

Chelsea & Westminster Hospital NHS Foundation Trust
Council of Governors

Room A, West Middlesex Hospital

28 September 2017 15:00 - 28 September 2017 16:45



COUNCIL OF GOVERNORS
28 September 2017, 15.00 – 16.45
Room A, West Middlesex Hospital

Agenda

	1.0	STATUTORY/MANDATORY BUSINESS			
15.00	1.1	Welcome & Apologies for Absence	Verbal		Chairman
15.02	1.2	Declarations of Interest	Verbal		Chairman
15.05	1.3	Minutes of Previous Meeting held on 27 July & Action Log	Report	For Approval For Information	Chairman
15.10	1.4	Quality			
	1.4.1	Estates Report	Report	For Information	Dr Andrew Jones
	1.4.2	Care Quality Programme	Verbal	For Information	Chief Nurse
15.35	1.5	Governors Away Day 20 November 2017 - plan	Report	For Discussion	Chairman
15.45	1.6	Governance Documents:			
	1.6.1	Council of Governors Code of Conduct	Report	For Approval	Interim Board Secretary / Lead Governor
	1.6.2	Council of Governors Expenses Policy	Report	For Approval	
15.50	1.7	Governors Elections	Report	For Information	Interim Board Secretary / Lead Governor
15.55	1.8	Lead Governor Election	Report	For Information	Interim Board Secretary
	2.0	PAPERS FOR INFORMATION			
16.00	2.1	*Chairman's Report	Report	For Information	Chairman
16.05	2.2	*Chief Executive Officer's Report	Report	For Information	Chief Executive Officer
16.10	2.3	*Integrated Performance Report, including <ul style="list-style-type: none"> Workforce Performance Report 	Report Report	For Information For Information	Chief Operating Officer / Director of HR & OD
16.15	2.4	*Governors' Questions	Report	For Information	Chief Executive Officer

16.20	2.5	*Quality Sub-Committee Report: 15 September 2017	Report	For Information	Chair of Quality Sub-Committee
16.25	2.6	*Membership Sub-Committee Report: 14 September 2017	Report	For Information	Chair of Membership Sub-Committee
	3.0	OTHER BUSINESS			
16.30	3.1	Questions from public	Verbal		Chairman
16.40	3.2	Any other business	Verbal		Chairman
16.45	3.3	Date of next meeting – 30 November 2017			

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

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



**Minutes of the Council of Governors Meeting
Held on 27 July 2017 at 15.00 in room A, West Middlesex**

Present:	Sir Thomas Hughes-Hallett	Trust Chairman	(THH)
	Julia Anderson	Appointed Governor	(JA)
	Simon Dyer	Patient Governor	(SD)
	Paul Harrington	Public Governor	(PH)
	Angela Henderson	Public Governor	(AH)
	Anna Hodson-Pressinger	Patient Governor	(AHP)
	Kush Kanodia	Patient Governor	(KK)
	Paul Kitchener	Public Governor	(PK)
	Susan Maxwell	Patient Governor	(SM)
	Lynne McEvoy	Staff Governor	(LMc)
	Philip Owen	Public Governor	(PO)
	Guy Pascoe	Public Governor	(GP)
	David Phillips	Patient Governor	(DP)
	Sonia Samuels	Public Governor	(SS)
	Matthew Shotliff	Staff Governor	(MS)
	Tom Pollak	Public Governor	(TP)
In Attendance:	Lesley Watts	Chief Executive	(LW)
	Karl Munslow-Ong	Deputy Chief Executive	(KMO)
	Roger Chinn	Deputy Medical Director	(RC)
	Pippa Nightingale (in part)	Director of Midwifery	(PN)
	Donald Neame	Director of Communications	(DN)
	Nick Gash	Non-Executive Director	(NG)
	Eliza Hermann	Non-Executive Director	(EH)
	Jeremy Loyd	Non-Executive Director	(JL)
	Nilkunj Dodhia	Non-Executive Director	(ND)
	Jeremy Jensen	Non-Executive Director	(JJ)
	Liz Shanahan	Non-Executive Director	(LS)
Apologies:	Nowell Anderson	Public Governor	(NA)
	Juliet Bauer	Patient Governor	(JB)
	Ian Bryant	Staff Governor	(IB)
	Tom Church	Patient Governor	(TC)
	Nigel Davies	Public Governor	(ND)
	RBKC	Appointed Governor	(RBKC)
	Elaine Hutton	Public Governor	(EHA)
	Chisha McDonald	Staff Governor	(CMD)
	Andreea Petre-Goncalves	Patient Governor	(APG)
	Laura Wareing	Public Governor	(LWa)
	Zoe Penn	Medical Director	(ZP)
	Kevin Jarrold	Chief Information Officer	(KJ)
	Dr Andrew Jones	Non-Executive Director	(AJ)

The Council paid tribute to the former Governor Nicholas Walker who deceased in June 2017 and had a moment's reflection to remember his valuable contribution to the Council and to the Trust, to the great benefit of patients.

1.0	STATUTORY/MANDATORY BUSINESS
1.1	Welcome & Apologies for Absence
a.	The Chairman welcomed all to the meeting and noted apologies received. He added that the appointed

	governor from the Royal Borough of Kensington and Chelsea was unable to attend and that the borough will advise the Trust of who their appointed Councillor will be.
1.2	Declarations of Interest
a.	None.
1.3	Minutes of Previous Meeting held on 18 May 2017 & Action Log
a.	<p>Minutes of the previous meeting were approved as a true and accurate record of the meeting subject to the following changes:</p> <ul style="list-style-type: none"> - p.6 1.5.5.a. of: “An external expert review of these three cases was commissioned and the report provided to governors”, amend to “An external expert review of these three cases was commissioned and a summary of the report provided to governors” - p.8 2.4.b. PH had raised a question about whether there was a lack of theatre space at the West Middlesex site consequential to the cardiac catheterisation laboratory. LW confirmed this was not an issue and that there was appropriate theatre space. The Trust was looking at this with ‘deep dives’ and had recently had deep dives into orthopaedics and trauma.
c.	<p><u>Action log</u></p> <p>Noted and accepted. TP raised action 2.4.a. (sharing matters discussed by the Board in private sessions with the Council of Governors), which was included in the Chairman’s report to Council.</p>
1.4	Quality
1.4.1	Audit Committee report to Council of Governors
a.	<p>Jeremy Loyd, Chairman of Audit Committee presented his written report and highlighted:</p> <ul style="list-style-type: none"> • The Committee was to be renamed ‘The Audit and Risk Committee’ and provides assurance on process to Board, the Chief Executive and the Council by commissioning and considering reports from the third party advisors and audit service providers. Work was done primarily by outside committees. • The Committee monitor progress made in implementing their advice and pass onto to either the Board or the Executive Team for their recommendations and observations. • The Committee agenda is risk based and it considers major organisational risks and mitigations • The Committee undertakes an annual evaluation of its effectiveness
b.	Jeremy thanked the Committee members, the Chief Executive, The Board Chairman and the Chairman of the Finance and Investment Committee for their support and advice.
c.	PO asked the two most important risks during JL’s tenure which he was satisfied were being addressed. JL said that these were the merger with WMUH and the recent cyber security attack, on which the Committee had already commissioned an audit, together with business continuity, not just for IT, but for processes generally and disaster recovery.
d.	PK asked whether the expenditure on external advisers was justified in a time of financial constraints. JL said that all three advisers, TIAA, Deloitte and KPMG bring their specialist expertise and experience that would have not been possible to source internally and which brought valuable benchmarking against our peers and other public sector organisations. LW added that the Trust is required by statute to have internal and external auditors.

e.	<p>AHP asked what JL considers would be an important point to look for in his successor, JL said that he was extremely confident that the recruitment process is targeting the right people; he personally felt it beneficial to have experience of good operational and management experience.</p> <p>SM thanked JL on providing such a valuable report. Report noted.</p>
1.4.2	IT update
a.	Roger Chinn, Deputy Medical Director & Director of Clinical Service Transformation presented his report, which was noted.
b.	<p>Roger highlighted the following points:</p> <ul style="list-style-type: none"> - The Cerner Electronic Patient Record (EPR) is proceeding well in terms of timescales - Data needs to be cleansed before moved to the new system - There is a strong emphasis on patient safety - Partnership with Imperial has been hugely beneficial as they operate the current system - The Board appointed Kevin Jarrold as Chief Information Officer two years ago - The Trust won funds from the central pot for the Global Digital Exemplar Initiative and is regarded as pilot fast follower - The Trust welcomes the opportunity of at external review by the Information Commissioner; we know there will be issues for feedback.
c.	<p>SS asked if the IT systems are compatible across the two major Trust's sites? RC confirmed there will be one system across all sites.</p>
d.	<p>SS asked if there are extra firewalls and security in place for the expanded operations? RC confirmed this is being considered and noted the recent cyber-attack did not penetrate the Imperial system.</p>
e.	<p>AH noted that the cyber security plan is progressing well and that there are no red areas. She asked about back-up systems? RC said that there will be back up for different sites for the system as a whole.</p>
f.	<p>AH asked about the danger of failure with inadequate back up? RC said the Trust is reviewing the information asset register and both processes and system. Some of the systems have inherently built back up which is below industry standard. LW said lessons had been learned from the recent cyber-attack about downtime procedures. There are lots of different systems to review. RC confirmed the Trust is designing various layers, starting with a perimeter. THH said that the Audit Committee is looking at Disaster Recovery, which is likely to highlight concerns since the integration post-merger of CWNHSFT and WMUH NHST.</p>
g.	<p>PO asked whether back up was to a cloud, who owned this and where it was? RC confirmed back up was not to a cloud. Ownership and location would be answered as a Governor question. ACTION: answer governor question, who owns back up of systems and where is it located?</p>
h.	<p>PO asked if the trust pays extra charges for the upgrading systems and what frequency of upgrade was planned? RC said updates are planned as quarterly and are included in the contract. We have learnt we need system downtime for ad hoc patching.</p>
i.	<p>PO asked how long the Trust will run the old and the new system in parallel. RC said that turnaround will be over a 3 day weekend. There will still be access to the legacy system.</p>

j.	KK asked if the new system will save clinical time and was push back anticipated if it did? RC confirmed clinical usability was one of the key issues and more time was acceptable in principle if it made care safer but the Trust aims for an effective and streamlined system.
k.	PO asked about interoperability with GPs? RC said that procurement secured assurances on primary and community care interoperability. KJ was addressing the NW London sector meeting on this today.
l.	Report noted.
1.5	Non-Executive Director Nominations and Remuneration Committee Terms of Reference
a.	SEL presented the Terms of Reference and highlighted that the following points: <ul style="list-style-type: none"> • The Council of Governors retain the decision making power • Objectives and values of the Trust were expressly included.
b.	The Chairman noted that he has discussed the process for a governor nomination and membership of COG committees and groups and proposed to bring options addressing this to the September COG meeting. ACTION: Proposals for governor nomination and membership of COG committees and groups to be presented to September COG: SEL
c.	The Chairman noted that he was instructing the Company Secretary to evaluate succession planning for NEDs and had started work with JJ on this.
d.	TP asked why the agenda, minutes and papers of the committee were considered as confidential? SEL said this was in the previous terms of reference. Confidential was confidential to governors. A committee was devised to make processes manageable; however the COG retains the decision making power.
e.	The Chairman concluded the discussion by saying that this will be considered and a response provided to governors. ACTION: Proposals for confidentiality of agenda, minutes and papers of Non-Executive Director Nominations and Remuneration Committee Terms of Reference to be presented to September COG: THH/SEL
f.	The Council of Governors approved the Terms of Reference, subject to further consideration of confidentiality of agenda, minutes and papers.
1.6	Non-Executive Directors Re-Appointments proposal
a.	The Chairman asked all Non-Executive and Executive Directors to withdraw themselves from discussion on this item and to leave the room.
b.	The Chairman noted that his letter detailing individual NEDs performance and contributions, including their own self-appraisal and CV was provided to all governors.
c.	SM highlighted that the Nominations and Remuneration Committee reviewed this in detail and the committee unanimously agreed to reappointment of all three NEDs. She noted that the reappointment adds the continuity element to the Board and keeps it intact. AH supported SM's view and said that she attends as many Board public meetings as possible and all of three NEDs are always are engaged and

	when unable to be present they submit their contributions and questions.
d.	The Chairman confirmed that it was proposed that the NEDs salaries remain as at the current rate. None of them had asked for an increase
e.	LMc said that as a member of staff she is unsure how she and other staff members can judge whether NEDs they do good job. The Chairman said that we rely on the recommendation from the Nominations and Remuneration Committee; also governors received the NEDs performance and their contributions, in addition to quarterly reports provided by Board Committee Chairs. Governors also receive the annual Chairman's appraisal report.
f.	The Chairman added that there are plans for NEDs being even more visible to staff; every NED and the Chairman have been in the hospital every day this week.
g.	AH suggested that going forward it can be explored that as many COG agenda items as possible could be presented by a NED. The Council of Governors agreed.
h.	Proposal to reappoint Eliza Hermann, Jeremy Jensen and Dr Andrew Jones as non- executive directors for a further term of three years (ending 30 June 2020) for remuneration of £12,000 per annum unanimously passed.
i.	Executives and Non-executives re-joined the meeting.
1.7	Council of Governors Working Party: Code of Conduct review and integration into Constitution Terms of Reference
a.	SEL presented the Terms of Reference of the Council of Governors Working Party: Code of Conduct review and integration into Constitution.
b.	TP asked why the agenda, minutes and papers of the committee were considered as confidential? SEL said this was in standard terms of reference. Confidential was confidential to governors. A committee was devised to make processes manageable; however the COG retains the decision making power.
c.	The Chairman concluded the discussion by saying that this will be considered and a response provided to governors. ACTION: Proposals for confidentiality of agenda, minutes and papers of Council of Governors Working Party: Code of Conduct review and integration into Constitution to be presented to September COG: THH/SEL
d.	The Council of Governors approved the Terms of Reference, subject to further consideration of confidentiality of agenda, minutes and papers.
e.	The Chairman concluded the item by saying it is hoped the final Code of Conduct will be presented to the September meeting for approval.
1.8	Governors' contributions
a.	THH suggested that this topic should be discussed at the COG Away Day. Governors were encouraged to become involved in all aspects such as Committees and Working Parties. SM added Open Days and Christmas events. AH-P mentioned PLACE Audit and End of Life care. PH confirmed the West Middlesex site could benefit from more governors being involved in PLACE Audit
b.	The Chairman asked governors to forward their suggestions to SEL and DN.

c.	THH suggested the process involves what governors would like to do and how governors can support the Trust.
d.	<p>LW noted that governors will be involved in ward accreditation and can become volunteers. There was a discussion about governor access to clinical areas. LW and THH highlighted regulatory and safeguarding concerns. Governors (PH, AH-P, KK, PK and SM contributing) felt previous systems with governors allocated to particular wards and seeking the permission of the ward sister had worked well and provided valuable patient feedback both for governors to reference in their role and from patients appreciating a visit from governors. DBS checks were necessary.</p> <p>ACTION: All outstanding DBS checks to be completed for governors VD</p>
e.	LMC Said governors should always have the permission of the ward sister. LW confirmed an absolute minimum was for governors to introduce themselves to ward sister in any visit and DBS checks would not allow free access.
f.	<p>THH acknowledged that governors would like to have a direct exposure to patients and staff as part of their role. This needed to be balanced against Trust's compliance with the new landscape and protecting the organisation. He supported a more focused approach with governors as volunteers. Individuals were not able to visit outside of agreed process; he understood that some governors were not satisfied and would take this away to consider.</p> <p>ACTION: Further proposals on governor contributions to be discussed at Governor Away Day and brought back to COG: SEL/THH</p>
2.0	PAPERS FOR INFORMATION
2.1	*Chairman's Report
a.	<p>The Chairman noted that Away Day plan will be brought to the September meeting.</p> <p>ACTION: THH/SEL</p>
b.	<p>SM invited all governors to forward to her their agenda ideas.</p> <p>THH confirmed a permanent Company Secretary had been appointed (EH and SM on the panel) and the Company Secretary would need to input into the Integrated Governance and Risk review, so this would not be completed by the Governors Away Day.</p>
c.	For Governors Away Day, LW proposed a presentation on patient experience/ volunteering. THH said he would invite an external speaker on the NHS Landscape. Lead Governor to confirm further presentation.
d.	THH said that, as in the past, there will be a private session of the Council of Governors at the end of the day.
2.2	*Chief Executive Officer's Report
a.	<p>LW presented her report and highlighted:</p> <ul style="list-style-type: none"> • Major incidents. We are specialised burns unit for London. We continue to support staff members involved, as patients and as staff. • Company Secretary appointed • Director of Communications appointed
b.	<p>AH asked about datax outstanding incidents?</p> <p>LW noted data had improved and will update governors.</p>

	<p>ACTION: Updated Datix data on open incidents to September COG: PN</p> <p>c. The Chairman referred to an email of 25 July 2017 sent to some governors from a former governor AS. On a show of hands, AS had not sent this to the Chairman, Trust Board, Lead Governor or all governors.</p> <p>d. LW took this as a governors' question and provided an account of Trust handling of the complaint.</p> <p>e. AS had asked a question in relation to Mortality and Morbidity (M&M) processes. These were examined as part of the merger of WMUH and C & W NHS FT. There were M & M meetings held but there was no systematic way of capturing data for central review. By the time of AS's question, a project was already underway to develop Datix for this. It is acknowledged that there were deficits at the time and as part of the work programme following review, new systems, including the introduction of Datix, were introduced to ensure that our processes were much more robust. Therefore the Trust has acknowledged openly and transparently there were deficits and AS had confidence he was satisfied with the new process.</p> <p>f. AS also raised concerns about three patients and the Trust commissioned a review from an independent clinician. The Trust has acted in good faith and done everything it can reasonably do, including informing CQC of the concerns.</p> <p>g. RC added that one issue AS raised was how MDTs worked. The Trust had appointed a Clinical Director of Patient Safety who was looking at how MDT processes could be improved.</p> <p>h. PH asked about AS' allegation COG had failed in its duty. SM noted that she brought issues at the March Agenda Sub-Committee meeting and the same subject was brought at the April Agenda Sub-committee resulting in a paper at the 18 May COG meeting. DP asked that AS be written to. THH advised he would write to AS.</p> <p>i. AH Asked whether whistleblowing was relevant to the allegation AS was forced to resign. LW confirmed AS was not forced out and the Trust had been looking at these processes in any event. KK when we look at whistleblowing can we look at historical evidence what we have done with it LMC felt sometimes staff can be nervous at raising concerns or feeling listened to. LW confirmed she was often approached with concerns, which she actively encouraged, and did not feel that to be the case. THH said Whistle blowing and Freedom to Speak up were planned for the September Board Agenda. ACTION: Check Whistle blowing and Freedom to Speak on Board plan The Chief Executive's report was noted.</p>
2.3	*Integrated Performance Report
a.	<p>LW presented the report in PH's absence. DP asked why the Trust target on medication errors was not the same as the Carter Review target? LW said Carter Review targets changed continually, so there would be some divergence. The Trust also promoted a culture of over reporting rather than under reporting. DP asked why the Trust benchmark reporting higher than others? LW said the Trust would have looked at its current position when setting the target. The Carter benchmark is new.</p>
b.	The Integrated Performance Report was noted.
2.4	*Governors' Questions
a.	<p>Replies to Governors' Questions were noted. No questions were raised.</p>

2.5	*Quality Sub-Committee Report: 23 June 2017
a.	Quality Sub-Committee Report was noted. No questions were raised.
2.6	*Membership Sub-Committee Report: 22 June 2017
a.	Membership Sub-Committee Report was noted. No questions were raised.
3.0	OTHER BUSINESS
3.1	Questions from public
a.	None.
3.2	Any other business, including Deputy Governor
a.	THH there has been a suggestion that there should be a Deputy Lead Governor. The suggestion was around the Lead Governor workload and what support is required.
b.	The Chairman read Nowell Anderson's views emailed to him which in nutshell did not feel the need for a deputy.
c.	The Chairman said that the Lead Governor has no powers under the Constitution. Amendments to the Constitution required approval of the Board, COG and possibly AMM.
d.	AH, PO, TP and GP felt there was no need for a Deputy Lead Governor, unless SM felt it would be helpful given the workload.
e.	SM confirmed she did not request a Deputy Lead Governor, but would appreciate more governor involvement with COG committees and Trust events.
f.	KK noted that although cross rail 2 would pass beneath Chelsea, there was no longer a stop planned. He asked for a proactive response from the Trust. http://crossrail2.co.uk/consultation/
	ACTION: Trust to consider corporate response: DN
g.	SEL noted Nigel Davies had requested governors and the Trust input to the Elizabeth Line consultation on changes to bus services to facilitate access to the West Middlesex site. https://consultations.tfl.gov.uk/buses/elizabeth-line/
	ACTION: Trust to consider corporate response: DN
3.3	Date of next meeting – 28 September 2017, 15.00-17.00, Room A, West Middlesex

The meeting closed at 17.15.



Council of Governors – 27 July 2017 Action Log

Minute number	Agreed Action	Current Status	Lead
1.4.2.g	<u>IT update</u> Answer governor question, who owns back up of systems and where is it located?	Complete. Cerner host the backup system and have two geographically separate data centres.	RC
1.5.b	<u>Non-Executive Director Nominations and Remuneration Committee Terms of Reference</u> Proposals for governor nomination and membership of COG committees and groups to be presented to September COG.	Verbal update in meeting. Further report back after Away Day.	SEL
1.5.c	Proposals for confidentiality of agenda, minutes and papers of Non-Executive Director Nominations and Remuneration Committee Terms of Reference to be presented to September.	Agenda and minutes will be published in future. Confidential personal data (eg of applicants) cannot be.	THH/SEL
1.7.a	<u>Council of Governors Working Party</u> Proposals for confidentiality of agenda, minutes and papers of Council of Governors Working Party: Code of Conduct review and integration into Constitution to be presented to September COG.	Agenda and minutes (of similar groups) will be published in future.	THH/SEL
1.8.d	<u>Governors' contributions</u> All outstanding DBS checks to be completed for governors.	Work in progress.	VD
1.8.f	Further proposals on governor contributions to be discussed at Governor Away Day and brought back to COG.	Report back following Away Day.	SEL/THH
2.1.a	<u>Chairman's Report</u> Bring Away Day plan to the September meeting.	On current agenda.	THH/SEL
2.2.b	<u>Chief Executive Officer's Report</u> Updated Datix data on open incidents to September COG.	Verbal update in meeting.	PN
22.i	Check Whistle blowing and Freedom to Speak on Board plan	Complete.	SEL

3.2.f	Any other business Cross rail 2 - Trust to consider corporate response.	Complete	DN
3.2.g	<u>Elizabeth Line consultation</u> Trust to consider corporate response.	Complete	DN

Estates Strategy NED Update to Council of Governors

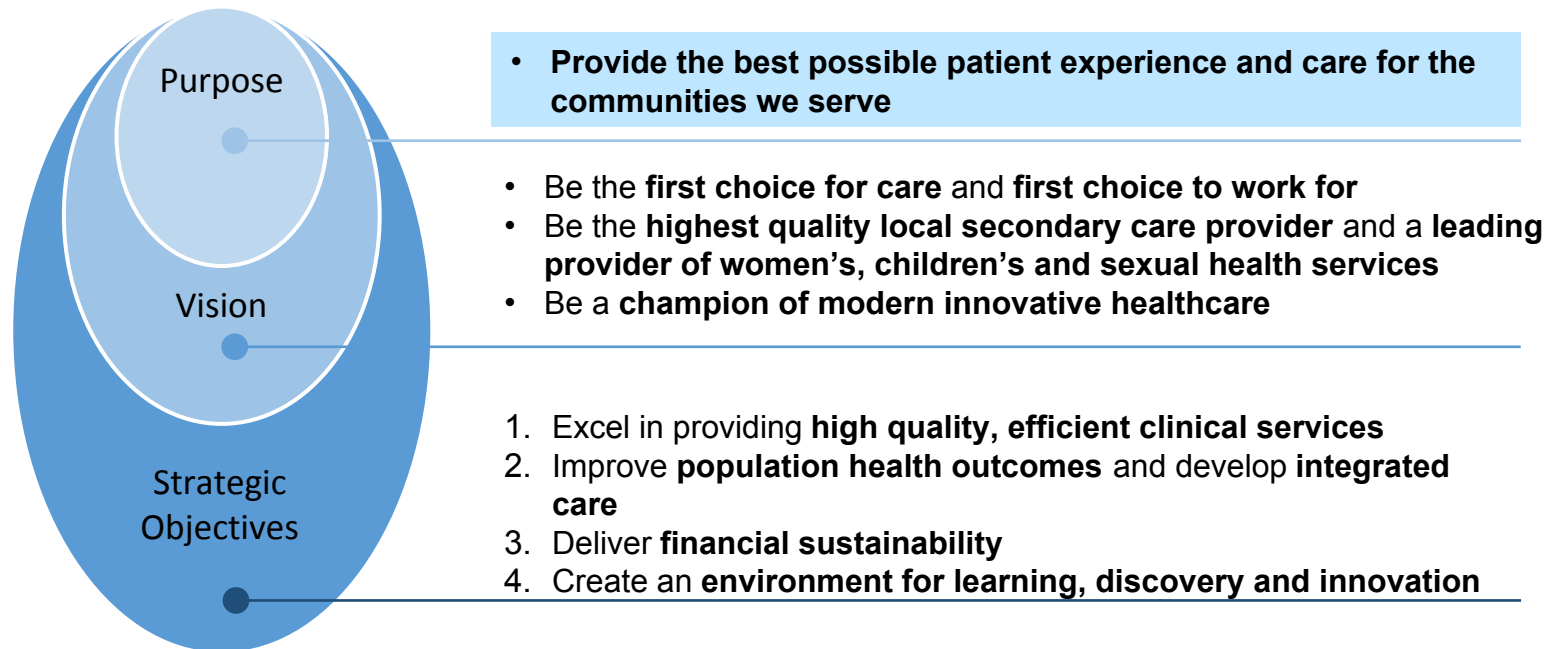
Dr. Andrew Jones
Karl Munslow-Ong
David Butcher
Dominic Conlin

September 2017

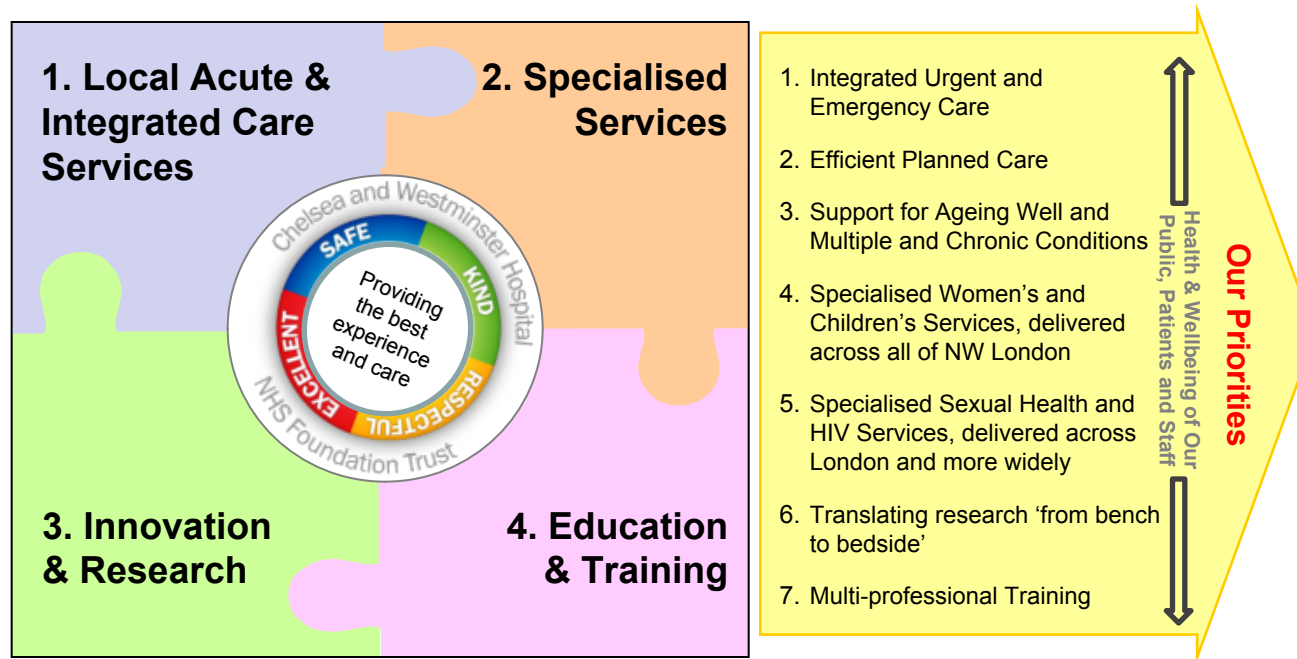
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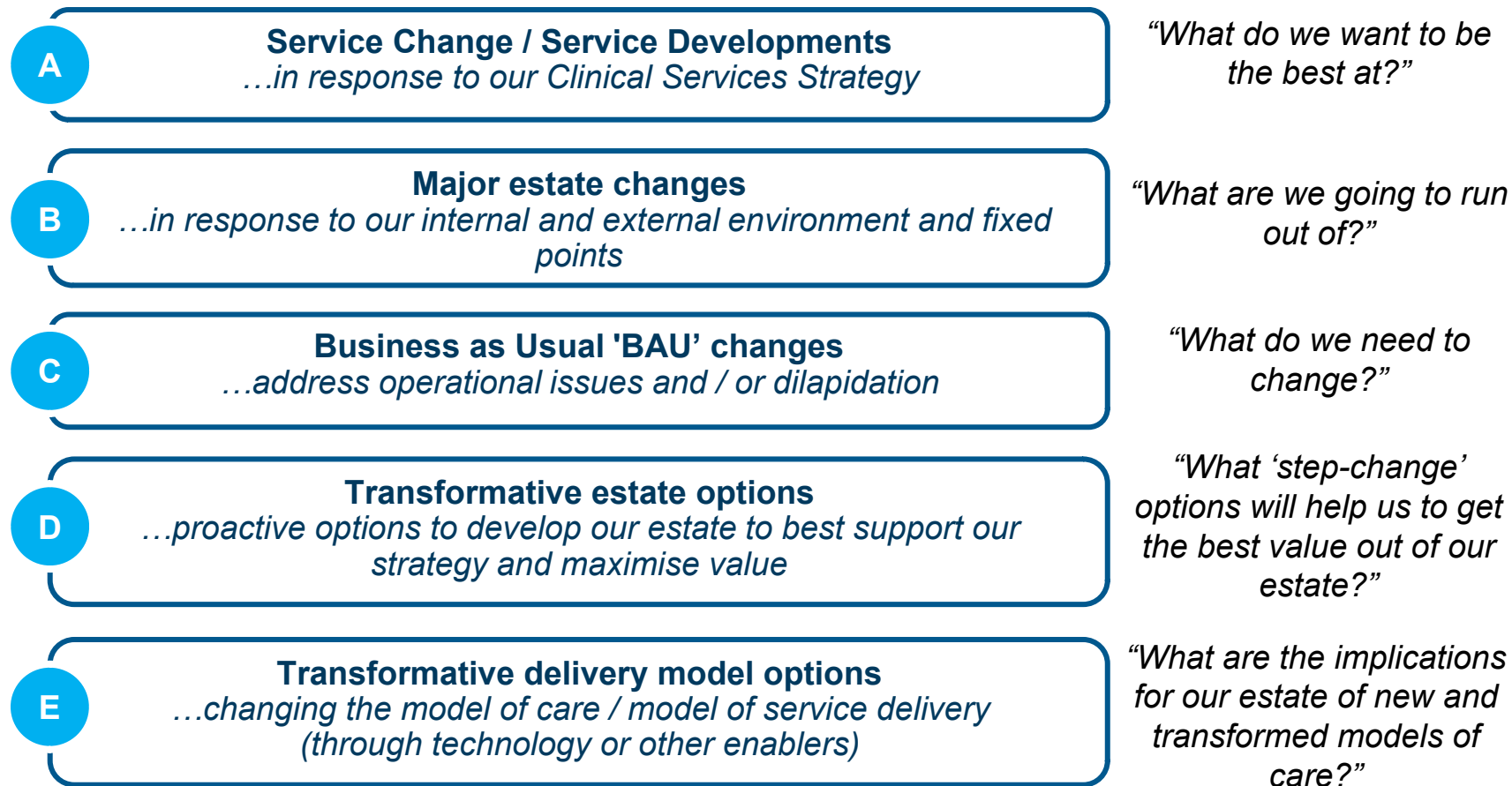
Our estates plan is a key enabler to deliver excellent experience and care for the communities we serve



Our Clinical Services model drives the estates plan

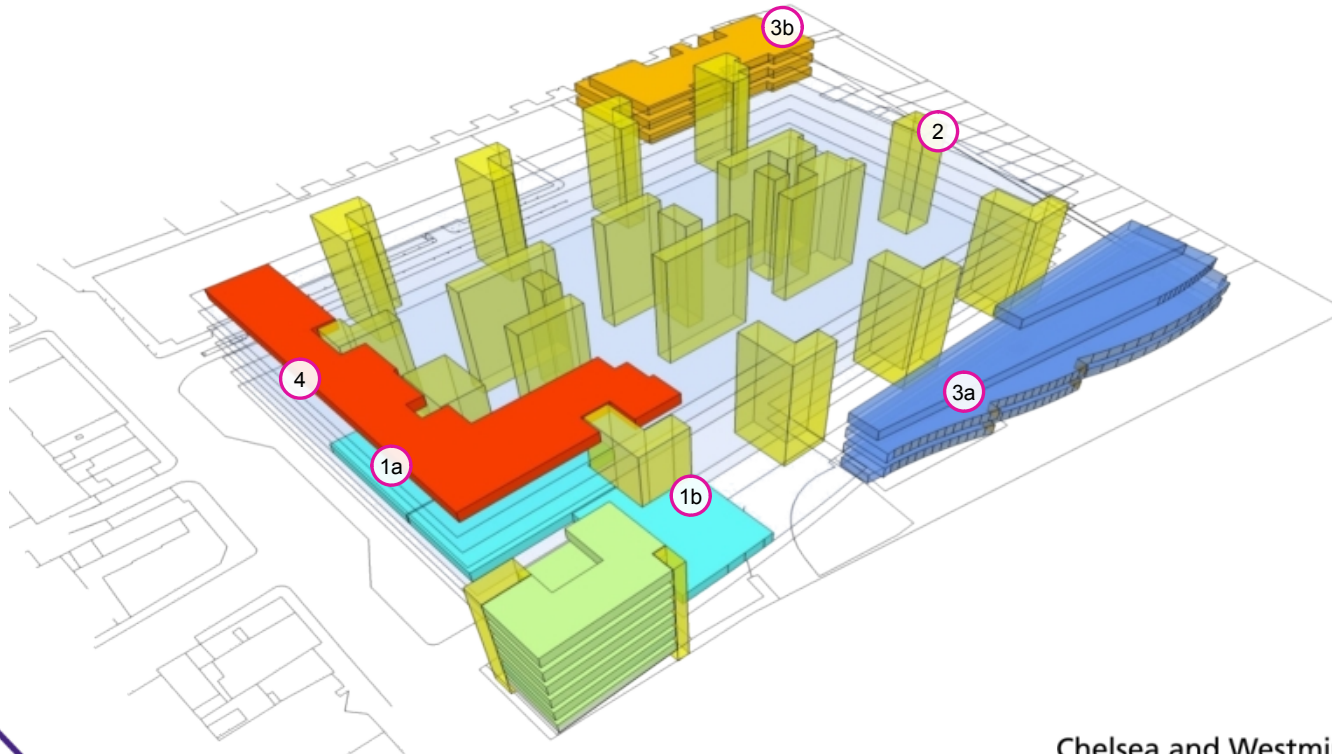


How we will develop our estate in response to the Clinical Services Strategy and other factors



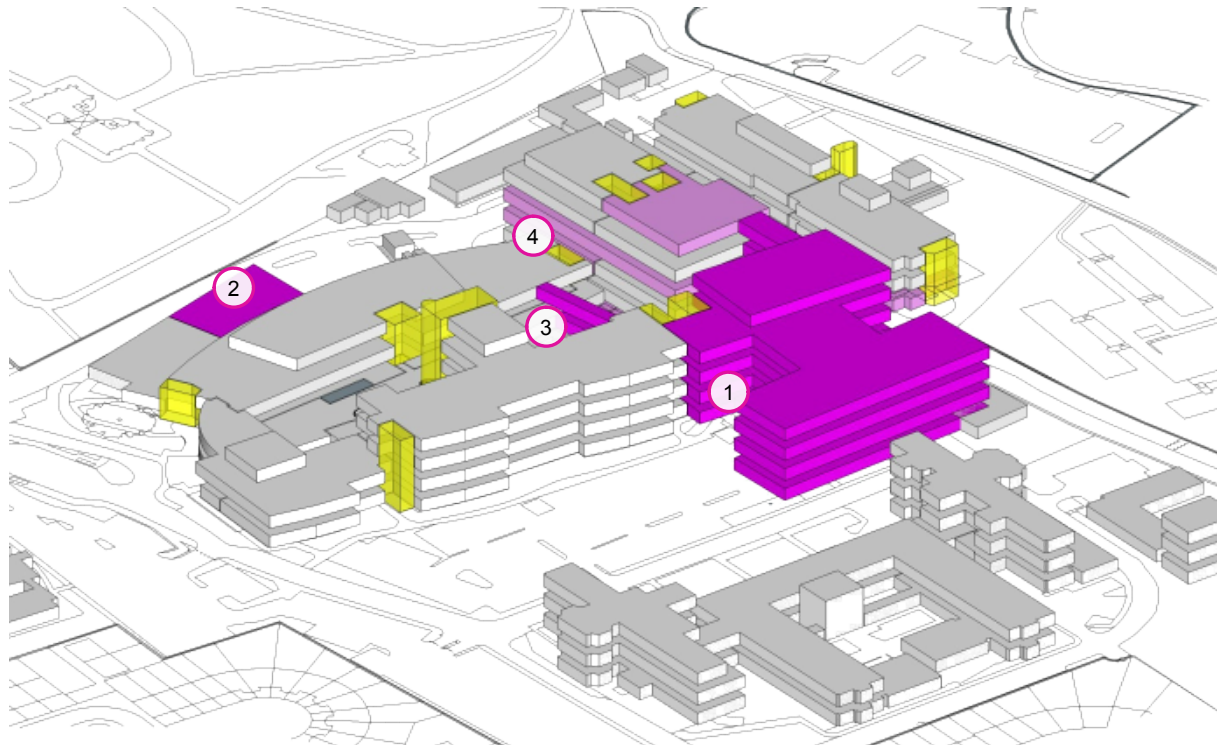
Key options for development at CWH

1. Expand ICU and NICU
2. Potential to move office and lab space to create more clinical facilities. Over 1,000m² is currently used for office / lab use, equivalent to one ward or 30% larger than the existing ICU
3. Development Opportunities; Doughty House (See 3.2.4), Nightingale Place
4. Conversion on non-clinical space to clinical space – for example the Patient Hotel and Doctors' Mess
5. (Potential further use of shelves on several floors).



Key options for site-wide change at WMUH

1. New Build Option 02 (up to 10,500sqm), may include: Ground Floor - AMU / SAU / PAU; First Floor - Elective Orthopaedic Centre; Second Floor - Maternity Birthing; Third Floor - Paeds / 48bed Inpatient; Fourth Floor - Women's OPD
2. Emergency Department Extension
3. East Wing, may include: Maternity Birthing, Women's OPD
4. Main Building; First Floor – Critical Care Unit / 24-bed Inpatient



Patient journey and environment





Council of Governors Meeting, 28 September 2017

AGENDA ITEM NO.	1.5/Sep/17
REPORT NAME	Council of Governors Away Day 2017 – planning
AUTHOR	Sarah Ellington, Interim Board Secretary
LEAD	Sir Thomas Hughes-Hallett, Chairman
PURPOSE	To discuss and collate governors ideas for the Away Day agenda 20 November 2017
SUMMARY OF REPORT	<p>The 2016 Away Day agenda has been enclosed as a reminder of items discussed last year and feedback and next steps arising is enclosed as an appendix.</p> <p>Governors will have the opportunity to discuss their ideas and views for the 20 November Away Day etc.</p>
KEY RISKS ASSOCIATED	NA
FINANCIAL IMPLICATIONS	NA
QUALITY IMPLICATIONS	NA
EQUALITY & DIVERSITY IMPLICATIONS	NA
LINK TO OBJECTIVES	All
DECISION/ ACTION	For discussion and agreement.



Council of Governors Awayday

Location: Hollins Suite, Chelsea Football Club, Stamford Bridge, Fulham Road, London, SW6 1HS

Date: Thursday 15 September 2016 **Time:** 10.00 – 18.00

10.00	Arrival and coffee	
10.15	Welcome and introduction	Chairman/Lead Governor
10.20	Developing the vision – the emerging strategy – Proud to Care	CEO (<i>supported by members of the Executive Team</i>)
10.50	Delivering the care strategy for our patients Case studies <ul style="list-style-type: none"> • Developing the Cardiac Catheter Suite • Driving innovation • Fetal Medicine • Creating an environment for education & training 	Medical Director (<i>supported by senior clinicians</i>)
12.00	Transforming local health and social care systems for the longer term <i>Presentation to be followed by panel discussion involving the CEO, Deputy CEO, Medical Director and Director of Strategy</i>	Mohini Parmar Chair, Ealing Clinical Commissioning Group
12.30	Lunch	
13.30	Developing the vision and delivering the strategy <ul style="list-style-type: none"> • Setting the context • The Digital Strategy – how will it improve the patient experience? • Breakout discussion on the Digital Strategy 	Deputy CEO Juliet Bauer, Governor Facilitated by the Executive Team
14.45	Refreshments	
15.00	Our values: Breakout discussion Feedback	Facilitated by the CEO Governors
16.00	Review of COG effectiveness (<i>without the Executive Team in attendance</i>)	Lead Governor
17.00	Closing remarks	Chairman
17.15	Social event	



Council of Governors Meeting, 28 September 2017

AGENDA ITEM NO.	1.6.1/Sep/17
REPORT NAME	Council of Governors Code of Conduct
AUTHOR	Sarah Ellington, Interim Board Secretary
LEAD	Sir Thomas Hughes-Hallett, Chairman
PURPOSE	To maintain good governance principles.
SUMMARY OF REPORT	<p>This paper provides an updated Council of Governors Code of Conduct which has been produced as outcome of the work of the Council of Governors Working Party.</p> <p>The purpose of this Code is to provide clear guidance on the standards of conduct and behaviour expected of all Governors, both elected and appointed, serving on Chelsea and Westminster Hospital NHS Foundation Trust Council of Governors.</p> <p>The Code shall apply at all times when governors are undertaking the business of or representing the Trust. It is designed to promote and ensure the highest possible standards of conduct and behaviour within the Trust.</p>
KEY RISKS ASSOCIATED	NA
FINANCIAL IMPLICATIONS	NA
QUALITY IMPLICATIONS	NA
EQUALITY & DIVERSITY IMPLICATIONS	NA
LINK TO OBJECTIVES	All
DECISION/ ACTION	For approval.



Governors' Code of Conduct

Members of the Council of Governors (Governors) are public servants making a vital contribution to Chelsea and Westminster NHS Foundation Trust (the Trust) and agree to abide to this Governors' Code of Conduct during their service:

General

1. Act in accordance with the seven 'Guiding Principles of Public Life' (attached as Annex 1, The Nolan Principles);
2. Be honest and act with integrity and probity at all times without any expectation of personal benefit;
3. Actively support the agreed objectives and values of the Trust to deliver high quality patient centred care. (attached as Annex 2, The Trust values);
4. Act in the best interests of the Trust at all times, conducting themselves in a manner that reflects positively on the Trust, and acting as an ambassador for the Trust;
5. Only use the title of Trust Governor when on official Trust business;
6. Actively support other Governors in adhering to this code. This support will include reporting, as quickly as possible, to the Company Secretary or equivalent any potential breach that they observe or which is brought to their notice, and by actively encouraging fellow governors to desist from any behaviour which falls outside this code; and
7. Undertake training and receive guidance in respect of their roles and responsibilities;

Confidentiality

8. Respect the confidentiality of the information received in the role as a Governor. As a Governor you will have access to confidential as well as commercially sensitive information, which should not be disclosed to any third party but should be used only for the purposes of the Trust's business. Confidentiality is a core requisite of a Governor and underpins the Code of Conduct.

Working within the trust

9. Contribute to the work of the Council of Governors in order for it to fulfil its role as defined in the Constitution of the Trust, attending meetings of the Council of Governors and training events on a regular basis in order to carry out the role;
10. Recognise that the Council of Governors exercises collective decision-making on behalf of local people, stakeholders and staff;
11. Recognise that the Council of Governors has no managerial role within the Trust; and
12. Recognise that when Governors wish to visit the Trust's premises in a formal capacity, as opposed to visiting individuals in a personal capacity, they will not attend clinical areas unless as part of the ward accreditation programme or otherwise by invitation of the one of the Trust's Directors or of the Company Secretary or equivalent.

Respect and truthfulness

13. Respect and treat with dignity and fairness, the public, patients, relatives, carers, NHS staff and partners in other agencies;
14. Seek to ensure that no one is subject to unfair discrimination because of their religion, belief, race, colour, gender, marital status, disability, sexual orientation, age, social or economic status or national origin; and
15. Never make, permit or knowingly allow to be made any untrue or misleading statement relating to the duties as a Governor or the functions of the Trust
16. Never make unauthorised statements to the press.

Compliance

17. Comply with the Constitution and the Standing Orders of Governors, all of which are available on the Trust's website under corporate publications; and
18. Abide by relevant policies and procedures where publicly available on the Trust's website or where provided directly to Governors.

Conflicts of interest

19. Any Governor who has:
 - any pecuniary interest, direct or indirect, in any contract, proposed contract or other matter concerning the Trust; or
 - any interest which is relevant to the business of the Trust;should declare such an interest to the Company Secretary or equivalent.
20. In addition, if a Governor is present at a meeting and has an interest of any sort in any matter which is the subject of consideration, s/he shall at the meeting and as soon as practicable after its commencement disclose the fact and shall not vote on any question with respect to the matter.
21. If a Governor is in doubt as to whether s/he has a conflict of interest s/he should seek advice from the Company Secretary or equivalent.

Non-compliance with the Code of Conduct

22. Non-compliance with this Code of Conduct may result in the following action:
 - 22.1 Where non-compliance or any misconduct is alleged, the Chairman shall be authorised to take such action as may be immediately required, including the exclusion of the person concerned from a meeting, or the temporary suspension of the person, so that the allegation can be investigated; and
 - 22.2 Where non-compliance with this Code or any misconduct is alleged, the Chairman or Chief Executive shall investigate the matter and report back to the Council of Governors in accordance with the agreed process and the Constitution.
 - 22.3 Where non-compliance or any misconduct is alleged or suspected, the Chairman or Chief Executive will endeavour to alert the Governor(s) concerned to this as soon as possible, confirming the same in writing.

Sanctions

23. Failure to comply with the Code may, at the discretion of the Council of Governors, result in such sanction as may be determined by the Council of Governors. In particular, the following are likely to result in someone's removal as Governor:

- The promotion of any personal or political view that runs contrary to the Trust's duty to eliminate unlawful discrimination on the grounds of people's protected characteristic and to advance equality of opportunity for patients, staff and our wider community;
- Disclosure of confidential information;
- Failure to declare a conflict of interest;
- Absence from Council of Governor for two consecutive meetings without good reason (established to the satisfaction of the Chairman and the Council of Governors); and
- Any act that brings the Council of Governors or the Trust into disrepute.

Qualification for Office

24. Governors must continue to comply with the qualifications required to hold elected office throughout their period of tenure, as detailed within the Constitution. The Company Secretary or equivalent should be advised of any changes in circumstances, which may disqualify the Governor from continuing in office.

Disqualification from Office

25. Where an individual has been elected or appointed to be a Governor and s/he becomes disqualified for appointment s/he shall notify the Secretary in writing of such disqualification as soon as practicable and in any event within 14 days of first becoming aware of those matters which render him/her disqualified.
26. If it comes to the notice of the Company Secretary or equivalent that the Governor is disqualified, whether at the time of the Governor's appointment or later, the Company Secretary or equivalent shall immediately declare that the individual in question is disqualified and give notice to the individual in writing to that effect as soon as practicable and in any event within 14 days of the date of the said declaration.
27. Upon the giving of notice under paragraph 25 or 26, that individual's tenure of office, if any, shall be terminated forthwith and s/he shall cease to be a Governor and removed from the Register of Governors.
28. Where a Governor has been removed from office, s/he shall not be eligible for election as a Governor of the Trust in the future.

Annex 1 – The Nolan Principles: Guiding Principles of Public Life

Selflessness

Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.

Integrity

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.

Objectivity

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

Accountability

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness

Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

Honesty

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

Holders of public office should promote and support these principles by leadership and example.

Annex 2 - The Trust Values

PROUD:

- Putting patients first
- Responsive to, and supportive of, patients and staff
- Open, welcoming and honest
- Unfailingly kind, treating everyone with respect, compassion and dignity
- Determined to develop our skills and continuously improve the quality of care

draft



Council of Governors Meeting, 28 September 2017

AGENDA ITEM NO.	1.6.2/Sep/17
REPORT NAME	Council of Governors Expenses Policy
AUTHOR	Sarah Ellington, Interim Board Secretary
LEAD	Sir Thomas Hughes-Hallett, Chairman
PURPOSE	To maintain good governance principles.
SUMMARY OF REPORT	This policy, which has been developed and agreed with the Council of Governors Working Party, sets out the arrangements for the reimbursement of expenses to Governors.
KEY RISKS ASSOCIATED	NA
FINANCIAL IMPLICATIONS	NA
QUALITY IMPLICATIONS	NA
EQUALITY & DIVERSITY IMPLICATIONS	NA
LINK TO OBJECTIVES	All
DECISION/ ACTION	For approval.



Council of Governors Expenses Policy

1.0 Introduction

This Council of Governors Expenses Policy (the Policy) provides guidelines under which members of the Council of Governors (COG) may be reimbursed for expenses incurred while undertaking activities for the benefit of Chelsea and Westminster Hospital NHS Foundation Trust (the Trust).

The role of a governor on the Council of Governors is voluntary and it is a guiding principle of the Trust that governors do not receive any form of salary for being a governor.

Nominated governors should claim expenses from the organisations they represent.

2.0 Purpose

To set out reimbursement policy and procedures for elected governors of Chelsea and Westminster Hospital NHS Foundation Trust.

To promote equal opportunities amongst governors by ensuring that individuals contributing their time are not excluded due to financial restraints.

To promote the culture of fairness and delivering value for money by making clear the appropriate level of reimbursement of expenses incurred. At all times the spirit of fairness and value for money will prevail.

3.0 Authority

The policy is approved by the Council of Governors and the Board of Directors.

4.0 Principles

The post of Governor of a foundation trust is voluntary, and it is a fundamental principle that no Governor shall receive any form of salary for being a Governor. Governor expenses are paid from public funds, and should be contained by Governors claiming only for the most inexpensive form of transport unless exceptional circumstances apply.

However, the Policy should promote equal opportunities amongst governors by ensuring that individuals contributing their time are not excluded due to financial restraints. At all times the spirit of fairness and value for money will prevail.

Expenses for actual expenditure will be reimbursed as follows:

4.1 Travel

- 4.1.1 For governor participation in Trust events such as meetings of the Council of Governors, Trust and Governor events, committees or task groups as agreed by the Company Secretary or equivalent, where expenses are not paid by another organisation.

- 4.1.2 Where reasonably practicable, and where this results in a lower claim for expenses, governors will be re-imbursed for travel by public transport, at the rate of second class travel unless first class travel incurs no additional cost.
- 4.1.3 Claims for travel expenses will be paid from and to the governor's home address/ base, within the constituency geographical areas. Travel expenses will be paid from and to other locations when the claim is lower than it would otherwise have been or when authorisation is received from the Trust in advance.
- 4.1.4 Attendance at any meeting in the capacity as a Governor outside of those mentioned above in paragraph (1) must be authorised by the Trust before any travel expense is incurred.
- 4.1.5 Claims for travel by taxi will be paid exceptionally where authorisation is received from the Trust in advance. This includes taxis booked by the Trust.
- 4.1.6 Claims for parking of up to 3 hours will be paid, and where above 3 hours, will require authority to be obtained in advance where reasonably practicable.
- 4.1.7 Where Trust authorisation is needed in advance for travel expense claims, this will normally be in exceptional circumstances, for example where public transport would not be appropriate or reasonable e.g. if a governor has mobility issues. Authorisation will be by agreement of the Deputy Chief Executive.
- 4.1.8 Rates of travel expenses.
- Mileage: subject to the preceding paragraphs, governors will be paid for mileage at the rate allowed to Trust employees.
 - Parking: at the rate evidenced by receipt (receipt to be submitted)
 - Bus or train: at the rate evidence on the ticket amount (ticket to be submitted) or as charged to an Oyster account (ticket/print out to be submitted)
- 4.1.9 The Trust retains a discretion to pay additional travel expenses in exceptional circumstances where necessary to enable performance of governors' duties. Authorisation will be by agreement of the Deputy Chief Executive in advance.
- 4.1.10 The Trust retains a record of all expenses which must be published in its Annual Report and may be inspected if required by guidance from NHS England, NHS Improvement, CQC or other regulatory or overseeing bodies, as well as being provided to HMRC on request.

4.2 Stationery

- 4.2.1 The Trust supports paperless working with information provided electronically to Governors and in hard copy for formal meetings where a Governor requests hard copies. Where necessary, a limited number of documents such as the Annual Report will be printed for circulation amongst Governors. Expenses for stationery will not be paid to Governors.

5.0 Submission of claims

- 5.1 Governors remain wholly responsible for the completion and accuracy of their claims.
- 5.2 All claims must include receipts for individual items as set out in 5 (8) above.
- 5.3 Claims for expenses should be submitted to the Board Governance Manager on behalf of the Deputy Chief Executive.
- 5.4 Expenses must be claimed on the attached form.

- 5.5 Claims should be submitted on a regular basis and no later than within three months of the expense being incurred to allow for effective management of budgets.

6.0 Review

The Trust will review this policy every three years and make recommendations for any changes to the Council of Governors and the Board of Directors.

Reviewed by: Council of Governors

Date: September 2017

Approved by:

Date:

Review date: July 2020

DRAFT



Council of Governors Meeting, 28 September 2017

AGENDA ITEM NO.	1.7/Sep/17
REPORT	Governor Election Timetable
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Sarah Ellington, Interim Board Secretary
PURPOSE	The Council of Governors is asked to note the election timetable which has been agreed with the Returning Officer, Electoral Reform Services.
SUMMARY	As enclosed.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	All
DECISION/ ACTION	To note.



Election Timetable

Publication of notice of election	Not later than the fortieth day before the day of the close of the poll	Monday	2 October 2017
Final day for delivery of nomination papers to returning officer	Not later than the twenty eighth day before the day of the close of the poll	Tuesday, by 5.00pm	17 October 2017
Publication of statement of nominated candidates	Not later than the twenty seventh day before the day of the close of the poll	Wednesday	18 October 2017
Final day for delivery of notices of withdrawals by candidates from election	Not later than twenty fifth day before the day of the close of the poll	Friday, by 12 noon	20 October 2017
Notice of the poll	Not later than the fifteenth day before the day of the close of the poll	Monday	06 November 2017
Close of the poll	By 5.00pm on the final day of the election	Friday	24 November 2017
Election results	The day after close of the poll	Monday, by 12 noon	27 November 2017





Council of Governors Meeting, 28 September 2017

AGENDA ITEM NO.	1.8/Sep/17
REPORT NAME	Election of Lead Governor – process
AUTHOR	Sarah Ellington, Interim Board Secretary
LEAD	Thomas Hughes-Hallett, Chairman
PURPOSE	To comply with the Trust's constitution requirements.
SUMMARY OF REPORT	As enclosed.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	N/A
LINK TO OBJECTIVES	All
DECISION/ ACTION	For approval.



Election of Lead Governor - Process

1.0 Introduction

- 1.1 Pursuant to the Constitution, the Council of Governors elects an individual Governor to act as 'Lead Governor'. The Lead Governor is identified in the Trust's Annual Report and notified to NHS Improvement.
- 1.2 The Lead Governor acts as a key conduit between the Board of Directors, usually via the Chairman, and Council of Governors, and also has a role to play in facilitating direct communication between NHS Improvement and the Council of Governors, where this is appropriate¹.
- 1.3 The Lead Governor is also expected to:
- Chair meetings of the Council of Governors where the performance of the Chairman is the subject of discussion or the nature of business nevertheless makes it appropriate for them to do so²;
 - Act as a 'sounding board' for the Chairman in relation to key governance issues or general Trust matters of interest to the Council of Governors;
 - Act as an interview panellist with regard to any Non-Executive Director appointments to the Board of Directors;
 - Play an active role in the Council of Governors' Sub-Committee meetings.
- 1.4 In accordance with the Trust's Constitution, only *Public or Patient* Governors are eligible to stand for election as Lead Governor. Appointments will ordinarily last for a three year period, with the elected individual being eligible for re-election twice.

2.0 Constitutional Process

- 2.1 The process relating to the election of the Lead Governor is stipulated within the Trust Constitution; namely, that the Council of Governors shall elect one of the public or patient Governors of the Trust to be the Lead Governor in accordance with the following process:
- When the Lead Governor position becomes vacant, the Chairman shall invite public Governors and patient Governors to put themselves forward for the post of Lead Governor;
 - The Company Secretary will compile a list of Lead Governor candidates and will require the completion of an applicant form from each candidate detailing their election statement;
 - The final election of the Lead Governor will take place at a Council of Governors meeting by paper ballot (completed applicant forms will be distributed to the Council of Governors in advance);

3.0 Next Steps

- 3.1 As per the Constitutional provisions set out above, the public and patient Governors on the Council are now asked to nominate themselves for the role of Lead Governor. It is proposed that, as an initial step, Governors send expressions of interest to Vida Djelic, Board Governance Manager by **5.00pm Thursday, 19 October 2017**.

¹ This particularly applies where there are concerns in respect of the performance or actions of the Board or with regard to the organisation's compliance with the rules established within its Constitution or in respect of the procedural fairness associated with Board appointments.

² Or in the unlikely scenario that no Non-Executive Director is in attendance at a Council of Governors' meeting.

- 3.2 Applications, on the Application Form issued, must be received by **5.00pm Thursday 2 November 2017**
- 3.3 The Lead Governor nominee presentations will take place from **14.00-14.45 on Thursday 30 November** and the election will take place at the beginning of the Council meeting at 15.00.
- 3.4 The Council of Governors will be asked to elect its Lead Governor at its 30 November meeting.

Sarah Ellington, Interim Board Secretary

Application to Stand for Election as a Lead Governor

All those seeking to be elected as the Lead Governor must complete this form and return it to Vida Djelic, Board Governance Manager by 16.00 on Thursday, 2 November 2017.

Title:			
Surname:			
Forename:			
Tel. Home:		Tel. Work:	
E-mail Address:			
Constituency:			

Please provide below your election statement outlining any experience at home, work or elsewhere which may be relevant to you becoming the Lead Governor, including why you would like to become the Lead Governor.

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Signature:



Council of Governors Meeting, 28 September 2017

AGENDA ITEM NO.	2.1/Sep/17
REPORT NAME	Chairman's Report
AUTHOR	Sir Thomas Hughes-Hallett, Chairman
LEAD	Sir Thomas Hughes-Hallett, Chairman
PURPOSE	To provide an update to the Council of Governors on high-level Trust affairs.
SUMMARY OF REPORT	As described within the appended paper. Governors are invited to ask questions on the content of the report.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	This paper is submitted for the Board's information.



Chairman's Report
September 2017

1.0 NED Recruitment

The governors' nominations and remuneration committee has been fully engaged in recruiting a successor to Jeremy Lloyd who retires later this year. After a slow start with the support of a recruitment agency we have been able to attract an exciting body of applicants. As part of this process we continue to be keen to ensure that our Board reflects the diversity of both our workforce and our patients. Council is asked to appoint two non-executive directors.

2.0 Staff Awards

A highlight of the Trust calendar is the nominations to and voting for our annual staff awards kindly sponsored by CW+. All members of the Board are engaged in this process. It is humbling to read so many nominations that set out the extraordinary contribution made by our staff and volunteers well beyond the call of duty demonstrating innovation, commitment and adherence to our PROUD values. I look forward to the awards dinner in October and to handing over the Chairman's award for Lifetime Achievement.

2.0 Hospital Visits

I am delighted to see non-executive directors being evermore involved in visiting our staff across the Trust and hearing first hand from patients and staff alike the pride in our work but also how we continuously improve the quality of care and the experience of our staff. Jeremy Jensen recently spent a day in our operating theatres and I know emerged from his scrubs with new enthusiastic suggestions for our Chief Operating officer as to how we can become even more productive! Personally, I spent a day working on Osterley Wards 1 & 2 at the West Middlesex – again I finished the day:

A - so impressed by the quality of nursing care I witnessed.

B – recognising just how much our new volunteering strategy can contribute to spending longer periods of time in conversation with our patients

C – Recognising the challenge of engaging with junior doctors who only spend one year with us

We are currently planning for further wider engagement by the Board and by our Governors in ward accreditation and patient feedback

3.0 Events

Chairman's Breakfast:

The Chief Executive and I have now established a monthly Chairman's breakfast. This allows your Chair to meet with small groups of staff across all our sites, in all areas of the hospitals, to listen and learn from their ambitions, concerns and frustrations. These meetings are summarised and the key points shared with the Board on an anonymised basis. For me personally and I hope for the Board they are an invaluable source of intelligence while also providing the Chair of the Board with an opportunity to be visible, to demonstrate good leadership and to communicate with the staff in a private setting.

4.0 Review of Governance and Risk

With the deputy CEO, company secretary and with input with the Chair of the Audit Committee we have now commenced a thorough review of our governance and risk procedures taking particular account of the rapidly changing external environment. While this is an action agreed by the Board it also fits well with NHS's recent communication re developmental reviews of leadership and governance using the well-led framework. I have now met with Steve Russell from NHS.

5.0 NHS England

In the same week as council I am meeting with Sir Malcom Grant, Chairman of NHS England who has asked me to come in to discuss with him the HelpForce volunteering programme which is running in our hospitals as well as other hospitals around England.

6.0 Governor Contributions

I have asked Nick Gash as Non-Executive Director to lead a project on Governor Contributions across the Trust. I hope this can be included in the Governor Away Day, with themes such as: how can Governors contribute to CW+; to volunteering; and to getting to know the views of our public and stake holders as well as of our patients, their families and our staff. I will not pre-empt Nick's work, which has already begun, but look forward to further developments.

7.0 Closed Board Matters

As promised, I finish by giving a flavour of matters discussed in closed Board. We had a thought provoking presentation by Roger Chinn, Deputy Medical Director and Director of Clinical Service Transformation on Developing an Improvement Culture, which we will bring to public board and I urge you to attend. We are also developing a Board Assurance Framework, led by Karl Munslow-Ong as Deputy Chief Executive. This is one more tool in our journey to improve governance, which I hope we will be able to share soon.

Sir Thomas Hughes-Hallett
Chairman

September 2017



Council of Governors Meeting, 28 September 2017

AGENDA ITEM NO.	2.2/Sep/17
REPORT NAME	Chief Executive's Report
AUTHOR	Karl Munslow Ong, Deputy Chief Executive Officer
LEAD	Lesley Watts, Chief Executive Officer
PURPOSE	To provide an update to the Council of Governors on high-level Trust affairs.
SUMMARY OF REPORT	As described within the appended paper. Governors are invited to ask questions on the content of the report.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	For information.



Chief Executive's Report

September 2017

1.0 Care Quality Programme

We have been formally notified that our 'well led' Care Quality Commission (CQC) inspection will be on the 23rd and 24th of January and are in the process of completing our provider information request (pre inspection data) which will be submitted to the CQC on the 8th September. We expect our unannounced inspection to take place during the period of October to December. The new CQC inspection approach is one of a continuous inspection process and we work closely with our CQC relationship managers to ensure that we have a sustainable approach to delivering great quality care to our patients. Our internal care quality programme continues to make progress with all 64 clinical areas having had a ward/clinical accreditation during the first year. We see this determined approach driving sustainable improvements for patients, staff and our organisation. The executive leads remain linked to their clinical areas delivering improvement messages, engaging with staff and supporting continuous learning and development.

We continue to work closely with NHS Improvement (NHSI) to undertake peer review mock inspections and improvement work; they have recently undertaken a review of our emergency pathways on both sites and given positive feedback and identified helpful areas for continued improvement. We are participating in the NHSI "rapid improvement and retention programme" which supports our organisation to work in partnership with other organisations across the UK, sharing good practice, to develop effective and robust retention strategies.

The Trust quality boards are now in place in all clinical areas, and the Trust values are in place in all non-clinical areas. Additionally the patient information book has now been launched, including a recognition card that patients can award to staff members who have provided outstanding care to them.

2.0 Performance

July was another busy and challenging month for the organisation with continued increasing demand being placed on our services. Despite this, the A&E Waiting Time for the Trust in July was 95.3%; the first time for 1 year that both of our sites delivered >95% which is a fantastic achievement and a credit to all staff across both hospitals and I want to take the opportunity to acknowledge that effort.

The RTT incomplete target was not achieved in July for the Trust, but did improve again from the previous month. The CW site saw continued improvements, especially within Planned Care (the most challenged Division), but the WMUH site saw performance drop by 1% to 94% affecting the overall Trust position. I am pleased to report however, that there continues to be no reportable patients waiting over 52 weeks to be treated on either site and this is expected to continue.

Demand for 2WW cancer appointments continued in July with the number of 2WW referrals 41% higher than the same month last year. The operational and clinical teams are continuously working to provide additional capacity and the Executive team have raised the continued increases with both Royal Marsden Partners and with the Chairs and Managing Directors of the CCGs. There were no reportable C-Diff infections across either site during the month which is excellent and our Friends and Family inpatients recommended scores were >90% across both of our sites. For the first time, we also managed to achieve

100% compliance with our fractured neck of femur patients getting to theatre within the 36 hour standard which is excellent news for our patients.

Despite the demand challenges noted above, we continue to do well as a Trust and I offer my thanks and congratulations to all the teams involved.

3.0 Staff Achievements

It gives me great pleasure to report to the Board on various staff awards and achievements over the past few months.

Proud Staff Award Winners:

June

St Mary Abbots Ward (CWH); Dr Alina Grecu (CWH); Children's Surgical Team (WMUH); Alan Hardy (WMUH).

July

Jason Pyke and Melanie Davy (CWH); Lesley-Anne Marke (CWH); Dr Nneka Nwokolo (56 Dean Street); Rupinder Sarai (WMUH).

School of Medicine Teaching Excellence Awards:

1. Associate Dean Award – Dr John Platt, Consultant Lead for Care of the Elderly
2. Teaching Excellence Award – Dr Ashkan Sadighi, Consultant in Acute Medicine
3. Supporting the Student Experience Award – Mr Glen Fernandes, Undergraduate Teaching Coordinator.

Industry awards:

Patient Safety in Critical Care and Trauma Patients Award: North West London Critical Care Network (Chelsea and Westminster Hospital & West Middlesex University Hospital wins both).

Communique Awards (Industry awards founded to recognise outstanding work in healthcare communications across local, European and international markets): 56 Dean Street received the following awards

1. Innovation in Healthcare Communications
2. Excellence in Engagement through Digital Channels
3. Excellence in Content Management

4.0 Leadership Development

Board asked for an update on our succession planning and leadership development, both of which are aligned to the NHS Leadership Framework. We have delivered 5 cohorts of the emerging leaders (70 staff) aimed at Band 6 and above and junior doctors (Cohort 6 commences in September). We have also run 4 cohorts of the Established leaders (60 staff) programme, working with Healthskills aimed at Band 8A and above and Consultant staff (Cohort 5 commences in September).

The programmes seek to support staff in their development in the following areas;

- Developing your self-awareness and enhancing your impact as a leader within the organisation
- Maximise engagement from teams both locally and across boundaries

- Collectively transforming our Trust and improving patient care
- Experience of undertaking an improvement project and linked reflective learning journal

Three senior managers are currently part of the Horizons programme with Imperial healthcare Trust which covers the following;

- Increase capability as strategic leaders
- Develop the leadership behaviours to support success
- Drive exceptional performance through highly engaged people
- Create inspirational leaders who empower and engage their People

Specific programmes have also been undertaken with clinical teams to support their leadership and working together utilising the INSIGHTS tool.

5.0 Clinical training programmes

The Trust has an extensive programme of clinical training. This includes the provision of national resuscitation courses and simulation and clinical skills programmes.

In the last academic year we have run 24 National Resus courses, for 3805 people (60% trust staff and 40% external staff) utilising faculty staff to deliver training in the majority of instances.

In terms of simulation we run 13 different specific programmes and approximately 93 courses. Over the last year 985 staff have accessed simulation programmes as well as ad-hoc sessions for both Trust staff and other external candidates.

6.0 Communications and Engagement

Our monthly team briefing sessions for all staff have covered topics including the importance of our quality priorities and innovation; improvements in estates and facilities; our research programme; Electronic Patient Records; changes in clinical coding requirements and the great work that the Cardiac Catheter Lab is doing at West Middlesex and Lord Wigram ward is doing at Chelsea. This month's presentations included valuable information on our accounting systems; antimicrobial and control of infection stewardship and our ground-breaking e-services for genitourinary medicine. The latest team briefing is attached to my report. (Appendix 3) As well as sharing information with our hospital these sessions have now become a recognised opportunity for staff to both showcase their work and contribution to the delivery of our services, but also provides a developmental opportunity to prepare and present that work to mixed audiences.

I mentioned my CEO fortnightly briefing to staff at the last Board meeting and attach the latest one to this report (Appendix 4). In these briefings I aim to share some of the amazing stories I hear when I talk to patients; highlight good (and not so good) practice that I see; and provide an overview of the leadership's thinking around key issues facing the Trust.

I have welcomed the regular contact we have had with regional and national leaders and key stakeholders, enabling us to showcase our outstanding work and discuss challenges that we face in the NHS. Amongst others, Professor Oliver Shanley OBE (Regional Chief Nurse for London) and Professor Jacqui Dunkley-Bent OBE (Head of Maternity, Children and Young People at NHS England) visited to learn more about our nurse-led innovation projects. Ruth Cadbury and Vince Cable, our local MPs to the West Middlesex site visited the A&E to look at the tremendous work we do there. The *Getting it Right First Time* (GIRFT), led by Tim Briggs under the auspices of NHS Improvement, has visited twice and provided us with useful guidance.

We are also getting out and about sharing best practice (and gaining recognition) at health events such as the NHS Innovation Expo, the World Congress on Paediatric Burns, the World Confederation for Physical Therapy, and Global Digital Health; in publications such as the All-Party Parliamentary Group Inquiry Report looking at how arts and the environment add to patients' health and wellbeing; and in a range of news items on issues such as the Grenfell Tower fire, dealing with acid attacks, our Dean St services, and documentaries on birth and the wonders of the human body.

We have a busy few months ahead engaging with key stakeholder groups. The West Middlesex Hospital Open Day is on 16th September (11am – 3pm); and the Annual Members Meeting on 28th September (5pm - 6.30pm at West Middlesex). Our staff awards event is on 18th October. The event is a highlight of the year and is an opportunity to recognise the fantastic work of all our staff, not just award winners. We received almost 600 nominations, many from members of the public.

Appointments

I am delighted to report on two key senior appointments; Gill Holmes has been recruited as our new Director of Communications. Gill has extensive experience both at the BBC but also in the charity sector and joins us in October. Susan Simpson will be joining us as our new Company Secretary in November having most recently worked at Kingston Hospital in the same role.

I would also like to take this opportunity to thank Don Neames for his sterling work covering the communications brief and also the joint efforts of Harbens Kaur and Sarah Ellington who have taken responsibility for different aspects of the Company Secretary role.

7.0 Fire Update

Our fire awareness and prevention plans remain a key priority for the Trust. I have personally been undertaking a number of initiatives to ensure staff complete the necessary training, including writing to those that remain non-compliant. We have seen steady progress over recent months but still require further focused effort to get to the required standards. Staff who continue to remain non-compliant will be subject to disciplinary procedures.

We have continued to invest in our estate to ensure we have a safe environment for our patients, staff and visitors. We are underway with our investment programmes to upgrade our fire alarm system and fire doors on the Chelsea site.

In light of the wider focus on fire safety following the Grenfell tragedy, we have recently appointed an independent Fire Safety Authorising Engineer who will conduct two visits per annum to audit the Trust's premises and report on fire safety compliance. The outputs of this will be reported through to our Quality Committee.

A more detailed fire update can be found at the end of my report (Appendix 1).

8.0 Update from Strategic Partnerships Board

The Strategic Partnerships Board (SPB) continues to monitor progress against our main strategic programmes which support delivery of the Trust's vision and our Clinical Services Strategy; the Trust's agreed strategic priorities for 2017/18; and the context of national policy direction and our local Sustainability and Transformation Partnerships (STP), including various programmes of work with other

providers.

The SPB has recently received updates on:

- Joint Work Programme with Imperial College Healthcare Trust where our main progress is in corporate enablers such as the joint digital and shared EPR programme
- Joint Work Programme with Kingston Hospital FT
- Hammersmith & Fulham ACP where, as set out in July CEO Board Report, the current proposal is to sign a formal Partnership Agreement as an enabling step for possible contract award (North West London pilot for 2018-19)
- Richmond Outcome Based Contract where commissioning structures regarding a single management team across Kingston and Richmond CCG's is likely to lead to a 1 year extension to the transitional contract period (to March 2019).
- GP integration where recent good engagement with NHS England and NHS Hounslow has provided a possible model for contract compliance and a business case is being developed which would require Trust Board and NHS Hounslow Governing Body approval
- Oversight of the North West London Pathology collaboration.

I am proposing to set aside time at the Board Strategy Seminar in October to discuss this wider environment and how we consider benefits and impact on our strategic priorities.

I have also attached (appendix 5) the summary of the Board papers from the statutory bodies.

9.0 External Reviews

I am keen that the Board has sight of the various confirmed external reviews that the Trust will receive over the coming few months. Detailed within the appendix (2) of this report is the list of these reviews. Any material issues will be reported up through to the various Board committees.

10.0 NHS Improvement Consultation on revisions to Single Operating Framework and issue of revised Use of Resources Framework

The Board is asked to note expected changes to our governance arrangements and regulatory oversight. NHSI has published a number of proposed updates to the Single Oversight Framework (SOF) to be introduced in October 2017. NHSI are inviting views on these changes until 18 September.

NHSI and CQC have published the final Use of Resources (UoR) framework, following feedback from its consultation. The final framework has been informed by 7 pilots NHSI has undertaken to refine the assessment methodology. NHSI will introduce UoR assessments alongside CQC's new inspection approach from autumn 2017.

The Executive Management Board has reviewed the position and assessed impact. The changes are not considered material but do signal some changes to our reporting metrics which we are preparing to implement in Q3 in 2017/18. It is also proposed that:

- 1) Final impact assessment (and any response to the consultation) is coordinated through our Business Planning Group to ensure consistency with our planned Operating Plan refresh; and
- 2) Given the alignment between NHSI frameworks and CQC Well Led domain, that we review changes to reporting, what diagnostic (RAG rating) this shows and any proposed actions at relevant committees alongside our developing Board Assurance Framework. A more detailed review of the

changes to frameworks and proposed actions will be provided for each Committee.

The key issues are summarised below

Single Operating Framework:

There are no specific changes to the underlying framework itself— i.e. the five themes, NHSI's approach to monitoring and how support needs are identified and providers segmented will not change – although there some adjustments to individual indicators and supporting guidance.

There are no changes to finance metrics, other than no implementing the 2 new metrics in year (capital controls & cost per WAU), so no impact on financial rating is anticipated. The trajectories for A&E performance remain the same.

The development of STPs and the move in some areas towards accountable care systems and organisations increasingly means leadership across a geographic area and across organisational boundaries and suggests this will be a stronger focus of the well led framework. It is not yet clear how providers' contribution to local transformation will be measured under the SOF but it does appear that the revised SOF signals NHSI's intention to take into account system—wide leadership, as measured through the STP ratings, under its strategic change theme.

Use of Resources Framework:

The metrics are consistent with SOF so no impact is anticipated on this part of the rating (we are already reporting this each month to NHSI)

There are some additional metrics for clinical, corporate and people although still mostly financially derived. There will be a combination of absolute (our position) and relative (benchmarked) reporting

NHSI will continue to monitor a trust's finances and operational productivity — and associated support needs — between Use of Resources assessments, using the Finance Score and metrics available through the Model Hospital, alongside other relevant evidence.

11.0 Electronic Patient Record (EPR) Programme

As Part of the Trust's EPR programme the Board requested the implementation of an independent gateway review process to assess the state of readiness across a number of gates and track the delivery of the programme. In order to support this process the Trust appointed Ernst and Young (EY).

The programme has been split into three phases - Phase 1, Phase 2 and Phase 3. The focus of this gate is Phase 1 which involves the implementation of a Patient Administration System, Emergency Department, Theatres, Order Communications and Results Reporting solution for the West Middlesex University Hospital. The scope of the first gateway is to assess that the Programme set up is complete.

I am pleased to report that EY's assessment of the programme was positive and we were deemed low risk. The Finance and Investment Committee will be reviewing the report in more detail when they meet at the end of September. I'd like to thank all of the teams involved for their hard work and effort in getting us to this stage of what is a very exciting but challenging programme of work.

12.0 Finance

At the end of July, month 4, our year to date adjusted position is favourable to the internal plan by £0.32m. Pay costs remain over plan by £4.1m, offset by underspends in non-pay and revenue in excess of plan.

We had planned to achieve £7.3m of our savings target for 2017/18 of £25.9m by the end of month 4 but actually achieved £5.5m. We need to work hard to get our CIP delivery back on plan and to ensure we achieve our year-end target.

Lesley Watts

Chief Executive Officer

September 2017

APPENDIX 1

FIRE SAFETY – ESTATES UPDATE

The Trust has appointed a fire consultancy specialist to act as an independent Fire Safety Authorising Engineer. The Authorising Engineer will conduct two visits per annum to audit the Trusts premises and report on fire safety compliance. The Authorising Engineer's report will be presented to the Quality Committee biannually to identify the actions that arise from the audit. In addition, if any actions or recommendations made by the Authorising Engineer are not appropriately addressed, the Authorising Engineer will inform the Chief Executive directly.

Chelsea and Westminster Hospital

There are no internal or external cladding issues at Chelsea and Westminster Hospital.

Installation work on the new hospital fire alarm system continues with work programmed to complete in the first quarter 2018/19 financial year. In addition, a review of the fire doors throughout the hospital has now been completed.

Work to ensure ongoing compliance with fire regulations is now in progress on a number of the compartment doors to improve their resilience. A business case for the full scope of this work is being presented at the Capital Programme Board in September.

West Middlesex University Hospital Site

The Trust buildings have three different types of cladding at the West Middlesex Hospital site, none of which present a significant risk to the Trust. In addition, given the height of the buildings, the London Fire Brigade could extinguish any external fire with ease to prevent fire travel across external surfaces and into the building on which it is fitted travel.

The cladding used at the West Middlesex Hospital can be categorised as either brick facia, cedar wood stuck to concrete, or a product known as Kingspan Microrib. All of the cladding used in the construction of these buildings continues to conform to Health Building Notes (HBN's).

In addition, we have now been able to confirm that all cladding products used in the construction of the Trusts buildings are either Building Research Establishment (BRE), or British Board of Agreement (BBA), approved. Both of these organisations are government approved, and hold UKAS accreditation which is assessed against International standards.

QMMU ModuleCo Units

The type of cladding (Kingspan Microrib) used in the construction of the maternity units has already been independently tested by the BRE, a recognised certificated Government test base for all building related products, a certificate has been provided to the Trust.

Main Hospital

The Trust are now in receipt of documents from our PFI provider confirming the cladding (cedar wood stuck to concrete) has BBA test certificates confirming the safety of the cladding.

Marjory Warren Building

The brick facia cladding to the Marjory Warren Building has BBA accreditation.

Notwithstanding the above, whilst the independent test certificates provide the Trust with assurance all cladding products remain suitable for use; the Trust continues to pursue further independent assurance to ensure the cladding on the Main Hospital and Marjory Warren Building's remains compliant. However, the BRE has indicated a significant waiting list for this type of test, which could take up to two years to complete given we are deemed low risk. The PFI partner has therefore been instructed to obtain test certificates from an alternative European or International test facility which they are currently trying to source.

FIRE SAFETY – TRAINING AND DEPARTMENTAL PLANS

Statutory Fire General Awareness training has continued to improve and is currently 86% (C&W site) and 89% (WM site). Fire Marshal (FM) numbers have increased progressively each month and there are now 345 trained at C&W (268 at WM site) with a further 88 staff bookings on forthcoming scheduled courses at C&W and 35 at WM. Clinical Site Managers (CSM's) across both sites have also been trained as FM's to act as first responder in addition to the Security staff that are all fully trained. The Executive have made a decision that from September fire training for all staff will be to Fire Marshall Standards.

All departments across our various sites now have up to date fire risk assessments with a programme in place for ongoing review. Key focus areas as result of these updated assessments have been remedial work to some estate; increased emphasis on testing evacuation plans; and completion of routine fire drills.

All clinical areas across our sites now have an evacuation plan for their areas and we will have completed this work for non-clinical areas by the end of September. These plans form the basis of fire drills for which a schedule has been developed for all of our sites. 12 fire drills have been completed at C&W since November 2016 and 7 at WM this year. This is aligned with the required level 1 fire safety management within HTM 05-01.

APPENDIX 2

External Reviews

Month	Specific Date	Reviewing Authority	Where Will the Inspection Take Place?	Aspects of Compliance to be Tested	Executive Lead	Lead Director	Operational Lead	Reporting Group	Group overseeing compliance
September 2017	19 th -21 st September	Information Commissioner's Office	ICO Audit	ICO Standards and Toolkit	Kevin Jarrold/ Karl Munslow-Ong	Graham Trainor	Company Secretary	Information Governance Steering Group	Audit Committee
	20 th of September	Endocrine Peer Review	Children's Services		Zoe Penn	James Beckett	Sunaina Bhatia	WCHGDPP Divisional Board	Compliance Group
	28 th September 9-12 am	GIRFT	Paediatrics	GIRFT dataset	Zoe Penn	James Beckett		WCHGDPP Divisional Board	Compliance Group
October 2017	30 th (October 1pm)	GIRFT	Obstetrics and Gynaecology	GIRFT dataset	Zoe Penn	Simon Mehigan		WCHGDPP Divisional Board	Compliance Group
November 2017	14 th of November	EL(97)52 Audit of Pharmacy Technical Services by	Pharmacy Technical Services, Chelsea Site	Good Manufacturing Practice (GMP) Standards	Zoe Penn	Bruno Botelho	Deirdre Linnard	Planned Care Divisional Board	Compliance Group
	28 th of November	GIRFT	General Surgery	GIRFT dataset	Zoe Penn	Bruno Botelho	Faizal Mohamed-Hossen/Musa Barkeji	Planned Care Divisional Board	Compliance Group



August 2017

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

CW+ PROUD May 2017 award winners

- **Planned Care** - St Mary Abbots Ward. A fantastic team that always rises to a challenge, works together as a team and supports each other with learning and development. They have a unified commitment to achieving the best standard of care for our patients and representing the Trust.
- **Emergency and Integrated Care** – Dr Alina Grecu. For her part in responding to the Grenfell Tower fire; even though not on shift or called in Dr Grecu attended the ED department as she saw the breaking news and was on hand to receive the first affected patients. Her actions reflect her passion for the emergency service and as a real team player.
- **Women and Children** – Children's Surgical Team. The paediatric surgical junior doctors have risen to numerous challenges. They have strong leadership and have constantly put the PROUD values first. The patient has been at the forefront of all their decisions. Staying after contracted hours; coming in when not on duty to help; calling patients to ensure they have received information. They have embodied not only the Trust's core values but have demonstrated repeatedly their commitment to good surgical practice.
- **Corporate** – Alan Hardy. Alan has demonstrated his dedication to Radio West Middlesex and the hospital as a volunteer for 50 years and was instrumental in setting up the service in 1967.

Visit the [intranet](#) to nominate a team or individual.

Performance

The A&E Waiting Time figure for June was achieved at 95%. Chelsea and Westminster was one of only three trusts in London to be compliant with the standard.

The RTT incomplete target was not achieved in June for the Trust with a performance of 91.2%. However, this was an improvement on the May position. The RTT recovery trajectory is based around introducing new controls and measuring administration issues at C&W on a daily basis to ensure the correct patients are booked into capacity. We are also aiming to increase capacity where possible to reduce the backlog. The trajectory indicates that compliance will be achieved by August 2017.

All cancer access indicators were passed in June except for 2 week breast symptomatic referrals and 62 days NHS screening to first treatment.

Financial update

At the end of June, month 3, our year to date adjusted position is favourable to internal plan by £0.23m. Pay costs are over plan by £3.23m; an increase of £0.84m on the previous month. As in the previous month, this is offset by underspends in non-pay and revenue in excess of plan. Our underlying financial position at the end of the first quarter was an £8.5m deficit.

We achieved 13.7% of our savings target in the first quarter when we had planned to achieve 19.8%. We need to continue to work hard to improve our CIP delivery and ensure we achieve our year-end target of £25.9m

Divisional updates

Emergency and Integrated Care

The Emergency and Integrated Care (EIC) Division has hosted several external visits and peer reviews. Most recently NHS Improvement (NHSI) has been at both hospitals reviewing our emergency pathways and you may have seen them visiting some of our wards as well. These visits take much preparation and effort, so well done to all those that took part – and so far the feedback has been very positive with just a few areas where we can improve further. Elsewhere, the Division continues to make progress with achieving better quality and governance processes, and have a continuing focus on sharing learning from incidents while also celebrating praise from many the compliments received. Some more good news: the key operational performance target (ED 4hr) is significantly improved again for July, which reflects the hard work, in both hospitals, to deliver a high quality and efficient service to our patients – so a huge thank you to everyone that has contributed. Finally, we are starting our planning for winter, so do start thinking about your own department or ward preparations and most importantly, try to enjoy some leave and rest over the summer months.

Planned Care

Planned Care will start holding a welcome breakfast for our new joiners, alternating every month between CWH and WMUH sites. This will also be an opportunity to celebrate our monthly PROUD awards as we continue to recognise the amazing work taking place in the clinical and non-clinical areas.

We would like to welcome Paul Silvester, General Manager for Theatres, Anaesthetics and Critical Care and Rachel Brough, RTT Programme Lead. Both started on 1 August and will be working closely with clinical and non-clinical teams to improve patient access and the delivery of excellent patient care.

We are aiming to re-launch the Surgical Admissions Unit (SAU) at WMUH during August. SAU at CWH has significantly improved length of stay and patient flow, and we expect these achievements will continue to be accomplished at the WMUH site.

Women's and Children's

The Division has had a busy month with the change of pathway in Paediatric ED at WMUH and Comet Short Stay Unit launched at the CWH site. Carly Knell started as the General Manager for Women's Services cross site and Maternity Support Worker Melany Knight was the well-deserved recipient of our PROUD award. Kobler Clinic is launching a new pathway for stable patients and Kobler Daycare has been renamed Gazzard Daycare in recognition of our eminent Professor. Please keep an eye out for our new starters' welcome events; the Divisional management team are keen to hear your ideas and reflections.

How will the Cerner EPR change your world?

Next month we're taking the Cerner EPR (electronic patient record) system on the road. Mabel's story will show how the system supports every step in one patient's care. Find out how you will use the Cerner EPR to care for patients like Mabel. The people who are helping design the system will

be there to show you. Experience Mabel's journey on 5 & 6 September at WMUH and 7 September at CWH.

Care Quality Programme Update

The Care Quality Programme continues its work with current focus on meeting CQC standards. The August CQP Steering Group reported firm progress on the key work themes. Thank you to all staff and leads who have been supporting work programmes for the CQP work. A more detailed briefing will be available next month. In the meantime take the chance to read the Trust [CQC handbook](#) and sure you know your part in promoting high quality care.

Mandatory and statutory training

Managers and staff are reminded to check their latest Core Training compliance status using Qlikview (CW) or Wired (WM). Please note that neither system is updated in real time so check the date last updated before raising any queries on compliance.

E-learning: due to on-going IT issues, there are contingencies in place to help staff with compliance:

- PCs in the Hub (CWH) have recently been updated and staff can now access the e-learning modules
- The same e-learning modules can be accessed directly via www.e-lfh.org.uk. On completion of the module(s) send a screen-shot of the confirmation to learnonline@chelwest.nhs.uk L&D Admin
- Paper versions are available for most modules via the intranet. (There will be a delay in updating compliance due to the volume of assessments being processed).

It is important for managers / staff to book their classroom sessions in good time, and not wait until the last minute. Use the "Due to Lapse" report that is distributed each month via the HR Business Partners, to help plan ahead.

Baby friendly

West Middlesex University Hospital has been successfully re-accredited for the UNICEF Baby Friendly Initiative (BFI), which demonstrates how our staff support mothers to breastfeed and help build a close and loving relationship with their baby. The WMUH team has worked incredibly hard over the past year, to train staff to the BFI standard for breastfeeding knowledge and skill. The CWH site is due to undergo its assessment by UNICEF in October and we will use WMUH's experience to help prepare us. We are confident we will be able to replicate their success.

School of Medicine Teaching Excellence Awards

Staff from WMUH have received three highly prestigious Teaching Excellence Awards from Imperial College London. Dr John Platt, Consultant Lead for Care of the Elderly, has been awarded the Associate Dean Award which recognises a lifetime of teaching and contribution to Imperial Medical Students. Dr Ashkan Sadighi, Consultant in Acute Medicine has made such an impact on students that despite having only been appointed as a consultant recently, has received one of eight Teaching Excellence Awards. In addition Mr Glen Fernandes, our Undergraduate Teaching Coordinator has transformed the way undergraduate tuition is provided at WMUH and has been recognised for his unstinting calm and interest in Supporting the Student Experience.

56 Dean Street wins three prestigious awards

Congratulations to teams at the sexual health and HIV centre in Soho for winning in three categories at this year's Communiqué Awards. Their digital lifestyle intervention

PRIME won Innovation in Healthcare Communications; Excellence in Engagement Through Digital Channels; and Excellence in Content Management.

56 Dean Street's pivotal role in ending the AIDS epidemic in the capital has been highlighted in a recent global report by UNAIDS

Cas Shotter Weetman Doctorate

Congratulations to Cas, Lead Specialist Nurse Cardiology, who has been awarded a Doctorate (PhD) of Nursing from the University of West London, supported by CLARCH and the Ethicon Trust - RCN. The thesis focused on patient experience post angioplasty, the journey from admission to discharge, and the development of a tool for effective communication on discharge.

The Accessible Information Standard (AIS)

The AIS tells organisations how they should make sure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate. We are committed to supporting our patients and service users and continue to work towards implementing this standard. More information can be found on the [NHS England website](#) and for Trust-related information, please contact Priti Bhatt, Equality and Diversity Manager by emailing priti.bhatt@chelwest.nhs.uk

Star awards nominations

Nominations for our annual staff awards are open! We want as many nominations as possible and every one we receive will be reviewed by our leadership team – each will go a long way in helping us to acknowledge the commitment and hard work of individuals and teams who work tirelessly every day to provide patients with the good care and experience they deserve. Let us know who has gone above and beyond in your department

www.chelwest.nhs.uk/about-us/awards/staff-awards/staff-awards

Nominations close at 9am on Monday 14 August with winners revealed at an evening ceremony on the 18 October.

Annual members meeting

All staff are invited to our Annual Members' Meeting on 28 September from 5.30 – 7.00pm in Rumbles restaurant (WMUH). There will be presentations from the Chief Executive, Chief Financial Officer and Council of Governors; information about our progress and performance over the last year, and plans for 2017/18.

WMUH Open Day

We are counting down to the WMUH Open Day on 16 September. If you would like to take part please email communications.wmuh@chelwest.nhs.uk / call (72) 5035.

Waterloo and South West Upgrade – Rail Disruption

Network Rail is carrying out major improvement work at Waterloo station from 5 to 28 August. Significantly fewer South West Trains services will be running into Waterloo. This will mean lengthy queues during peak times at all major stations on the South West Trains network; station closures, and more crowded services. For more information visit www.tfl.gov.uk/waterloo-works

September 2017 team briefing dates

Mon 4 Sept, 9-10am, G2 Offices Harbour Yard
Mon 4 Sept, 11am-12pm, CW+ MediCinema CWH
Tue 5 Sept, 11am-12pm, Meeting Room A WMUH

Chief Executive's briefing

A reflective beginning

Over the past few weeks while attending many meetings with staff, patients, health partners and our senior leadership team, it became more and more apparent how crucial a part our values play in our decision making.

Our values are:

- **P**utting patients first
- **R**esponsive to, and supportive of, patients and staff
- **O**pen, welcoming and honest
- **U**nfailingly kind, treating everyone with respect, compassion and dignity
- **D**etermined to develop our skills and continuously improve the quality of care

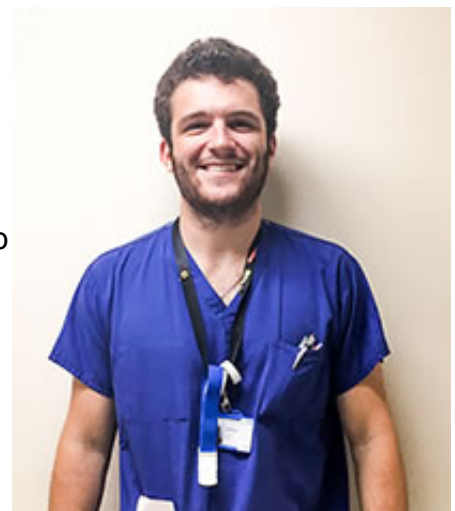
These values set out what we want for ourselves and our patients. We all make hundreds of decisions every day and these decisions are a reflection of our values and beliefs.

The decision taken by Oscar, HCA medical student on David Erskine ward, saved a life as he spotted a sepsis flag and escalated it. An excellent example of our valuing putting patients **first**.

We must remain committed to these values, driving the delivery of our strategy and underpinning all that we do to provide safe, high quality, compassionate care for each and every patient.

You will know that our strategic priorities are to:

- Deliver high-quality patient-centred care
- Be the employer of choice
- Deliver better care at lower cost



How we deliver these priorities is outlined in our Quality Strategy and Plan (QSP) 2015/18, Clinical Services Strategy and our Operating Plan 2017/18. If you haven't already done so, I encourage you to take a look, for they outline our direction of travel to secure our future in these challenging times. In reviewing these documents, you will understand about our priorities and plans.

Our Care Quality Programme (CQP) continues to drive forward the education and changes we need to make to strengthen the way we deliver care to our patients. Safe, quality care is everyone's responsibility. We are all accountable and must never become complacent.

The simplest of mistakes can have a huge impact, whether it's not remembering to wash your hands, which is one of the most important things you can do to help prevent and control the spread of infection, to not wearing your lanyard, ID badge, which not only signifies you are part of the organisation but also that you have the authority to access the building and certain areas within it.

The latest theme in our quality improvement programme focuses on 'never events' which are serious, largely preventable patient safety incidents that should not occur... the title says it all. Last financial year we had one never event. Every day we should try to ensure another one doesn't happen in our organisation.

- [Read more about never events](#)

Great work

I see teams continuing to work hard across the Trust to ensure we meet our performance targets and although I hate to say this in August...but winter *is* coming!

We know winter brings added pressure to our services, particularly to the front end, A&E (well done to the them for achieving the waiting time performance standard for July!), and so we must be well prepared.

Our winter plan will be submitted on 7 September to NHS England and it is important that all divisions support the creation of this plan.

Targets and quality indicators often get a bad reputation. However, they give us information about how well we provide care to our patients, how we compare to other hospitals and, as important, the areas in which we have to work harder.

Targets don't have to stifle the way in which we work; we support those who rise to the challenge, offering creative ideas on how we can do things better—as shown through our joint work with the Digital Accelerator Programme and CW+ to successfully establish digital health innovation across five areas within the Trust. These are led by the Medical Directorate and Learning and Development.

A selection of innovations were presented by our Medical Director Zoë Penn and CW+'s Lawrence Petalidis at the last Team Briefing:

- Digitising ward auditing and accreditation



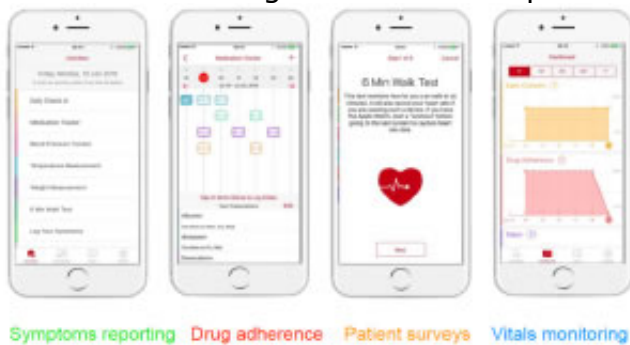
- The first UK pilot for stoma patient digital health



- Physiotherapy remote guidance



- Remote monitoring of heart failure patients



- Improving postnatal ward patient experience and system efficiency



A huge 'well done' to all the teams involved. Your dedication and hard work is inspirational! Thank you.

- [See Team Briefing for more information](#)

Quality and innovation



We were delighted to welcome Professor Oliver Shanley OBE (Regional Chief Nurse for London) and Professor Jacqui Dunkley-Bent OBE (Head of Maternity, Children and Young People at NHS England) to our hospitals to learn more about our nurse-led innovation projects.

Following the three Dragon's Den-style pitches, where we saw presentations on transforming the birthing pool rooms on Labour Ward, improving oral hygiene for patients, and implementing 'safety huddles', Oliver Shanley and Jacqui Dunkley-Bent awarded first prize to Angela Chick (Kew Ward Sister) for her forward thinking oral hygiene project 'Mouth Care' which will now receive funding and support from CW+ to

implement in our hospitals. Good work, Angela!

All winners receive a £10,000 grant and a further six projects will be receiving funding in future from our charity CW+.

International recognition



56 Dean Street's pivotal role in ending the AIDS epidemic in the capital has been highlighted in a recent global report by UNAIDS (United Nations AIDS)—presented at the International Aids conference in Paris.

- [Read the UNAIDS report](#)

UNICEF UK Baby Friendly reaccreditation

Maternity and SCBU on the West Mid site have successfully been reaccredited as Baby Friendly by the UNICEF UK Baby Friendly Initiative (BFI). This comes as fantastic news recognising West Mid's dedicated work over the past year to train staff to the BFI standard for breastfeeding knowledge and skill.

Kerry Person of the Year Award 2017



Our very own Non-Executive Director, Liz Shanahan has been awarded London's Kerry Person of the Year Award for her contribution to the global healthcare and pharmaceutical industry. We are PROUD to have you on our team, Liz!

North West London Critical Care Network win HSJ patient safety award



The Patient Transfer bag was designed and launched in all North West London Hospitals

in 2016 and is in use in every Emergency Department, Critical Care and High Dependency Unit to support the Transfer of critically ill and injured patients. Pictured above are Debbie van der Velden (Matron, Critical Care) and Barbara Walczynska (Clinical Audit Coordinator, ICU).

Letters of praise from patients

Nuclear medicine department at C&W

"Dr Margaret Phelan... Yesterday I attended the department for a nuclear profusion test and I wanted to let you know how superb the team was in every respect. All the staff, whatever their position, were without fail, efficient, courteous and cheerful. All the operators explained exactly what their part of the procedure was and possible effects that might be felt."

A&E, plastics and therapy departments at C&W

"I am writing to express my gratitude for the treatment which I received at the hospital, beginning with A&E when I had been knocked down by a bicyclist. My last appointment was in June at the hand therapy section. Although the department was very busy, everyone I met was very friendly and efficient.

"I had broken my wrist. The plastic surgeons (Mr McArthur's team) were excellent—explained the position and what they proposed and were most reassuring. I have to say, however, that I am most grateful for the treatment I received from Ms Zoë Thompson, the physiotherapist. She is a very caring person, who went out of her way to explain what she was doing and what to expect along the way and was very knowledgeable—a real credit to your hospital. My wrist did improve as she said despite my initial fears!

"The hospital itself is so well run and has such a good atmosphere. If I ever have to be ill or injured again, I do hope it is in your vicinity!"

Lampton, Kew and Sion 1 wards at WMUH

"I have the sad duty to write to you on the death of my dear 97 year old husband William who spent so much time in hospital between November and January. Moreover, he was admitted a number of times after that because of catheter problems not helped by his increasing dementia. He also had a couple of falls at the care home in Hounslow.

"His spells in hospital were spent in Lampton, Kew and Sion 1 wards. In all of them he received really great care, comfort and dignity from the consultants, doctors, nurses and domestic staff. This is the purpose of this letter—we would like to put this on record as testament to our appreciation and gratitude.

"We have now said goodbye at his great funeral to a devoted father, grandfather and great-grandfather. But when we needed it, we have been greatly supported by all the professionals who often worked under difficult circumstances. We do appreciate all that was done to make him comfortable and for the manner in which he was always treated with human dignity."

Defaced pictures—criminal damage

Unfortunately I sometimes need to talk about an unpleasant experience within one of our hospitals.



On 9 August from 6:24–6:44pm a man wearing a black hat, yellow jumper and grey jogging bottoms was in the Chelsea site and defaced walls and pictures in A&E and historic valuable portraits in the Trust boardroom. If you have seen this man, or have any information that may lead to his whereabouts, please contact Trevor Post.

On Instagram





I hope everyone has a good weekend.

Lesley

SUMMARY OF BOARD PAPERS – STATUTORY BODIES

HEALTH EDUCATION ENGLAND – 18 JULY

For more detail on any of the issues outlined in this summary, the board papers for this meeting are available [here](#).

Expansion of medical student intakes

- The Secretary of State for Health has announced an increase of 1,500 medical school places a year from 2018/19.
- Health Education England (HEE) and other stakeholders have welcomed this expansion, as a key opportunity to expand the medical workforce to meet future needs whilst reducing the reliance on overseas doctors.
- The allocation of additional places also provides an important opportunity to address other HEE priorities: encourage wide participation among the medical workforce; boost training in under-doctored areas; provide a greater focus on those specialities where it is more difficult to recruit; encourage innovation; and consider the introduction of new medical schools.
- The introduction of these medical school places will be phased: 500 in 2018/19 and the remainder thereafter.
- Higher Education Funding Council for England (HEFCE) informed medical schools of their allocations on 31 May.
- HEE say it is safe to assume most medical schools will be keen to increase their intakes and that applications may total more than the planned additional 1,000.
- The DH's has confirmed the responses to their consultation (*Expansion of Undergraduate Medical Educations: a consultation on how to maximise the benefits from the increases in student numbers*) showed strong support for application of the following criteria: maintaining high quality of training and placements; encouraging social mobility; meeting local workforce need; supporting shortage medical specialities; and exploring new technologies and innovation.
- In order to allow providers to plan their 2019/20 recruitment based on the outcomes of this process, recommendations will need to be endorsed by the HEE board in February 2018 and communication to providers by May 2018. See [Annex A](#) for the proposed timeline.
- It has been proposed that this project will be overseen and run as a joint working group between HEFCE and HEE.

Local education and training boards' assurance 2016/17

- In May 2016, HEE's board confirmed the move from 13 Local Education and Training Boards (LETBs) to 4 LETBs to better reflect the Five year forward view delivery infrastructure.
- The *Local Education and Training Boards (LETB) Assurance Framework* requires that LETBs submit annual effectiveness reviews to demonstrate ongoing progress against four developmental domains: developing a shared vision; aligning structures, systems and processes to this shared vision; bringing their values to life; and developing an improvement-driven culture. Each LETB will be given an assurance rating by the Performance Assurance Committee considering the [evidence that has been provided](#).

Bringing evidence to the bedside and boardroom

- The board received a presentation on the importance of and commitment of arm's length bodies to library and knowledge services, a "hidden gem" in our NHS.
- These services can play a crucial role in making sure decisions made are based on evidence. They have been referred to as a useful partner to help drive transformation in health and care outcomes.

CARE QUALITY COMMISSION – 19 JULY

For more detail on any of the issues outlined in this summary, the board papers for this meeting are available [here](#).

Chief executive's report

- Care Quality Commission (CQC) will share their wider digital strategy in September, describing how CQC's structure, people, finances and ways of working need to change in order to deliver the digital function CQC needs over the next three years.
- Department of Health (DH) published their response to the National Data Guardian's (NDG) *Review of Data Security, Consent and Opt-Outs* and the CQC's *Safe Data, Safe Care Review*.
 - As outlined in CQC's review, CQC has amended its assessment framework and inspection approach to include assurance that appropriate internal and external validation against the new data security standards have been carried out, and will make sure that inspectors involved are appropriately trained.
 - CQC have strengthened their key lines of enquiry on information governance and will ensure providers are effectively assuring themselves and meeting the standards set out by the NDG, as part of well-led assessment.
 - CQC will also include external audit or validation results in the regulator's further assessments and work with NHS Digital to share information.
 - CQC are piloting these changes in their updated inspections of how well-led NHS organisations are at trust level, and will roll this approach out from September 2017 onwards.

Fire safety action plan 2017

- CQC's issuing of inspector fire safety guidance was brought forward and issued this month.
- CQC is also reviewing inspection reports from the past 12 months to identify the number of occasions fire safety has been raised as an inspection issue and to see how many addressed those issues.
- A CQC working group is being set up to review the organisation's registration and inspection policy and guidance across hospitals.

2017/18 Corporate Performance Report

- A project to improve report timeliness has been set up with Deputy Chief Inspectors and nominated leads across the inspection and enabling directorates.
- 68% of CQC's business plan milestones are 'on track'.
 - CQC has marked the organisation's ability to deliver information management and technology improvements as 'amber/red' (high). As outlined in [May's](#) summary, the executive team and board have agreed the priority areas for the digital programme development which is now being managed and contracts put in place.
- CQC also marked their ability to introduce their new assessment framework and approach in hospitals as 'amber/red'. Work is underway to provide assurance of system readiness, this includes: digital publication of hospital reports; the hospitals handbook has been published and the frameworks for all sectors are now in place; the next phase of regulation consultation has been published on 12 June.
- The consultation response and final assessment framework for use of resources assessments for NHS trusts will be published by NHS Improvement shortly. From October, there will be a consultation focussing on how to produce combined ratings which will be published on inspections carried out from January/February onwards.
- CQC's hospital directorate are prioritising re-inspection of services rated as inadequate prior to April 2017 which have not as yet been re-inspected so that these will all have been inspected by March 2018.
 - They will also re-inspect all services rated as requires improvement prior to April 2016 by March 2018.

- Frequency based commitments will apply to locations that are inspected from April 2017.
- Overall the trend of inspections resulting in improvement to the rating is positive and the majority of re-inspections result in an increased rating.

Local System Reviews Methodology

- Following the spring budget announcement of additional funding for adult social care, the DH approached CQC to undertake a programme of targeted reviews of local authority areas.
- The reviews form part of a package of support measures, to identify and support local systems that are challenged, and to promote an integrated approach across adult social care and the NHS.
- CQC have now received a formal direction from the Secretaries of State requesting that the regulator undertakes up to 20 reviews in 2017/18 under section 48 of the Health and Social Care Act 2008. CQC will make recommendations to local system leaders, advise the Secretaries of State as to how improvements may be secured, and publish a national report.
- CQC have been informed of the first 12 sites with a further 8 to be confirmed in the coming months. The first 12 reviews will take place as follows:
- The most up to date slide deck setting out the methodology can be found in [Appendix 1](#) alongside the list of final draft key lines of enquiry in [Appendix 2](#).
- The CQC has also shared a [Local System Overview Information Request form](#) and a paper setting out a [proposed approach to assessing relational working in the local system reviews](#), as part of the overall methodology.
- Following each visit, CQC will produce a bespoke report for the Health and Wellbeing Board setting out the findings and making recommendations for required improvements. This will be followed by a local summit for national partners and the local area to agree the improvement offer.
- At the end of the programme, CQC will produce a national report summarising the findings and required system improvements.

NHS ENGLAND BOARD MEETING - 21 JULY

For more detail on this summary, the board papers for this meeting are available [here](#).

Chief executive's report

- Stevens listed his visits over the last few weeks: this included the Westway centre, which he visited in light of the Grenfell tower tragedy. He paid tribute to all NHS staff and reminded the board that many lived and worked within the community. He also confirmed that he has met with the new West Midlands Mayor, Andy Street.
- Stevens was pleased by the Commonwealth Fund's assessment of the NHS. He also welcomed the [annual cancer patient survey](#) which confirmed improvement of patient experiences in cancer care.

Developing Academic Health Science Networks paper

- In March 2018 the 15 Academic Health Science Networks (AHSNs) will reach the end of their first five year cycle. There will be a developmental process for relicensing based on iterative planning and the AHSNs will submit their initial proposals.
- The [board paper](#) goes on to say "as part of the portfolio adjustments announced in June 2017, NHS England is strengthening its focus on supporting the life sciences, innovation and research."

Finance and performance report papers (month 2)

- 89.7% attainment of 4 hour A&E target in May 2017. There were 2,069,000 attendances in A&E in May. Attendances over the last twelve months are up 0.1%. 508,000 emergency admissions in May, 3% more than May 2016.
- RTT standard was met with 90.4% of patients waiting less than 18 weeks. The number of RTT patients waiting to start treatment at the end of May 2017 was just over 3.81 million
- Delayed transfers of care – 178,400, total delayed in May, of which 115,600 were in acute care. This is a small increase from May 2016, where there were 172,300 total delayed days.

Net Expenditure	Year to Date				Forecast Outturn			
	Plan £m	Actual £m	Under/(over) spend		Plan £m	FOT £m	Under/(over) spend	
			£m	%			£m	%
CCGs	13,157.2	13,166.8	(9.6)	(0.1%)	79,924.9	79,898.7	26.2	0.0%
Direct Commissioning	3,893.2	3,890.2	3.0	0.1%	24,566.7	24,566.8	(0.1)	(0.0%)
NHSE Running & central programme costs (excl. depreciation)	193.3	163.4	29.9	15.5%	4,619.3	4,639.3	(20.0)	(0.4%)
Other including technical and ringfenced adjustments	10.7	9.1	1.6		23.0	34.0	(11.0)	
Total non-ringfenced RDEL under/(over) spend	17,254.4	17,229.5	24.9	0.1%	109,133.9	109,138.8	(4.9)	(0.0%)

- At month 2, NHSE is reporting a YTD underspend of £25m, with CCGs overspending by 0.1%, offset by underspend in direct commissioning and NHSE central budgets. The full year forecast, excluding the release of the 0.5% CCG risk reserve, shows a position broadly in line with plan.

Other

- [Sustainability and transformation partnership rankings](#) have also been released, with the 44 STPs rated "outstanding", "advanced", "making progress" or "needs most improvement".
- The board also discussed a paper on [items which should not routinely be prescribed](#) in primary care. Homeopathy and gluten free products are discussed in some detail.
- NHS England also released its [annual report](#) this week. The headlines include:
 - CCGs underspent by £154m (0.2%) in 2016/17. NHSE commissioning underspent by £296m (1.2%)
 - NHSE admin budget underspent by £439m (13.2%). The total NHSE budget underspent by £902m (0.9%)



Council of Governors Meeting, 28 September 2017

AGENDA ITEM NO.	2.3/Sep/17
REPORT NAME	Integrated Performance Report – July 2017
AUTHOR	Robert Hodgkiss, Chief Operating Officer
LEAD	Robert Hodgkiss, Chief Operating Officer
PURPOSE	To report the combined Trust's performance for July 2017 for both Chelsea & Westminster and West Middlesex sites, highlighting risk issues and identifying key actions going forward.
SUMMARY OF REPORT	<p>The Integrated Performance Report shows the Trust performance for July 2017.</p> <p>Regulatory performance – The A&E Waiting Time figure for July was 95.3%. There was a significant increase in activity at West Middlesex of 9.3% against the same period in the prior year but performance increased to 95.2% on that site, the first compliant month for 1 year.</p> <p>The RTT incomplete target was not achieved in July for the Trust with a performance of 91.24%, which whilst an improvement on June's reported position, it did fall short of our internal trajectory of 91.5%. The CW site saw continued improvements, especially within Planned Care (the most challenged Directorate), but the WMUH site saw performance drop by 1% to 94% affecting the overall Trust position with 2 particularly challenged specialities, Neurology and ENT, causing of the deteriorating position at WMUH.</p> <p>There continues to be no reportable patients waiting over 52 weeks to be treated on either site and this is expected to continue.</p> <p>Performance for 31 day first and subsequent Cancer Treatments remained at 100% for July. There are challenges around 2 week referral to first appointment, Breast Symptomatic, 62 day Standard and NHS Screening Service Cancer Indicators.</p> <p>There were no reported CDiff infections in July at either site</p> <p>Access There were 71 breaches in July resulting in a 98.67% diagnostic waiting time. The number of breaches was significantly down from June's 109 which replicate an encouraging trend from last month's position.</p> <p>Quality Priorities Dashboard New for this month, is the inclusion of the Quality Priorities Dashboard. This</p>

	dashboard provides the Board with a template for monitoring the 7 agreed Quality Priorities as contained within the Quality Plan. Quarter 1 will be populated with the appropriate RAG rating in next Month's Integrated Board Report.
KEY RISKS ASSOCIATED:	There are continued risks to the achievement of a number of compliance indicators, including A&E performance, RTT incomplete waiting times while cancer 62 days waits remains a high priority.
FINANCIAL IMPLICATIONS	Income is favourable by £1.3m YTD predominantly against other income. The Trust is reporting a YTD deficit of £0.78m which is £0.32m favourable against the internal plan.
QUALITY IMPLICATIONS	As outlined above.
EQUALITY & DIVERSITY IMPLICATIONS	None
LINK TO OBJECTIVES	Improve patient safety and clinical effectiveness Improve the patient experience Ensure financial and environmental sustainability
DECISION/ ACTION	The Board is asked to note the performance for July 2017 and to note that whilst a number of indicators were not delivered in the month, the overall YTD compliance remained good.

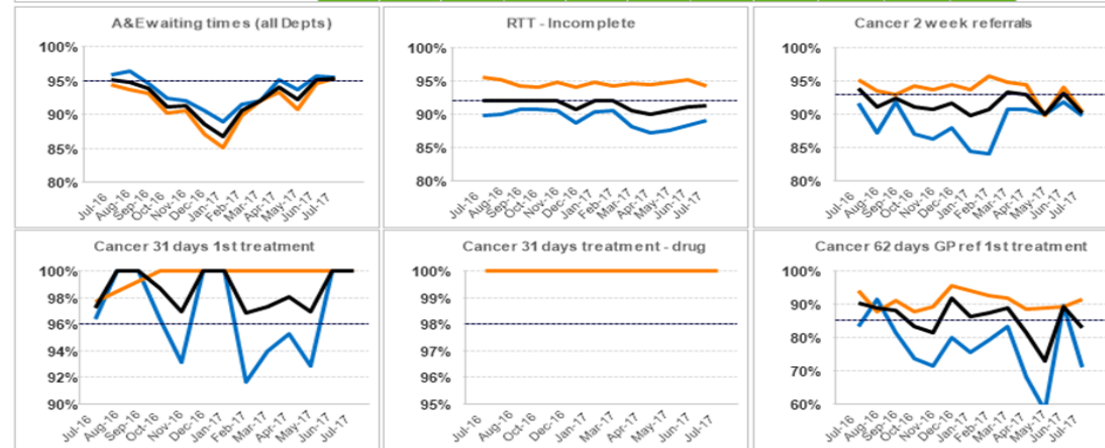


TRUST PERFORMANCE & QUALITY REPORT

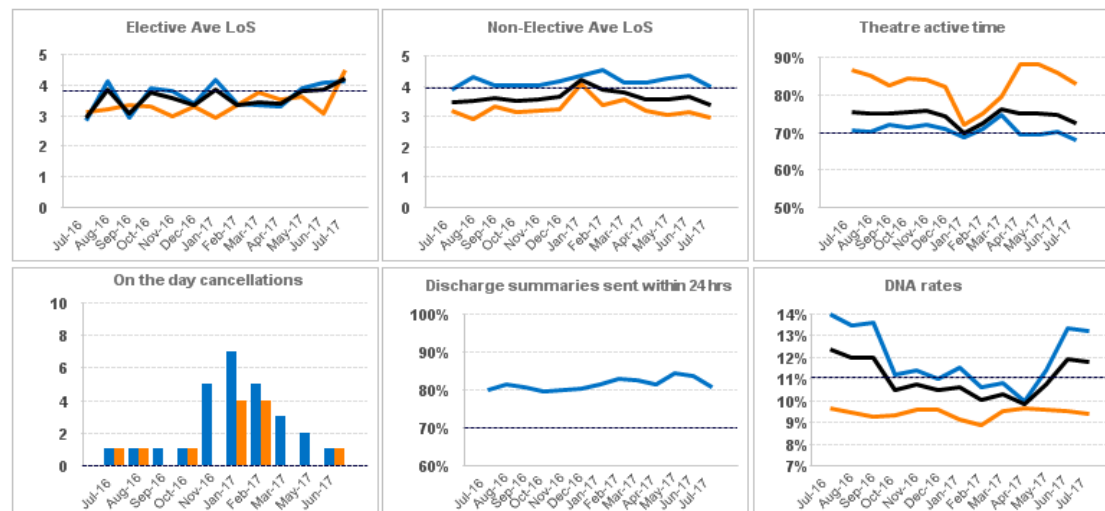
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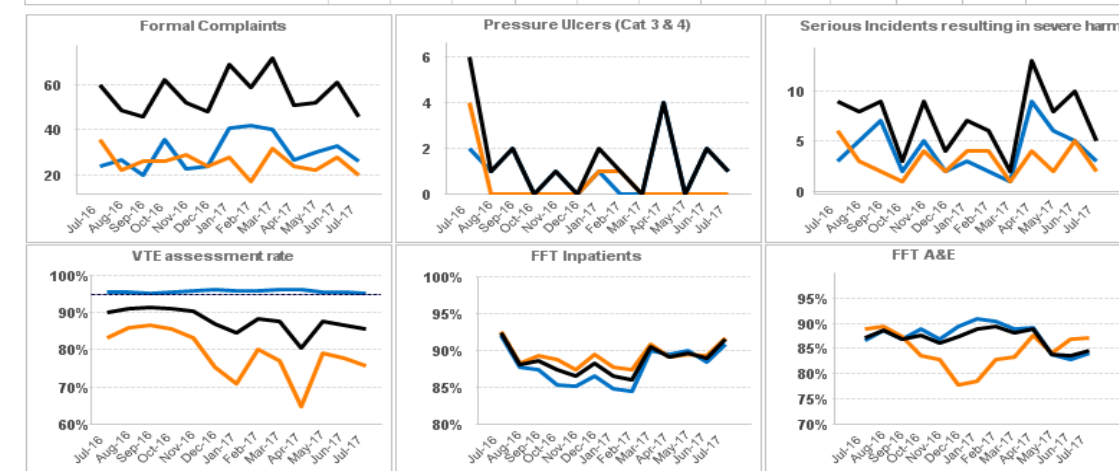
Regulatory Compliance												
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined Trust data: last Quarter, YTD & 13m trend					
Indicator	May-17	Jun-17	Jul-17	May-17	Jun-17	Jul-17	May-17	Jun-17	Jul-17	Quarter	YTD	Trend
A&E waiting times - Types 1 & 3 Depts (Target: >95%)	93.7	95.6	95.4	90.8	94.6	95.2	92.2	95.0	95.3	95.3	94.1	
RTT - Incomplete (Target: >92%)	87.6	88.3	89.1	94.8	95.2	94.2	90.5	91.2	91.2	91.2	90.7	
Cancer 2 week urgent referrals (Target: >93%)	90.1	91.8	89.8	89.9	94.1	90.3	90.0	93.1	90.1	90.1	91.5	
Cancer 2 week Breast symptomatic (Target: >93%)	n/a	n/a	n/a	90.4	91.0	91.5	90.4	91.0	91.5	91.5	90.6	
Cancer 31 days first treatment (Target: >96%)	92.9	100	100	100	100	100	96.9	100	100	100	98.9	
Cancer 31 days treatment - Drug (Target: >96%)	100	n/a	n/a	n/a	100	100	100	100	100	100	100.0	
Cancer 31 days treatment - Surgery (Target: >94%)	100	100	n/a	100	100	100	100	100	100	100	100.0	
Cancer 62 days GP ref to treatment (Target: >85%)	48.8	89.7	71.2	88.9	89.3	91.5	73.1	89.4	82.9	82.9	81.4	
Cancer 62 days NHS screening (Target: >90%)	n/a	n/a	n/a	100	83.3	80.0	100.0	83.3	80.0	80.0	86.4	
Clostridium difficile infections (Targets: CV: 7; VM: 9; Combined: 16)	0	0	0	3	0	0	3	0	0	0	4	
Self-certification against compliance for access to healthcare for people with LD	Comp	Comp	Comp	Comp	Comp	Comp	Comp	Comp	Comp	Comp	Comp	



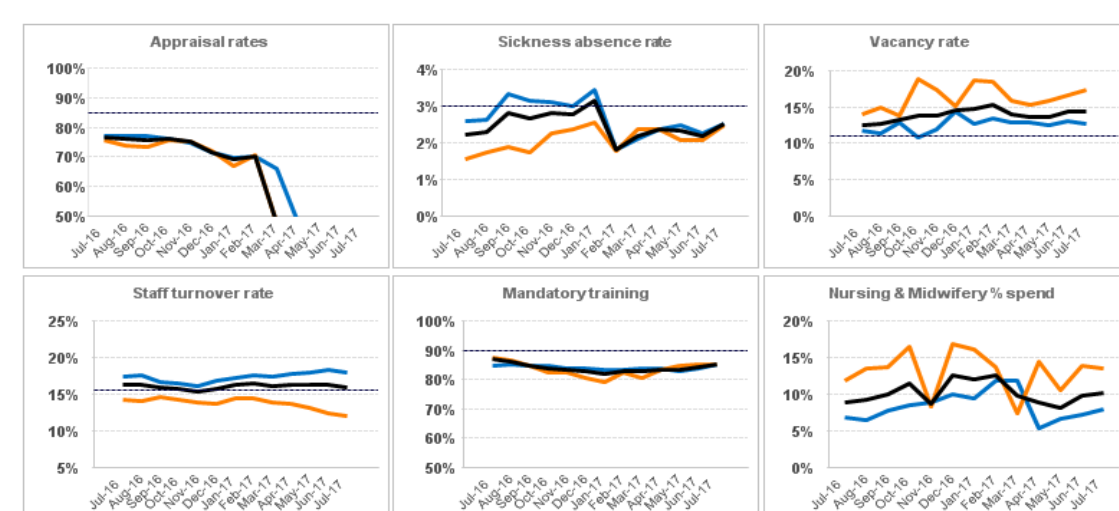
Efficiency												
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	May-17	Jun-17	Jul-17	May-17	Jun-17	Jul-17	May-17	Jun-17	Jul-17	Quarter	YTD	Trend
Elective average LoS (Target: <3.8)	3.9	4.1	4.1	3.6	3.1	4.5	3.8	3.8	4.2	4.2	3.8	
Non-Elective average LoS (Target: <3.95)	4.2	4.4	4.0	3.1	3.2	2.9	3.6	3.7	3.4	3.4	3.5	
Theatre active time (Target: >70%)	69.4	70.2	67.8	88.2	86.0	82.8	75.0	74.7	72.3	72.3	74.2	
Discharge summaries sent within 24 hours (Target: >70%)	84.5	83.5	80.8	dev	dev	dev	84.5	83.5	80.8	80.8	82.7	
Outpatient DNA rates (Target: <11.1%)	11.4	13.3	13.2	9.6	9.5	9.4	10.7	11.9	11.8	11.8	11.1	
On the day cancelled operations not re-booked within 28 days (Target: 0)	2	1	0	0	1	0	2	2	0	0	4	














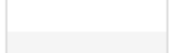
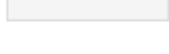

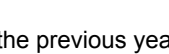
Quality												
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	May-17	Jun-17	Jul-17	May-17	Jun-17	Jul-17	May-17	Jun-17	Jul-17	Quarter	YTD	Trend
Hand Hygiene (Target: >=90%)	96.4	96.3	96.4	89.7	99.5	93.4	94.1	97.4	95.3	95.3	95.7	
Pressure Ulcers (Cat 3 & 4)	0	2	1	0	0	0	0	2	1	1	7	
VTE assessment % (Target: >=95%)	95.4	95.5	95.4	79.2	77.7	75.8	87.6	86.8	85.5	85.5	85.2	
Formal complaints number received	30	33	26	22	28	20	52	61	46	46	210	
Formal complaints responded to <25days	8	11	10	7	6	2	15	17	12	12	61	
Serious Incidents	6	5	3	2	5	2	8	10	5	5	36	
Never Events (Target: 0)	0	1	0	0	0	0	0	1	0	0	1	
FFT - Inpatients recommend % (Target: >90%)	90.0	88.4	90.9	89.6	89.4	91.8	89.7	89.0	91.5	91.5	89.9	
FFT - A&E recommend % (Target: >90%)	83.8	82.9	84.1	84.2	86.9	87.2	83.9	83.5	84.7	84.7	85.2	
Falls causing serious harm	0	0	0	0	0	0	0	0	0	0	0	



Workforce												
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	May-17	Jun-17	Jul-17	May-17	Jun-17	Jul-17	May-17	Jun-17	Jul-17	Quarter	YTD	Trend
Appraisal rates (Target: >85%)	13.0	17.9	23.5	12.1	14.6	18.6	12.7	16.8	21.8	21.8	15.2	
Sickness absence rate (Target: <3%)	2.46	2.25	2.52	2.09	2.06	2.49	2.34	2.18	2.51	2.51	2.35	
Vacancy rates (Target: CV<12%; VM<10%)	12.6	13.1	12.8	15.9	16.7	17.4	13.7	14.4	14.4	14.4	14.4	
Turnover rate (Target: CV<18%; VM<11.5%)	18.0	18.3	18.0	13.2	12.4	12.1	16.3	16.3	15.9	15.9	15.9	
Mandatory training (Target: >90%)	82.9	84.0	85.4	84.6	85.4	85.2	83.5	84.5	85.4	85.4	84.2	
Bank and Agency spend (£k)	£2,165	£2,434	£2,486	£2,347	£2,511	£2,544	£4,512	£4,945	£5,030	£5,030	£19,240	
Nursing & Midwifery: Agency % spend of total pay (Target: tbc)	6.6	7.3	8.0	10.6	14.0	13.6	8.1	9.8	10.1	10.1	9.2	



**NHSI Dashboard**

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		May-17	Jun-17	Jul-17	2017-2018	May-17	Jun-17	Jul-17	2017-2018	May-17	Jun-17	Jul-17	2017-2018 Q2	2017-2018	Trend charts
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	93.7%	95.6%	95.4%	94.9%	90.8%	94.6%	95.2%	93.5%	92.2%	95.0%	95.3%	95.3%	94.1%	
RTT	18 weeks RTT - Admitted (Target: >90%)	62.8%	64.7%	59.8%	63.1%	84.9%	83.7%	87.7%	84.5%	75.2%	75.4%	75.1%	75.1%	75.2%	
	18 weeks RTT - Non-Admitted (Target: >95%)	93.1%	93.0%	91.7%	92.6%	93.8%	92.9%	92.0%	92.8%	93.3%	93.0%	91.8%	91.8%	92.7%	
	18 weeks RTT - Incomplete (Target: >92%)	87.6%	88.3%	89.1%	88.1%	94.8%	95.2%	94.2%	94.6%	90.5%	91.2%	91.2%	91.2%	90.7%	
Cancer <small>(Please note that all Cancer indicators show interim, unvalidated positions for the latest month (Jul-17) in this report)</small>	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	90.1%	91.8%	89.8%	90.6%	89.9%	94.1%	90.3%	92.1%	90.0%	93.1%	90.1%	90.1%	91.5%	
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	n/a	90.4%	91.0%	91.5%	90.6%	90.4%	91.0%	91.5%	91.5%	90.6%	
	31 days diagnosis to first treatment (Target: >96%)	92.9%	100%	100%	97.5%	100%	100%	100%	100%	96.9%	100%	100%	100%	98.9%	
	31 days subsequent cancer treatment - Drug (Target: >98%)	100%	n/a	n/a	100%	n/a	100%	100%	100%	100%	100%	100%	100%	100%	
	31 days subsequent cancer treatment - Surgery (Target: >94%)	100%	100%	n/a	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	31 days subsequent cancer treatment - Radiotherapy (Target: >94%)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
	62 days GP referral to first treatment (Target: >85%)	48.8%	89.7%	71.2%	68.1%	88.9%	89.3%	91.5%	89.7%	73.1%	89.4%	82.9%	82.9%	81.4%	
	62 days NHS screening service referral to first treatment (Target: >90%)	n/a	n/a	n/a	n/a	100%	83.3%	80.0%	86.4%	100%	83.3%	80.0%	80.0%	86.4%	
Patient Safety	Clostridium difficile infections (Year End Targets: CW: 7; WM: 9; Combined: 16)	0	0	0	0	3	0	0	4	3	0	0	0	4	
Learning difficulties Access & Governance	Self-certification against compliance for access to healthcare for people with Learning Disability	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	
	Governance Rating	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	

A&E Waiting Times

The Trust achieved the 95% threshold for July across both sites. The West Middlesex site achieved the target for the first time in over 12 months, despite there being a 9.3% increase in activity against that of July the previous year.

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

The number of 2WW referrals continues to rise with referrals in July 2017 41% higher than the same month last year. The target continues to be challenged at both sites poor with high breach numbers for colorectal and urology on both sites and Skin at WM site. Straight to Test colorectal at both sites has seen an improvement in the 62day pathway however there are continued challenges with scheduling investigations within the first 2 weeks and patient's availability.

2 weeks from referral to first appointment all Breast symptomatic referral

Despite improvement, Breast symptomatic has failed to reach the standard for the 4th month with 7 breaches. An action plan has been devised by the service in conjunction with the clinical lead to improve capacity within the first 7 days and reduce the number of patient cancellations which are rebooked outside the first 2 weeks.

Cancer - 62 days GP referral to first treatment

The Trust has not met the target in July with 60 treatments and 10.5 breaches (unvalidated). The prostate pathway at Chelsea site continues to have a high number of patients' breaching with 6 patients (5 accountable breaches) commencing treatment after day 62. A revised diagnostic pathway is in place for Urology from 1st July with improved progression of pt's through the pathway with dedicated MRI and pre-booked biopsy slots.

RTT















Trust reported performance was again improved on the previous month's position although 0.3% short of the 91.5% recovery trajectory. On the CW site improvements in reducing the backlog and improving the incomplete position for planned care continued, with the total number of patients waiting to be treated having reduced by 25% since April 2017. The reported incomplete position at WM whilst compliant has seen a significant decrease in July and this has influenced the overall trust reported position due to declining compliance in Neurology and ENT. There were no patients reported to be waiting over 52 weeks for treatment, this is in line with previous submissions and expected to continue.

Clostridium difficile infections

No CDiff infections reported at either site for July. The threshold for the Year is 16 therefore the Trust is within the threshold for the four months to July



Safety Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	May-17	Jun-17	Jul-17	2017- 2018	May-17	Jun-17	Jul-17	2017- 2018	May-17	Jun-17	Jul-17	2017- 2018 Q2	2017- 2018	Trend charts	
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0		-
	Hand hygiene compliance (Target: >90%)	96.4%	96.3%	96.4%	96.2%	89.7%	99.5%	93.4%	94.7%	94.1%	97.4%	95.3%	95.3%	95.7%		-
Incidents	Number of serious incidents	6	5	3	23	2	5	2	13	8	10	5	5	36		-
	Incident reporting rate per 100 admissions (Target: >8.5)	6.6	7.5	7.5	7.4	9.1	9.6	8.2	9.0	7.7	8.5	7.9	7.9	8.1		!
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions (Target: 0)	0.01	0.05	0.00	0.03	0.02	0.06	0.02	0.05	0.02	0.05	0.01	0.01	0.03		!
	Medication-related (NRLS reportable) safety incidents per 100,000 FCE bed days (Target: >=280)	504.15	486.57	684.93	515.91	179.43	276.15	306.51	240.12	351.48	388.78	503.87	503.87	384.98		-
	Medication-related (NRLS reportable) safety incidents % with harm (Target: <=12%)	3.9%	10.1%	8.4%	9.7%	16.7%	17.6%	12.8%	18.0%	7.0%	12.6%	9.7%	9.7%	12.1%		!
	Never Events (Target: 0)	0	1	0	1	0	0	0	0	0	1	0	0	1		-
Harm	Safety Thermometer - Harm Score (Target: >90%)	98.5%	98.1%	96.4%	95.3%	95.7%	94.9%	85.3%	92.2%	96.8%	95.8%	89.9%	89.9%	93.4%		-
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	0	2	1	7	0	0	0	0	0	2	1	1	7		-
	NEWS compliance %	97.4%	97.6%	96.3%	96.7%	95.8%	93.7%	96.2%	95.9%	97.0%	96.6%	96.3%	96.3%	96.5%		-
	Safeguarding adults - number of referrals	16	23	23	84	23	27	27	100	39	50	50	50	184		-
	Safeguarding children - number of referrals	24	35	22	106	98	151	107	465	122	186	129	129	571		-
Mortality	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	86.4	86.4	86.4	86.4	86.4	86.4	86.4	86.4	86.4	86.4	86.4	86.4	86.4		-
	Number of hospital deaths - Adult	25	35	41	133	52	50	39	198	77	85	80	80	331		-
	Number of hospital deaths - Paediatric	1	0	1	3	0	1	1	2	1	1	2	2	5		-
	Number of hospital deaths - Neonatal	1	2	2	7	0	2	1	6	1	4	3	3	13		-
	Number of deaths in A&E - Adult	1	3	5	10	4	7	7	20	5	10	12	12	30		-
	Number of deaths in A&E - Paediatric	0	0	0	0	0	1	0	1	0	1	0	0	1		-
	Number of deaths in A&E - Neonatal	0	0	0	0	0	1	0	1	0	1	0	0	1		-
Please note the following		blank cell	An empty cell denotes those indicators currently under development							!	Either Site or Trust overall performance red in each of the past three months					

Trust commentary

Number of serious incidents

5 Serious Incidents reported in July 2017, compared to 10 in June. Three of the incidents relate to the Chelsea site, and two at the West Middlesex site.

These are all under investigation referred to within the Serious Incident Report prepared for the Board, reflecting each incident category.

Incident reporting rate per 100 admissions

There has been a slight increase in the number of incidents reported organisationally; however this is not in proportion with activity levels.

The Trust continues to encourage reporting, with an increased focus on the reporting of no harm/near miss incidents.



Trust commentary continued

Rate of patient safety incidents resulting in severe harm or death

1 incident led to a patient's death; this relates to an unexpected death following emergency surgery at the WMUH site.

A further two incidents led to severe harm on the CWH site (diagnosis incident, and a laboratory error leading to additional surgery). One incident relates to a surgical Site Infection, for which the Division have been contacted, however the status of the investigation and confirmation of degree of harm remains outstanding.

Never Events

No Never Events were reported in July 2017.

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

The combined Trust reporting rate for July was 500/100,000 FCE bed days, which is significantly better than the Trust target and the latest benchmark published on the Carter dashboard National Median of 286 (March 2016 data).

In month, CW site achieved 678 and WM site improved significantly to 306, both above target.

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

The Trust % of medication related safety incidents with-harm for July was 9.8%. This is very close to the latest Carter dashboard National Benchmark (9.7%) and is a significant improvement on previous months. The year to date figure is 12.2% and improving.

There were 13 reported incidents with-harm, 8 at CW site and 5 at WM site. Two were rated as moderate-harm, one for each site. One related to inappropriate continuation of a beta blocker causing adverse effects. The other involved an incorrect but lower dose of a cytotoxic medication for one week.

There were 11 low-harm incidents. Antimicrobials and controlled drugs (CDs) continue to be the most common groups of medicines associated with incidents. The Medication Safety Group continues to monitor and act upon incident trends, to promote reporting of no - harm and near - miss incidents and work to improve safety culture. *For 2017-18, the Patient Safety Group has asked for the target for this indicator to be $\leq 9.7\%$ in line with the national benchmarks.*

Incidence of newly acquired category 3 & 4 pressure ulcers

1 hospital acquired grade 3/4 pressure ulcer was reported in July. However there were no avoidable factors, care or service delivery issues identified.



Patient Experience Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
Domain	Indicator	May-17	Jun-17	Jul-17	2017-2018	May-17	Jun-17	Jul-17	2017-2018	May-17	Jun-17	Jul-17	2017-2018 Q2	2017-2018	Trend charts
Friends and Family	FFT: Inpatient recommend % (Target: >90%)	90.0%	88.4%	90.9%	89.7%	89.6%	89.4%	91.8%	90.0%	89.7%	89.0%	91.5%	91.5%	89.9%	
	FFT: Inpatient not recommend % (Target: <10%)	4.3%	8.1%	4.6%	5.6%	5.5%	6.0%	2.7%	5.0%	5.1%	6.8%	3.3%	3.3%	5.2%	
	FFT: Inpatient response rate (Target: >30%)	35.6%	27.6%	37.7%	33.2%	37.1%	32.7%	33.2%	33.4%	36.6%	30.6%	34.6%	34.6%	33.3%	
	FFT: A&E recommend % (Target: >90%)	83.8%	82.9%	84.1%	84.9%	84.2%	86.9%	87.2%	86.5%	83.9%	83.5%	84.7%	84.7%	85.2%	
	FFT: A&E not recommend % (Target: <10%)	5.5%	7.3%	5.2%	5.8%	10.4%	8.6%	7.3%	8.5%	6.4%	7.5%	5.6%	5.6%	6.2%	
	FFT: A&E response rate (Target: >30%)	19.8%	18.9%	16.3%	17.7%	14.2%	13.9%	13.2%	13.8%	18.4%	17.9%	15.6%	15.6%	16.9%	
	FFT: Maternity recommend % (Target: >90%)	89.8%	93.5%	90.3%	91.5%	93.8%	97.3%	94.3%	95.0%	90.9%	94.5%	91.4%	91.4%	92.4%	
	FFT: Maternity not recommend % (Target: <10%)	7.8%	5.6%	6.3%	6.1%	5.2%	1.3%	5.7%	3.7%	7.0%	4.5%	6.2%	6.2%	5.5%	
	FFT: Maternity response rate (Target: >30%)	22.8%	23.0%	17.5%	20.7%	21.1%	19.0%	21.2%	19.2%	22.3%	21.8%	18.4%	18.4%	20.3%	
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	31	33	28	119	22	28	21	95	53	61	49	49	214	
	Complaints formal: Number responded to < 25 days	8	11	11	42	7	6	2	20	15	17	13	13	62	
	Complaints (informal) through PALS	98	97	96	395	66	76	72	246	164	173	168	168	641	
	Complaints sent through to the Ombudsman	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Complaints upheld by the Ombudsman (Target: 0)	0	0	0	0	1	0	1	2	1	0	1	1	2	

Please note the following	blank cell	An empty cell denotes those indicators currently under development	!	Either Site or Trust overall performance red in each of the past three months
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FFT Inpatients

Improvements seen in inpatients this month at both sites and collectively achieving above the 30% response rate and above 90% recommend rate. Electronic data collection tools also being rolled out across both sites

FFT ED

There continues to be an increase in the response rate and the recommended score on both ED's but both departments fall below the required standards. The electronic kiosks will be in place at the CW site and will be in place shortly on the WM site. The current service provider is being reviewed including the text message service, which is the main data collection tool for ED. Plans are in place to undertake a behaviour change project specifically looking at the wording and timing of text message delivery.

FFT Maternity

The recommended scores for maternity services on both sites continue to be above the target however there has been an in month decline in the response rate at both sites. Similarly to ED the main data collection method for the maternity services is through text message and will therefore be included in the behaviour changes pilot.

Same sex accommodation breaches

There have been no same sex accommodation breaches on either site.

Formal Complaints


The trust consistently holds an average of 100 open complaints only approximately 25% of which are responded to within time frame. The complaints team have worked with division to reduce the back log of overdue complaints; the trajectory for these to all be resolved will be by the middle of September. The complaints policy and process are currently being reviewed and additional support is being given to the EIC division to resolve their backlog.

PHSO Ombudsman

No new referrals to the ombudsman, 1 complaint has been upheld with 2 specific actions for the Trust.



Efficiency & Productivity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		May-17	Jun-17	Jul-17	2017-2018	May-17	Jun-17	Jul-17	2017-2018	May-17	Jun-17	Jul-17	2017-2018 Q2	2017-2018	Trend charts
Admitted Patient Care	Average length of stay - elective (Target: <3.7)	3.88	4.07	4.11	3.86	3.63	3.09	4.47	3.69	3.82	3.84	4.21	4.21	3.82	
	Average length of stay - non-elective (Target: <3.9)	4.24	4.36	4.00	4.18	3.07	3.15	2.94	3.09	3.57	3.65	3.38	3.38	3.55	
	Emergency care pathway - average LoS (Target: <4.5)	5.51	5.29	4.68	5.20	3.75	3.75	3.48	3.74	4.45	4.31	3.91	3.91	4.28	
	Emergency care pathway - discharges	232	200	199	832	351	350	359	1387	584	550	558	558	2220	
	Emergency re-admissions within 30 days of discharge (Target: <2.8%)	3.19%	3.17%	3.44%	3.52%	9.76%	10.73%	10.02%	10.10%	6.15%	6.58%	6.51%	6.51%	6.54%	
	Non-elective long-stayers	438	406	402	1632	624	541	485	2214	1062	947	887	887	3846	
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	85.9%	79.7%	84.0%	83.8%	89.2%	87.6%	89.8%	89.0%	87.1%	82.9%	86.5%	86.5%	85.9%	
	Operations cancelled on the day for non-clinical reasons: actuals	25	29	34	107	6	6	1	19	31	35	35	35	126	
	Operations cancelled on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.78%	0.94%	1.18%	0.93%	0.45%	0.50%	0.08%	0.39%	0.68%	0.82%	0.85%	0.85%	0.77%	
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	2	1	0	3	0	1	0	1	2	2	0	0	4	
	Theatre active time (C&V Target: >70%; VMM Target: >78%)	69.4%	70.2%	67.8%	69.2%	88.2%	86.0%	82.8%	86.2%	75.0%	74.7%	72.3%	72.3%	74.2%	
	Theatre booking conversion rates (Target: >80%)	84.4%	84.2%	85.1%	84.8%	74.6%	76.6%	73.4%	74.1%	80.6%	81.6%	80.7%	80.7%	80.7%	
Outpatients	First to follow-up ratio (Target: <1.5)	1.54	1.56	1.63	1.57	1.25	1.24	1.20	1.24	1.33	1.32	1.31	1.31	1.32	
	Average wait to first outpatient attendance (Target: <6 wks)	7.7	7.8	7.8	7.7	10.9	9.9	10.1	9.5	9.3	8.9	9.0	9.0	8.6	
	DNA rate: first appointment	13.2%	14.8%	14.8%	13.5%	9.9%	10.1%	9.9%	10.0%	11.6%	12.5%	12.4%	12.4%	11.8%	
	DNA rate: follow-up appointment	10.8%	12.8%	12.6%	11.5%	9.4%	9.1%	9.0%	9.2%	10.4%	11.6%	11.5%	11.5%	10.8%	
Please note the following		blank cell	An empty cell denotes those indicators currently under development								Either Site or Trust overall performance red in each of the past three months				

Trust commentary

Elective average LoS

Elective length of stay has increased across the Trust in July. This is driven by long stay medical patients on both sites, while the surgical length of stay is maintained.

Procedures carried out as Daycases - basket of 25 procedures

Daycase rates were not achieved at Chelsea site in July but West Middlesex consistently performed. Day case rates were achieved cross site in July for Planned Care and the challenge remains in Women's and Children's services.

On the day non-clinical cancellations as a % of Elective admissions






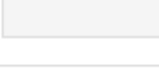


Operations cancelled on the day for non-clinical reasons continue to be a challenge on the Chelsea site and are multifactorial. The Trust is no longer seeing changes in the administrative functions being the primary driver for cancellation.

Theatre Active Time - % of staffed time

Theatre active time continues to be an area of focus as The Trust looks to drive efficiency across both sites. There are work streams in place to improve these efficiencies surrounding Treatment Centre on the Chelsea site (day case surgery centre)



Clinical Effectiveness Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		May-17	Jun-17	Jul-17	2017-2018	May-17	Jun-17	Jul-17	2017-2018	May-17	Jun-17	Jul-17	2017-2018 Q2	2017-2018	Trend charts
Best Practice	Dementia screening case finding (Target: >90%)	94.2%	81.8%	76.9%	87.1%	93.6%	97.4%	96.5%	94.7%	93.9%	90.6%	88.8%	88.8%	91.3%	
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	100.0%	100.0%	100.0%	97.2%	91.7%	82.4%	100.0%	89.5%	96.7%	92.7%	100.0%	100.0%	93.8%	
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
VTE	VTE: Hospital-acquired (Target: tbc)					0	0	0	0	0	0	0	0	0	
	VTE risk assessment (Target: >95%)	95.4%	95.5%	95.4%	95.6%	79.2%	77.7%	75.8%	74.6%	87.6%	86.8%	85.5%	85.5%	85.2%	
TB Care	TB: Number of active cases identified and notified	0	4	0	10	4	8	11	25	4	12	11	11	35	
	TB: % of treatments completed within 12 months (Target: >85%)														
Please note the following		blank cell	An empty cell denotes those indicators currently under development								Either Site or Trust overall performance red in each of the past three months				

Trust commentary

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

The West Middlesex Site achieved 100% for the 36 hour target for Time to Theatre in July. Of 14 patients 13 met the threshold; the one patient not doing so was due to being medically unfit. At the Chelsea Site, all 20 patients met the 36 hour time to surgery threshold.

VTE Hospital-acquired

C&W site: Radiology reports are manually screened to identify hospital associated VTE events.

WMUH site: Data information team support required to develop a programme to identify hospital associated VTE events via radiology reports and relate to admission episode to allow reporting on Datix for root cause analysis investigation. Datix process to be refined to improve reporting, investigation and feedback

VTE Risk assessments completed

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

WMUH site: Target not achieved due to current IT infrastructure. Patient admissions pathway from the Emergency Department revised to allow clinicians access to complete risk assessments on RealTime.



Access Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		May-17	Jun-17	Jul-17	2017-2018	May-17	Jun-17	Jul-17	2017-2018	May-17	Jun-17	Jul-17	2017-2018 Q2	2017-2018	Trend charts
RTT waits	RTT Incompletes 52 week Patients at month end	0	0	0	0	0	0	0	0	0	0	0	0	0	-
	Diagnostic waiting times <6 weeks: % (Target: >99%)	95.96%	95.61%	97.21%	96.09%	98.96%	99.32%	99.57%	99.17%	97.81%	98.28%	98.65%	98.65%	97.96%	!
	Diagnostic waiting times >6 weeks: breach actuals	109	78	58	376	45	31	14	125	154	109	72	72	501	-
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	8.0%	7.9%	7.6%	7.9%	8.5%	8.4%	7.8%	8.4%	8.2%	8.1%	7.6%	7.6%	8.0%	!
	A&E time to treatment - Median (Target: <60')	01:08	00:59	00:56	01:02	00:43	00:31	00:40	00:40	01:02	00:52	00:52	00:52	00:57	-
	London Ambulance Service - patient handover 30' breaches	48	16	12	93	64	38	11	170	112	54	23	23	263	-
	London Ambulance Service - patient handover 60' breaches	0	0	0	0	0	0	0	0	0	0	0	0	0	-
Choose and Book (available to May-17 only for issues)	Choose and book: appointment availability (average of daily harvest of unused slots)	998.8	1353	1237	1159	0	0	0	0	998.8	1353	1237	1237	1159	-
	Choose and book: capacity issue rate (ASI)	54.5%			56.7%					54.5%				56.7%	-
	Choose and book: system issue rate														-
Please note the following		blank cell	An empty cell denotes those indicators currently under development							!	Either Site or Trust overall performance red in each of the past three months				

Trust commentary

Diagnostic Waiting Times



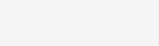


The backlog of patients waiting for Endoscopy on the CW is significantly reducing but not at a rate to make the CW site return a compliant diagnostic position, The expectation is the CW site will return a further improved position in August and enable an overall trust compliant position. WM again was compliant as a site for this metric and is expected to continue to do so,

Ambulance Breaches

Despite increasing Non-Elective demand and pressure and increasing LAS arrivals, both sites continue to perform excellently with the handover of ambulances with Chelsea being the 2nd best performing site in London and West Middlesex 3rd (out of 27 sites).



Maternity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		May-17	Jun-17	Jul-17	2017-2018	May-17	Jun-17	Jul-17	2017-2018	May-17	Jun-17	Jul-17	2017-2018 Q2	2017-2018	Trend charts
Birth indicators	Total number of NHS births	499	437	471	1870	467	407	420	1707	966	844	891	891	3577	 -
	Total caesarean section rate (C&W Target: <27%; WVM Target: <29%)	31.6%	33.7%	32.5%	31.8%	27.2%	27.3%	20.7%	25.7%	29.4%	30.6%	26.8%	26.8%	28.8%	 !
	Midwife to birth ratio (Target: 1:30)	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	 -
	Maternity 1:1 care in established labour (Target: >95%)	98.8%	97.3%	100.8%	98.3%	98.1%	96.9%	96.4%	97.0%	98.4%	97.1%	98.6%	98.6%	97.7%	 -
Safety	Admissions of full-term babies to NICU	21	18	19	75	n/a	n/a	n/a	n/a	21	18	19	19	75	 -
Please note the following		blank cell	An empty cell denotes those indicators currently under development							!	Either Site or Trust overall performance red in each of the past three months				

Trust commentary

Total number of NHS births

Cross site under plan for births by 22 year to date











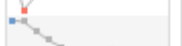
Total C-Section rate

The Combined Trust figures are green for the first time in many months due to a substantially lower rate at West Middlesex.

Work continues around implementation of pathways in relation to maternal request for caesarean section.



Workforce Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		May-17	Jun-17	Jul-17	2017-2018	May-17	Jun-17	Jul-17	2017-2018	May-17	Jun-17	Jul-17	2017-2018 Q2	2017-2018	Trend charts
Staffing	Vacancy rate (Target: CW <12%; WMM <10%)	12.6%	13.1%	12.8%	12.8%	15.9%	16.7%	17.4%	17.4%	13.7%	14.4%	14.4%	14.4%	14.4%	 !
	Staff Turnover rate (Target: CW <18%; WMM <11.5%)	18.0%	18.3%	18.0%	18.0%	13.2%	12.4%	12.1%	12.1%	16.3%	16.3%	15.9%	15.9%	15.9%	 !
	Sickness absence (Target: <3%)	2.5%	2.2%	2.5%	2.4%	2.1%	2.1%	2.5%	2.2%	2.3%	2.2%	2.5%	2.5%	2.3%	 -
	Bank and Agency spend (£ks)	£2,165	£2,434	£2,486	£9,567.2	£2,347	£2,511	£2,544	£9,673.1	£4,512	£4,945	£5,030	£5,030	£19,240	 -
	Nursing & Midwifery Agency: % spend of total pay (Target: tbc)	6.6%	7.3%	8.0%	6.8%	10.6%	14.0%	13.6%	13.1%	8.1%	9.8%	10.1%	10.1%	9.2%	 -
Appraisal rates	% of Performance & Development Reviews completed - medical staff (Target: >85%)	79.2%	83.6%	85.6%	79.5%	83.5%	87.6%	85.5%	85.1%	80.9%	85.2%	85.6%	85.6%	81.8%	 -
	% of Performance & Development Reviews completed - non-medical staff (Target trajectory: >60%)	5.6%	10.4%	16.4%	8.5%	1.8%	4.1%	8.8%	3.8%	4.3%	8.2%	13.8%	13.8%	6.9%	 -
Training	Mandatory training compliance (Target: >90%)	82.9%	84.0%	85.4%	84.0%	84.6%	85.4%	85.2%	84.6%	83.5%	84.5%	85.4%	85.4%	84.2%	 !
	Health and Safety training (Target: >90%)	81.7%	82.3%	85.3%	83.0%	84.6%	85.6%	85.0%	85.0%	82.7%	83.4%	85.2%	85.2%	83.7%	 !
	Safeguarding training - adults (Target: 90%)	88.5%	89.5%	89.9%	89.1%	85.3%	86.6%	85.6%	85.8%	87.4%	88.5%	88.4%	88.4%	87.9%	 !
	Safeguarding training - children (Target: 90%)	87.9%	88.0%	88.6%	88.3%	88.2%	88.7%	88.8%	88.6%	88.0%	88.2%	88.7%	88.7%	88.4%	 !
Please note the following		blank cell	An empty cell denotes those indicators currently under development							!	Either Site or Trust overall performance red in each of the past three months				

Trust commentary

Workforce Commentary July 2017 figures

Staff in Post

In July we employed 5166 whole time equivalent (WTE) people on substantive contracts, 14 fewer than last month. Taking into account bank and agency workers our WTE workforce was 6212.

Turnover

Our voluntary turnover rate was 15.9%, 0.4% lower than last month. Voluntary turnover is 18% at Chelsea and 12.1% at West Middlesex.

Vacancies

Our general vacancy rate for July was 14.4%, which is the same as June. The vacancy rate is 17.4% at West Middlesex and 12.8% at Chelsea. Work to reconcile ESR to the financial ledger is now reaching completion with divisions being asked to sign off each service area.

Core training (statutory and mandatory training) compliance

The Trust reports core training compliance based on the 10 Core Skills Training Framework (CSTF) topics to provide a consistent comparison with other London trusts. Our compliance rate stands at 85.4% against its target of 90%, up from 84.5% in June.

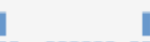












Performance and Development Reviews

On 1 April 2017 we changed our performance and development review process for non-medical staff so that everyone is required to have their performance and development review in a set period after 1 April 2017, starting with the most senior staff. More than 90% of staff in bands 8C-9 and director roles have had a performance and development review. Our focus is now on ensuring that at least 90% of band 7-8B staff have their PDR by the end of September. The rolling annual appraisal rate for non-medical staff is 60.3%. The appraisal rate for medical staff was 85.6%, 0.3% more than last month.



62 day Cancer referrals by tumour site Dashboard

Target of 85%

			Chelsea & Westminster Hospital Site					West Middlesex University Hospital Site					Combined Trust Performance						Trust data 13 months	
Domain	Tumour site		May-17	Jun-17	Jul-17	2017-2018	YTD breaches	May-17	Jun-17	Jul-17	2017-2018	YTD breaches	May-17	Jun-17	Jul-17	2017-2018 Q2	2017-2018	YTD breaches	Trend charts	
62 day Cancer referrals by site of tumour	Brain		n/a	100%	n/a	100%		n/a	n/a	n/a	n/a	0	n/a	100%	n/a	n/a	100%	0		-
	Breast		n/a	n/a	n/a	n/a	0.5	100%	100%	100%	100%	0	95.8%	100%	100%	100%	98.4%	0.5		-
	Colorectal / Lower GI		50.0%	100%	88.9%	77.8%	2	75.0%	50.0%	62.5%	66.7%	3.5	62.5%	66.7%	76.5%	76.5%	71.8%	5.5		!
	Gynaecological		100%	100%	75.0%	85.7%	0.5	100%	100%	100%	100%	0	100%	100%	90.0%	90.0%	95.7%	0.5		-
	Haematological		100%	n/a	n/a	100%	0	0.0%	100%	100%	93.8%	0.5	66.7%	100%	100%	100%	94.4%	0.5		-
	Head and neck		100%	n/a	n/a	100%	0	100%	n/a	50.0%	60.0%	1	100%	n/a	50.0%	50.0%	77.8%	1		-
	Lung		42.9%	n/a	100%	63.6%	2	100%	100%	80.0%	93.3%	0.5	60.0%	100%	85.7%	85.7%	80.8%	2.5		-
	Sarcoma		100%	n/a	n/a	100%	0	n/a	n/a	n/a	n/a		100%	n/a	n/a	n/a	100%	0		-
	Skin		71.4%	100%	87.5%	91.3%	2	83.3%	100%	100%	92.7%	1.5	80.0%	100%	90.9%	90.9%	92.0%	3.5		-
	Upper gastrointestinal		50.0%	100%	50.0%	71.4%	1	100%	100%	66.7%	91.7%	0.5	85.7%	100%	60.0%	60.0%	84.2%	1.5		-
	Urological		18.2%	57.1%	47.4%	34.9%	14	0.0%	77.8%	100%	78.0%	4.5	15.4%	72.0%	67.7%	67.7%	56.0%	18.5		!
	Urological (Testicular)		n/a	n/a	n/a	n/a		100%	n/a	n/a	100%	0	100%	n/a	n/a	n/a	100%	0		-
	Site not stated		0.0%	n/a	n/a	0.0%	1	n/a	n/a	100%	100%	0	0.0%	n/a	100%	100%	60.0%	1		-

Trust commentary

Breaches by Tumour Site in July 2017

Chelsea and Westminster Site

Colorectal	0.5 unavoidable	- complex pathways with numerous diagnostic investigations
Gynaecology	0.5 unavoidable	- surgery was scheduled in trust within breach but had more extensive disease requiring specialist input at RMH
Skin	1.0 avoidable	- unable to schedule joint Plastics/Skin surgery within date
Upper GI	0.5 unavoidable	- chemo planned to start within date but change of treatment to radiotherapy which could not then commence within breach
Urology	1.0 avoidable	- delay to biopsy (capacity)
Urology	1.0 avoidable	- delay diagnostics and theatre capacity as well as patient DNA's
Urology	1.0 avoidable	- delayed diagnostics; MRI and template biopsy
Urology	0.5 avoidable	- delay diagnostics and capacity for biopsy
Urology	1.0 avoidable	- delays to diagnostics, MRI and template biopsy
Urology	0.5 avoidable	- delays to diagnostics, MRI and biopsy

West Middlesex Site

Lower GI	0.5 unavoidable	- patient initiated delays and change of treatment modality from surgery to radiotherapy
Lower GI	1.0 unavoidable	- patient initiated delays, first OPA, DNA's diagnostic and was on holiday
Head and Neck	0.5 unavoidable	- referred to Imperial day 34 but unable to schedule long course radiotherapy within breach
Lung	0.5 unavoidable	- patient choice to delay follow up with oncologist as away on holiday
Upper GI	0.5 unavoidable	- referred to RMH day 43, complex pathway, required additional diagnostics to inform treatment plan

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

Ward Name	Average fill rate				CHPPD			National bench mark
	Day		Night					
	Reg Nurses	Care staff	Reg Nurses	Care staff	Reg	HCA	Total	
Maternity	75.5%	93.9%	77.5%	87.9%	8.6	3.0	11.6	7 – 17.5
Annie Zunz	83.9%	92.1%	98.4%	90.3%	6.1	2.6	8.7	6.5 - 8
Apollo	97.4%	25.8%	96.1%	22.6%	19.0	1.0	20.0	
Jupiter	112.6%	-	101.2%	-	11.4	0.0	11.4	8.5 – 13.5
Mercury	80.2%	93.8%	70.4%	-	7.2	0.7	7.9	8.5 – 13.5
Neptune	81.1%	60.9%	82.3%	-	9.1	0.8	9.9	8.5 – 13.5
NICU	102.0%	-	91.5%	-	12.4	0.0	12.4	
AAU	118.4%	79.4%	114.8%	130.2%	13.3	3.0	16.3	7 - 9
Nell Gwynn	100.5%	90.3%	132.3%	104.2%	4.4	3.7	8.1	6 – 8
David Erskine	120.9%	91.5%	123.7%	107.9%	4.0	3.0	7.0	6 – 7.5
Edgar Horne	110.2%	97.6%	116.1%	96.0%	3.8	3.5	7.3	6 – 7.5
Lord Wigram	102.3%	120.4%	108.6%	134.4%	3.9	3.5	7.3	6.5 – 7.5
St Mary Abbots	118.3%	97.6%	130.1%	159.5%	4.4	2.9	7.3	6 – 7.5
David Evans	80.4%	58.5%	91.6%	97.9%	6.5	2.6	9.1	6 – 7.5
Chelsea Wing	115.0%	68.8%	145.4%	170.5%	9.4	5.2	14.6	
Burns Unit	100.0%	100.0%	97.4%	100.0%	15.9	3.2	19.1	
Ron Johnson	97.5%	127.4%	103.2%	139.4%	4.9	3.5	8.4	6 – 7.5
ICU	107.8%	508.1%	103.4%	-	33.1	0.7	33.8	17.5 - 25
Rainsford Mowlem	102.4%	111.0%	120.1%	123.2%	4.0	3.6	7.5	6 - 8

Summary for July 2017

High fill rates on SMA due to the new staffing model for SAU. High fill rates on Lord Wigram for enhanced care given to a very confused patient at high risk of falling. David Evans is showing low fill rates as staffing levels were reduced when elective lists were not fully booked. Extra HCA required at night on AAU CW due to ward being on split locations during renovation. ITU showing high fill rates due to additional staffing required for patients with mental health needs. Agitated and aggressive patient who has assaulted staff members on Chelsea wing requiring RMN/HCA special. Apollo has low fill rates for HCAs as following a skill mix review, the only HCAs used are when enhanced care is required for a patient.

CHPPD is showing an overly generous amount on Richmond due to bed census data being counted at midnight and therefore not accounting for day surgery activity. Syon 1 & 2, Osterley 1&2, Kew, Crane and Marble Hill 2 showing high fill rates for HCAs due to a high number of mobile confused patients at high risk of falls. More staff booked at night as staffing levels lower at nights. Lampton continues to show under national benchmark for CHPPD on a recurrent basis, as does Syon 2 without specials in place.

West Middlesex University Hospital Site

Ward Name	Average fill rate				CHPPD			National bench mark
	Day		Night					
	Reg Nurses	Care staff	Reg Nurses	Care staff	Reg	HCA	Total	
Maternity	91.5%	68.7%	45.0%	98.7%	4.5	1.6	6.2	7 – 17.5
Lampton	102.1%	101.4%	100.0%	112.4%	2.9	2.2	5.1	6 – 7.5
Richmond	83.3%	109.5%	77.7%	51.8%	6.1	3.7	9.8	6 – 7.5
Syon 1	95.2%	152.1%	99.3%	114.3%	4.1	2.4	6.4	6 – 7.5
Syon 2	95.2%	150.4%	99.9%	170.3%	3.3	3.4	6.7	6 – 7.5
Starlight	88.0%	93.5%	99.5%	96.8%	8.8	1.4	10.2	8.5 – 13.5
Kew	73.6%	115.7%	97.8%	214.5%	3.0	4.4	7.4	6 - 8
Crane	102.1%	193.0%	107.5%	218.0%	3.4	4.6	7.9	6 – 7.5
Osterley 1	112.0%	138.0%	103.3%	171.0%	3.0	3.6	6.6	6 – 7.5
Osterley 2	96.0%	129.3%	108.9%	209.4%	3.6	3.7	7.3	6 – 7.5
MAU	92.5%	91.7%	94.4%	100.9%	5.5	3.2	8.7	7 - 9
CCU	103.5%	84.9%	105.7%	-	5.6	0.7	6.3	6.5 - 10
Special Care Baby Unit	106.9%	-	105.6%	-	7.3	0.0	7.3	15.9
Marble Hill 1	95.3%	97.7%	99.2%	98.4%	3.2	2.2	5.4	6 - 8
Marble Hill 2	100.7%	149.8%	107.5%	193.5%	3.3	4.5	7.8	5.5 - 7
ITU	92.1%	107.0%	91.0%	-	23.5	0.7	24.2	17.5 - 25

**CQUIN Dashboard****July 2017****National CQUINs**

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

NHS England CQUINs

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

2017/18 CQUIN Performance

The Trust has agreed 12 CQUIN schemes (6 national schemes for CCGs, 6 NHS England schemes) for 2017/18. Most of these schemes are 2 year schemes across the 2017-19 contracts; with the exception of NHS e-referrals, which is a 2017/18 only scheme and preventing Ill health caused by risky behaviours in 2018/19 only.

Senior Responsible Officers and operational leads have been established for all schemes and Quarter 1 reports were submitted at the end of July. The Trust are awaiting the feed-back and sign-off from CCGs and NHS England for Q1.

National Schemes

The first two schemes are an extension from the 2016/17 schemes on improving the health and wellbeing of staff, patients and visitors and reducing the impact of serious infections. There is a risk to delivery of the Sepsis and anti-microbial resistance scheme, in line with 2016/17 delivery, and the Trust is expecting partial achievement for Q1.

The other schemes are new for the Trust and there are risks around some of the schemes, particularly where delivery is required to be undertaken jointly with other organisations, such as improving services for people with Mental Health needs presenting at A&E, and with some of the systems and process changes required, for example implementing and improving compliance with NHS e-Referrals.

Discussions are being held at a North West London Sector level regarding standardising GP advice and guidance systems and developing a roll-out programme across all acute providers.

The Trust has proposed a delay to the modification of new systems in relation to supporting safe and proactive discharge at the WMUH site due to the new EPR implementation.

NHS England Schemes

Three of the schemes are expanded schemes from 2016/17, including the enhanced supportive care, chemotherapy dose banding and dental CQUIN and therefore already have a firm base for extension in 2017/18. There is a potential risk regarding the specification for the neonatal community outreach scheme, which is being jointly developed between commissioners and providers, to ensure that an agreed quality improvement scheme is in place across all organisations in the neonatal network.

There is also a short term risk to the dose banding scheme due to recent disruption to the Aria electronic prescribing system for chemotherapy as a result of the recent cyber-attack, which could jeopardise achievement of milestones. This has been discussed at the earliest opportunity with NHS England and the Trust is working with partners to resolve the systems disruption as quickly as possible.



Finance Dashboard

Month 4 2017/2018

Integrated Position

Final Version

Financial Position (£000's)

£'000	Combined Trust		
	Plan to Date	Actual to Date	Variance to Date
Income	205,324	206,635	1,311
Expenditure	(195,745)	(196,946)	(1,202)
Adjusted EBITDA	9,580	9,689	109
Adjusted EBITDA %	4.666%	4.689%	0.02%
Interest/Other	(1,752)	(1,711)	41
Depreciation	(5,767)	(5,597)	170
PDC Dividends	(3,167)	(3,168)	(1)
Other	0	0	0
Trust Deficit	(1,107)	(787)	319

Comments

The Trust is reporting a YTD deficit of £787k which is £319k favourable against the internal plan.

Income is favourable by £1,311k YTD predominantly against other income.

Overall clinical activity is on trend but marginally adverse against the July plan.

Pay is adverse by £4,145k year to date, The Trust continues to use bank and agency staff to cover vacancies.

Temporary staffing is also used to cover sickness, pressure shifts and additional activity, including unfunded beds in escalation areas which remain open at month 4 and outpatient clinics not removed due to continuing demand.

Spend on specialising and RMN usage was higher than plan. Under achievement against CIP targets has also contributed to this variance.

Non-pay is £2,941 favourable year to date. Included in this position is an adverse variance against clinical supplies which is mainly activity driven.

Risk rating (year to date)

Use of Resource Rating (UOR)	M03 (Before Override)	M03 (After Override)
Use of Resource Rating	2	2

Comments

The Use of Resources Rating (UORR) is utilised by NHS Improvement as a measure of the Trust's financial performance.

Under this rating a "1" is the highest score and a "4" the lowest. The overall score is a simple average of the individual scores however, if any individual score is a "4", an override is applied under which the best score achievable is a "3".

At the end of July, the Trust is performing in line with plan for all areas of measurement except against its agency rating, where YTD expenditure was £6.94m against a ceiling of £6.68m, an adverse variance of £0.26m. As the Trust did not score a "4" in any of its risk ratings this month then the override does not apply and the Trust scores a UORR rating of "2" in line with plan.

Cost Improvement Programme (CIPs)

Heading	In Month			Year to Date		
	Plan £'000	Actual £'000	Var £'000	Plan £'000	Actual £'000	Var £'000
Service Developments/Business Cases	35	0	(35)	140	0	(140)
Targeted Specialities	731	685	(46)	2,170	1,929	(241)
Residual % Based Savings	1,381	1,234	(147)	4,976	3,553	(1,424)
Trust Total	2,147	1,919	(228)	7,286	5,482	(1,805)

Comments

RAG rating

The Trust has achieved YTD CIPs of £5.48m against an internal target of £7.29m with an adverse variance of £1.81m.

Areas where the Trust has underachieved include SafeCare £0.14m, target speciality areas in relation to trauma and orthopaedics, obstetrics and gynaecology. HIV and general surgery totalling £0.35m and service line schemes for procurement £0.23m.

The Trust has identified new CIP schemes in relation to income which have provided a YTD saving of £1.2m.

Through new schemes identified the trust aims to achieve the target plan of £25.9m.

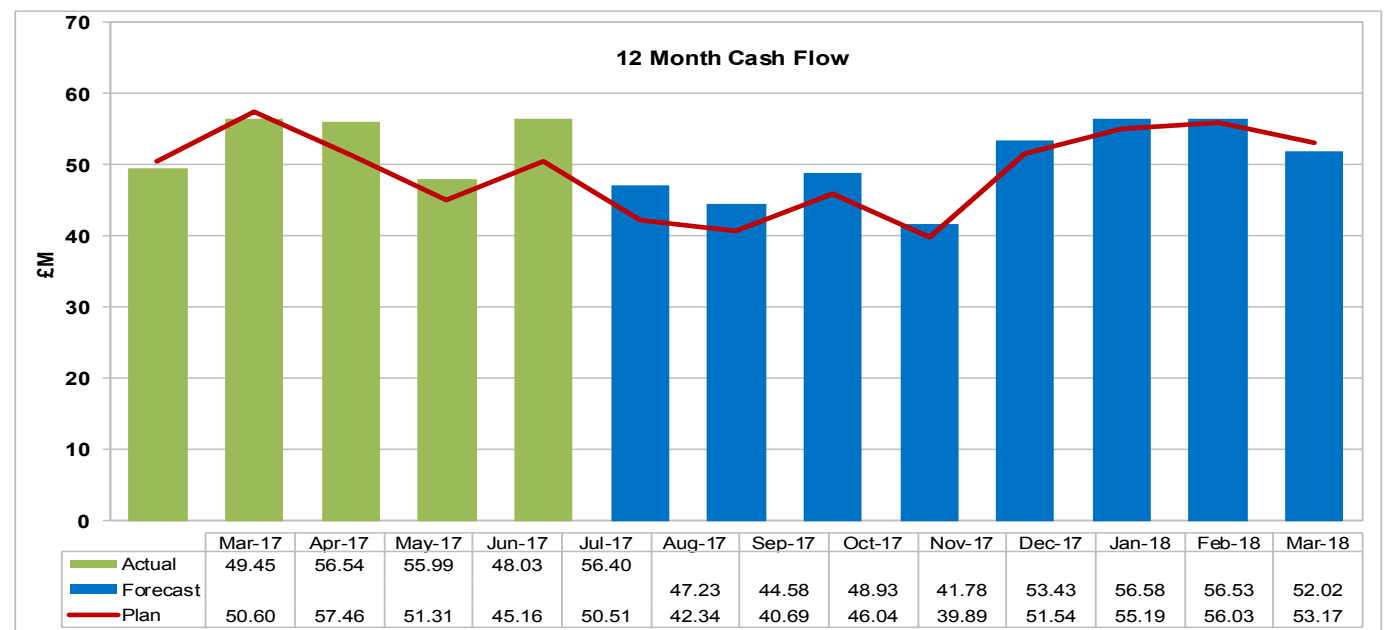
Cash Flow

Comments RAG rating

The cash balance at the end of month 4 is £56.40m which is £5.89m more than plan of £50.51m.

The main drivers of this increase are a receipt of £0.27m of additional STF relating to 2016/17 post accounts reallocation, reduction in opening cash figure compared to plan of £(1.15m), increase in capital expenditure on a cash basis of £(2.46m) and an increase in working capital compared to plan of £9.37m.

The Trust is forecasting to end the year with a cash balance of £52.02m, an adverse variance to plan of £1.15m representing the difference between the closing cash balance at 31st March 2017 and that assumed as the opening balance in the plan.





Quarter 1 2017/2018

Patient Safety

QP No	Description of Goal	Responsible Executive (role)	Forecast				Commentary
			Q1	Q2	Q3	Q4	
1	Reduction in falls (Frailty Quality Plan)	Director of Nursing					This metric will track progress against preventable in hospital falls with and without harm
2	Antibiotic administration in Sepsis (Sepsis Plan)	Medical Director					This metric will track the administration of first dose of antibiotics within one hour of diagnosis of suspected sepsis
3	National Early Warning Score (Sepsis Plan)	Medical Director					This metric will track the accurate recording of patients' vital signs and the appropriate scoring and escalation of the deteriorating patient in hospital.
4	National Safety Standards for Invasive Procedures (NatSSIPs) (Planned Care Plan)	Divisional Medical Director					This metric will track the implementation of the National theatre safety bundle in order to optimise theatre safety culture.

Clinical Effectiveness

QP No	Description of Goal	Responsible Executive (role)	Forecast				Commentary
			Q1	Q2	Q3	Q4	
5	Reduction in still births (Maternity Plan)	Director of Midwifery					This metric will track the reduction in avoidable and unavoidable still births and benchmark our position relative to the national still birth rate

Patient Experience

QP No	Description of Goal	Responsible Executive (role)	Forecast				Commentary
			Q1	Q2	Q3	Q4	
1	Focus on complaints and demonstrate learning from complaints	Director of Midwifery					This metric will track performance against the Trust complaints process and measure and monitor the delivery of agreed action plans.
2	FFT improvements with new FFT provider	Director of Midwifery					This metric will track the response rate and recommendation rates as per the Patient Experience dashboard within the IBR

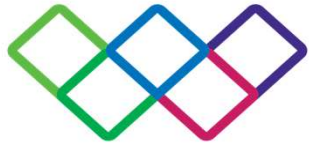
This dashboard provides the Board with a template for monitoring the 7 agreed Quality Priorities as contained within the Quality Plan. Quarter 1 will be populated with the appropriate RAG rating in next Month's Integrated Board Report.



Council of Governors Meeting, 29 September 2017

AGENDA ITEM NO.	2.3.1/Sep/17
REPORT NAME	Workforce Performance Report - Month 4 - 2017/18
AUTHOR	Keith Loveridge. Director of human resources and organisation development
LEAD	Keith Loveridge. Director of human resources and organisation development
PURPOSE	The workforce performance report highlights current KPIs and trends in workforce related metrics at the Trust.
SUMMARY OF REPORT	<p>Workforce Commentary July 2017 figures</p> <p><u>Staff in Post</u></p> <p>In July we employed 5166 whole time equivalent (WTE) people on substantive contracts. Taking into account bank and agency workers our total WTE workforce was 6212 against and establishment of 6035. The discrepancy between total workforce and establishment is due mainly to two reasons: short term changes to establishment as a result of the workforce data cleanse exercise and specialising (730 bank and agency shifts in July). More work on the gap between establishment and workforce will be carried out once the workforce data cleanse work has been completed.</p> <p><u>Turnover</u></p> <p>Our voluntary turnover rate was 15.9%, 0.4% lower than last month. Voluntary turnover is 18% at Chelsea and 12.1% at West Middlesex.</p> <p><u>Vacancies</u></p> <p>Our general vacancy rate for July was 14.4%, which is the same as June. The vacancy rate is 17.4% at West Middlesex and 12.8% at Chelsea.</p> <p><u>Core training (statutory and mandatory training) compliance</u></p> <p>The Trust reports core training compliance based on the 10 Core Skills Training Framework (CSTF) topics to provide a consistent comparison with other London trusts. Our compliance rate stands at 85.4% against its target of 90%, up from 84.5% in June.</p> <p><u>Performance and Development Reviews</u></p> <p>On 1 April 2017 we changed our performance and development review process for non-medical staff so that everyone is required to have their performance and development review in a set period after 1 April 2017, starting with the most senior staff. More than 90% of staff in bands 8C-9 and director roles have had a performance and development review. Our focus is now on ensuring that at least 90% of band 7-8B staff have their PDR by the end of September. The rolling annual appraisal rate for non-medical staff is 60.3%. The appraisal rate for medical staff was 85.6%, 0.3% more than last month.</p>

KEY RISKS ASSOCIATED	The need to reduce vacancy and retention rates.
FINANCIAL IMPLICATIONS	Costs associated with high vacancy and retention rates and high reliance on agency workers.
QUALITY IMPLICATIONS	Risks associated workforce shortage and instability.
EQUALITY & DIVERSITY IMPLICATIONS	We need to value all staff and create development opportunities for everyone who works for the trust, irrespective of protected characteristics.
LINK TO OBJECTIVES	<ul style="list-style-type: none"> • Excel in providing high quality, efficient clinical services • Improve population health outcomes and develop integrated care • Deliver financial sustainability • Create an environment for learning, discovery and innovation
DECISION/ ACTION	For noting



Workforce Performance Report to the Workforce Development Committee

Month 4 - July 2017

Workforce Performance Report Aug '16 - Jul '17

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Performance Summary

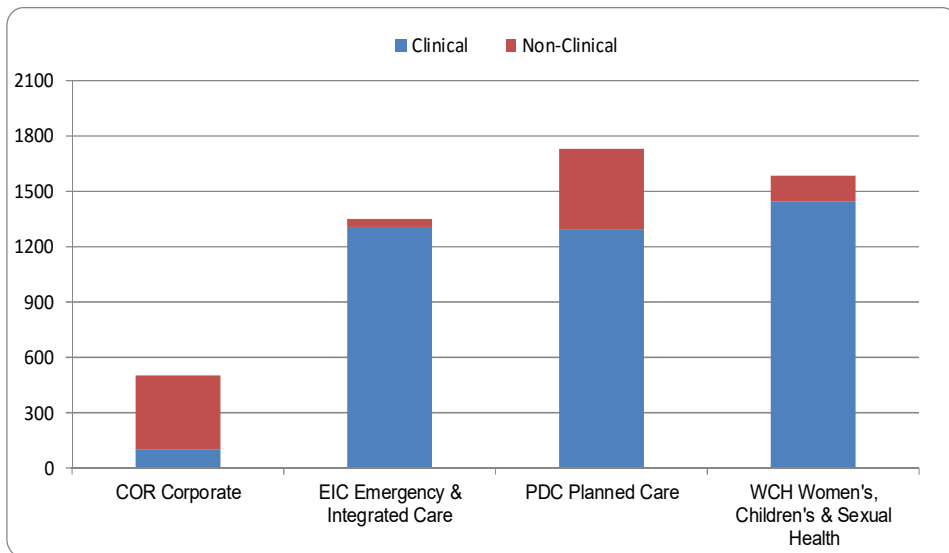
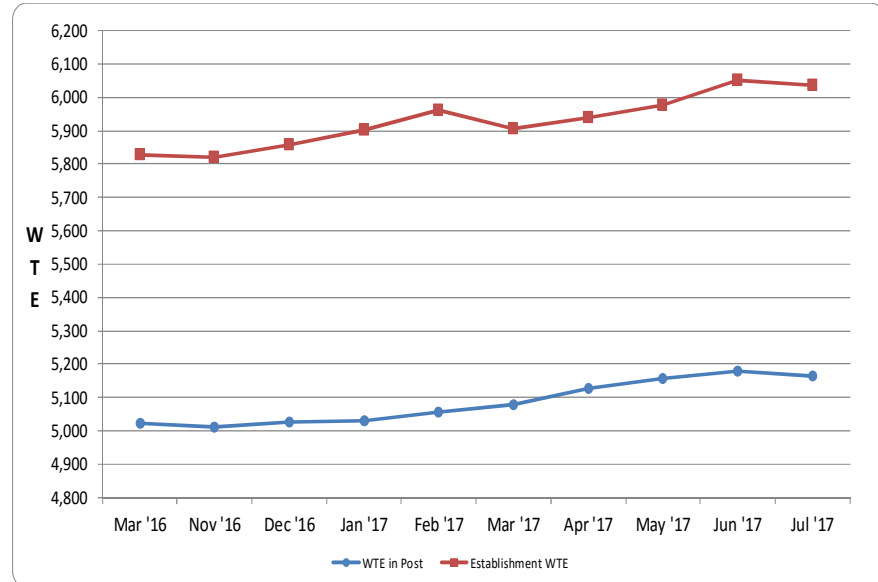
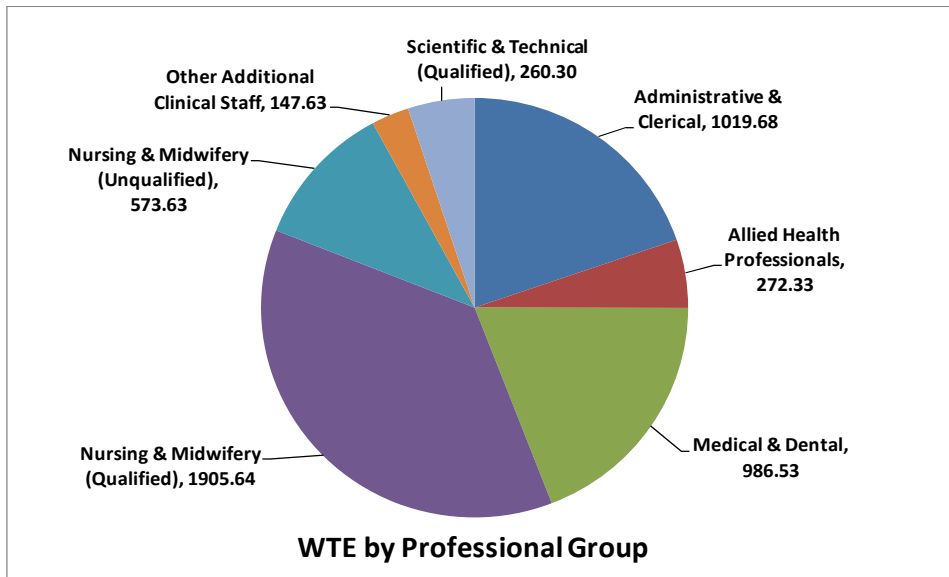
Summary of overall performance is set out below

Page	Areas of Review	Key Highlights	Previous Year ¹	Previous Month	In Month	Target	Change
5	Vacancy	Vacancy rate has remained the same	12.6%	14.4%	14.4%	10.0%	↔
6	Turnover	Turnover has decreased by 0.2%		21.4%	21.2%		↓
7	Voluntary Turnover	Voluntary turnover has decreased by 0.3%	16.2%	16.3%	16.0%	13.0%	↓
10	Sickness	Sickness has increased by 0.3%	2.2%	2.2%	2.5%	3.3%	↑
15	Temporary Staffing Usage (FTE)	Temporary Staffing usage has decreased by 0.4% this month		17.3%	16.9%		↓
17	Core Training	Core Training compliance has increased by 0.9%	85.0%	84.5%	85.4%	90.0%	↑
18	Staff PDR	The percentage of staff who have had a PDR in the past 12 months has decreased by 0.2%	75.0%	60.5%	60.3%	90.0%	↓

¹Figures shown are just for Chelsea Site in the same month of the previous year

Current Staffing Profile

The data below displays the current staffing profile of the Trust



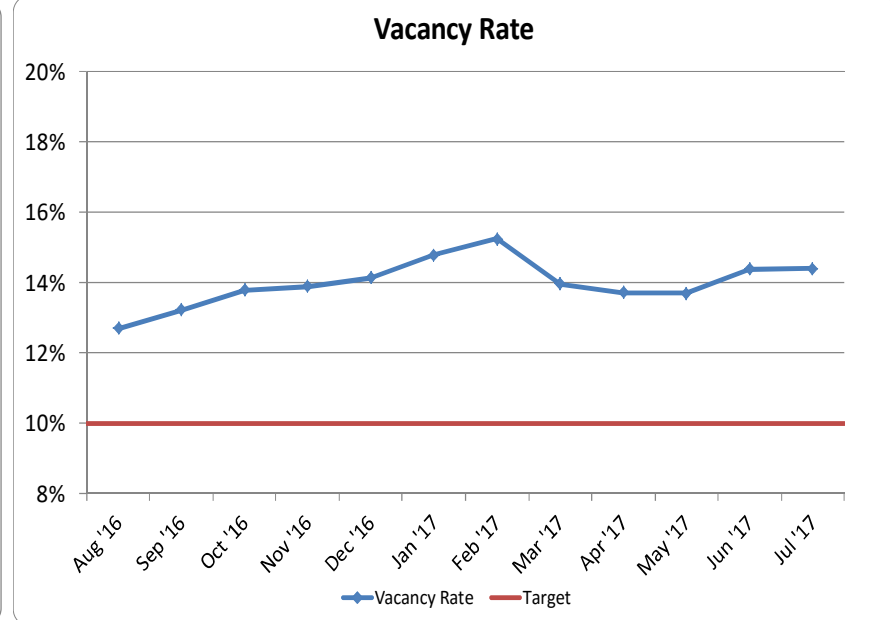
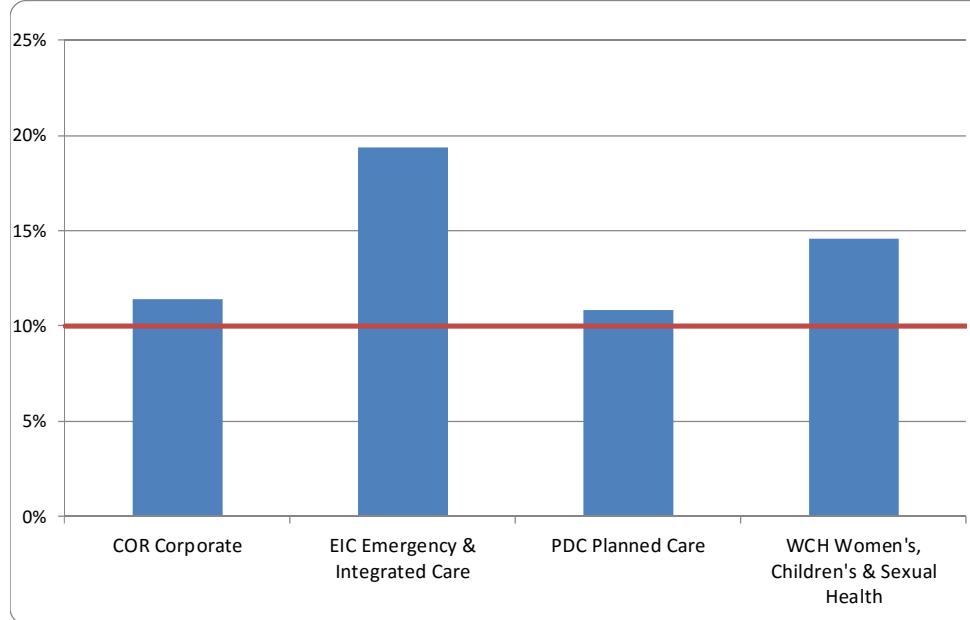
COMMENTARY

The Trust currently employs 5665 people working a whole time equivalent of 5166 which is 15 WTE fewer than June.

There were 1757 WTE staff assigned to the West Middlesex site and 3409 WTE to Chelsea.

The largest professional group at the Trust is Qualified Nursing & Midwifery employing 1906 WTE.

Section 1: Vacancies



Vacancies by Division	Apr '17	May '17	Jun '17	Jul '17	Trend
COR Corporate	8.7%	12.0%	17.7%	11.4%	↘
EIC Emergency & Integrated Care	21.0%	16.3%	18.4%	19.3%	↗
PDC Planned Care	6.1%	9.5%	11.0%	10.8%	↘
WCH Women's, Children's & Sexual Health	16.1%	16.3%	13.2%	14.6%	↗
Whole Trust	13.7%	13.7%	14.4%	14.4%	↔
West Mid Site	15.2%	15.9%	16.7%	17.4%	↗
Chelsea Site	12.9%	12.6%	13.2%	12.8%	↘

Vacancies by Professional Group	Apr '17	May '17	Jun '17	Jul '17	Trend
Administrative & Clerical	15.6%	18.5%	16.3%	10.2%	↘
Allied Health Professionals	10.2%	9.4%	16.4%	19.1%	↗
Medical & Dental	10.2%	9.6%	9.4%	14.2%	↗
Nursing & Midwifery (Qualified)	15.6%	14.4%	13.9%	15.5%	↗
Nursing & Midwifery (Unqualified)	13.6%	13.2%	20.0%	17.6%	↘
Other Additional Clinical Staff	16.2%	15.2%	20.5%	16.1%	↘
Scientific & Technical (Qualified)	7.2%	7.5%	9.6%	8.9%	↘
Total	13.7%	13.7%	14.4%	14.4%	↔

COMMENTARY

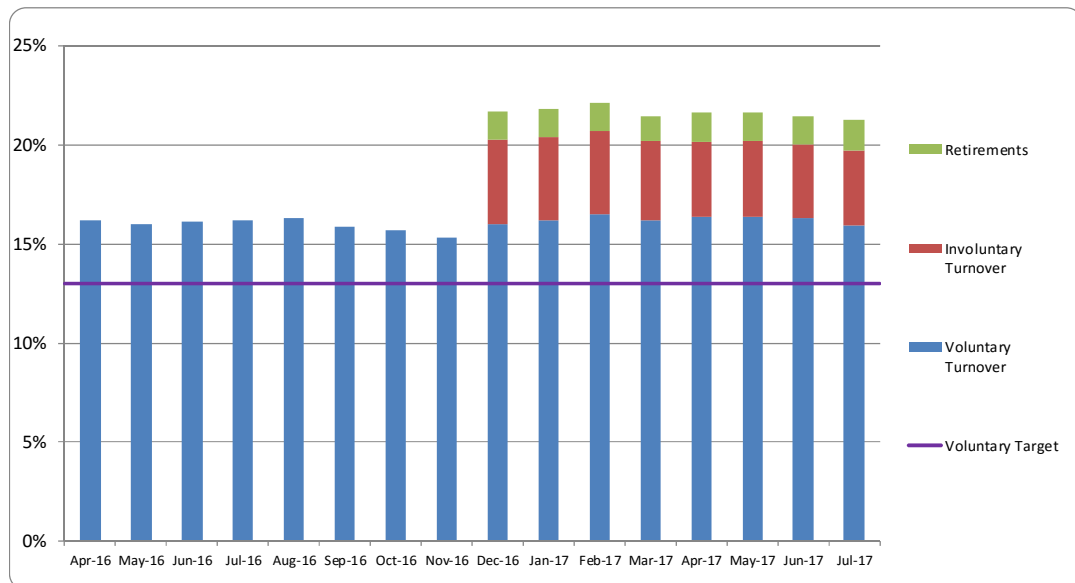
The vacancy rate has remained the same at 14.4% in July.

Work to reconcile ESR to the ledger is nearing completion. Posts are still being created, moved or closed within Planned Care which is creating significant variations across staff groups each depending upon the timing of reporting.

Divisions are now in the process of signing off their ESR Establishments. Once completed, the correct vacancy rate will be reported by professional group across the Trust.

Section 2a: Gross Turnover

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



COMMENTARY

The total trust turnover rate has decreased by 0.2% to 21.2% this month. In the last 12 months there have been 1076 leavers.

The Trust has received initial data from the responses to the new exit surveys, this information will enable more focused work on retention.

Division	Gross Turnover				
	Apr '17	May '17	Jun '17	Jul '17	Trend
COR Corporate	25.4%	24.7%	24.3%	24.4%	↗
EIC Emergency & Integrated Care	23.5%	22.9%	22.2%	21.7%	↘
PDC Planned Care	21.1%	21.6%	22.0%	21.5%	↘
WCH Women's, Children's & Sexual Health	19.5%	19.6%	19.4%	19.7%	↗
Whole Trust	21.6%	21.6%	21.4%	21.2%	↘

Professional Group	Gross Turnover				
	Apr '17	May '17	Jun '17	Jul '17	Trend
Administrative & Clerical	22.2%	21.9%	22.0%	21.8%	↘
Allied Health Professionals	20.5%	20.2%	18.2%	18.8%	↗
Medical & Dental	16.3%	16.9%	16.3%	16.2%	↘
Nursing & Midwifery (Qualified)	20.4%	20.3%	20.2%	20.0%	↘
Nursing & Midwifery (Unqualified)	25.2%	26.4%	28.3%	21.8%	↘
Other Additional Clinical Staff	18.6%	16.4%	15.1%	27.4%	↗
Scientific & Technical (Qualified)	37.1%	38.7%	38.1%	35.3%	↘
Whole Trust	21.6%	21.6%	21.4%	21.2%	↘

Section 2b: Voluntary Turnover

Division	Voluntary Turnover						Other Turnover Jul 2017	
	Apr '17	May '17	Jun '17	Jul '17	Trend	Leavers HC	In-voluntary	Retirement
COR Corporate	20.8%	20.1%	19.9%	20.4%	↗	101	2.8%	1.2%
EIC Emergency & Integrated Care	19.9%	19.6%	18.9%	18.3%	↘	232	2.5%	0.8%
PDC Planned Care	13.7%	13.9%	14.0%	13.4%	↘	222	6.0%	2.0%
WCH Women's, Children's & Sexual Health	14.9%	15.2%	15.4%	15.3%	↘	254	2.7%	1.7%
Whole Trust	16.4%	16.3%	16.3%	16.0%	↘	809	3.7%	1.5%
West Mid Site	13.6%	13.2%	12.5%	12.1%	↘	214		
Chelsea Site	17.8%	18.0%	18.3%	18.0%	↘	595		

Professional Group	Voluntary Turnover						Other Turnover Jul 2017	
	Apr '17	May '17	Jun '17	Jul '17	Trend	Leavers HC	In-voluntary	Retirement
Administrative & Clerical	16.6%	16.1%	16.0%	15.9%	↘	166	4.1%	1.8%
Allied Health Professionals	17.6%	17.3%	15.9%	16.6%	↗	51	1.9%	0.3%
Medical & Dental	5.1%	5.5%	5.7%	5.3%	↘	30	8.9%	2.0%
Nursing & Midwifery (Qualified)	17.8%	17.9%	17.9%	17.6%	↘	368	0.8%	1.6%
Nursing & Midwifery (Unqualified)	22.4%	23.2%	24.9%	18.7%	↘	114	2.1%	1.0%
Other Additional Clinical Staff	13.9%	11.9%	10.7%	19.9%	↗	32	6.2%	1.2%
Scientific & Technical (Qualified)	19.6%	20.5%	19.0%	16.3%	↘	48	17.3%	1.7%
Whole Trust	16.4%	16.3%	16.3%	16.0%	↘	809	3.7%	1.5%

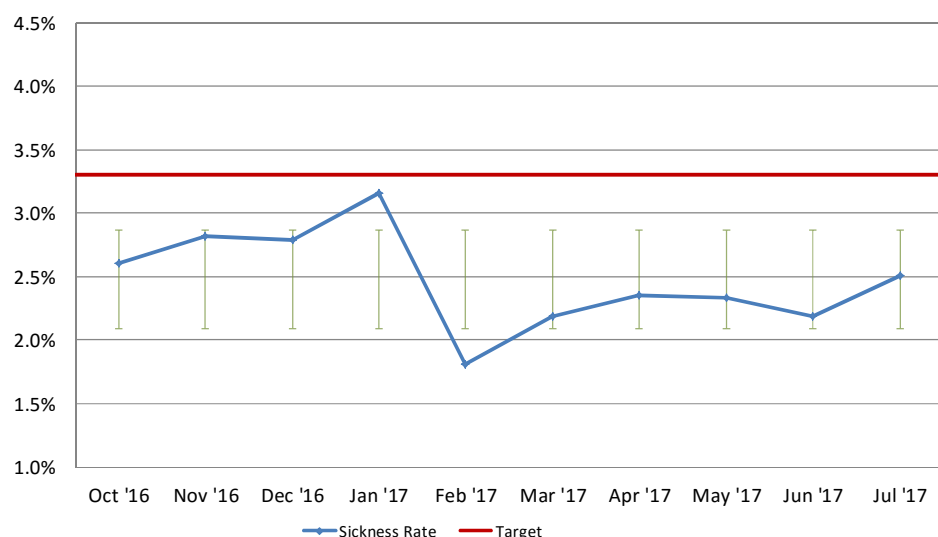
Service	Average Staff in Post HC	Leavers HC	Voluntary Turnover Rate
Osterley 1 - WM	31	11	36.1%
Ron Johnson - CW	26	9	35.3%
Acute Assessment Unit - CW	70	24	34.5%
John Hunter Clinic - CW	44	14	31.8%
Nell Gwynne - CW	37	11	29.7%

COMMENTARY

The 5 services with more than 20 staff with the highest voluntary turnover rates are shown in the bottom table. Divisional HR Business Partners are working within divisions to tackle any issues within these areas.

Section 3: Sickness

The chart below shows performance over the last 10 months, the tables by Division and Staff Group are below.



COMMENTARY

The monthly sickness absence rate is at 2.5% for July which is a increase of 0.3% on the previous month.

A new process for collecting sickness data for staff not on HealthRoster has been implemented. As the new process becomes embedded the sickness rate is expected to increase further as accuracy improves.

The table below lists the services with the highest sickness absence percentage during July 2017. Below that is a breakdown of the top 5 reasons for absence, both by the number of episodes and the number of days lost.

Sickness by Division	Apr '17	May '17	Jun '17	Jul '17	Trend
COR Corporate	1.8%	1.5%	1.0%	1.7%	↗
EIC Emergency & Integrated Care	2.6%	2.0%	2.0%	2.2%	↗
PDC Planned Care	2.0%	2.5%	2.6%	2.7%	↗
WCH Women's, Children's & Sexual Health	2.8%	2.7%	2.3%	2.8%	↗
Whole Trust Monthly %	2.4%	2.3%	2.2%	2.5%	↗
Whole Trust Annual Rolling %	2.5%	2.5%	2.6%	2.5%	↘

Sickness by Professional Group	Apr '17	May '17	Jun '17	Jul '17	Trend
Administrative & Clerical	2.5%	3.1%	2.2%	3.0%	↗
Allied Health Professionals	1.3%	2.7%	3.2%	1.6%	↘
Medical & Dental	0.3%	0.4%	0.5%	0.4%	↘
Nursing & Midwifery (Qualified)	3.1%	2.5%	2.4%	3.0%	↗
Nursing & Midwifery (Unqualified)	4.1%	3.9%	3.7%	4.2%	↗
Other Additional Clinical Staff	2.1%	1.7%	2.1%	1.6%	↘
Scientific & Technical (Qualified)	1.8%	2.4%	2.7%	2.8%	↗
Total	2.4%	2.3%	2.2%	2.5%	↗

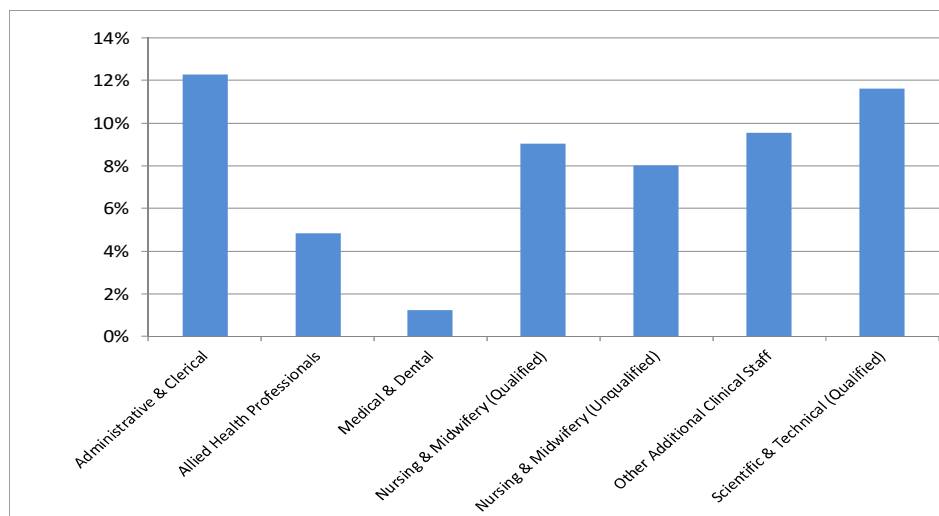
Service	Staff in Post WTE	Sickness WTE Days Lost	Sickness %
Dermatology - CW	26.04	102.40	12.6%
Syon 2 Pay - WM	32.01	100.36	10.4%
Medicine Discharge Suite - CW	33.45	104.59	10.2%
Private Maternity - CW	43.46	102.38	7.7%
Estates & Facilities - CW	30.04	62.00	6.7%

Top 5 Sickness Reasons by Number of Episodes	% of all Episodes
S25 Gastrointestinal problems	22.87%
S13 Cold, Cough, Flu - Influenza	20.56%
S12 Other musculoskeletal problems	10.34%
S16 Headache / migraine	9.00%
S10 Anxiety/stress/depression/other psychiatric illnesses	4.99%

Top 5 Sickness Reasons by Number of WTE Days Lost	% of all WTE Days Lost
S25 Gastrointestinal problems	15.25%
S12 Other musculoskeletal problems	13.90%
S10 Anxiety/stress/depression/other psychiatric illnesses	13.26%
S13 Cold, Cough, Flu - Influenza	7.59%
S28 Injury, fracture	7.41%

Section 4: Staff Career Development

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



COMMENTARY

In July 44 staff were promoted, there were 93 new starters to the Trust (excluding Doctors in Training). In addition, 70 employees were acting up to a higher grade.

Over the last year 8.5% of current Trust staff have been promoted to a higher grade. The highest promotion rate can be seen in the Corporate Directorates.

The Admin & Clerical staff group have the highest promotion rate at 12.3% followed by at Scientific & Technical 11.6%.

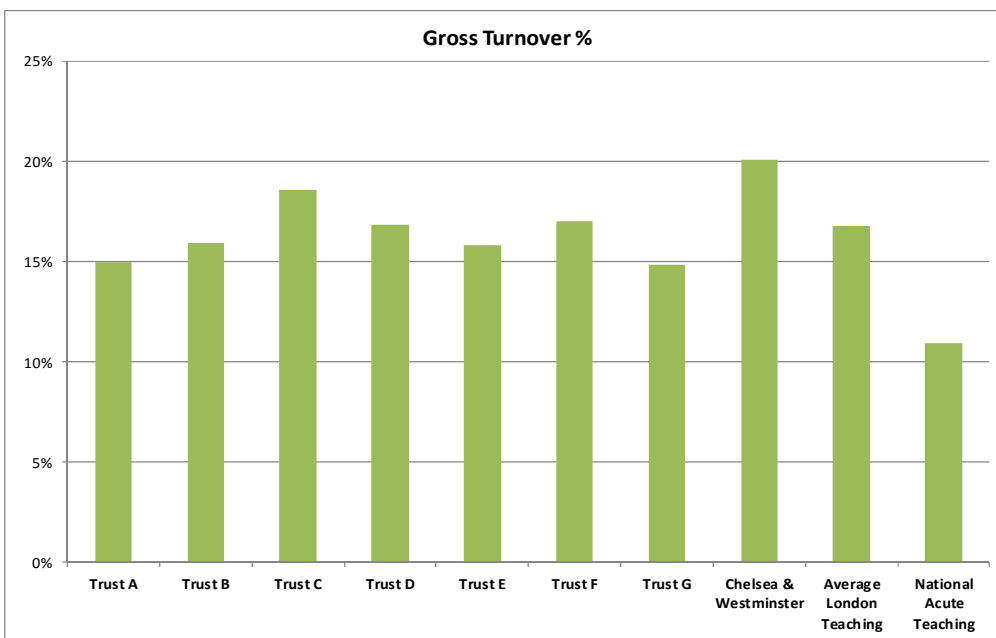
Division	Monthly No. of Promotions				
	Apr '17	May '17	Jun '17	Jul '17	Trend
COR Corporate	8	7	10	7	↘
EIC Emergency & Integrated Care	9	11	9	13	↗
PDC Planned Care	8	11	9	10	↗
WCH Women's, Children's & Sexual Health	14	11	18	14	↘
Whole Trust Promotions	39	40	46	44	↘
New Starters (Excludes Doctors in Training)	128	112	80	93	↗

Division	Staff in Post + 1yrs Service	No. of Staff Promoted (12 Months)	% of Staff Promoted	Currently Acting Up
COR Corporate	367	45	12.3%	10
EIC Emergency & Integrated Care	979	97	9.9%	17
PDC Planned Care	1362	88	6.5%	24
WCH Women's, Children's & Sexual Health	1331	114	8.6%	19
Whole Trust	4039	344	8.5%	70
New Starters (Excludes Doctors in Training)		1085		

Professional Group	No. of Promotions				
	Apr '17	May '17	Jun '17	Jul '17	Trend
Administrative & Clerical	13	15	21	13	↘
Allied Health Professionals	2	1	1	1	↔
Medical & Dental	0	0	1	0	↘
Nursing & Midwifery (Qualified)	18	15	15	21	↗
Nursing & Midwifery (Unqualified)	2	3	6	6	↔
Other Additional Clinical Staff	2	2	1	2	↗
Scientific & Technical (Qualified)	2	4	1	1	↔
Whole Trust	39	40	46	44	↘

Professional Group	Staff in Post + 1yrs Service	No. of Staff Promoted (12 Months)	% of Staff Promoted	Currently Acting Up
Administrative & Clerical	791	97	12.3%	21
Allied Health Professionals	249	12	4.8%	12
Medical & Dental	481	6	1.2%	0
Nursing & Midwifery (Qualified)	1705	154	9.0%	29
Nursing & Midwifery (Unqualified)	474	38	8.0%	2
Other Additional Clinical Staff	115	11	9.6%	1
Scientific & Technical (Qualified)	224	26	11.6%	5
Whole Trust	4039	344	8.5%	70

Section 5: Workforce Benchmarking



COMMENTARY

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

Sickness data shown is from Apr'17 which is the most recent available on iView. Compared to other Acute teaching trusts in London, Chelwest had a rate lower than average at 2.3%. In the top graph, Trusts A-G are the anonymised figures for this group. The Trust's sickness rate was lower than the national rate for acute teaching hospitals in April.

The bottom graph shows the comparison of turnover rates for the same group of London teaching trusts (excluding junior medical staff). This is the total turnover rate including all types of leavers (voluntary resignations, retirements, end of fixed term contracts etc.). Chelwest currently has the highest turnover in the group (12 months to end May). Stability is lower than average. High turnover is more of an issue in London trusts than it is nationally which is reflected in the national average rate which is 9% lower than Chelwest.

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

Reference Group	Gross Turnover Rate %	Stability Rate %	Sickness Rate %
Trust A	14.94%	84.66%	3.02%
Trust B	15.94%	83.69%	2.24%
Trust C	18.56%	81.27%	2.68%
Trust D	16.82%	83.06%	2.94%
Trust E	15.82%	84.01%	2.80%
Trust F	17.01%	82.76%	2.97%
Trust G	14.83%	84.95%	3.02%
Chelsea & Westminster	20.09%	79.91%	2.31%
Average London Teaching	16.75%	83.04%	2.75%
National Acute Teaching	10.93%	88.89%	3.51%

Section 6: Nursing Workforce Profile/KPIs

Nursing Establishment WTE

Division	Apr '17	May '17	Jun '17	Jul '17	Trend
COR Corporate	76.4	76.4	104.9	80.5	↘
EIC Emergency & Integrated Care	970.8	951.1	978.3	1006.7	↗
PDC Planned Care	691.0	689.6	690.6	703.5	↗
WCH Women's, Children's & Sexual Health	1171.4	1161.9	1159.1	1160.5	↗
Total	2909.5	2879.0	2933.0	2951.3	↗

Nursing Staff in Post WTE

Division	Apr '17	May '17	Jun '17	Jul '17	Trend
COR Corporate	85.6	86.0	71.6	73.3	↗
EIC Emergency & Integrated Care	765.1	766.9	788.5	790.7	↗
PDC Planned Care	614.9	616.7	615.1	606.1	↘
WCH Women's, Children's & Sexual Health	1004.2	1003.4	1007.9	1009.2	↗
Total	2469.8	2472.9	2483.1	2479.3	↘

Nursing Vacancy Rate

Division	Apr '17	May '17	Jun '17	Jul '17	Trend
COR Corporate	-12.1%	-12.6%	31.8%	9.0%	↘
EIC Emergency & Integrated Care	21.2%	19.4%	19.4%	21.5%	↗
PDC Planned Care	11.0%	10.6%	10.9%	13.8%	↗
WCH Women's, Children's & Sexual Health	14.3%	13.6%	13.0%	13.0%	↘
Total	15.1%	14.1%	15.3%	16.0%	↗

Nursing Sickness Rates

Division	Apr '17	May '17	Jun '17	Jul '17	Trend
COR Corporate	5.2%	1.7%	0.8%	2.2%	↗
EIC Emergency & Integrated Care	3.6%	2.7%	2.3%	2.9%	↗
PDC Planned Care	2.3%	2.4%	3.1%	3.3%	↗
WCH Women's, Children's & Sexual Health	3.6%	3.2%	2.9%	3.6%	↗
Total	3.3%	2.8%	2.7%	3.3%	↗

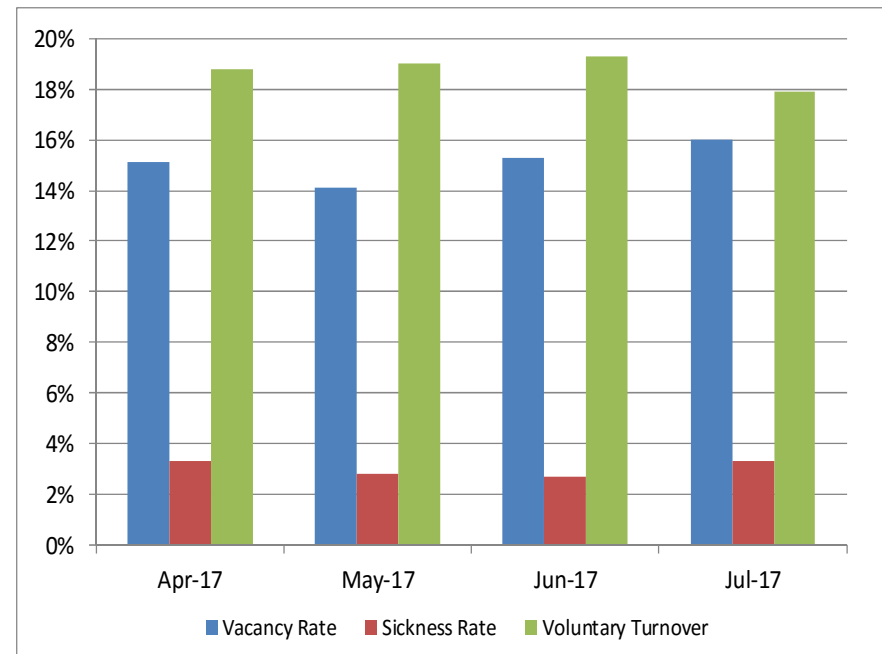
Nursing Voluntary Turnover

Division	Apr '17	May '17	Jun '17	Jul '17	Trend
COR Corporate	14.42%	14.27%	16.47%	19.10%	↗
EIC Emergency & Integrated Care	22.82%	23.09%	22.26%	20.09%	↘
PDC Planned Care	17.12%	16.72%	17.54%	16.48%	↘
WCH Women's, Children's & Sexual Health	17.10%	17.60%	18.32%	16.92%	↘
Total	18.8%	19.0%	19.3%	17.9%	↘

COMMENTARY

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

The nursing workforce has decreased by 3.8 WTE in July.

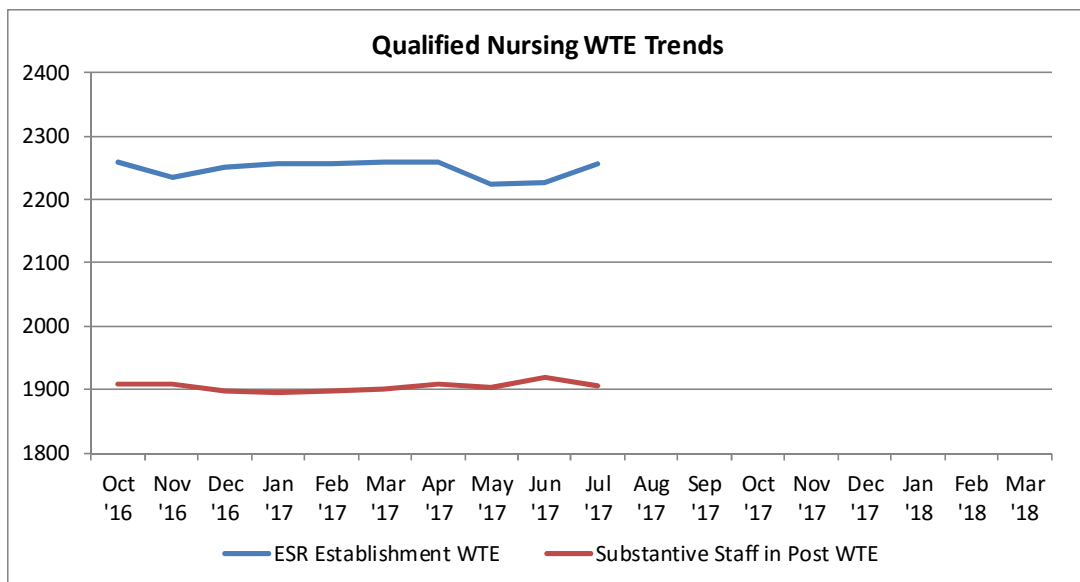


Section 7: Qualified Nursing & Midwifery Recruitment Pipeline

Measure	Jan '17	Feb '17	Mar '17	Apr '17	May '17	Jun '17	Jul '17	Aug '17	Sep '17	Oct '17	Nov '17	Dec '17	Jan '18	Feb '18	Mar '18
ESR Establishment WTE	2255.5	2256.4	2257.5	2258.6	2223.7	2227.0	2255.0								
Substantive Staff in Post WTE	1894.3	1896.8	1900.4	1907.3	1904.0	1918.1	1905.6								
Contractual Vacancies WTE	361.1	359.6	357.1	351.2	319.7	309.0	349.4								
Vacancy Rate %	16.01%	15.94%	15.82%	15.55%	14.38%	13.87%	15.49%								
Actual/Planned Leavers Per Month*	25	20	28	41	36	29	31	32	32	32	32	32	32	32	32
Actual/Planned New Starters**	26	23	33	58	32	38	19	47	47	47	47	47	47	47	47
Pipeline: Agreed Start Dates								14	39	34	10	0	0	1	1
Pipeline: WTE No Agreed Start Date								114 - with no agreed start date							

* Based on Gross Turnover of 20%

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



COMMENTARY

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

The planned leavers is based on the current qualified nursing turnover rate of 20% and planned starters takes into account the need to reduce the nursing and midwifery vacancy rate down to 10% by March 2018.

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

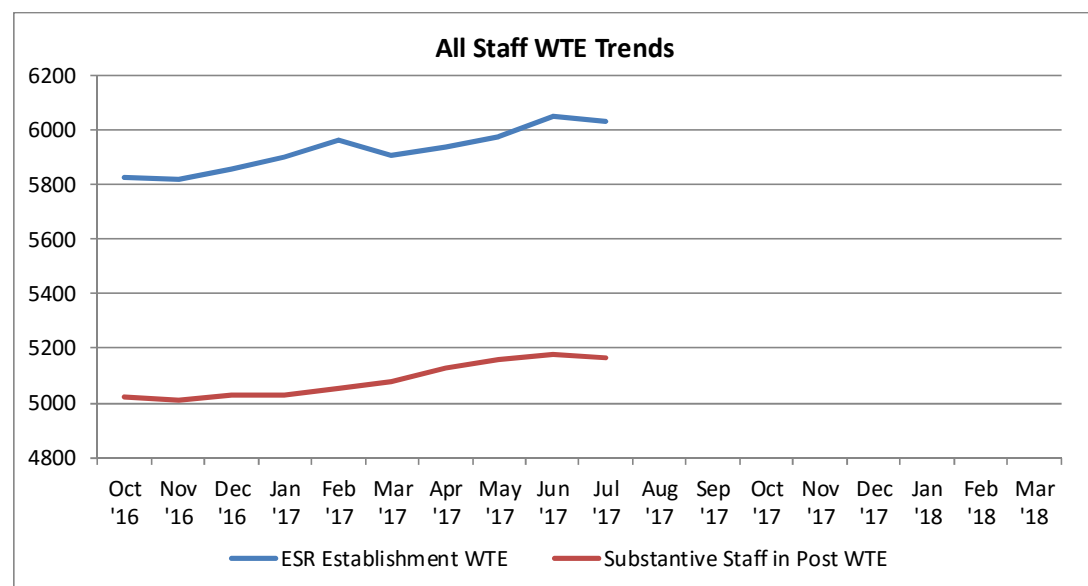
Section 8: All Staff Recruitment Pipeline

Measure	Jan '17	Feb '17	Mar '17	Apr '17	May '17	Jun '17	Jul '17	Aug '17	Sep '17	Oct '17	Nov '17	Dec '17	Jan '18	Feb '18	Mar '18
ESR Establishment WTE ¹	5901.5	5963.8	5905.0	5940.6	5975.5	6051.6	6035.3								
Substantive Staff in Post WTE	5028.8	5054.8	5080.2	5125.6	5156.2	5180.3	5165.7								
Contractual Vacancies WTE	872.7	909.0	824.8	814.9	819.2	871.3	869.5								
Vacancy Rate %	14.79%	15.24%	13.97%	13.72%	13.71%	14.40%	14.41%								
Actual/Planned Leavers Per Month ²	76	56	67	90	95	63	96	86	86	86	86	86	86	86	86
Actual/Planned New Starters ³	118	120	127	151	130	86	94	119	119	119	119	119	119	119	119
Pipeline: Agreed Start Dates								48	70	55	20	1	0	1	2
Pipeline: WTE No Agreed Start Date								305 - with no agreed start date							

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

² Based on Gross Turnover of 20%

³ Number of WTE New Starters required per month to achieve a 10% Vacancy Rate by March 2018



COMMENTARY

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

The planned leavers is based on the current qualified nursing turnover rate of 20% and planned starters takes into account the need to reduce the vacancy rate down to 10% by March 2018.

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

Section 9: Agency Spend

COR Corporate

Corporate	Apr '17	May '17	Jun '17	Jul '17	YTD
Actual Spend	£287,107	£129,363	£279,295	£128,916	£824,681
Target Spend	£241,308	£241,308	£241,308	£241,308	£965,232
Variance	£45,799	-£111,945	£37,987	-£112,392	-£140,551
Variance %	19.0%	-46.4%	15.7%	-46.6%	-14.6%

EIC Emergency & Integrated Care

Emergency & Integrated Care	Apr '17	May '17	Jun '17	Jul '17	YTD
Actual Spend	£738,857	£650,026	£759,878	£751,397	£2,900,158
Target Spend	£583,420	£583,420	£583,420	£583,420	£2,333,680
Variance	£155,437	£66,606	£176,458	£167,977	£566,478
Variance %	26.6%	11.4%	30.2%	28.8%	24.3%

PDC Planned Care

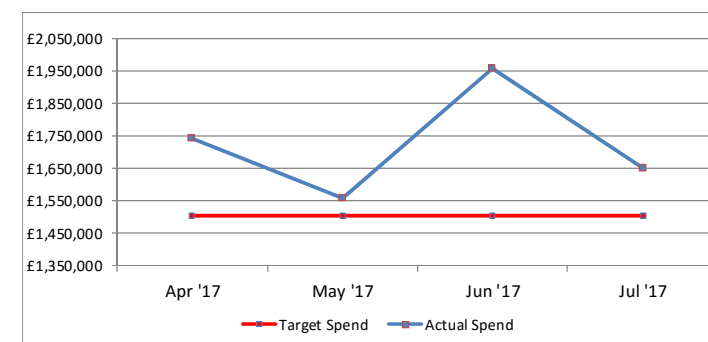
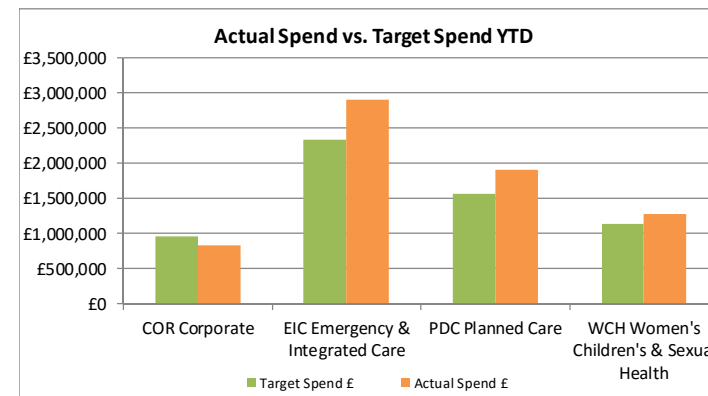
Planned Care	Apr '17	May '17	Jun '17	Jul '17	YTD
Actual Spend	£425,775	£485,704	£586,530	£398,385	£1,896,394
Target Spend	£392,436	£392,436	£392,436	£392,436	£1,569,744
Variance	£33,339	£93,268	£194,094	£5,949	£326,650
Variance %	8.5%	23.8%	49.5%	1.5%	20.8%

WCH Women's, Children's & Sexual Health

Women's, Children's & Sexual Health	Apr '17	May '17	Jun '17	Jul '17	YTD
Actual Spend	£291,730	£291,022	£332,285	£370,971	£1,286,008
Target Spend	£285,918	£285,918	£285,918	£285,918	£1,143,672
Variance	£5,812	£5,104	£46,367	£85,053	£142,336
Variance %	2.0%	1.8%	16.2%	29.7%	12.4%

Clinical Divisions and Corporate Areas

Trust	Apr '17	May '17	Jun '17	Jul '17	YTD
Actual Spend	£1,743,469	£1,556,115	£1,957,988	£1,649,669	£6,907,241
Target Spend	£1,503,082	£1,503,082	£1,503,082	£1,503,082	£6,012,328
Variance	£240,387	£53,033	£454,906	£146,587	£894,913
Variance %	16.0%	3.5%	30.3%	9.8%	14.9%



COMMENTARY

These figures show the Trust agency spend by Division compared to the spend ceilings which have been set for 17/18.

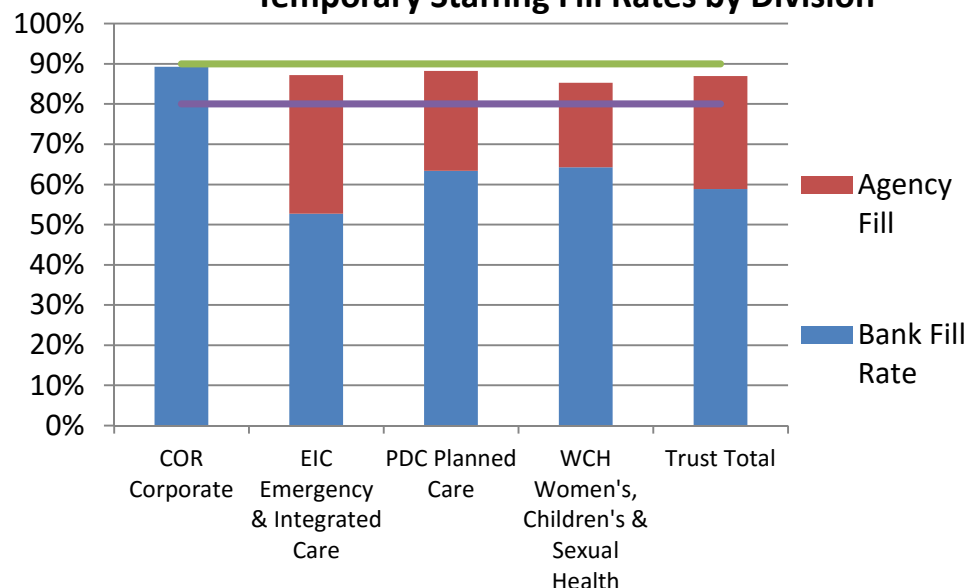
In Month 4, the Women's, Children's & Sexual Health Division spent 29.7% more than the target for the month.

Overall, the only Division below it's YTD target is Corporate, by 14.6%.

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

Section 10: Temporary Staff Fill Rates for N&M

Temporary Staffing Fill Rates by Division



COMMENTARY

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

The Overall Fill Rate was 87% this month which is 1.5% higher than June. The Bank Fill Rate was reported at 58.9% which is 1.2% higher than the previous month.

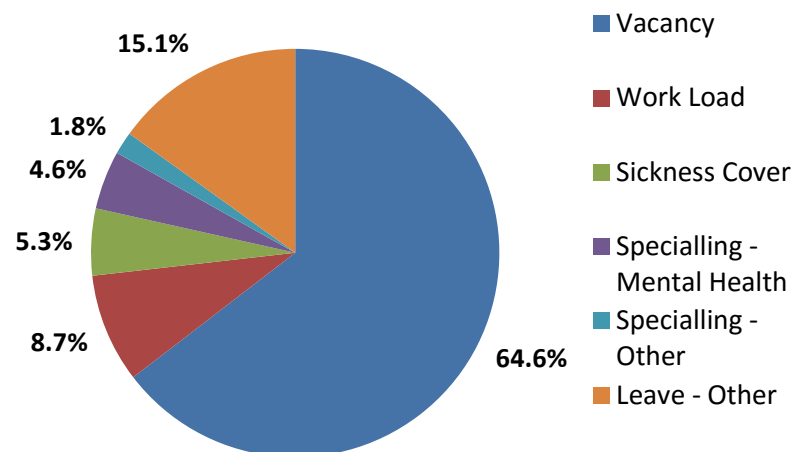
The Corporate Division is currently meeting the demand for temporary staff most effectively.

The Bank to Agency ratio for filled shifts was 68:32. The Trust target is 80:20.

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

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

Booking Reasons



Overall Fill Rate % by Division	Apr '17	May '17	Jun '17	Jul '17	Trend
COR Corporate	83.6%	79.4%	86.0%	89.3%	↗
EIC Emergency & Integrated Care	84.4%	83.9%	84.1%	87.2%	↗
PDC Planned Care	87.6%	88.9%	88.8%	88.3%	↘
WCH Women's, Children's & Sexual Health	83.7%	85.7%	85.0%	85.3%	↗
Whole Trust	84.9%	85.6%	85.5%	87.0%	↗

Bank Fill Rate % by Division	Apr '17	May '17	Jun '17	Jul '17	Trend
COR Corporate	52.5%	65.1%	86.0%	89.3%	↗
EIC Emergency & Integrated Care	49.7%	51.0%	50.7%	52.8%	↗
PDC Planned Care	60.2%	66.1%	62.8%	63.4%	↗
WCH Women's, Children's & Sexual Health	60.9%	65.3%	64.9%	64.3%	↘
Whole Trust	55.2%	58.5%	57.7%	58.9%	↗

Section 11: Core Training

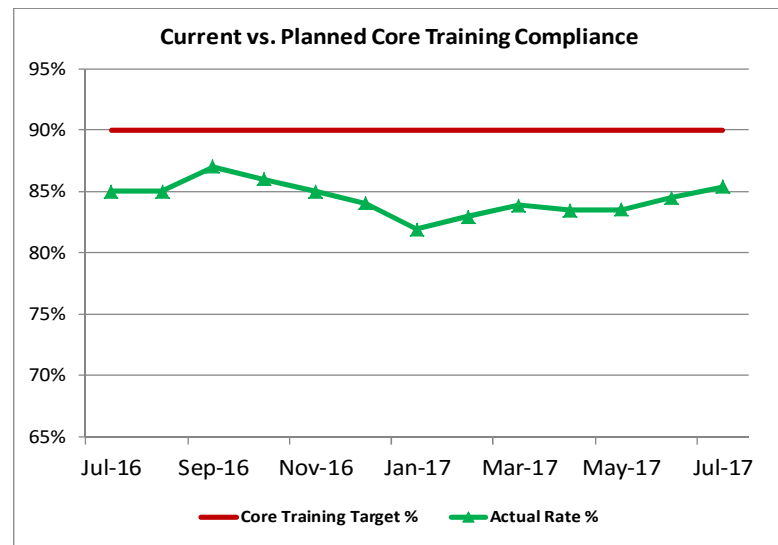
Core Training Topic	May '17	Jun '17	Trend
Basic Life Support	80.0	81.0	↗
Equality, Diversity and Human Rights	85.0	86.0	↗
Fire	85.0	87.0	↗
Health & Safety	83.0	85.0	↗
Inanimate Loads (M&H L1)	88.0	89.0	↗
Infection Control (Hand Hyg)	86.0	87.0	↗
Information Governance	83.0	84.0	↗
Patient Handling (M&H L2)	80.0	81.0	↗
Safeguarding Adults Level 1	88.0	88.0	↔
Safeguarding Children Level 1	88.0	89.0	↗
Safeguarding Children Level 2	80.0	81.0	↗
Safeguarding Children Level 3	84.0	85.0	↗

Core Training Compliance % by Division	Apr '17	May '17	Jun '17	Jul '17	Trend
COR Corporate	83.0%	79.0%	82.0%	86.0%	↗
EIC Emergency & Integrated Care	83.0%	84.0%	85.0%	83.0%	↘
PDC Planned Care	83.0%	84.0%	85.0%	83.0%	↘
WCH Women's Children's & Sexual Health	84.0%	84.0%	84.0%	86.0%	↗
Whole Trust	83.0%	84.0%	84.0%	85.0%	↗

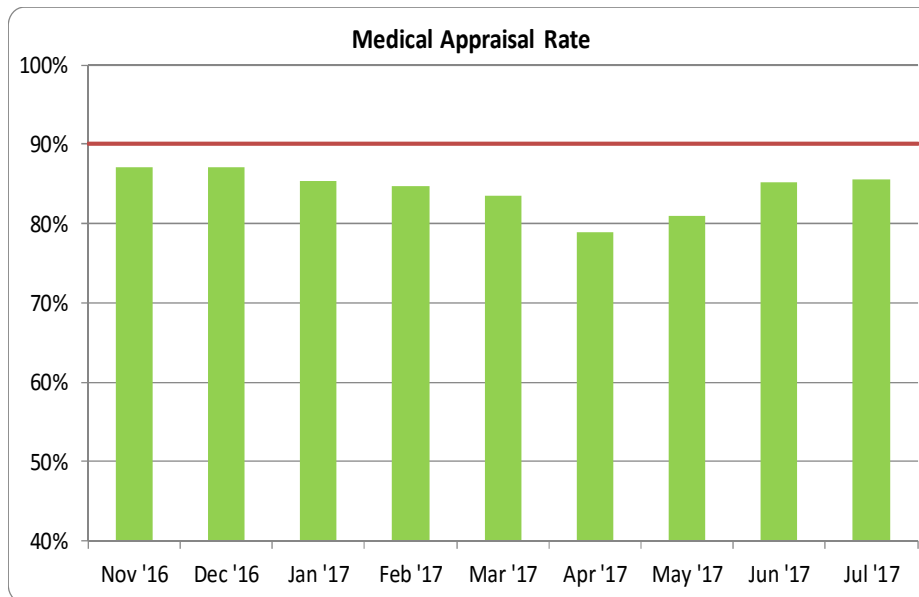
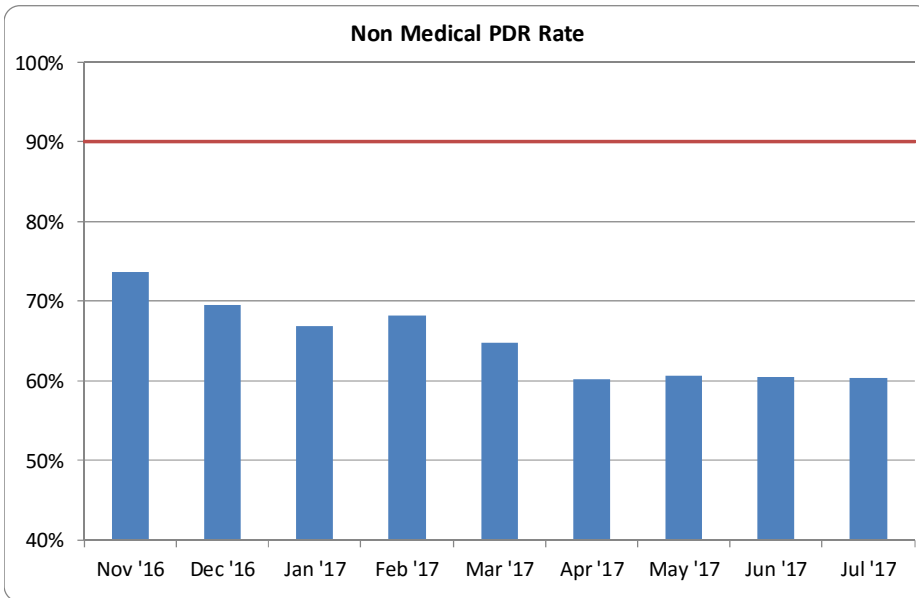
COMMENTARY

This month continues to see an overall upward trend in Core Training compliance.

Staff now have access to the e-Learning modules via the e-learning for Health (e-LfH) website. Sphere Services have upgraded the PCs in the Hub which once again provides a more reliable venue for staff to complete their online training. There is also a greater awareness of individual responsibility as a result of several senior managers holding staff to account for managing their own compliance status.



Section 12: Performance & Development Reviews



Rolling Annual PDR Rate

Non Medical PDRs by Division	Apr '17	May '17	Jun '17	Jul '17	Trend
COR Corporate	60.3%	61.1%	61.5%	62.7%	↗
EIC Emergency & Integrated Care	61.8%	63.8%	59.5%	59.0%	↘
PDC Planned Care	57.0%	57.9%	59.3%	59.3%	↔
WCH Women's, Children's & Sexual Health	62.7%	61.1%	62.2%	61.4%	↘
Whole Trust	60.2%	60.7%	60.5%	60.3%	↘

Medical PDRs by Division	Apr '17	May '17	Jun '17	Jul '17	Trend
COR Corporate	100.0%	100.0%	100.0%	100.0%	↔
EIC Emergency & Integrated Care	80.8%	85.6%	86.9%	89.8%	↗
PDC Planned Care	79.9%	80.4%	85.9%	83.8%	↘
WCH Women's, Children's & Sexual Health	76.6%	78.3%	83.3%	84.4%	↗
Whole Trust	79.0%	80.9%	85.2%	85.6%	↗

PDRs From 1 April

Division	Band Group	%	Division	Band Group	%
COR	Band 2-6	16.2%	PDC	Band 2-6	10.5%
	Band 7-8b	23.8%		Band 7-8b	26.8%
	Band 8c +	92.7%		Band 8c +	100.0%
Corporate		12.6%	PDC Planned Care		10.7%
EIC	Band 2-6	9.3%	WCH	Band 2-6	7.7%
	Band 7-8b	22.5%		Band 7-8b	20.1%
	Band 8c +	66.7%		Band 8c +	80.0%
EIC Emergency & Integrated Care		13.7%	WCH Women's, Children's & SH		13.8%
Band Totals			Band 2-6	Band 7-8b	Band 8c +
			9.80%	23.1%	90.0%
Trust Total			13.8%		

Non-Medical Commentary

From 1 April 2017 everyone is required to have their PDR in a set period, starting first with the most senior staff. More than 90% of staff in bands 8C-9 and director roles have had a PDR. Our focus is now on ensuring that at least 90% of band 7-8B staff have their PDR by the end of September. The rolling annual appraisal rate for non-medical staff is 60.3%.

Medical Commentary

The appraisal rate for medical staff was 85.6%, 0.4% more than last month.



Council of Governors Meeting, 28 September 2017

AGENDA ITEM NO.	2.4/Sep/17
REPORT NAME	*Governors' Questions
AUTHOR	Various
LEAD	Lesley Watts, Chief Executive Officer
PURPOSE	To note.
SUMMARY OF REPORT	<p>1. The question raised by Staff Governor Lynne McEvoy: What processes are in place for monitoring sickness by staff group and how is this managed?</p> <p>Response from Keith Loveridge, Director of HR & OD: Sickness in the Trust is recorded by managers either automatically through Health Roster or for areas who are not currently on Health Roster, through manual sickness returns at the end of each month. This is a process that applies to all staff groups. This data is all uploaded onto our Electronic Staff Record (ESR) system and sickness triggers are produced based on the Bradford score on a monthly basis. These triggers highlight staff who are of particular concern in terms of their sickness records and ask that managers take appropriate action. They include both those who have reached a sickness trigger in terms of their short term sickness record as well as those on long term sickness. Managers can seek support through the ER team for advice with how to manage staff through the Trust Sickness policy and we also offer an Occupational Health Service staff to support staff and managers in dealing with sickness absence and with health promotion.</p> <p>2. The question raised by Governor David Philips: In light of the Wendy incident when a mental health patient was able to leave a treatment area and walk through and out of the WestMid hospital, may governors be assured that procedures have been put in place or strengthened at both sites to prevent a repeat event?</p> <p>Response from Karl Munslow-Ong, Deputy Chief Executive: We are unable to consider an individual case for patient confidentiality reasons. However on a general note, all patients, regardless of their illness, are allowed to leave a ward if they wish. Vulnerable patients may also be supported by staff both on the ward and when they leave the ward. The Trust's investigation into this incident did not reveal any need to implement or strengthen procedures around patients leaving treatment areas; procedures were in place and were followed.</p> <p>3. The question raised by Governor Susan Maxwell: When will the ward accreditations process start with governor involvement?</p> <p>Response from Nick Gash, Chair of Governors Engagement Working Party: Governor involvement in ward accreditation will be put for a round table discussion by governors at the 20 November Away Day.</p>

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



Council of Governors Meeting, 28 September 2017

AGENDA ITEM NO.	2.5/Sep/17
REPORT NAME	*Draft Minutes of the Council of Governors Quality Sub-Committee meeting held on 15 September 2017
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Nigel Davies, Chairman
PURPOSE	To provide a record of any actions and decisions made at the meeting.
SUMMARY OF REPORT	This paper outlines a record of the proceedings of the Council of Governors Quality Sub-Committee meetings held on 15 September 2017.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	The draft minutes are enclosed for information.



**Minutes of a meeting of the Council of Governors Quality Sub-Committee
Held at 10am on 15 September 2017
Boardroom, Chelsea and Westminster**

Attendees	Nigel Davies	Chair (Public Governor – Ealing)	ND
	Susan Maxwell	Patient Governor	SM
	Nowell Anderson	Public Governor	NA
	Simon Dyer	Patient Governor	SD
	Anna Hodson-Pressinger	Patient Governor	AHP
In attendance	Priscilla Gyewu	Membership Officer	PG
	Vida Djelic	Board Governance Manager	VD
Apologies	Laura Wareing	Public Governor – London Borough of Hounslow	LW
	Lynne McEvoy	Staff Governor – Nursing and Midwifery	LM
	Chisha McDonald	Staff Governor – Allied Health Professionals, Scientific and Technical	CMD
	Sonia Samuels	Public Governor – City of Westminster	SS
	Guy Pascoe	Public Governor – London Borough of Hammersmith and Fulham	GP
	Sonia Richardson	Patient Representative on the West London CCG	SR

1.	Welcome and Apologies	
a.	The Chair welcomed members to the meeting.	
b.	Apologies received were noted.	
c.	VD advised that Kush Kanodia has recently expressed his interest in joining the sub-committee.	
d.	The Chair welcomed Priscilla Gyewu, Membership Officer, to the meeting.	
e.	The Chair noted that the meeting was not quorate due to absence of the Shan Jones or her deputy. It was recognised that in light of major incident of the day Vanessa Sloane, Director of Nursing, was unable to attend the meeting.	
2.	Minutes of previous meeting held on 23 June 2017	
a.	Minutes of the previous meeting were accepted as a true and accurate record of the meeting.	
2.1	Matters Arising	
a.	The sub-committee reviewed the action log and noted that most of actions were complete.	

b.	<p>The sub-committee noted that most of actions were complete and the following updates were received:</p> <ul style="list-style-type: none"> • Re action 5.1.c hospital food quality – Laura Wareing to get in touch directly with Marie Courtney in relation to issues of quality of food. • Re action 5.2.e phlebotomy appointments – Kobler Unit – VD to speak with CH to obtain feedback. • Re action 6.e re deep dive into categories of complaints: communications, values, behavior and appointments remains open. Action: Nathan Askew 	
c.	<p>SD noted that a patient voices group has recently been established and the group will report to the PEEG (formerly known as Patient Experience Group). The Friends and Family Test will be managed in house rather than an external contractor as the case is currently. Nathan Askew should clarify governor involvement in FFT.</p>	
d.	<p>The sub-committee asked VD to invite Nathan Askew to the next sub-committee meeting to provide an overview of the PEEG Strategy to the sub-committee. Action: VD to invite Nathan Askew to the next sub-committee meeting.</p>	
3.	COG Quality Awards Autumn Schedule	
a.	<p>SM noted that the Autumn round of Quality Awards will be launched on 27 September via the Trust Daily Bulletin. The Quality Awards application forms will be available from the intranet.</p>	
b.	<p>The administrative process of processing received applications is managed by SM and Shaniekie Harris. Closing date for applications is 25 October. The quality awards judging panel meets on 10 November with winners and commended category winner names presented to the Quality Sub-Committee on 10 November. Shortly after all applicants are informed of the outcome. At the 30 November COG winners receive their awards which are presented by the Lead Governors and awarded by the Chairman.</p>	
c.	<p>SM informed the sub-committee that she will be retiring and that the quality awards process would need to be managed by another governor from the sub-committee. ND and SD offered to shadow SM with running the Autumn Quality Awards with the view to run the spring quality awards themselves.</p>	
4.	Governor feedback on patient contacts	
a.	<p>The sub-committee discussed how important some of its members felt it was that governors have access to wards and visit to patients. The sub-committee recognised the difficulty of ensuring that governors act as observers only and that they do not get involved in work or decisions that are responsibility of staff.</p>	
b.	<p>The Chair acknowledged that the sub-committee recognise that there is a lack of patient</p>	

	contact and that they understand reasons; the sub-committee also understand that DBS checks are being done for governors.	
c.	<p>The sub-committee asked the Chair to contact Chief Nurse to express the sub-committee views.</p> <p>Action: The Chair to contact Chief Nurse to express the sub-committee views.</p>	
d.	SM added that she would like to know when the ward accreditation process involving governors will start and asked if this question could be included in the COG Questions paper for the 28 September meeting.	
e.	NA linked to it by saying that he finds helpful getting patients' views via doing a meet a governor session. He finds feedback very valuable and always passes any points of relevance to an appropriate staff member.	
f.	SD reported on a letter he received from a patient who had various issues with service she had received, in particular her relationship with PALS which she felt was not as engaging as it should be. In order to sure that the patient's issues are recorded on Datix he contacted Nathan Askew. SD said that he will take forward the patient's complaint with Nathan Askew.	
5.	Care Quality Programme – update	
a.	This item was not discussed due to Vanessa Sloane being unable to attend.	
6.	Questions or clarification arising from Patient Experience Report*	
a.	This item was not discussed.	
7.	Questions or clarification arising from Performance & Quality Report*	
a.	The report was noted.	
8.	Forward Plan	
a.	<p>The sub-committee reviewed the forward plan and the following points were noted:</p> <ul style="list-style-type: none"> • Add an item titled 'Feedback from Patient Voices' • ND/VD need to talk about patient experience item • Add Quality Awards schedule to February 2018 meeting • Keep the appointment system letter on the action tracker and mark as red • Re Staff attitude/behaviour & – reception areas & wards and Embedding Trust values (WMUH) as amber – add an item to the next agenda re feedback on Disney programme (PN) • FFT response rate • Payment of invoices – to be removed from the tracker • Quality Plan – this is green and to be removed from the tracker 	

	<ul style="list-style-type: none"> • Reception area (C&W) – deferred renovation – keep on the tracker • Private patient facilities – quality of environment needs improvement – ask Marie Courtney to provide a brief summary on this action from PLACE audit • Urinary catheterisation (WMUH) - unnecessary catheterisation on West Middlesex site to cease – Vanessa Sloane to provide an update on this. • Embedding Trust values (WMUH) – Appraisal performance still below target & awaiting plan from Executive – it was recognized that the communication the staff booklet developed by the communications department details the Trust values 	
9.	Any other business	
a.	None.	
10.	Date of next meeting–10 November 2017, Room A, West Middlesex	

The meeting closed at 11.46.



Council of Governors Meeting, 28 September 2017

AGENDA ITEM NO.	2.6/Sep/17
REPORT NAME	*Draft Minutes of the Council of Governors Membership Sub-Committee meeting held on 14 September 2017
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Phillip Owen, Chair
PURPOSE	To provide a record of any actions and decisions made at the meeting.
SUMMARY OF REPORT	This paper outlines a record of the proceedings of the Council of Governors Membership Sub-Committee meeting held on 14 September 2017.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	The draft minutes are enclosed for information.



**Minutes of Council of Governors Membership & Engagement Sub-Committee
Held at 10.00am on 14 September 2017 in Meeting Room C, West Middlesex**

Attendees	Philip Owen	Chair	PO
	David Phillips	Patient Governor	DP
	Nowell Anderson	Public Governor – Hounslow	NA
	Susan Maxwell	Lead Governor	SM
	Laura Wareing	Public Governor	LW
	Nowell Anderson	Public Governor	NA
	Elaine Hutton	Public Governor	EH
	Lynne McEvoy	Staff Governor	LM
In attendance	Donald Neame	Director of Communications	DN
	Priscilla Gyewu	Membership Officer	PG
	Vida Djelic (Minutes)	Board Governance Manager	VD
Apologies /absence	Kush Kanodia	Patient Governor	KK
	Tom Pollak	Public Governor	TP
	Ian Bryant	Staff Governor	IB
	Matthew Shotliff	Staff Governor	MS

1.	Welcome & Apologies	
a.	The Chair welcomed all to the meeting. In particular, he welcomed Priscilla Gyewu, new Membership Officer, to the sub-committee.	
b.	Apologies for absence were noted.	
c.	The Chair noted that Kush Kanodia has resigned from the sub-committee.	
d.	The Chair noted that Rachael Allsop, Volunteering Manager, was unable to attend the meeting. However, she has submitted a progress report on volunteering.	
2.	Minutes of previous meeting held on 22 June 2016	
a.	Minutes of the previous meeting were approved as a true and accurate record of meeting.	
b.	With reference to minute p.5 SM noted that she had has sufficient number of governor volunteers to help with governor stand at the 16 September Open Day.	
3.	Matters Arising & Action Log	
a.	The sub-committee reviewed a list of actions and the following points were noted:	
b.	The Chair said that from his interaction with Hounslow CCG they indicated that they are	

	<p>interested in engaging with the Chelsea and Westminster Hospital governors. He asked got a governor volunteer to support him with attending Hounslow CCG community events, which would serve as good marketing channel for governors and it also present the opportunity for a wider community interaction. NA volunteered and confirmed that he would attend the next meeting along with PO.</p>	
c.	<p>The Chair noted that the sub-committee at its June meeting received a very useful presentation on heatmaps, which was delivered by Michael Hill, former Strategy Analyst. Assurances were provided on GPs refereeing patients to the Trust; the sub-committee saw this as an opportunity for closer working relationship and also as a way of marketing Trust's membership within GP surgeries.</p> <p>Action: DN to ask GP Liaison Manager to get in touch with Healthwatch to obtain and share with the sub-committee a list of Practice Managers.</p>	DN
d.	<p>VD added that GP surgeries and membership is on the forward plan for the 30 November Council of Governors meeting.</p>	
e.	<p>In relation to action 3.b PO noted that some attempts were made previously to engage with Wandsworth CCG but with no success. EH said since she lives in that area that she would speak to an acquaintance who she meets via being a local school governor.</p>	
f.	<p>In relation to action 3.f DN noted that the Trust has recently appointed a GP Liaison Manager and he will make him aware that the sub-committee would like to have a better link with Wandsworth CCG.</p>	
g.	<p>In relation to action 4.c confirmed that he has emailed a list local borough residents' association meetings to the Chair.</p>	
h.	<p>In relation to action 3.h DN tabled a leaflet titled Introduction to Chelsea and Westminster Hospital NHSFT. The leaflet was developed by the communications department and provides an overview of Trust services, its performance, Trust values, complaints/comments, getting involved/become a member, donating and volunteers.</p>	
i.	<p>In response to action 7.2.b SM asked if a copy of Whistleblowing Policy could be resent to her since she did not receive it via email.</p> <p>Action: DN to email a copy of the Whistleblowing Policy to SM.</p>	DN
4.	Chairman's remarks	
a.	<p>This item was discussed earlier in the meeting.</p>	
5.0	Guest Speakers	
5.1.1	Volunteers	
a.	<p>The Chair noted that since being unable to attend the meeting Rachel Allsop emailed a summary of progress on volunteering to the sub-committee. He congratulated her on providing a good progress made so far with the strategy and expressed his satisfaction with Rachael confirming that she will attend the sub-committee to update on further progress.</p> <p>Action: VD to invite Rachael Allsop to the 9 November sub-committee meeting.</p>	VD
b.	<p>Points of particular note include:</p>	

	<ul style="list-style-type: none"> • 26 volunteer applications received so far • Engaging Young Volunteers 	
c.	<p>LM said that due to national problem with the retention of nurses she feels strongly that when engaging with young people there should be a nurse talking to young people about nursing profession and involving both young women and men.</p> <p>Action: LM to talk to RA outside the meeting.</p>	LM/RA
d.	<p>In response to a question from DP, PO said that volunteers do not automatically become members of the Trust. DN said that this will be discussed with Rachael.</p> <p>Action: DN to discuss with Rachael the possibility of volunteers becoming automatically Trust members.</p>	DN/RA
5.2	Communications update, including Trust leaflet	
a.	<p>DN noted that the communications department has also developed a Patient information booklet for adult inpatients. It provides key information about patient stay in hospital including getting involved/become a member, donating and volunteers. The sub-committee praised the communications department for producing such a high quality publication.</p>	
b.	<p>In response to a question from DP if the Trust provides the booklet in different language DN said that the service is offered via PALS department.</p> <p>In relation to Trust E-News publication DN noted that on Chair's suggestion the Editorial Board has been established and it will meet later in September to discuss various aspects of the E-News, including linking it to our website. All sub-committee members were invited to feed their ideas for articles to the Chair.</p>	
c.	<p>The sub-committee discussed the Trust publication Going Beyond and there were suggestions for improvement; some suggestions for include:</p> <ul style="list-style-type: none"> • Making the publication more member oriented • Adding Governor blog • Linking E-News to Going Beyond 	
d.	<p>DN recognised that content of the publication could be improved and that this will be considered by a new Director of Communications.</p>	
e.	<p>The sub-committee recognised that due to efficiencies the Trust communication with members is predominantly via email based and that in order to have an effective communication it will need to obtain more email address from its members. An option of asking for email address on signing for membership and on visiting hospital was suggested.</p>	
f.	<p>The Chair noted that TV screens providing information of interest to patients and visitors was excellent and thanked the communication department for their work on this. DN confirmed that the screens and updates are owned by the Trust.</p> <p>The Chair asked the sub-committee members to advise on the content of screens to communications department.</p> <p>Action: All sub-committee members to advise DN on the content of screens.</p>	
g.	<p>DN added that a generic Trust presentation will be made available to the sub-committee and he would welcome any ideas for improvement.</p>	

	Action: DN to circulate the generic Trust presentation to the sub-committee members for comments.	
h.	DN added the communications department is working on making ward boards as much consistent as possible.	
i.	SM complimented the communications department on good layout of important information for patients on the ground floor of West Middlesex site. DN added that the department is in the process of developing a map for Chelsea and Westminster site.	
j.	DN noted that the communications department is organising another round of Staff awards on 18 October which recognises contribution made by staff and volunteers well beyond their duties.	
k.	VD noted that the corporate affairs in coordination with the communications department is organising the Annual Members' Meeting on 28 September. The format of presentations is similar to last year's and Philip Owen, Chair of the Membership and Engagement Sub-Committee will present to members on behalf of the Council of Governors.	
6.	Membership Report	
a.	In reviewing the report the sub-committee noted that the overall membership numbers have slightly increased.	
b.	The sub-c-committee noted Chair's commitment and ongoing efforts with recruiting diverse membership.	
7.	Membership Engagement & Communications Calendar of events	
a.	The sub-committee noted the updated calendar of events.	
b.	SM informed the sub-committee that she will be retiring from the Council of Governors in November and sought volunteers with organising the Christmas event. EH and LW offered their help with the event. Action: All governors to send their expression of interest to SM.	
c.	NA thanked SM for her hard work, charisma, warmth and for being a great inspiration.	
8.	Council of Governors Election	
a.	VD noted that the next round of Council of Governors election was due to commence on 2 October and the election time table has been agreed with the Returning Officer, Electoral Reform Services.	
b.	She added that the communication plan will be developed shortly and that she will share it with the sub-committee for view/comments. Action: VD to circulate the election communication plan with the sub-committee for view/comments.	
9.	Council of Governors funding report	
a.	The report was taken as read.	

10.	Feedback from members	
a.	None noted.	
11.	Any other business	
a.	None.	
12.	Date of next meeting – 9 November 2017, 10.00-12.00 (Boardroom, Chelsea and Westminster)	

The meeting closed at 11.45.