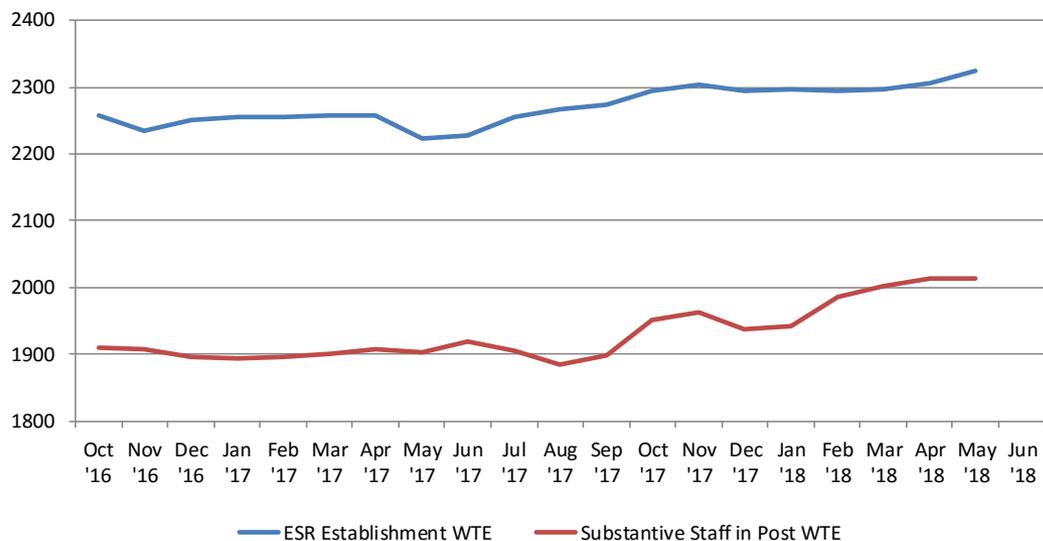
# Section 7: Qualified Nursing & Midwifery Recruitment Pipeline

Measure	Jan '18	Feb '18	Mar '18	Apr '18	May '18	Jun '18	Jul '18	Aug '18	Sep '18	Oct '18	Nov '18	Dec '18	Jan '19	Feb '19	Mar '19
ESR Establishment WTE	2296.2	2295.6	2296.0	2306.1	2324.2										
Substantive Staff in Post WTE	1943.3	1985.3	2001.5	2013.4	2012.5										
Contractual Vacancies WTE	353.0	310.3	294.4	292.7	311.7										
Vacancy Rate %	15.37%	13.52%	12.82%	12.69%	13.41%										
Actual/Planned Leavers Per Month*	28	27	23	44	48	34	34	34	34	34	34	34	34	34	34
Actual/Planned New Starters**	34	53	42	50	29	46	40	40	40	40	40	40	40	40	40
Pipeline: Agreed Start Dates						32	21	7	8	31	1	0	0	0	0
Pipeline: WTE No Agreed Start Date						280 with no agreed start date									

\* Based on Gross Turnover of 20%

\*\* Number of WTE New Starters required per month to achieve a 10% Vacancy Rate by May 2018

**Qualified Nursing WTE Trends**



## COMMENTARY

This information tracks the current number of qualified nurses & midwives at the Trust and projects forward a pipeline based on starters already in the recruitment process.

May saw more leavers than starters which has resulted in an increase in the vacancy rate. There are 280 nurses in the pipeline without a start date, 73 of which are from overseas.

The planned leavers is based on the current qualified nursing turnover rate of 20% and planned starters takes into account the need to reduce the nursing and midwifery vacancy rate down to 10% by March 2019.

*NB Starters & Leavers do not always add up to the change in staff in post due to existing staff changing their hours*

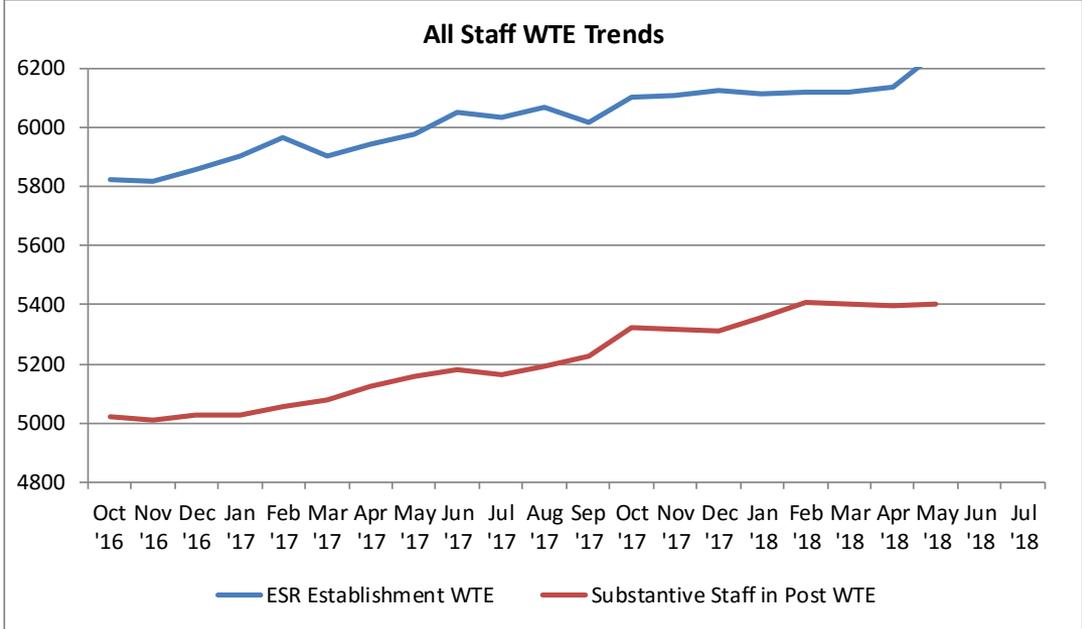
# Section 8: All Staff Recruitment Pipeline

Measure	Jan '18	Feb '18	Mar '18	Apr '18	May '18	Jun '18	Jul '18	Aug '18	Sep '18	Oct '18	Nov '18	Dec '18	Jan '19	Feb '19	Mar '19
ESR Establishment WTE <sup>1</sup>	6112.7	6116.2	6120.7	6136.1	6247.6										
Substantive Staff in Post WTE	5354.6	5407.7	5404.9	5398.7	5402.6										
Contractual Vacancies WTE	758.1	708.5	715.7	737.4	845.1										
Vacancy Rate %	12.40%	11.58%	11.69%	12.02%	13.53%										
Actual/Planned Leavers Per Month <sup>2</sup>	71	103	96	131	75	90	90	90	90	90	90	90	90	90	90
Actual/Planned New Starters <sup>3</sup>	124	129	114	126	83	109	101	101	101	101	101	101	101	101	101
Pipeline: Agreed Start Dates						71	55	24	20	31	1	0	0	0	0
Pipeline: WTE No Agreed Start Date						503 with no agreed start date									

<sup>1</sup> Doctors in Training are included in the Establishment, Staff in Post and Actual Starters/Leavers figures

<sup>2</sup> Based on Gross Turnover of 20%

<sup>3</sup> Number of WTE New Starters required per month to achieve a 10% Vacancy Rate by May 2018



**COMMENTARY**

This information tracks the current number of staff at the Trust and projects forward a pipeline based on starters already in the recruitment process.

The planned leavers is based on the current qualified nursing turnover rate of 20% and planned starters takes into account the need to reduce the vacancy rate down to 10% by March 2019.

*NB Starters & Leavers do not always add up to the change in staff in post due to existing staff changing their hours. Staff becoming substantive from Bank may also not be reflected*

# Section 9: Agency Spend

## COR Corporate

Corporate	Feb '18	Mar '18	Apr '18	May '18	YTD
Actual Spend	£143,845	£204,960	£157,047	£224,261	£381,308
Target Spend	£210,631	£210,150	£0		
Variance	£-66,786	£-5,190	£157,047	£224,261	£224,261
Variance%	-31.7%	-2.5%	0.0%	0.0%	0.0%

## EIC Emergency & Integrated Care

Emergency & Integrated Care	Feb '18	Mar '18	Apr '18	May '18	YTD
Actual Spend	£588,256	£770,487	£595,862	£651,242	£1,247,104
Target Spend	£509,252	£508,087	£0		
Variance	£79,004	£262,400	£595,862	£651,242	£651,242
Variance%	15.5%	51.6%	0.0%	0.0%	0.0%

## PDC Planned Care

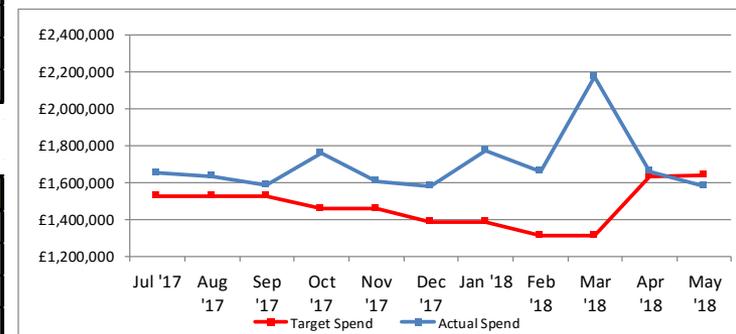
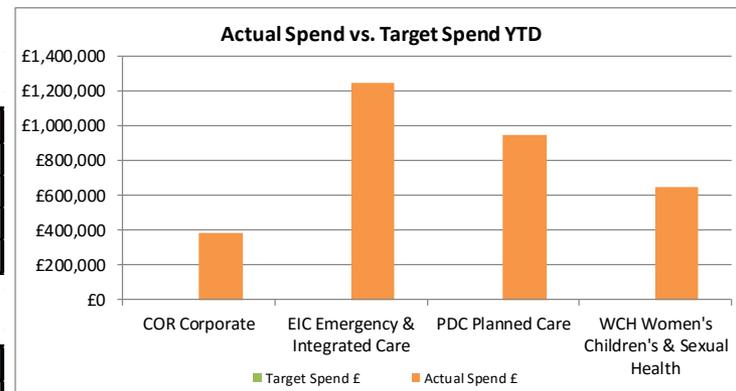
Planned Care	Feb '18	Mar '18	Apr '18	May '18	YTD
Actual Spend	£484,656	£637,825	£554,818	£395,358	£950,176
Target Spend	£342,547	£341,763	£0	£0	£0
Variance	£142,109	£296,062	£554,818	£395,358	£395,358
Variance%	41.5%	86.6%	0.0%	0.0%	0.0%

## WCH Women's, Children's & Sexual Health

Women's, Children's & Sexual Health	Feb '18	Mar '18	Apr '18	May '18	YTD
Actual Spend	£444,066	£558,385	£347,708	£301,186	£648,894
Target Spend	£249,570	£248,999	£0		
Variance	£194,496	£309,386	£347,708	£301,186	£301,186
Variance%	77.9%	124.3%	0.0%	0.0%	0.0%

## Clinical Divisions and Corporate Areas

Trust	Feb '18	Mar '18	Apr '18	May '18	YTD
Actual Spend	£1,660,823	£2,171,657	£1,655,435	£1,575,411	£3,230,846
Target Spend	£1,312,000	£1,308,999	£1,634,000	£1,635,000	£1,635,000
Variance	£348,823	£862,658	£21,435	£-59,589	£-59,589
Variance%	26.6%	65.9%	1.3%	-3.6%	97.6%



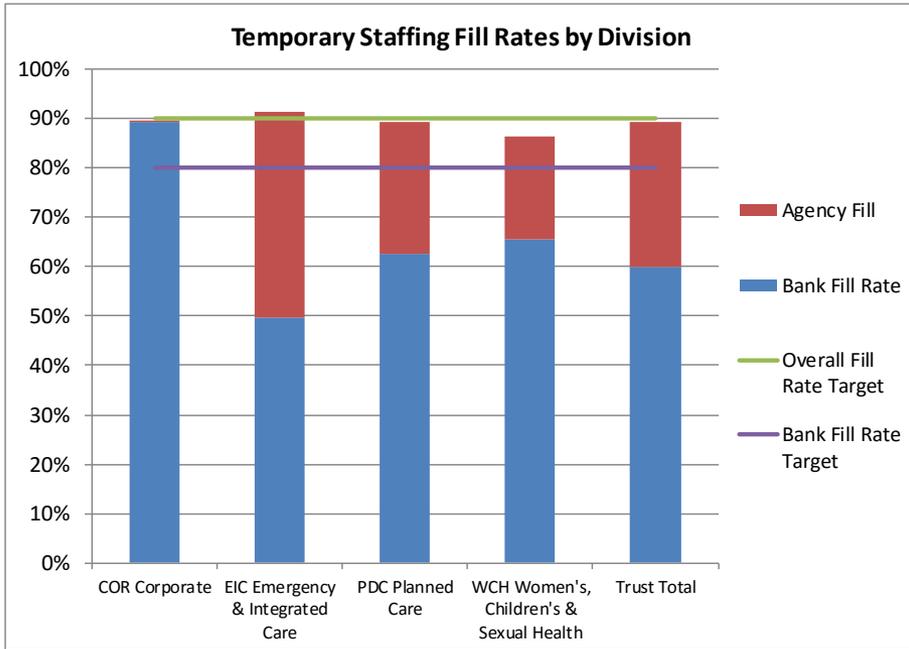
### COMMENTARY

These figures show the Trust agency spend by Division. Spend ceilings by Division have not yet been set for 18/19.

In Month 2, the trust went over the total target spend by 0.3% which represents a 1% decrease in over target spending. The highest spend was in the Emergency and Integrated Care Division.

*\* please note that the agency cap plan figures are phased differently in the NHSI monthly returns. This summary shows performance against the equally phased plan.*

# Section 10: Temporary Staff Fill Rates



## COMMENTARY

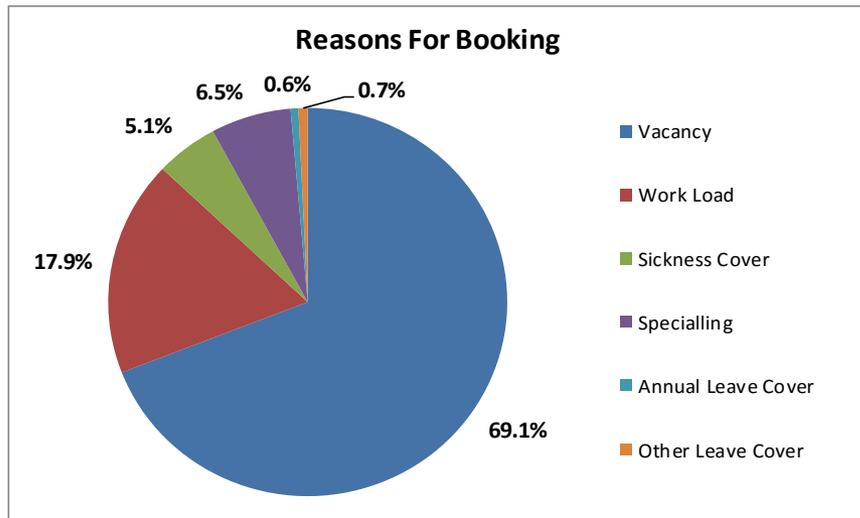
The "Overall Fill Rate" measures our success in meeting temporary staffing requests, by getting cover from either bank or agency staff. The remainder of requests which could not be covered by either group are recorded as being unfilled. The "Bank Fill Rate" describes requests that were filled by bank staff only, not agency.

The Overall Fill Rate was 89.3% this month which is a 2.95% increase since April. The Bank Fill Rate was reported at 59.9% which is 6.2% lower than the previous month. The EIC Emergency & Integrated Care is currently meeting the demand for temporary staff most effectively.

The Bank to Agency ratio for filled shifts was 67:33. The Trust target is 80:20.

The pie chart shows a breakdown of the reasons given for requesting bank shifts in April. This is very much dominated by covering existing vacancies, workload and other leave.

This data only shows activity requested through the Trust's bank office that has been recorded on HealthRoster and Locum Tap.



Overall Fill Rate % by Division	Feb '18	Mar '18	Apr '18	May '18	Trend
COR Corporate	79.9%	81.7%	85.1%	89.6%	↗
EIC Emergency & Integrated Care	85.0%	83.5%	86.3%	91.5%	↗
PDC Planned Care	87.4%	86.1%	87.3%	89.4%	↗
WCH Women's, Children's & Sexual Health	83.2%	83.1%	85.6%	86.3%	↗
Whole Trust	85.0%	84.1%	86.4%	89.3%	↗

Bank Fill Rate % by Division	Feb '18	Mar '18	Apr '18	May '18	Trend
COR Corporate	76.0%	76.2%	80.7%	89.3%	↗
EIC Emergency & Integrated Care	57.3%	56.2%	60.1%	49.7%	↘
PDC Planned Care	70.6%	69.0%	70.0%	62.6%	↘
WCH Women's, Children's & Sexual Health	61.8%	62.7%	67.1%	65.6%	↘
Whole Trust	63.7%	62.9%	66.1%	59.9%	↘

# Section 11: Core Training

Core Training Topic	Apr '18	May '18	Trend
Basic Life Support	82.0	82.0	↔
Conflict Resolution	90.0	91.0	↗
Equality, Diversity and Human Rights	92.0	92.0	↔
Fire	89.0	90.0	↗
Health & Safety	95.0	95.0	↔
Inanimate Loads (M&H L1)	89.0	93.0	↗
Infection Control (Hand Hyg)	92.0	87.0	↘
Information Governance	85.0	90.0	↗
Patient Handling (M&H L2)	67.0	70.0	↗
Safeguarding Adults Level 1	94.0	94.0	↔
Safeguarding Children Level 1	91.0	93.0	↗
Safeguarding Children Level 2	77.0	80.0	↗
Safeguarding Children Level 3	85.0	83.0	↘

## COMMENTARY

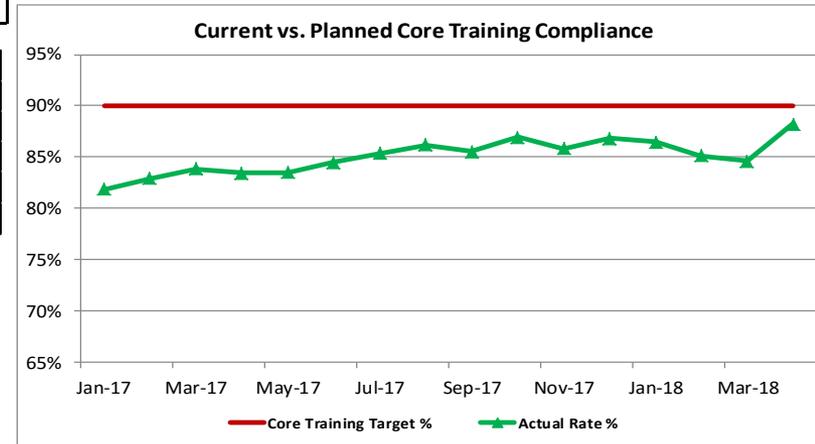
Compliance continues on an upward trend, now at 89%.

Moving & Handling (Patient-Handling) has started to recover its position following last month's drop which resulted from aligning the requirements at WMUH to CW and national (best practice) guidelines. The delivery of a significant number of sessions at WMUH have had an immediate impact, and it is anticipated that the number of staff trained at WMUH will average 40 per week over the next 3 months which will show a positive impact on the compliance figure.

The largest improvement this month has been Information Governance (up 5%) due to the continued drive from senior management, the restriction of system access for new staff unless they complete IG training, the impact on both study leave requests and incremental steps through the PDR process.

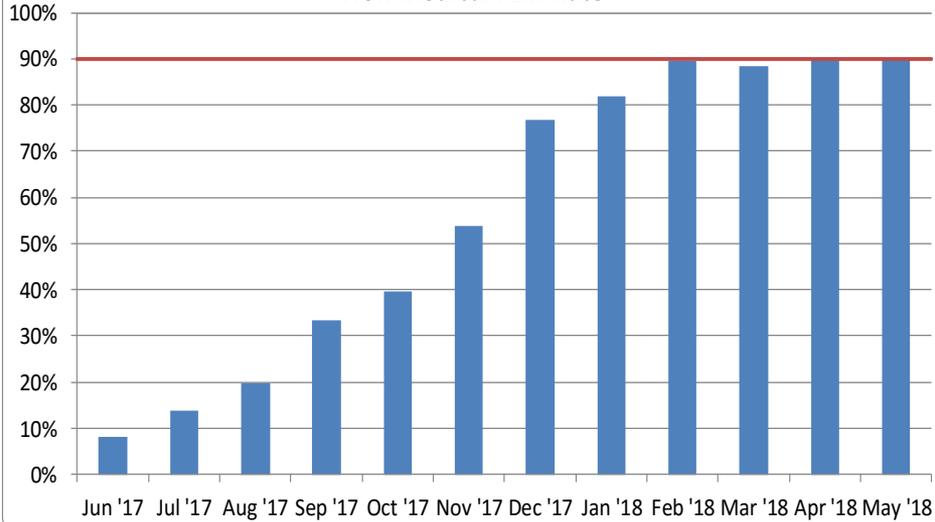
Two Divisions have now achieved the minimum 90% compliance requirement, with a third (Planned Care) expected to achieve this during the coming month.

Core Training Compliance % by Division	Feb '18	Mar '18	Apr '18	May '18	Trend
COR Corporate	86.0%	91.0%	94.0%	94.0%	↔
EIC Emergency & Integrated Care	85.0%	82.0%	85.0%	87.0%	↗
PDC Planned Care	84.0%	84.0%	88.0%	89.0%	↗
WCH Women's Children's & Sexual Health	84.0%	86.0%	90.0%	90.0%	↔
Whole Trust	85.0%	85.0%	88.0%	89.0%	↗

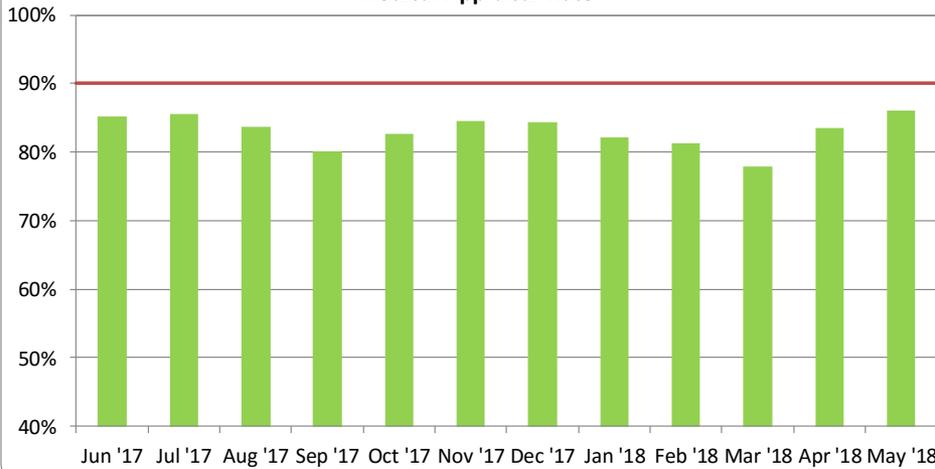


# Section 12: Performance & Development Reviews

Non Medical PDR Rate



Medical Appraisal Rate



## PDR Compliance

Non Medical PDRs by Division	Feb '18	Mar '18	Apr '18	May '18	Trend
COR Corporate	90.9%	90.3%	92.8%	94.0%	↗
EIC Emergency & Integrated Care	91.6%	89.0%	91.4%	88.3%	↘
PDC Planned Care	89.5%	88.9%	89.6%	90.1%	↗
WCH Women's, Children's & Sexual Health	87.8%	86.6%	87.6%	89.5%	↗
Whole Trust	89.6%	88.4%	89.8%	89.9%	↗

## Medical Appraisals

Medical Appraisals by Division	Feb '18	Mar '18	Apr '18	May '18	Trend
COR Corporate	-	-	-	-	-
EIC Emergency & Integrated Care	84.1%	89.4%	86.9%	87.0%	↗
PDC Planned Care	77.3%	72.1%	82.0%	85.0%	↗
WCH Women's, Children's & Sexual Health	83.4%	76.7%	83.0%	87.0%	↗
Whole Trust	81.3%	77.9%	83.6%	86.0%	↗

## Non-Medical Commentary

From May '18 the PDR compliance rate include staff who have been working at the Trust 12 months or more. It increased by 0.11% in May and now stands at 89.88% which is just below the Trust target of 90%.

## Medical Commentary

The appraisal rate for medical staff was 86.6%, 2.43% higher than last month.



**Council of Governors Meeting, 26 July 2018**

<b>AGENDA ITEM NO.</b>	2.4/Jul/18
<b>REPORT NAME</b>	*Governors' Questions
<b>AUTHOR</b>	Various
<b>LEAD</b>	Lesley Watts, Chief Executive Officer
<b>PURPOSE</b>	To note.
<b>SUMMARY OF REPORT</b>	<p><b>1. The question raised by Governor Christopher Digby-Bell:</b></p> <p>1.1 Concerns have been raised as to the current system of making appointments. Anecdotal evidence from GP's are that it is flawed and causes problems because all referrals are treated as 'routine' even if the referral form identifies them as 'urgent' or 'very urgent'?</p> <p><b>Response from Karl Munslow-Ong, Deputy Chief Executive:</b></p> <p>The whole of North West London will be moving to a new Electronic Referral System (ERS) from the beginning of August. This means all referrals from GP's, will be sent electronically and indicated very clearly whether they are routine or urgent. This is part of a National roll out to improve the appointment process.</p> <p>1.2 Please could the Trust respond to concerns about the practice in some areas of consultants' letters of advice being dictated day 1, typed day 1/7 and then left till day 28 before being signed off by the consultant and posted out?</p> <p><b>Response from Rob Hodgkiss, Chief Operating Officer:</b></p> <p>Generally, we aim to provide letters within a 7 day period. We acknowledge that for some letters to be signed off, it is taking too long, especially for those services where we have visiting consultants from other hospitals who may only do one of two clinics per month with us. If there are specific examples that can be provided, then please do send them to us to investigate.</p> <p><b>2. The question raised by Governor Anna Hodson-Pressinger:</b></p> <p>2.1 What training do medical staff (doctors/consultants) have on 'bedside manner' and empathetic treatment of patients? If a concern is raised about eg the manner with which a doctor/consultant speaks to or engages with patient, including failing to listen to their concerns about a course of treatment, what is the process for investigating that and what remedial action would the Trust take if a doctor/consultant's manner was found to be lacking?</p> <p><b>Response from Zoe Penn, Medical Director:</b></p> <p>Imperial College School of Medicine teaches our medical students on communication skills, which includes not just speaking but listening and not just content, but manner. Health Education England and the specialist Royal Colleges deliver similar teaching as</p>

	<p>well as live evaluation of such skills during training. For consultant staff, if there is a complaint about ‘bedside manner’, this will be fed back to the consultant for comment and reflection. Persistent upheld complaints about this will be addressed by the GMC Responsible Officer, supported by Trust HR process and personnel. Remediation and retraining can be offered.</p> <p>2.2 What processes does the Trust have in place to ensure staff are supported should they experience bullying, intimidation or harassment by more senior colleagues?  <b>Response from Sandra Easton, Chief Financial Officer:</b>  The Trust has a well-established Bullying and Harassment Policy which gives clear guidance for all staff as to how to raise concerns they may have relating to bullying and harassment. If staff have concerns about how they feel they are being treated by another member of staff including a senior member of staff they can seek advice and support through the HR Team, their trade union representative, relevant managers, their professional organisation and the Trust also offers a counselling service through the Trust’s Occupational Health department. We are also exploring the possibility of introducing a Respect at Work service with trained bullying and harassment advisors to support staff further.</p> <p><b>3. The question raised by Governor Lynne McEvoy:</b>  3.1 Can we have an update on nursing retention figures, as it appears we are 5% above the average for London?  <b>Response from Pippa Nightingale, Chief Nurse:</b>  Nurse vacancy rate have reduced from 17% to 13%. The retention rates have reduced from 19% to 17%.</p> <p>3.2 What themes are there from exit interviews and how are they being conducted?  <b>Response from Pippa Nightingale, Chief Nurse:</b>  Exit surveys are sent to all leavers as well as face to face interviews are conducted. The themes from exit interviews are:</p> <ul style="list-style-type: none"> <li>• Promotion</li> <li>• Location – house prices</li> </ul>
<b>KEY RISKS ASSOCIATED</b>	None.
<b>FINANCIAL IMPLICATIONS</b>	None.
<b>QUALITY IMPLICATIONS</b>	None.
<b>EQUALITY &amp; DIVERSITY IMPLICATIONS</b>	None.
<b>LINK TO</b>	NA

<b>OBJECTIVES</b>	
<b>DECISION/ ACTION</b>	For information.