



**COUNCIL OF GOVERNORS**  
**19 May 2016, 15.00 – 17.00**  
**Room A, West Middlesex University Hospital**  
**Twickenham Road, Isleworth, Middlesex, TW7 6AF**

**Agenda**

		<b>GENERAL BUSINESS</b>			
15.00	1.	Welcome & Apologies for Absence	Verbal		Chairman
15.03	2.	Declarations of Interest	Verbal		Chairman
15.05	3.	Minutes of Previous Meeting held on 17 March 2016	Report	For Approval	Chairman
15.07	4.	Matters Arising and Action Log	Report	For Information	Chairman
15.10	5.	Mental Health Services Update – Mr Tom Hayhoe, Chairman, West London Mental Health Trust (WLMHT)	Verbal	For Information	Chairman, WLMHT
15.25	6.	Chairman's Report	Verbal	For Information	Chairman
15.35	7.	Chief Executive Officer's Report	Report	For Information	Chief Executive Officer
15.45	8.	Governors' Questions	Report	For Information	Chief Executive Officer
15.50	9.	Away Day 15 September 2016 Planning	Verbal	For discussion	Chairman/All
		<b>STATUTORY/MANDATORY BUSINESS</b>			
16.00	10.	Draft Quality Report	Verbal	For Information	Chief Nurse/ Director of Quality Improvement
		<b>TRUST PERFORMANCE</b>			
16.15	11.	Integrated Performance Report	Report	For Information	Chief Operating Officer
		<b>REPORTS FROM GOVERNOR COMMITTEES</b>			
16.30	12.	Quality Sub-Committee Report: 27 April 2016	Report	For Information	Chair of Quality Sub-Committee
16.35	13.	Membership Sub-Committee Report: 20 April 2016, including: <ul style="list-style-type: none"> <li>Council of Governors Funding Report</li> </ul>	Report Verbal	For Information	Chair of Membership Sub-Committee/ Deputy Director of Corporate Affairs

16.45	14.	Questions from public	Verbal		Chairman
16.55	15.	Any other business			
17.00	16.	Date of next meeting – 21 July 2016, 15.00-18.00 (this meeting includes the Annual Members' Meeting)			

## Minutes of the Council of Governors

Held at 16.00 on 17<sup>th</sup> March 2015 in the Gleeson Lecture Theatre, Chelsea & 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)
	Ian Bryant	Staff Governor	(IB)
	Tom Church	Patient Governor	(TC)
	Samantha Culhane	Public Governor	(SC)
	Nigel Davies	Public Governor	(ND)
	Dr Simon Dyer	Patient Governor	(SD)
	CLlr Catherine Faulks	Appointed Governor	(KF)
	Paul Harrington	Public Governor	(PH)
	Angela Henderson	Patient Governor	(AH)
	Anna Hodson-Pressinger	Patient Governor	(AHP)
	Elaine Hutton	Public Governor	(EH)
	Melvyn Jeremiah	Public Governor	(MJ)
	Kush Kanodia	Patient Governor	(KK)
	Martin Lewis	Public Governor	(ML)
	Susan Maxwell	Patient Governor	(SM)
	Lynne McEvoy	Staff Governor	(LMc)
	Wendy Micklewright	Public Governor	(WM)
	Philip Owen	Public Governor	(PO)
	Andrea Petre-Goncalves	Patient Governor	(APG)
	David Phillips	Patient Governor	(DP)
	Tom Pollak	Public Governor	(TP)
	Diane Samuels	Staff Governor	(DS)
	Dr Alan Steel	Staff Governor	(AS)
	Laura Wareing	Public Governor	(LW)
<b>In Attendance:</b>	Richard Collins	Chief Information Officer	(RC)
	Rhian Burgess	Communications Stakeholder Manager	(RB)
	Vida Djelic	Board Governance Manager	(VD)
	Sandra Easton	Acting Chief Financial Officer	(SE)
	Nick Gash	Non-Executive Director	(NG)
	Peta Hayward	Director of Human Resources	(PH)
	Eliza Hermann	Non-Executive Director	(EH)
	Jeremy Jensen	Non-Executive Director	(JJ)
	Thomas Lafferty	Director of Corporate & Legal Affairs	(TL)
	Jane Lewis	Deputy Director of Corporate Affairs	(JL)
	Jeremy Loyd	Non-Executive Director	(JL)
	Elizabeth McManus	Chief Nurse	(EMc)
	Karl Munslow-Ong	Chief Operating Officer	(KMO)
	Liz Shanahan	Non-Executive Director	(LS)
<b>Apologies:</b>	Nilkunj Dodhia	Non-Executive Director	(ND)
	Peta Hayward	Director of HR & OD	(PH)
	Dr Andrew Jones	Non-Executive Director	(AJ)
	Dr Zoe Penn	Medical Director	(ZP)
	Gavin Steele	Staff Governor	(GS)

1.	<b>Welcome, apologies for absence and declarations of interest</b>	
a.	The Chair welcomed all present to the meeting.	
b.	The apologies for absence received were noted.	
c.	The Chair reported that Governors Edward Coolen and Lou De Palo have both resigned from the Council. He will write to Edward to thank him for his committed service to the hospital.	THH
d.	Declarations of interest – none were reported.	
2.	<b>Minutes &amp; matters arising</b>	
a.	The minutes of the meeting held on 3 <sup>rd</sup> December 2015 were agreed as a true and accurate record.	
b.	The Council considered the matters arising from the last set of minutes and the corresponding action log.	
c.	In relation to action 3.g, it was noted that the CEO had formally responded to the Crossrail consultation regarding the proposed new station on the Kings Road.	
d.	In relation to action 5.g, THH was pleased to confirm that Tom Hayhoe, Chairman, West London Mental Health Trust has agreed to attend the next Council meeting to provide an update on mental health service developments particularly in relation to their impact on acute services.	
e.	In relation to action 6.b, KMO reported that work is underway to improve the signposting for patients who require medical advice in between outpatient appointments. KMO undertook to provide a progress report at the next meeting.	KMO
f.	In relation to action 6.e, KMO confirmed that he will send the list of outsourced clinical services that are provided on-site to Governor MJ in the coming week.	KMO
3.	<b>Chairman's Report</b>	
a.	In respect of the Chairman's appraisal, THH expressed his gratitude to the Governors for their contributions. He felt that the process was a valuable learning exercise and that he is committed to ensuring that he takes positive action to address the specific areas for improvement.	
b.	THH apologised to Governors for the delays they had experienced in receiving responses to emails but he will ensure that he responds to all non-urgent emails within a week and urgent issues will receive a response within 24 hours. Governors were asked to ensure that email messages are clear what action is required by whom.	All
c.	THH reported that the CEO has been reviewing the executive portfolios and that he was pleased to report that KMO has been appointed as Deputy CEO, Sandra Easton will act up into the Chief Finance Officer role. Rob Hodgkiss will assume the role as acting Chief Operating Officer.	

4.	<b>Chief Executive's Report</b>	
a.	KMO presented the CEO report drawing the Council's attention to the following. LW is leading discussions with key stakeholders with regard to the development of the Accountable Care Programme. The Trust has now signed a Memorandum of Understanding with the Richmond Federation of GPs, Hounslow & Richmond Community Healthcare Trust and Kingston Hospital. This is not a contractually binding agreement but sets out the Trusts commitment to partnership working.	
b.	The junior doctors' industrial action on 9 <sup>th</sup> to 11 <sup>th</sup> March was managed extremely well at both sites. On behalf of the Trust Board, KMO paid tribute to the staff who worked cohesively over the 24 hour period to ensure the continuation of emergency services. The impact of the strike was felt over the few days after the industrial action but our attention is now on the planned strikes in April where any lessons learned from previous strikes will be taken account of.	
c.	Financial performance remains on plan to deliver a £11.2m deficit at year end, further details of the financial challenges the Trust is faced with in 2016/17 were covered by the business planning report. Operational performance in January was strong although February and March performance was impacted by increases in activity and the knock on effects from the junior doctors' industrial action.	
d.	The annual staff survey results for 2015 were published in February for both hospital sites. Overall the results were positive with improvements being reported compared to the previous year's results. Of note was the significant improvement at West Middlesex particularly in light of the period of significant change the organisation was facing as a result of the acquisition. Operational teams are now developing action plans to address areas where improvement is needed and these will be presented to the People & Organisational Development Committee in March.	
e.	In response to Governor ML, KMO undertook to confirm if the proposed 'Freedom to Speak' guardians will be staff or external to the organisation.	KMO
f.	In response to Governor ML, THH confirmed that work is underway to develop the Trust values and that the Governors away day planned for 23 <sup>rd</sup> June should be utilised to obtain input from governors in addition to a review of the effectiveness of the Council and a strategy update.	PH/TL
g.	In response to Governor Faulks, KMO explained that the Trust was surprised by the publication of the 'Learning from mistakes league' and acknowledged that it is disappointed to be ranked 134 <sup>th</sup> in the country. The report is difficult to interpret and we have gone back to the authors for clarification on their data sources. The Executive is committed to addressing the issues raised by the report and he will update the Council on progress at its next meeting.	KMO
h.	In response to Governor IB, KMO explained that the Executive are implementing a recruitment & retention strategy which will address turnover issues at both sites. There have been some early successes but the focus will remain over the coming year particularly to better understand why staff leave the organisation.	
i.	In response to Governor AH, KMO shared her concerns about the staff survey results relating to violence & aggression. Regrettably many other NHS and public organisations are experiencing similar issues but it is incumbent upon the Trust to ensure staff have the right skills and resilience to be able to manage the range of violent and aggressive situations they face. Currently there is a range of support offered to staff including	

	resilience training, a responsive security team and the use of CCTV which enables the Trust to prosecute where necessary.	
j.	In response to Governor AHP, EMc agreed that experienced nursing staff are important in providing less experienced nurses with the support to manage challenging situations. The Trust is aware that further work is required and that the recruitment & retention strategy aims to ensure the Trust has a workforce with the right skills to help manage violent and aggressive patients.	
k.	In response to Governor APG, EMc agreed that whilst ensuring the Trust employs staff with experience, resilience training is equally important.	
l.	Governor LMc highlighted the importance of retaining experienced nursing staff as they act as important role models for junior staff. Less experienced nurses do feel vulnerable when dealing with patient aggression and need the support to learn how to deal with the different situations they are faced with.	
m.	Governor WW added that it is also important for staff to learn how to deal with patients with mental health issues. Governor TC concurred and emphasised the importance of training.	
5.	<b>Business Planning 2016/17</b>	
a.	SE presented her report presented her report which provided the Council with a summary of the draft 2016/17 operational plan.	
b.	The draft plan was submitted on 8 <sup>th</sup> February 2016 and work continues to develop the plan in preparation for Board approval on 7 <sup>th</sup> April prior to submission to NHS Improvement on 11 <sup>th</sup> April.	
c.	SE drew the Council's attention to four key areas of the report namely, the performance plan, quality plan, workforce plan and financial plan.	
d.	The draft financial plan achieves a surplus of £4.5m with a Financial Sustainability Risk Rating of 4. The financial plan includes a high level of non-recurrent funding which will support the forecast surplus, without this the Trust could have been facing a £24.5m deficit position.	
e.	The Trust is working with North West London Clinical Commissioning Groups to develop the Sustainability and Transformation Plan which will incorporate 3 strategic plans namely; Shaping a Healthier Future, Whole Systems/Accountable Care Partnership and North West London Pathology.	
f.	In response to Governor DP, SE confirmed that the Trust is cognisant of the local authority concerns about the rising demand and affordability of sexual health services. The senior team are engaged in on-going discussions in this regard to agree a way forward.	
g.	In response to Governor AH, SE explained that as part of the transaction agreement to acquire West Middlesex University Hospital the Trust received additional funding to support the deficit whilst the organisation underwent its transformation programme. The Sustainability and Transformation plan for 2016/17 includes further additional funding for the Trust in the sum of £14m which the Trust is treating as non-recurrent funding. KMO added that local discussions with Commissioners are on-going but there is tension to bring the finances back into line whilst having enough time to re-model	

	services across the whole system to be sustainable in the longer term.	
h.	In response to Governor MJ, KMO agreed that the Cost Improvement Programme (CIP) must be realistic. In contrast to this year, where an external consultant was brought in to deliver the CIP, this year the operational teams will have more ownership of their plans. JJ provided further assurance that the Finance & Performance Committee will be overseeing the CIP and will act as a 'critical friend' reviewing risks throughout the year to ensure the programme is delivered.	
i.	In response to Governor TP, SE confirmed that the financial plan for 2016/17 does include all the Trust's commissioners including South West London. KMO added that the Trust is developing a more open relationship with Commissioners and a genuine partnership approach to ensure the impact of the changes in funding allocations are fully understood.	
j.	In response to Governor ND, SE confirmed that the plan anticipates a Financial Sustainability Risk Rating (FSRR) of 4 against a rating of 2 for 2015/16. JJ added that it is imperative that the Trust has realistic conversations with Commissioners for the coming year as the whole system is under pressure.	
k.	In response to Governor AH, THH undertook to arrange include on the away day agenda for June a session on NHS finance and a strategy.	THH
l.	In response to Governor PO, EMc explained that the overseas nurse recruitment campaign last year was reasonably successful, however going forward the Trust will need to explore alternatives strategies. There are two significant national issues that will impact namely; the removal of bursaries for students and the emerging role of associate nurses. EMc undertook to present an update to the Council at a future meeting (date to be confirmed).	EMc
m.	In response to PO, EMc confirmed that the Trust's staff accommodation is being fully utilised.	
n.	In response to Governor KK, KMO agreed that it would be helpful to understand the Trust's performance in the context of its peers which will inform performance target setting for the coming year making sure they are 'aspirational'.	
6.	<b>Governors' Questions</b>	
a.	The Council reviewed and noted the responses that had been provided by the Executive to the Governors' questions.	
b.	Governor ML was pleased to note that the working relationships within NICU have improved since the CQC inspection and he thanked all those involved.	
7.	<b>Election of Lead Governor</b>	
a.	In line with the Constitution, all Governors were afforded the opportunity to elect a 'lead Governor'. Ballot papers which included the biographies of candidates were circulated in advance of the meeting and those unable to attend the meeting sent their ballot paper to the Board Governance Manager in advance of the meeting.	
b.	Counting of the votes was conducted by Thomas Lafferty, Director of Legal & Corporate Affairs and independently verified by Philip Owen, Patient Governor. The results were announced as follows;	

	<p>Angela Henderson – 8 votes  Martin Lewis – 13 votes  Melvyn Jeremiah – 6 votes</p>	
c.	Martin Lewis was therefore elected as Lead Governor for the remainder of his term which will expire on 5 <sup>th</sup> December 2016.	
d.	Everyone present endorsed the results and congratulated Martin Lewis on his election success. In response he paid tribute to both Angela and Melvyn who equally would have made an excellent Lead Governor.	
8.	<b>Chairman's Appraisal</b>	
a.	Jeremy Jensen, Senior Independent Director reported that he had presented to the Council in a meeting held in private prior to this meeting, the outcome of the Chairman's appraisal which had been conducted in line with the Constitution.	
b.	There was overwhelming support for the Chairman to remain in his post for a further term of 1 year. A number of development points have been incorporated into the Chairman's objectives for 2016.	
c.	JJ thanked everyone who was involved in the process and welcomed the opportunity to continue working with the Chairman over the coming year.	
8.	<b>Integrated Performance Report – January 2016</b>	
a.	In presenting the report, RH highlighted the positive performance up to January against the regulatory compliance standards. Compliance of the A&E waiting time standard was achieved despite a 16% increase in activity at the West Middlesex site. The Trust as a whole is performing extremely well being ranked 8 <sup>th</sup> best in the country. The increase is a result of patients choosing to attend in advance of the closure of the A&E department at Ealing Hospital.	
b.	In response to Governor ND, RH explained that the planned changes in emergency flows were planned for but the reality is that the shift is being seen much further in advance than the plan. The operational teams are working through the estates solution for the West Middlesex site as the department is under considerable pressure.	
c.	There was 1 reported case of MRSA bacteraemia against a target of zero cases and 2 cases of Clostridium Difficile infections bringing the total number, year to date of 7 cases which is within the target (limit) of 9 cases for the year.	
d.	KMO acknowledged that the outpatient experience requires improvement and to this end there is a significant piece of work underway. KMO asked for a patient governor volunteer to join the working group. Governors were asked to speak to him directly after the meeting.	
e.	EMc highlighted a reduction in the rate of incident reporting at the Chelsea site. This is due to the replacement of the paper based system with a new electronic reporting system. The project is in its infancy but the rate of reporting will increase over the coming months.	All



f.	EMc detailed the 'Back to the Floor Friday' initiative which is designed to provide a more systematic approach to quality monitoring. The outputs of which are being overseen by the Executive and Quality Committee.	
g.	The Council noted the report.	
9.	<b>Quality Sub-Committee Report: 19<sup>th</sup> February 2016</b>	
a.	The Council noted the minutes of the meeting held on 19 <sup>th</sup> February 2016. Governor ML, added that the Sub-Committee will be reviewing its terms of reference at their next meeting. All Governors are welcome to join the next meeting on 27 <sup>th</sup> April 2016.	
10.	<b>Membership Sub-Committee Report: 11<sup>th</sup> February 2016</b>	
a.	The Council noted the minutes of the meeting held on 11 <sup>th</sup> February 2016. Governor PO was pleased to report that the Committee has a new and strong membership which is representative of both hospital sites.	
b.	The Committee's objectives over the coming year are to grow the membership and increase active engagement. The membership application form will be redesigned and the website improved. With the financial pressures faced by the Trust the Committee will be seeking to ensure its activities are cost effective. As part of this the aim will be to encourage a greater use of email for communication.	
c.	Meet a Governor sessions will continue and members were asked to volunteer their time to support these events.	
d.	In response to THH, PO undertook to liaise with the League of Friends to explore opportunities for partnership working.	
e.	JL added that the Committee is currently surveying all members to ensure that the programme of events for the coming year reflects their wishes.	
f.	The Council noted the funding report.	
11.	<b>Calendar of meetings</b>	
a.	The Council noted the calendar of meetings until March 2017. In response to Governor IB, THH undertook to review the venue of meetings to ensure a balance between WMUH & C&W.	
12.	<b>Questions from members of the public</b>	
a.	Nicola & Diana Keay asked if the Trust would make representations to the London Borough of Hounslow to re-open the secondary access road, Church Road to West Middlesex Hospital. Currently there is no vehicular access to the hospital via Park Road. They are concerned about emergency access and the impact on routine traffic. It was noted that the hospital was not consulted in advance of the trial closure.	
b.	There are also concerns regarding public health with illegal levels of pollution along the Twickenham Road which have increased since the closure.	
c.	In response, THH said that the Trust has a duty to support our patients, visitors and staff	

	and to this end he asked KMO to review the impact the closure is having on the flows in and out of the hospital and he will report back to the next meeting.	<b>KMO</b>
d.	In response to Governor TP, KMO undertook to consider approaching the London Borough of Hounslow to undertake a traffic survey outside the West Middlesex as the access to the hospital is currently uncontrolled and he does have a concern about safety.	<b>KMO</b>
e.	In response to THH, Governor KK undertook to keep the Trust Board apprised of the Crossrail developments.	<b>KK</b>
f.	Governor NA asked if access to the Trusts intranet could be given to Governors.	
g.	THH reminded Governors that this section is intended for questions from members of the public and that their questions should be sent to the Board Governance Manager in advance of the next Council meeting.	<b>All</b>
13.	<b>Any other business</b>	
a.	None.	
14.	<b>Date of Next Meeting:</b> 19 <sup>th</sup> May 2016	

The meeting was closed at 18.15.



**Council of Governors – 17 March 2016 Action Log**

Meeting	Minute Number	Agreed Action	Current Status	Lead
March 2016	1.c	The Chairman to write to Edward Coolen to thank him for his committed service to the hospital.	Complete.	THH
	2.e	To provide a progress report on improvements made for the signposting for patients who require medical advice in between outpatient appointments at the next meeting.	Verbal update at meeting.	KMO
	2.f	To send the list of outsourced clinical services provided on-site to Governor MJ in the coming week.	Verbal update at meeting.	KMO
	3.b	Governors to ensure that email messages are clear what action is required by whom.	On-going.	All
	4.e	To confirm if the proposed 'Freedom to Speak' guardians will be staff or external to the organisation.	Following Sir Robert Francis's review of Whistleblowing practices in the NHS, he recommended each NHS Trust appoint a Freedom of Speak Up Guardian. They will be responsible for supporting staff to raise a concern and facilitate escalation as appropriate.  Freedom to Speak Up guardians are appointed from the permanent staff pool.	KMO
	4.f	To add to the Governors away day planner: <ul style="list-style-type: none"> <li>governors input on the Trust values</li> <li>review of the effectiveness of the Council of Governor</li> <li>strategy update</li> </ul>	The Lead Governor will be meeting the Chairman and Executive Directors in June to plan the Away Day which has been scheduled for 15 September 2016.	PH/TL
	4.g	To update the Council of Governors on data sources for the 'Learning from mistakes league' publication at its next meeting.	Verbal update at meeting.	KMO
	5.k	To include a session on NHS finance and a strategy on the Council of Governors away day agenda.	As for 4.f above.	THH/TL

5.l	EM to present an update on Trust strategies for nurse recruitment to the Council at a future meeting (date to be confirmed).	Verbal update at meeting.	EM
8.d	Patient governors interested in joining the working group on outpatient experience to speak to Karl Munslow-Ong after the meeting.	Complete. Martin Lewis and Tom Church have joined the Administrative Improvement Programme Group.	All
12.c	To review the impact of the closure of Church Road is having on the flows in and out of the hospital and to report back at the next meeting.	Following the Chief Executive's letter to London Borough of Hounslow the Trust's Director of Estates will be meeting Head of Traffic & Transport at the end of May to discuss the matter.	KMO
12.d	To consider approaching the London Borough of Hounslow to undertake a traffic survey outside the West Middlesex as the access to the hospital is currently uncontrolled and he does have a concern about safety.	Verbal update at meeting.	KMO
12.e	KK to keep the Trust Board apprised of the Crossrail developments.	On-going.	KK
12.g	Governors to provide any questions they may wish to ask to the Board Governance Manager in advance of the next Council of Governors meeting.	Noted.	All



## Council of Governors Meeting, 19 May 2016

<b>AGENDA ITEM NO.</b>	7/May/16
<b>REPORT NAME</b>	Chief Executive's Report
<b>AUTHOR</b>	Lesley Watts, 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>	For information.



**Chief Executive's Report**  
**May 2016**

**1.0 STRATEGIC DEVELOPMENTS**

**1.1 Sustainability & Transformation Plans (STPs)**

The NWL health community submitted its STP baseline to NHS England on 15 April. CWFT is represented (through the Chief Executive) on the newly established Strategic Planning Group, which takes overarching responsibility for governance and decision making. The underpinning vision of the STP is population based. Its ambition is that the Health and Social Care system(s) will work effectively with other sectors (including education, housing employment, leisure and planning) to ensure the conditions are created that support people maintain independence and lead full lives. This includes providing services that:

- **co-ordinate around individuals**, targeted to their specific needs;
- **improve outcomes**, reducing premature mortality and reducing morbidity;
- **improve the experience of care and contact with the system**, with the right services available in the right place at the right time;
- **maximise independence** by providing more support at home and in the community, and by empowering people to manage their own lives, health and wellbeing;
- **through proactive and joined up case management**, avoid unnecessary admissions to hospitals and care homes, and more widely enable people rapidly to regain their independence after a crisis.

The next steps are to develop more detailed strategies to address the challenges within each population included within NWL boundaries and which meet the financial challenge facing the area.

**1.2 Shaping a Healthier Future (SaHF)**

The Trust has been supporting the requirements of NWL CCG's SaHF Programme Team as they continue to develop a sector wide Implementation Business Case to take through the NHS England, DH and Treasury process. This has required us to update our Long Term Financial Model (LTFM) and Estate Planning assumptions against the latest NWL CCG planning assumptions. These headline assumptions were brought to the Board in April and the next milestone is to receive an updated Outline Business Case in June.

The Trust's most recent analysis was discussed at the Finance & Investment Committee (FIC). The Trust has escalated this analysis to NWL CCG leadership. We have restated our support for the ambitions and objectives of the SaHF programme but are seeking further dialogue on the key planning assumptions.

**1.3 Sector-wide Developments**

In response to a challenge made at the April 2016 Board Quality Committee meeting, the Executive Team have been considering how best to ensure that the Trust is on the 'front foot' in responding to sector-wide national developments and an internal framework is being developed to this end.

To this paper, I have attached the latest circular from NHS providers which summarises some of these key developments.

## **2.0 PERFORMANCE**

### **2.1 Operational Performance**

The A&E waiting time target for March was not achieved on either site. The primary cause of failure to meet the required standard was the continuation of the pressure from demand impacting both sites. Increased demand has been seen across the country and despite non-achievement, C&W remains the best performing Trust in London.

The RTT incomplete target was not achieved for the overall Trust in March. The backlog had been forecast to grow in March due to the timing of Easter, but the growth was larger than anticipated due to the cumulative impact of junior doctors' Industrial Action in the month.

Validated performance for the 62 Day GP Referral Cancer standard in February was achieved at WMUH site, but missed at C&W site due to unplanned absence within the senior clinical team in Urology. Despite best efforts by the Planned Care Division, mitigation for the loss of capacity was not possible. March's unvalidated performance is forecasting achievement for the Trust with compliant performance on both sites.

Unvalidated performance for March against the 62 Day Screening Cancer standard was not compliant as a result of patients referred late in their pathway by Imperial Healthcare's Breast Screening service. Concern about the delayed referrals has been raised formally at CEO to CEO level with Imperial.

WMUH site had one further C. difficile infection in March bringing the total for the site to 10 year to date, one case over the annual target. There were no lapses in care contributing to the latest case. Learning from these cases has led to action plans to mitigate against further cases, which have been shared widely with the clinical teams. Performance on the C&W site was 7 cases for the year with no further cases in March, meaning that the Trust was one case over the annual target for the combined Trust.

The WMUH site is now reporting compliance against the access to healthcare standard for patients with Learning Disability, which now means C&W overall is compliant. The team that have worked on Trust compliance with these standards are congratulated for their hard work in improving care for patients.

Both sites have achieved all other regulatory performance indicators.

### **2.2 CCG Contract**

The Trust remains in active discussion with commissioning colleagues with regard to the main acute contract for 2016/17. Whilst there remains an 'affordability gap' between commissioner and provider, the dialogue appears to be constructive and we aim to meet the Monitor regulatory timeline of 13 May 2016.

A further update will be provided to the Board in June.

### **2.3 Perfect Day**

We held our first 'Perfect Day' on 19 April across both hospitals, with senior managers taking a shift on the wards and in departments and clinics as porters, receptionists, healthcare assistants and other roles. Feedback from those who took part has been really positive, as it was an opportunity to get back to the floor and gain an insight into ideas from the front line around innovation, improvement and efficiency. It meant patients were cared for by our own staff, rather than agency staff and means we have saved a significant amount on agency costs.

We plan to continue holding more Perfect Days over the coming months, with the next planned for 24<sup>th</sup> May.

## **3.0 PEOPLE**

### **3.1 Industrial action**

There have been two further periods of industrial action since my last report:

- 6 - 8 April 2016

Emergency care only between 8am on Wednesday 6 April and 8am on Friday 8 April (48 hours)

- 26 - 28 April 2016

Emergency care only between 8am on Tuesday 26 April and 8am on Thursday 28 April (48 hours)

I continue to be impressed by the way in which staff at all levels within the organisation have worked hard to mitigate the possibility of any additional clinical risks arising during these difficult periods and I am confident that the Trust managed to maintain the quality of its services throughout the recent strikes.

It is also important to note that those taking action on both sites adopted a calm and good natured approach in raising their concerns.

Further industrial action remains a possibility and the nursing, medical and operational teams continue to work together to develop robust plans to ensure that we provide safe emergency care for each proposed period of industrial action.

### 3.2 Verney House Moves

Our leases at Verney House come to an end on Wednesday 25 May and all staff will be relocated into existing Trust space, with moves taking place on Friday 13 May and Friday 20 May. There will be some minimal accommodation changes within both hospital sites to accommodate these moves. Thanks to affected staff for bearing with us during this process.

### 3.3 Kathryn Mangold

I am delighted to advise that Kathryn Mangold, our Nursing Lead for Learning Disabilities has won a national award (from NHS employers) for 'Leader of the Year'. This is a fantastic achievement and a testament to Kathryn's commitment to patients which she demonstrates on a daily basis.

As above, the Trust is now fully compliant with regard to best practice in the area of Learning Disabilities due to the excellent work which Kathryn has led on.

## 4.0 **PATIENT EXPERIENCE**

### 4.1 Patient Feedback

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

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

*"I am writing to commend you on the fantastic service I received from the Blood Test Centre at your Hospital. (I first) phoned and spoke with X, explaining that I had some anxiety with regard to providing blood samples. X was very considerate on the phone and promised that she would look after me.*

*I (then) came to the Hospital and immediately felt very relaxed upon meeting X. I was seen to immediately, without delay. (The staff) were extremely reassuring, helpful, incredibly kind and very professional"*

*"My first impression of your Hospital was the wide smile I received from the receptionist...it made a huge difference to my state of mind...*

*I was dealt with promptly and efficiently. The doctors were obviously concerned about my condition and I felt like I was being taken seriously...*

*I remained in the unit for 4 days and was looked after by a majority of kind and caring nurses- some indeed were exceptional..*



*In conclusion, I have nothing but praise for the treatment that I received at your Hospital, whether it was delivered by doctors, nurses or catering assistants. They were all kind and caring. It can't be easy running an NHS Hospital in 2016 but from my experience you provided a superb service"*

## **5.0 COMMUNICATIONS AND ENGAGEMENT**

### **5.1 Internal**

Over the past month, my executive colleagues and I have communicated and engaged with staff on key Trust issues in the following ways:

- Departmental meetings
- Team briefings at Chelsea and Westminster Hospital, West Middlesex University Hospital and Harbour Yard
- Informal walkarounds at Trust sites

We have implemented a new approach to the Team Briefing sessions in order to have a greater focus on strategic and clinical engagement by the way of team presentations. The May briefings are taking place this week, led by the Deputy Chief Executive. We have seen an increase in the numbers and scope of attendees and staff feedback has been positive, with particular regard to the engaging nature of the format and the team presentations themselves.

### **5.2 External**

Over the past several weeks, together with executive colleagues I have met with many external stakeholders including:

- CLCH
- Richmond CCG
- Hounslow Health and Wellbeing Board
- Hammersmith and Fulham CCG
- Imperial College Healthcare NHS Foundation Trust Exec to Exec
- ICHP
- Kingston Hospital NHS Foundation Trust Exec to Exec
- North West London
- Mayoral Dinner with Ambassador of Denmark
- Monitor
- Parliamentary Choral evening
- West London Mental Health Trust

We also participated in several partnership meetings including:

- Tri-borough board on urgent care in North West London
- Tri-partite London region meeting for NHS Chief Executives and Chief Financial Officers
- North West London Provider Board

**Lesley Watts**

Chief Executive Officer

May 2016



**Council of Governors Meeting, 19 May 2016**

<b>AGENDA ITEM NO.</b>	8/May/16
<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 Martin Lewis:</b> Could we have an update on investigation into Medication Errors what type of errors are occurring and are they nursing or doctor errors?</p> <p><b>Response from Dr Zoe Penn, Medical Director:</b> The percentage of medication errors that are harmful is 9.19 /1000 admissions for CW site and 10.7 for WM site. This compares with a rate of 12/1000 admissions for England.</p> <p>We review all incidents to identify themes and suitable learning. There are three main themes. The first is prescribing intervals that are too short and these are doctor initiated. The second is nurse administration problems with very thick fluids leading to difficulties in administration and recording and the third is in the accurate recording of drug allergy by all clinicians. We have undertaken training and raising awareness for clinicians in these three areas.</p> <p><b>2. The question raised by David Philips:</b> I believe that NHS foundation trusts are able to vary the terms of contracts for doctors. Would this enable C&amp;W NHSFT to negotiate a contract with its doctors that differs from that being offered by the Government?</p> <p><b>Response from Adrian Kerr, Deputy Director of HR:</b> As a Foundation Trust we are able to negotiate local terms and conditions that vary from national terms. Any such move would need to be done in consultation and agreement with the unions if we were looking to collectively vary terms and conditions of existing staff. It is worth noting that we do not directly employ all of our medical workforce, and for these staff, if we were to consider employing them directly on local terms, we would also need to fully fund these posts ourselves. The junior doctor contract is a training contract directly with the Deanery and as such funded via the Deanery. Any deviation from the national collective bargaining agreement would need to take into account the on-going cost of direct engagement and required training programs.</p>

	<p><b>3. The question raised by Paul Harrington:</b></p> <p>3.1. Is there an overall summary/matrix of the contracts and services operating at WMUH setting out "who does what"? Are any services sub-contracted?</p> <p><b>Response from Sandra Easton, Chief Financial Officer:</b></p> <p>The only NHS Commissioned clinical services sub-contracted by the Trust to other providers running from the WMUH site are (i) MRI scanning – provided by Alliance Medical, and (ii) out-of-hours Radiology reporting – provided by Medica Reporting Ltd. Other NHS provider organisations (Imperial, Hounslow &amp; Richmond Community Healthcare) run the Renal Dialysis &amp; Nephrology and Urgent Care Centre services respectively from the WMUH site. There are contracts in place with both organisations for rental of space and use of support services. There are various Service Level Agreements in place with other provider organisations (primarily Hounslow &amp; Richmond Community Healthcare) for supply of staff to the Trust which supports the Trust's provision of NHS clinical services e.g. Therapists. A comprehensive list of services provided by the Trust running on the WMUH site was developed as part of the preparation for acquisition. There are commercial agreements in place for provision of non-clinical support services as part of the PFI contract on WMUH site (e.g. catering, cleaning), and for on-site retail (WHSmith).</p> <p>3.2. How are the contracts monitored? What provision is there to ensure Trust policies and values are common to all services?</p> <p><b>Response from Sandra Easton, Chief Financial Officer:</b></p> <p>PFI and commercial arrangements are monitored and reviewed through the Trust's Estates &amp; Facilities Directorate. The contracts between the Trust and other organisations for the provision of NHS clinical services are monitored by the Trust's Contracts Team and formally reviewed on an annual basis. A standard Trust SLA document for NHS clinical services has been in use on the WMUH ensuring that Trust policies and values are central to contractual relationships with 3rd parties.</p> <p>3.3. Is there any overall liaison/coordination work to oversee the previous question?</p> <p><b>Response from Sandra Easton, Chief Financial Officer:</b></p> <p>The Contracts Team oversees the negotiation of all contractual relationships with other NHS provider organisations and ensures consistency and coordination between the various agreements. The Procurement Team provide the same input for commercial arrangements between the Trust and private sector suppliers.</p> <p>3.4. How does CW Trust work with the West London Mental Health Trust on the site?</p> <p><b>Response from Robert Hodgkiss, Chief Operating Officer:</b></p> <p>The WM site is fortunate to have the Psychiatric liaison team based in the hospital. There is an excellent working relationship between the WLMHT and the WM hospital. This team consists of a consultant and a lead nurse, supported by other staff for cross-cover. This team responds to adult patients both in A&amp;E and to the in-patients wards. The team also support children and adolescent services, CAMHS, as a first clinical input. Mr Tm Hayhoe, Chair, West London Mental Health NHS Trust will be attending the Council of Governors meeting to present an overview of mental health services.</p> <p><b>4. The question raised by Wendy Micklewright:</b></p> <p>Are bays in the Intensive Care Unit of CWFT utilised fully on a daily basis (day and night)? if not fully utilised, how the medical equipment and staff are deployed?</p> <p><b>Response from Robert Hodgkiss, Chief Operating Officer:</b></p> <p>I am pleased to assure you that we are fully utilising our Intensive Care Units at both main hospital sites and we see very little over-staffing. At the Chelsea and</p>
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	<p>Westminster Hospital site, Adult ICU consists of a 10 bedded unit (which can flexed up to 11 beds). For some time now, there has been a clear realisation that this capacity is not sufficient for the number of critically ill patients we care for on a daily basis. In fact we know that we need to expand the unit to accommodate the “unmet need” i.e. we turn a number of patients/ cases away, we sometimes have to delay complex operations until a bed in the unit becomes available, etc. We also recognise that we should have a lower bed occupancy rate in line with the national recommendation. In light of this, we recently presented a business case to the Trust Board to allow us to expand the ICU at CW to 20 beds which we expect to grow into, in a phased way, over the next 5 years.</p> <p>At the West Middlesex University Hospital site there is a 9-bedded unit. We equally find the unit there is often up to full capacity and we then have to look to open additional bed spaces to care for patients needing critical care.</p> <p>Therefore, our concern is more around ensuring we can staff these additional beds to give assurance that we are providing the appropriate level of care for patients. We do this by offering our substantive staff bank shifts and using agency staffing only where absolutely necessary.</p>
<b>KEY RISKS ASSOCIATED</b>	None.
<b>FINANCIAL IMPLICATIONS</b>	None.
<b>QUALITY IMPLICATIONS</b>	None.
<b>EQUALITY &amp; DIVERSITY IMPLICATIONS</b>	None.
<b>LINK TO OBJECTIVES</b>	NA
<b>DECISION/ ACTION</b>	For information.



## Council of Governors Meeting, 19 May 2016

<b>AGENDA ITEM NO.</b>	11/May/16
<b>REPORT NAME</b>	Integrated Performance Report – March 2016
<b>AUTHOR</b>	Andy Howlett, Deputy Director of Performance, Information & Contracting
<b>LEAD</b>	Robert Hodgkiss, Chief Operating Officer
<b>PURPOSE</b>	To report the combined Trust's performance for March 2016 for both Chelsea and 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 March 2016.</p> <p><b>Regulatory performance</b> – The A&amp;E waiting time target for March was not achieved on either site. The primary cause of failure to meet the required standard was the continuation of the pressure from demand impacting both sites. Increased demand has been seen across the country and despite non-achievement, C&amp;W remains the best performing Trust in London.</p> <p>The RTT incomplete target was not achieved for the overall Trust in March. The backlog had been forecast to grow in March due to the timing of Easter, but the growth was larger than anticipated due to the cumulative impact of junior doctors' Industrial Action in the month. The Trust reported three patients who were waiting &gt;52 weeks from referral at the end of March. Delays in treating all three patients were contributed to by ongoing data quality issues on the C&amp;W site. All patients have treatment plans and none have come to any harm as a result of the delay in treating them.</p> <p>Validated performance for the 62 Day GP Referral Cancer standard in February was achieved at WMUH site, but missed at C&amp;W site due to unplanned absence within the senior clinical team in Urology. Despite best efforts by the Planned Care Division, mitigation for the loss of capacity was not possible. March's unvalidated performance is forecasting achievement for the Trust with compliant performance on both sites.</p> <p>Unvalidated performance for March against the 62 Day Screening Cancer standard was not compliant as a result of patients referred late in their pathway by Imperial Healthcare's Breast Screening service. Concern about the delayed referrals has been raised formally at CEO to CEO level with Imperial.</p> <p>WMUH site had one further C. difficile infection in March bringing the total for the site to 10 year to date, one case over the annual target. There were no lapses in care contributing to the latest case. Learning from these cases has led to action plans to mitigate against further cases, which have been shared widely with the</p>

	<p>clinical teams. Performance on C&amp;W site was 7 cases for the year with no further cases in March, meaning that the Trust was one case over the annual target for the combined Trust.</p> <p>The WMUH site, is now reporting compliance against the access to healthcare standard for patients with Learning Disability, which now means C&amp;W overall is compliant. The team that have worked on Trust compliance with these standards are congratulated for their hard work in improving care for patients.</p> <p>Both sites have achieved all other regulatory performance indicators.</p> <p><b>Quality and Patient Experience:</b> As expected, a further rise in incident reporting rates has been recorded on the C&amp;W site with the implementation of the new Datix-web incident reporting system. Improving response rates for FFT across all areas remains work in progress.</p> <p><b>Safety, Efficiency and Clinical Effectiveness:</b> There was one Never Event reported in March in Maternity relating to a retained swab. The maternity team are focussing on mitigating risk factors associated with large blood loss procedures, and procedures where women are transferred from one care setting to another.</p> <p>Non-elective length of stay on C&amp;W site has increased further over target and in part, reflects increased acuity of patients being admitted. Work within the Bed Productivity workstream continues to focus on the underlying causes and in identifying potential improvements and consistency in pathways across our sites.</p> <p><b>Workforce:</b> Appraisal and Mandatory Training compliance remain areas for improvement despite a concerted drive to improve completeness levels by the end of the financial year.</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, and cancer 62 days waits.
<b>FINANCIAL IMPLICATIONS</b>	The combined Trust reported a favourable variance £1.34m in March and £8.87m deficit for the 2015/16 year end, which was £2.26m favourable against plan for the year.
<b>QUALITY IMPLICATIONS</b>	As outlined above.
<b>EQUALITY &amp; DIVERSITY IMPLICATIONS</b>	None
<b>LINK TO OBJECTIVES</b>	<p>Improve patient safety and clinical effectiveness</p> <p>Improve the patient experience</p> <p>Ensure financial and environmental sustainability</p>
<b>DECISION/ ACTION</b>	To note.



# **TRUST PERFORMANCE & QUALITY REPORT**

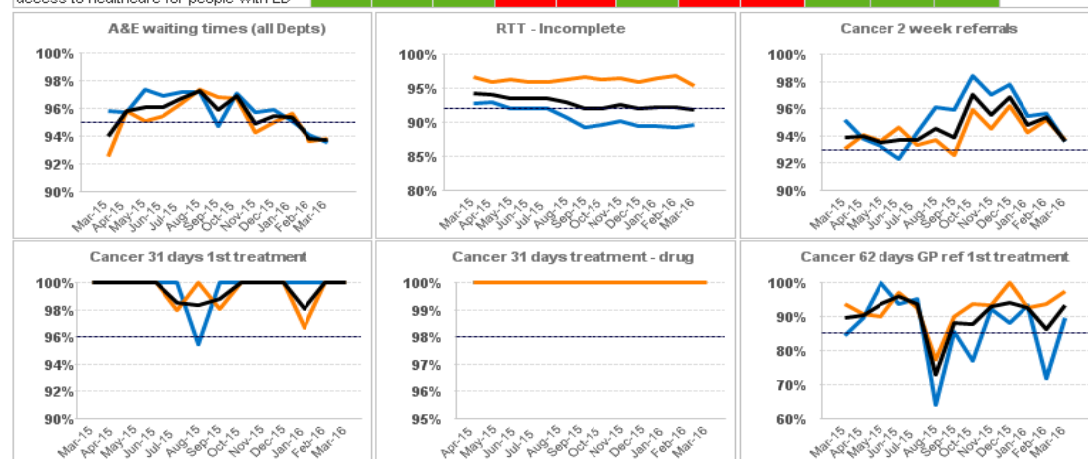
## **March 2016**



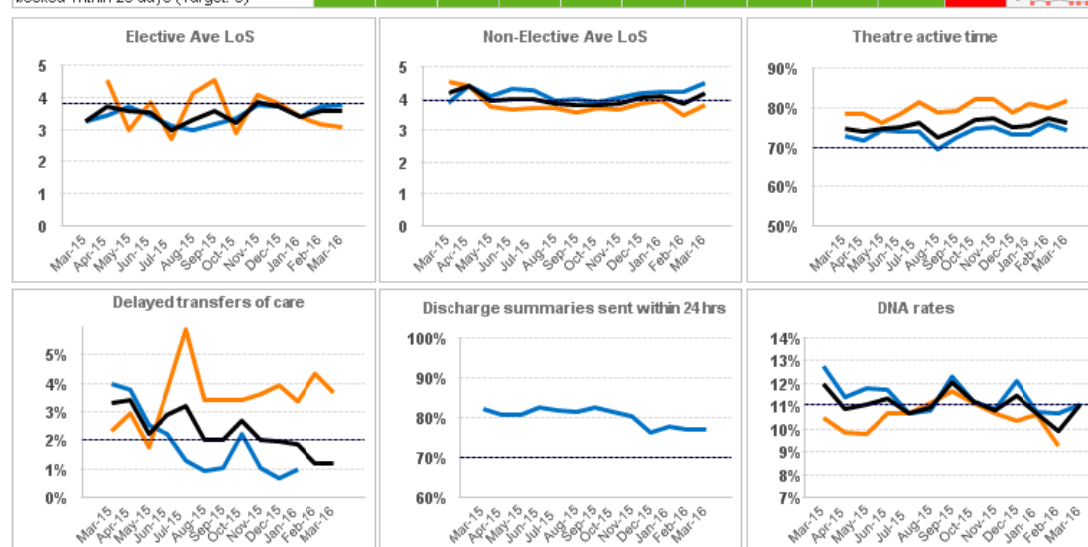


# March 2016 Performance Dashboard

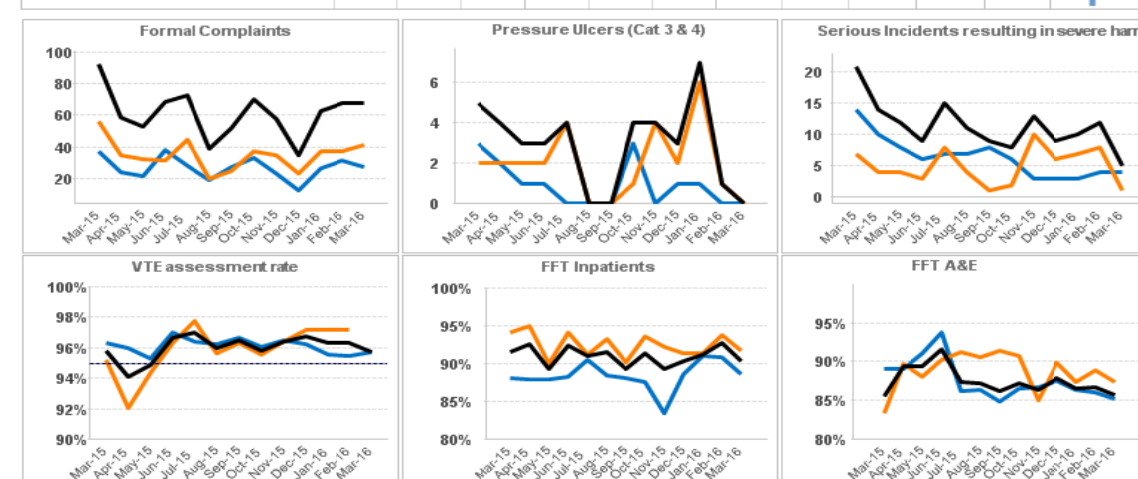
Regulatory Compliance											
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined Trust data: last Quarter, YTD & 13m trend				
Indicator	Jan-16	Feb-16	Mar-16	Jan-16	Feb-16	Mar-16	Jan-16	Feb-16	Mar-16	Quarter	YTD
A&E waiting times - Types 1 & 3 Depts (Target: >95%)	95.1	94.1	93.6	95.6	93.7	93.8	95.4	93.9	93.7	94.3	95.6
RTT - Incomplete (Target: >92%)	89.4	89.2	89.6	96.4	96.9	95.4	92.1	92.2	91.8	92.0	92.7
Cancer 2 week urgent referrals (Target: >93%)	95.5	95.6	93.6	94.3	95.2	93.7	94.8	95.4	93.7	94.6	94.7
Cancer 31 days first treatment (Target: >95%)	100	100	100	96.7	100	100	98.0	100	100	99.3	99.5
Cancer 31 days treatment - Drug (Target: >98%)	n/a	n/a	n/a	100	100	100	100	100	100	100	100.0
Cancer 31 days treatment - Surgery (Target: >94%)	n/a	n/a	n/a	100	100	n/a	100	100	n/a	100	100.0
Cancer 31 days treatment - Radiotherapy (Target: >94%)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Cancer 62 days GP ref to treatment (Target: >85%)	93.3	72.0	89.5	92.5	93.8	97.4	92.7	86.3	93.5	90.7	90.3
Cancer 62 days NHS screening (Target: >90%)	n/a	n/a	n/a	100	33.3	50.0	100.0	33.3	50.0	55.6	85.4
Clostridium difficile infections (Targets: CVV: 7; VMM: 9; Combined: 16)	1	0	0	2	1	1	3	1	1	5	17
Self-certification against compliance for access to healthcare for people with LD	Comp	Comp	Comp	N/C	N/C	Comp	N/C	N/C	Comp	Comp	Comp



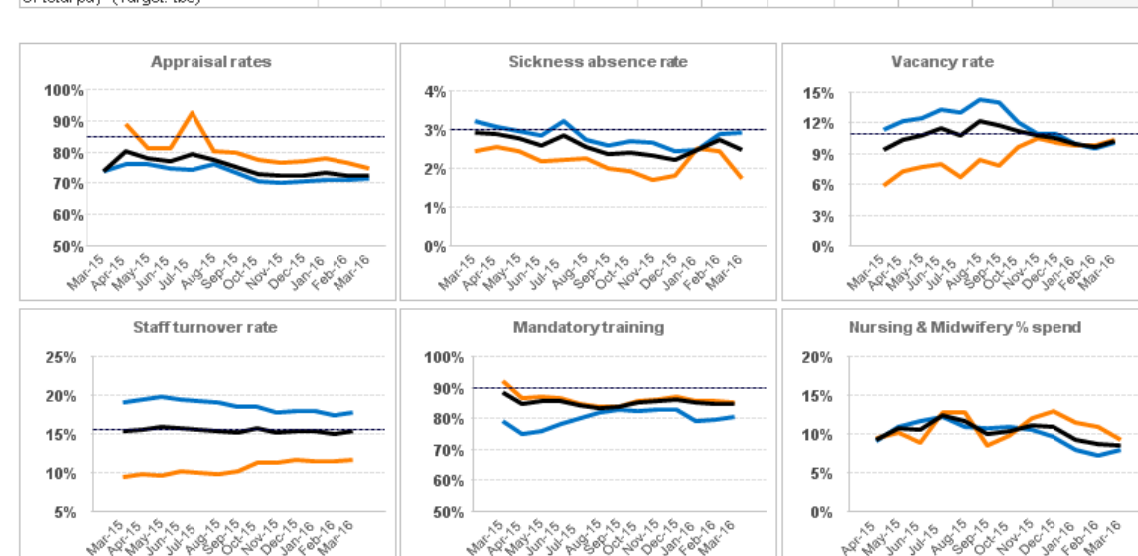
Efficiency											
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend				
Indicator	Jan-16	Feb-16	Mar-16	Jan-16	Feb-16	Mar-16	Jan-16	Feb-16	Mar-16	Quarter	YTD
Elective average LoS (Target: <3.8)	3.4	3.7	3.7	3.4	3.2	3.1	3.4	3.6	3.6	3.5	3.5
Non-Elective average LoS (Target: <3.95)	4.2	4.2	4.5	3.9	3.5	3.8	4.1	3.8	4.1	4.0	4.0
Theatre active time (Target: >70%)	73.3	75.9	74.2	81.1	79.8	81.7	75.6	77.1	76.3	76.3	75.5
Delayed transfers of care (Target: <2%)	0.99	0.00	0.00	3.34	4.33	3.67	1.87	1.19	1.20	1.43	2.23
Discharge summaries sent within 24 hours (Target: >70%)	77.8	76.9	77.1	dev	dev	dev	77.8	76.9	77.1	77.3	80.0
Outpatient DNA rates (Target: <11.1%)	10.7	10.7	11.1	10.6	9.3	9.2	10.7	9.9	11.1	10.4	11.0
On the day cancelled operations not re-booked within 28 days (Target: 0)	0	0	0	0	0	0	0	0	0	0	14



Quality											
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend				
Indicator	Jan-16	Feb-16	Mar-16	Jan-16	Feb-16	Mar-16	Jan-16	Feb-16	Mar-16	Quarter	YTD
Hand Hygiene (Target: >=90%)	95.3	94.7	94.1	99.5	99.6	99.5	97.0	96.9	96.3	96.7	97.8
Pressure Ulcers (Cat 3 & 4)	1	0	0	6	1	0	7	1	0	8	33
VTE assessment % (Target: >=95%)	95.5	95.5	95.7	97.2	97.2		96.3	96.3	95.7	96.2	96.1
Formal complaints number received	26	31	27	37	37	41	63	68	68	199	707
Formal complaints responded to <25days	17	18	5	13	21	5	30	39	10	79	435
Serious Incidents	3	4	4	7	8	1	10	12	5	27	127
Never Events (Target: 0)	0	0	1	0	0	0	0	0	1	1	3
FFT - Inpatients recommend % (Target: >90%)	91.1	90.9	88.6	91.3	93.8	91.7	91.2	92.7	90.4	91.5	91.0
FFT - A&E recommend % (Target: >90%)	86.4	86.1	85.3	87.4	88.9	87.3	86.6	86.7	85.7	86.4	87.2
Falls causing serious harm	0	0	0				0	0	0	0	1



Workforce											
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend				
Indicator	Jan-16	Feb-16	Mar-16	Jan-16	Feb-16	Mar-16	Jan-16	Feb-16	Mar-16	Quarter	YTD
Appraisal rates (Target: >85%)	71.1	70.9	71.4	78.2	76.4	74.9	73.3	72.7	72.5	72.8	75.3
Sickness absence rate (Target: <3%)	2.48	2.88	2.92	2.50	2.46	1.73	2.49	2.73	2.49	2.57	2.55
Vacancy rates (Target: CW<12%; WM<10%)	10.0	9.5	10.1	9.7	9.8	10.4	9.9	9.6	10.2	10.2	10.2
Turnover rate (Target: CW<18%; WM<11.5%)	17.9	17.4	17.8	11.5	11.5	11.6	15.4	15.1	15.4	15.4	15.4
Mandatory training (Target: >90%)	79.2	79.6	80.8	85.9	85.5	85.4	85.0	84.7	84.8	84.8	84.9
Bank and Agency spend (£k)	£2,504	£2,789	£2,781	£1,542	£1,741	£1,683	£4,045	£4,529	£4,463	£13,038	£50,015
Nursing & Midwifery: Agency % spend of total pay (Target: tbc)	7.9	7.3	8.0	11.5	10.9	9.2	9.3	8.7	8.4	8.8	10.3





## Monitor Dashboard

Domain	Indicator	Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
		Jan-16	Feb-16	Mar-16	2015-2016	Jan-16	Feb-16	Mar-16	2015-2016	Jan-16	Feb-16	Mar-16	2015-2016 Q4	2015-2016	Trend charts
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	95.1%	94.1%	93.6%	95.8%	95.6%	93.7%	93.8%	95.5%	95.4%	93.9%	93.7%	94.3%	95.6%	
RTT	18 weeks RTT - Admitted (Target: >90%)	79.7%	78.4%	76.4%	84.9%	94.8%	92.7%	93.8%	94.8%	87.7%	86.3%	85.7%	86.6%	90.0%	
	18 weeks RTT - Non-Admitted (Target: >95%)	92.5%	92.6%	92.5%	93.6%	96.2%	97.3%	96.5%	96.8%	94.1%	94.4%	94.0%	94.1%	94.8%	
	18 weeks RTT - Incomplete (Target: >92%)	89.4%	89.2%	89.6%	90.6%	96.4%	96.9%	95.4%	96.2%	92.1%	92.2%	91.8%	92.04%	92.7%	
Cancer	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	95.5%	95.6%	93.6%	95.3%	94.3%	95.2%	93.7%	94.3%	94.8%	95.4%	93.7%	94.6%	94.7%	
	31 days diagnosis to first treatment (Target: >96%)	100%	100%	100%	99.7%	96.7%	100%	100%	99.4%	98.0%	100%	100%	99.3%	99.5%	
	31 days subsequent cancer treatment - Drug (Target: >98%)	n/a	n/a	n/a	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	31 days subsequent cancer treatment - Surgery (Target: >94%)	n/a	n/a	n/a	100%	100%	100%	n/a	100%	100%	100%	n/a	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%)	93.3%	72.0%	89.5%	87.1%	92.5%	93.8%	97.4%	92.3%	92.7%	86.3%	93.5%	90.7%	90.3%	
Patient Safety	62 days NHS screening service referral to first treatment (Target: >90%)	n/a	n/a	n/a	n/a	100%	33.3%	50.0%	85.4%	100%	33.3%	50.0%	55.6%	85.4%	
	Clostridium difficile infections (Year End Targets: CW: 7; WMM: 9; Combined: 16)	1	0	0	7	2	1	1	10	3	1	1	5	17	
Learning difficulties Access & Governance	Self-certification against compliance for access to healthcare for people with Learning Disability	compliant	compliant	compliant	compliant	Non-compliant	Non-compliant	compliant	compliant	Non-compliant	Non-compliant	compliant	compliant	compliant	
	Governance Rating	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
Please note the following two items		n/a	Can refer to those indicators not applicable (eg Radiotherapy) or indicators where there is no available data. Such months will not appear in the trend graphs.												
			RTT Admitted and RTT Non-Admitted are no longer Monitor Compliance Indicators												

### Chelsea & Westminster commentary

#### A&E Waiting times

The Trust had another very challenging month for A&E 4 hr performance and achieved a combined performance of 93.7% (and 94.7% for the quarter).

This was disappointing but is in the context of a statistically significant increase in attendances at the West Middlesex site and an increase in both attendances and LAS conveyances at Chelsea site. The Trust was able to keep all patients safe and manage their pathways clinically appropriately however and is examining ways of increasing capacity to cope with the increased demand.

#### 18 Weeks RTT – Admitted

Admitted performance was impacted by junior doctors strike because lists were cancelled and a shortage of anaesthetists due to vacancies and sickness. Validation is in progress to review all patients waiting 30+ weeks.

#### 18 Weeks RTT - Non-Admitted

Non-admitted performance impacted due to junior doctor's strike. Patients are being reviewed and rebooked into appropriate clinics. Where required, additional clinics are being set up. Validation is in progress to review all long waiters.

#### 18 Weeks RTT – Incomplete

91.8% - the combined Trust performance was non-compliant for the first time since the organisation's integration in October 2015. Although the Chelsea site continues to underperform against the national standard (89.3%) this performance has improved since the beginning of the quarter, however the WMMU site performance dipped 1.5 % (from 96.9% in February to 95.4% in March) which impacted the overall Trust performance. The dip in performance was due to junior doctor strikes which and was further impacted by Easter. It is expected that the Chelsea site will recover the position by Q2.

### West Middlesex commentary

#### A&E Waiting times

Activity demand for Type 1 A&E attendances at West Middlesex continued at the high levels experienced in February, placing significant pressure on performance. Activity in March was 11.4% higher than in March 2015.

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

Trust wide Chelsea & Westminster are compliant with these standards.

At West Middlesex there is an outstanding issue with flagging on eCAMIS which is being addressed by all Trusts (9) involved with this system alongside the system provider.

#### Cancer - 62 days NHS screening service referral to first treatment

One of the two patients treated in month was not treated within 62 days following referral from the Breast Screening service provider at day 48. Concern regarding late referrals has been raised formally with the CEO at Imperial Healthcare.

#### Clostridium Difficile infections

There was one C. difficile infection in March 2016, bringing the total to ten cases. The target for the year to 31 March 2016 was a maximum of nine cases, so the target has been exceeded by one case. Case 10 was on the same ward as case 9, but they were caused by different ribotypes of C. difficile. Over the year there were two cases of the same ribotype (014), the first seen in July and the second in November, and a second pair of ribotype 005, the first seen in August and the second in January, all on different wards. This is consistent with the pattern of sporadic cases seen in London. There were no lapses in care contributing to the latest case (this has yet to be agreed with the commissioners). Learning from these cases has led to action plans to mitigate against further cases, which have been shared widely with the clinical teams.



## Safety Dashboard

Domain	Indicator	Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
		Jan-16	Feb-16	Mar-16	2015-2016	Jan-16	Feb-16	Mar-16	2015-2016	Jan-16	Feb-16	Mar-16	2015-2016 Q4	2015-2016	Trend charts
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	0	0	0	0	1	0	0	1	1	0	0	1	1	
	Hand hygiene compliance (Target: >90%)	95.3%	94.7%	94.1%	95.7%	99.5%	99.6%	99.5%	99.4%	97.0%	96.9%	96.3%	96.7%	97.8%	
Incidents	Number of serious incidents	3	4	4	69	7	8	1	58	10	12	5	27	127	
	Incident reporting rate per 100 admissions (Target: >8.5)	5.7	5.9	6.7	7.3	5.9	6.8	6.7	6.9	5.8	6.3	6.7	6.3	7.1	
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions (Target: 0)	0.00	0.08	0.00	0.04	0.04	0.02	0.00	0.07	0.02	0.05	0.00	0.02	0.04	
	Number of medication-related safety incidents	38	56	52	566	27	46	63	446	65	102	115	282	1012	
	Never Events (Target: 0)	0	0	1	3	0	0	0	0	0	0	1	1	3	
Harm	Safety Thermometer - Harm Score (Target: >90%)	96.2%	94.2%	95.3%	94.4%	97.0%	97.4%	98.2%	98.0%	96.6%	95.8%	96.8%	96.4%	95.9%	
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	1	0	0	9	6	1	0	24	7	1	0	8	33	
	NEWS compliance %	90.9%			77.1%					90.9%			90.9%	77.1%	
	Safeguarding adults - number of referrals	19	20	30	212	0	0	0	46	19	20	30	69	258	
	Safeguarding children - number of referrals	18	26	19	265	34	43	38	424	52	69	57	178	689	
Mortality	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	83.4	83.4	83.4	83.4	83.4	83.4	83.4	83.4	83.4	83.4	83.4	83.4	83.4	
	Number of hospital deaths - Adult	42	38	36	437	66	54	79	715	108	92	115	315	1152	
	Number of hospital deaths - Paediatric	0	0	0	2	0	0	0	0	0	0	0	0	2	
	Number of hospital deaths - Neonatal	3	2	0	24	0	1	1	11	3	3	1	7	35	
	Number of deaths in A&E - Adult	1	6	2	31	13	8	8	76	14	14	10	38	107	
	Number of deaths in A&E - Paediatric	0	0	0	2	0	0	0	4	0	0	0	0	6	
	Number of deaths in A&E - Neonatal	0	0	0	0	0	0	0	0	0	0	0	0	0	

### Chelsea & Westminster commentary

#### Never Events

The March event relates to a retained swab in maternity. The maternity team are focussing on mitigating risk factors associated with large blood loss procedures, and procedures where women are transferred from one care setting to another. Importantly, the advice reflected in the National Safety Standards for Invasive Procedures is being applied.

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

Whilst a total of 9 hospital acquired grade 3 & 4 pressure ulcers at the Chelsea and Westminster Hospital site in 2015/16, a further 17 pressure ulcers categorised as 'unstageable' or 'deep tissue injury' were reported on the external Strategic Executive Information System. Reduction of HAPU remains a priority for both sites for 2016/17.

#### Safeguarding children - number of referrals

The number of safeguarding referrals for the quarter remains within normal range. C&W continue to report new referrals and notifications of currently open social care cases as separate figures

#### Incident reporting rate per 100 admissions

To ensure that the decline is not relating to introduction of the new electronic Datix system the Governance Team have circulated details of Datix training within the Divisions and are closely monitoring incident reporting using last year's data as a broad comparison.

### West Middlesex commentary

#### Serious Incidents

There was one reported serious incident this month, which is currently being investigated and will be reported via the Trust's Serious Incident Report.

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

In the last 2 months there has been a reduction in the number of grade 3 and 4 hospital acquired pressure ulcers being reported. However the final year end position is an increase on 2014/15. Pressure ulcer prevention will remain a focus for 2016/17.

#### Across both sites

#### Summary Hospital-level Mortality Indicator (SHMI)

SHMI is now reported by the HSCIC for the organisation as a whole. That shown is the latest published and refers to the period October 2014 to September 2015.





## Patient Experience Dashboard

Domain	Indicator	Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
		Jan-16	Feb-16	Mar-16	2015-2016	Jan-16	Feb-16	Mar-16	2015-2016	Jan-16	Feb-16	Mar-16	2015-2016 Q4	2015-2016	Trend charts
Friends and Family	FFT: Inpatient recommend % (Target: >90%)	91.1%	90.9%	88.6%	88.6%	91.3%	93.8%	91.7%	92.3%	91.2%	92.7%	90.4%	91.5%	91.0%	
	FFT: Inpatient not recommend % (Target: <10%)	3.7%	4.1%	6.4%	5.9%	4.4%	3.3%	2.8%	3.8%	4.1%	3.6%	4.3%	4.0%	4.6%	
	FFT: Inpatient response rate (Target: >30%)	49.2%	43.7%	40.5%	38.3%	28.2%	30.4%	27.8%	27.6%	34.4%	34.6%	32.0%	33.7%	30.7%	
	FFT: A&E recommend % (Target: >90%)	86.4%	86.1%	85.3%	86.6%	87.4%	88.9%	87.3%	89.3%	86.6%	86.7%	85.7%	86.4%	87.2%	
	FFT: A&E not recommend % (Target: <10%)	7.5%	7.7%	8.2%	7.2%	6.7%	6.3%	6.1%	6.0%	7.4%	7.4%	7.8%	7.5%	6.9%	
	FFT: A&E response rate (Target: >30%)	16.9%	15.3%	13.9%	18.8%	19.8%	22.9%	19.1%	21.6%	17.4%	16.4%	14.8%	16.2%	19.3%	
	FFT: Maternity recommend % (Target: >90%)	91.4%	89.0%	92.3%	91.2%	95.1%	93.5%	96.2%	91.4%	92.1%	89.8%	93.0%	91.6%	91.3%	
	FFT: Maternity not recommend % (Target: <10%)	5.0%	7.4%	4.5%	5.3%	2.4%	1.6%	3.8%	3.7%	4.5%	6.3%	4.3%	5.0%	4.7%	
	FFT: Maternity response rate (Target: >30%)	28.3%	24.4%	24.4%	26.7%	21.2%	15.4%	12.7%	21.5%	26.6%	22.0%	21.0%	23.3%	25.1%	
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	26	31	27	309	37	37	41	398	63	68	68	199	707	
	Complaints formal: Number responded to < 25 days	17	18	5	193	13	21	5	242	30	39	10	79	435	
	Complaints (informal) through PALS	83	98	99	1136	80	120	200	744	163	218	299	680	1880	
	Complaints sent through to the Ombudsman	0	0	0	1	0	1	1	10	0	1	1	2	11	
	Complaints upheld by the Ombudsman (Target: 0)	0	0	0	2	0	1	1	6	0	1	1	2	8	

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### Chelsea & Westminster commentary

#### Friends and Family Test

- Positive recommendations for Inpatients are below the internal target of >90% however themes will be identified to plan areas of improvement.
- Positive recommendations for A&E are below the internal target of >90% however themes will be identified to plan areas of improvement.
- The ED staff are introducing new methods to survey patients including on-line surveys.

### West Middlesex commentary

#### Friends and Family Test

- The Inpatient figures have decreased due to a delay in paper surveys reaching the analysts. This will be applied to the April data.
- Positive recommendations for A&E are below the internal target of >90% however themes will be identified to plan areas of improvement.
- The A&E response rate has decreased during March however new methods of surveying patients are being sought.
- Maternity response rate has decreased month by month and new methods of surveying will be sought.

#### Complaints

For the Emergency and Integrated Care Division at the West Middlesex site, there is currently a backlog of complaints.

The Division is therefore making this a priority to address



## Efficiency & Productivity Dashboard

Domain	Indicator	Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
		Jan-16	Feb-16	Mar-16	2015-2016	Jan-16	Feb-16	Mar-16	2015-2016	Jan-16	Feb-16	Mar-16	2015-2016 Q4	2015-2016	Trend charts
Admitted Patient Care	Average length of stay - elective (Target: <3.7)	3.39	3.70	3.74	3.46	3.38	3.18	3.08	3.58	3.39	3.57	3.58	3.51	3.49	
	Average length of stay - non-elective (Target: <3.9)	4.24	4.20	4.49	4.16	3.95	3.49	3.80	3.77	4.09	3.85	4.14	4.03	3.97	
	Emergency care pathway - average LoS (Target: <4.5)	5.27	4.76	5.62	4.99	4.39	3.86	4.19	4.22	4.72	4.21	4.74	4.55	4.52	
	Emergency care pathway - discharges	189	201	207	2355	231	217	219	2539	421	419	427	1268	4894	
	Emergency re-admissions within 30 days of discharge (Target: <2.8%)	3.30%	3.02%	3.57%	3.28%	8.29%	9.21%	6.55%	7.65%	5.73%	5.70%	4.85%	5.43%	5.22%	
	Delayed transfer of care - % relevant NHS patients affected (Target: <2%)	1.0%	0.0%	0.0%	1.4%	3.3%	4.3%	3.7%	3.6%	1.9%	1.2%	1.2%	1.4%	2.2%	
	Non-elective long-stayers	387	415	452	4888										
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	86.0%	85.6%	86.7%	84.0%	88.2%	83.2%	86.8%	85.1%	86.9%	84.6%	86.7%	86.1%	84.8%	
	Operations cancelled on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.00%	0.57%	0.36%	0.36%					0.00%	0.57%	0.36%	0.31%	0.36%	
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	0	0	0	14	0	0	0	0	0	0	0	0	14	
	Theatre active time (C&W Target: >70%; WMM Target: >78%)	73.3%	75.9%	74.2%	73.6%	81.1%	79.8%	81.7%	79.9%	75.6%	77.1%	76.3%	76.3%	75.5%	
	Theatre booking conversion rates (Target: >80%)	88.2%	88.0%	88.4%	88.2%										
Outpatients	First to follow-up ratio (Target: <1.5)	1.64	1.62	1.65	1.61	1.61	1.60	1.67	1.67	1.62	1.61	1.66	1.63	1.65	
	Average wait to first outpatient attendance (Target: <6 wks)	7.4	7.2	7.1	7.0	6.5	6.2	5.9	6.1	7.0	6.7	6.6	6.8	6.6	
	DNA rate: first appointment	12.9%	11.6%	11.5%	12.1%	12.2%	10.9%	10.6%	11.8%	12.6%	11.3%	11.1%	11.6%	12.0%	
	DNA rate: follow-up appointment	10.0%	10.4%	11.0%	11.0%	9.6%	8.3%	8.3%	9.6%	9.9%	9.7%	10.1%	9.9%	10.5%	

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### Chelsea & Westminster commentary

#### Non-Elective and Emergency average LoS

Both indicators are show as over the target as a combined Trust with the Chelsea site higher than that at West Middlesex. This is being addressed via a workstream looking into the Trust's Bed Productivity programme.

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

This performance was 4.88% for the Trust, and is significantly over the target, particularly at the West Middlesex site. Some focussed work has started to address this, including audits, data cleansing and focus on specific high throughput pathways.

#### Outpatient first to follow-up ratios

There is work ongoing as part of the Outpatient Productivity Steering Group Workstream to streamline pathways and introduce straight to test clinics which will reduce the new to follow up ratio.

#### Average wait to first outpatient attendance

Improvements have been seen in reducing waiting for first attendance due to focus on ensuring capacity is focused on this group of patients. Business cases have been submitted with decision pending, to help to clear the larger backlog and reduce waits further.

### West Middlesex commentary

#### Elective average LoS

There is a continued improvement in Elective Length of Stay as a result of theatre efficiency work ensuring day cases are not extended into overnight stays.

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

A detailed clinical audit is in progress to identify opportunities to reduce re-admissions. Findings will be reported to the Executive Board in May

#### Delayed transfers of care affected patients

Inter-agency working within Hounslow and Richmond remains good. All delays are being managed proactively.

#### Outpatient first to follow-up ratios

Increase in FUp is due to partial booking backlog clearance, especially in ENT and Paediatrics



## Clinical Effectiveness Dashboard

Domain	Indicator	Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
		Jan-16	Feb-16	Mar-16	2015-2016	Jan-16	Feb-16	Mar-16	2015-2016	Jan-16	Feb-16	Mar-16	2015-2016 Q4	2015-2016	Trend charts
Best Practice	Dementia screening diagnostic assessment (Target: >90%)	100.0%	100.0%	100.0%	100.0%	90.1%	91.5%	91.5%	92.7%	96.3%	97.2%	96.9%	96.8%	97.4%	
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	100.0%	81.8%	92.3%	89.2%	100.0%	100.0%	71.4%	75.8%	100.0%	88.9%	81.5%	89.9%	82.4%	
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	100.0%	100.0%	100.0%	100.0%	100.0%	91.7%	93.8%	96.2%	100.0%	96.4%	95.7%	97.3%	97.9%	
VTE	VTE: Hospital-acquired (Target: tbc)	0	0	0	3	0	0	2	5	0	0	2	2	8	
	VTE risk assessment (Target: >95%)	95.5%	95.4%	95.7%	96.1%	97.2%	97.2%		96.0%	96.3%	96.3%	95.7%	96.2%	96.0%	
TB	TB: Number of active cases identified and notified	1	4	4	51	6	9	5	97	7	13	9	29	148	
	TB: % of treatments completed within 12 months (Target: >85%)														

Please note the following

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An empty cell denotes those indicators currently under development

### Chelsea & Westminster commentary

#### #NoF Time to Theatre <36hrs for medically fit patients

At the Chelsea and Westminster site there was one non-clinical breach this month due to capacity - the case being a highly complex clinical one which required a consultant-led list.

#### VTE Hospital-acquired

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

#### VTE Risk Assessment

Analysis of key areas where VTE assessment is not being met, the reasons for this, and steps to harmonise working practices across the two sites with a particular focus on AAU/AMU is required.

#### TB: Number of active cases identified and notified

There were 4 TB cases notified. These cases are for C&W only as per the London TB Register. C&W TB Service also manage TB cases for the Royal Brompton and the Royal Marsden.

### West Middlesex commentary

#### #NoF Time to Theatre <36hrs for medically fit patients

The service has developed an action plan to improve the surgical and wider best practice tariff metrics – this includes reviewing out of hours trauma capacity utilisation. This is being reviewed for further improvement in April



## Access Dashboard

Domain	Indicator	Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
		Jan-16	Feb-16	Mar-16	2015-2016	Jan-16	Feb-16	Mar-16	2015-2016	Jan-16	Feb-16	Mar-16	2015-2016 Q4	2015-2016	Trend charts
RTT waits	RTT Incompletes 52 week Patients at month end	3	5	3	34	0	0	0	0	3	5	3	11	34	
	Diagnostic waiting times <6 weeks: % (Target: >99%)	100%	99.77%	99.87%	99.96%	99.93%	99.91%	99.97%	99.90%	99.96%	99.85%	99.92%	99.91%	99.93%	
	Diagnostic waiting times >6 weeks: breach actuals	0	5	3	12	2	3	1	33	2	8	4	14	45	
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	7.8%	7.0%	7.1%	7.1%	9.3%	8.8%	8.5%	8.5%	8.3%	7.6%	7.6%	7.8%	7.6%	
	A&E time to treatment - Median (Target: <60')	01:01	01:11	01:16	01:04	00:43	00:50	01:03	00:44	00:55	01:06	01:12	01:04	00:58	
	London Ambulance Service - patient handover 30' breaches	28	67	45	546	65	111	115	635	93	178	160	431	1181	
	London Ambulance Service - patient handover 60' breaches	0	4	4	20	0	1	1	3	0	5	5	10	23	
Choose and Book (unavailable until Apr-16 at the earliest)	Choose and book: appointment availability														
	Choose and book: capacity issue rate														
	Choose and book: system issue rate														

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An empty cell denotes those indicators currently under development

### Chelsea & Westminster commentary

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

3 breaches in the month of March which are 3 of the 5 reported on at the end of February: 2 x due to incorrect pathway reporting and 1 x patient choice and inconsistent application of the Trust Access Policy. The Trust has submitted a plan to resolve all 52 week long waiters by Q2 and this is on track. Risks around unknown data quality (PAS encountering) errors that may affect this standard have been raised.

#### Diagnostic waiting times <6 weeks: %

There is continued satisfactory performance across the board for the range of diagnostic procedures. Within Radiology, non-obstetric ultrasound (both sites) and MRI scanning (C&W site) continue to be the most challenging modalities. The use of 'Waiting List Initiative sessions' keeps waits below 6 weeks for diagnostic procedures in Radiology; this applies to both hospital sites.

The 3 confirmed breaches for non-Radiology diagnostic tests were all in Urology for Cystoscopy. The reasons stated are that due to long-term sickness, there have been capacity issues within the Specialty.

#### A&E unplanned re-attendances

Performance for this target was as per other months at 7.6%. Both Trusts are working with their respective Urgent care Boards to address this metric, which is nationally challenging, and met by very few Trusts.

#### A&E time to treatment – Median

March performance exceeded the 60 minute target for the Trust (by 16 seconds). Increased attendances have affected the performance of this metric.

#### London Ambulance Service - patient handover 60' breaches

The C&W Trust site had 4 60 minute handover breaches in A&E in March and this reflects some periods of high pressure, when the departments were completely full. Patients were triaged by senior staff however and were safely managed during this delay.

### West Middlesex commentary

#### A&E Time to Treatment

The 60 minute standard was missed in March due to activity pressures on the department. Medical staffing establishment is under review in light of the 11.4% increase in Type 1 activity

#### London Ambulance Service - patient handover 60' breaches

The breaches in February and March are data errors which have been challenged with LAS. Reported performance will be updated once the challenge process has concluded.



## Maternity Dashboard

Domain	Indicator	Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
		Jan-16	Feb-16	Mar-16	2015-2016	Jan-16	Feb-16	Mar-16	2015-2016	Jan-16	Feb-16	Mar-16	2015-2016 Q4	2015-2016	Trend charts
Birth indicators	Total number of NHS births	460	434	471	5389	400	390	416	5116	860	824	887	2796	10730	
	Total caesarean section rate (C&W Target: <27%; WM Target: <29%)	31.8%	30.5%	36.4%	34.6%	27.9%	25.6%	28.4%	28.3%	30.0%	28.2%	32.7%	30.3%	31.5%	
	Midwife to birth ratio (Target: 1:30)	1:30	1:30	1:30	1:30	1:32.7	1:32.7	1:32.7	1:32.7	1:31.3	1:31.3	1:31.3	1:31.3	1:31.3	
	Maternity 1:1 care in established labour (Target: >95%)	97.0%	95.5%	98.1%	96.4%	98.3%	94.7%	97.2%	94.7%	97.6%	95.1%	97.6%	96.8%	95.5%	
Safety	Admissions of full-term babies to NICU	15	21	18	243	n/a	n/a	n/a	n/a	15	21	18	54	243	
Please note the following		blank cell	An empty cell denotes those indicators currently under development												

### Chelsea & Westminster commentary

#### Total caesarean section rate

The Chelsea and Westminster site had a peak in C-sections at 36.4%.

This was predominantly a rise in the planned section rate.

Systems and processes are currently being reviewed and discussed at the consultant clinical summit to ensure clinical pathways are being adhered to and are appropriate.

### West Middlesex commentary

#### Midwife to birth ratio

The current West Middlesex ratio of 1:32.7% is being reviewed as part of the nursing and midwifery establishment review





## Workforce Dashboard

Domain	Indicator	Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
		Jan-16	Feb-16	Mar-16	2015-2016	Jan-16	Feb-16	Mar-16	2015-2016	Jan-16	Feb-16	Mar-16	2015-2016 Q4	2015-2016	Trend charts
Staffing	Vacancy rate (Target: CW <12%; WM <10%)	10.0%	9.5%	10.1%	10.1%	9.7%	9.8%	10.4%	10.4%	9.9%	9.6%	10.2%	10.2%	10.2%	
	Staff Turnover rate (Target: CW <18%; WM <11.5%)	17.9%	17.4%	17.8%	17.8%	11.5%	11.5%	11.6%	0.0%	15.4%	15.1%	15.4%	15.4%	15.4%	
	Sickness absence (Target: <3%)	2.5%	2.9%	2.9%	2.8%	2.5%	2.5%	1.7%	2.1%	2.5%	2.7%	2.5%	2.6%	2.6%	
	Bank and Agency spend (£k)	£2,504	£2,789	£2,781	£30,469	£1,542	£1,741	£1,683	£19,546	£4,045	£4,529	£4,463	£13,038	£50,015	
	Nursing & Midwifery Agency: % spend of total pay (Target: tbc)	7.9%	7.3%	8.0%	9.9%	11.5%	10.9%	9.2%	10.8%	9.3%	8.7%	8.4%	8.8%	10.3%	
Appraisal rates	% of appraisals completed - medical staff (Target: >85%)	82.2%	76.0%	79.2%	83.6%	81.4%	86.3%	90.9%	49.9%	74.0%	80.5%	84.2%	79.5%	69.9%	
	% of appraisals completed - non-medical staff (Target: >85%)	69.6%	70.4%	70.6%	71.6%	81.3%	74.5%	71.9%	85.0%	73.2%	71.6%	71.0%	71.9%	75.7%	
Training	Mandatory training compliance (Target: >90%)	79.2%	79.6%	80.8%	80.2%	85.9%	85.5%	85.4%	85.6%	85.0%	84.7%	84.8%	84.8%	84.9%	
	Health and Safety training (Target: >90%)	87.4%	88.0%	86.8%	86.2%	89.3%	86.1%	80.7%	88.2%	88.1%	87.3%	84.5%	86.6%	87.0%	
	Safeguarding training - adults (Target: 100%)	82.0%	84.8%	86.2%	96.0%	91.6%	92.7%	93.2%	91.8%	85.6%	87.8%	88.8%	87.4%	94.5%	
	Safeguarding training - children (Target: 100%)	68.7%	70.6%	74.6%	92.6%	89.4%	89.2%	89.5%	83.1%	76.5%	77.6%	80.2%	78.1%	88.1%	

Please note the following

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An empty cell denotes those indicators currently under development

### Chelsea & Westminster commentary

#### Staff in post

In March the Trust substantive staff in post was 3228.02 WTE (whole time equivalents), 167.93 (5%+) higher than March 15.

The largest annual increases were in the Medicine directorate (87.53), and the Nursing & Midwifery staff group (93.35). There were 37 voluntary leavers and 39 joiners (excluding Jnr Docs) over the month

#### Staff turnover rate

Unplanned staff turnover is 1.30% lower than one year ago, dropping from 19.13% (Apr 14 – Mar 15) to 17.83% (Apr 15 – Mar 16). Cumulative turnover cannot reduce significantly in a short space of time due to the nature in which it is calculated, but the general trend since May 2015 has been downwards.

#### Vacancy rate

The Trust vacancy rate for March 2016 was 10.08%, 1.39% lower than last year, and below the annual target rate of 12%. This is within the context of a budget increase of 4% in one year.

The Trust aims to reduce the Nursing and Midwifery vacancy rate (currently 12.91%) to 5%, with timescales and trajectory to be agreed at the Nursing & Midwifery Workforce Group over coming months.

A truer measure of vacancies is the number of posts being actively recruited to, based on the WTE of posts advertised on NHS jobs (2.54%, i.e. 91 WTE). The month saw bulk recruitment for band 5 nurses in A&E.

The average time to recruit (from authorisation date to the date all pre-employment checks are complete) for March 16 starters was 51 days, below the Trust target of <55 days

The Midwifery Open Day held on the 6th Feb was a huge success with 22 candidates offered posts across the two sites. Of the 22 appointed 7 were for West Mid, 14 for CW and 1 for PMU. Staff recruited are a mixture of experienced band 6's, experienced band 5's and students qualifying this year.

### West Middlesex commentary

#### Vacancy rate

The vacancy factor rate for WMUH at the end of the financial year 2015/16, March 2016 was 10.52%, which was an increase of 0.61% when compared with previous month. Within the qualified nursing staff group, it was 10.52%, which was also an increase of 1.5% when compared with the previous month.

#### Staff turnover rate

The turnover figure for the last 12 months (April 2015 to March 2016), was 11.61%.

The total number of unplanned staff leavers seen in this period was 233. This was an increase of 46 staff leavers, when compared with the previous same time period (April 2014 to March 2015).

WMUH has seen its turnover rate increase since June 2015, month by month when compared with the previous year. Since the acquisition (1st September 2015), there has been an average monthly increase of 1.68%. The highest turnover percentages, was seen in the Corporate Service areas with a total 15.03%, whilst the total turnover for the Clinical Divisions was 11.29%.

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

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

#### Sickness absence

The total sickness absence rate for March 2016 was 1.73%, which was a positive decrease of 0.73% when compared with the previous month. The total cumulative sickness rate between the period of April 2015 to March 2016, was 2.33%. Both these figures continue to sit under the trust target of 2.7%. HR and Occupational Health actively review absence % at departmental and individual level, and this is also monitored through divisional meetings.



## Chelsea & Westminster commentary continued

### Bank and Agency usage

Temporary staffing made up 12.8% of the total workforce in March 16, compared to 12.5% a year ago. Agency WTE as a % of workforce rose from 3.3% to 4.0%, while Bank dropped from 9.2% to 8.8%. The majority of the increase in agency usage was in response to increases in activity.

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

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

### Appraisals

The non-medical appraisal rate remained at 71%, below target for the month. Key areas have been identified where appraisal rates are low and action plans instigated by the Divisional Directors of Operations

There will be continuing monitoring by the Learning and Organisational Development Department with an action plan to reach 85% compliance by end of June 2016

### Mandatory Training

The 2015/16 financial year closed with Mandatory Training Compliance for the 10 core topics standing at 81%. This matches the 81% compliance achieved at the same period last year and can be viewed positively based on the changes to specifications that took place over the last 12 months.

Conflict Resolution compliance has increased from 25% to 79% over the year, Fire training has also considerably increased from 62% to 78%, and Moving & Handling has increased from 71% to 83%. Health & Safety compliance marginally improved, from 84% to 87%. The delivery method for Safeguarding Adult & Children Level 1 changed in Dec 15, moving from a yearly payslip leaflet attachment to an E-learning module, compliance currently standing at 87% and 75% respectively

The L&D Team continue to provide direct support to staff with their e-learning, and training room based learning continue to fill at pace. A target to achieve 95% compliance across all topics has been set to be achieved by the end of Q1 in 2016/17.

### National NHS Staff Survey 2015

Key findings from the 2015 Staff Survey results have been collated for both sites. Areas for improvement at both sites relate to Bullying and Harassment, Discrimination, and Violence and Aggression within the workplace. A working group has been set up to target hotspot areas. Localised action plans will be drafted to target these issues in the coming months.

## West Middlesex commentary continued

### Appraisal completion rate - Non-Medical staff

Overall target is changed from 90% to 85%. As previously reported, there is a seasonal drop in appraisal completions during Q4, with an expected upturn during Q1. (WMUH)

### Mandatory Training compliance

Current reporting is based on the 10 Pan-London Streamlining topics which now provide a consistent comparison with other Trusts. Remains slightly below the WMUH 90% target, but progressing towards the required 95% (WMUH)

### Safeguarding training – adults

Due to TNA change for level 2 the compliance dropped to 12% but with monthly f2f sessions and e-Learning modules steady improvement is anticipated.

Work is on-going to define requirements at L3 which is likely to have a negative impact on compliance figures in the first months of reporting until designated staff completes the necessary training.

Figures include staff who have completed Levels 2 & 3 as this training also gives compliance at L1. (WMUH)

### Safeguarding training – children

Steady improvement as anticipated. Figures include those staff who have completed Levels 2 & 3 as this training also gives compliance at L1. (WMUH)



## 62 day Cancer referrals by tumour site Dashboard

Target of 85%

Domain	Tumour site	Chelsea & Westminster NHS Foundation Trust					West Middlesex University Hospital					Combined Trust Performance						Trust data 13 months
		Jan-16	Feb-16	Mar-16	2015-2016	YTD breaches	Jan-16	Feb-16	Mar-16	2015-2016	YTD breaches	Jan-16	Feb-16	Mar-16	2015-2016 Q4	2015-2016	YTD breaches	Trend charts
62 day Cancer referrals by site of tumour	Breast	n/a	n/a	n/a	n/a		100%	100%	100%	97.8%	2	100%	100%	100%	100%	97.8%	2	
	Colorectal / Lower GI	50.0%	100%	100%	80.9%	4.5	100%	80.0%	83.3%	85.2%	4	75.0%	88.9%	87.5%	85.7%	83.2%	8.5	
	Gynaecological	n/a	100%	n/a	75.9%	3.5	100%	100%	100%	90.4%	2.5	100%	100%	100%	100%	85.2%	6	
	Haematological	100%	n/a	n/a	93.3%	0.5	n/a	100%	100%	88.1%	2.5	100%	100%	100%	100%	89.5%	3	
	Head and neck	n/a	n/a	n/a	100%	0	0.0%	100%	100%	89.3%	1.5	0.0%	100%	100%	77.8%	90.6%	1.5	
	Lung	n/a	100%	100%	100%	0	100%	100%	100%	88.0%	1.5	100%	100%	100%	100%	95.5%	1.5	
	Sarcoma	n/a	n/a	n/a	n/a		n/a	n/a	n/a	0.0%	0.5	n/a	n/a	n/a	n/a	0.0%	0.5	
	Skin	100%	100%	100%	100%	0	100%	100%	93.8%	97.0%	2	100%	100%	94.7%	97.2%	98.4%	2	
	Upper gastrointestinal	100%	100%	100%	96.4%	0.5	100%	n/a	75.0%	91.2%	1.5	100%	100%	83.3%	91.7%	93.5%	2	
	Urological	100%	36.4%	82.4%	65.9%	14.5	83.3%	83.3%	n/a	87.9%	6.5	85.7%	52.9%	82.4%	70.7%	78.1%	21	
	Urological (Testicular)	n/a	n/a	n/a	n/a		n/a	n/a	n/a	83.3%	1	n/a	n/a	n/a	n/a	83.3%	1	
	Site not stated	n/a	n/a	0.0%	80.0%	0.5	n/a	n/a	n/a	n/a		n/a	n/a	0.0%	0.0%	80.0%	0.5	

Please note the following n/a Will refer to those indicators where there is no data to report. Such months will not appear in the trend graphs. A blank in a breach cell indicates no activity year to date.

Chelsea and Westminster commentary

West Middlesex commentary



## Nursing Metrics Dashboard

### Safe Nursing and Midwifery Staffing

#### Chelsea and Westminster NHS Foundation Trust

Ward Name	Day		Night	
	Average fill rate Registered Nurses	Average fill rate care staff	Average fill rate Registered Nurses	Average fill rate care staff
Maternity	79.2%	81.4%	70.7%	75.4%
Annie Zunz	119.5%	338.3%	146.7%	296.7%
Apollo	82.9%	58.1%	92.3%	-
Jupiter	109.2%	31.1%	133.0%	25.2%
Mercury	68.0%	93.5%	94.2%	90.3%
Neptune	64.7%	77.4%	92.2%	80.6%
NICU	90.9%	-	88.4%	-
AAU	99.7%	84.2%	130.9%	109.7%
Nell Gwynn	92.2%	71.3%	139.8%	100.0%
David Erskine	94.4%	151.7%	103.3%	119.4%
Edgar Horne	97.2%	110.5%	114.0%	114.5%
Lord Wigram	91.2%	115.1%	101.1%	135.5%
St Mary Abbots	90.9%	129.0%	108.8%	156.4%
David Evans	74.4%	94.7%	97.6%	109.3%
Chelsea Wing	83.0%	756.1%	104.8%	67.7%
Burns Unit	94.9%	92.9%	100.0%	108.6%
Ron Johnson	84.7%	116.1%	92.5%	101.6%
ICU	98.7%	-	98.7%	-

#### Summary for March 2015

NHS England and NHSI have confirmed that they will be updating the guidance on the production of this information and be refreshing the National Quality Board Expectations and Hard Truths Reporting on Safe Staffing. They are likely to bring the requirements in line with the recommendations from Carter and will be asking for additional information relating to CHPPD (care hours per patient day) and number of patients.

This will go some way to address the fact that this data is indeed meaningless without knowing how many patients were being cared for at the time the 'actual' measure was taken.

#### West Middlesex University Hospital

Ward Name	Day		Night	
	Average fill rate Registered Nurses	Average fill rate care staff	Average fill rate Registered Nurses	Average fill rate care staff
Maternity	98.8%	92.8%	98.9%	93.5%
Lampton	114.7%	94.8%	100.0%	101.6%
Richmond	89.2%	101.8%	94.7%	109.7%
Syon 1	95.6%	111.2%	99.2%	100.0%
Syon 2	96.5%	101.4%	98.9%	101.5%
Starlight	108.4%	-	110.9%	-
Kew	109.0%	101.6%	100.0%	150.0%
Crane	115.1%	87.1%	98.9%	135.5%
Osterley 1	94.7%	127.1%	92.5%	116.4%
Osterley 2	108.8%	108.6%	100.8%	114.0%
MAU	98.0%	136.9%	112.0%	102.2%
CCU	94.3%	116.7%	98.4%	-
Special Care Baby Unit	100.4%	100.0%	100.7%	100.0%
Marble Hill	97.2%	115.5%	100.2%	106.5%
ITU	97.3%	-	99.5%	-



## CQC Action Plan Dashboard

### Chelsea and Westminster NHS Foundation Trust

Area	Total	Green (Fully complete)	Amber	Red
Trust-wide actions: Risk / Governance	17	17	-	-
Trust-wide actions: Learning disability	4	4	-	-
Trust-wide actions: Learning and development	14	14	-	-
Trust-wide actions: Medicines management	5	4	1	-
Trust-wide actions: End of life care	26	25	1	-
Emergency and Integrated Care	33	32	-	1
Planned Care	55	53	2	-
Women & Children, HIV & GUM	35	35	-	-
<b>Total</b>	<b>189</b>	<b>184</b>	<b>4</b>	<b>1</b>
<b>February 2016 position for comparison</b>	<b>189</b>	<b>182</b>	<b>6</b>	<b>1</b>

#### Chelsea and Westminster Commentary

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

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

**Emergency and Integrated Care:** The outstanding action relates to care for Mental Health patients in an appropriate place and reducing waits for mental health placements. This remains a priority and C&W are working with local mental health providers to this end.

**Planned Care:** ICU transfers overnight remain an issue due to capacity issues within the Unit. A new build is planned to address capacity.

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

### West Middlesex University Hospital

Area	Total	Complete	Green	Amber	Red
Must Have Should Do's	33	30	2	1	-
Children's & Young Peoples	32	28	4	-	-
Corporate	2	2	-	-	-
Critical Care	27	27	-	-	-
ED- Urgent & Emergency Services	17	16	-	1	-
End of Life Care	32	10	18	4	-
Maternity & Gynae	22	22	-	-	-
Medical Care (inc Older People)	19	18	-	1	-
Surgery	26	26	-	-	-
Theatres	15	15	-	-	-
OPD & Diagnostic Imaging	14	11	3	-	-
<b>Total</b>	<b>239</b>	<b>205</b>	<b>27</b>	<b>7</b>	<b>-</b>
<b>February 2016 position for comparison</b>	<b>239</b>	<b>198</b>	<b>34</b>	<b>7</b>	<b>-</b>

#### West Middlesex Commentary

A deep dive into end of life care has been undertaken in March and this has been presented to the End of Life Steering Group and will be presented to the Care Quality Group in April 16. With the exception of End of Life Care there are only 12 remaining actions outstanding; some of these are dependent on recruitment, capital work or wider health response. The remainder require audit results or training stats and are likely to be finalised during the month of April.





Finance Dashboard

Month 12 (March) Integrated Position

Financial Position (£000's)									
	Combined Trust			CW			WM		
	Plan to Date	Actual to Date	Var to Date	Plan to Date	Actual to Date	Var to Date	Plan to Date	Actual to Date	Var to Date
Income	509,762	523,854	14,092	404,687	412,666	7,979	105,074	111,187	6,113
Expenditure	(486,980)	(503,757)	(16,776)	(384,914)	(395,342)	(10,429)	(102,067)	(108,414)	(6,348)
EDITDA	22,781	20,097	(2,685)	19,774	17,324	(2,450)	3,008	2,773	(235)
EBITDA %	4.469%	3.836%	-0.63%	4.9%	4.2%	0.7%	2.9%	2.5%	-0.4%
Interest/Other Non OPEX	(4,026)	(3,286)	741	(1,055)	(766)	289	(2,972)	(2,520)	452
Depreciation	(17,211)	(15,332)	1,880	(14,089)	(12,214)	1,875	(3,122)	(3,118)	5
PDC Dividends	(12,668)	(10,378)	2,290	(11,421)	(9,131)	2,290	(1,248)	(1,247)	1
Surplus/(Deficit) Before Impairment/Gains on absorprtion	(11,124)	(8,899)	2,226	(6,790)	(4,787)	2,004	(4,334)	(4,112)	222
Impairment	0	(59,735)	(59,735)	0	(56,083)	(56,083)	0	(3,652)	(3,652)
Gain on Transfer Abortio	0	73,909	73,909	0	73,909	73,909	0	0	0
Surplus/(Deficit)	(11,124)	5,275	16,399	(6,790)	13,039	19,830	(4,334)	(7,764)	(3,430)

Comments RAG rating

In March CWFT (CW site and WM site) reported a YTD £8.9m deficit (Excluding impairment/gain on absorption) and £5.3m surplus (including impairment/gain on absorption).

The YTD favourable variance (before impairment /gain on absorption) of £2.2m is mainly due to the reduced dividend charge from the revaluation.

CW Site (before impairment/gain on absorption) YTD £2.0m favourable variance. Overperformance in income (mainly clinical) and underspends in non-opex (due to depreciation and interest charges for the Transaction which have not transpired) were offset against increases in operating costs within pay (CIP undelivery) and higher non-pay.

WW Site (before impairment/gain on absorption) YTD £0.22m favourable variance. Overperformance in clinical income were offset against cost pressures for increased temporary staffing and non-pay.

Risk rating (year to date) C&W only

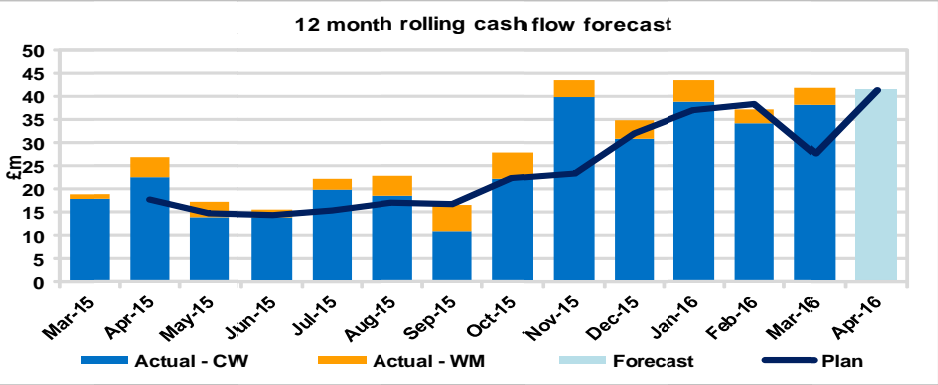
FSRR	M12 Plan	M12 Actual
FSRR Rating	2	2
Comments	RAG rating <div></div>	
The Overall FSRR rating for month 12 is 2 (against a plan of 2). This is mainly due to the I&E margin which is a deficit, and therefore the maximum that the Trust can achieve is a 2.		

Cash Flow

Comments RAG rating

The combined cash balance at the end of month 12 is £41.9m (CW Site £38.1m, WM site £3.8m), £14.1m above combined plan of £27.8m.

Cost Improvement Programme (CIPs)						
Site	In Month			Year to Date		
	Plan £'000	Actual £'000	Var £'000	Plan £'000	Actual £'000	Var £'000
CWFT	1,286	906	(380)	10,097	9,423	(673)
WMUH	695	859	164	7,200	6,638	(561)
Merger synergies	347	347	0	1,275	1,275	0
Trust Total	2,328	2,113	(215)	18,572	17,337	(1,235)
Comments	RAG rating <div></div>					
<b>CW Site</b> - £0.38m adverse in month 12 and YTD adverse £0.67m. This is mainly related to shortfalls in theatres, outpatients, pay controls, management structure, corporate back office and LOS.						
<b>WM Site</b> - £0.16m favourable against the plan in month 12 and £0.56m adverse YTD. The in month favourable variance relates to bed management and the YTD shortfall mainly relates to bed management, temporary staffing & recruitment, income opportunities and divisional CIPs.						
<b>Merger synergies</b> - £0.35m were achieved in month 12, and £1.2m YTD in line with the plan.						
12 month rolling cash flow forecast						





## CQUIN Dashboard

### West Middlesex University Hospital

**Note:** The table below refers to West Middlesex Hospital only. Chelsea and Westminster will remain on a separate contract until the end of the 2015/2016 financial year which does not include such a requirement.

#### National CQUINs

No.	Description of goal	Responsible Executive (role)	Forecast			
			Q1	Q2	Q3	Q4
N1	Acute kidney infection	Medical Director	G	G	A	G
N2	Sepsis (screening)	Medical Director	G	G	G	G
N2	Sepsis (antibiotic administration)	Medical Director	n/a	G	G	A
N3.1	Dementia & delirium: find, assess, investigate, refer & inform	Director of Nursing	G	G	G	G
N3.2	Dementia & delirium: staff training	Director of Nursing	G	G	A	A
N3.3	Dementia & delirium: improving discharge timeliness & process	Director of Nursing	G	G	G	G
N4	UEC: improving discharge timeliness & process	Director of Operations	n/a	n/a	A	A

#### Regional CQUINs

No.	Description of goal	Responsible Executive (role)	Forecast			
			Q1	Q2	Q3	Q4
R1.1	IT: shared patient records & real time information systems	Finance Director	G	G	G	G
R1.2	IT: diagnostic cloud across the NW London health economy	Finance Director	G	G	G	G
R1.3	IT: diagnostic cloud link to Ashford & St. Peter's	Finance Director	n/a	G	n/a	G
R2.1	OP referrals: reducing inappropriate referrals & face to face appts	Director of Operations	n/a	G	A	A
R3.1	7 day multi-disciplinary assessment (Acute)	Director of Operations	n/a	G	n/a	G
R3.2	7 day multi-disciplinary shift handover (Acute)	Director of Operations	n/a	G	n/a	G
R3.3	7 day diagnostics (Acute)	Director of Operations	n/a	G	n/a	G

#### Local CQUINs

No.	Description of goal	Responsible Executive (role)	Forecast			
			Q1	Q2	Q3	Q4
L1	Catheter care	Director of Nursing	G	G	G	G

#### West Middlesex commentary

The West Middlesex site specific CQUIN schemes have delivered above expectation. Evidence of achievement of Q4 milestones is being collated for submission to CCGs, so this assessment is based on the Trust's view and is unvalidated. Estimated income earned is £2.118M against £2.342M available (90%). These values are based on the 15/16 plan figures and exclude overperformance so overall earnings are expected to be higher, and are above the forecast values.

**N1 & N2** The A&E department use of the standardised Sepsis screening tool is now embedded. Timeliness of antibiotic administration has improved significantly, but fell short of the 90% target. This scheme remains in place in the 16/17 National CQUIN so will continue to be an area of focus. The IT system change to facilitate improvement in communication with GPs for patients with Acute Kidney Injury went live on 16th March, and was successful in delivering a step change improvement and achievement of the Q4 milestone.

**N3** E&IC division have maintained the screening, response and referral protocols. Securing medical engagement with Dementia and Delirium training has continued to be challenging, with Q4 milestones missed, albeit marginally. A revised focus on training at medical induction will be adopted in 16/17.

**N4** Urgent Care – The proportion of North West London patients staying over 21 days comfortably achieved the stretch target set by CCGs, reflecting the excellent system-wide improvement work on discharge during 15/16. A&E all types performance has on average exceeded 95% for both Saturdays and Sundays for the whole year including a challenging quarter 4. A&E all types performance on Mondays remains problematic and the Q4 milestone was not achieved.

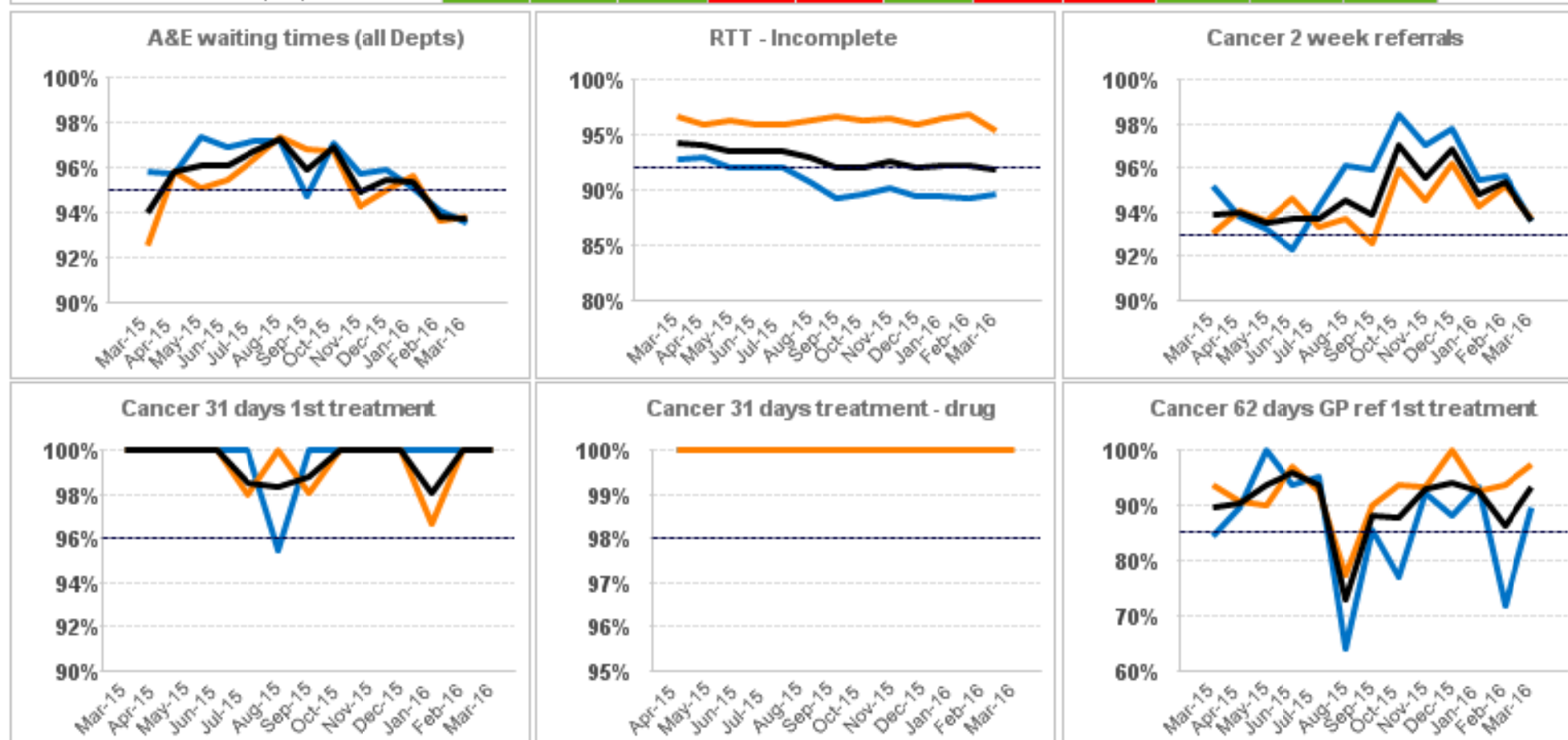
**R1** IT Schemes – All schemes delivered in full achieving 100% of income available.

**R2** The new Paediatric telephone clinic channel was successfully achieved the incremental increase in levels of activity in Q4. Paediatrics have all also maintained the required levels of referral triaging. Other specialities have not maintained the required volume in Q4, hampered by an unexpected change by Hounslow Referral Facilitation Service to their IT system which prevented Trust staff from accessing the triage system. The Trust has raised this with the CCG as mitigation for Q4 performance below target.

**R3** Both 7 day MDT Assessment and Handover CQUIN schemes were delivered in full. The 7 day diagnostic CQUIN was not met as the investment required to achieve it was not value for money with only £9k of income available as an incentive. Access to 7 day echocardiography will be enabled following the opening of the Cardiac catheter lab at WMUH in Q2 16/17.



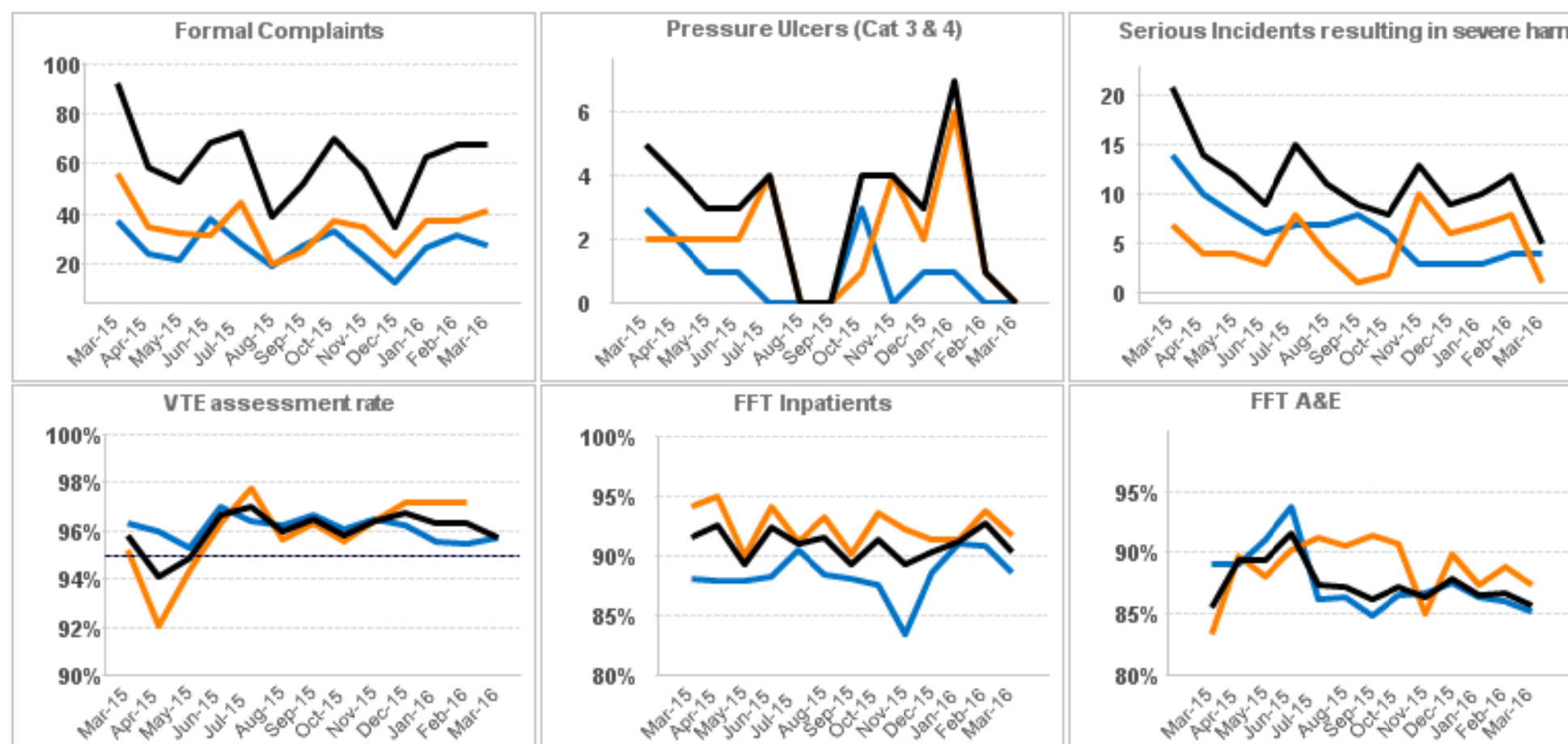
Regulatory Compliance												
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined Trust data: last Quarter, YTD & 13m trend					
Indicator	Jan-16	Feb-16	Mar-16	Jan-16	Feb-16	Mar-16	Jan-16	Feb-16	Mar-16	Quarter	YTD	Trend
A&E waiting times - Types 1 & 3 Depts (Target: >95%)	95.1	94.1	93.6	95.6	93.7	93.8	95.4	93.9	93.7	94.3	95.6	
RTT - Incomplete (Target: >92%)	89.4	89.2	89.6	96.4	96.9	95.4	92.1	92.2	91.8	92.0	92.7	
Cancer 2 week urgent referrals (Target: >93%)	95.5	95.6	93.6	94.3	95.2	93.7	94.8	95.4	93.7	94.6	94.7	
Cancer 31 days first treatment (Target: >96%)	100	100	100	96.7	100	100	98.0	100	100	99.3	99.5	
Cancer 31 days treatment - Drug (Target: >98%)	n/a	n/a	n/a	100	100	100	100	100	100	100	100.0	
Cancer 31 days treatment - Surgery (Target: >94%)	n/a	n/a	n/a	100	100	n/a	100	100	n/a	100	100.0	
Cancer 31 days treatment - Radiotherapy (Target: >94%)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
Cancer 62 days GP ref to treatment (Target: >85%)	93.3	72.0	89.5	92.5	93.8	97.4	92.7	86.3	93.5	90.7	90.3	
Cancer 62 days NHS screening (Target: >90%)	n/a	n/a	n/a	100	33.3	50.0	100.0	33.3	50.0	55.6	85.4	
Clostridium difficile infections (Targets: CW: 7; WM: 9; Combined: 16)	1	0	0	2	1	1	3	1	1	5	17	
Self-certification against compliance for access to healthcare for people with LD	Comp	Comp	Comp	N/C	N/C	Comp	N/C	N/C	Comp	Comp	Comp	





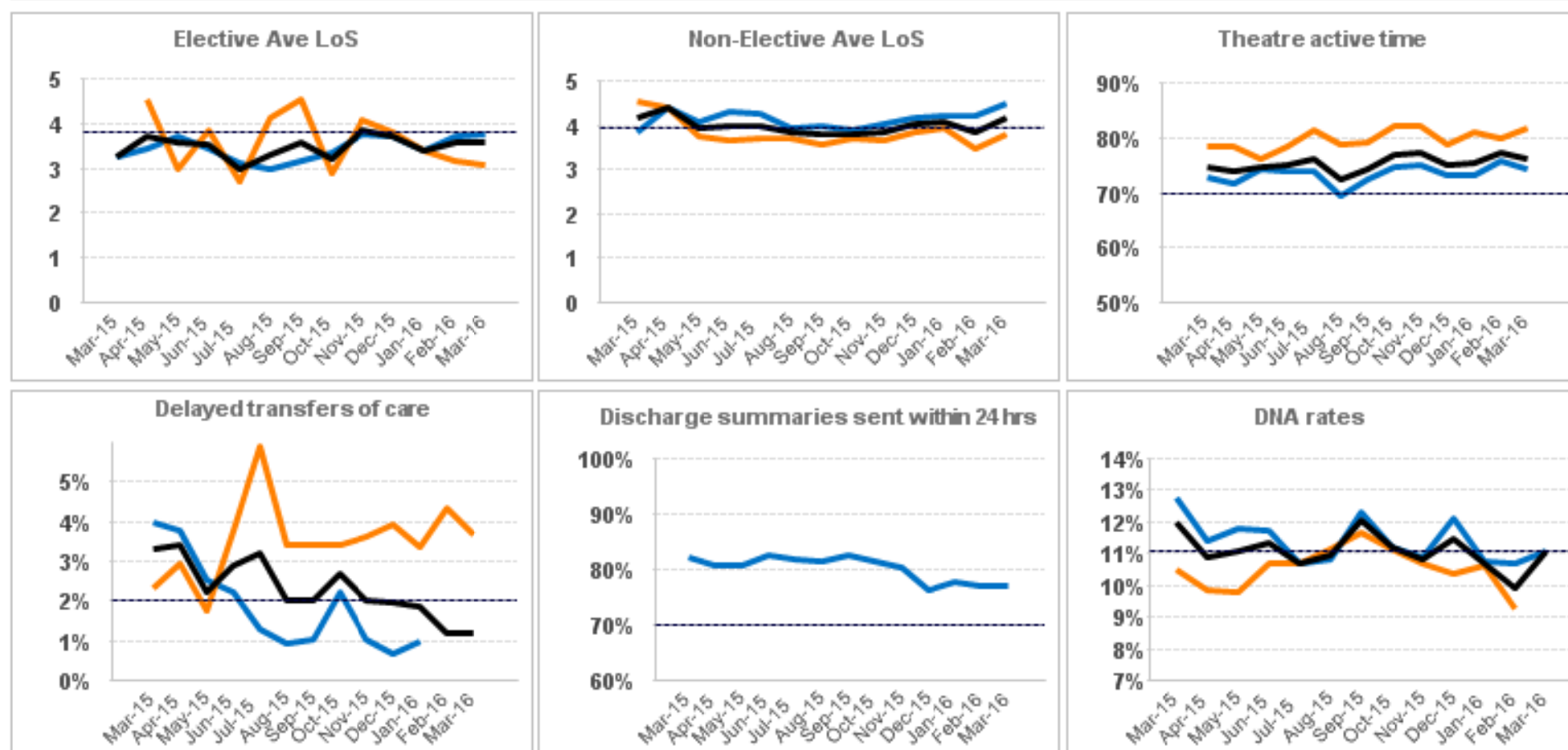


Quality												
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Jan-16	Feb-16	Mar-16	Jan-16	Feb-16	Mar-16	Jan-16	Feb-16	Mar-16	Quarter	YTD	Trend
Hand Hygiene (Target: >=90%)	95.3	94.7	94.1	99.5	99.6	99.5	97.0	96.9	96.3	96.7	97.8	
Pressure Ulcers (Cat 3 & 4)	1	0	0	6	1	0	7	1	0	8	33	
VTE assessment % (Target: >=95%)	95.5	95.5	95.7	97.2	97.2		96.3	96.3	95.7	96.2	96.1	
Formal complaints number received	26	31	27	37	37	41	63	68	68	199	707	
Formal complaints responded to <25days	17	18	5	13	21	5	30	39	10	79	435	
Serious Incidents	3	4	4	7	8	1	10	12	5	27	127	
Never Events (Target: 0)	0	0	1	0	0	0	0	0	1	1	3	
FFT - Inpatients recommend % (Target: >90%)	91.1	90.9	88.6	91.3	93.8	91.7	91.2	92.7	90.4	91.5	91.0	
FFT - A&E recommend % (Target: >90%)	86.4	86.1	85.3	87.4	88.9	87.3	86.6	86.7	85.7	86.4	87.2	
Falls causing serious harm	0	0	0				0	0	0	0	1	



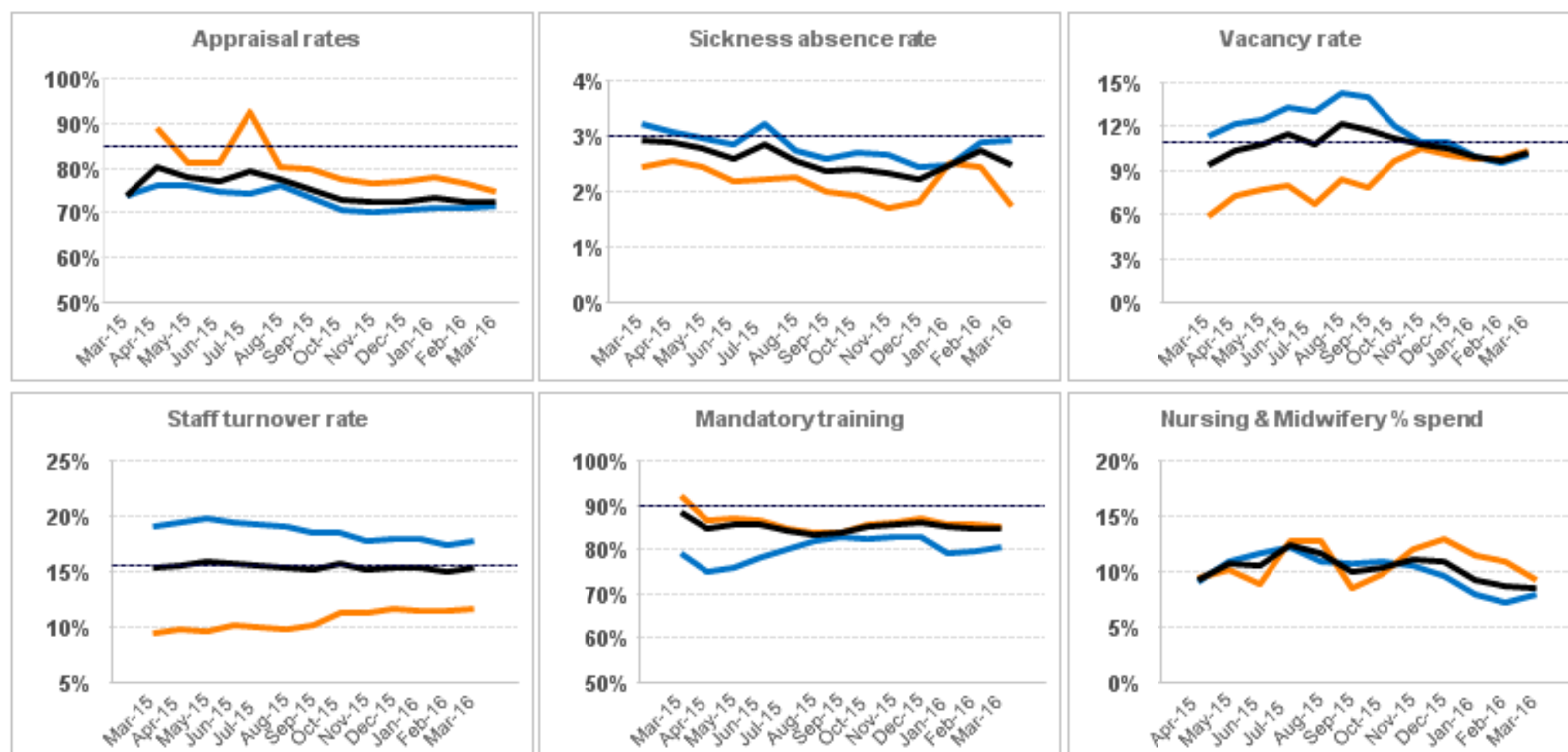


Efficiency												
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Jan-16	Feb-16	Mar-16	Jan-16	Feb-16	Mar-16	Jan-16	Feb-16	Mar-16	Quarter	YTD	Trend
Elective average LoS (Target: <3.8)	3.4	3.7	3.7	3.4	3.2	3.1	3.4	3.6	3.6	3.5	3.5	
Non-Elective average LoS (Target: <3.95)	4.2	4.2	4.5	3.9	3.5	3.8	4.1	3.8	4.1	4.0	4.0	
Theatre active time (Target: >70%)	73.3	75.9	74.2	81.1	79.8	81.7	75.6	77.1	76.3	76.3	75.5	
Delayed transfers of care (Target: <2%)	0.99	0.00	0.00	3.34	4.33	3.67	1.87	1.19	1.20	1.43	2.23	
Discharge summaries sent within 24 hours (Target: >70%)	77.8	76.9	77.1	dev	dev	dev	77.8	76.9	77.1	77.3	80.0	
Outpatient DNA rates (Target: <11.1%)	10.7	10.7	11.1	10.6	9.3	9.2	10.7	9.9	11.1	10.4	11.0	
On the day cancelled operations not re-booked within 28 days (Target: 0)	0	0	0	0	0	0	0	0	0	0	14	





Workforce												
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Jan-16	Feb-16	Mar-16	Jan-16	Feb-16	Mar-16	Jan-16	Feb-16	Mar-16	Quarter	YTD	Trend
Appraisal rates (Target: >85%)	71.1	70.9	71.4	78.2	76.4	74.9	73.3	72.7	72.5	72.8	75.3	
Sickness absence rate (Target: <3%)	2.48	2.88	2.92	2.50	2.46	1.73	2.49	2.73	2.49	2.57	2.55	
Vacancy rates (Target: CV<12%; WM<10%)	10.0	9.5	10.1	9.7	9.8	10.4	9.9	9.6	10.2	10.2	10.2	
Turnover rate (Target: CV<18%; WM<11.5%)	17.9	17.4	17.8	11.5	11.5	11.6	15.4	15.1	15.4	15.4	15.4	
Mandatory training (Target: >90%)	79.2	79.6	80.8	85.9	85.5	85.4	85.0	84.7	84.8	84.8	84.9	
Bank and Agency spend (£ks)	£2,504	£2,789	£2,781	£1,542	£1,741	£1,683	£4,045	£4,529	£4,463	£13,038	£50,015	
Nursing & Midwifery: Agency % spend of total pay (Target: tbc)	7.9	7.3	8.0	11.5	10.9	9.2	9.3	8.7	8.4	8.8	10.3	





## Council of Governors Meeting, 19 May 2016

<b>AGENDA ITEM NO.</b>	12/May/16
<b>REPORT NAME</b>	Draft Minutes of the Council of Governors Quality Sub-Committee meeting held on 27 April 2016
<b>AUTHOR</b>	Vida Djelic, Board Governance Manager
<b>LEAD</b>	Martin Lewis, 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 Quality Sub-Committee meetings held on 27 April 2016.
<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 12.00 on 27 April in the Hospital Boardroom**

<b>Attendees</b>	Martin Lewis	ML	Chair
	Susan Maxwell	SM	Patient Governor
	Anna Hodson-Pressinger	AHP	Patient Governor
	Melvyn Jeremiah	MJ	Public Governor – City of Westminster
	Simon Dyer	SD	Patient Governor
	Paul Harrington	PH	Public Governor - London Borough of Richmond upon Thames
	Wendy Micklewright	WM	London Borough of Richmond upon Thames
	Nigel Davis	ND	Public Governor – London Borough of Ealing
	David Philips	DP	Patient
<b>In attendance</b>	Vida Djelic	VD	Board Governance Manager
	Barry Quinn (in part)	BQ	Assistant Chief Nurse
	Robert Hodgkiss (in part)	RH	Chief Operating Officer
	Kathryn Mangold (in part)	KM	Lead Nurse for Learning Disabilities and Transition

<b>1.</b>	<b>Welcome and Apologies</b>	
a.	The Chairman welcomed the members to the meeting and introduced the sub-committee business.	
b.	Apologies were received from Sonia Richardson and Lizzie Wallman, Laura Wareing and Lynn McEvoy.	
<b>2.</b>	<b>Appointment of Deputy Chairman</b>	
a.	The sub-committee unanimously agreed to appoint Nigel Davies, Public Governor for the London Borough of Ealing, as the Deputy Chairman of the sub-committee.	
<b>3.</b>	<b>Minutes of the previous meeting held on 19 February 2016</b>	
a.	Minutes of the previous meeting were accepted as a true and accurate record of the meeting subject to the following change: <ul style="list-style-type: none"> <li>Page 4 paragraph 9.g, insert the word 'financial' before 'year.'</li> </ul>	
<b>4.</b>	<b>Matters Arising</b>	
a.	The sub-committee noted that all matters arising were complete. Barry Quinn provided an update on his two actions later in the meeting.	
<b>5.</b>	<b>COG Quality Awards Results</b>	
a.	SM noted that the Quality Awards Judging Panel met earlier in the day and that four teams and one individual have been selected to receive awards.	

b.	<p>SM listed the winners as:</p> <ul style="list-style-type: none"> <li>• The Kensington Wing Private Maternity Team</li> <li>• Oliver Lynch – IV Line Practitioner</li> <li>• The Laser Clinic Team at 10 Hammersmith Broadway</li> <li>• The Electronic Document Management Team</li> <li>• The ICU Airway Team</li> </ul>	
c.	The awards will be presented by the Chairman to the winners at the 19 May Council of Governors meeting.	
<b>6.</b>	<b>Report from PLACE Audits</b>	
a.	SM introduced the work of the Patient-Led Assessments of the Care Environment (PLACE). The group includes representation from patient and public governors, patients, HealthWatch, clinical leads, hospital sub-contractors and Trust Estate and Facilities.	
b.	The group conducts regular assessments which include a range of patient care areas which includes a review of cleanliness, condition, appearance and maintenance of the building, privacy, dignity & wellbeing and food & hydration.	
c.	The annual audits took place on both hospital sites; the PLACE teams visited 12 inpatients wards and 8 outpatients departments at Chelsea and Westminster Hospital; 10 inpatients wards and 6 outpatients departments at West Middlesex University Hospital. The group audited patient catering services with food tasting on both sites.	
d.	Overall the results of the audit were positive, however, the teams identified some areas for improvement (i.e old and damaged flooring on AAU, cluttered wards and blocked fire exits on the wards, non-laminated posters/signage on the wards/departments, damaged doors and walls due to wheelchairs and beds carrying patients being carelessly manhandled, patients (confidential) files not locked away, patients' tables not ready for food service, unnecessary activity during 'protected meal time'). An action plan has been put in place which will presented and followed up each month.	
e.	WM noted that the cleanliness of some of the public toilets on the ground floor of WMUH site could be improved. The sub-committee discussed some possibilities for improving cleanliness. The Chairman said that he was aware of the issues and that he was going to address it with Site Manager, Estates and Facilities.	
f.	<p>DP thanked SM for presenting the summary report of the PLACE audit and suggested a regular PLACE activities report is presented at every sub-committee meeting. SM added that the suggestion may not be practical due to the nature of the meetings and that a quarterly report is more realistic approach.</p> <p><b>Action: VD to schedule on the forward plan/SM to produce quarterly reports.</b></p>	
g.	SM noted that DP attended the last PLACE assessment round and she encouraged governors to attend. She clarified that there is no obligation to attend regularly or become a permanent member.	
<b>7.</b>	<b>Integrated Performance Report</b>	



a.	RH introduced the Integrated Performance Report detailing the Trust performance for February 2016.	
b.	In relation to regulatory performance he highlighted that the A&E waiting time target for February was not achieved on either hospital site. The pressure from demand impacting on both sites, and a deterioration of Type 3 performance by the Community Trust managed Urgent Care Centre on the WMUH site impacted on failure to meet the target.	
c.	The RTT incomplete target was achieved in February on both sites. However, CW site continues to experience challenges with data quality and capacity in surgical specialties and did not achieve the target. He added that the Trust had to cancel some appointments due to junior doctors strike. He noted on-going support from colleagues who provided cover during the strike.	
d.	The sub-committee noted that the appraisal and mandatory training compliance remain areas for improvement and that this area is reviewed at each meeting of the People and Organisation Development Committee.	
<b>8.</b>	<b>Learning Disability</b>	<b>KM</b>
a.	Katherine Mangold (KM), Lead Nurse for Learning Disabilities and Transition introduced the work undertaken to improve care and access for patients with learning disabilities, their carers and families across both hospital sites.	
b.	The Trust Learning Disabilities Steering Group, in partnership with local Community Learning Disability teams, parent forums, patient groups and charities, chaired by the Lead Nurse, ensures appropriate Trust structures, processes and pathways are in place to provide high quality patient-focused care.	
c.	<p>KM highlighted key activities and achievements in Quarter 4 of 2015/16 which include:</p> <ul style="list-style-type: none"> <li>• Focus on achieving the Key Performance indicator (KPI) that 95% of designated staff from both sites attends the learning disabilities training.</li> <li>• Over 1,500 staff attended learning disabilities training in 15/16 .</li> <li>• Four members of the Trust Learning Disabilities Steering Group are working on 'easy-read' patient information leaflets about their areas (Burns, Palliative Care, Pharmacy and Therapies).</li> <li>• Two Learning Disability Steering groups held together with representatives from WMUH and local Community LD teams .</li> <li>• Lead Nurse provided three sessions at Mencap in Hammersmith &amp; Fulham on 'Looking after Yourself'. It included completing their own hospital passports.</li> </ul>	
d.	In response to a question from ML, KM confirmed that all clinical staff are trained about learning disability except for doctors.	
e.	She confirmed that CW site is currently compliant with all 6 regulatory compliance standards and WM site is compliant with 3 standards and partially compliant with other 3 standards. The key challenge is that WM site has 3 separate IT systems.	
f.	KM added that Chelsea and Westminster Hospital has an innovative changing and toilet facility for disabled people who cannot use standard accessible toilets. It has dedicated equipment to allow an adult to assist the disabled person. It is the first hospital in the	

	country which offers this facility.	
g.	The sub-committee thanked KM for presenting and sharing her excellent work with them.	
<b>9.</b>	<b>Patient Experience Report, including Complaints, PALS and Friends and Family Test</b> • <b>Volunteer Report – meal and travel funding</b>	
a.	Barry Quinn, Deputy Chief Nurse, informed the sub-committee that Karin Burke is Trust's new Assistant Director for Patient Experience.	
b.	He explained that due to a member of staff being unwell the production of patient experience report had been delayed.	
c.	He informed the sub-committee that the Trust participated in the national in-patient survey in 2015 and the results are due out in June.	
d.	He noted that in the new structure volunteers come under the patient experience team and discussed with the sub-committee various options for proposed cost improvement savings which include removing travel expenses and meal allowance. He said that a small number of volunteers claim travel and meal expenses.	
e.	The sub-committee supported the proposed cost improvement suggestions and expressed the view that meal and travel allowances should be limited.	
f.	The importance of complying with the national guidance for recruiting volunteers in the NHS was noted.	
g.	The sub-committee also discussed the possibility of removing free patient snack provided in the late morning and during the afternoon tea time.	
h.	BQ invited the sub-committee members to let him know their individual views on the proposal of patient snack via email. <b>Action: Members of the sub-committee to let BQ know their views.</b>	
i.	In relation to his action to invite SD to the Patient Experience Committee, BQ asked VD to contact Ally Maffey who provides administrative support to the group to contact SD. <b>Action: VD to contact Ally Maffey to contact Simon Dyer.</b>	
<b>10.</b>	<b>Governor feedback on patient contacts</b>	
a.	MJ reported on a patient who was on a dementia pathway and when admitted to another hospital he had been assessed on cognitive efficiency. This patient was also admitted to WM where he was not assessed on cognitive efficiency. The case raised an issue as to whether the Trust has a policy for assessing dementia patients on admission. He has taken this forward with the WMUH Director of Nursing who confirmed that the Trust has dementia friendly wards, however there is no policy in place for assessing patient with dementia on admission. The WMUH Director of Nursing will be taking this forward with a view of having a policy for assenting patient with dementia on admission.	
<b>11.</b>	<b>Funding report</b>	



a.	This report was noted.	
<b>12.</b>	<b>Forward Plan</b>	
a.	<p>The sub-committee discussed the forward plan and agreed the following:</p> <ul style="list-style-type: none"> <li>- Schedule dementia for July</li> <li>- Clinical feedback to be scheduled</li> <li>- Lead Nurse on Elderly Project to be scheduled</li> <li>- Dementia medication to be scheduled</li> <li>- Infection control to be scheduled</li> <li>- Quality strategy priorities to be scheduled</li> </ul> <p><b>Action: VD to discuss with the Chair and to update the action log accordingly.</b></p>	
<b>13.</b>	<b>Any other business</b>	
a.	None.	
<b>14.</b>	<b>Date of next meeting – 1 July 2016, 12.00-14.00; Hospital Boardroom</b>	

The meeting closed at 14.00



## Council of Governors Meeting, 19 May 2016

<b>AGENDA ITEM NO.</b>	13/May/16
<b>REPORT NAME</b>	Draft Minutes of the Council of Governors Membership Sub-Committee meeting held on 20 April 2016
<b>AUTHOR</b>	Vida Djelic, Board Governance Manager
<b>LEAD</b>	Phillip Owen, 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 Sub-Committee meeting held on 20 April 2016.
<b>KEY RISKS ASSOCIATED</b>	None.
<b>FINANCIAL IMPLICATIONS</b>	None.
<b>QUALITY IMPLICATIONS</b>	None.
<b>EQUALITY &amp; DIVERSITY IMPLICATIONS</b>	None.
<b>LINK TO OBJECTIVES</b>	NA
<b>DECISION/ ACTION</b>	For information.



**Minutes of the Council of Governors Membership & Engagement Sub-Committee  
Held at 12.00 on 20 April 2016 in the CW Hospital Boardroom**

<b>Attendees</b>	Philip Owen	Chair	PO
	Nowell Anderson	Public Governor – Hounslow	NA
	Sam Culhane	Public Governor – Hammersmith and Fulham	SC
	Nigel Davies	Public Governor – Ealing	ND
	Anna Hodson-Pressinger	Patient Governor	AH-P
	Martin Lewis	Public Governor – Westminster	ML
	David Phillips	Patient Governor	DP
	Alan Steel	Staff Governor – Medical	AS
<b>In attendance</b>	Jane Lewis	Deputy Director of Corporate Affairs	JL
	Rhian Burgess	Communications Manager	RB
	Caroline Pooley	Events Officer	CP
	Vida Djelic	Board Governance Manager	VD
	Kerry Huntington	CW+ Head of Individual Giving	KH
	Sarah Holland	CW+ Comms Manager	SH

<b>1.</b>	<b>Welcome and Apologies</b>	
a.	The Chairman welcomed all to the meeting.	
b.	Apologies were received from Juliet Bauer, Angela Henderson, Paul Harrington, Kush Kanodia, Diane Samuels and Tom Pollak.	
c.	PO advised that Barbara Benedek was unable to attend the meeting. However, she provided very useful documentation relating to community events and engagement.	
e.	PO noted that he will invite Barbara to attend a future sub-committee meeting or if she would prefer 1-2-1 meeting.  <b>Action: PO to invite Barbara Benedek to a future sub-committee meeting or if she would prefer 1-2-1 meeting.</b>	
<b>2.</b>	<b>Minutes of previous meeting held on 11 February 2016</b>	
a.	Minutes of the previous meeting were accepted as a true and accurate record of the meeting.	
<b>3.</b>	<b>Matters Arising &amp; Action Log</b>	
a.	The sub-committee noted that all actions were complete.	
b.	Regarding action 7d, RB said that Layla Hawkins had clarified that the name of the publication was chosen by the Chief Executive following a naming competition in the preceding Trust newsletters. The name 'Going Beyond' correlates with the branding exercise involving staff and stakeholders. It is advised the name of the publication stays as it is but this can be revisited if required at a later date.	

c.	Regarding action 7.f, it is suggested that a competition is run in the next edition of Members E-News so members can vote for the preferred name to replace 'Medicine for Members'. The sub-committee members are invited to submit their ideas to RB. <b>Action: The sub-committee members to submit their ideas to RB.</b>	
d.	In response to action 7.g, RB said that this will be covered in the next Members E-News. The aim is to collate as many members email addresses in order to engage via electronic means of communication and to save costs. It was confirmed that members who only have a postal address, they will be kept updated but not as frequently as those members for whom the Trust has registered email address.	
<b>4.</b>	<b>Review of Terms of Reference</b>	
a.	The sub-committee noted that the Terms of Reference have been updated post the previous meeting.	
	<u>Term of Office of the Chairman</u>	
b.	The sub-committee discussed the length of the office of the Chairman and agreed that the Chairman should be appointed for a period of 3 years and that after that period he/she should be eligible for re-election. ML suggested that the Chairman should be eligible for re-election upon successful performance review.	
	<u>Election of Deputy Chair</u>	
c.	The sub-committee unanimously approved the appointment of David Philips as the Deputy Chair.	
	<u>Other issues</u>	
d.	The sub-committee discussed the attendance requirements and agreed that individual members should be required to attend 3 meetings per year.	
	<u>5 Meetings per year</u>	
e.	The sub-committee agreed that it should meet 5 times per financial year. <b>Action: JL to update the Terms of Reference in accordance with the above points.</b>	
<b>5.</b>	<b>Membership Report</b>	
	<u>5.1 Members Survey 2016 &amp; Costings</u>	
a.	The sub-committee agreed at its last meeting that in order to improve communication with the members and to focus on engagement events towards topics of their interest, it has recently conducted a survey and the feedback forms are being collated. The aim of the survey was also to increase the number of registered email addresses of its members. The feedback forms return has been low (8%) and this is common amongst other Trusts.	
b.	In response to a question from PO in relation to level of response from people who live in London, JL said that she will query this with Membra and provide an update to him. She	

	<p>added that the full survey analysis should be available at the next sub-committee.</p> <p><b>Action: JL to query with Membra and to provide response to the sub-committee.</b></p> <p><u>Costing</u></p> <p>c. The sub-committee was reminded that the survey is being funded from the Council of Governors funds; £10k was set aside for the mailing of a newsletter which was not sent in March.</p> <p><u>5.2 Breakdown of members by constituency</u></p> <p>d. The sub-committee received an overview of the current public and patient membership of the Trust. In relation to the staff constituency, JL noted that due to an issue identified with the staff membership numbers, the staff data was re-uploaded which caused an increase in the membership which was now just slightly under 6,000.</p> <p>e. Membra perform a monthly data cleanse which impacted on a slight decrease in the patient and public membership number due to removal of deceased members.</p> <p>f. NA suggested a breakdown of patient and public members per site is provided in future reports. JL responded that it can be arranged for the public constituencies, however, it would be difficult to provide the same information for the patient members as they come from all over the country. An analysis of the membership ethnicity will be provided at the next meeting.</p> <p>g. The sub-committee noted that a demo of the membership database will be presented at a future meeting. <b>Action: Present a demo of the membership database at a future sub-committee meeting.</b></p> <p>h. DP suggested that there should be wider publicity about benefits of joining the staff membership and discounts available in order to attract more members. The annual Star Awards and the Council of Governors Quality Awards were mentioned as two key events from which staff can learn about the members and the Council of Governors.</p> <p>i. AS emphasised the importance of engaging with staff when planning engagement events for members. It was also suggested that the Council of Governors is included in the Staff Induction book. JL suggested a column in the members magazine Going Beyond on the topic of staff membership including work of the Council of Governors.</p> <p><b>Action: Comms to action the above suggestions.</b></p>	
<b>6.</b>	<b>Membership Strategy</b>	
	<p>6.1 Involvement of CW+</p> <p>a. The sub-committee noted that the CW+ is the main charity supporting Chelsea and Westminster Hospital which aims to make care better for patients and their families.</p> <p>b. Kerry Huntington, CW+ Head of Individual Giving provided an overview of the Charity's structure, activities and the future vision.</p> <p>c. PO noted that some of funding activities would make an interesting topic for a future Medicine for Members event.</p>	

d.	The sub-committee explored some options for working together with the Charity on events for members.	
e.	The Chairman concluded the item by saying that he and PO will be discussing the partnership working with KH outside the meeting. <b>Action: PO and DP to discuss the partnership working with KH outside the meeting.</b>	
<b>7.</b>	<b>Membership Engagement &amp; Communications</b>	
	7.1 Meet a Governor (PO)	
a.	PO noted that more governors have recently undertaken a meet a governor session; this provides them with the opportunity to recruit new members and engage with the current members.	
	7.2 Use of Libraries, Churches & Rotary (PO)	
b.	PO said that he has secured free access to local libraries which present an opportunity to recruit new members and engage with the local population. It has been proposed that one or two events should take a place per month. Two governors are required for each library event. In response to a question from AS, PO responded that similar events will be organised for staff.	
c.	PO undertook to discuss with the Patient Experience Team how they can support the membership activities. <b>Action: PO to discuss with the Patient Experience Team.</b>	
	7.3 Membership brochure	
d.	RB presented new membership brochure and invited any comments.	
e.	The sub-committee agreed the following changes to be made to the brochure: <ul style="list-style-type: none"> <li>• Insert that it is free to join</li> <li>• Provide contact information</li> </ul>	
f.	The sub-committee also agreed that the electronic membership form should be updated to reflect the changes. <b>Action: JL to update the membership form.</b>	
	7.4 Events update (RB & JL)	
g.	Caroline Pooley updated the sub-committee on the organisation of the Open Day event which is held on 25 June, 11.00-15.00 hours at the Chelsea and Westminster site.	
h.	The aim is to develop communication through the Council of Governors to members; to promote developments, membership and improve staff morale, engage with stakeholders CW+ and other local charities.	

	7.5 Governor election update	
i.	VD said that she is planning for an election to fill seats coming up for re-election and to fill vacant seats will be held at the beginning of July. She added that the sub-committee will be kept updated.	
	6.6 Your Health talks	
j.	PO suggested that the Trust organise health talk events for members on both hospital sites.	
<b>8.</b>	<b>Guest speaker</b>	
a.	It was noted earlier in the meeting that Barbara Benedek was unable to attend the meeting.	
<b>9.</b>	<b>Council of Governors Funding Report</b>	
a.	In presenting the report JL said that a budget setting meeting for 16/17 has not occurred yet and that it is likely that the budget will be reduced in line with the reduction of budgets of other Trust's departments. The sub-committee will be kept updated on the budget.	
<b>10.</b>	<b>Feedback from members</b>	
	None.	
<b>11.</b>	<b>Any other business</b>	
	None.	
<b>12.</b>	<b>Date of Next meeting – 30 June 2016</b>	

The meeting closed at 14.05