Chelsea and Westminster Hospital NHS
NHS Foundation Trust

COUNCIL OF GOVERNORS
17 March 2016, 16.00 – 18.00
Gleeson Lecture Theatre, Chelsea & Westminster Hospital

Agenda

		GENERAL BUSINESS			
16.00	1.	Welcome & Apologies for Absence	Verbal		Chairman
16.02	2.	Declarations of Interest	Verbal		Chairman
16.05	3.	Minutes of Previous Meeting held on 3 December 2015	Report	For Approval	Chairman
16.07	4.	Matters Arising and Action Log	Report	For Information	Chairman
16.10	5.	Chairman's Report	Verbal	For Information	Chairman
16.20	6.	Chief Executive Officer's Report	Report	For Information	Chief Executive Officer
16.45	7.	Business Planning 2016/17	Report	For Information/ Discussion	Director of Finance
17.00	8.	Governors' Questions	Report	For Information	Chief Executive Officer
		STATUTORY/MANDATORY BUSINESS			
16.05	9.	Election of Lead Governor	Verbal	For Approval	Chairman
17.15	10.	Chairman Appraisal	Verbal	For Information	Senior independent Director
		TRUST PERFORMANCE			
17.20	11.	Integrated Performance Report , including • Update on improvements to planned care processes and communication with patients	Report Verbal	For Information For Information	Chief Operating Officer/Executive Directors Chief Operating Officer
		REPORTS FROM GOVERNOR COMMITTEES			
17.30	12.	Quality Sub-Committee Report: 19 February 2016	Report	For Information	Chair of Quality Sub-Committee
17.35	13.	Membership Sub-Committee Report: 11 February 2016, including:	Report	For Information	Chair of Membership Sub-Committee

		• Membership Engagement and Communication Calendar of events – update • Council of Governors Funding Report	Verbal Report	For Information For Information	Deputy Director of Corporate Affairs Deputy Director of Corporate Affairs
17.40	14.	Council of Governors Calendar of Meetings	Report	For approval	Chairman
17.45	15.	Questions from public	Verbal		Chairman
17.55	16.	Any other business			
18.00	17.	Date of next meeting – 19 May 2016			

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Minutes of the Council of Governors
Held at 16.00 on 3rd December 2015 in the Main Hospital Boardroom, Chelsea & Westminster Hospital

Present:	Sir Thomas Hughes-Hallett	Trust Chairman	(Chair)
	Julia Anderson	Appointed Governor	(JA)
	Nowell Anderson	Public Governor	(NA)
	Juliet Bauer	Patient Governor	(JB)
	Ian Bryant	Staff Governor	(IB)
	Tom Church	Patient Governor	(TC)
	Samantha Culhane	Public Governor	(SC)
	Nigel Davies	Public Governor	(ND)
	Lou De Palo	Staff Governor	(LDP)
	Simon Dyer	Patient Governor	(SD)
	Paul Harrington	Public Governor	(PH)
	Angela Henderson	Patient Governor	(AH)
	Anna Hodson-Pressinger	Patient Governor	(AHP)
	Melvyn Jeremiah	Public Governor	(MJ)
	Kush Kanodia	Patient Governor	(KK)
	Martin Lewis	Public Governor	(ML)
	Kathryn Mangold	Staff Governor	(KM)
	Susan Maxwell	Patient Governor	(SM)
	Wendy Micklewright	Public Governor	(WM)
	Philip Owen	Public Governor	(PO)
	Andrea Petre-Goncalves	Patient Governor	(APG)
	David Phillips	Patient Governor	(DP)
	Tom Pollak	Public Governor	(TP)
	Diane Samuels	Staff Governor	(DS)
	Alan Steel	Staff Governor	(AS)
	Gavin Steele	Staff Governor	(GS)
	Laura Wareing	Public Governor	(LW)
	Steve Worrall	Public Governor	(SW)
In Attendance:	Vida Djelic	Board Governance Manager	(VD)
	Sandra Easton	Director of Finance	(SE)
	Nick Gash	Non Executive Director	(NG)
	Peta Hayward	Director of Human Resources	(PH)
	Eliza Herman	Non Executive Director	(EH)
	Thomas Lafferty	Director of Corporate & Legal Affairs	(TL)
	Jane Lewis	Deputy Director of Corporate Affairs	(JL)
	Jeremy Loyd	Non Executive Director	(JLo)
	Elizabeth McManus	Chief Nurse	(EMc)
	Karl Munslow-Ong	Chief Operating Officer	(KMO)
	Liz Shanahan	Non Executive Director	(LS)
	Lesley Watts	Chief Executive	(LW)
Apologies:	Lorraine Bewes	Chief Financial Officer	(LB)
	Edward Coolen	Public Governor	(EC)
	Nilkunj Dodhia	Non Executive Director	(ND)
	Catherine Faulks	Appointed Governor	(KF)
	Elaine Hutton	Public Governor	(EH)

Jeremy Jenson	Non Executive Director	(JJ)
Andrew Jones	Non-Executive Director	(AJ)
Zoe Penn	Medical Director	(ZP)
Lynne McEvoy	Staff Governor	(LMc)

1.	**Welcome, Apologies for Absence and Declarations of Interest**	
a.	The Chair welcomed all present to the meeting, particularly the newly elected members of the Council. Each of the executive directors introduced themselves to the Council.	
b.	The apologies for absence received were noted.	
c.	The Chair reported that he has made an investment into a company who have designed an App which matches care professionals to patients. The investment has been made from the Chairs charitable trust.	
2.	**Announcement of Council of Governors election results**	
a.	The Chairman was delighted to announce the results of the election as follows:	
b.	**Patient Governors** • Juliet Bauer (elected) • Susan Maxwell (re-elected) • Tom Church (re-elected) • Anna Hodson-Pressinger (re-elected) • Simon Dyer (elected) • Kush Kanodia (elected) • Andreea Petre-Goncalves (elected) • David Phillips (elected)	
c.	**Public Governors** • London Borough of Ealing: Nigel Davies (elected unopposed) • London Borough of Richmond upon Thames: Paul Joseph Harrington (elected unopposed) and Wendy Anghared Micklewright (elected unopposed) • London Borough of Hammersmith and Fulham: Angela Henderson (re-elected) • London Borough of Wandsworth: Elaine Hutton (elected) • London Borough of Hounslow: Laura Wareing (elected) and Nowell Anderson (elected)	
d.	**Staff Governors** • Allied Health Professionals, Scientific and Technical Class: Diane Samuels (re elected unopposed) • Contracted Class: Gavin Steele (elected) • Management Class: Ian Greyham Bryant (elected) • Medical and Dental Class: Alan Steel (elected unopposed) • Nursing & Midwifery Class: Lynne McEvoy (elected) • Support, Administrative & Clerical Staff Class: Lou De Palo (re-elected unopposed)	
e.	The Chairman congratulated all the new and re-elected members of The Council and wished them every good wish for their time at the Trust.	

f.	The Chairman also paid tribute to the out-going Governors who all fulfilled their roles with commitment and professionalism. On behalf of the Trust he thanked them and wished them well in their future endeavours. The out-going members of the Council were as follows; **Governor Name / Constituency** Walter Balmford – Patient Wendie McWatters – Patient Charles Steel – Patient Christine Blewett – Public: London Borough of Hammersmith & Fulham Dr Brian Gazzard – Staff: Medical and Dental Class Nicky Brown – Appointed: Royal Marsden Hospital	
g.	The Chairman also wanted to pay tribute to George Vasilopoulos and Kathryn Mangold both Staff Governors who had wanted to stand for re-election but due to a technical issue with the staff constituency format within the Constitution they were unable to stand. The Chairman acknowledged their disappointment but said they would be welcome to continue to be involved in the Council's work.	
3.	**Minutes & Matters Arising from Previous Meetings: 22nd October 2015**	
a.	The minutes from the previous meetings were agreed as a true and accurate record.	
b.	It was noted that the action listed within the meeting action log had been completed and Peta Hayward was in attendance to provide an update on recruitment and retention as requested at the last meeting.	
c.	**Recruitment & Retention presentation**	
d.	In response to the Council's request at the last meeting, Peta Hayward gave a detailed presentation about the plans to address the recruitment and retention challenges facing the Trust. Council members were provided with a copy of the presentation which included the range of strategies being used to reduce staff turnover, decrease the vacancy rates and spend on bank and agency staffing. PH was pleased to report a range of completed initiatives have started to have a positive impact such as a reduction in the vacancy rate from September and improved compliance with appraisal targets; further work is required to ensure that the organisation is able to manage the workforce in a more sustainable way.	
e.	In response to Governor ML, EMc explained that an analysis of exit interviews has not revealed any particular themes as to why nursing staff are leaving other than many move out of the area due to the high cost of living in London. Staff are offered flexible working arrangements but this always has to be balanced against the needs of the service.	
f.	In response to Governor DP, EMc explained that the Trust's patient survey results do not indicate that the patient experience is impacted by staff from overseas. However, an important issue for the Trust is to ensure that younger staff fully understand the needs of older patients.	
g.	In response to Governor KK, THH agreed that the proposed new tube station as part of the Crossrail project could support staff retention and to this end, LW will be asked to respond to the consultation on behalf of the Trust.	**LW**

h.	In response to Governor KK, KMO explained that the clinical and operational teams have been working together even prior to the acquisition on 1st September to ensure a smooth transition and effective sharing of best practice. The new management structure will be in place by the end of January.	
4.	**Chairman's Report**	
a.	THH reported that a Governor development day is being planned for the Spring and further details will be circulated to Council members in due course.	
b.	THH reported that he had recently met with Sir Simon Steven, CEO, NHS England to discuss an innovative concept of using volunteers to support the most vulnerable people in our local communities. The proposed initiative has the support of the Institute of Economics and the Kings Fund. In addition, at a meeting with Commissioners earlier today the proposal was met with enthusiastic support. Further work to develop the concept will be undertaken and a formal proposal will be presented to the Board in the new year.	
c.	In response to Governor Wareing, THH explained that the concept is to use volunteers to help local people to remain independent, which is often not possible at the moment as care is not always as co-ordinated as it should be.	
d.	The Chairman reported that he will be attending a meeting of all London Chairs where the future financial challenges of the NHS will be debated with Lord Carter.	
e.	In response to THH, the Council **approved** the appointment of Jeremy Jenson as the Deputy Chairman who was appointed by the Board of Directors as the Senior Independent Director at its meeting in November.	
f.	TL presented his paper which outlined the election process of Lead Governor. In line with the Trust's constitution, only Public or Patient Governors are eligible to stand for election. This is a very important role and members were encouraged to put themselves forward. Nominations should be sent to Vida Djelic, Board Governance Manager by 31st December 2015. The Council of Governors will be asked to elect it's Lead Governor at its meeting on 17th March 2016.	
5.	**Chief Executive's Report**	
a.	In presenting her report, LW detailed the new format of her report which covered strategic developments, performance, governance and communications.	
b.	In addition to her report, LW tabled a presentation that she had given to the North West London Clinical Commissioning Group earlier that day which covered a strategic picture of the new organisation, strategic priorities including Shaping a Healthier Future, short and medium term priorities and post-acquisition service developments and how these can be incorporated into the 2016/17 work programme and single contract approach.	
c.	In response to Governor SD, LW explained that a Joint Strategic Needs Assessment is undertaken by each local authority which informs the overall strategic planning for the local NHS but further work to improve consistency of approach is needed across the board.	
d.	In response to Governors NA and JB, LW confirmed that communication about the	

	strategy will be key and that once the plan has been approved by the Board, a communications plan will be developed.	
e.	In response to Governor AHP, LW agreed that there are opportunities for a greater sharing of skills between hospital and community staff and this will be a key part of the agreed strategy.	
f.	In response to Christine Blewitt, LW confirmed that the development of the strategy will be to consider the impact of local authority tendering of Gentio-urinary Medicine (GUM) services and options for market expansion outside the immediate catchment area.	
g.	In response to Governor WMc, LW explained that as part of the Trust's future planning they will be considering along with key community partners the interfaces between acute and mental health care and considering how the mental health care pathway can be improved. In response to THH, the Council agreed that it would be helpful if he invited Tom Hayhoe, Chairman, West London Mental Health Trust to attend a future Council meeting to provide an overview of mental health service developments.	**THH**
h.	In response to Governor PO, LW confirmed that a number of joint ventures are being explored as part of the strategic planning.	
i.	In response to Governor TP, LW confirmed that the Trust's strategy has been positively welcomed by the Commissioners and that the move towards longer term contracts will afford all parties with greater stability. There are also very positive opportunities for closer working between primary and secondary care practitioners with the integration of care pathways through the accountable care programme.	
j.	In response to Governor IB, LW explained that the Commissioners are committed to improving the information technology systems that support the local NHS as key to the health economy's future success will be to have systems that can 'talk to each other'.	
k.	LW undertook to provide a further update of strategic developments at the next Council meeting.	**LW**
6.	**Governors' Questions**	
a.	The Council reviewed and noted the responses that had been provided by the Executive to the Governors' questions.	
b.	In response to Governor TC, EMc acknowledged that the written response to his question about establishing a workable communication channel for patients who have urgent needs which fall short of the kind of an emergency which would justify presentation at A&E was not as robust as it should have been. EMc undertook to establish whether there are isolated problems within specialities or if there are widespread communication issues for patients who are receiving on-going care by a speciality.	**EMc**
c.	EH added that having read the response to Governor TC's question she reviewed the Trust's website to ascertain what information is available to patients in this regard and she felt that further work to improve the site was required.	
d.	In response to Governor MJ, LW apologised that his question about outsourced services had been mis-understood and she will ask KMO to provide a list of clinical services that are outsourced.	**KMO**

e.	In response to Governor MJ, LMc explained that work is on-going to define the values of the combined organisation which will be shared with the Council in due course.	
7.	**Governors' chosen indicator for the Quality Account 2015/16**	
a.	TL presented his report which provided an overview of the options for the Governor indicator choice for the 2015/16 Annual Quality Account. The external auditors have advised the Trust that 62 day cancer and 28 day readmission metrics will be part of the mandated testing this year.	
b.	Following a discussion it was agreed that the numbers and grades of hospital acquired pressure ulcers should be audited for the Quality Account.	
c.	It was also agreed that the Quality Committee will review medicines management at a future meeting.	VD- forward plan
8.	**Integrated Performance Report – October 2015**	
a.	In presenting the report, KMO highlighted at month two of the combined organisation, all regulatory compliance indicators were achieved. KMO was pleased to report that the Chelsea & Westminster site is now compliant with the national recommendations for enhancing access to healthcare for people with learning disabilities. The action plan for the West Middlesex site will achieve compliance with the standards by the end of March 2016.	
b.	Emergency performance remains challenging due to high demand particularly on the West Middlesex site. Winter resilience plans are in place with on-going work to ensure capacity and staffing support the plan.	
c.	In response to Governor SD, TL explained that many of the performance indicators for Trust are nationally mandated within the NHS Outcomes Framework. THH added that there are early discussions within NHS Improvement with regards the future direction of national performance indicators.	
d.	LW added that as part of the Governor induction programme the Trust will ensure that KMO attends to provide an overview of the performance report. Governor MJ, added that the format of the performance report has improved significantly over the past few months and this will be an on-going iterative process.	**KMO**
e.	The Council noted the report.	
9.	**Quality Sub-Committee Report: 13th November 2015**	
a.	The Council noted the minutes of the meeting held on 13th November 2015.	
10.	**Membership Sub-Committee Report: 10th November 2015**	
a.	The Council noted the minutes of the meeting held on 10th November 2015.	

b.	Governor PO has taken on the Chairmanship of the Committee following the retirement of Walter Blamford. On behalf of the Council, PO thanked Walter for his tenure and for the positive work the Committee has undertaken to date to recruit new members, particularly in the new constituencies of Hounslow, Richmond and Ealing. Approximately 600 members where recruited over a 12 week period which was a tremendous effort by all concerned.	
c.	PO gave a verbal report setting out the key aims of the Committee and the work planned for the coming year. The new membership database will support the Trust in developing targeted engagement events for members. A number of engagement event are planned including Medicine for Members.	
d.	Over the coming year the Committee is committed to deepening the hospital's relationship with community groups and key community partners that it serves making the most of the existing relationships hospital officers and members have within the local community.	
e.	The Council noted the membership engagement and communication calendar of events update and the Council of Governors funding report.	
11.	**Questions from Members of the Public**	
a.	Nil.	
12.	**Any other business**	
a.	In response to Governor AHP, the Council approved expenditure of £1,000 for the Christmas events at both C&W and WM. AHP asked that members support the events being held on 23rd December at West Middlesex and 24th December at Chelsea & Westminster when the Governors will hand out Christmas gifts for patients.	
13.	**Date of Next Meeting:** 17th March 2016	

The meeting was closed at 18.05.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors – 3 December 2015 Action Log

Meeting	Minute Number	Agreed Action	Current Status	Lead
December 2015	3.g	Send a formal response from the Trust to the Crossrail consultation regarding a new station close to the hospital.	The CEO formally responded to the consultation.	LW
	5.g	Invite Tom Hayhoe, Chairman, West London Mental Health Trust to a future Council meeting to report on service developments.	Verbal update at meeting.	THH
	5.k	Provide an update in the CEO report on strategic developments.	On the agenda.	LW
	6.b	Review the response to Governor Tom Church's question about communication for outpatients who require advice in between appointments.	Verbal update at meeting.	EM
	6.e	Provide details of any outsourced clinical services in response to Governor MJ's question.	Verbal update at meeting.	KMO

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 17 March 2016

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

Chief Executive's Report
March 2016

1.0 STRATEGIC DEVELOPMENTS

1.1 NHS Planning Guidance: Developing Sustainability & Transformation Plans

The NHS Shared Planning Guidance (Delivering the Forward View 2017/17-2020/21) outlines the need for health economies to develop a clear, shared vision and strategy. This is expected to set out how services will be planned and delivered on behalf of the population while addressing three key challenges:

- Health and Wellbeing
- Quality and Care
- Efficiency and Financial Sustainability

NHS Improvement has issued separate guidance which emphasises that Provider Boards should align their organisational plans for getting the 'quality, access, finance' triangle right within their local Sustainability and Transformation Plans (STPs). The ambition is to ensure that the investment secured in the Spending Review is used to drive a genuine and sustainable transformation in patient experience and health outcomes. This investment is conditional on meeting agreed quarter-by-quarter financial trajectories and other performance-related conditions.

CWFT is engaged with both the North West and South West London collaboration of CCGs as they develop the first framework of their respective STPs. We are seeking to ensure that the Trust's 5 year plan (developed to deliver the benefits of the establishment of the enlarged organisation) is seen as a fixed point in planning assumptions.

1.2 Shaping a Healthier Future (SAHF)

Work to update the Trust's *Shaping a Healthier Future* (SaHF) Outline Business Case (OBC) is underway. This supports the refresh of the Programme's Implementation Business Case.

The main phases of work are:

(1) to confirm our capital requirements for both sites by 11 March;
(2) to refresh the financial position taking into account the revised capital requirements by 24 March; and
(3) to prepare an updated OBC (including financial and economic analysis, risks and mitigations) by 13 May.

Updates of the emerging business case will be taken to FIC over the period from March to May 2016, with a Board update provided in June 2016.

1.3 Accountable Care Programme

In line with our plans to develop an Accountable Care Programme and to pursue the national agenda on New Models of Care, the Trust has signed a Memorandum of Understanding with the Richmond Federation of GP, Hounslow & Richmond Healthcare Community Trust and Kingston Hospital NHS Foundation Trust in order to respond to Richmond CCG's commissioning intentions to:

- Assess the partnership against the DH's 'Most Capable Provider' guidance;
- Consider the issue of a long term Outcomes Based Contract (OBC).

The partnership issued its final submission to the CCG in January. If this is approved by the CCG, we would expect to finalise arrangements with the partnership in respect of the commencement of a two year work programme focusing on the agreed clinical pathways and core enablers.

1.4 National strategic developments and news

Specialised services clinical commissioning policies and service specification - 5th wave

NHS England has this month launched a 30 day public consultation on a proposed number of new products for specialised services, (including service specifications and clinical commissioning policies). The Trust will examine the proposals, responding where relevant and within the context of our Clinical Services Strategy.

Cancer Drugs Fund

Cancer patients have been promised faster access to innovative medicines by NHS England. The new system, which will now be managed by NICE, will start in July 2016 and have a fixed budget of £340m. The Trust will keep a watching brief on these developments.

Proposed industrial action

Last week saw the announcement by the British Medical Association of three further periods of proposed industrial action:

- 9 - 11 March 2016
  Emergency care only between 8am on Wednesday 9 March and 8am on Friday 11 March (48 hours)

- 6 - 8 April 2016
  Emergency care only between 8am on Wednesday 6 April and 8am on Friday 8 April (48 hours)

- 26 - 28 April 2016
  Emergency care only between 8am on Tuesday 26 April and 8am on Thursday 28 April (48 hours)

The nursing, medical and operational teams are working together to develop robust plans to ensure that we provide safe emergency care for each proposed period of industrial action.

2.0 PERFORMANCE

2.1 Financial Performance

At month 10, the Trust reported a £0.97m deficit position and a year-to-date deficit of £5.6m; a favourable variance of £0.26m against plan. The Trust remains on forecast to deliver a £11.2m deficit at year end.

However, it is important to emphasise that the Trust's *underlying* deficit at year end 2015/16 will be £21.7m (net of external funding associated with the WMUH acquisition). For 2016/17, the Trust is forecasting to achieve a surplus of £4.5m in 2016/17. However, this is, in itself, dependent upon the Trust's full delivery of its c.£28m CIP target for 2016/17 and delivery against a range of agreed performance standards (in order to receive further external support as referenced at section 1.1, above).

In recognition of the financial challenges that lie ahead, I am currently chairing a series of 'deep dive' meetings which look to scrutinise delivery of agreed financial plans/CIPs at service level.

2.2 Operational Performance

With one exception, the Trust achieved all of the nationally mandated operational performance targets in January, including the 4-hour A&E target, the referral-to-treatment (RTT) standard and all cancer targets. It is a credit to frontline staff that the organisation has been able to maintain such high levels of performance at a time of significant change and restructuring. However, in the context of an ever increasing rate of non-elective demand, it is important to acknowledge the ongoing challenge of adherence to these targets.

The West Middlesex site did not achieve the Learning Disabilities indicator in January but remains on track to do so by the end of March.

In addition, the West Middlesex site had two cases of *C. Difficile* cases in January and one case of MRSA bacteraemia. The circumstances of all these cases are currently being reviewed and the Medical Director will be in a position to provide a fuller update at the Board meeting.

Further detail as to the Trust's operational performance can be seen within the Integrated Performance & Quality Report.

3.0 PEOPLE

3.1 Staff Survey

The outcomes of the 2015 National NHS Staff Survey were published during w/c 22 February 2016. Chelsea and Westminster and West Middlesex sites undertook the NHS National Staff Survey 2015 as two separate organisations, between September and November 2015.

The outcomes overall for both sites were positive: the Chelsea & Westminster site receiving high scores in areas relating to support from managers, the quality of appraisals and management interest in staff health and wellbeing and the West Middlesex site received high scores in areas relating to staff motivation at work and staff satisfaction with the quality of care provided to patients. In addition, the Chelsea and Westminster and West Middlesex sites had improved against 21 and 32 of the questions respectively, when compared to the 2014 position.

Areas of concern across both sites included themes relating to violence and aggression against staff, discrimination, bullying and harassment and equality issues in the workplace (trends which are being noted nationally). The Trust is undertaking immediate action to address this:

- Freedom to Speak Guardians;
- Violence and Aggression training;
- Coaching and mentoring schemes;
- Resilience workshops;
- Promote Trust values once formally agreed.

A detailed 'next steps' paper will be presented at the People and OD Committee in March.

4.0 PATIENT EXPERIENCE

4.1 Patient Feedback

In the past month, I have continued to receive a number of written compliments from patients and visitors in respect of both Hospital sites which serve as an important reminder of the excellent quality of care that our staff provide on a day-to-day basis. This month, our A&E and Acute Assessment teams, in particular, have received very positive feedback.

Below I have included some specific examples of the feedback received:

"I felt I must write to commend you on your Hospital…..I came into A&E at the end of the night shift to be greeted with a cheerful and re-assuring team before being handed over to the day staff, where 'no stone of my injury' was left unturned….I cannot thank your hospital enough for all they did for me"

"As a doctor- indeed one who worked at Chelsea & Westminster for several years, I was very impressed to see the Trust 'from the patient perspective'. It was efficient, professional and I felt informed throughout….I am very grateful to all those concerned"

"I would like to take this opportunity to thank everyone who helped me at Chelsea and Westminster- I will be forever grateful to them…I was very impressed with all areas of care I received at the Hospital. The staff I came into contact with were all extremely professional and all aspects of the administration of my care were well executed. My overall experience was an excellent example of our NHS system. I hope you continue to be successful in providing excellent services such as those I have received and are able to retain the quality of individuals who treated me"

5.0 COMMUNICATIONS AND ENGAGEMENT

5.1 Internal

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

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

We have implemented a new approach to the Team Briefing sessions in order to have a greater focus on strategic and clinical engagement by the way of team presentations. This has been received well by our staff and the February briefing sessions had nearly 150 people in attendance. As well as this, we have been providing a presentation pack to staff with managerial responsibility as a tool to help them discuss the key highlights from the briefing as a standing agenda item at their existing meetings. This process, being led by the Executive Board, will help us ensure that we meaningfully engage with our staff on key Trust issues at all levels of the organisation.

5.2 External

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

- Richmond CCG
- East and North Hertfordshire CCG
- Hounslow CCG
- Hillingdon CCG
- Hammersmith and Fulham CCG
- North West London CCG collaborative
- Cambridge Health Network
- Senior colleagues from neighbouring hospital trusts including Imperial and Royal Brompton
- Councillors from the London Borough of Hammersmith and Fulham and London Borough of Kensington and Chelsea
- Mayoral High Commission
- Monitor
- NHS England
- GP federation for integrated care

We also participated in several partnership meetings including:

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

- North West London steering group on pathology
- North West London leadership summit on integrated care
- Acute frailty network meeting
- Whole systems and integrated care in West London

The Executive Team are capturing themes and feedback arising from stakeholder meetings and reviewing the forward calendar plan for the month ahead on a regular basis.

Lesley Watts
Chief Executive Officer
February 2016

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 17 March 2016

AGENDA ITEM NO.	7/Mar/16
REPORT NAME	Business Planning 2016/17 – update
AUTHOR	Caroline Windsor, Head of Strategy Virginia Massaro, Assistant Director of Finance
LEAD	Sandra Easton, Director of Finance
PURPOSE	To provide the council of governors with a summary of the draft 2016/17 operational plan and the key elements within.
SUMMARY OF REPORT	Following submission of our full draft 2016/17 operational plans on 8 February 2016, we are continuing with our programme of work to meet the national business planning requirements. This includes finalising our 2016/17 operational which will be brought to Board for approval on 7 April prior to submission to NHS Improvement on 11 April. The Trust draft financial plan achieves a surplus of £4.5m. The plan will deliver a FSRR of 4, with a capital programme of £38.4m and a closing cash position of £25.9m. The Trust continues to engage with commissioners regarding contracts for 2016/17. It has been agreed that the Trust will move to have one combined contract with CCGs for both sites for 2016/17 and will move to the new proposed national tariffs for 2016/17. We are also working with the NWL CCGs which form the basis of the 'strategic footprint' for the region's Sustainability and Transformation Plan (STP). The detail of the STP will be built upon existing governance structures and existing strategic plans (e.g. SaHF) and will be specifically co-developed by a Strategic Planning Group Board. CWFT will be represented through the Director of Strategy.
KEY RISKS ASSOCIATED	Delivery of the operational and financial plan, service developments and CIPs for 2016/17.
FINANCIAL IMPLICATIONS	See above
QUALITY IMPLICATIONS	None noted
EQUALITY & DIVERSITY IMPLICATIONS	None noted
LINK TO OBJECTIVES	• Excel in providing high quality clinical services • Deliver financial sustainability
DECISION/ ACTION	For information and discussion only

1.0 Introduction

1.1 NHS England released its 'NHS Shared Planning Guidance' on 22 December 2015, setting out national requirements for the 2016/17 business planning round. This was supported by a more detailed technical annex issues by Monitor and the NHS Trust Development Authority (TDA), collectively NHS Improvement from 1 April 2016, on Tuesday 12 January 2016.

2.0 Background

2.1 Following submission of our full draft 2016/17 operational plans on 8 February 2016, we are continuing with our programme of work to meet the national business planning requirements (as set out in annex 1). This paper provides an update on significant areas of this work programme.

3.0 Performance Plan

- **Accident and emergency (A&E):** The Trust had significant investment in Chelsea site (CW) A&E in 2015/16 as part of the Shaping a Healthier Future (SAHF) programme (the size and associated staffing increased significantly, in part to prepare for future activity moves from Charing Cross Hospital). This provides the planned capacity to enable us to continue to meet A&E targets on the CW site, subject to continued financial support from Commissioners. The Trust has also increased consultant staffing numbers on the West Middlesex site (WMUH). Although the Trust expects to continue to deliver compliant performance against the 4 hour A&E standard, there are significant performance risks associated with unplanned activity increases, or activity transfer before anticipated SAHF investment in staff and physical capacity on the WMUH site ahead of future activity moves from Ealing Hospital. In light of these risks, particularly associated to seasonal demand patterns, it is likely that the Trust will fail to meet the A&E 4 hour standard in up to 2 months during 2016/17 whilst continuing to deliver compliant performance each quarter.
- **Cancer waiting times**: The Trust failed the 62 day cancer waiting time in August 2015 (12 of 41 cases principally in urology). We resolved this through our dedicated action plan without the need for significant activity and resource changes, though we do anticipate the need to increase capacity in certain tumour groups to meet expected growth in demand. We have yet to discuss any implications of changes to the performance target and its impact on diagnostic capacity with commissioners. However, drawing on the lessons learnt from these cases, the Trust is expecting to be fully compliant with cancer and diagnostic waiting times in 2016/17 for each quarter. Due to the low volumes of cancer cases treated by the Trust, and the number of shared pathways with tertiary centres, we would expect to have a significant risk of failing the 62 day standards (both 62 'classic' and screening) in two out of 12 months.
- **Referral to Treatment (RTT):** During 2014/15 and 2015/16 we have worked with The Intensive Support Team – Elective Care, using their accepted methodology for comparing referral patterns and waiting list backlogs to clinical capacity, to address challenges in meeting RTT 52 week incomplete pathways performance target (for example, CW site was non-compliant in August, September and October 2015 [90.7%, 89.3% and 89.58% respectively against the national standard of 92%], with underperformance largely driven by surgical specialties where there is the expected higher proportion of admitted pathways). This has informed both the recovery trajectories for 2015/16 and the forward planning for 2016/17 which we are discussing with commissioners as part of both our weekly meetings on 2015/16 recovery and the 2016/17 contracting round. The Trust will be able to achieve a sustainable complaint position against this standard, on the proviso that commissioners agree sufficient levels of non-recurrent activity to clear the backlog, recurrent activity to sustain improved waiting times for first outpatient appointments and reinvest contractual penalties in improving RTT data quality.

- **Learning disability:** Improvements to infrastructure for flagging patients with learning disabilities, staff training and awareness, appropriate patient information and support for carers delivered on the WMUH site during 2015/16 enables the Trust to anticipate declaring compliance with this standard from April 2016 onwards.

4.0 Quality Plan

4.1 Quality Governance

Our quality governance structure, updated in 2015/16, has been rolled out across the combined Trust. It enables us to maintain and continually improve quality from 'Board to ward':

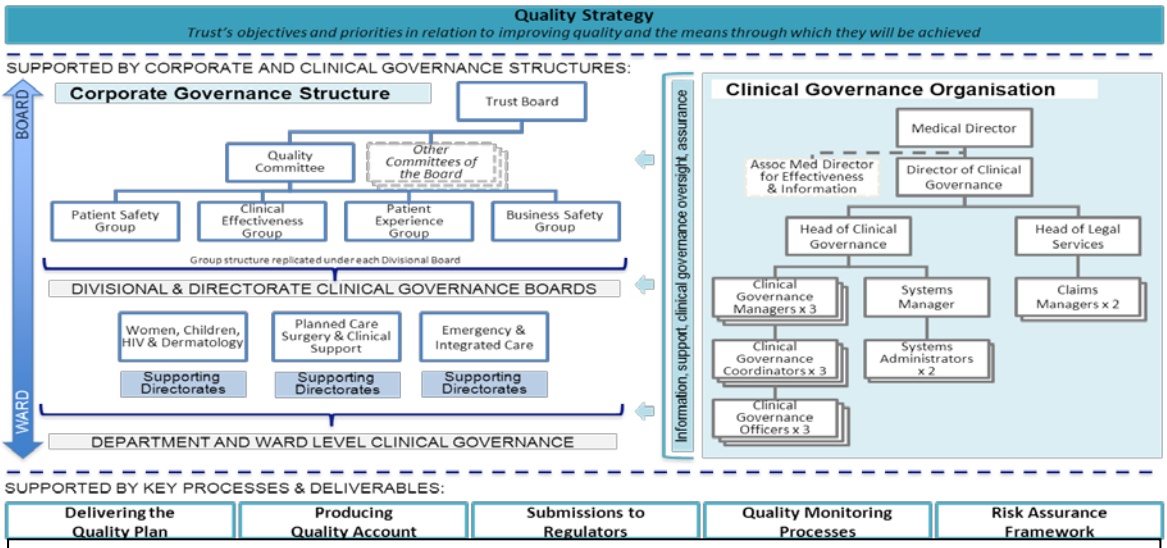


Figure 1: CWFT's quality governance structure

It is ultimately led by the Quality Committee, which reports into the Board and is chaired by one of our NEDs with the Chief Nurse as Executive lead, supported by the Medical Director. Divisional Medical Directors chair the Divisional Clinical Governance Boards, supported by the clinical governance team. Together, this framework monitors quality performance and risk, including serious incidents, complaints and investigations, as well as being responsible for overseeing delivery against our four special quality projects for 2015 to 2018. These projects, which were identified from an analysis of the themes and key risks arising from reporting through Quality Committee, are:

Frailty	**Sepsis**
Identifying and providing the right care for patients suffering from frailty has been shown to improve patient outcomes and experience and reduce length of stay in hospital. This project will implement the adoption of an intervention 'bundle' across the Trust focused on areas where we know care can be improved for frail and elderly patients: • Earlier and more effective discharge • Improving nutritional care and reducing healthcare acquired complications • Prevention of healthcare acquired pneumonia (HAP) • Improving identification and care for those with delirium	Sepsis is a significant driver of mortality and morbidity and it has been shown that early intervention and effective care will improve patient and clinical outcomes and reduce the chances of death. We have an agreed pathway (care bundle) for patients with sepsis and the ED is taking part in a national research project on the treatment of sepsis. This project builds on existing work, targeting a reduction in ITU admissions, reduction in length of stay and reduction in the rate of severe infections. It will implement a process to rapidly identify potentially unwell and/or septic patients and institute prompt treatment, in order to reduce mortality and morbidity.

Planned care / admitted surgical care	Maternity
Planned care offers a significant opportunity to improve quality of care through consistent adoption of evidence-based best practice. We have made significant progress in improving care but there is still more that we can do to address areas such as ensuring our never events are zero, reducing incidence of surgical site infection and reducing unplanned ITU admissions. This project comprises a series of intervention 'bundles' to help more reliably deliver the best possible care for patients undergoing particular treatments with inherent risks, including: • Full compliance with the WHO Surgical Checklist • Pre- / peri- / post-operative bundles to address surgical site infections • Enhanced recovery programmes that improve patient outcomes and experience and reduce length of stay • Medication safety (especially analgesia, antibiotic and thromboprophylaxis)	The Maternity Department at CWFT is expected to deliver 11,000 births across both sites in 2015/16. Of those structurally normal babies at term, approximately 3.2% were admitted unexpectedly to the neonatal unit (5% nationally). This is one of the top 3 incidents reported within the department and although most babies are discharged home with an anticipated normal outcome, the period of separation creates anxiety for parents and involves additional bed days for the mother. For the small minority that have permanent injuries the impact for those families is immeasurable, and the financial costs of litigation are significant. This project seeks to: • Improve identification of at risk babies in the antenatal period • Ensure safe intrapartum care • Improve postnatal care of babies with medical or social risk factors

4.2 Seven day services

North West (NW) London as a sector accepted the opportunity to be a national First Wave Delivery Site for the seven day services programme. As part of this programme we, alongside all acute trusts in NW London, have agreed to achieve delivery of four prioritised Clinical Standards by April 2017:

- Standard 2: Time to Consultant Review
- Standard 5: Access to Diagnostics
- Standard 6: Access to Consultant-directed Interventions
- Standard 8: On-going Review

Our 2015/16 self-assessment baseline against these standards showed that we compare favourably with peers in seven day services standards overall. For example:

- 12 (CW site) and 11 (WMUH site) out of 14 diagnostic tests are available on a Sunday, against a NWL average of nine

- 85% and 83% of patients admitted in an emergency are seen by a consultant within 14 hours of being admitted at the CW and WMUH sites respectively, against a NWL average of 83%.

4.3 Quality impact assessment process

Our Quality Impact Assessment (QIA) process was signed off for the combined Trust through the Integration and Transformation Programme Board (ITPB), with Executive membership and chaired by our CEO. Our approach requires assessment of every PID in the CIP programme by the senior responsible officer (SRO) using a standard QIA form. This assesses the project risk against four quality domains of: patient experience; patient safety; clinical effectiveness / staffing; and performance / inspection / audit / CQUINs.

QIA forms are subject to approval through a QIA Panel, jointly chaired by our Chief Nurse and Medical Director, before the PID can proceed. The QIA form requires SROs to set out a 'quality review date' for all programmes, which are led by the project team and reported by exception through the divisional Performance Review meetings. As part of the approval process, the Chief Nurse and / or Medical Director highlight any areas of higher risk where quality review must be reported directly back through the QIA panel at agreed periods in year.

4.4 Triangulation of indicators

CWFT brings together its quality, workforce and financial indicators in its monthly Performance Report to Board. The report includes a summary dashboard (figure 2) alongside more detailed metrics, analysis and action points in key areas to support delivery of our special quality projects and the 'Sign up to Safety' campaign. These areas include:

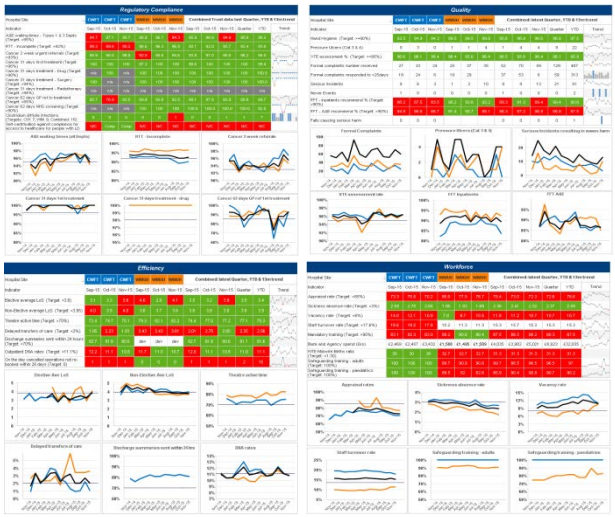


Figure 2: Board performance report 'dashboard' (regulatory compliance, quality, efficiency & workforce)

- **Safety dashboard** – hospital acquired infections, incidents, harm, mortality
- **Patient experience** – friends and family test, complaints
- **Efficiency and productivity** – admitted patient care, theatres and outpatients
- **Access** – referral to treatment waits, 62 day cancer referrals by tumour site, A&E access and length of stay
- **Maternity** –birth indicators, safety
- **Workforce** – vacancy rate, staff turnover rate, bank and agency spend, nurse to bed ratio, appraisal rates, training
- **Nursing metrics –** average fill rate of registered nurses by ward and by site
- **Finance –** EBITDA, FSRR rating, progress against cost improvement programme (CIP), cash flow
- **CQC action plan dashboard**

Key actions to address issues arising, and progress against these, are informed by monthly cross-site Performance Review meetings between the Executive and Divisional leads, informing the Board report and supporting our focus on continuous improvement of our quality of care within our financial and workforce envelope.

The move to our EPR system will support more real time triangulation of indicators. This will form a key part of our EPR implementation project which will continue throughout 2016/17.

5.0 Workforce Plan

5.1 Workforce Governance

Despite the merger, the Trust remains one of the smaller trusts in terms of workforce in central London (a total of c5,000 staff compared with an average of 7,500 for local acute trusts). Our approach to workforce planning is underpinned by the work of the Integration and Transformation Programme (which oversees projects to integrate and transform functions including workforce across the two sites) and is based on some key workforce statistics, which are ultimately monitored through our Board Performance Report.

CW site	WMUH site
• A steady rate of vacancy for qualified nurses between 12-17% (13% as at November 2015) • An improving turnover rate for all staff at the Trust 19.2% (December 2013 - November 2014) to 17.8% (December 2014 - November 2015) • Agency spend equal to 8% of total pay cost and 12% for nursing staff. • The retention rate of staff between December 2014 and November 2015 was 79.1% • The top three reasons for leaving the Trust were promotion/career development, location and education & training	• A steady vacancy rate of between 5-9% for qualified nurses and a falling vacancy rate for unqualified nurses (6% in December 2015) • A steady turnover rate of between 10-14% • Agency spend of 10% of nursing costs • The retention rate of staff between December 2014 and November 2015 was 85.2% • The top three reasons for voluntarily leaving the Trust were relocation, work life balance and promotion.

Our staff survey results (2014) show that the CW site has the third highest job satisfaction, staff recommending the Trust as a place to work, and overall engagement of any local acute trusts, but this is poorer at our WMUH site. Good staff survey results remains a priority as the market for workforce becomes even more competitive, both nationally and locally, to ensure we can recruit the best staff.

5.2 Refresh of our people and organisation design strategy

Following the acquisition of WMUH from 1 September 2016, our HR Director is leading the update to our combined people and organisation design (OD) strategy. Given our vacancy and staff turnover rates are consistently high (as highlighted in our Performance Report and through our steering group), our initial focus is on the recruitment and retention workstream. The proposed approach, developed by a sub-group of the steering group made up of HR leads working alongside a clinical team (Chief Nurse, Deputy Chief Nurse, Lead Nurse/Midwife for Recruitment and Retention, clinical Learning and Development lead, with input from the Medical Director) was taken to our Executive Team in January 2016 for approval, before taking to Board for approval.

Future workstreams will focus on culture and values, quality and productivity improvement skills, and leadership, personal and team development.

5.3 Recruitment and retention workstream

If current trends continue for vacancy and turnover rates at the CW site we would expect rates of between 10-11% and 15-17% in three years' time. Vacancy and turnover rates have risen sharply at WMUH since the acquisition, so analysis on the data would predict increasing vacancy rates. This is in a stable national context, however we need to incorporate likely changes to the workforce market:

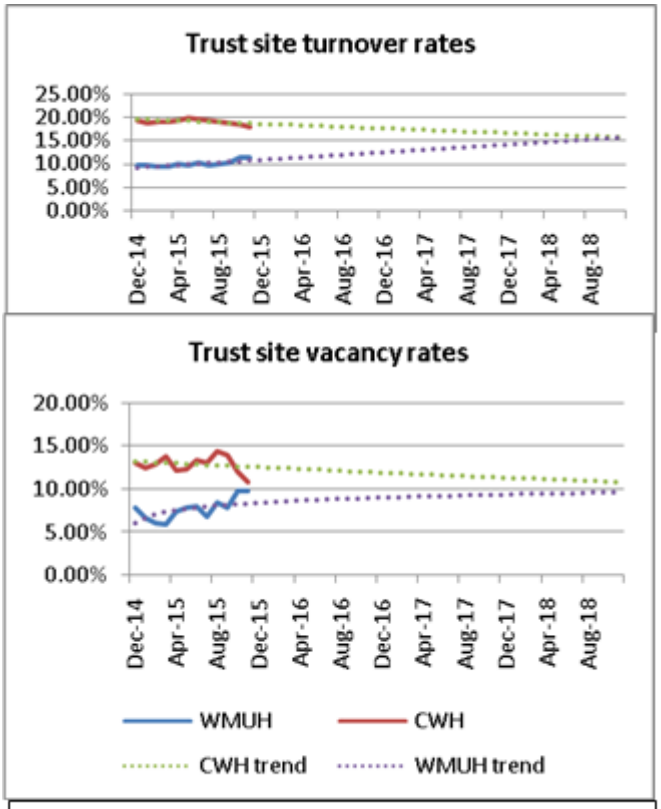


Figure 4: Trust site staff turnover and vacancy rates

- Growing demand for healthcare will increase the demand for workforce
- Increasing focus on temporary staffing costs will reduce the agency fill rate of shifts
- Changes to the ability to recruit overseas staff may cut the EU nurse workforce by up to 90%
- Increasing quality standards will further increase demand both locally and nationally
- Local changes caused by Shaping a Healthier Future are likely to increase our workforce demand across the two sites
- Changing in skill mix and staffing numbers required based on Five Year Forward View / seven day service initiatives

These factors, combined with the slow downward trends, make it clear that there must be a step change in the recruitment and retention strategy in order to achieve our targets by 2020. The strategy sets out some stretching but, we believe, achievable targets to address national and local priorities in line with our clinical services strategy, including:

- Reduce the vacancy rate to 5% at both sites

- Reduce turnover to 15% (combined trust target incorporating both sites) and discuss more aspirational targets once achieved
- Track staff satisfaction and ensure we remain one of London's top performers
- Maintain the high levels of engagement at the Trust, seeing both sites remain in the top quartile of engagement nationally

We have developed an action plan to address these issues, which remains in draft at this stage:

	Short term (0-6 months)	Medium term (6-24 months)	Long term (2-5 years)
Workforce planning	• Robust bi-annual skill mix review matched to case mix • Bank rate bonus scheme • Increase the levels of pro-active planning • Designate a proportion of head room for flexible staffing • Structured response to exit interviews	• Explore the Derbyshire model for responsive workforce to complement the bank • Engage with the pan- London medical training • Ensure that the staff transport is appropriate for the clinical shift workers • Focused programmes for difficult to recruit areas	• Explore new roles e.g. advanced clinical practitioners, clinical support workers, physicians associates, physicians assistants • Roles reviews • Exploring wider sources for future workforce – e.g. work experience / apprenticeships / internships
Recruitment	• Adoption of Trac system • Over recruitment • Keep an up to date trajectory • Explore more innovative recruitment methods • Review of our marketing and promotional material • Update and maintain the recruitment section of the website	• Values based recruitment • Implement more innovative recruitment methods e.g. social media, snapchat • A coordinated approach to student recruitment • Further develop the on-boarding process • Development of additional accommodation offer	• Develop an additional accommodation offer
Retention	• Extend recognition schemes • Policy development • Internal transfer policy • Joined-up staff benefit schemes • Structured response to exit interviews	• Apprenticeships • Bursary schemes • Staff rotations (internal and external) • Health and wellbeing - development of benefits available • Training needs analysis	• New role development • Work experience • Internship opportunities

6.0 2016/17 Draft financial plan

6.1 The Trust's financial forecasts and plan for 2016/17 are built up from the long term planning assumptions following the acquisition of West Middlesex University Hospital in September 2015 and updated following revised planning guidance and Trust priorities on quality and other investments, activity assumptions and service developments. The table below shows the summary financial indicators as per the draft plan submission to Monitor in February. The overall plan is a surplus of £4.5m and achieves a Financial Sustainability Risk Rating (FSRR) of 4 for 2016/17.

6.2 The draft capital programme for 2016/17 is £38.4m, excluding any slippage from 2015/16. The capital programme is funded through a combination of loan (£6.0m), PDC (£11.0m), external funding (£1.6m) and internal Trust-funded (£19.8m).

	2015/16 Forecast	2016/17 Plan

	Outturn	
	£m	£m
Operating Revenue	505.6	596.1
Employee Expenses	-265.8	-315.6
Other Operating Expenses	-217.6	-236.8
Non-Operating Income	0.1	0.1
Non-Operating Expenses	-33.7	-39.3
Surplus/(Deficit)	**-11.2**	**4.5**
Net Surplus %	-2.2%	0.8%
Total Operating Revenue for EBITDA	505.6	596.1
Total Operating Expenses for EBITDA	-483.3	-552.3
EBITDA	22.3	43.8
EBITDA Margin %	**4.4%**	**7.3%**
FSRR Rating	**2**	**4**
Closing cash position	27.8	25.9

6.3 Efficiency savings for 2016/17

The successful acquisition of WMUH NHS Trust is dependent upon delivery of £122.5m savings target over five years. This figure was derived through the long term financial model, and sits alongside the business case for acquisition approved by the Board and Monitor in August 2015.

The planning and delivery of the £122.5m is led by the ITPB, with development and delivery of the savings plans supported by a central, internal resource – the Integration and Transformation Programme Team. This team includes a programme management office (PMO) and project support (a small team of project managers, as well as business intelligence, financial and human resource technical expertise) to operational and corporate teams for the development and delivery of plans.

7.0 Contract update

- The Trust is continuing to engage with commissioners (CCGs and NHS England) to set the contract values for 2016/17. Trust and CCGs expect to exchange offers in mid-February, to agree financial contract values by mid-March and to sign the contracts by 31 March 2016. Should agreement not be reached by mid-March, it is expected that the Trust and CCGs would be required to enter arbitration to allow contracts to be signed by 31 March 2016. A more detailed update will be provided at the March FIC. The key items to note are:

- Single contract for the Trust with CCGs (both Hounslow and West London CCGs taking a lead)
- Contract baseline proposals have been built up from month 6 extrapolated activity, building on demand growth, service developments, tariff changes and other adjustments
- A cap and collar contract form is being discussed with commissioners to lead towards an Accountable care model in future years, with CQUIN potentially to be used to support this
- Key challenge is getting all CCGs and NHS England to sign up to key principles, including retaining site based local prices for 2016/17, cost neutral impact of changes to Market Forces Factor (MFF) following the acquisition of West Middlesex and contract form.
- The discussions with commissioners are on-going regarding the funding of any additional activity required to enable the Trust to redress and sustain its RTT and other performance issues.
- The scale and validation of any QIPP proposals that the CCGs wish to remove from the activity and financial baseline are still unknown.
- The level of demographic and general service growth that will be funded has not yet been agreed.

- CQUIN schemes, Quality Schedule and Information Schedules are being worked up with input from the relevant clinical divisions.

The national tariff consultation was released by Monitor in mid-February, with a proposed roll-forward of the 2015/16 Extended Tariff Option (ETO), but with the removal of the marginal rate for specialised services. This will bring both sites back to the same national tariff prices for 2016/17, following the separate tariff regimes in 2015/16, and the CWH site would regain CQUIN funding.

8.0 Sustainability and Transformation Plan (STP)

8.1 CWFT is part of an existing mature health community that has demonstrated a history of joint working. NW London (NWL) CCGs are part of a formal collaborative and this 'strategic footprint' will continue to be the basis of the core STP, as notified to national bodies in advance of the 29 January deadline.

8.2 The detail of the STP will be built upon existing governance structures and existing strategic plans (e.g. SaHF) and will be specifically co-developed by a proposed Strategic Planning Group Board. CWFT will be represented through the Director of Strategy. At this stage, we expect key aspects of our STP to include:

- **Shaping a Healthier Future:** both an outline of the Implementation Business Case, due by summer 2016, that will set out the transformation required to both acute and primary care in the patch, and the pan-NWL workstreams of primarily bank and agency, elective orthopaedics, and end of life care that are intended to drive productivity across the patch
- **Whole Systems / developing Accountable Care Partnerships:** focussing on NWL's strategic ambition (in line with the Five Year Forward View) to harness 'whole systems' workstreams to support new models of care in parallel with acute reconfiguration and transformation
- **NWL pathology:** covering the ambition of three NWL trusts (ICHT, The Hillingdon Hospitals NHS Foundation Trust and CWFT) that are working towards a joint venture that will provide a 'hub and spoke' pathology service to support acute, community and primary healthcare provision in the region

8.3 As a result of the acquisition CWFT also plays a larger role in South West London (SWL) STP and a process has been established through Richmond CCG to ensure appropriate links and clear roles and responsibilities to that 'strategic footprint'.

9.0 Summary and next steps

9.1 Following submission of our full draft 2016/17 operational plans on 8 February 2016, we are continuing with our programme of work to meet the national business planning requirements. The finalised 2016/17 operational plan will be brought to Board for approval on 7 April and submitted to NHS Improvement on 11 April.

9.2 The Trust submitted a financial plan of £4.5m to Monitor as part of the draft 2016/17 operational plan. The draft financial plan will deliver a FSRR of 4, with a capital programme of £38.4m and a closing cash position of £25.9m.

9.3 The Trust continues to engage with commissioners regarding contracts for 2016/17. It has been agreed that the Trust will move to have one combined contract with CCGs for both sites for 2016/17 and will move to the new proposed national tariffs for 2016/17.

9.4 We are also working with the NWL CCGs which form the basis of the 'strategic footprint' for the region's Sustainability and Transformation Plan (STP). The detail of the STP will be built upon existing governance structures and existing strategic plans (e.g. SaHF) and will be specifically co-developed by a Strategic Planning Group Board. CWFT will be represented through the Director of Strategy.

10.0 Decision/action required

10.1 For information and discussion only.

Annex 1: National business planning timetable

Milestone	Date
National bodies launch consultation on standard contract, announce CQUIN and Quality Premium	January 2016
National bodies issue further process guidance on STPs	January 2016
Localities submit proposals for STP footprints and volunteers for mental health and small DGHs trials	By 29 January 2016
First submission of full draft 16/17 Operational Plans	8 February 2016
National Tariff S118 consultation	January/February 2016
If required: Monitor site visit to consider 2016/17 operational plan	Between 15 February and 11 March 2016
Publish National Tariff	March 2016
Boards of providers and commissioners approve budgets and final plans	By 31 March 2016*
National deadline for signing of contracts	31 March 2016
Submission of final 16/17 Operational Plans, aligned with contracts	11 April 2016
Submission of full STPs	End June 2016
Assessment and Review of STPs	End July 2016

*Given our 2016/17 Board dates, we will submit our final 2016/17 budget and operational plan for approval at its meeting on 7 April 2016, in advance of the 11 April deadline for submission to Monitor. The 2016/17 budget and operational plan will be submitted to FIC for approval at its meeting on 31 March 2016.

Annex 2: 2016/17 Expenditure Bridge

Expenditure Type		2015/16 Forecast Outturn	WMUH M1-5	Non-Recurrent Adjustments	Recurrent 2015/16 Outturn	Demographic Growth	Service Devs and NHS activity growth	Private Patients Growth	Cost Pressures	Pay Incremental Drift	Inflation	Movement in non-operating expenses	CIPs & Synergies	Contingency	Transaction funding & costs	Total 2016/17 Plan
PAY	MEDICAL PAY - CONTRACTED	79.16	12.46		91.61	0.80	0.53	0.07	0.20	0.53	3.58		-3.88	0.60		94.04
	MEDICAL PAY - LOCUM	8.75	2.94		11.69	0.10	0.07	0.01					-0.49	0.08	0.35	11.81
	NURSING PAY - AGENCY	11.17	2.10		13.27	0.12	0.08	0.01					-0.56	0.09		13.00
	NURSING PAY - BANK	9.40	1.39		10.78	0.09	0.06	0.01					-0.46	0.07	0.35	10.92
	NURSING PAY - CONTRACTED	84.73	15.87		100.60	0.88	0.58	0.08	1.74	0.58	3.93		-4.26	0.65		104.78
	OTHER PAY - AGENCY	10.02	1.53	-3.46	8.08								-0.34	0.05	0.35	8.15
	OTHER PAY - BANK	3.86	0.31		4.17								-0.18	0.03		4.02
	OTHER PAY - CONTRACTED	58.67	9.31		67.98					0.39	2.66		-2.88	0.44	0.35	68.95
PAY Total		**265.76**	**45.90**	**-3.46**	**308.20**	**1.99**	**1.32**	**0.18**	**1.94**	**1.50**	**10.17**	**0.00**	**-13.05**	**2.00**	**1.42**	**315.67**
NON-PAY	CLINICAL SUPPLIES	57.58	8.23		65.81	1.80	1.50	0.15			1.24		-3.71	0.43		67.20
	DRUG COSTS - EXCLUSIONS	67.56	2.76		70.33						2.86					73.19
	DRUG COSTS - TARIFF	10.36	2.69		13.06						0.53		-0.74	0.08		12.93
	EDUCATION AND TRAINING EXPENSE	1.43	0.16		1.59								-0.09	0.01		1.51
	NON-CLINICAL SUPPLIES	81.91	11.00	-20.81	72.10				2.10		1.36		-4.07	0.47	3.74	75.70
	RESEARCH & DEVELOPMENT EXPENSE	0.49	0.00		0.49								-0.03	0.00		0.46
NON-PAY Total		**219.34**	**24.84**	**-20.81**	**223.38**	**1.80**	**1.50**	**0.15**	**2.10**	**0.00**	**5.99**	**0.00**	**-8.64**	**1.00**	**3.74**	**231.00**
NON-OPERATIONA	INTEREST PAYABLE	4.35	2.17		6.52							1.41				7.94
	PDC DIVIDEND EXPENSE	11.83	0.89		12.72							2.76				15.48
	DEPRECIATION	15.69	2.25		17.93							3.89				21.82
NON-OPERATIONAL EXPENDITURE Total		**31.87**	**5.31**	**0.00**	**37.18**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**8.06**	**0.00**	**0.00**	**0.00**	**45.24**
Grand Total		**516.97**	**76.05**	**-24.27**	**568.75**	**3.78**	**2.82**	**0.33**	**4.04**	**1.50**	**16.16**	**8.06**	**-21.69**	**3.00**	**5.15**	**591.91**

Annex 3: 2016/17 Income Bridge

Income Type	2015/16 Forecast Outturn	WMUH M1-5	Non-Recurrent Adjustments	Recurrent 2015/16 Outturn	Demographic Growth	Commissioner QIPP	Service Devs and NHS activity growth	Private Patients Growth	Loss of Education Income	Inflation	CIPs & Synergies	Sustainability & Transformation funding	Transaction funding & costs	Total 2016/17 Plan
NHS CLINICAL CONTRACT INCOME	320.16	56.47		376.63	3.68	-8.60	3.10			3.95	5.88			384.64
NHS CLINICAL CONTRACT INCOME - EXCLUDED DEVICES	2.09			2.09	0.02									2.11
NHS CLINICAL CONTRACT INCOME - EXCLUDED DRUGS	57.25	3.93		61.17	0.60					3.39				65.16
OTHER NON-NHS CLINICAL REVENUE	34.56	1.86		36.41										36.41
PRIVATE PATIENT INCOME	16.86	0.46		17.32				1.14						18.46
RESEARCH & DEVELOPMENT INCOME	4.22	0.13		4.35										4.35
EDUCATION & TRAINING INCOME	26.98	3.47		30.45					-1.00					29.45
MISC OTHER OPERATING INCOME	43.61	3.58	-28.56	18.64								14.80	22.36	55.80
Grand Total	**505.72**	**69.90**	**-28.56**	**547.06**	**4.30**	**-8.60**	**3.10**	**1.14**	**-1.00**	**7.34**	**5.88**	**14.80**	**22.36**	**596.38**

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 17 March 2016

AGENDA ITEM NO.	8/Mar/16
REPORT NAME	Governors' Questions
AUTHOR	Various
LEAD	Lesley Watts, Chief Executive Officer
PURPOSE	To note.
SUMMARY OF REPORT	**1. The question raised by Martin Lewis:** Further to CCQ inspection and report please could we have an update on how professional relationships in NICU are now and if issues have bene resolved? **Response from Dr Zoe Penn, Medical Director:** Working relationships in NICU are now good and we have objective evidence of this from surveys and applications for positions in the unit. The outside agency is still working with us to embed changes but it is anticipated their involvement will end within the next 3 months. **2. The question raised by Juliet Bauer:** Are the priorities of the new CIO now clear and please can we hear more about them? **Response from Karl Munslow-Ong, Chief Operating Officer:** The Chief Information Officer's key priorities are as follows: 1. Oversee the running and provision of IT services across all Trust sites 2. Integrate the two separate IT teams post the acquisition of West Middlesex 3. Development and approval of Clinical Systems and IT Strategy 4. Oversee the management of the Sphere contract 5. Develop the specification and tender process for the procurement of a new EPR solution 6. Support the recruitment of a substantive CIO 7. Contribute to the wider organisational transformation agenda including delivery of the CIPs in 16-17.
KEY RISKS ASSOCIATED	None.

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

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 17 March 2016

AGENDA ITEM NO.	11/Mar/16
REPORT NAME	Integrated Performance Report – January 2016
AUTHOR	Andy Howlett, Deputy Director of Performance, Information & Contracting
LEAD	Karl Munslow-Ong, Chief Operating Officer
PURPOSE	To report the combined Trust's performance for January 2016 for both Chelsea and Westminster and West Middlesex, highlight risk issues and identify key actions going forward.
SUMMARY OF REPORT	The integrated performance report shows the Trust performance for January. **Regulatory performance** – overall the Trust A&E waiting time target for January was achieved on both sites. This was despite unprecedented demand levels. The Trust was the only acute provider in NW London to meet the target in January. The RTT incomplete target was achieved for the overall Trust in January, representing an improvement compared to forecast performance for the month. CW site continues to experience a significant challenge to its performance and did not achieve the target. Work continues in parallel to improve data quality, ensure sufficient capacity is in place to meet demand, and that operational teams are focussed on implementing the Trust Access Policy effectively. Validated performance for Cancer in December saw the standards achieved on both sites. January's unvalidated performance is also predicting achievement for both sites. WMUH site had two C. difficile infections in January bringing the total for the site to 9 year to date. Actions are in place to mitigate the risk of further cases. WMUH site had one MRSA bacteraemia in January. The source of infection has been difficult to identify. Work is in progress to ensure staff are aware of lessons learned from this case. Both sites have achieved all other regulatory performance indicators, with the exception of access to patients with learning difficulties. CW site continues to be fully compliant with all of the learning disabilities indicators in January. WMUH site is not yet fully compliant with all 6 of the learning disabilities indicators, but is on trajectory to achieve compliance by the end of March, in line with the CQC Action Plan. **Quality and Patient Experience**: As expected, incident reporting rates on CW site have dipped as the new Datix-web incident reporting system is rolled out.

	Improving response rates for FFT across all areas remains work in progress. **Efficiency and Clinical Effectiveness**: Improvements to performance against the time to theatre indicator for #NOF patients have been made on both sites. TB indicators remain under review and proposals for alternative measures will be progressed during March. Performance against non-elective length of stay was challenged on both sites due to seasonal demand pressures and patient acuity profile. **Workforce**: Following agreement at the People and OD Committee in January, changes have been made to some workforce metrics, and targets that are presented in the Integrated Performance Report. We have also moved to vacancy, turnover and mandatory training metric targets that are set incrementally, moving towards their ultimate goal at the close of the agreed timeline. Targets for turnover and vacancies have been brought in line with other London Trusts, and if achieved as a combined organisation, would place us among the top performers of our peers. The Nurse: Bed ratio, and WTE Midwife: Birth ratio metrics have been removed from the Board Report. The bed ratio will be replaced with better Safe Staff metrics that take account of patient acuity, and the birth ratio will be reported on the Maternity dashboard. N&M Agency spend as a % of total N&M spend has been introduced to the Board Report as we are measured against a Trust target set by Monitor as part of their annual ceiling for total nursing agency spending.
KEY RISKS ASSOCIATED:	There are continued risks to the achievement of a number of compliance indicators, including A&E performance, RTT incomplete waiting times, cancer 62 days waits and compliance with access to learning disabilities.
FINANCIAL IMPLICATIONS	The combined Trust reported a favourable variance £0.26m in January and £5.65m deficit for the year to date, which was £0.39m favourable against plan for the year to date.
QUALITY IMPLICATIONS	As outlined above.
EQUALITY & DIVERSITY IMPLICATIONS	None
LINK TO OBJECTIVES	Improve patient safety and clinical effectiveness Improve the patient experience Ensure financial and environmental sustainability
DECISION/ ACTION	To note.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

TRUST PERFORMANCE & QUALITY REPORT

January 2016

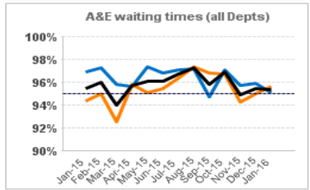
Date & time of production: 19/02/2016 15:10

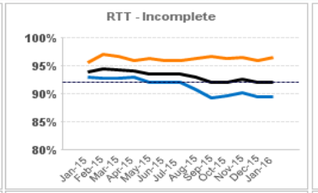
January 2016
Performance Dashboard

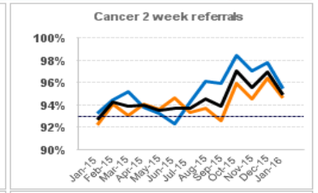
Chelsea and Westminster Hospital NHS
NHS Foundation Trust

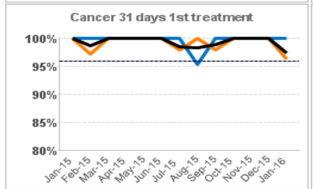
Regulatory Compliance

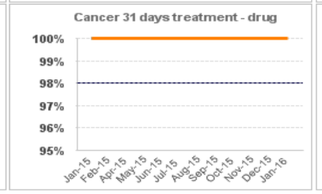
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined Trust data: last Quarter, YTD & 13m trend					
Indicator	Nov-15	Dec-15	Jan-16	Nov-15	Dec-15	Jan-16	Nov-15	Dec-15	Jan-16	Quarter	YTD	Trend
A&E waiting times - Types 1 & 3 Depts (Target: >95%)	95.7	95.9	95.1	94.3	95.0	95.6	94.9	95.4	95.4	95.4	96.0	
RTT - Incomplete (Target: >92%)	90.2	89.5	89.4	96.5	96.0	96.4	92.7	92.1	92.1	92.1	92.8	
Cancer 2 week urgent referrals (Target: >93%)	97.1	97.7	95.4	94.6	96.4	94.6	95.6	96.9	94.9	94.9	94.8	
Cancer 31 days first treatment (Target: >96%)	100	100	100	100	100	96.3	100	100	97.4	97.4	99.4	
Cancer 31 days treatment - Drug (Target: >98%)	n/a	100	n/a	100	n/a	100	100	100	100	100	100.0	
Cancer 31 days treatment - Surgery (Target: >94%)	n/a	n/a	n/a	100	100	100	100	100	100	100	100.0	
Cancer 31 days treatment - Radiotherapy (Target: >94%)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
Cancer 62 days GP ref to treatment (Target: >85%)	92.3	88.1	81.0	93.3	100	97.2	92.9	94.0	91.2	91.2	90.2	
Cancer 62 days NHS screening (Target: >90%)	n/a	n/a	n/a	100	100	100	100.0	100.0	100.0	100.0	94.1	
Clostridium difficile infections (Targets: CW: 7; WM: 9; Combined: 16)	0	0	0	1	0	2	1	0	2	2	9	
Self-certification against compliance for access to healthcare for people with LD	Comp	Comp	Comp	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	

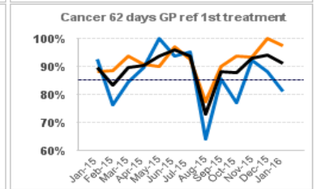






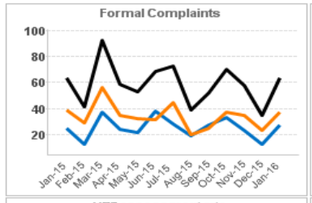


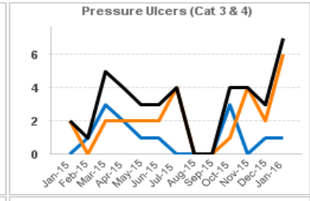


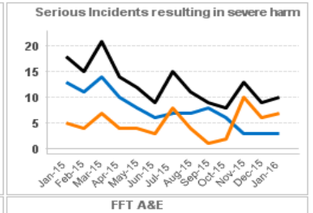


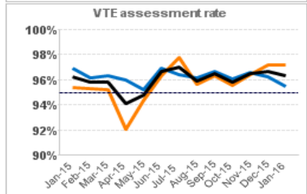
Quality

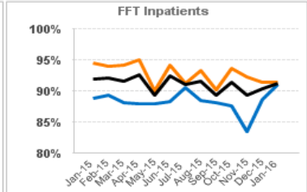
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Nov-15	Dec-15	Jan-16	Nov-15	Dec-15	Jan-16	Nov-15	Dec-15	Jan-16	Quarter	YTD	Trend
Hand Hygiene (Target: >=90%)	94.3	95.9	95.3	99.8	99.3	99.5	96.6	98.9	97.0	97.0	97.9	
Pressure Ulcers (Cat 3 & 4)	0	1	1	4	2	6	4	3	7	7	32	
VTE assessment % (Target: >=95%)	96.6	96.2	95.5	96.4	97.2	97.2	96.5	96.7	96.3	96.3	96.0	
Formal complaints number received	23	12	27	35	23	37	58	35	64	64	572	
Formal complaints responded to <25days	10	6	10	20	13		30	19	10	10	366	
Serious Incidents	3	3	3	10	6	7	13	9	10	10	110	
Never Events (Target: 0)	0	0	0	0	0	0	0	0	0	0	2	
FFT - Inpatients recommend % (Target: >90%)	83.5	88.6	91.1	92.2	91.4	91.3	89.4	90.3	91.2	91.2	90.8	
FFT - A&E recommend % (Target: >90%)	86.7	87.6	86.4	85.1	89.9	87.4	86.5	88.0	86.6	86.6	87.4	
Falls causing serious harm	0	0	0				0	0	0	0	1	

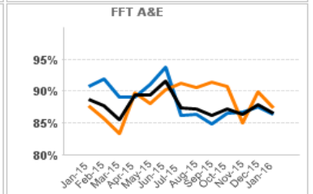






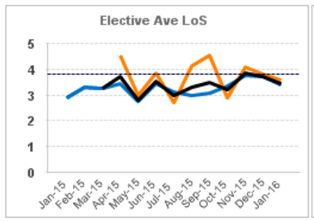


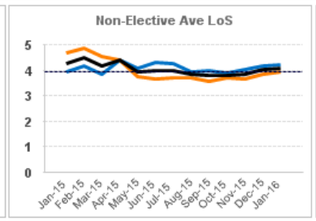


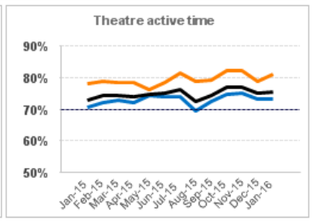


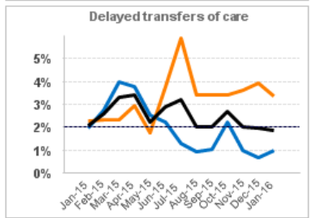
Efficiency

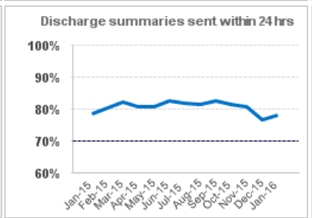
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Nov-15	Dec-15	Jan-16	Nov-15	Dec-15	Jan-16	Nov-15	Dec-15	Jan-16	Quarter	YTD	Trend
Elective average LoS (Target: <3.8)	3.8	3.7	3.4	4.1	3.8	3.6	3.9	3.7	3.4	3.4	3.4	
Non-Elective average LoS (Target: <3.95)	4.0	4.2	4.2	3.6	3.9	3.9	3.8	4.0	4.1	4.1	4.0	
Theatre active time (Target: >70%)	74.9	73.2	73.3	82.2	78.9	81.1	77.1	74.9	75.6	75.6	75.2	
Delayed transfers of care (Target: <2%)	1.01	0.68	0.98	3.61	3.96	3.34	2.00	1.94	1.85	1.85	2.43	
Discharge summaries sent within 24 hours (Target: >70%)	80.7	76.6	78.0	dev	dev	dev	80.7	76.6	78.0	78.0	80.7	
Outpatient DNA rates (Target: <11.1%)	10.8	12.0	10.6	10.7	10.4	10.6	10.8	11.4	10.6	10.6	11.1	
On the day cancelled operations not re-booked within 28 days (Target: 0)	0	0	0	0	0	0	0	0	0	0	14	

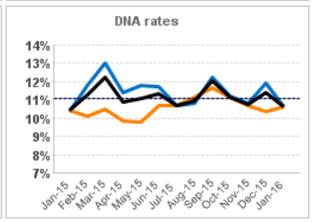






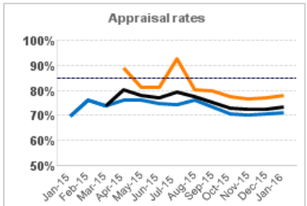


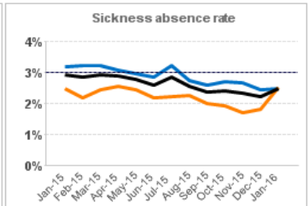


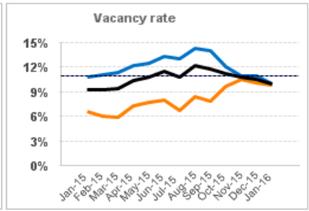


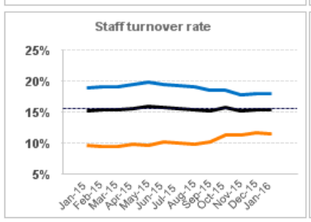
Workforce

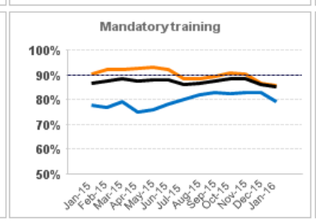
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Nov-15	Dec-15	Jan-16	Nov-15	Dec-15	Jan-16	Nov-15	Dec-15	Jan-16	Quarter	YTD	Trend
Appraisal rates (Target: >85%)	70.2	70.6	71.1	76.7	77.1	78.2	72.3	72.7	73.3	73.3	75.8	
Sickness absence rate (Target: <3%)	2.68	2.46	2.48	1.69	1.81	2.50	2.32	2.22	2.49	2.49	2.54	
Vacancy rates (Target: CW<12%; WM<10%)	10.9	10.9	10.0	10.5	10.1	9.7	10.7	10.6	9.9	9.9	9.9	
Turnover rate (Target: CW<18%; WM<11.5%)	17.8	17.9	17.9	11.3	11.6	11.5	15.3	15.5	15.4	15.4	15.4	
Mandatory training (Target: >90%)	83.0	82.8	79.2	90.4	86.8	85.9	88.2	86.3	85.0	85.0	86.8	
Bank and Agency spend (£ks)	£3,432	£2,501	£2,504	£1,588	£1,666	£1,542	£5,020	£4,167	£4,045	£4,045	£41,023	
Nursing & Midwifery: Agency % spend of total pay (Target: tbc)	10.5	9.7	7.9	12.1	13.0	11.5	11.1	11.0	9.3	9.3	10.6	

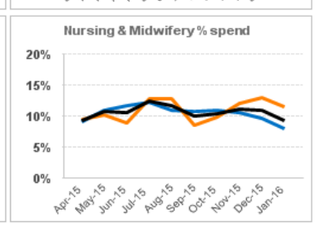












Note: Full page versions of the above Performance Dashboards are available on Pages 16-19

Date & time of production: 19/02/2016 15:10

Monitor Dashboard

		Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
Domain	Indicator	Nov-15	Dec-15	Jan-16	2015-2016	Nov-15	Dec-15	Jan-16	2015-2016	Nov-15	Dec-15	Jan-16	2015-2016 Q4	2015-2016	Trend charts
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	95.7%	95.9%	95.1%	96.2%	94.3%	95.0%	95.6%	95.8%	94.9%	95.4%	95.4%	95.4%	96.0%	
RTT	18 weeks RTT - Admitted (Target: >90%)	80.4%	82.4%	79.7%	86.4%	94.8%	96.5%	94.8%	95.1%	87.8%	90.3%	87.7%	87.7%	90.8%	
	18 weeks RTT - Non-Admitted (Target: >95%)	91.5%	93.2%	92.5%	93.8%	96.5%	96.9%	96.2%	96.7%	93.5%	94.7%	94.1%	94.1%	94.9%	
	18 weeks RTT - Incomplete (Target: >92%)	90.2%	89.5%	89.4%	90.8%	96.5%	96.0%	96.4%	96.2%	92.7%	92.1%	92.1%	92.1%	92.8%	
Cancer	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	97.1%	97.7%	95.4%	95.4%	94.6%	96.4%	94.6%	94.3%	95.6%	96.9%	94.9%	94.9%	94.8%	
	31 days diagnosis to first treatment (Target: >96%)	100%	100%	100%	99.6%	100%	100%	96.3%	99.3%	100%	100%	97.4%	97.4%	99.4%	
	31 days subsequent cancer treatment - Drug (Target: >98%)	n/a	100%	n/a	100%	100%	n/a	100%	100%	100%	100%	100%	100%	100%	
	31 days subsequent cancer treatment - Surgery (Target: >94%)	n/a	n/a	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%)	92.3%	88.1%	81.0%	87.3%	93.3%	100.0%	97.2%	92.1%	92.9%	94.0%	91.2%	91.2%	90.2%	
	62 days NHS screening service referral to first treatment (Target: >90%)	n/a	n/a	n/a	n/a	100%	100%	100%	94.1%	100%	100%	100%	100%	94.1%	
Patient Safety	Clostridium difficile infections (Year End Targets: CW: 7; WM: 9; Combined: 16)	0	0	0	1	1	0	2	8	1	0	2	2	9	
Learning difficulties Access & Governance	Self-certification against compliance for access to healthcare for people with Learning Disability	compliant	compliant	compliant	Non-compliant	Non-compliant	Non-compliant	Non-compliant	Non-compliant	Non-compliant	Non-compliant	Non-compliant	Non-compliant	Non-compliant	
	Governance Rating	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	

Please note the following two items	n/a	Can refer to those indicators not applicable (eg Radiotherapy) or indicators where there is no available data. Such months will not appear in the trend graphs.
		RTT Admitted and RTT Non-Admitted are no longer Monitor Compliance Indicators

Chelsea & Westminster commentary

62 days GP referral to first treatment

The Chelsea site is not currently achieving the 62 day standard in January. This is due to 2 breaches in the colorectal pathway, with both patients being unfit to commence treatment within the 62 day target.

As the position is not yet validated and will not be reported until March, further cases are awaiting histology results and may add to the 'treated within breach date' figures so performance may improve.

RTT Incompletes

The aggregated position is compliant for the Trust and work continues on the Chelsea site to deliver the improvement trajectories for a range of specialities. A refreshed weekly Access meeting has been introduced by the new Deputy Director of Performance, Information & Contracting to monitor progress.

West Middlesex commentary

A&E Performance

Compliance was achieved in January across both sites despite increases in attendances and admissions. On the WMUH site, Type 1 ED activity has increased by 16% compared to the same month last year, with UCC activity having increased by 13%.

Clostridium Difficile infections

There were two Trust-attributed C. difficile cases in January. There were no lapses in care in the first (to be confirmed with the commissioners) and the second is under investigation.

This brings the total number year-to-date to 8, which exceeds the trajectory of 7 cases to the end of January, but the Trust remains within the target (limit) of 9 cases to the end of March 2016.

Safety Dashboard

		Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
Domain	Indicator	Nov-15	Dec-15	Jan-16	2015-2016	Nov-15	Dec-15	Jan-16	2015-2016	Nov-15	Dec-15	Jan-16	2015-2016 Q4	2015-2016	Trend charts
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	0	0	0	0	0	0	1	1	0	0	1	1	1	
	Hand hygiene compliance (Target: >90%)	94.3%	95.9%	95.3%	96.0%	99.8%	99.3%	99.5%	99.3%	96.6%	98.9%	97.0%	97.0%	97.9%	
Incidents	Number of serious incidents	3	3	3	61	10	6	7	49	13	9	10	10	110	
	Incident reporting rate per 100 admissions (Target: >8.5)	7.8	7.2	4.7	7.4	6.2	5.9	5.9	6.9	7.1	6.6	5.2	5.2	7.2	
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions (Target: 0)	0.00	0.00	0.00	0.04	0.14	0.10	0.04	0.08	0.06	0.05	0.02	0.02	0.04	
	Number of medication-related safety incidents	43	47	26	445	23	29	27	337	66	76	53	53	782	
	Never Events (Target: 0)	0	0	0	2	0	0	0	0	0	0	0	0	2	
Harm	Safety Thermometer - Harm Score (Target: >90%)	93.2%	96.4%	96.2%	94.3%	101.6%	96.9%	97.0%	98.1%	98.0%	96.7%	96.6%	96.6%	95.8%	
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	0	1	1	9	4	2	6	23	4	3	7	7	32	
	NEWS compliance %	100.0%	76.5%	62.5%	75.6%					100.0%	76.5%	62.5%	62.5%	75.6%	
	Safeguarding adults - number of referrals	21	18	23	172	10	5	0	46	31	23	23	23	218	
	Safeguarding children - number of referrals	18	30	18	220	54	40	34	343	72	70	52	52	563	
Mortality	Number of hospital deaths - Adult	42	46	42	363	54	63	66	582	96	109	108	108	945	
	Number of hospital deaths - Paediatric	0	1	0	2	0	0	0	0	0	1	0	0	2	
	Number of hospital deaths - Neonatal	1	1	3	22	2	1	0	9	3	2	3	3	31	
	Number of deaths in A&E - Adult	3	1	1	23	8	2	13	60	11	3	14	14	83	
	Number of deaths in A&E - Paediatric	0	0	0	2	1	0	0	4	1	0	0	0	6	
	Number of deaths in A&E - Neonatal	0	0	0	0	0	0	0	0	0	0	0	0	0	

Please note the following	blank cell	An empty cell denotes those indicators currently under development

Chelsea & Westminster commentary

Safeguarding children – number of referrals

It was identified at the last board meeting that WHM are reporting all of their notifications to social care as referrals. C&W made 310 notifications last quarter on top pf the 68 referrals but do not report these as referrals. This would explain difference in numbers. C&W have started recording the number of notifications in the narrative and have discussed with the designated nurse about reporting them for the next SHOF on a separate line.

The plan is for consensus across the 2 sites on reporting of referrals.

West Middlesex commentary

MRSA bacteraemia

There was one Trust-attributed case of MRSA bacteraemia in January, in the Planned Care and Clinical Support Services Division. The patient acquired infection in hospital, but the source was difficult to identify. Learning from the case is being disseminated to all clinical staff. The Trust target (limit) of zero cases to the end of March 2016 has been breached.

Number of deaths in A&E – Adult

A high number of out of hospital cardiac arrests presented this month. A review will be undertaken through the departmental Morbidity and Mortality meeting for any thematic component.

Patient Experience Dashboard

		Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
Domain	Indicator	Nov-15	Dec-15	Jan-16	2015-2016	Nov-15	Dec-15	Jan-16	2015-2016	Nov-15	Dec-15	Jan-16	2015-2016 Q4	2015-2016	Trend charts
Friends and Family	FFT: Inpatient recommend % (Target: >90%)	83.5%	88.6%	91.1%	88.3%	92.2%	91.4%	91.3%	92.2%	89.4%	90.3%	91.2%	91.2%	90.8%	
	FFT: Inpatient not recommend % (Target: <10%)	9.1%	5.4%	3.7%	6.0%	4.0%	4.9%	4.4%	4.0%	5.7%	5.1%	4.1%	4.1%	4.7%	
	FFT: Inpatient response rate (Target: >30%)	30.6%	36.8%	49.2%	37.4%	27.9%	28.4%	28.2%	27.3%	28.7%	31.2%	34.4%	34.4%	30.2%	
	FFT: A&E recommend % (Target: >90%)	86.7%	87.6%	86.4%	86.8%	85.1%	89.9%	87.4%	89.6%	86.5%	88.0%	86.6%	86.6%	87.4%	
	FFT: A&E not recommend % (Target: <10%)	6.8%	6.5%	7.5%	7.0%	8.0%	6.3%	6.7%	6.0%	7.0%	6.5%	7.4%	7.4%	6.8%	
	FFT: A&E response rate (Target: >30%)	19.9%	19.9%	16.9%	20.1%	16.1%	18.2%	19.8%	21.7%	19.3%	19.6%	17.4%	17.4%	20.5%	
	FFT: Maternity recommend % (Target: >90%)	92.9%	90.3%	91.4%	91.3%	97.4%	94.3%	95.1%	91.2%	94.0%	91.2%	92.1%	92.1%	91.3%	
	FFT: Maternity not recommend % (Target: <10%)	4.0%	6.8%	5.0%	5.2%	2.6%	2.3%	2.4%	3.8%	3.6%	5.8%	4.5%	4.5%	4.6%	
	FFT: Maternity response rate (Target: >30%)	28.0%	24.5%	28.3%	27.2%	16.6%	21.9%	21.2%	22.8%	23.8%	23.8%	26.6%	26.6%	25.9%	
	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	23	12	27	252	35	23	37	320	58	35	64	64	572	
	Complaints formal: Number responded to < 25 days	10	6	10	163	20	13		203	30	19	10	10	366	
	Complaints (informal) through PALS	93	80	83	938	67	72	80	424	160	152	163	163	1362	
	Complaints sent through to the Ombudsman	0	0	0	1	1	1	0	8	1	1	0	0	9	
	Complaints upheld by the Ombudsman (Target: 0)	0	0	0	2	0	0	0	4	0	0	0	0	6	

Please note the following	blank cell	An empty cell denotes those indicators currently under development

Chelsea & Westminster commentary

West Middlesex commentary

Friends and Family Test - Inpatient response rate

The WM site continues to perform above the national inpatient average of 24% and falls slightly short of achieving the 30% internal target. The wards will be reminded again to ensure patients are given the opportunity to complete the questionnaire.

Friends and Family Test - A&E response rate

The WM A&E continues to perform above the national average of 14%. However, the response rate falls short of the internal target. A&E is supported by a volunteer who returned for part of January which would have contributed to this slight increase in response rates compared with the previous months when he was not available.

Efficiency & Productivity Dashboard

		Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
Domain	Indicator	Nov-15	Dec-15	Jan-16	2015-2016	Nov-15	Dec-15	Jan-16	2015-2016	Nov-15	Dec-15	Jan-16	2015-2016 Q4	2015-2016	Trend charts
Admitted Patient Care	Average length of stay - elective (Target: <3.7)	3.78	3.71	3.39	3.30	4.09	3.79	3.56	3.69	3.87	3.73	3.44	3.44	3.40	
	Average length of stay - non-elective (Target: <3.9)	4.01	4.18	4.23	4.13	3.65	3.85	3.95	3.79	3.83	4.02	4.09	4.09	3.96	
	Emergency care pathway - average LoS (Target: <4.5)	4.91	4.97	5.25	4.95	4.12	4.35	4.39	4.27	4.43	4.59	4.71	4.71	4.53	
	Emergency care pathway - discharges	192	200	189	1946	203	211	231	2101	395	412	421	421	4048	
	Emergency re-admissions within 30 days of discharge (Target: <2.8%)	3.19%	3.62%	3.30%	3.27%	7.50%	8.06%	8.29%	7.61%	5.01%	5.76%	5.73%	5.73%	5.22%	
	Delayed transfer of care - % relevant NHS patients affected (Target: <2%)	1.0%	0.7%	1.0%	1.7%	3.6%	4.0%	3.3%	3.5%	2.0%	1.9%	1.9%	1.9%	2.4%	
	Non-elective long-stayers	390	421	382	4016										
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	86.4%	80.4%	85.9%	83.6%	85.7%	81.7%	88.2%	85.1%	86.1%	81.0%	86.8%	86.8%	84.8%	
	Operations canc on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.44%	0.13%	0.04%	0.35%					0.44%	0.13%	0.04%	0.04%	0.35%	
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	0	0	0	14	0	0	0	0	0	0	0	0	14	
	Theatre active time (C&W Target: >70%; WM Target: >78%)	74.9%	73.2%	73.3%	73.3%	82.2%	78.9%	81.1%	79.7%	77.1%	74.9%	75.6%	75.6%	75.2%	
	Theatre booking conversion rates (Target: >80%)	88.0%	89.6%	88.1%	88.0%										
Outpatients	First to follow-up ratio (Target: <1.5)	1.56	1.54	1.64	1.60	1.67	1.64	1.61	1.68	1.63	1.61	1.62	1.62	1.65	
	Average wait to first outpatient attendance (Target: <6 wks)	7.5	6.8	7.5	7.0	6.2	5.7	6.5	6.1	6.9	6.2	7.0	7.0	6.6	
	DNA rate: first appointment	12.0%	13.0%	12.7%	12.2%	12.1%	12.0%	12.3%	12.0%	12.1%	12.5%	12.5%	12.5%	12.1%	
	DNA rate: follow-up appointment	10.4%	11.6%	9.9%	11.0%	9.8%	9.4%	9.6%	9.9%	10.2%	10.9%	9.8%	9.8%	10.7%	

Please note the following	blank cell	An empty cell denotes those indicators currently under development

Chelsea & Westminster commentary

Non-Elective average LoS

The target was not met in January .For the C&W site, this was largely due to high numbers of Care of the Elderly patients across the wards, and some long stay Gastroenterology patients. Ward arrangements for both are being reviewed as part of new consultant arrangements.
This also affected the **Emergency Care pathway average LoS**

Emergency re-admissions within 30 days of discharge

An update paper was presented to the Executive Board following further analysis of emergency readmissions. Whilst data quality issues have been identified, which are being addressed, further auditing at HRG level is on-going by the clinical teams. Additionally, an IT solution is being commissioned to address the identification to ED and Acute teams of patients who have had Section 5s (referrals for packages of care). This will better enable turning these patients around in ED when presenting as readmissions within 30 days.

First to follow-up ratio

Work is ongoing to reduce wasted appointments, with initiatives such as virtual clinics, and open follow ups (time limited) where the patient only gets an appointment if they specifically request one.

West Middlesex commentary

Emergency Care Pathways – discharges

A significant increase in monthly discharges was experienced in January, consistent with significantly increased non-elective demand.

Emergency re-admissions within 30 days of discharge

A detailed case note audit of readmissions is in progress to identify root cause and support action planning for improvement

Delayed transfers of care of affected patients

Supported Discharge Unit, daily discharge meetings and regular escalation calls to external agencies is all in place. Escalation process is under review to ensure there is the correct senior focus on this issue

DNA rates: first and follow-up appointments

Increase in DNA rate compared to last month can be attributed due to the uncertainty caused by the junior doctor's strike.

Clinical Effectiveness Dashboard

		Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
Domain	Indicator	Nov-15	Dec-15	Jan-16	2015-2016	Nov-15	Dec-15	Jan-16	2015-2016	Nov-15	Dec-15	Jan-16	2015-2016 Q4	2015-2016	Trend charts
Best Practice	Dementia screening diagnostic assessment (Target: >90%)	100.0%	100.0%	100.0%	100.0%	91.6%	92.7%	90.1%	92.9%	97.3%	97.3%	96.1%	96.1%	97.5%	
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	91.7%	90.0%	100.0%	89.6%	62.5%	95.0%	100.0%	74.3%	80.0%	92.5%	100.0%	100.0%	81.7%	
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	92.9%	96.2%	100.0%	100.0%	95.5%	95.5%	97.9%	
VTE	VTE: Hospital-acquired (Target: tbc)	0	0	0	0	1	0	0	3	1	0	0	0	3	
	VTE risk assessment (Target: >95%)	96.6%	96.2%	95.5%	96.2%	96.4%	97.2%	97.2%	95.9%	96.5%	96.7%	96.3%	96.3%	96.0%	
TB	TB: Number of active cases identified and notified	5	2	1	41	6	7	6	83	11	9	7	7	124	
	TB: % of treatments completed within 12 months (Target: >85%)														

Please note the following	blank cell	An empty cell denotes those indicators currently under development

Chelsea & Westminster commentary

#NOF Time to Theatre

The Chelsea site has made significant improvements with compliance against the #NOF time to theatre indicator.

West Middlesex commentary

Access Dashboard

		Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
Domain	Indicator	Nov-15	Dec-15	Jan-16	2015-2016	Nov-15	Dec-15	Jan-16	2015-2016	Nov-15	Dec-15	Jan-16	2015-2016 Q4	2015-2016	Trend charts
RTT waits	RTT Incompletes 52 week Patients at month end	1	1	3	26	0	0	0	0	1	1	3	3	26	
	Diagnostic waiting times <6 weeks: % (Target: >99%)	100%	100%	100%	99.99%	100%	99.92%	99.93%	99.89%	100%	99.96%	99.96%	99.96%	99.94%	
	Diagnostic waiting times >6 weeks: breach actuals	0	0	0	4	0	2	2	29	0	2	2	2	33	
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	7.4%	7.0%	7.8%	7.1%	8.9%	8.7%	9.2%	8.5%	7.9%	7.6%	8.3%	8.3%	7.6%	
	A&E time to treatment - Median (Target: <60')	01:06	00:57	01:01	01:02	00:45	00:40	00:43	00:42	01:00	00:52	00:55	00:55	00:56	
	London Ambulance Service - patient handover 30' breaches	73	26	28	434	61	59	65	409	134	85	93	93	843	
	London Ambulance Service - patient handover 60' breaches	0	0	0	12	0	0	0	1	0	0	0	0	13	
Choose and Book (unavailable until Feb-16 at the earliest)	Choose and book: appointment availability														
	Choose and book: capacity issue rate														
	Choose and book: system issue rate														

Please note the following	blank cell	An empty cell denotes those indicators currently under development

Chelsea & Westminster commentary

RTT Incompletes 52 week patients at month end

3 patients breached over 52 weeks .These breaches were found as part of validating the inactive list. A root cause analysis has been completed for each of the breaches. The main reasons were the booking process and the access policy not been adhered to regarding patient cancellations. Further validation of the inactive list is ongoing: therefore there is a risk of more 52 week breaches being found.

A&E unplanned re-attendances

Performance for Month 10 was 7.8% against a very challenging target of 5%. Recent analysis has shown that circa 15% of this group are patients who are unregistered with a GP and this is now part of a work stream within the multi-partner West London Urgent Care Board.

A&E time to treatment

The target of 60 mins was just missed in Month 10, with a mean performance of 61 minutes. There were high attendance numbers in the Emergency Department in January however which will have contributed to the challenge of meeting this metric.

West Middlesex commentary

A&E LAS 30 min handover breaches

30 minute delays have increased in January due to a high number of ambulance arrivals, but remains within the level expected. Work is in progress to further reduce delays between 30-35 minutes

A&E unplanned re-attendances

Discussions have recommenced with the CCG in terms of the continuation of funding for the successful 'frequent attenders' project which was run in 14/15. Since the pilot stopped, unplanned re-attenders have continued to increase. This is being raised through the Hounslow Systems Resilience Group.

Maternity Dashboard

		Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
Domain	Indicator	Nov-15	Dec-15	Jan-16	2015-2016	Nov-15	Dec-15	Jan-16	2015-2016	Nov-15	Dec-15	Jan-16	2015-2016 Q4	2015-2016	Trend charts
Birth indicators	Total number of NHS births	425	465	460	4484	431	438	400	4310	856	903	860	1085	9019	
	Total caesarean section rate (C&W Target: <27%; WM Target: <29%)	32.7%	32.5%	31.8%	34.9%	27.1%	25.4%	27.9%	28.5%	29.9%	29.0%	30.0%	30.0%	31.7%	
	Midwife to birth ratio (Target: 1:30)	1:30	1:30	1:30	1:30	1:32.7	1:32.7	1:32.7	1:32.7	1:31.3	1:31.3	1:31.3	1:31.3	1:31.3	
	Maternity 1:1 care in established labour (Target: >95%)	99.1%	100.0%	97.0%	96.3%	92.6%	94.3%	98.3%	94.4%	95.7%	97.1%	97.6%	97.6%	95.3%	
Safety	Admissions of full-term babies to NICU	17	21	14	203	n/a	n/a	n/a	n/a	17	21	14	14	203	

Please note the following	blank cell	An empty cell denotes those indicators currently under development

Chelsea & Westminster commentary

West Middlesex commentary

Workforce Dashboard

Domain	Indicator	Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
		Nov-15	Dec-15	Jan-16	2015-2016	Nov-15	Dec-15	Jan-16	2015-2016	Nov-15	Dec-15	Jan-16	2015-2016 Q4	2015-2016	Trend charts
Staffing	Vacancy rate (Target: CW <12%; WM <10%)	10.9%	10.9%	10.0%	10.0%	10.5%	10.1%	9.7%	9.7%	10.7%	10.6%	9.9%	9.9%	9.9%	
	Staff Turnover rate (Target: CW <18%; WM <11.5%)	17.8%	17.9%	17.9%	17.9%	11.3%	11.6%	11.5%	11.5%	15.3%	15.5%	15.4%	15.4%	15.4%	
	Sickness absence (Target: <3%)	2.7%	2.5%	2.5%	2.8%	1.7%	1.8%	2.5%	2.2%	2.3%	2.2%	2.5%	2.5%	2.5%	
	Bank and Agency spend (£ks)	£3,432	£2,501	£2,504	£24,899	£1,588	£1,666	£1,542	£16,123	£5,020	£4,167	£4,045	£4,045	£41,023	
	Nursing & Midwifery Agency: % spend of total pay (Target: tbc)	10.5%	9.7%	7.9%	10.4%	12.1%	13.0%	11.5%	10.9%	11.1%	11.0%	9.3%	9.3%	10.6%	
Appraisal rates	% of appraisals completed - medical staff (Target: >85%)	82.4%	81.7%	82.2%	84.7%	52.2%	56.5%	61.4%	42.0%	69.9%	71.6%	74.0%	74.0%	67.6%	
	% of appraisals completed - non-medical staff (Target: >85%)	68.7%	69.2%	69.6%	71.9%	81.8%	81.2%	81.3%	87.5%	72.6%	72.8%	73.2%	73.2%	76.7%	
Training	Mandatory training compliance (Target: >90%)	83.0%	82.8%	79.2%	80.2%	90.4%	86.8%	85.9%	88.9%	88.2%	86.3%	85.0%	85.0%	86.8%	
	Health and Safety training (Target: >90%)	85.8%	85.6%	87.4%	86.0%	88.6%	89.8%	89.3%	89.1%	86.9%	87.2%	88.1%	88.1%	87.2%	
	Safeguarding training - adults (Target: 100%)	100.0%	100.0%	82.0%	98.1%	90.8%	92.4%	91.6%	91.6%	96.5%	97.2%	85.6%	85.6%	95.8%	
	Safeguarding training - children (Target: 100%)	100.0%	100.0%	68.7%	96.7%	82.8%	90.7%	89.4%	82.3%	90.9%	96.6%	76.5%	76.5%	89.6%	

Please note the following	blank cell	An empty cell denotes those indicators currently under development

Chelsea & Westminster commentary

Staff in Post

In January the Trust substantive staff in post rose to 3211.52 WTE (whole time equivalents), an increase of 142.19 (+4%) since Jan 15 and is the highest WTE the Trust has recorded. There were 44 voluntary leavers and 89 joiners (excluding Junior Doctors) over the month. The largest annual increases were in the Emergency & Integrated Care Division (100.58 WTE), and the Nursing & Midwifery staff group (85.440 WTE).

Staff turnover

Unplanned staff turnover is 0.73% *lower* than one year ago, dropping from 18.61% (Feb 14 – Jan 15) to 17.88% (Feb 15 – Jan 16). Cumulative turnover cannot reduce significantly in a short space of time due to the nature in which it is calculated, but the general trend since May 2015 has been downwards.

The main leaving reasons provided in January were 'Other/Not Known' and 'Work Life Balance'.

Average across LATTIN Trusts = 15.56% May 15 (latest data available)

LATTIN = London Acute Training Trusts (Imperial College, King's College, Chelsea & Westminster and Guy's).

Vacancies

The Trust vacancy rate for January 2016 was 9.98%. That is 0.96% lower than last year, and below the annual target rate of 12%. This is within the context of a budget increase of 4% in one year.

The Trust aims to reduce the Nursing and Midwifery vacancy rate (currently 11.93%) to 5%, with timescales and trajectory to be agreed at the Nursing & Midwifery Workforce Group over the coming months.

A truer measure of vacancies is the number of posts being actively recruited to, based on the WTE of posts advertised on NHS jobs (3.53%, i.e. 126 WTE in Jan 16). January saw bulk recruitment for band 5 nurses and HCAs in Paediatrics.

West Middlesex commentary

Vacancy rate

The vacancy factor rate for WMUH in January was 9.7%, which positive decrease of 0.32% when compared with the previous month. Within the qualified nursing it was 8.78%, which was a slight increase of 0.18% when compared with the previous month. Whilst unquailed nursing saw a positive decreased from 5.91% to 4.74% (-1.17%).

Staff turnover

The turnover figure for the last 12 months (February 2015 to January 2016), was 11.48%. The total number of unplanned staff leavers seen in this period was 231. This is an increase of 42 staff leavers, when compared with the pervious same time period (February 2014 to January 2015). The highest turnover percentages, was seen in the Corporate Service areas with a total 14.86%, whilst the total turnover for the Clinical Divisions was 11.15%. The HR team continues to work with the Divisions to develop retention plans and ensure the on-going strategy for recruitment.

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

Mandatory training compliance

There has been a minor (seasonal) drop during January; normal progress expected in February. This applies to **Health and Safety** and **Safeguarding Training** also**.**

Chelsea & Westminster commentary continued

Vacancies cont'

The average time to recruit (from the authorisation date to the date all pre-employment checks were completed) for January 16 starters was 51 days, below the Trust target of <55days. The purchase of TRAC Recruitment has been agreed, and should help the trust to significantly reduce time to recruit and improve the on-boarding experience for new starters and recruiting managers.

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

Nursing and Midwifery vacancies for the Trust currently sit at 11.93%, an RCN London Safe Staffing Review (effective as of July 2015) stated that the average nursing and midwifery vacancy rate across London was 17%.

Bank & Agency Usage

Temporary staffing made up 11.8% of the total workforce in January 16, compared to 10.9% a year ago. Agency WTE as a % of workforce reduced from 3.3% to 2.9% over this period, while Bank increased from 7.6% to 8.9%. The increase in Bank and reduction in Agency usage has been helped by the positive uptake of the Bank Bonus Scheme which will be extended by two months to the end of April.

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

The need to reduce agency spend is recognised as a priority for the Trust. The Temporary Staffing Steering Group aims to increase establishment controls on temporary staffing usage and govern the use of rostering systems and procurement to ensure best clinical and financial performance and practice.

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

National NHS Staff Survey 2015

The National Staff Survey closed in late November, with the Trust achieving a final response rate of 51% which was an improvement of 2% on last year.

Capita (our external survey contractor) have provided Initial Data Frequency Tables, and our Organisation Wide Report which detail and summarise the un-weighted results for the organisation. The initial trends were discussed at the People and OD Committee in January.

This is the second stage in the reporting process and in the coming weeks we will receive the more in depth analysis in the ''Technical Report', which includes Key Findings that will be used to inform and develop Trust wide and service level action plans.

West Middlesex commentary continued

62 day Cancer referrals by tumour site Dashboard

Target of 85%

		Chelsea & Westminster NHS Foundation Trust					West Middlesex University Hospital					Combined Trust Performance					Trust data 13 months
Domain	Tumour site	Nov-15	Dec-15	Jan-16	2015-2016	YTD breaches	Nov-15	Dec-15	Jan-16	2015-2016	YTD breaches	Nov-15	Dec-15	Jan-16	2015-2016 Q4	2015-2016	YTD breaches	Trend charts
62 day Cancer referrals by site of tumour	Breast	n/a	n/a	n/a	n/a		100%	100%	100%	97.0%	2	100%	100%	100%	100%	97.0%	2	
	Colorectal / Lower GI	100%	72.7%	33.3%	76.2%	5	100%	100%	100%	86.0%	3	100%	76.9%	60.0%	60.0%	81.2%	8	
	Gynaecological	0.0%	100%	n/a	73.1%	3.5	66.7%	85.7%	100%	87.5%	2.5	50.0%	90.0%	100%	100%	81.8%	6	
	Haematological	n/a	n/a	100%	93.3%	0.5	100%	100%	n/a	86.1%	2.5	100%	100%	100%	100%	88.2%	3	
	Head and neck	100%	n/a	n/a	100%	0	100%	100%	n/a	94.7%	0.5	100%	100%	n/a	n/a	95.7%	0.5	
	Lung	100%	100%	0.0%	93.3%	1	50.0%	n/a	100%	86.4%	1.5	75.0%	100%	60.0%	60.0%	90.4%	2.5	
	Sarcoma	n/a	n/a	n/a	n/a		n/a	n/a	n/a	0.0%	0.5	n/a	n/a	n/a	n/a	0.0%	0.5	
	Skin	100%	100%	100%	100%	0	85.7%	94.1%	n/a	97.3%	1.5	92.3%	96.7%	100%	100%	98.6%	1.5	
	Upper gastrointestinal	100%	100%	100%	96.0%	0.5	100%	100%	100%	93.3%	1	100%	100%	100%	100%	94.5%	1.5	
	Urological	85.7%	66.7%	100%	67.2%	9.5	100%	100%	85.7%	88.2%	6	92.0%	91.7%	88.9%	88.9%	80.6%	15.5	
	Urological (Testicular)	n/a	n/a	n/a	n/a		n/a	n/a	n/a	83.3%	1	n/a	n/a	n/a	n/a	83.3%	1	
	Site not stated	100%	100%	n/a	100%	0	n/a	n/a	n/a	n/a		100%	100%	n/a	n/a	100%	0	

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

Chelsea and Westminster commentary

West Middlesex commentary

Nursing Metrics Dashboard

Safe Nursing and Midwifery Staffing

Chelsea and Westminster NHS Foundation Trust

Ward Name	Day		Night	
	Average fill rate Registered Nurses	Average fill rate care staff	Average fill rate Registered Nurses	Average fill rate care staff
Maternity	79.6%	84.6%	72.9%	71.4%
Annie Zunz	79.6%	90.3%	103.2%	112.9%
Apollo	64.9%	83.9%	82.3%	54.2%
Jupiter	86.9%	43.2%	114.6%	48.4%
Mercury	74.6%	34.7%	73.8%	100.0%
Neptune	69.0%	80.4%	93.5%	80.6%
NICU	83.8%	-	83.8%	-
AAU	98.1%	95.0%	126.7%	106.5%
Nell Gwynne	101.7%	94.3%	153.8%	107.6%
David Erskine	89.2%	169.3%	97.8%	129.0%
Edgar Horne	98.4%	111.8%	108.6%	115.3%
Lord Wigram	116.3%	131.9%	134.4%	143.5%
St Mary Abbotts	97.5%	91.1%	109.7%	101.6%
David Evans	81.6%	79.2%	96.4%	90.4%
Chelsea Wing	85.8%	63.6%	100.0%	84.2%
Burns Unit	102.3%	66.3%	115.3%	103.2%
Ron Johnson	89.0%	155.2%	89.2%	122.6%
ICU	100.9%	62.1%	101.2%	-

West Middlesex University Hospital

Ward Name	Day		Night	
	Average fill rate Registered Nurses	Average fill rate care staff	Average fill rate Registered Nurses	Average fill rate care staff
Maternity	107.2%	94.2%	99.4%	98.1%
Lampton	116.1%	96.8%	98.9%	104.8%
Richmond	93.2%	106.6%	98.8%	120.0%
Syon 1	102.2%	114.6%	101.7%	117.7%
Syon 2	95.7%	129.7%	100.0%	127.4%
Starlight	110.6%	-	114.5%	-
Kew	111.0%	97.5%	97.8%	125.8%
Crane	121.4%	114.5%	113.9%	169.4%
Osterley 1	130.0%	105.4%	96.0%	198.6%
Osterley 2	119.0%	126.5%	101.6%	159.4%
MAU	94.4%	140.0%	108.7%	102.2%
CCU	99.2%	131.5%	100.1%	100.0%
Special Care Baby Unit	104.2%	100.0%	103.0%	100.0%
Marble Hill	111.2%	103.4%	111.7%	100.9%
ITU	94.4%	98.1%	95.0%	-

Summary for January 2016

The lower fill rates for paediatrics on the CWM site reflect reduced capacity during this period, all shifts were staffed safely. The lower fill rates on NICU represent the difficulties in staffing to the required level, all shifts were staffed safely and where this wasn't possible the unit was closed to admissions.

The high fill rates for care staff on both sites to some degree represent additional staff who were required to care for vulnerable, bariatric and mental health patients, although there are data capture issues which are yet to be resolved – these are currently being verified by the divisions

CQC Action Plan Dashboard

Chelsea and Westminster NHS Foundation Trust

Area	Total	Green (Fully complete)	Amber	Red
Trust-wide actions: Risk / Governance	17	17	-	-
Trust-wide actions: Learning disability	4	4	-	-
Trust-wide actions: Learning and development	14	14	-	-
Trust-wide actions: Medicines management	5	3	2	-
Trust-wide actions: End of life care	26	24	2	-
Emergency and Integrated Care	33	31	1	1
Planned Care	55	53	2	-
Women & Children, HIV & GUM	35	35	-	-
Total	189	181	7	1
December 2015 for comparison	189	178	10	1

Chelsea and Westminster commentary

Medicines: Regular medication audits & presentation to sisters & matrons

End if life care: C&W awaiting business case outcome re additional palliative care consultant. Local audit re care of the dying April 2016

Emergency Care: The outstanding amber rating relates to our inability to provide 16 hours consultant cover 7 days per week in EDept. The red rating relates to mental health patients being transferred to a mental health facility in a timely manner - we are in continuing discussions with our mental health partners.

Planned Care: The outstanding amber ratings relate to: discharges from ICU overnight and increasing the use of Choose and Book to national average or above

West Middlesex University Hospital

Area	Total	Complete	Green	Amber	Red
Must Have Should Do's	33	30	2	1	0
Children's & Young Peoples	32	26	5	1	0
Corporate	2	2	0	0	0
Critical Care	27	27	0	0	0
ED- Urgent & Emergency Services	17	16	0	1	0
End of Life Care	32	9	19	4	0
Maternity & Gynae	22	16	6	0	0
Medical Care (inc Older People)	19	13	5	1	0
Surgery	26	25	1	0	0
Theatres	15	14	1	0	0
OPD & Diagnostic Imaging	14	6	8	0	0
Total	239	184	47	8	0
December position for comparison	239	181	49	8	1

West Middlesex Commentary

A Deep Dive into compliance with the must and should do actions has been completed during the last month with only 3 outstanding actions.
These outstanding actions include:

- consultant cover within the Emergency Department; the department now has 100 PA's of cover some of which is being provide through locum staff until substantive appointments are made
- consultant and senior nursing cover for end of life care, there are significant difficulties in recruiting to the additonal consultant and nursing posts
- Provision of information in alternative formats, we do have access to translation services but this is costly and not used as often as you would expect given local demographics, contact has been made with other Trusts to determine areas of good practice

Actions that are making slower progress than anticipated generally relate to either estate issues, wider health community provision (e.g. stroke beds) or are dependent on recruitment and job planning outcomes. The outstanding actions will be combined into one overall plan for on-going review.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Finance Dashboard

Month 10 (January) Integrated Position

Financial Position (£000's)

	Combined Trust			CW			WM		
	Plan to Date	Actual to Date	Var to Date	Plan to Date	Actual to Date	Var to Date	Plan to Date	Actual to Date	Var to Date
Income	404,787	411,129	6,342	332,955	336,642	3,687	71,833	74,487	2,654
Expenditure	(384,119)	(390,828)	(6,709)	(314,239)	(318,281)	(4,042)	(69,880)	(72,547)	(2,667)
EDITDA	20,668	20,301	(367)	18,716	18,361	(355)	1,953	1,940	(13)
EBITDA %	5.106%	4.938%	-0.17%	5.6%	5.5%	0.2%	2.7%	2.6%	-0.1%
Interest/Other Non OPEX	(2,969)	(2,443)	526	(757)	(631)	126	(2,212)	(1,811)	401
Depreciation	(13,323)	(12,948)	375	(11,172)	(10,708)	464	(2,151)	(2,240)	(89)
PDC Dividends	(10,408)	(10,557)	(149)	(9,517)	(9,666)	(149)	(891)	(891)	0
Surplus/(Deficit)	**(6,032)**	**(5,647)**	**385**	**(2,730)**	**(2,644)**	86	**(3,301)**	**(3,002)**	299

Comments RAG rating

In January CWFT (CW site and WM site) reported a £0.97m deficit, bringing the year to date deficit to £5.6m.

In Month - there is favourable variance of £0.26m

•CW Site - £0.4m adverse variance driven from high nursing costs and increased pressures related to bad debt provisions.

•WM - £0.7m favourable variance driven mainly related to over-performance in clinical income.

Year to date there is a favourable variance of £0.39m

•CW - £0.08m favourable against the plan, over-performance on clinical income and underspends in pay offsetting overspends in non-pay and shortfalls in private patient income

•WM -£0.3m favourable variance is mainly due to reduced non-operating costs

Forecast

The combined forecast is £11.2m deficit, in line with plan.

Risk rating (year to date) C&W only

FSRR	M9 Plan	M9 Actual
FSRR Rating	2	2

Comments RAG rating

The Overall FSRR rating for Month 10 is 2 (against a plan of 2).

This is mainly due to the I&E margin which is a deficit, and therefore the maximum that the Trust can achieve is a 2.

Cost Improvement Programme (CIPs)

Site	In Month			Year to Date		
	Plan £'000	Actual £'000	Var £'000	Plan £'000	Actual £'000	Var £'000
CWFT	1,131	719	(413)	7,679	7,729	50
WMUH	687	1,446	759	5,811	5,315	(496)
Merger synergies	347	347	0	581	581	0
Trust Total	2,166	2,512	346	14,071	13,625	(446)

Comments RAG rating

CW Site - £0.41m adverse in Month 10 and YTD favourable £0.05m. This is mainly related to shortfalls in theatres, outpatients, pay controls, management structure, corporate back office and LOS.

WM Site - £0.76m favourable against the plan in month 10 and £0.5m adverse YTD. The YTD shortfall mainly relates to bed management, temporary staffing & recruitment, income opportunities and divisional CIPs. The current forecast expects that any under-performance is mitigated in the remaining months. This month the diagnostic demand scheme which was previously over-performing has worsened due to increased pathology costs, however the YTD continues to over-perform.

Merger synergies of £0.34m were achieved in month 10, and £0.58m YTD in line with the plan.

Cash Flow

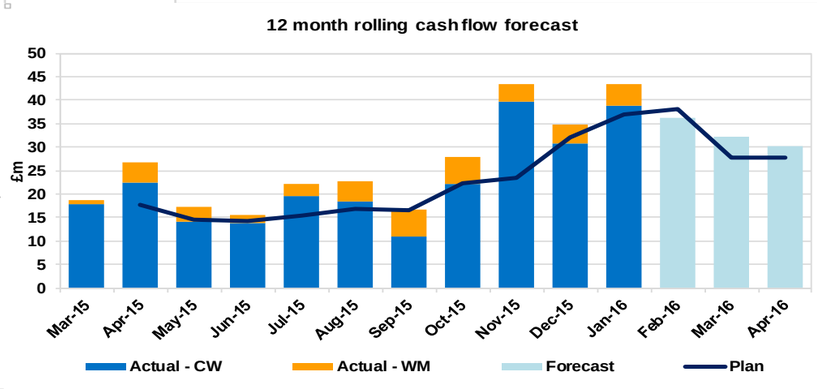
Comments RAG rating

CW site – The cash position for January was £38.88m.

WM site - The cash balance at January for WM was £4.65m.

Trust - The combined cash position for January was £43.53m, compared to plan of £37.05m. This is mainly due to re-phasing of capital projects into the final quarter of the financial year.

The forecast cash position is £27.8m due to transaction adjustments, including funding and loans for capital expenditure.



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CQUIN Dashboard

West Middlesex University Hospital

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

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

National CQUINs

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

Regional CQUINs

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

Local CQUINs

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

West Middlesex commentary

The West Middlesex site specific CQUIN schemes continue to make progress. Evidence of achievement of Q3 milestones has been submitted and accepted by the CCG. Formal agreement regarding payment for performance is not yet concluded. The overall financial value of CQUIN projects remains on track to deliver within the forecast income target.

N1 & N2 The A&E department use of the standardised Sepsis screening tool is now embedded. Demonstrating improved timeliness of antibiotic administration at the more challenging standard of 95% in Q4 may prove difficult. Improvement in communication with GPs for patients with Acute Kidney Injury has been achieved ahead of the enabling IT development, and reached the required standard in December, although not for Q3 as a whole. Further improvement is expected when the IT system improvement is delivered during Q4.

N3 Medicine division have maintained the screening, response and referral protocols. Levels of Dementia and Delirium training were achieved to the required levels to all staff groups except doctors. External training support is being sourced to ensure that the required levels of staff are trained by the end of Q4.

N4 Urgent Care – The proportion of North West London patients staying over 21 days reduced in Q3 to 2.55%, compared to 3.01% in the third quarter last year and continued to fall in January. A&E all types performance has on average exceeded 95% for both Saturdays and Sundays in quarter 3 and continues to do so in Q4. A&E all types performance on Mondays remains challenged by unplanned increases in demand. Full performance of this scheme remains a risk.

R1 IT Schemes – design and implementation of each of these schemes is on or ahead of the timescale agreed with commissioners.

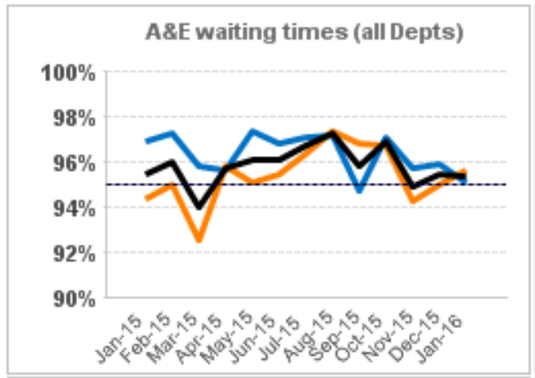
R2 The new Paediatric telephone clinic channel was successfully introduced in Q3 delivering the required volume of activity. Gastroenterology, T&O and Paediatrics have all maintained the required levels of referral triaging; Gynaecology and Urology failed to achieve the required volume in Q3. Non-face to face activity is also at the required levels in Gastroenterology, T&O and Paediatrics, and behind in Gynaecology and Urology. Remedial action is being taken in both specialties to recover Q4 performance.

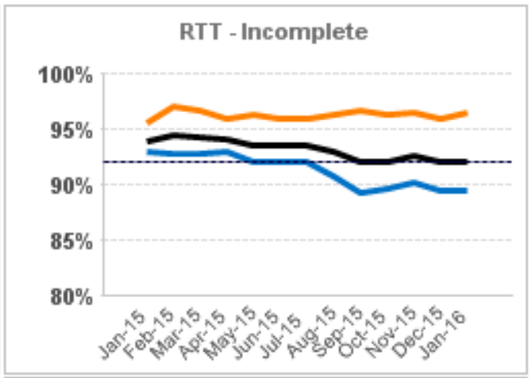
R3 Therapy team working patterns have been altered to increase team presence on site and extend the working day, and additional Pharmacy resource has been appointed. Given the sample based approach to measurement, there will be some risk to delivery in the coming months and this is being carefully tracked in the relevant teams.

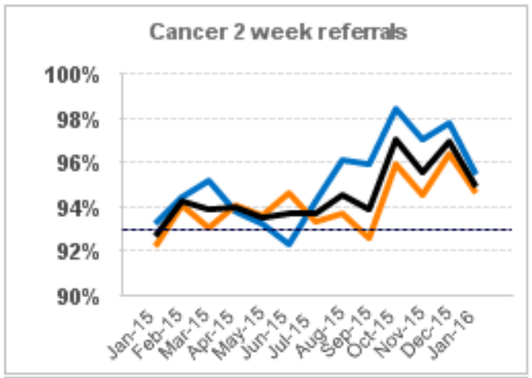
A total of £359k is at risk on CQUIN projects overall, which remains within the £500k assumed underperformance.

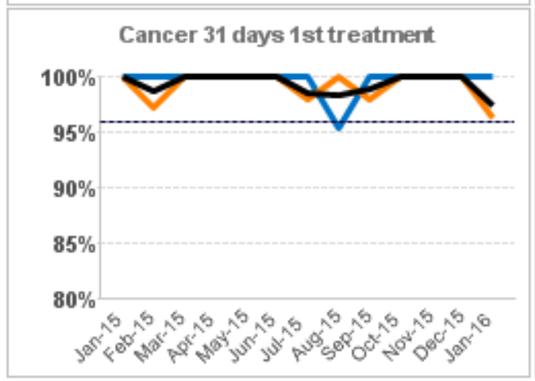
Regulatory Compliance

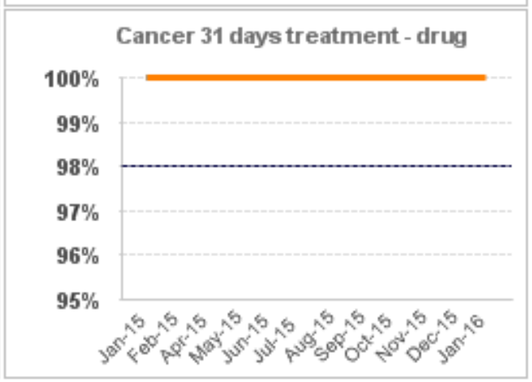
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined Trust data: last Quarter, YTD & 13m trend					
Indicator	Nov-15	Dec-15	Jan-16	Nov-15	Dec-15	Jan-16	Nov-15	Dec-15	Jan-16	Quarter	YTD	Trend
A&E waiting times - Types 1 & 3 Depts (Target: >95%)	95.7	95.9	95.1	94.3	95.0	95.6	94.9	95.4	95.4	95.4	96.0	
RTT - Incomplete (Target: >92%)	90.2	89.5	89.4	96.5	96.0	96.4	92.7	92.1	92.1	92.1	92.8	
Cancer 2 week urgent referrals (Target: >93%)	97.1	97.7	95.4	94.6	96.4	94.6	95.6	96.9	94.9	94.9	94.8	
Cancer 31 days first treatment (Target: >96%)	100	100	100	100	100	96.3	100	100	97.4	97.4	99.4	
Cancer 31 days treatment - Drug (Target: >98%)	n/a	100	n/a	100	n/a	100	100	100	100	100	100.0	
Cancer 31 days treatment - Surgery (Target: >94%)	n/a	n/a	n/a	100	100	100	100	100	100	100	100.0	
Cancer 31 days treatment - Radiotherapy (Target: >94%)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
Cancer 62 days GP ref to treatment (Target: >85%)	92.3	88.1	81.0	93.3	100	97.2	92.9	94.0	91.2	91.2	90.2	
Cancer 62 days NHS screening (Target: >90%)	n/a	n/a	n/a	100	100	100	100.0	100.0	100.0	100.0	94.1	
Clostridium difficile infections (Targets: CW: 7; WM: 9; Combined: 16)	0	0	0	1	0	2	1	0	2	2	9	
Self-certification against compliance for access to healthcare for people with LD	Comp	Comp	Comp	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	

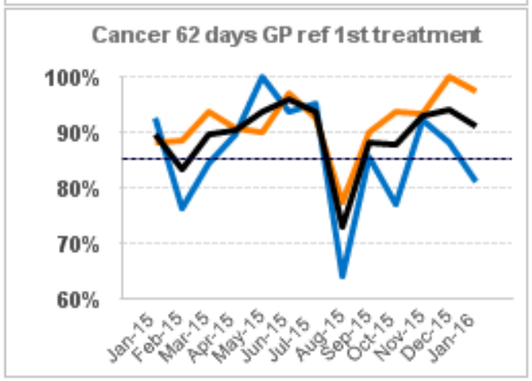




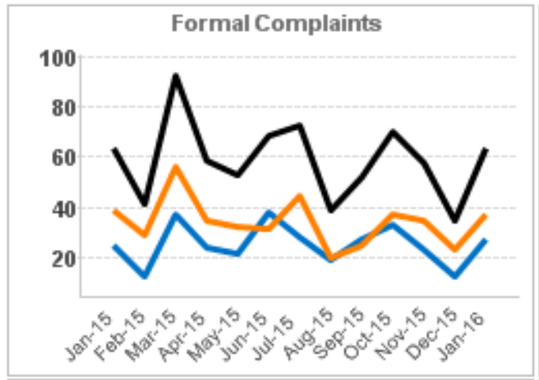


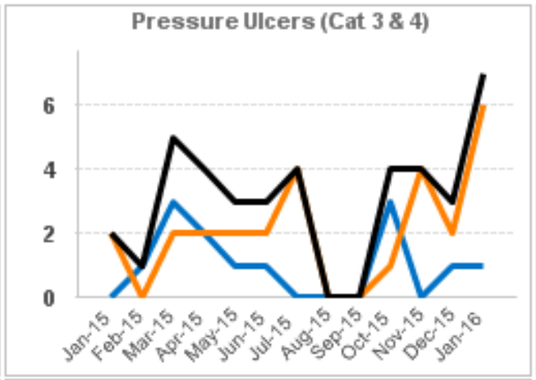


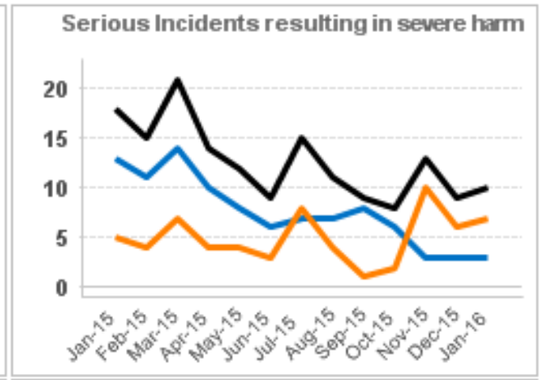


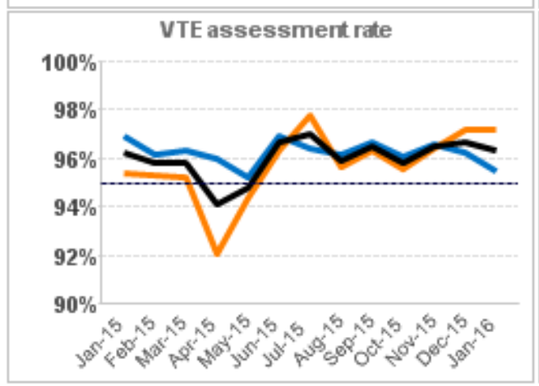


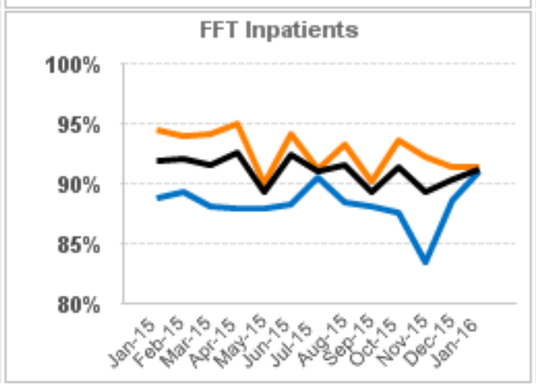
Quality												
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Nov-15	Dec-15	Jan-16	Nov-15	Dec-15	Jan-16	Nov-15	Dec-15	Jan-16	Quarter	YTD	Trend
Hand Hygiene (Target: >=90%)	94.3	95.9	95.3	99.8	99.3	99.5	96.6	98.9	97.0	97.0	97.9	
Pressure Ulcers (Cat 3 & 4)	0	1	1	4	2	6	4	3	7	7	32	
VTE assessment % (Target: >=95%)	96.6	96.2	95.5	96.4	97.2	97.2	96.5	96.7	96.3	96.3	96.0	
Formal complaints number received	23	12	27	35	23	37	58	35	64	64	572	
Formal complaints responded to <25days	10	6	10	20	13		30	19	10	10	366	
Serious Incidents	3	3	3	10	6	7	13	9	10	10	110	
Never Events (Target: 0)	0	0	0	0	0	0	0	0	0	0	2	
FFT - Inpatients recommend % (Target: >90%)	83.5	88.6	91.1	92.2	91.4	91.3	89.4	90.3	91.2	91.2	90.8	
FFT - A&E recommend % (Target: >90%)	86.7	87.6	86.4	85.1	89.9	87.4	86.5	88.0	86.6	86.6	87.4	
Falls causing serious harm	0	0	0				0	0	0	0	1	

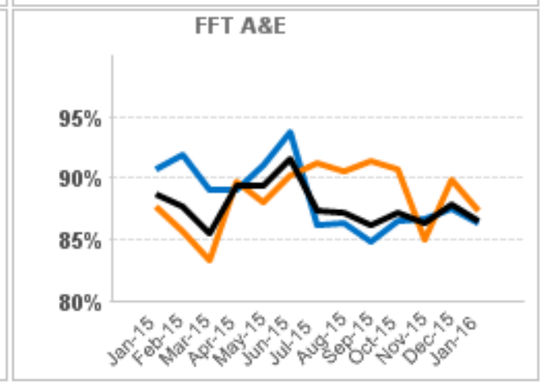






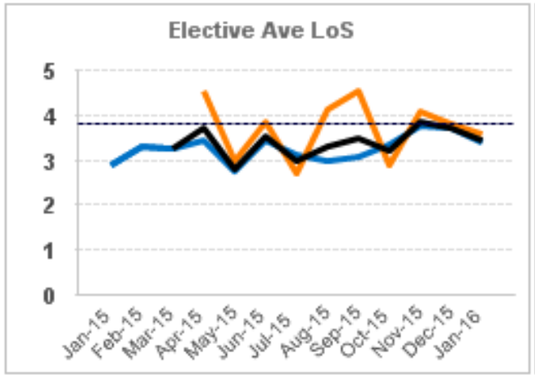


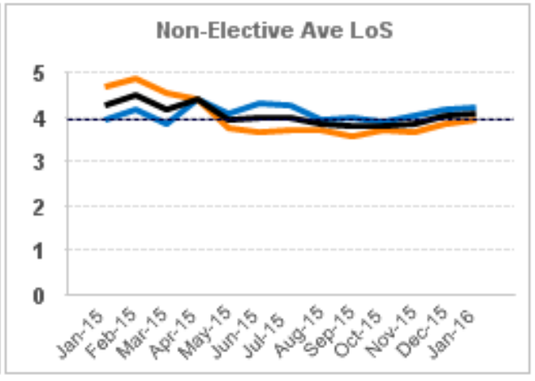


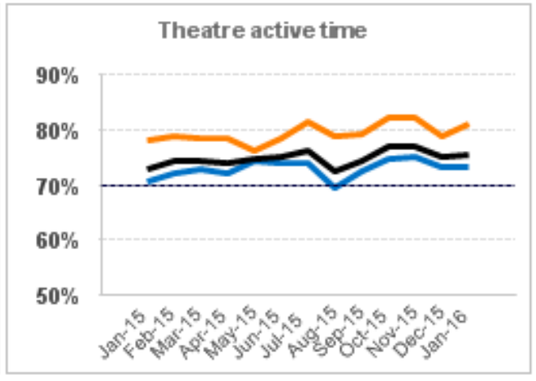


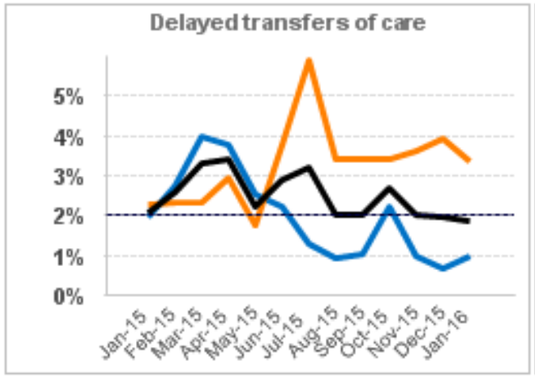
Efficiency

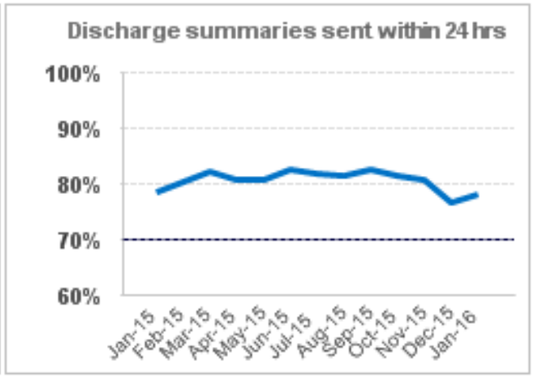
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Nov-15	Dec-15	Jan-16	Nov-15	Dec-15	Jan-16	Nov-15	Dec-15	Jan-16	Quarter	YTD	Trend
Elective average LoS (Target: <3.8)	3.8	3.7	3.4	4.1	3.8	3.6	3.9	3.7	3.4	3.4	3.4	
Non-Elective average LoS (Target: <3.95)	4.0	4.2	4.2	3.6	3.9	3.9	3.8	4.0	4.1	4.1	4.0	
Theatre active time (Target: >70%)	74.9	73.2	73.3	82.2	78.9	81.1	77.1	74.9	75.6	75.6	75.2	
Delayed transfers of care (Target: <2%)	1.01	0.68	0.98	3.61	3.96	3.34	2.00	1.94	1.85	1.85	2.43	
Discharge summaries sent within 24 hours (Target: >70%)	80.7	76.6	78.0	dev	dev	dev	80.7	76.6	78.0	78.0	80.7	
Outpatient DNA rates (Target: <11.1%)	10.8	12.0	10.6	10.7	10.4	10.6	10.8	11.4	10.6	10.6	11.1	
On the day cancelled operations not re-booked within 28 days (Target: 0)	0	0	0	0	0	0	0	0	0	0	14	

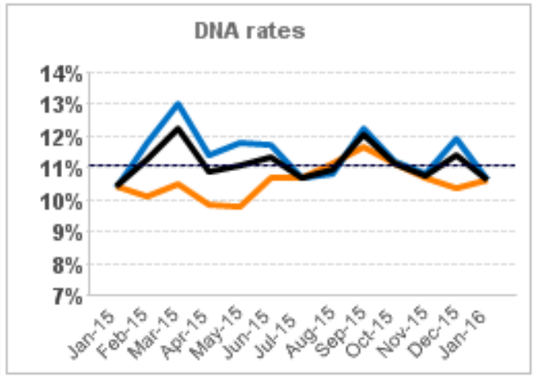






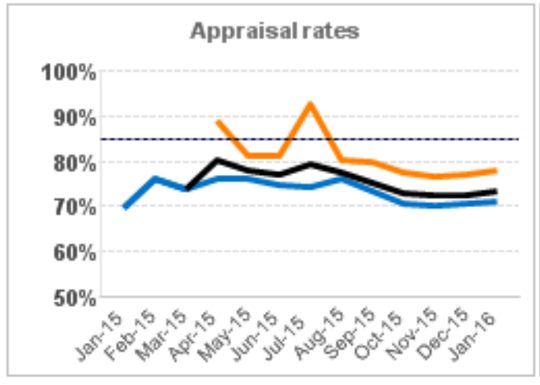


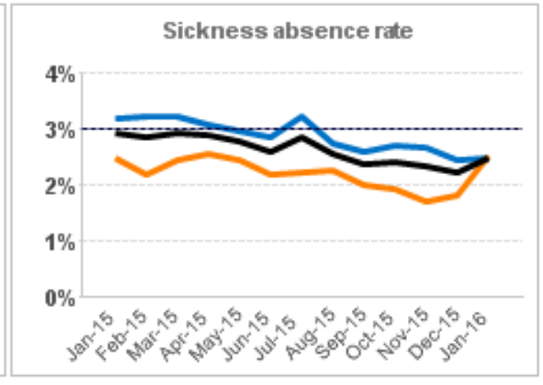


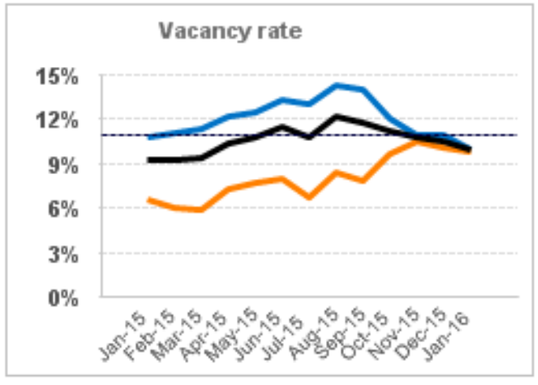


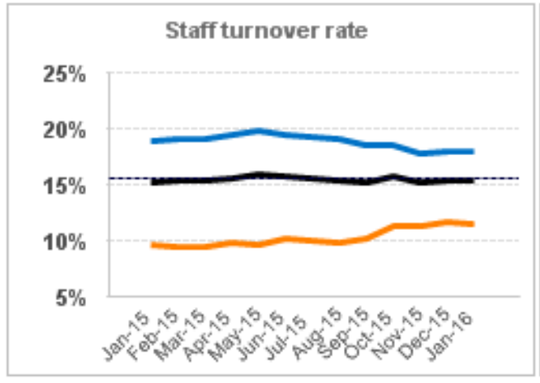
Workforce

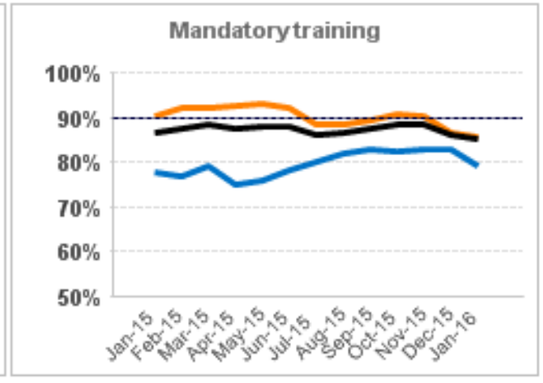
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Nov-15	Dec-15	Jan-16	Nov-15	Dec-15	Jan-16	Nov-15	Dec-15	Jan-16	Quarter	YTD	Trend
Appraisal rates (Target: >85%)	70.2	70.6	71.1	76.7	77.1	78.2	72.3	72.7	73.3	73.3	75.8	
Sickness absence rate (Target: <3%)	2.68	2.46	2.48	1.69	1.81	2.50	2.32	2.22	2.49	2.49	2.54	
Vacancy rates (Target: CW<12%; WM<10%)	10.9	10.9	10.0	10.5	10.1	9.7	10.7	10.6	9.9	9.9	9.9	
Turnover rate (Target: CW<18%; WM<11.5%)	17.8	17.9	17.9	11.3	11.6	11.5	15.3	15.5	15.4	15.4	15.4	
Mandatory training (Target: >90%)	83.0	82.8	79.2	90.4	86.8	85.9	88.2	86.3	85.0	85.0	86.8	
Bank and Agency spend (£ks)	£3,432	£2,501	£2,504	£1,588	£1,666	£1,542	£5,020	£4,167	£4,045	£4,045	£41,023	
Nursing & Midwifery: Agency % spend of total pay (Target: tbc)	10.5	9.7	7.9	12.1	13.0	11.5	11.1	11.0	9.3	9.3	10.6	

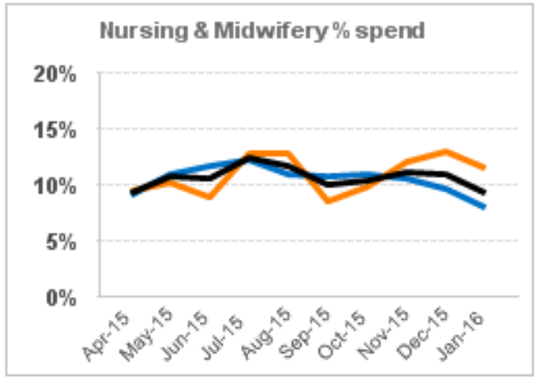












Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 17 March 2016

AGENDA ITEM NO.	12/Mar/16
REPORT NAME	Draft Minutes of the Council of Governors Quality Sub-Committee meeting held on 19 February 2016
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Martin Lewis, Chair
PURPOSE	To provide a record of any actions and decisions made at the meeting.
SUMMARY OF REPORT	This paper outlines a record of the proceedings of the Council of Governors Quality Sub-Committee meetings held on 19 February 2016.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	For information.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Minutes of a meeting of the Council of Governors Quality Sub-Committee
Held at 12.00 on 19 February in the Hospital Boardroom

Attendees	Martin Lewis	ML	Chair
	Susan Maxwell	SM	Patient Governor
	Anna Hodson-Pressinger	AHP	Patient Governor
	Melvyn Jeremiah	MJ	Public Governor - Westminster
	Simon Dyer	SD	Patient Governor
In attendance	Luul Balestra	LB	Healthwatch representative
	Vida Djelic	VD	Board Governance Manager
	Barry Quinn (in part)	BQ	Assistant Chief Nurse
	Shan Jones (in part)	SJ	Director of Quality Improvement

1.	**Welcome and Apologies**	
a.	Melvyn Jeremiah welcomed the members to the meeting and introduced the business of the sub-committee to new members.	
b.	Apologies were received from Sonia Richardson and Lizzie Wallman.	
2.	**Appointment of Chair**	
a.	The sub-committee unanimously appointed Martin Lewis, Public Governor, as the Chair of the sub-committee.	
3.	**Minutes of the previous meeting held on 24 November 2015**	
a.	Minutes of the previous meeting were accepted as a true and accurate record of the meeting subject to the following changes: • p.2, item 5.i remove 'not' • P.5, item 8.a to correct the sentence to read 'SM noted that a process had now been set in place with Paul MacGregor (Finance) to ensure that winners will now receive their money in goodly time.'	
4.	**Matters Arising**	
a.	The sub-committee noted that all matters arising were complete and updates for two actions in relation to FFT would be provided later in the meeting.	
5.	**Draft revision of Terms of Reference**	
a.	It was agreed that the working of the sub-committee continues in accordance with the current terms. A major review of the sub-committee's terms of reference is expected to take place later in the year. **Action: VD to add the Terms of Reference review to the November sub-committee agenda.**	
6.	**2015/16 Quality Account preparation programme**	
a.	Shan Jones, Director of Quality Improvement outlined her role and added that she has	

	undertaken a task of overlooking the production and content of Trust's combined Quality Report for 2015/16. The key date is by when the draft Quality Report has to be produced.	
b.	It was noted that the draft Quality Account will be produced in stages and it will be circulated to the relevant parties for comments/input.	
c.	The sub-committee noted that the Trust's Quality Committee (a Board committee) at its meeting in January agreed that the Trust's quality priorities for 2016/17 would remain the same as for 2015/16 as not much progress has been made since previous year due to the integration of West Middlesex Hospital. The priorities will be aligned with the Trust's Quality Strategy and Plan. It was also noted that measurable objectives should be set up around these priorities to support it.	
d.	<u>Update on Quality and Clinical Governance Structure</u> Shan noted that leads have been identified for the Clinical Quality and corporate clinical governance and Datix. Datix is incident reporting and adverse events software which fully integrates with other modules including claims, complaints and patient feedback management. Information on incidents automatically feeds into the Datix risk register, enables assessing and prioritising risks as part of a comprehensive governance solution.	
e.	In response to a question from LB, SJ noted that CWHEE (the five inner NWL CCGs) are arranging a mutual date for all stakeholders including Healthwatch for reviewing the Quality Report. She undertook to check if comments received from Healthwatch were followed up. **Action: SJ to check if comments received from Healthwatch last year were followed up.**	
f.	The sub-committee noted that the draft Quality Report will be provided to governors in preparation for governor commentary.	
7.	**COG Quality Awards Spring Schedule**	
a.	SM introduced the quality awards and highlighted that governors established a Quality Awards scheme for individual members of staff or teams who have made an outstanding contribution to quality for patients in terms of safety, patient experience and clinical effectiveness.	
b.	The sub-committee noted the schedule for the spring round of quality awards and added that the judging panel meeting will be taking place in the morning of 27 April and the full Quality sub-committee members will ratify the selected winners and commended category winner(s) at its meeting on 27 April (which will take place later in the day). The Quality Awards will be presented to the winners at 19 May Council of Governors meeting by the Chairman.	
c.	It was agreed that an early notice will have to be given to all applicants as to the meeting venue (West Middlesex site). It was agreed that a photo appointment would take place on 19 May at 14.30 at West Middlesex.	
8.	**Integrated Performance Report**	
a.	The sub-committee noted that Karl Munslow-Ong, Chief Operating Officer will be providing an introductory session to governors on the Integration Performance Report on 26 February. There will be the opportunity for an in depth discussion about some of the	

	performance areas currently marked as red.	
9.	**Patient Experience Report, including Complaints, PALS and Friends and Family Test**	
a.	The sub-committee noted a progress report which detailed key developments in improving the patient experience for Q3 which encompasses both CW and WM sites.	
b.	The key objective of the Experience and Engagement Group is to support teams across the Trust in relation to Trust values to the effect that the values are owned and embedded by individual teams.	
c.	The top three concerns are appointments delay/cancellation, staff attitude/behaviour and communication (both written and oral).	
d.	The sub-committee noted that a high number of concerns received in Q3 related to poor communication and that many patients were incorrectly classified as 'did not attend an appointment' (DNA). AHP queried how successful was the dedicated desk where appointments can be rebooked. BQ undertook to discuss with the divisional lead for booking appointments. **Action: BQ to discuss with the divisional lead booking appointments.**	
e.	In response to a question from AHP relating to a high number of formal complaints relating to aspects of clinical care or treatment BQ said that it is likely that this relates to communication issue but on this occasion it has been linked to the category of clinical care or treatment. He added that some work will be undertaken to understand better results received. BQ added that the Patient Experience and Engagement Group works with the divisions and discusses the triangulation report and how to take it forward.	
f.	The sub-committee noted that the results appear to be moderate but there is a room for improvement.	
g.	In response to a question from MJ in relation to complaints restructure BQ responded that the consultation starts the following week. He added that the Patient Experience and Engagement Team will include volunteers, carers, PALS, and FFT. MJ felt it useful for the sub-committee to receive the final structure once agreed and the forward dates for the Patient Experience and Engagement Group meetings. BQ said that the structure is expected to be agreed by the end of the year and that there is a vacant governor seat on the group. SD expressed interest in becoming a member of the Patient Experience and Engagement Group. **Action: BQ to circulate the new complaints structure once available and to get in touch with Simon Dyer.**	
h.	BQ updated the sub-committee with regard to the Trust working towards the gold standard framework in relation to End of Life Care.	
10.	**Governor feedback on patient contacts**	
a.	SM noted that she has received some comments from patients in relation to booking appointments.	
b.	MJ reported on interaction with a patient who was interested in a therapy session which is run by the CW+ charity and that assistance could not be provided as it was a non NHS	

	service matter.	
c.	In light of a comment from a governor who made herself available to members of patient and public via meet a governor session SM highlighted the importance of a governor being made available to meet patients or the public. However, some of governors felt it was not very effective use of their time. MJ felt that wider publicizing, in addition to it already featuring on the Trust's website and the members news, might attract more people to attend 'Meet a Governor' sessions.	
11.	**Funding report**	
a.	This report was noted.	
12.	**Forward Plan**	
a.	MJ suggested that the sub-committee forward plan should mirror the format of the Trust's Quality Committee forward plan in having standard items and more focused items. In relation to the log of sub-committee issues MJ invited that any items should be forwarded to himself and VD. **Action: All members.**	
b.	The sub-committee agreed that it will meet 5 times a year and its meetings to be aligned to the Council of Governors meetings.	
13.	**Any other business**	
a.	LB noted that she has been working on patient experience of maternity services report and she will update the sub-committee of the findings at the next meeting.	
14.	**Date of next meeting** – 27 April, 12.00-14.00; Hospital Boardroom	

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 17 March 2016

AGENDA ITEM NO.	13/Mar/16
REPORT NAME	Draft Minutes of the Council of Governors Membership Sub-Committee meeting held on 11 February 2016
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 11 February 2016.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	For information.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Minutes of the Council of Governors Membership Sub-Committee
Held at 10.00 on 11 February 2016 in the Verney House Boardroom

Attendees	Philip Owen	Chair	PO
	Juliet Bauer	Patient Governor	JB
	Sam Culhane	Public Governor – Hammersmith and Fulham	SC
	Anna Hodson-Pressinger	Patient Governor	AH-P
	Kush Kanodia	Patient Governor	KK
	Martin Lewis	Public Governor – Westminster	ML
	David Phillips	Patient Governor	DP
	Tom Pollak	Public Governor – Wandsworth	TP
In attendance	Jane Lewis	Deputy Director of Corporate Affairs	JL
	Layla Hawkins	Head of Marketing and Communication	LH
	Vida Djelic	Board Governance Manager	VD
	Nowell Anderson (observer)	Public Governor – Hounslow	NA

1.	**Welcome and Apologies**	
a.	The Chairman welcomed all to the meeting.	
b.	Apologies were received from Diane Samuels, Angela Henderson and Rhian Burgess.	
c.	The Chairman noted that overall the Trust is representative of its membership, however, representation of ethnic groups and younger age groups could be improved. He highlighted the importance of promoting a good image of the hospital across the wider community.	
2.	**Minutes of previous meeting held on 13 November 2015**	
a.	Minutes of the previous meeting were accepted as a true and accurate record of the meeting.	
3.	**Matters Arising & Action Log**	
a.	The sub-committee noted that all actions were complete.	
4.	**Review of Terms of Reference**	
a.	The sub-committee discussed the Terms of Reference and the following points were agreed: • Rename the Membership Sub-Committee to Membership and Engagement Sub-Committee • The sub-committee will comprise 9 elected governors and 6 Trust staff (section 3.1) but additional staff can be co-opted as required. • Job titles of the Trust's staff who are invited to attend to be updated (section 3.2); The Equality and Diversity Manager will remain on the sub-committee, also add the Deputy Director of Corporate Affairs	

	• Rename word 'invited' to 'eligible' (section 3.2) • Quorum shall comprise 3 governors and 2 Trust staff (section 4.1) • The Chair will be elected for a set term and will be eligible for re-election thereafter subject to consulting the Trust's constitution (section 7.1) • The Terms of Reference will be reviewed annually (section 8.1) **Action: JL to update the Terms of Reference with the points raised above.**	**JL**
5.	**Membership Report**	
a.	JL introduced the paper by saying that early in 2015 the Trust appointed a new membership services company, Membra, to manage its membership database.	
b.	The membership report presented provided high level information of the public and patient membership. It was noted that not surprisingly the membership numbers in the new public constituencies are lower than in the pre-existing constituencies. KK suggested that a future report include % of members according to demographic areas including how it changes over a period of time.	
c.	The sub-committee discussed options for recruiting members from the new constitunecies; possibilities included: • Governors making personal contact with the local community • Distributing the membership forms across the hospital • Roadshows • Build in on the current relationships with local councils, mosques and temples • Diary of up and coming events within the new constituency areas to be updated so that Governors can attend to run recruitment events • It would be helpful to have a governor representation on the committee from Ealing and Richmond upon Thames; however if they are unavailable ideas about recruitment option could be sought from them outside the meeting. **Action: Invite Nigel Davies and Paul Harris to the next sub-committee meeting.**	**JL**
d.	The sub-committee discussed the possibility of automatic patient membership. Some suggestions included a membership form to be distributed with outpatient booking letters and discharge letters, talks to patients at GP surgeries (with assistance from the Trust's GP Relationship Manager), including placing posters and membership leaflets in GP surgeries. It was recognised that there would be cost implication and the cost vs. benefit analysis would need to be undertaken at a later date.	
e. f.	Considering a high number of patients visits to the hospital DP asked if the Trust could collate patients email addresses on arrival and email them upon discharged. TL explained that this has previously been considered and that there are pro's and con's of taking such an approach but this could be something the committee could debate again in the future. JL said that the Trust is in the process of developing the electronic patient record which will facilitate this but this is a longer term project. Since the implementation will take some time JL undertook to explore the opportunities for engagement in Hounslow, Richmond upon Thames and Ealing constituency areas but any face to face recruitment activities would need the support of governors. In response to TP, JL said that West Middlesex has established relationships with Healthwatch in Hounslow & Richmond which could be utilised as a potential avenue for membership recruitment.	

	The committee agreed that the first phase of the recruitment campaign should focus on Hounslow, Richmond upon Thames and Ealing.	
6.	**Membership Strategy**	
	<u>Members Survey</u>	
a.	PO noted that one of the committee objectives is to improve communication and engagement with its members in particular to ensure that the latter reflects areas of members' interest. A proposed short survey is planned to be sent to members along with the next members' newsletter. It is hoped that it would encourage members to share their email addresses with the Trust and to share their interest in health topics as well as their preferred way of communicating with the Trust. Feedback will inform Trust's long term communication and engagement strategy.	
b.	The committee reviewed the draft survey and suggested a number of amendments to the wording to ensure that members would be clearer about what information we required from them.	
c.	**Action: JL to update the survey with the points raised above.**	**JL**
d.	JB also suggested that the survey should be 'road tested' with a small sample of patients before it is sent out more widely. The survey will be distributed to all members and the cost will be covered by the Council of Governors budget. **Action: JL to test the survey with a small sample of patients.**	**LH**
e.	<u>Letter to Governors</u> The aim of the letter is to encourage governors to share with the committee any established contacts/links they have within their local community. A number of suggestions were made to the wording of the letter and JB suggested that the letter should be more specific about what the committee needed them to do. It was agreed that it would be useful to explain some of the terminology used in the paper and to replace where it states 'the Trust' with 'with us'.	
f.	TL clarified that the Trust will identify community groups and it will work together with governors on engaging with those groups.	
7.	**Membership Engagement & Communications Plan 2016**	
a.	As a part of further efforts to drive up membership numbers and ensure each constituency is more representative of its local community demographic the Trust will be developing a more targeted membership campaign supported by an enhanced range of communications and outreach activities.	
b.	The current range of membership and communications activities include: • Annual Members' Meeting • Monthly e-newsletter • Trust newsletter • Medicine for Members • Meet a Governor	

	• Website • Open Day event • Christmas event • Constituency meetings	
c.	In relation to the overall programme of events it is hoped that the proposed survey will help us to develop events that will encourage a greater level of engagement with the Trust.	
d.	In response to a question from TP regarding the name of the newsletter 'Going Beyond' LH said that this will be considered. **Action: LH to discuss with George Vasilopoulos Web Communications & Graphic Design Manager.**	**LH**
e.	The committee agreed that having a more regular and topic targeted newsletter is good idea.	
f.	Regarding the Medicine for Members event it was suggested it should be advertised as an event for both members and non-members; name of the event could be 'Health Talks' and towards the end of the event there could be a panel session on 'question a governors'. A few suggested event names could be put forward to members to choose from. JB suggested that the social media could be utilised more i.e Twitter, Facebook, etc. LH said agreed that this is something that is effective and the Trust already utilizes a range of social media but agreed further work could be done in this regard. **Action: Put forward few suggestions for event names for members to choose from.**	**LH**
g.	The committee discussed the current format of 'meet a governor' sessions, its usefulness and whether any improvements are required. It was felt that some governors are not clear about the purpose of these sessions and how governors can help. It was suggested that Monthly e-newsletter could provide information how members can interface with governors. **Action: LH to include this in Monthly e-newsletter.**	**LH**
h.	In relation to the membership application form, JB suggested that 'Become a foundation trust members' is replaced with 'become a member of your local hospital'. She offered to assist LH with updating the membership application form.	
8.	**Guest speaker**	
a.	The committee noted that Barbara Benedek was unable to attend this meeting and that she would be invited to attend the April committee meeting. **Action: JL/PO to invite Barbara Benedek to 20 April committee meeting.**	**JL/PO**
9.	**Council of Governors Funding Report**	
a.	This report was noted.	
10.	**Feedback from members**	
	None.	
11.	**Any other business**	

a. b.	KK emphasised the importance of setting BME membership targets and engaging people who are less engaged including membership from the diverse range of backgrounds within our local communities. The committee agreed that meetings should alternate between the two hospital sites.	
12.	**Date of Next meeting** – 20 April 2016	

The meeting closed at 12.30.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 17 March 2016

AGENDA ITEM NO.	13.3/Mar/16
REPORT NAME	Council of Governors Funding Report
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Jane Lewis, Deputy Director of Corporate Affairs
PURPOSE	To keep the Council of Governors updated on the governor spend.
SUMMARY OF REPORT	This report provides an update on the Council of Governors budget. For the financial year 2015/16 the Council of Governors budget is £69k. Of the £54k, circa £26k has been spent to date on the projects approved by the Council of Governors.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	NA
LINK TO OBJECTIVES	All
DECISION/ ACTION	To note.

2015/16 Financials for Projects

Project Name	Estimated Spend	Actual Spend to Date	Expected Expenditure Period	Lead	Approved by the Council of Governors
Open Day 2015	£ 20,000.00	£ 19,301.94	May/June 15	Layla Hawkins	17 July 2013
12 Members' E-News	£ 648.00	£ 648.00	Monthly	Layla Hawkins	17 July 2014
5 Medicine for Members seminars 2015/16	£ 4,167.00	£ 168.00	Quarterly	Layla Hawkins	17 July 2014
Annual Members' Meeting 2015	£ 5,000.00	£ 2,523.69	Sep/Oct 15	Layla Hawkins	17 July 2014
1 membership mailing per year (Feb 16)	£ 10,000.00		Mar 16	Layla Hawkins	17 July 2014
Quality Awards	£ 3,000.00	£ 1,647.16	May/Oct 15	Zoe Penn	17 July 2014
Computer Software for GV	£ 716.66	£ 716.66	May 15	Layla Hawkins	14 May 2015
Membership Promotional Banner	£ 250.00	£ 250.00	August 15	George Vasilopoulos	11 August 2015
Christmas events 2015	£ 10,000.00	8,986.79	Nov/Dec 15	Layla Hawkins	22 October 2015
Christmas gifts to adult inpatients	£ 1,000.00	£ 735.87	Dec 15	Anna Hodson-Pressinger	3 December 2015
TOTAL FOR 15/16	**£ 54,781.66**	**£ 26,172.32**			

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 17 March 2016

AGENDA ITEM NO.	14/Mar/16
REPORT NAME	Governors' Questions
AUTHOR	Various
LEAD	Sir Thomas Hughes-Hallett, Chairman
PURPOSE	To discuss and agree.
SUMMARY OF REPORT	The enclosed calendar lists the Council of Governors, its sub-committees and other related meetings.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	N/A
DECISION/ ACTION	For discussion and agreement.

Council of Governors Calendar of Meetings

	Feb 2016	March 2016	April 2016	May 2016	June 2016	July 2016	August 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017
Council of Governors Meetings		**17 Mar** 16.00-18.00 CWFT Gleeson Lecture Theatre		**19 May** 15.00-17.00 WMUH Room A		**21 Jul** 15.00-18.00 CWFT Boardroom **Annual Members' Meeting**		**22 Sep** 15.00-17.00 WMUH Room A			**8 Dec** 16.00-18.00 CWFT Boardroom			**16 Mar** 15.00-17.00 WMUH Room A
COG Agenda Sub-Committee Meetings	**17 Feb** 16.00-17.00 CWFT Boardroom		**20 Apr** 16.00-17.00 CWFT VHB		**22 Jun** 16.00-17.00 CWFT VHB		**24 Aug** 16.00-17.00 CWFT VHB			**16 Nov** 16.00-17.00 CWFT VHB			**2 Feb** 10.00-11.00 CWFT VHB	
COG Membership Sub-Committee Meetings	**11 Feb** 10.00-12.00 CWFT VHB		**20 Apr** 12.00-14.00 CWFT Boardroom		**30 Jun** 12.00-14.00 CWFT Boardroom			**2 Sep** 12.00-14.00 CWFT Boardroom		**9 Nov** 12.00-14.00 CWFT Boardroom			**9 Feb** 14.00-16.00 CWFT Boardroom	
COG Quality Sub-Committee Meetings	**19 Feb** 12.00-14.00 CWFT Boardroom		**27 Apr** 12.00-14.00 CWFT Boardroom			**1 Jul** 12.00-14.00 CWFT Boardroom		**8 Sep** 12.00-14.00 CWFT VHB		**11 Nov** 12.00-14.00 CWFT Boardroom			**10 Feb** 12.00-14.00 CWFT Boardroom	
COG Away Day					**23 Jun** All day Venue TBC									
Informal Governors/ NEDs Meetings			**7 Apr or** 12.00-13.00 WMUH Room A	**5 May** 11.00-12.00 CWFT Boardroom					**6 Oct or** 12.00-13.00 WMUH Room A	**3 Nov** 12.30-13.30 CWFT Boardroom				