Chelsea & Westminster Hospital NHS Foundation Trust Council of Governors

Boardroom, Chelsea and Westminster Hospital 15 February 2018 16:00 - 15 February 2018 18:00



COUNCIL OF GOVERNORS 15 February 2018, 16.00 – 18.00 Boardroom, Chelsea and Westminster Hospital

Agenda

	1.0	STATUTORY/MANDATORY BUSINESS			
16.00	1.1	Welcome (including to newly elected governors) & Apologies for Absence Apologies received from Angela Henderson and Guy Pascoe.	Verbal		Chairman
16.02	1.2	New Governors introduction	Verbal		New Governors
16.08	1.3	Declarations of Interest	Verbal		Chairman
16.10	1.4	Minutes of Previous Meeting held on 30 November 2017 & Action Log	Report	For Approval / For Information	Chairman
16.15	1.5	Quality			
	1.5.1	'Where we are with our staff' and People & OD Committee Report to Council of Governors	Report	For Information	Liz Shanahan /Steve Gill
	1.5.2	Private Patients	Report	For Information	Chief Operating Officer / Paul Goodrich
16.45	1.6	Council of Governors sub-committee membership	Report	For Approval	Chairman / Lead Governor
	2.0	PAPERS FOR INFORMATION			
16.55	2.1	*Chairman's Report	Report	For Information	Chairman
17.00	2.2	*Chief Executive Officer's Report	Report	For Information	Chief Executive Officer
17.15	2.3	*Performance & Quality Report, including 2.3.1 Patient Services Team update 2.3.2 Workforce Performance Report	Report Pres. Report	For Information For Information For Information	Chief Operating Chief Operating Officer / Director of HR & OD
17.25	2.4	*Governors' Questions	Report	For Information	Chief Executive Officer
17.35	2.5	*Quality Sub-Committee Report: 9 February 2018	Verbal	For Information	Lead Governor

17.40	2.6	*Membership Sub-Committee Report: 8 February 2018	Verbal	For Information	Deputy Chair of Membership Sub- Committee
	3.0	OTHER BUSINESS			
17.45	3.1	Questions from public	Verbal		Chairman
17.55	3.2	Any other business	Verbal		Chairman
18.00	3.3	Date of next meeting – 17 May 2018			

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





Council of Governors Meeting, 15 February 2018

AGENDA ITEM NO.	1.2/Feb/18
REPORT NAME	Announcement of Council of Governors election results
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Sir Thomas Hughes-Hallett, Chairman
PURPOSE	To update.
SUMMARY OF REPORT	As enclosed.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	N/A
LINK TO OBJECTIVES	All.
DECISION/ ACTION	To note.



NHS Foundation Trust

Council of Governors election results January 2018

Public Governors

- London Borough of Richmond upon Thames: Johanna Mayerhofer (elected unopposed)
- London Borough of Richmond upon Thames: Fiona O'Farrell (elected unopposed)

Johanna Mayerhofer

I live in Kew with my husband and two young children, and currently volunteer at a state primary school helping children with French, reading and maths.

Over the years, I have come into contact with the NHS on a number of occasions: as a patient, as a close relative of consultants and carers working for the Trust, and witnessing first hand the tireless dedication and care of NHS staff as they saved the lives of two dear friends. Given the pressures the health care system is currently facing, and the critical role it plays in our lives, I am keen to dedicate my time and energy to assisting the Trust in whichever way I can, hopefully making a difference for the future.

Professionally, I have extensive experience in market research and evaluation, using the findings to create appropriate strategies for different client needs and requirements. I am compassionate, care about people and their needs and, in addition, I am a good listener and communicator. I would now like to use my skills towards a worthwhile and important cause, listening to and conveying the concerns and queries of patients, carers and the local community at large, and thereby contributing pertinent insights in order to assist the Trust remain at the forefront of healthcare.

If elected, it would be an immense privilege to represent the Trust and the people it serves, as we strive together to ensure the highest quality patient care for all.

Political Party: None

Financial or other interest in the Trust: None

Fiona O'Farrell

Originally from Ireland, I've lived in Richmond for almost 10 years and in Twickenham for eight years prior to that, it would be an honour to play my part in ensuring my local hospital Trust continues to be run safely, with the needs of patients at the heart of everything it does.

I've had personal experience of a close family member being seriously ill in hospital for a long period of time, which has given me an insight into how vulnerable and lost patients and their families can feel.

I have worked in communications and public relations for more than 20 years, in both the corporate and charity sectors, often managing large teams of people. I am decisive and a pragmatic problem solver, I believe that my skills and experience from my career, family illness and indeed life in general would allow me to make a valuable contribution to helping shape how high-quality services offered by the Trust are developed.

I believe in the ethos of the NHS – healthcare for all, free at the point of use. I believe that its vital that the health needs of the community are provided for by locally accessible services. Having input from members of the public who care passionately about the NHS, elected by people who care about their NHS services, really does show what a wonderful institution the NHS is. We must ensure that the NHS is funded properly by Government, so that it can continue to care for us all.

Political Party: The Labour Party

Financial or other interest in the Trust: None



Chelsea and Westminster Hospital **NHS**

NHS Foundation Trust

Minutes of the Council of Governors Meeting Held on 30 November 2017 at 15.00 in room A, West Middlesex

Present:	Sir Thomas Hughes-Hallett	Trust Chairman	(THH)
	Julia Anderson	Appointed Governor	(JA)
	Nowell Anderson	Public Governor	(NA)
	Richard Ballerand	Public	(RB)
	lan Bryant	Staff Governor	(IB)
	Simon Dyer	Patient Governor	(SD)
	Cllr Catherine Faulks	Appointed Governor	(CF)
	Jodiene Grinham	Staff Governor	(JG)
	Angela Henderson	Public Governor	(AH)
	Anna Hodson-Pressinger	Patient Governor	(AHP)
	Kush Kanodia	Patient Governor	(KK)
	Paul Kitchener	Public Governor	(PK)
	Chisha McDonald	Staff Governor	(CMD)
	Lynne McEvoy	Staff Governor	(LMc)
	Guy Pascoe	Public Governor	(GP)
	David Phillips	Patient Governor	(DP)
	Sonia Samuels	Public Governor	(SS)
	Johna Jamacis	Tuble dovernor	(33)
In Attendance:	Lesley Watts	Chief Executive	(LW)
	Karl Munslow-Ong	Deputy Chief Executive	(KMO)
	Sandra Easton	Chief Financial Officer	(SE)
	Sarah Ellington	Interim Board Secretary	(SEL)
	Nick Gash	Non-Executive Director	(NG)
	Eliza Hermann	Non-Executive Director	(EH)
	Jeremy Jensen	Non-Executive Director	(11)
	Liz Shanahan	Non-Executive Director	(LS)
	Chris Chaney	Chief Executive CW+	(CC)
Apologies:	Juliet Bauer	Patient Governor	(JB)
	Tom Church	Patient Governor (TC)	(TC)
	Nigel Davies	Public Governor	(ND)
	Christopher Digby-Bell	Patient Governor	(CDB)
	Elaine Hutton	Public Governor	(EHA)
	Martin Lewis	Public Governor	(ML)
	Mark Nelson	Staff Governor	(MN)
	Andrea Petre-Goncalves	Patient Governor	(APG)
	Tom Pollock	Public Governor	(TP)
	Matthew Shotliff	Staff Governor	(MS)
	Laura Wareing	Public Governor	(LWa)

1.0	STATUTORY/MANDATORY BUSINESS
1.1	Quality Awards presentations
	The Chairman noted that the aim of the Trust's Council of Governors' Quality Awards is to recognise and reward initiatives from an individual or team who have made an improvement to the quality of care given to patients, or whose initiative has greatly enhanced the working methods of Trust staff. The Awards are presented for projects meeting all or some of the established criteria set by the governors. These are Patient Safety, Patient Experience, Clinical Effectiveness and the Trust Values.
	This Autumn there are two winning teams and one individual winner that have been selected for their

work.

The governors Simon Dyer, Anna Hodson-Pressinger and Guy Pascoe who are members of the Quality sub-committee presented awards to their winners.

- 1. Dr Rashmi Kaushal and her Team for their outstanding work on a new, on-line endocrine referrals system, which has resulted in much improved and quicker patient referrals and reviews.
- 2. Dr Dominika Dabrowska for adapting and introducing the "Gentle" Caesarean Section Protocol to the Trust.
- 3. The Specialist Palliative Care Team for greatly improving the Fast Track discharge process of patients at the end of life.

The Chairman congratulated all winners on their excellent initiatives.

1.2 Election of new Governors – Announcement of results

Election results had been published on the Trust website and circulated to Governors and newly elected Governors were as follows:

Christopher Digby-Smith Patient Governor

Martin Lewis Public Governor, City of Westminster
Mark Nelson Staff Governor, Class: Medical and Dental

Richard Ballerand Public Governor, Royal Borough of Kensington and Chelsea

Jodiene Grinham Staff Governor, Class: Contracted

The Council of Governors noted that Philip Owen had not retained his seat as Public Governor for the Royal Borough of Kensington and Chelsea. Council wished to thank Philip in his absence for the great contribution and dedicated service which he had given the Trust for many years, particularly in the area of membership. It was hoped that the Trust would still benefit from Philip's close involvement as member.

Election of Lead Governor - Announcement of results

The two candidates, Dr Simon Dyer and Anna Hodson-Pressinger, had given inspiring presentations at the Council of Governors informal pre-meeting before Council. Votes had been cast, the poll closing at the start of Council of Governors Meeting at 15.00. One governor had tried to cast a vote by telephone, which was not accepted under the Constitution. One governor had tried to vote after Council of Governors began, which was also not accepted.

The results were:

Dr Simon Dyer: 11 votes Anna Hodson-Pressinger: 7 votes

Dr Simon Dyer was duly elected as lead governor.

1.3 Welcome (including to newly elected governors) & Apologies for Absence

Apologies were noted as above. The Chairman recognised that newly elected governors would only have known the outcome of the election on 27 November 2017 and absences were inevitable.

The Chairman welcomed in particular the newly elected governors who were present, Richard Ballerand, Public Governor, Royal Borough of Kensington and Chelsea and Jodiene Grinham, Staff Governor, Class: Contracted. Mark Nelson, Staff Governor, Class: Medical and Dental had attended the lead governor candidate presentations and vote, but had to return to Trust duties.

1.4 Declarations of Interest

Sir Thomas Hughes-Hallett reported his interest in HelpForce CIC. He is founder Chair and main

founder of this not for profit organisation. He is also an adviser to Optum.

Other governors had declared interests which were not relevant to matters before Council's meeting today.

Governors were encouraged to seek guidance on interests which had to be declared from the Interim Board Secretary and Board Governance Manager.

1.5 Minutes of Previous Meeting held on 28 September & Action Log

These had previously been circulated to governors for comment on 20 October and were accepted as a true and accurate record save for:

1.4.1 which was amended from

"PK asked if there was capacity for a doctors mess.

There was a discussion around the importance of this. The Chairman considered this was important, but it was noted space was limited and nurses had no meeting place."

To read instead

"PK regretted the inclusion of the closure of the doctors' mess as an example of ways to free up more space for patient services, at a time when medical morale and recruitment were of such great concern."

In addition, THH noted the Health and Well-being group had now had two meetings and feeds into People and Organisational Development board committee (POD).

Action: Refer this question to the Health and Well-being Group.

Action: Add to COG forward plan for THH to present in + 6 months with The Director of HR and OD and with the Director of Communications on progress of the Health and Well-being group. VD¹

THH told Council the Interim Board Secretary had received a letter of resignation from London Borough of Richmond Upon Thames public governor, Paul Harrington. There were now 2 vacancies for public governors in the London Borough of Richmond Upon Thames and elections would be launched shortly. No candidate had stood in the last election.

On initiatives to encourage applicants, Council did not want NEDs to directly seek candidates who would stand, considering the potential of a conflict arising. However, they undertook to encourage candidates from members, endorsed the mailshot to all members which would take place and suggested internal communications and possibly a local newspaper advertisement.

THH read an e mail received that morning from former governor Alan Steel in response to the Trust's offer of a meeting with the Chairman, Medical Director, Governor, Non-Executive. Alan Steel referenced the meeting being in Liverpool. Council was not prepared to require the Chairman and other colleagues to attend a meeting in Liverpool, given the drain on resources and commitments of these 4 individuals. Council asked the Chairman to offer a meeting by skype, telephone or at the Trust's hospitals at Chelsea or West Middlesex.

1.6 Quality

1.6.1 Quality Committee Report to Council of Governors

EH thanked Council for the opportunity to present for the second time as Chair of the Quality Committee. She presented the paper, which was noted, and highlighted:

- Care Quality Commission (CQC) was visiting sites next week, with the Well-led inspection in January. Issues of culture were flagged in the 2014 inspections. It was anticipated the CQC will see improvement. The formal report was expected in March/ April 2018.
- Quality priorities had been taken forward, with different levels of progress across the 7 priorities. Reducing unexpected admissions of full term babies into NICU benchmarked well

¹ The Medical Director has confirmed there is a doctors' mess at both the West Middlesex and the Chelsea site Page 3 of 6

nationally. In frailty there had been a reduction of falls causing severe harm. More work was needed on reducing falls causing moderate harm. On sepsis, governors had asked how the Trust performed against national benchmarks. Metrics were under review for consistency nationally, such that no national benchmark was available. Patient experience metrics needed further review. The complaints response backlog had cleared from 80 to 14 and EH noted close scrutiny was needed to ensure progress was maintained. DP asked how difficult that was. LW noted it was about getting the right response out and then ensuring learning is disseminated. CMD noted complaints were a challenge for many Trusts. EH acknowledged this, noting the Trust had one of the lowest level of complaint responses overturned by the Parliamentary and Health Service Ombudsman. GP noted that Council of Governors Quality Committee had seen excellent progress. KK asked if CQC would look at complaints. LW noted they see data on a continuous basis. EH noted these results were only for half the year on Quality priorities, there was time for more progress.

Quality Committee evaluation. A CQP team member sat in for July's Committee. She found it
was appropriately challenging, but rushed, so there was not necessarily time to consider all
patient impacts. Committee had been extended from 2 to 3 hours as a result, in practice it was
mostly 2 and a half hours. A CQC representative observed in September and found committee
very transparent and open. Committee had completed its annual self-evaluation. There was a
good response rate, 70%. There was work to do on reports from divisions. LW noted there
was a template for reports to Executive Board, which would be shared with QC.

AH-P asked when they see a trend, how does the Committee make sure they see it improve? EH confirmed this is by close monitoring and oversight and had worked well with hospital acquired grade 4 pressure ulcers. AH commended the presentation and asked what top concerns were? EH noted Winter preparedness, increased non- elective demand and agency spend, including retention and recruitment, particularly in nursing and midwifery had all been raised. There are fewer issues emerging which EH feels are easily within the Trust's control; she feels the Trust has a better grip on that.

2.1 *Chairman's Report

THH presented his report, which was noted. He had recently seen the Chief Executive of NHS England, who complemented the Trust's performance and would be visiting the West Middlesex site soon. PK asked if further funding was likely. It was thought not. THH had also written to the Chair of NHSI to offer support given recent developments in NW London.

AH asked if volunteering funding would expedite that programme. THH was conflicted, and EH as Quality Committee chair answered and will be the Non-Executive with responsibility for volunteering. Volunteering presented to Quality Committee in October, when the same question was asked. A H-P asked about Rachael Allsop, Head of Volunteering, and Serena Venticonti working together. They were working together and work will not be lost.

2.2 *Chief Executive Officer's Report

LW presented her report, which was noted. She highlighted:

- The Trust was really looking forward to the CQC visit next week. Staff were really committed to improvement. There was a collective feeling everyone is responsible. There was good positivity amongst nursing staff. Both hospitals were very busy, but performance remains pretty high. With Winter, respiratory disease in particular was driving up demand. Staff absolutely love the governor awards. Turnover of staff is decreasing slightly. Christmas events are 8.12.17 on Chelsea site and 13.12.17 on West Middlesex site. Staff were really going the extra mile.
- The Chief Executive of Imperial, Ian Dalton, has now left to become Chief Executive of NHS I from 4.12.17.
- The Royal Brompton & Harefield NHS Foundation Trust (RBH NHS FT) had approval to continue to provide children's services on Fulham Rd. The Trust would continue with paediatric work

arrangements with RBH NHS FT for the next 5 years and are planning on working with RBH and other partners to ensure the best possible services for the population of North West London.

• Discussions about bringing the 8 NW London CCGs together continued. There had been some proposed changes in leadership.

KK asked about the licence for RBH NHS FT being conditional on complying with standards, including all services on one site. KMO said NHS England require that within 5 years. LW said that gave us the Trust the opportunity to look at partnerships and collaboration more widely.

CF congratulated LW and staff for a fantastic result. CF asked where the increase in non-elective demand was coming from. LW noted demographic factors, with an ageing population and growth in patient expectations – patients choose to be seen in A&E rather than wait to see a GP. We saw a growth in paediatric emergencies, but the reason is not clear.

CF asked if the difficulty in recruitment abroad was resolved and LW confirmed it was.

SD asked for more in depth updates on STPs and on the administrative changes to outpatient appointments. LW noted there had been updates to public board and THH agreed to ask Non-Executive Directors Liz Shanahan and Steve Gill to present an update to Council.

Action: Updates on STPs to COG KMO

Action: Update on administrative changes and impact on patients RH SG LS

2.3 *Council of Governors Effectiveness Evaluation Feedback

SEL presented the report, which was noted.

Reasons for the low return of the questionnaire may be the concurrent discussion item.

Early thoughts on the issues raised included the following ideas:

- More time at COG in scrutinising the Trust performance
- Clear benchmarking for COG of performance nationally
- We will audit whether all NEDs have now presented to COG

THH said the new Company Secretary, with KMO will look at the issues raised and compare practice at peer organisations. SD confirmed he was happy to contribute to discussions. There was discussion about the low response rate to questionnaires, and also those voting in the lead governor elections. On the first, this could indicate governors had no great concerns.

SE referred to the paper on eligibility and training circulated to governors. All present had returned the self-certification on eligibility. Training would be available soon and should be completed by the end of January.

2.4 *Performance & Quality Report, including

Report noted. No questions.

2.4.1 Winter Preparedness

Report noted. No questions.

2.4.2 Workforce Performance Report - Month 6

Report noted. No questions.

2.5 *Governors' Questions

AH-P raised the question of Christmas carols. LW confirmed these can take place. Governors should arrange through her.

AH-P asked if patients with mobility problems, but without a blue badge, could be given authorisation by a doctor for closer parking, using blue badge bays.

LW noted revenue from car parking is a source of funding. If there are particular issues, the Trust would review, but the revenue was important. THH noted there was a place for drop off. KK asked whether

disabled patients had free parking. KMO confirmed yes for one hospital site but not for the other. KK asked for a look across to other Trusts in London.

Action: Trust to look at standardising arrangements for blue badge holders across our two sites KMO **Action:** Trust to look at how it can support arrangements for parking/drop off for less mobile patients on both main hospital sites KMO

NA Asked about the Trust's policy on sexually abusive behaviour. THH confirmed Raising Concerns had been included at Governor Away Day.

NA Asked about a report of rudeness from medical staff. LW confirmed rudeness anywhere will not be tolerated and should be reported, to follow due process.

NA Asked about A & E staff asking about certain machines in the department. THH asked NA to provide details so this could be investigated.

Action NA to write to THH with further details

NA asked about being unable to get through to maternity ultrasound by phone.

Action: PN to investigate.

LW responded to SS' written question on moving temporary staff to permanent. LW said the vast majority of permanent staff are also bank staff. This suits lots of staff better. The Trust invites appropriate agency staff to become permanent. The Trust has to pay small amount of money to do so, but that is not a hurdle. LMC confirmed there is an issue around flexibility, which is needed in different ways, but she felt there is an effort to recruit temporary to permanent. Both LW and LMC had personally persuaded temporary staff to become permanent. Every ward had a sign asking staff if they wanted to become permanent. NG asked SS let him know if there is a specific issue.

AH-P asked about any likely agreement between the government and unions on pay. THH confirmed there was no further information at this stage.

2.6 *Quality Sub-Committee Report: 16 November 2017

Minutes were noted and accepted. SD asked for an update on re-organisation of outpatient appointments, considering positive and negative impact on patients.

Action: as 2.2 above

2.7 *Membership Sub-Committee Report: 09 November 2017

Minutes were noted and accepted.

3.1 Questions from public

None

3.2 Any other business

SEL asked for expressions of interest within a week for members of the Membership Committee, who would then elect a new chair.

3.3 Date of next meeting – 15 February 2018

The meeting closed at 17.00



NHS Foundation Trust

Council of Governors – 30 November 2017 Action Log

Meeting	Minute number	Agreed Action	Current Status	Lead
Nov 17	1.5	Minutes of Previous Meeting held on 28 September & Action Log Action: Refer PK's question to the Health and Well-being Group.	The Medical Director has confirmed there is a doctors' mess at both the West Middlesex and the Chelsea site.	тнн
		Action: Add to COG forward plan for THH to present in + 6 months with The Director of HR and OD and with the Director of Communications on progress of the Health and Well-being group.	This is on the forward plan for May COG meeting.	VD
	2.2	*Chief Executive Officer's Report Action: Updates on STPs to COG.	This is included in the CEO Report.	кмо
		Action: Update on administrative changes and impact on patients	This is on current agenda.	RH/SG/ LS
	2.5	*Governors' Questions Action: Trust to look at standardising arrangements for blue badge holders across our two sites KMO	Update to be provided at next Council meeting	кмо
		Action: Trust to look at how it can support arrangements for parking/drop off for less mobile patients on both main hospital sites.	Update to be provided at next Council meeting	кмо
		NA Asked about A & E staff asking about certain machines in the department. THH asked NA to provide details so this could be investigated. Action NA to write to THH with further details.	Complete.	NA/THH

	NA asked about being unable to get through to maternity	Permanent admin roles are now in place with no vacancies in	PN
	ultrasound by phone.	this area.	
	Action: PN to investigate.		



People and Organisational Development Committee, Chairpersons report to Council of Governors, February 2018

As the governors are now familiar with, this is the second report to the Council of governors and my last as Chair. It is intended to give you an overview of the activity and effectiveness of the People and Organisational Development committee. This report covers the 2017/2018 year to date.

About the Committee Chairman during this period

For those of you new to the Council of Governors, I am from Kerry, which is in southwest Ireland, but I have lived in London now longer than I have lived in Ireland. I have almost always worked in healthcare and life sciences. Initially, for a major pharmaceutical company, subsequently for a number of communication consultancies, and eventually, I started my own company, Santé Communications, which became one of the worlds leading healthcare communication companies. My company covered corporate, financial, brand & medical communications, as well as employee engagement.

I sold the business to a management consultancy and exited in 2014. I am now an investor & advisor to pharmaceutical, biotech and start-up/scale up health corporations and I am a director of some of those. I was awarded Kerry Person of the Year at the end of last year.

I was appointed a non-executive director of Chelsea and Westminster FT in July 2014.

My tenure as Chair of the People and Organisational Development Committee ended on 1st February 2018, and the new Chair, Stephen Gill, will, I am sure, introduce himself more formally in the next report.

Committee Background and Terms of Reference

The committee was first established in March 2015. Until that point, all people related issues were addressed at the main board. It was clear to all board members that our people, probably our most valuable asset, needed greater scrutiny and assurance, and that a subcommittee of the main board was the most appropriate way to achieve that. It was thus agreed that we would establish the People and Organisational Development Committee.

Because it is a relatively new committee, the terms of reference have been through a number of iterations, with the last being in July 2017. In addition, we have spent some time thinking about how we focus on the pivotal issues around our people that impact on the organisation to ensure we focus on those.

The committee terms of reference can be summarised via its key aims.

That is to provide the Trust Board of Directors with assurance on matters related to the staff and the development thereof to the highest standards and that there are appropriate processes in place to identify any risks and issues and management accordingly. It is also there to ensure opportunities are not missed and capitalised upon for the benefit of patients, our people and the organisation.

The Committee in particular looks at the following areas:

- People and Organisational Development strategy and planning (including recruitment and retention)
- Leadership development and talent management
- Education, skills and capability (clinical and non-clinical, statutory and mandatory)
- Performance, reward and recognition
- Culture, values and engagement

Given the remit of the Committee, there are a number of groups that report into the committee, some of which are only recently formed, are namely:

- The Workforce Development Committee, Chaired by our HR Director
- The Education Strategy Board, which is chaired by our Medical Director
- The Partnership Forum, Chaired by our HR Director
- The Proud Health & Wellbeing Action Group, Chaired by CW's Chair

Committee Membership and Attendance

Members	Title	Attendance Record
Liz Shanahan	Chair	4/5
Nick Gash	Non-Executive Director	4/5
Martin Lupton	Observer, Imperial College London	3/5
Keith Loveridge	Director of HR and OD	4/5
Lesley Watts	Chief Executive	5/5
Zoe Penn	Medical Director	5/5
Rob Hodgkiss	Chief Operating Officer	4/5
Pippa Nightingale	Chief Nurse	3/5
Mark Titcomb	Hospital Director, C&W	5/5
Tina Benson	Hospital Director, WM	2/5
Vanessa Sloane	Director of Nursing	4/5
Natasha Elvidge	Associate Director of Resourcing and People Planning	5/5
Christine Catlin	Assistant Director of Learning & Organisational Development	4/5
Gillian Holmes	Director of Communications	2/2
Sandra Easton	Chief Financial Officer	1/1
Julie Myers	Company Secretary	1/1

From February 2018, Nick Gash also stepped down from the People & Organisational Committee. The new NEDs on the board, in addition to the new Chair are Eliza Herman and Gary Simms.

Our people have been identified as one of our two most important priorities by the main board, so the focus of attention on this group is quite significant. Committee participation and contribution has been very good, and we have regularly invited additional individuals to present to us. As Chair, my approach is evolving as the Committee matures and I am sure the new Chair will continue to further develop the committee.

The approach/key items addressed by the committee.

The committee has both strategic and deep dive sessions with some items being addressed at every

meeting such as Key Performance Indicators, which give us a detailed insight into our workforce parameters. It has taken a little time for the data to be robust and reliable, but we are now assured of the quality of the data. Staff profile data covers key areas such as vacancy rates, turnover, sickness, temporary staffing usage, core training, staff career development and staff performance and development.

There are a number of key issues, which need to be addressed by the Committee at least once a year, and in 2017/2018 the committee reviewed:

- The staff survey
- Medical staff annual appraisal and revalidation
- Statutory and mandatory training compliance
- Equality and diversity annual report
- Health and well-being
- The new performance and development review process

The key areas that the committee has reviewed in 2017/2018 are:

Strategic and deep dive reviews:

- Future hospital model and the workforce implications including changes to pharmacy, radiography and our flexible workforce.
- Our communications and staff engagement strategy
- The impact of Cerner on work organisation and culture. A more detailed review of this will be presented to the people and organisational development committee at a date to be agreed between the new Chair and the Director of HR
- Strategic review of clinical education, learning and development, including cost collection
- A number of deep dives on hard to recruit areas including the AAU/AMU and women's and children's.
- The joiners and levers survey results it is too soon to draw conclusions on this data
- Evaluation of the Leadership development and Capital Nursing programmes
- The workforce elements of the clinical fellows projects
- We have had a number of reviews on temporary staffing and the Flexistaff project.
- Our 24 seven hospital strategy

Other areas:

- The guardian of safe working hours (for Junior Doctors) exception report
- The GMC national training survey results
- Approval of the workforce elements of the Board Assurance Framework
- Approval of the framework for approving redundancy payments
- Approval of the fit and proper persons test, including policy and declaration
- Review and note the Raising concerns strategy and log
- Noted our Employee Relations scorecard
- Confirmed assurance on core 21 regulatory standards for the CQC NHSI self certification

Committee Forward Plan

Our strategy meetings will address:

- Behavioural change
- Improving culture
- Succession planning

We are reviewing/undertaking deep dives on:

• A deep dive on the Attraction programme 12 months on and a detailed overview of how we

have improved our employee experience and our retention & recruitment.

- Health & Wellbeing
- Workforce equality
- NHS Staff Survey results

Conclusions - What's Working Well, What Needs Improvement

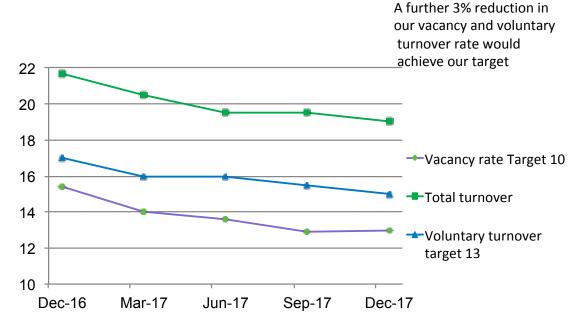
A Committee evaluation process was conducted in January 2018 and the overall evaluation was favourable. The Committee continues to evolve and will do so I am sure even further with its new Chair. We need more robust KPIs in some areas and we have already seen some good improvements in key areas, see appendix, which I am sure the People & Organisational Development Committee will continue to scrutinise and evaluate going forward.

This is a brief overview of the work of the People & Organisational Committee, and I look forward to answering any questions at the upcoming meeting of the Council of Governors.

Liz Shanahan 9th February 2018

Appendix Some key workforce improvements in 2017/2018

Recruitment progress

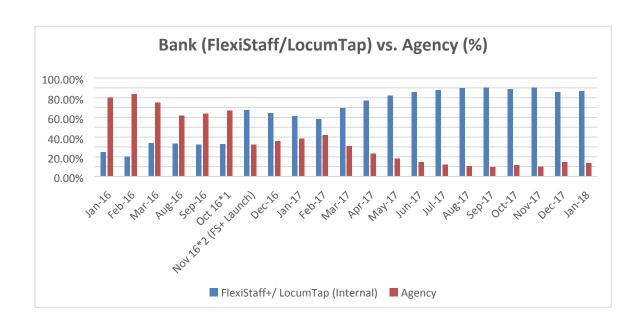




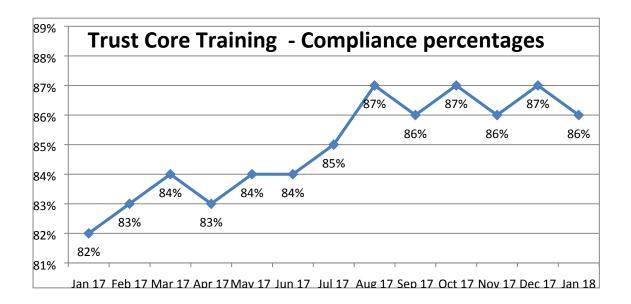
Chelsea and Westminster Hospital NHS Foundation Trust

1

Agency versus Bank staff in WMUH A&E utilising FlexiStaff/LocumTap



Trust Core Training Compliance Trend from January 2017

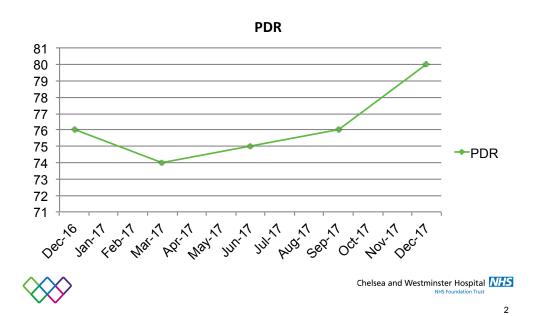


The trend shows the year end 5% higher than the start of 2017.

Towards the end of March 2017, staff experienced significant IT issues playing ESR eLearning courses - temporary solutions of paper returns and eLearning for Health were put in place from May 2017, which is reflected in the recovery and improvement of figures from that date.

Autumn turnover of trainee doctors and new intakes of nurses are reflected in the highs and lows from Aug-Nov. December saw the release of learning.chelwest and specific messages focusing on training compliance from the Chief Executive. Information Governance (80%) is currently well below the trust target of 95% and significant numbers of staff (approx. 800) are due to lapse over the next 3 months.

Staff development



6





Private Patients

Briefing Document

Council of Governors Meeting

Feb 15th 2018

Private Patients - background

Private Patient services at the CW site currently generate c. £19.5m of private patient income, with **100%** of the proceeds being returned to the Trust as non-NHS income. The team also have responsibility for identifying overseas patients using the NHS and ensuring that where applicable, costs are charged and recovered.

•	Maternity Services	c. £9.00m
•	Assisted Conception Services	c. £2.50m
•	Paediatric Services	c. £0.75m
•	General Adult Medical, Surgical and Diagnostic Services	c. £6.75m
•	Overseas Patients	c. £2.5m

Private Patient services at Chelsea support 3,800 patients each year, where 55% choose to self-pay for their treatment, 36% use their corporate and / or personal medical insurance and 8% are sponsored by their embassy.

The current mix of patients is biased towards women who account for 82% of all patients and 86% of the total revenue. The ACU service is managed within Private Patients, but is shared 50/50 with the NHS.

Of all consultants working at the Chelsea site, 184 have private practicing privileges at the hospital. The majority also practice at one or more 3rd party facilities. Few consultants exclusively practice at the Trust.

The board recognise that, based on the success of private patient units at other leading London Trusts, the PP activity and performance could be significantly increased through stronger leadership and further investment in infrastructure. This is likely to occur in 2 distinct phases. In the near term (1-3 years) access to capital will be restricted and therefore asset utilising existing real estate and infrastructure will be a priority in addition to a clear brand strategy. Beyond 3 years, it is expected that the Trust's private offering will take a transformational leap to become a leading PPU in London, likely to be in a public / private collaboration or JV, where the majority of capital is sourced external to the Trust and new facilities acquired.

There are significant opportunities to further develop the contribution from PP within each of the following service line segments:

- Obstetrics and Assisted Conception
 - Already a major strength, the Trust has one of the largest NHS and private maternity units in London.
 This service offers significant scope for further growth and development, including the potential to expand capacity supported by ongoing investment in Trust NICU services.
- Specialist services where the Trust has an excellent reputation for NHS services, which sub segments as follows:
 - o Paediatrics presents an opportunity due to the lack of capacity within the small number of London competitors, and the potential to collaborate with neighbouring NHS organisations.
 - Burns, and the associated cosmetic service pathways, where The Trust is recognised as a national centre
 of excellence.
- Private adult surgery, medicine and diagnostics
 - This area has underperformed historically due to lack of dedicated theatre slots, lack of dedicated marketing and business development, sub-optimal administrative processes, and strong competition from private operators attracting Trust Consultants.

Business Development

The objective is to profitably grow private patient income to double the current revenue within the next 5 years, by attracting more private patients to the hospitals and by encouraging consultants to bring more of their PP work to CWFT sites. This will require a concerted effort in building consultant confidence in the service provision offered by the Trust and also investment into an outward facing identity and brand to establish the trust as a B2C / B2G2C destination hospital. This model has been successfully developed by other leading NHS Trusts in London, with some generating significant non NHS income from private care.

Hospital	Revenue
Royal Marsden	£100m
GOSH	£50m
Imperial	£48m
Royal Brompton	£45m
Royal Free	£27m
Moorfields	£20m

There is a significant market opportunity to grow CWFT's PP business across private medical insurance (PMI), self-pay and international payer groups. CWFT's sites are located in areas with high average income and much higher than average levels of PMI membership. Due to the high proportion of obstetrics and ACU services, there is a much higher proportion of self-pay than at most private hospitals, and a gap exists to further develop appropriately priced packages of care, together with a cost effective 'direct to consumer' marketing approach. Securing the support of consultants goes hand in hand with growth. Repatriating private patients to the Trust will occur when consultants are confident in the services their patients receive, but also in the services that they receive.

Managing conflicts in NHS / Private Patients care

Within the hospital environment there are a number of possible operational conflicts that can arise in the service of private and NHS patients. These include; A&E admissions and bed shortages, access to diagnostic tests and theatre availability, elective care and access to HDU / ICU beds. The Trust considers all patients as 'Trust' patients and care is prioritised on clinical need and not on the ability to pay. Where possible, Chelsea and Westminster operates an integrated operating model (ACU, Private Paeds and Chelsea Wing) and regularly utilises beds that have been earmarked as private for NHS patients, but never the other way around. When private patients are treated, there are safeguards, rules and protocols in place to make sure that NHS services are not affected. Such measures include using diagnostic equipment and theatre capacity outside of core hours, often into the evening and at weekends. High acuity cases are rarely performed at the trust in a private setting as access to HDU / ICU cannot be guaranteed on an elective basis.

Market Drivers

According to research by LaingBuisson, the private acute medical care market in Greater London was valued at £1.6bn in 2016 and represents 41% of the UK market.

The London Market has seen very strong revenue growth over the past 9 years and showed no deterioration during the recent and prolonged recession, suggesting that this trend is likely to continue.

Independent hospitals account for 77% of the market and NHS Private Patient Units the remaining 23%. Both segments have shown strong growth due to a number of factors, including the continued success of London as a destination for overseas patients (although in the past 12 months, this has sharply declined), as well as a general trend towards more day case and outpatient treatments, as well as enhanced and more pervasive diagnostics.

Other notable trends positively impacting the growth of private care include; CCG funding withdrawal for certain procedures, private medical insurance innovation, NHS waiting times, baby boomers and life-style decisions, package pricing and financing options, Dr Google, wearable technology (Fit Bit Brigade) and the rise of the 'worried-well.'

Continued and forecast growth has attracted a number of new entrants into the market including The Cleveland Clinic, VPS Healthcare and Schoen Clinic who will be opening new state of the art facilities in 2018, 2019 and 2021.

The other trend in private care is in the shift away from 'general hospitals' to a focused / specialised service where manufacturing sector principles of production line efficiency enables both lower cost and better patient outcomes.

Summary

Chelsea & Westminster Hospital is geographically advantaged to support private patients and as the NHS funding gap widens, Private Patients offers a viable and growing source of income to finance Trust initiatives. Private activity takes place without impacting on NHS commitments and utilises equipment and theatre space out of hours. Encouraging consultants to perform private activity at the Trust is an enabler for consultant recruitment and retention and maintains a senior clinician presence on site 'out of hours.'



Chelsea and Westminster Hospital MHS

NHS Foundation Trust

Council of Governors Meeting, 15 February 2018

AGENDA ITEM NO.	1.5.2/Feb/18
REPORT NAME	Private Patients
AUTHOR	Paul Goodrich, Managing Director Private Care
LEAD	Rob Hodgkiss, Chief Operating Officer
PURPOSE	To update the Council of Governors on private patient services at Chelsea and Westminster Hospital NSH Foundation Trust.
SUMMARY OF REPORT	This paper, which has been produced by Paul Goodrich, provides an overview of private patient services at Chelsea and Westminster Hospital and details the development opportunities.
	Paul Goodrich is the Managing Director of Private Care at Chelsea and Westminster NHS Foundation Trust, overseeing a portfolio of private services including 'The Kensington Wing' PMU, ACU, paediatrics and an adult surgical and elective ward. Paul joined the Trust in September 2017. Paul was previously Director of Consultant and Therapist Management at Bupa and General Manager for Offshore / Mining health services at International SOS for North Europe. Paul's earlier career was spent in the oil and gas industry, spending 12 years in various parts of the world in strategic collaborations.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	To deliver financial sustainability
DECISION/ ACTION	To note.





Council of Governors Meeting, 15 January 2018

AGENDA ITEM NO.	1.6/Feb/18
REPORT NAME	Council of Governor Committee membership
AUTHOR	Julie Myers, Company Secretary
LEAD	Simon Dyer, Lead Governor
PURPOSE	To ensure good governance
SUMMARY OF REPORT	Review of Committee membership
KEY RISKS ASSOCIATED	Failure to ensure appropriate Committee membership is a risk to good governance and therefore to the Trust generally.
FINANCIAL IMPLICATIONS	None
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	All
DECISION/ ACTION	For discussion

Introduction

The Council of Governors has four sub-committees:

- Agenda
- Quality
- Membership and Engagement
- Nomination and Remuneration

Purpose

This paper is to advise the Council of the current membership of the Committees including proposals for filling vacancies based on responses to a call for expressions of interest. We have too many volunteers for Nomination and Remuneration and it may be that one may be persuaded to join the Membership and Engagement Committee where we need one more volunteer?

Agenda	Nominations and	Quality	Membership and
	Remuneration		engagement
Current membership:	Current membership:	Current membership:	Current membership:
Simon Dyer, Lead Governor	Simon Dyer, Lead Governor	Nigel Davies, Chair	David Phillips, Deputy
David Philips, Patient	Tom Church, Patient	Simon Dyer, Patient	Chair/Patient Governor
Governor	Governor	Governor (and Lead	Nowell Anderson, Public
Nowell Anderson, Public	Angela Henderson, Public	Governor)	Governor
Governor	Governor	Nowell Anderson, Public	Ian Bryant, Staff Governor
	Elaine Hutton, Public	Governor	Anna Hodson-Pressinger,
	Governor	Anna Hodson-Pressinger,	Patient Governor
		Patient Governor	Elaine Hutton, Public
		Kush Kanodia, Patient	Governor
		Governor	Matthew Shotliff, Staff
		Chisha McDonald, Staff	Governor
		Governor	Tom Pollak, Public
		Lynne McEvoy, Staff	Governor
		Governor	
		Guy Pascoe, Public	
		Governor	
		Sonia Samuels, Public	
		Governor	
		Laura Wareing , Public	
		Governor	
		In attendance:	
		Sonia Richardson, Patient	
		Representative on the	
		West London CCG	
Vacancies:	Vacancies:	Vacancies:	Vacancies:
1 - staff governor	2 – either public or patient	None	
1 - appointed governor	governors		2 – either patient, public or
			staff
Expressions of interest:	Expressions of interest:	No change	Expression of interest:
Professor Mark Nelson,	Richard Ballerand, Public		Richard Ballerand, Public
	Governor		

Staff Governor	David Philips, Patient Governor Guy Pascoe, Public Governor Sonia Samuels, Public	Governor
	Governor	
Suggestion: Add Professor Nelson to the Committee One appointed governor vacancy remains	Suggestions: a) Richard Ballerand to join membership and engagement committee (where interest also expressed) b) David Philips to join as a patient governor c) Sonia Samuels join as a public governor.	Suggestion: a) Add Richard Ballerand to the Committee b) One patient, pubic or staff vacancy remains





Council of Governors Meeting, 15 February 2018

AGENDA ITEM NO.	2.1/Feb/18
REPORT NAME	Chairman's Report
AUTHOR	Sir Thomas Hughes-Hallett, Chairman
LEAD	Sir Thomas Hughes-Hallett, Chairman
PURPOSE	To provide an update to the Public Board on high-level Trust affairs.
SUMMARY OF REPORT	The attached report was presented to the Board at its January meeting and has been updated.
	Governors are invited to ask questions on the content of the report.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	This paper is submitted for the Governor's information.





NHS Foundation Trust

Chairman's Report February 2018

1.0 Welcome

Whilst somewhat belated, I would like to take this opportunity to wish everyone a Happy New Year! As I look back as Chairman over the Trust's achievements in 2017, I am incredibly proud of the contribution and commitment to improvement which the Board has seen across the Trust. 2018 will bring considerable challenges, but I am confident we have the ability to meet them.

2.0 Christmas

I really enjoyed attending the Christmas events at both West Middlesex and Chelsea sites, with the chance to meet patients and staff. We are thankful as ever to the Governors and staff for the time and effort they put in to make these events a success. I was particularly grateful to our wonderful school choirs who sang so beautifully.

I join the Chief Executive in thanking all those staff who worked over Christmas to bring care and attention to all patients, and would add my thanks to Lesley, who herself was in the Trust on Christmas Day, as she has been since her appointment.

I was delighted to receive the attached letter from the Secretary of State in January, which honours the excellent achievement of our staff at this difficult time.

3.0 Care Quality Commission (CQC) inspection

I defer to the Chief Executive for comment, but would like to say that I have been very impressed by the preparation which I have seen, including the opening presentation to CQC, which I was keen to circulate; it was such a good summary of our Trust's work. We were subject to the 'Well Led' CQC inspection in January and this provided us with an excellent opportunity to show our progress and commitment to values.

4.0 Governor Elections

New Governors have been elected in five constituencies: Christopher Digby-Smith, Patient governor; Martin Lewis, Public Governor, City of Westminster; Mark Nelson, Staff Governor, Class: Medical and Dental; Richard Ballerand, Public Governor, Royal Borough of Kensington and Chelsea; Jodiene Grinham, Staff Governor, Class: Contracted. We are also delighted that we have two new public governors for London Borough of Richmond Upon Thames: Johanna Mayerhofer; and Fiona O'Farrell. The Council of Governors meeting of 30 November 2017 noted with particular thanks the contribution of former governor Philip Owen, which I heartily endorse. Governor Paul Harrington resigned on 30 November, and I would also like to thank Paul for his public service to the Trust.

5.0 Lead Governor Elections

I was pleased to hear that both candidates, Anna Hodson-Pressinger and Dr Simon Dyer gave inspirational presentations prior to the Council of Governors' election of lead governor. Simon was duly elected and I look forward to working with him as Lead Governor.

6.0 Update on Board Committees

I have considered further how the Non-Executive can best contribute to the Board and have rearranged some responsibilities to take account of our new NEDs, Steve Gill and Gary Sims. To allow time for handover, any changes are effective from 1 February.

- Quality Committee will be chaired by Eliza Hermann, supported by Nick Gash and Dr Andrew Jones.
- **People and Organisational Development Committee** will be chaired by Steve Gill, supported by Eliza Hermann, Gary Sims and Martin Lupton.
- **Finance and Investment Committee** will be chaired by Jeremy Jensen, supported by Nick Gash and Nilkunj Dodhia.
- Audit and Risk Committee will be chaired by Gary Sims, supported by Liz Shanahan and Nilkunj Dodhia.

In addition, Non-Executive portfolios will be:

- Estates, led by Dr Andrew Jones;
- Information technology, led by Nilkunj Dodhia, supported by Steve Gill and Gary Sims;
- Marketing and Communications, led by Liz Shanahan;
- Strategy, to include succession planning, led by Jeremy Jensen, supported by Steve Gill, Dr Andrew Jones, Liz Shanahan and Nick Gash;
- Health and Wellbeing, myself;
- · Raising Concerns, Nick Gash; and
- for the Charity, CW+, Nick Gash.

7.0 Company Secretary

I am delighted that we are able to welcome Julie Myers as Trust Company Secretary. Julie joins us from the Legal Services Board, where she was Corporate Director. We will bid farewell to Sarah Ellington who returns to Weightmans solicitors after her secondment with us. Sarah has done a tremendous job in her time with us and has become an admired member of the executive team. We will all miss her.

8.0 Commissioner, regulator and local partner developments

After a very short spell as Chief Executive of Imperial NHS Trust, Ian Dalton CBE has left to become Chief Executive of NHS Improvement and Professor Julian Redhead has become interim Chief Executive pending a substantive appointment. I look forward to seeing Ian shortly in his new role.

We are also mindful that there are changes taking place at NW London CCG level, and Lesley, in her provider lead role, is supporting colleagues to ensure we continue with our stated objectives as part of the STP.

There have also been changes at both CQC and NHS Improvement and Lesley and I will meet with our new counterparts by the end of this financial year.

9.0 NHS Improvement (NHSI) NExT Director scheme

I am delighted to advise Governors that the Trust has agreed to take part in this scheme, which has been developed by NHSI to help find and support the next generation of talented people from black, Asian and minority ethnic (BAME) communities to become non-executive directors in the NHS. We have offered an eight-month placement to a candidate identified by NHSI, providing an opportunity to learn first-hand about the challenges and opportunities associated with being a non-executive director in the NHS today. Our placed candidate, Renuka Jeyarajah-Dent, is currently Deputy Chief Executive/Director of Operations at Coram, the children's charity. We are looking forward to working with her.

10.0 Report from January Closed Board

The Board discussed a number of items in closed session including agreement in principle to the establishment of a new Board committee to provide strategic oversight to IT, in particular, the development of a refreshed IT strategy. The Board's current governance arrangements for IT matters include oversight of governance and risks by Audit and Risk Committee (ARC) and oversight of financial and investment decisions by Finance and Investment Committee (FIC). It is expected that these arrangements will continue, but with a dedicated forum to allow for a more joined up overview.

The Board also discussed financial planning for 2018/19, progress on the implementation of the electronic patients record system and the proposed contract for 'Soft' facilities management.

Sir Thomas Hughes-Hallett **Chairman**





Council of Governors Meeting, 15 February 2018

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





NHS Foundation Trust

Chief Executive's Report

November 2017

1.0 **Care Quality Programme**

The CQC Inspectors spent three days across both sites at the beginning of December, and it was good to hear a lot of very positive comments. The CQC team was impressed with our dedicated and caring staff and positive culture. They noticed the end-of-life care had improved a great deal and was now well-embedded and compassionate. There were two unannounced visits in the two weeks that followed inspection, and we still have the Well Led inspection as the final stage of the process to complete in mid to late January. On behalf of the Trust Board I wanted to extend a huge thank you to our staff for all of their endeavours, it makes us all feel very PROUD.

2.0 Performance

Despite a very challenging month, especially with Paediatric demand, the Trust achieved all regulatory Quality Indicators; one of the few trusts in the country to do so. The A&E Waiting Time figure was met for November at 95.02% with the Chelsea Site achieving 95.7% and West Middlesex 94.4%. The 95.02% compares favourably with the 91.1% reported for the same month in 2016 despite nearly an 8% increase in demand for our services. For the first time this financial year, the RTT incomplete target was achieved in November at 92.3% with the Planned Care Division on the Chelsea site continuing to demonstrate month on month improvements, which is now enabling the overall Trust to report a compliant position. All reportable Cancer Indicators met the targets again in November. This is a fantastic achievement in the context of increased demand and system pressures and demonstrates the amazing efforts of all of our staff in giving our patients the very best of care.

3.0 **Staff Achievements and Awards**

Council of Governors' Autumn Quality Awards:

- Dr Rashmi Kaushal and her team for their outstanding work on a new online endocrine referrals system.
- Dr Dominika Dabrowska for adapting and introducing the "gentle" caesarean section protocol to the Trust.
- The Specialist Palliative Care Team for greatly improving the Fast Track discharge process for end of life patients, so they can be cared for in the setting of their choice.
- The David Erskine Ward Team received a highly commended.

Our latest PROUD award winners:

- Dawn Bishop, Women & Children
- Charmaine Robinson, Carolyn Lye-La and Rajesh Thaplial, Planned Care
- Hannah Balcombe, Emergency/Integrated Care

Cheer Award winners:

Chelsea and Westminster Hospital:

- Aleck Dalrymple, Senior ODP, Treatment Centre
- Cristina Sagun, Staff Nurse, David Erskine Ward
- Donna Omanjo-Dormer, Staff Nurse, Ron Johnson
- Emily Hague, Midwife, Antenatal Department
- Gina Fernandes, Receptionist, Medical Day Unit
- Hosein Farzanekhoo, Diagnostic Radiographer
- Ian Barrow, Ultrasonographer, Radiology
- Juliet Bance, Healthcare Assistant
- Linda Date, Receptionist, MDU
- Marie Courtney, Deputy Director of Estates
- Sharon Aylott, Play Specialist, Mars Ward
- Shockema Roberts, Healthcare Assistant
- Irfan Mohammed, Deputy Director of Finance
- Catherine Sands, Head, Emergency Preparedness
- Therapy Team
- Ron Johnson Ward (special mention)
- ISS Team (special mention)

Our Children's Therapies, Jupiter & Neptune and Saturn wards received best decorated awards (first-third place respectively).

West Middlesex University Hospital:

- Beau Honour, Administrator, Estates and Facilities.
- Beverley Snee, Senior Midwife/Ward Coord
- Cristina Dalumpines, Maternity Assistant
- Jessica Wickens, Occupational Therapist
- Linda Cobbing, Patient Administrator
- Naheed Ahmad, Medical Secretary, Cardiology
- Olivia Green, Physiotherapist, Orthopaedics
- Sally Dauncey, Practice Development Midwife,
- Tracy Armstrong, Paediatrics Matron, Starlight Ward
- Coronary Care Team
- Syon Ward 2 Team (special mention)
- ISS Team (special mention)

Our Gynaecology, Paediatrics and Coronary Care Unit received best decorated awards (first-third place respectively).

4.0 Health and Safety Executive

Following the tragic death of Damian Bowen, a laboratory technician employed by Trust at St. Stephen's Centre in October 2011 a number of internal and external investigations have taken place. The final stage of this process was the Health and Safety Executive prosecution brought against both the Trust and Imperial College. The first hearing of the case took place on 28th June 2017 at Westminster Magistrates Court. Both the Trust and Imperial College entered guilty pleas. The first court hearing to decide on sentencing took place on 16th November 2017. At the subsequent and final hearing on 12th December 2017 the Judge's summary findings were as follows;

- The court agreed with the parties' respective assessment of medium culpability;
- The Judge recognised the degree of cooperation given by the Trust to HSE; its prompt notification of the police; extensive improvements made at St Stephens, its "profound regret and heartfelt apology" to Mr Bowen's family
- The Judge acknowledged the Trust and Imperial College's submission of early guilty pleas.

Prior to the HSE case there was an Inquest to establish the circumstances surround the death of Mr Bowen held in October 2016. Mr Bowen was working alone out of hours and accessed the liquid nitrogen (LN) room at the St Stephen's Centre. He was exposed to a fatal dose of liquid nitrogen. During the Inquest, procedures surrounding the use of LN at St Stephen's were criticised, and questions were raised about the Trust and Imperial College's lone working policy and the ventilation systems at St Stephen's Centre. These provided the base of the HSE prosecution. The outcome of the Inquest was a narrative conclusion.

We have made clear at both the Inquest and subsequent HSE prosecution that the Trust has reviewed it's systems to ensure that robust and rigorous policies and procedures have been put in place to avoid this situation from ever happening again.

Finally, and most importantly, Karl Munslow-Ong, our Deputy Chief Executive, spoke in person to the family to express our deepest regret and sincere condolences.

5.0 Communications and Engagement

We had a packed agenda at our monthly all staff briefing sessions with staff presenting on standing against gender based violence (launching our new domestic abuse policy and referral pathways), getting ready for Cerner EPR, end of life care, sepsis and flu. Alongside the monthly CEO Newsletter there will be regular newsletters from each Division and one for Nurses and Midwives as well as all the usual team meetings and huddles to make sure everyone is fully informed of the latest Trust news. The latest all staff briefing is attached to my report.

We're working hard to ensure our new recruits are made to feel welcome with special divisional breakfasts to get to know each other, social activities such as special cinema nights in the C&W medi-cinema. Looking after all our staff is a top priority and a special Proud action group has been set up to focus on their health and wellbeing, which is chaired by Sir Tom Hughes-Hallett.

There have been many ideas and innovations from our staff all of which help with our quality of care. This has included a campaign to improve dental hygiene, a hand app developed by one of our senior occupational therapists and a new service with therapy dogs. We also marked awareness days around health with World Diabetes Day, Prematurity Day and Worldwide Stop Pressure Ulcer Day, where we have seen a significant reduction in pressure ulcers across the Trust.

We also received positive coverage in the press for our sexual health clinic at 56 Dean Street (an 80% reduction in new HIV diagnoses), and for the incredible transformation our maternity facilities will undergo thanks to a generous donation from the Reuben Foundation.

We held two successful Christmas events last month – with carol services, music and entertainment, informative stands, Santa's Grotto and more – they were well-attended and enjoyed by patients, school children, staff, volunteers and community members alike. We also had a host of wonderful VIP visits in the lead up to Christmas, and we're incredibly grateful to Chelsea FC, England Rugby Sevens and Brentford FC in particular for helping spread festive cheer.

A special thank you goes to our estates and facilities teams, as well as our contractors, for their work in developing Grottos. Particular mention should also go to our new Lead Governor Simon Dyer, and a number of other Governors for their efforts around the Grotto Christmas presents. We are, as ever grateful, to the Friends of Chelsea and Westminster Hospital for funding prizes for the Christmas Cheer and Best Decorated Ward/Department competitions.

Resources:

We have developed a video that showcases our Trust and why we are so proud of who we are and what we do: http://www.chelwest.nhs.uk/about-us/organisation/video-proud-to-care

A sepsis screening framework has also been created. The form is a very important tool for all of our clinical staff to help identify any patients who have suspected, confirmed or low-risk sepsis.

6.0 Update from Strategic Partnerships Board

As I have previously reported to Trust Board, the Strategic Partnerships Board (SPB) continues to monitor our various strategic work programmes. In November and December the SPB received updates on:

- Board Strategy Working Group and how we should reflect existing and future partnerships and relationships
- The North West London Sustainability & Transformation Partnership
- Our exploratory work with Accountable Care Partnerships including in Hammersmith & Fulham where, as agreed at the November Board, the FT has now signed a formal Partnership Agreement
- Other key items included:
 - Pan provider productivity programmes and in particular the NWL Joint Pathology service
 - Estate development on the West Middlesex site and the relationship with the wider Shaping a Healthier Future programme.

Board Strategy Working Group (BSWG)

The BSWG, led by Jeremy Jensen our Deputy Chair, has met three times between September and December as it considers our purpose, vision and brand; and the wider environment and a strategic framework for the refresh of the Clinical Services Strategy and Quality Strategy (both due in 2018). To support the work the BSWG has received *deep dive* backing packs for:

- Integrated Care
- Urgent & Emergency Care
- Planned Care
- Women's, Children's and HIV and Sexual Health

The BSWG is due to meet one final time in January and will then report back to Trust Board thereafter with its overview and recommendations.

North West London Sustainability & Transformation Partnership (STP)

The STP continues, broadly, on its twin track process:

- A series of detailed service/system improvement initiatives focussed on closing current quality and financial gaps. The guiding principles of consolidation, scale, and standardisation where they deliver improvements are being applied to clinical and clinical support areas.
- 2) A smaller number of transformational programmes focussed on fundamental population health priorities such as Diabetes, Mental Health and Older Adults; and core enablers such as the Care Information Exchange, Business Principles and Workforce Development

In parallel – and as a component part of the STP – the Shaping a Healthier Future programme continues through a complex assurance process. Strategic Outline Case (SOC) 1 which relate to outer North West London, was considered at the NHS Improvement Board in September and, in response to their questions on assumptions on the proposed reductions in non-elective admissions, four 'risk and mitigation' scenarios are being developed for return to NHSI by 19 January:

- a shortfall in the reduction in non-elective activity of 20%
- a shortfall in the reduction in non-elective activity to 16/17 plan levels
- revising assumed level of non-elective (and other activity) down to a floor financial level (where the additional cost to the health economy did not exceed 0.5% of total CCG spend)
- maximising the physical bed capacity as indicated by providers

The Trust continues to take a prominent leadership position in the STP. The CEO chairs the Provider Board, a number of our clinicians are leading the specialty based re-design programmes, and the Trust's quality, operational and financial performance helps to support our position in shaping and influencing the wider design of the health and care system.

Hammersmith and Fulham Integrated Care Partnership

As agreed at the November Board the FT has now signed the Integrated Care Partnership Agreement.

Using the learning from national Vanguard programmes such as Nottingham and Frimley, the Partnership Programme Board is now engaged in joint work with the CCG with the intent to agree a first generation contract in 2018/19. The impact on the FT will be considered by SPB and in detailed Business Planning.

Congenital Heart Disease

At the end of November NHS England announced its plans to implement new standards related to the care of congenital heart disease (CHD) patients. After an extended consultation period, commissioners have relaxed the original timelines for full achievement of these plans.

We are very pleased that NHS England has not proceeded to decommission paediatric congenital heart disease services from Royal Brompton Hospital (RBH) by April 2019 as had previously been outlined.

As part of the CHD consultation process, RBH submitted ambitious plans for a proposed collaboration with King's Health Partners across cardiac and respiratory medicine and research, which includes adult and children's congenital heart disease services. This would also involve a proposed long term relocation of all Brompton's services on to the St Thomas' Hospital site.

The provision of specialist respiratory and cardiac services by the Brompton forms part of a complex and vitally important network of services that ensure the highest quality care to patients in our sector. We remain firmly committed along with our other academic and health partners to find a long term solution within North West London for the benefits of patients and our world leading research.

Paediatric Surgery

The Trust has continued to work with both Imperial College Healthcare Trust and NHS England on the future provision of paediatric surgery in the sector and the wider issue of tertiary paediatrics more generally for the population of North West London. One of the central challenges has been coordinating care across three principle centres in North West London (Brompton, St Marys and Chelsea and Westminster)

The Trust is engaging both RBH and ICHT in the development of long term plans for paediatric surgery and paediatric critical care and will begin work on a second tranche of service lines from January 2018.

7.0 External Reviews

A list of the external reviews for the next few months is appended to this report.

8.0 Electronic Patient Record

The EPR Gateway 2 report has been produced by E&Y at the request of the Trust Board to provide external assurance on the progress of the EPR programme. The report notes that the gateway criteria have been met and that the level of risk being carried into the next stage of the programme is low. Overall this is very positive but we remain focused on the scale of the challenge ahead of us. There is a series of events from 9 to 11 January for representative staff to review the Cerner EPR system as well as a second Countdown to Cerner event for the leadership team. All WMUH staff will be attending familiarisation training over the coming few weeks ahead of further classroom based training in preparation of the go live in Quarter 1 of 2018-19.

9.0 Finance

In November, we achieved a £1.4m surplus, with a year to date position of £4.6m surplus (on a control total basis), which is in line with our plan. The Use of Resources rating is 1, in line with plan and the Trust performed in line with plan for all areas except for agency spend which is adverse to plan. However, there has been a reduction in agency costs in November compared to the average for the first 7 months of the year.

The year to date underlying financial position is a deficit of £14.9m, so we need to continue our efforts to control pay costs and treat the planned number of patients. We have achieved 51.34% of our 2017/18 savings target of £25.9m against planned year to date achievement of 58%. We need to continue to work hard in the remainder of the year to improve CIP delivery and achieve our target.

Lesley Watts
Chief Executive Officer
January 2017

APPENDIX 1 - External Reviews

Month	Specific Date	Reviewing Authority	Where Will the Inspection Take Place?	Aspects of Compliance to be Tested	Executive Lead	Lead Director	Operational Lead	Reporting Group	Group overseeing compliance	Info/ Timetable
January 2018	9 th January 2018	NHSE	CW/WM	Neonatal Critical Care Peer Review	Zoe Penn	James Beckett	Dr Mark Thomas	WCHGDPP Divisional Board	Trust Compliance Group	
	16 th Jan 10:30-12:30	GRIFT		ENT		Bruno Botelho			Trust Quality Improvement Board	
	22 nd , 23 rd & 24 th January	Well led inspection	CW/WM		Pippa Nightingale					
February 2018										
March 2018	12 th to 14 th of March 2018.	United Kingdom Accreditation Service (UKAS)	Audiology, West Middlesex University Hospital Site	Physiological Services accreditation (IQIPS)	Mr Peter Dawson	Faizal Mohomed -Hossen	Karlien Van Staden Deputy Head of Audiology/Gill ian Ross, Head of Audiology 020 8321 5681	Planned Care Division Board	Trust Compliance Group	March 2018



December 2017

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

COC

Care Quality Commission inspection will be on both sites during 5th, 6th and 7th December. We should anticipate there will be an out of hours visit and some unannounced visits between 7– 17 December. Please contact your line manager and Site Manager if the inspectors visit your area. There's more details on the intranet under Staff Handbook, and you can pick up a little 'Top tips' guide (available from the Communications offices on each site.) New ID holders are also available for your lanyards from the Security desk on each site.

Thank you all for your hard work and commitment leading up to this inspection, the teamwork has been very visible over the past months. The inspection is an opportunity to highlight our services and staff, as well as learning about where we need to put our efforts to continue our quality journey together. Don't forget to reflect upon all the positive things you do in your roles in delivering high quality care to patients.

If you would like any more information, please speak to your line manager or access the Care Quality Programme intranet page:

http://connect/departments-and-mini-sites/cqp/

Quality care update

Our latest performance for the month of October shows that we are doing well across our key measures, including:

	Target	CWH	WMUH	Combined	YTD
	%	%	%	%	%
A&E	>95	94.4	95.5	95.0	94.4
4 hour wait					
Cancer	>93	95.6	94.7	95.1	92.6
2 week					
Cancer	>96	97.8	100	99.0	99.2
31 days					
RTT	>92	90.8	93.1	91.8	91.0
incomplete					

Uniform and Dress Code - Scrubs

There has been an increase in the number of staff who wear scrubs inside and outside of the hospital which is not in line with the policy. Areas that wear scrubs do so primarily to protect patients as part of infection control procedures. The wearing of scrubs to the restaurants, coffee shops and outside the hospital is not permitted. Staff should ensure that they read the relevant section of the policy which can be accessed on the intranet here.

In addition there has been an increase in staff working in wards and departments who should wear uniform being seen to wear scrubs. If you are having difficulty in obtaining a uniform this should be escalated to the Directors of Nursing for each site: Nathan Askew (CWH) and Vanessa Sloane (WMUH). Agency staff should arrive with an appropriate uniform and should not expect to be issued with scrubs on arrival.

New Adult Sepsis Screening Tool

Sepsis is a dangerous and potentially fatal abnormal response to an infection. It is estimated there are around 200,000 cases a year. Without rapid treatment, sepsis can lead to multiple organ failure and death with a mortality rate of 29%. So it's vital we catch it as quickly as possible. We now have a new screening tool to help spot the signs of Sepsis early. It can be found on the intranet at http://connect/departments-and-mini-sites/sepsis/ and should be used for adult patients at both sites — inpatients and ED. Please familiarise yourself with the guidance. Training for clinical staff will begin very soon and there will be an on-going audit of compliance. Separate policies for paediatrics and maternity are available on the intranet.

Financial Performance

In October, month 7 of the financial year, we achieved a small surplus of £0.09m against our monthly plan. However, the over spend on pay continues. The year to date underlying financial position is a deficit of £13.5m so we need to continue our efforts to control pay costs and treat the planned number of patients.

We have achieved 44.7% of our 2017/18 savings target of £25.9m against planned year to date achievement of 53.6%. We need to continue to work hard in the remainder of the year to improve CIP delivery and achieve our target.

Flu vaccination

It is vital that all staff working in frontline, patient facing services receive the flu jab. We all have a responsibility to protect our patients, colleagues and family members from infection, so please make sure you have the flu vaccine. Our target this year is to immunise 75% of our frontline health care staff and we are up to 51% at the moment, compared to 36% at the same time last year. The flu vaccine is also offered to staff who don't work directly with patients.

The flu jab works, it doesn't give you flu, it's safe and easy to get. Just ask your line manager or pop into any number of drop in sessions, or check the intranet for details. Just because you haven't had flu in the past, or are perfectly healthy, doesn't mean you couldn't find yourself with a serious flu infection. Don't risk the health of patients, your family and yourself – be safe, have the flu jab.

If you have any questions or are worried about the vaccine then just contact Occupational Health and Wellbeing (WMUH \times 5044 and CWH \times 58830).

Cerner EPR (electronic patient record) update:

We successfully passed a second external review of our Cerner EPR programme in November. The message was we are doing well but there is still a lot of work to do. There is a series of events from 9 to 11 January for representative staff to review the Cerner EPR system as well as a second Countdown to Cerner event for the leadership team. All WMUH staff will need to attend a familiarisation session in the coming weeks ahead of attending their classroom training. See the Cerner EPR intranet site for more information.

Staffing

Performance development reviews

The cornerstone of our approach to making the Trust a great place to develop a career is good quality performance and development reviews and appraisals. Managers are therefore reminded that everyone in non-medical roles must have had a performance and development review by December 2017.

Mandatory and statutory training

Division	Compliance
Corporate	93%
Emergency and Integrated Care	85%
Planned Care Division	86%
Women, Neonatal, CYP, HIV/GUM etc	83%
Overall compliance	86%

All staff should check they are up to date with their training and managers must ensure that their staff have this in hand. Use <u>Qlickview</u> or <u>Wired</u> which are in the <u>ELearning</u> <u>Apps</u> section of the intranet. Most mandatory and statutory training can be completed using the eLearning website <u>www.e-lfh.org.uk/home/</u>.

Face to face sessions, where needed, can be booked: learninganddevelopmentadmin@chelwest.nhs.uk

Staff wellbeing

In your response to the 2016 Staff Survey 36% of our staff reported that they had experienced harassment, bullying or abuse from patients and/or their relatives and 16% said that they had experienced physical violence. We take the safety of our staff very seriously and as a result of this feedback we have held staff security focus groups with relevant staff on each site to understand more about the issue and to explore what could be done to improve things. Actions to address this issue are now in progress including reviewing security presence, training for staff on how to manage difficult situations and reviewing the literature available for patients highlighting our expectations of how they treat our staff. Further initiatives are underway and more details will be provided on this going forward.

Latest CW+ PROUD award winners

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

- Planned Care The knee clinic team, nominated by a
 patient who has been attending the clinic for many
 years and who described the clinical and clerical staff
 as being 'simply fantastic'. 'As a team they work
 together seamlessly. Their attitude is extremely
 professional' and they are 'friendly, competent and slick
 in the running of the department. Nothing fazes them'.
- Emergency and Integrated Care Hannah Balcombe. Hannah joined the Trust approximately 6 months ago as lead occupational therapist for older people. From the moment she joined she has embraced the PROUD values, putting patients first by initiating and driving a number of projects within older people's services. These include 'Get up and go', an initiative to encourage older patients to get out of bed when in hospital to prevent functional deterioration. She has shown real determination to lead new innovation approaches like this to improve the care of older

- people, drawing upon good practice she has seen in other trusts.
- Women and Children Dawn Bishop. This is a unique role which Dawn has made her own. Dawn is passionate about providing an excellent service to young people. In a short time she has increased uptake of chlamydia screening in Sutton by over 60%. She has achieved this in challenging times by forging new relationships with primary care, pharmacy and voluntary sector colleagues and demonstrates the PROUD values in everything she does.

Visit the intranet to nominate a team or individual.

Council of Governors awards

The aim of the Trust's Council of Governors' Quality Awards is to recognise and reward initiatives from an individual or team who have made an improvement to the quality of care given to patients, or whose initiative has greatly enhanced the working methods of Trust staff. The Awards are presented for projects meeting all or some of the established criteria set by the governors: Patient Safety, Patient Experience, Clinical Effectiveness and the Trust Values. This autumn there are two winning teams and one individual winner that have been selected for their work:

- Dr Rashmi Kaushal and her team, for their outstanding work on a new, on-line endocrine referrals system, which has resulted in much improved and quicker patient referrals and reviews.
- Dr Dominika Dabrowska, for adapting and introducing the 'Gentle' Caesarean Section Protocol to the Trust.
- The Specialist Palliative Care Team, for greatly improving the Fast Track discharge process of patients at the end of life.

The next Trust Quality Awards will be launched during spring 2018 - further details nearer the time.

Christmas events

At each of our hospitals we will be holding our popular Christmas events:

- Friday 8 December 3 5pm at CWH
- Wednesday 13 December 3 5pm at WMUH
 These will be fun, festive events, with carol services, music
 and entertainment, stands, Santa's Grotto and much more!
 The events are free to attend and open to everybody, so
 please invite your family and friends and tell your patients.

Please note that there will be no All Staff Briefing in January 2018



NHS Foundation Trust

Council of Governors Meeting, 15 February 2018

AGENDA ITEM NO.	2.3/Feb/18
REPORT NAME	Integrated Performance Report – November 2017
AUTHOR	Robert Hodgkiss, Chief Operating Officer
LEAD	Robert Hodgkiss, Chief Operating Officer
PURPOSE	To report the combined Trust's performance for November 2017 for both the Chelsea & Westminster and West Middlesex sites, highlighting risk issues and identifying key actions going forward.
SUMMARY OF REPORT	The Integrated Performance Report shows the Trust performance for November 2017.
	Regulatory performance – Despite a very challenging month, especially with Paediatric demand, the A&E Waiting Time figure was met for November at 95.02%. The Chelsea Site achieved 95.7% and West Middlesex 94.4%. The 95.02% compares favourably with the 91.1% reported for the same month in 2016.
	The RTT incomplete target was achieved in November for the Trust, with an improvement in performance to 92.3%. This was the first month in this financial year that this metric achieved the national target with Planned Care on the Chelsea site continuing to demonstrate month on month improvements.
	There continues to be no reportable patients waiting over 52 weeks to be treated on either site and this is expected to continue.
	All reportable Cancer Indicators met the target in November – this constitutes the third month in succession that the Trust has achieved these standards.
	Chelsea and Westminster NHS FT have therefore achieved all 3 National Access standards, being one of the few Trusts to do so. This is a fantastic achievement in the context of increased demand and system pressures.
	There was one reported CDiff infection in November at the West Middlesex site which has been the subject of the requisite root cause analysis.
	Access Due to issues in non-Obstetric Ultrasound at West Middlesex, the Trust has failed to reach the 99% standard in Diagnostic Waits Under 6 weeks at 92.5%. These issues are being addressed.
KEY RISKS	There are continued risks to the achievement of a number of compliance indicators, including A&E performance, RTT incomplete waiting times while cancer

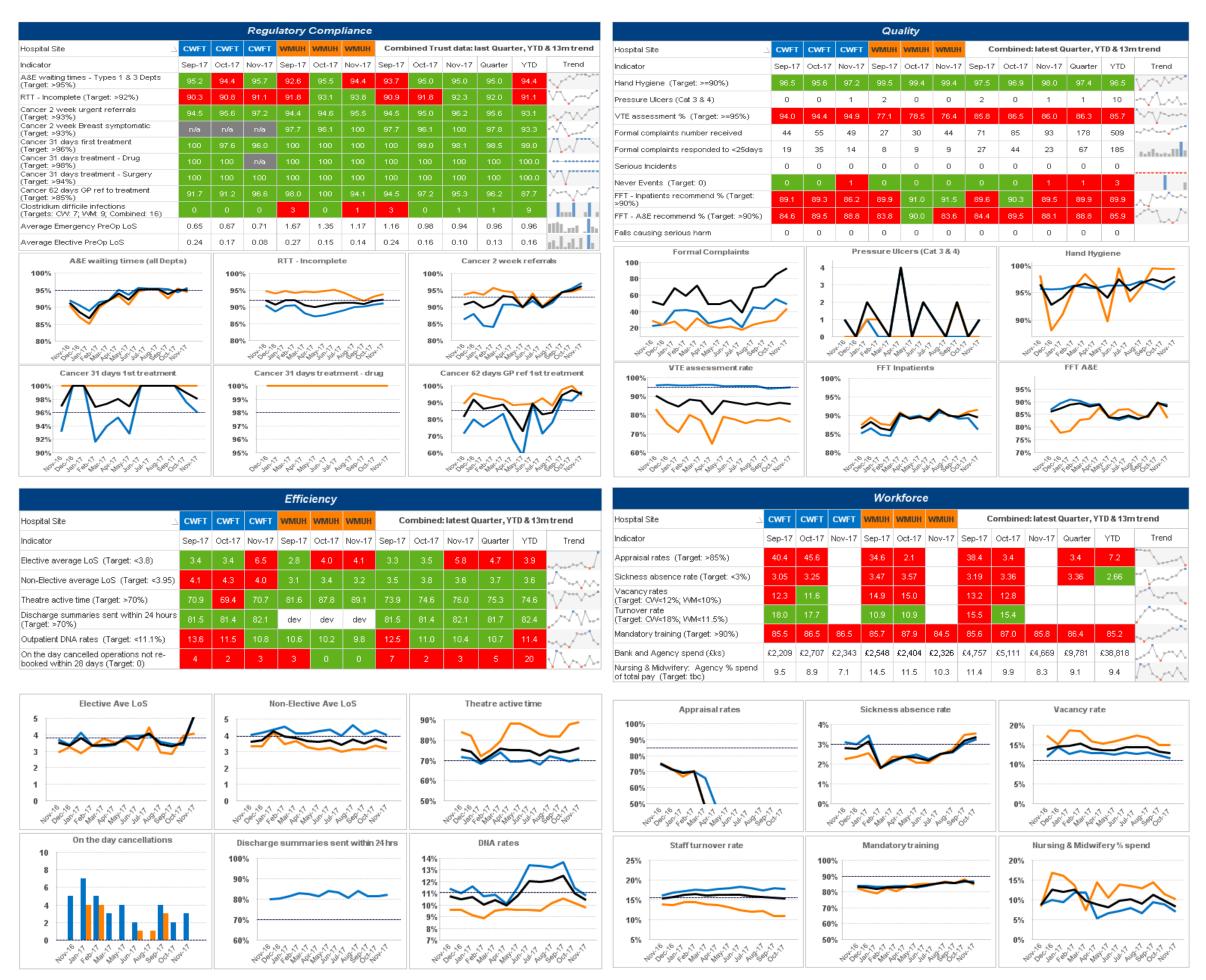
ASSOCIATED:	62 days waits remains a high priority. The Trust is focussing on the Diagnostic Waiting time issues in the weeks to come.
FINANCIAL IMPLICATIONS	The Trust is reporting a YTD surplus of £4.7m which is £0.3m favourable against the plan. The Use of Resources rating is 1 against a plan of 1.
QUALITY IMPLICATIONS	As outlined above.
EQUALITY & DIVERSITY IMPLICATIONS	None
LINK TO OBJECTIVES	Improve patient safety and clinical effectiveness Improve the patient experience Ensure financial and environmental sustainability
DECISION/ ACTION	To note.



TRUST PERFORMANCE & QUALITY REPORT November 2017











NHSI Dashboard

		Cł		Westmins tal Site	ter	U		liddlesex Hospital S	ite		Combine	ed Trust P	erformanc	е	Trust data 13 months
Domain	Indicator \(\triangle \)	Sep-17	Oct-17	Nov-17	2017- 2018	Sep-17	Oct-17	Nov-17	2017- 2018	Sep-17	Oct-17	Nov-17	2017- 2018 Q3	2017- 2018	Trend charts
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	95.2%	94.4%	95.7%	95.1%	92.6%	95.5%	94.4%	94.0%	93.7%	95.0%	95.0%	95.0%	94.4%	V V
	18 weeks RTT - Admitted (Target: >90%)	69.6%	74.0%	75.2%	67.6%	84.4%	88.9%	84.3%	85.0%	77.7%	82.0%	80.0%	81.0%	77.2%	\\\
RTT	18 weeks RTT - Non-Admitted (Target: >95%)	92.1%	92.4%	93.0%	92.6%	91.1%	86.4%	87.9%	90.8%	91.7%	90.0%	91.0%	90.5%	91.9%	~~~~
	18 weeks RTT - Incomplete (Target: >92%)	90.3%	90.8%	91.1%	89.3%	91.8%	93.1%	93.8%	93.8%	90.9%	91.8%	92.3%	92.0%	91.1%	V\
	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	94.5%	95.6%	97.2%	92.7%	94.4%	94.6%	95.5%	93.3%	94.5%	95.0%	96.2%	95.6%	93.1%	
Cancer	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	n/a	97.7%	96.1%	100%	93.3%	97.7%	96.1%	100%	97.8%	93.3%	اللب. بأبار
ease note that	31 days diagnosis to first treatment (Target: >96%)	100%	97.6%	96.0%	97.9%	100%	100%	100%	100%	100%	99.0%	98.1%	98.5%	99.0%	Λ
all Cancer	31 days subsequent cancer treatment - Drug (Target: >98%)	100%	100%	n/a	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
interim, unvalidated	31 days subsequent cancer treatment - Surgery (Target: >94%)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	VV
sitions for the atest month	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	•
lov-17) in this report	62 days GP referral to first treatment (Target: >85%)	91.7%	91.2%	96.6%	80.7%	98.0%	100.0%	94.1%	92.7%	94.5%	97.2%	95.3%	96.2%	87.7%	North Andrew
	62 days NHS screening service referral to first treatment (Target: >90%)	n/a	n/a	n/a	n/a	66.7%	80.0%	87.5%	89.1%	66.7%	80.0%	87.5%	84.6%	89.1%	
atient Safety	Clostridium difficile infections (Year End Targets: CVV: 7; VVM: 9; Combined: 16)	0	0	0	0	3	0	1	9	3	0	1	1	9	
Learning	Self-certification against compliance for access to healthcare for people with Learning Disability	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	
culties Access Governance	Governance Rating	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
	Please note the following three items	n/a	Can refer	to those inc	dicators not	applicable (e	eg Radiothe	erapy) or inc	licators whe	re there is n	o available	e data. Such	n months will	not appear i	n the trend graphs
			RTT Admir	tted & Non-	Admitted are	no longer N	Monitor Con	npliance Indi	icators	Either	Site or Tr	ust overall p	erformance	red in each	of the past three m

Trust commentary

A&E Waiting Times - Performance against the 4 hour target wait

The Trust maintained its compliance with this metric for another month with the Chelsea Site making a marked improvement from October. This is all the more noteworthy given the continued increase in activity. West Middlesex performance in November is above the year-to-date performance and aided the Trust to report the second best figures in London against its peers, the one Trust reporting a better figure having only 40% of the activity numbers reported at Chelsea and Westminster through its doors.

The London average was 87.2% for November.

18 week RTT Incomplete pathways - % waiting over 18 weeks

After a considerable amount of work the Trust was able to report a compliant position for the first time in 2017/18 against this metric. The West Middlesex site improved its performance with the Chelsea Site maintaining an upward trajectory, with its performance in November being the best reported since 2015/2016. Both sites have put considerable effort into treating their longest waiting patients which has supported this improvement.

Cancer Indicators

All reportable Cancer metrics met the target for the third month in succession. Validated October performance saw CWFT as the No.1 performing Trust in the country with good, strong performance continuing into November.

Clostridium difficile infections

There was one case of hospital-acquired CDiff at West Middlesex in November. A root cause analysis was completed. The outcome of the review were as follows; antibiotics were appropriately prescribed in accordance with microbiology advice





Safety Dashboard

		CI		Westmins ital Site	ter	U		liddlesex Hospital S	iite		Combine	ed Trust P	erformanc	e	Trust data 13 months
Domain	Indicator \(\triangle \)	Sep-17	Oct-17	Nov-17	2017- 2018	Sep-17	Oct-17	Nov-17	2017- 2018	Sep-17	Oct-17	Nov-17	2017- 2018 Q3	2017- 2018	Trend charts
Hospital-acquired	MRSA Bacteraemia (Target: 0)	0	0	0	0	2	1	0	3	2	1	0	1	3	M.A
infections	Hand hygiene compliance (Target: >90%)	96.5%	95.6%	97.2%	96.4%	99.5%	99.4%	99.4%	96.7%	97.5%	96.9%	98.0%	97.4%	96.5%	1.0.60
	Number of serious incidents	2	0	5	31	1	2	3	22	3	2	8	10	53	hu. tha.t
	Incident reporting rate per 100 admissions (Target: >8.5)	7.4	6.9	7.8	7.5	9.4	9.7	10.0	9.3	8.4	8.2	8.8	8.5	8.3	11.1.1.1.1
l:-lk-	Rate of patient safety incidents resulting in severe harm or death per 100 admissions (Target: 0)	0.00	0.02	0.03	0.01	0.00	0.00	0.00	0.02	0.00	0.01	0.02	0.01	0.01	
Incidents	Medication-related (NRLS reportable) safety incidents per 100,000 FCE bed days (Target: >=280)	498.03	404.22	716.01	515.28	344.56	285.00	375.85	288.43	425.19	345.04	552.63	445.43	407.58	~_^\\
	Medication-related (NRLS reportable) safety incidents % with harm (Target: <=12%)	15.3%	10.2%	14.9%	10.9%	4.4%	17.1%	6.1%	14.1%	11.1%	13.0%	12.0%	12.4%	12.0%	,~\\.
	Never Events (Target: 0)	0	0	1	2	0	0	0	1	0	0	1	1	3	
	Safety Thermometer - Harm Score (Target: >90%)	95.2%	97.9%	97.4%	96.1%	87.9%	94.6%	96.9%	92.9%	90.7%	95.7%	97.1%	96.4%	94.1%	~~V
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	0	0	1	8	2	0	0	2	2	0	1	1	10	
Harm	NEWS compliance %	96.5%	96.2%	97.1%	96.7%	98.8%	97.3%	97.4%	96.9%	97.2%	96.6%	97.2%	96.9%	96.8%	and the same
	Safeguarding adults - number of referrals	22	15	25	165	32	15	25	203	54	30	50	80	368	Hillild
	Safeguarding children - number of referrals	21	25	49	226	106	83	94	831	127	108	143	251	1057	milli litil
	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	86.4	86.4	86.4	86.4	86.4	86.4	86.4	86.4	86.4	86.4	86.4	86.4	86.4	
	Number of hospital deaths - Adult	28	38	38	267	53	71	66	450	81	109	104	213	717	dhaad
	Number of hospital deaths - Paediatric	0	2	1	7	0	0	0	1	0	2	1	3	8	1 1111111
Mortality	Number of hospital deaths - Neonatal	1	0	3	11	0	0	1	9	1	0	4	4	20	nt. du l
	Number of deaths in A&E - Adult	1	2	5	19	4	6	12	48	5	8	17	25	67	Judhal
	Number of deaths in A&E - Paediatric	0	0	0	0	1	0	0	2	1	0	0	0	2	
	Number of deaths in A&E - Neonatal	0	0	0	0	0	0	0	1	0	0	0	0	1	
	Please note the following	blank cell	An empty	cell denote	s those indic	ators currer	ntly under o	developmen	t	Either	r Site or Tr	ust overall p	performance	red in each	of the past three

Trust commentary

Number of serious incidents

There were 8 serious incidents reported to STEIS (STrategic Executive Information System) in November – 5 at the Chelsea Site and 3 at the West Middlesex Site

A breakdown shows that 1 was a diagnostic incident; 2 were Maternity/Obstetric incidents relating to the baby only' 1 was a Maternity/Obstetric incident relating to the mother only; 2 were surrounding pressure ulcers; 1 was reported regarding slips / trips / falls; with the last round regarding delay in treatment

Further information relating to serious incidents can be found in the SI Report prepared for the Board

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

The Trust has achieved an overall reporting rate of NRLS reportable medication-related incidents of 571/100,000 FCE bed days in November. This is higher than the Trust target of 280/100,000. There were 634 and 376 medication-related incidents per 100,000 FCE bed days at CW and WM sites respectively. There has been an increase in reporting of medication incidents this month compared to recent months

Final Version





Trust commentary continued

Medication-related (reported) safety incidents % with harm

Overall there were 17 incidents that caused harm; 14 occurred at CW site and 3 at WM site. Two incidents caused moderate harm; one involved an incorrect duloxetine prescription which precipitated a hypertensive crisis, the other related to a patient with Type 1 diabetes who experienced a hypoglycaemic episode because they did not receive prednisolone prior to an endoscopy procedure. The incidents that resulted in low harm mainly involved antibiotics, analgesia, insulin, testosterone and antiretroviral medication.

The Medication Safety Group continues to monitor trends and aim to improve learning from medication related incidents.

Never Events

There was one Never Event reported to STEIS in November and subsequently reported to NRLS in December. This was a Maternity incident that occurred in August and concerned a retained swab following a forceps delivery. This was identified following attendance at a perineal appointment at St. George's Hospital. From a CWFT perspective, all system controls were in place and adhered to and the SI investigation is complete with an inconclusive outcome.

Incidence of newly acquired category 3 & 4 pressure ulcers

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

There was one newly acquired pressure ulcer categorised as 3 or 4 reported to STEIS during November2017 at the Chelsea site.

Safeguarding Adults - number of referrals

Following a drop in the number of referrals made in October, consistent levels of referral across both Sites have resumed in November





Patient Experience Dashboard

		Cł		Westmins ital Site	ter	U		liddlesex Hospital S	ite		Combine	ed Trust P	erformanc	e	Trust data 13 months	
Domain	Indicator	∆ Sep-17	Oct-17	Nov-17	2017- 2018	Sep-17	Oct-17	Nov-17	2017- 2018	Sep-17	Oct-17	Nov-17	2017- 2018 Q3	2017- 2018	Trend charts	1
	FFT: Inpatient recommend % (Target: >90%)	89.1%	89.3%	86.2%	89.2%	89.9%	91.0%	91.5%	90.3%	89.6%	90.3%	89.5%	89.9%	89.9%	1	
	FFT: Inpatient not recommend % (Target: <10%)	5.2%	5.0%	5.4%	5.4%	4.0%	4.0%	3.1%	4.4%	4.4%	4.4%	3.9%	4.2%	4.8%	VVV	
	FFT: Inpatient response rate (Target: >30%)	38.3%	38.2%	32.9%	34.9%	31.6%	31.2%	32.3%	32.5%	33.8%	33.8%	32.5%	33.2%	33.3%	- North	
	FFT: A&E recommend % (Target: >90%)	84.6%	89.5%	88.8%	85.9%	83.8%	90.0%	83.6%	86.0%	84.4%	89.5%	88.1%	88.8%	85.9%		
Friends and Family	FFT: A&E not recommend % (Target: <10%)	6.1%	6.3%	6.5%	6.0%	8.5%	5.4%	11.5%	8.7%	6.5%	6.2%	7.2%	6.7%	6.4%	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
	FFT: A&E response rate (Target: >30%)	17.0%	17.3%	17.9%	17.4%	11.7%	10.3%	10.7%	12.4%	15.8%	15.7%	16.4%	16.1%	16.3%		
	FFT: Maternity recommend % (Target: >90%)	93.3%	86.7%	93.0%	91.7%	95.5%	94.2%	86.9%	94.8%	93.8%	88.1%	91.6%	89.8%	92.4%	ul.lidi Li	
	FFT: Maternity not recommend % (Target: <10%)	4.8%	6.7%	2.5%	5.2%	1.5%	1.9%	13.1%	3.8%	4.0%	5.8%	5.0%	5.4%	4.9%	li.l., it di	ı
	FFT: Maternity response rate (Target: >30%)	18.6%	19.8%	19.0%	20.6%	15.8%	12.6%	15.2%	17.2%	17.8%	17.9%	18.0%	17.9%	19.7%	~~^\\	
Experience	Breach of same sex accommodation (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0		
	Complaints formal: Number of complaints received	44	55	49	301	27	30	44	208	71	85	93	178	509	ulthutill	
	Complaints formal: Number responded to < 25 days	19	35	14	132	8	9	9	53	27	44	23	67	185	anthod t	
Complaints	Complaints (informal) through PALS	78	101	73	744	45	94	178	626	123	195	251	446	1370	hhhmh	
	Complaints sent through to the Ombudsman	0	0	0	0	1	0	0	1	1	0	0	0	1	1111	
	Complaints upheld by the Ombudsman (Target: 0)	0	0	0	0	0	0	0	3	0	0	0	0	3	1 111	

Trust commentary

Inpatients

Recommend %: Not recommend %: Response rate %: There was a decline in the number of wards achieving over 90% at the Chelsea site whereas the West Middlesex site achieved its target of >90% in more areas

The Trust continues to meet the target of less than 10% of patients, therefore the average ratings ('neither likely', 'unlikely' or 'don't know') decreased the overall recommendation rate

The inpatient areas achieved the response rate of >30%

A&E

Recommend %: Not recommend %: Response rate %: The A&E departments continue to struggle to reach the 90% recommended target

The West Middlesex site breeched <10% non-recommendation. The comments/themes relating to these scores were waiting times and subsequent communication.

Both sites have not achieved the >30% target. At Chelsea site the ED response rate increased to 25% however the UCC score of 17% decreased the overall score. Kiosks are situated in UCC and main reception, and the hand held devices (on-line surveys) re-commenced Mid-December. Volunteers are also supporting the surveys.

West Middlesex survey kiosk was installed November which has resulted in only a 1% increase in responses. More face to face support is needed in the department.

41% of texts sent to WM ED attendees failed due to either invalid phone number or no phone number – administration checks are needed at point of registration at reception.

Maternity

Recommend %: Not recommend %: Response rate %: The 90% target was reached in November on both sites following a dip in performance the previous month

West Middlesex have historically only provided the Birth touchpoint in the Board Report. This shows in month as 8/61 patients 'not recommending' and is under review.

sponse rate %: Response remains low <10%. Volunteer support is being identified for FFT and hand- held surveys will re-commence end of December.





Efficiency & Productivity Dashboard

		CI		Westmins ital Site	ster	U		Middlesex Hospital S	Site		Combine	ed Trust P	erformanc	e	Trust data 13 months
Domain	Indicator $ o$	Sep-17	Oct-17	Nov-17	2017- 2018	Sep-17	Oct-17	Nov-17	2017- 2018	Sep-17	Oct-17	Nov-17	2017- 2018 Q3	2017- 2018	Trend charts
	Average length of stay - elective (Target: <3.7)	3.45	3.37	3.23	3.61	2.83	3.97	4.09	3.59	3.30	3.52	3.46	3.49	3.60	4\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	Average length of stay - non-elective (Target: <3.9)	4.09	4.29	4.03	4.22	3.14	3.39	3.22	3.20	3.54	3.77	3.57	3.67	3.63	Λ_{\sim}
dmitted Patient	Emergency care pathway - average LoS (Target: <4.5)	5.01	5.05	4.83	5.09	3.88	4.14	3.87	3.86	4.28	4.48	4.25	4.37	4.32	and the same of th
Care	Emergency care pathway - discharges	197	220	214	1644	350	363	335	2749	547	583	549	1133	4394	
	Emergency re-admissions within 30 days of discharge (Target: <2.8%)	3.27%	3.60%	3.56%	3.44%	8.22%	9.74%	9.11%	9.16%	5.59%	6.42%	6.08%	6.25%	6.06%	W~~~
	Non-elective long-stayers	451	505	481	3482	300	322	246	2308	751	827	727	1554	5790	
	Daycase rate (basket of 25 procedures) (Target: >85%)	84.5%	82.0%	80.9%	83.3%	81.8%	86.9%	85.3%	87.5%	83.5%	83.8%	82.7%	83.2%	85.0%	/***\/**
	Operations canc on the day for non-clinical reasons: actuals	20	11	14	115	10	3	4	39	30	14	18	32	154	r.HHL.
TI +	Operations canc on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.74%	0.35%	0.47%	0.49%	0.89%	0.23%	0.32%	0.40%	0.78%	0.32%	0.42%	0.37%	0.47%	,/**\.\.
Theatres	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	4	2	3	15	3	0	1	6	7	2	4	6	21	i lorda
	Theatre active time (C&W Target: >70%; WM Target: >78%)	70.9%	69.4%	70.8%	70.0%	81.6%	87.8%	89.1%	85.8%	73.9%	74.6%	76.1%	75.3%	74.6%	
	Theatre booking conversion rates (Target: >80%)	84.9%	85.1%	85.3%	85.0%	73.4%	74.6%	75.4%	74.3%	80.5%	81.1%	81.6%	81.3%	80.9%	1,
	First to follow-up ratio (Target: <1.5)	1.56	1.48	1.48	1.55	1.26	1.23	1.21	1.24	1.34	1.29	1.28	1.29	1.32	H. mil.
Outpatients	Average wait to first outpatient attendance (Target: <6 wks)	7.9	7.7	7.8	7.7	10.0	9.7	8.2	9.4	8.9	8.7	8.0	8.3	8.6	Andread Party Party
Outpatients	DNA rate: first appointment	15.7%	13.2%	12.3%	13.9%	11.3%	11.0%	10.1%	10.4%	13.6%	12.1%	11.2%	11.7%	12.2%	200 200
	DNA rate: follow-up appointment	12.9%	10.8%	10.3%	11.6%	10.1%	9.6%	9.5%	9.5%	12.0%	10.4%	10.0%	10.2%	10.9%	North Total
	Please note the following	blank cell	An empty	cell denote	es those indic	ators curre	ntly under	developmer	nt	Either	r Site or Tr	ust overall p	performance	red in each	of the past three m

Trust commentary

Elective LoS

The average Elective Length of Stay for patients discharged in November at the Chelsea Site continues to fall.

Non-Elective and Emergency Care Pathway average LoS

Non-Elective average length of stay at both hospitals has shifted below the target and this reflects the concentrated work to address this through a number of schemes: (improving discharge, focussed work on Top 20 longest stayers, better Out of Hours engagement for delayed transfers). This remains an absolute focus for the ECIST (Emergency Care Intensive Support Team) action plan and will be closely monitored as we progress through winter.

Non-Elective Long Stayers

The number of patients staying longer than the national 75th percentile for the admitting diagnosis has fallen for those discharged on November at both sites. This is the result of discharge planning initiatives across the Trust.

Outpatient DNA rates

DNA rates remain high, especially on the Chelsea site. An action plan is in place to address this through the outpatient innovation workstream. The rate of failure to attend at both Chelsea and Westminster and West Middlesex sites continues a trend downwards which is a positive outcome for the action plan





Clinical Effectiveness Dashboard

		CI		Westmins ital Site	ter	U		liddlesex Hospital S	ite		Combine	ed Trust P	erformanc	e	Trust data 13 months
Domain	Indicator	Sep-17	Oct-17	Nov-17	2017- 2018	Sep-17	Oct-17	Nov-17	2017- 2018	Sep-17	Oct-17	Nov-17	2017- 2018 Q3	2017- 2018	Trend charts
	Dementia screening case finding (Target: >90%)	81.0%	96.0%	95.5%	87.6%	93.5%	98.0%	96.3%	95.3%	87.5%	97.1%	95.9%	96.5%	91.8%	
Best Practice	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	95.5%	92.3%	85.0%	94.9%	58.8%	69.2%	91.7%	84.1%	79.5%	80.8%	87.5%	84.5%	90.0%	~~~~
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	100.0%	100.0%	100.0%	100.0%	100.0%	87.5%	100.0%	97.8%	100.0%	91.7%	100.0%	96.3%	98.6%	\wedge
VTE	VTE: Hospital-acquired (Target: tbc)					0	0	0	0	0	0	0	0	0	
VIE	VTE risk assessment (Target: >95%)	94.0%	94.4%	94.9%	95.2%	77.1%	78.5%	76.4%	76.0%	85.8%	86.5%	86.0%	86.3%	85.7%	124
	TB: Number of active cases identified and notified	4	5	3	29	3	1	11	44	7	6	14	20	73	nd Indition
TB Care	TB: % of treatments completed within 12 months (Target: >85%)														
	Please note the following	blank cell	An empty	cell denote	s those indic	ators currer	ntly under o	developmen	•	Either Site	or Trust o	verall perfo	rmance red i	n each of th	e past three month:

Trust commentary

Fractured Neck of Femur - time to theatre within 36 hours for medically fit patients

CW Site: November had 21 patients admitted with #NOF- 2nd highest month to date. 3 patients failed to have surgery within 36h. High number of overall trauma cases and lack of theatre time have contributed to the delays. Work is on-going to improve access to theatres.

WMUH Site: There was 1 breach due to anaesthetic availability- patient was operated on 1 hour after breaching the 36 hour target.

VTE Hospital-acquired

C&W site: Radiology reports are manually screened to identify positive VTE events. Retrospective data analysis in progress to identify hospital associated VTE events.

WMUH site: Data information team developing a programme to identify hospital associated VTE events via radiology reports that is linked to admission episode. Datix team support required to improve reporting of HATs on DATIX for appropriate root cause analysis investigation. Actions in progress and gaps requiring additional supported highlighted at the VTE deep dive.

VTE Risk assessments completed

C&W site: Performance has declined. Performance has been disseminated by the Medical Director directly to clinical teams and areas to highlight those not meeting ≥ 95% target. Weekly and monthly VTE performance reports continue to be circulated to all divisions.

WMUH site: Target not achieved due to current IT infrastructure. RealTime VTE whiteboard in development to highlight patients with outstanding VTE risk assessment. Information team continuing to work to incorporate cohorting arrangements (low risk patients/procedures excluded from VTE risk assessment) and new performance reports to feedback to divisions in a timely and accurate manner





Access Dashboard

		CI		Westmins ital Site	ter	U		liddlesex Hospital S	ite		Combine	ed Trust P	erformanc	e	Trust data 13 months	
Domain	Indicator • 1	Sep-17	Oct-17	Nov-17	2017- 2018	Sep-17	Oct-17	Nov-17	2017- 2018	Sep-17	Oct-17	Nov-17	2017- 2018 Q3	2017- 2018	Trend charts	
	RTT Incompletes 52 week Patients at month end	0	0	0	0	0	0	0	0	0	0	0	0	0		
RTT waits	Diagnostic waiting times <6 weeks: % (Target: >99%)	99.38%	99.07%	98.53%	97.54%	99.52%	92.79%	88.53%	96.73%	99.47%	94.90%	92.25%	93.50%	97.04%	FREE DATE OF	
	Diagnostic waiting times >6 weeks: breach actuals	17	22	43	501	20	337	565	1059	37	359	608	967	1560	**********	
	A&E unplanned re-attendances (Target: <5%)	8.1%	7.9%	8.2%	8.0%	8.5%	8.4%	8.6%	8.5%	8.2%	8.1%	8.4%	8.2%	8.2%	~~~~	
0.0511.00	A&E time to treatment - Median (Target: <60')	01:04	01:05	01:07	01:03	00:42	00:50	00:39	00:41	00:59	01:01	01:00	01:00	00:57	The Total	
A&E and LAS	London Ambulance Service - patient handover 30' breaches	17	33	16	184	32	27	25	280	49	60	41	101	464	11	
	London Ambulance Service - patient handover 60' breaches	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
N	Choose and book: appointment availability (average of daily harvest of unused slots)	1095	881.3	313.6	1033	0	0	0	0	1095	881.3	313.6	597.5	1033		
Choose and Book available to Sep-	Choose and book: capacity issue rate (ASI)	50.6%	51.5%		48.6%					50.6%	51.5%		51.5%	48.6%		
7 only for issues)	Choose and book: system issue rate															
	Please note the following	blank cell	An empty	cell denote	s those indic	ators currer	ntly under o	development	•	Either Site	or Trust o	verall perfo	rmance red i	n each of the	e past three months	S

Trust commentary

Diagnostic waits under 6 weeks

The Trust failed to achieve the diagnostic waiting time standard of 99% tests completed within 6 weeks of referral for the second consecutive month. As in October this was mainly due to non-compliance on the WM site. The combined YTD position is also non-compliant.

Across both sites 608 breaches were reported.

The CW site was responsible for 43 breaches. 33 of the breaches were in Endoscopy with the remaining 10 from Urology

The WM site reported 565 breaches, 527 of which were imaging patients. The majority of the remainder coming from Respiratory Physiology

As with October the majority of the breaches 526 were in non-obstetric ultrasound. The loss of scanning capacity (staffing issues) experienced in October has had a knock on effect into November and this will continue until the end of the calendar year. However, several actions have been taken to address the issue including:

- Recruitment of temporary staff
- Introduction of additional evening and weekend lists
- Closer and more regular monitoring of backlog
- · Addition of extra patients onto existing lists; beginning and end so as not to impact upon existing appointments
- Equipment and staff loaned from Chelsea site

Certain examinations are to be redirected to Chelsea site

London Ambulance Service - 30' patient handover breaches

November saw a 50% drop in breaches of the 30 minute handover target at the Chelsea Site in November from the previous month, with both sites remaining in the Top 3 London Trusts for handovers.





Maternity Dashboard

		Cl		Westmins ital Site	ter	U		liddlesex Hospital S	ite		Combine	ed Trust P	erformanc	9	Trust data 13 months
Domain	Indicator	∆ Sep-17	Oct-17	Nov-17	2017- 2018	Sep-17	Oct-17	Nov-17	2017- 2018	Sep-17	Oct-17	Nov-17	2017- 2018 Q3	2017- 2018	Trend charts
	Total number of NHS births	536	497	481	3840	430	424	413	3414	966	921	894	1815	7254	
Birth indicators	Total caesarean section rate (C&W Target: <27%; WM Target: <29%)	33.4%	38.2%	36.8%	33.5%	27.1%	25.7%	28.4%	26.1%	30.6%	32.5%	32.9%	32.7%	30.0%	$\sim\sim$
Dil ti i i i i i i i i i i i i i i i i i	Midwife to birth ratio (Target: 1:30)	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	
	Maternity 1:1 care in established labour (Target: >95%)	96.9%	100.0%	96.2%	98.3%	97.0%	93.3%	97.7%	96.4%	96.9%	96.7%	96.9%	96.8%	97.3%	V-V
Safety	Admissions of full-term babies to NICU	28	29	20	168	n/a	n/a	n/a	n/a	28	29	20	49	168	delleted
	Please note the following	blank cell	An empty	cell denote:	s those indic	ators currer	itly under d	levelopment	0	Either Site	or Trust o	verall perfo	rmance red in	n each of the	past three months

Trust commentary

Total number of NHS births

Births remain high at the Chelsea site. The combined position is slightly under plan in month. This slightly offsets the two previous months where the deliveries were above plan

Total C-Section rate

The trend continues of the West Middlesex section rate being compliant but the Chelsea site being above the indicator target. The newly appointed Director of Midwifery will be tasked with looking at any actions possible to address this.

Midwife to birth ratio - births per WTE

The midwife to birth ratio remains static and consistent at both sites after the equalising of ratios for the 17/18 financial year. The vacancy rate has improved and agency spend has reduced.

Maternity 1:1 care in established labour

The 1:1 care in labour was compliant in November on both sites. This was expected given the slight reduction in births and strong staffing levels throughout the month





Workforce Dashboard

		CI		Westmins ital Site	ter	U	West Middlesex University Hospital Site			Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Sep-17	Oct-17	Nov-17	2017- 2018	Sep-17	Oct-17	Nov-17	2017- 2018	Sep-17	Oct-17	Nov-17	2017- 2018 Q3	2017- 2018	Trend charts	
	Vacancy rate (Target: CW <12%; WM <10%)	12.3%	11.6%	11.2%	11.2%	14.9%	15.0%	16.0%	16.0%	13.2%	12.8%	12.9%	12.9%	12.9%	Zang Pand	
	Staff Turnover rate (Target: CW <18%; WM <11.5%)	18.0%	17.7%	17.9%	17.9%	10.9%	10.9%	11.0%	11.0%	15.5%	15.4%	15.6%	15.6%	15.6%	1	
Staffing	Sickness absence (Target: <3%)	3.0%	3.3%	2.8%	2.7%	3.5%	3.6%	3.3%	2.8%	3.2%	3.4%	3.0%	3.2%	2.7%	and and an area	
	Bank and Agency spend (£ks)	£2,209	£2,707	£2,343	£19,451	£2,548	£2,404	£2,326	£19,368	£4,757	£5,111	£4,669	£9,781	£38,818		
	Nursing & Midwifery Agency: % spend of total pay (Target: tbc)	9.5%	8.9%	7.1%	7.5%	14.5%	11.5%	10.3%	12.7%	11.4%	9.9%	8.3%	9.1%	9.4%	M	
Appraisal	% of Performance & Development Reviews completed - medical staff (Target: >85%)	80.7%	81.0%	81.6%	80.7%	79.2%	85.3%	89.2%	84.6%	80.1%	82.7%	84.5%	83.6%	82.2%		
rates	% of Performance & Development Reviews completed - non-medical staff (Target trajectory: >60%)	35.7%	41.6%	55.5%	23.8%	28.8%	35.7%	50.5%	18.1%	33.3%	39.6%	53.8%	46.7%	21.8%		
	Mandatory training compliance (Target: >90%)	85.5%	86.5%	86.5%	85.1%	85.7%	87.9%	84.5%	85.4%	85.6%	87.0%	85.8%	86.4%	85.2%	Say Sandara Sandara	
Training	Health and Safety training (Target: >90%)	85.6%	94.0%	94.4%	86.6%	87.2%	90.3%	86.9%	86.5%	86.2%	92.8%	91.8%	92.3%	86.5%	1-4-1-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
rraining	Safeguarding training - adults (Target: 90%)	89.7%	90.4%	91.1%	89.8%	86.9%	90.0%	87.3%	86.8%	88.7%	90.3%	89.8%	90.0%	88.7%	A PARTIE AND A PAR	
	Safeguarding training - children (Target: 90%)	88.2%	88.3%	88.5%	88.4%	88.9%	91.6%	87.4%	89.0%	88.4%	89.4%	88.1%	88.8%	88.6%	W. W.	
	Please note the following	blank cell	An empty	cell denote	s those indic	ators currer	ntly under o	developmen	t ()	Either Site	or Trust o	verall perfo	rmance red i	n each of the	e past three months	

Trust commentary

Staff in Post

In November we employed 5318 whole time equivalent (WTE) people on substantive contracts, 3 WTE less than last month. Taking into account bank and agency workers our WTE workforce was 6030.

Turnove

Our voluntary turnover rate was 15.6%, 0.2% higher than last month with 17.9% at Chelsea and 11% at West Middlesex. The Trust continues to work in partnership with NHSI to address this.

Vacancies

Our general vacancy rate for November was 12.9%, which is slightly higher than October but still an improvement on September. The vacancy rate is 16% at West Middlesex and 11.2% at Chelsea.

Sickness Absence

Sickness absence in the month of November was 3.1%, 0.3% lower than October, which is a continued improvement.

Core training (statutory and mandatory training) compliance

The Trust reports core training compliance based on the 10 Core Skills Training Framework (CSTF) topics to provide a consistent comparison with other London trusts. Our compliance rate stands at 86% against our target of 90%. We have launched the new learning platform across the organisation which is receiving very positive feedback from staff.

Performance and Development Reviews

90% of all non-medical staff should have had their PDR by the end of December. The PDR compliance rate for all non-medical staff since April 2017 increased by 14.2% in November and now stands at 53.8%. The rolling annual appraisal rate for medical staff was 84.5%, 1.8% higher than last month. For non-medical appraisal rates, we have seen an improvement with compliance and all Divisions have until the end of January 2018 to have 90% of their staff completed.





62 day Cancer referrals by tumour site Dashboard

Target of 85%

				ea & West Hospital Si					est Middle rsity Hosp				Com	bined Tru	st Perforn	nance		Trust data 13 months
Domain	Turnour site	Sep-17	Oct-17	Nov-17	2017- 2018	YTD breaches	Sep-17	Oct-17	Nov-17	2017- 2018	YTD breaches	Sep-17	Oct-17	Nov-17	2017- 2018 Q3	2017- 2018	YTD breaches	Trend charts
	Brain	n/a	100%	n/a	100%		n/a	n/a	n/a	n/a	0	n/a	100%	n/a	100%	100%	0	1 1 1
	Breast	n/a	n/a	n/a	n/a	0.5	100%	100%	100%	100%	0	100%	100%	100%	100%	99.2%	0.5	
62 day	Colorectal / Lower GI	87.5%	100%	100%	90.0%	2.5	85.7%	100%	100%	74.5%	6	86.7%	100%	100%	100%	82.5%	8.5	dilinidi
	Gynaecological	n/a	n/a	100%	94.4%	0.5	100%	100%	75.0%	96.4%	0.5	100%	100%	87.5%	88.9%	95.7%	1	Mark
	Haematological	100%	100%	100%	100%	0	n/a	100%	100%	93.5%	1	100%	100%	100%	100%	95.1%	1	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	Head and neck	100%	n/a	n/a	100%	0	100%	100%	100%	85.7%	1	100%	100%	100%	100%	90.0%	1	V.W.
Cancer referrals	Lung	100%	n/a	n/a	73.3%	2	100%	n/a	100%	95.8%	0.5	100%	n/a	100%	100%	87.2%	2.5	
by site of turnour	Sarcoma	n/a	n/a	100%	100%	0	n/a	n/a	n/a	n/a		n/a	n/a	100%	100%	100%	0	
	Skin	100%	100%	92.9%	94.2%	3.5	n/a	100%	88.9%	93.8%	2	100%	100%	91.9%	94.5%	94.1%	5.5	
	Upper gastrointestinal	100%	100%	100%	81.0%	2	100%	100%	0.0%	92.9%	0.5	100%	100%	66.7%	85.7%	85.7%	2.5	
	Urological	71.4%	70.0%	100%	52.2%	21.5	100%	100%	100%	90.5%	5.5	84.6%	92.1%	100%	95.3%	73.8%	27	And Jacobs
	Urological (Testicular)	n/a	n/a	n/a	100%	0	100%	n/a	n/a	100%	0	100%	n/a	n/a	n/a	100%	0	
	Site not stated	n/a	n/a	100%	71.4%	1	n/a	100%	90.0%	94.1%	0.5	n/a	100%	93.3%	94.7%	87.5%	1.5	

Trust commentary

For the 62 day GP Cancer referrals to first treatment pathway the Trust has an unvalidated position of 95.3% for November, slightly down on the validated 97.2% reported nationally in October which rated as the best performance in England

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

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

Gynaecological: WMUH: 0.5 of a breach of 2 patients treated

Skin: C&W: 1 breach of 15 patients treated

WMUH: 0.5 of a breach of 5.5 patients treated

Upper Gastrointestinal: WMUH: 0.5 of a breach of 0.5 patients treated

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





QUALITY PRIORITIES DASHBOARD

Quarter 2 2017/2018

Patient Safety

				Fore	cast	
QP No	Description of Goal	Responsible Executive (role)	Q1	Q2	Q3	Q4
1	Reduction in falls (Frailty Quality Plan)	Director of Nursing				
2	Antibiotic administration in Sepsis (Sepsis Plan)	Medical Director				
3	National Early Warning Score (Sepsis Plan)	Medical Director				
4	National Safety Standards for Invasive Procedures (NatSSIPs) (Planned Care Plan)	Divisional Medical Director				

2nd Quarter Commentary

There has been a slight rise in falls this quarter but we have also witnessed an upturn in activity, the main falls reduction work is due to start this month as shown in the updated plan. The division expects the incidents to decrease overall during Q3 and 4. The status remains rag rated as green as this quarter there have been zero falls with severe harm requiring external reporting.

There has been a slight drop this quarter 56.7% compared to 56.8% in Q1 although the eligible number of patients was higher. The sepsis screening tool and sepsis six pathway is being relaunched in Q3. This re launch is expected to demonstrate an increse in compliance.

There has been a reduction in this measure this quarter but with the relaunch it is anticipated that there will be an increase in Q3.

The divison has made significant progress in Q2. 61 LocSlp bundles have been identified for devleopment and each has been prioritised according to the number of incidetns associated with the bundle. The aim is to have all LocSips developed by the emnd of March with a trajectory of 15 per month.

Clinical Effectiveness

				Fore	cast	
QP No	Description of Goal	Responsible Executive (role)	Q1	Q2	Q3	Q4
5	Reduction in still births (Maternity Plan)	Director of Midwifery				

2nd Quarter Commentary

C&W continues to remain below the national still birth rate.

Patient Experience

				Fore	cast	
QP No	Description of Goal	Responsible Executive (role)	Q1	Q2	Q3	Q4
1	Focus on complaints and demonstrate learning from complaints	Director of Midwifery				
2	FFT improvements with new FFT provider	Director of Midwifery				

2nd Quarter Commentary

Complaints turnaround remains a concern however significant progress has been made in reducing the number of overdue complaints. We continue to aspire to the stretched target of 90%.

Response rates remain low with only inpatient areas achieving the >30%. Recommendation rates are above the 90% in all areas apart from ED which is currenlty at 84% year to date.

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Overall Page 58 of 89





Nursing Metrics Dashboard

Safe Nursing and Midwifery Staffing

Chelsea and Westminster Hospital Site

		Average	fill rate					
	D	ay	Ni	ght		National		
Ward Name	Reg Nurses	Care staff	Reg Nurses	Care staff	Reg	HCA	Total	bench mark
Maternity	92.6%	75.0%	91.5%	90.4%	10.8	3.6	14.4	7 – 17.5
Annie Zunz	92.4%	75.6%	101.7%	96.6%	5.2	2.0	7.2	6.5 - 8
Apollo	96.6%	100.0%	94.7%	113.9%	12.4	2.8	15.2	
Jupiter	182.1%	59.9%	181.5%	-	11.7	1.9	13.6	8.5 – 13.5
Mercury	92.9%	99.6%	85.0%	10.0%	7.0	0.6	7.6	8.5 – 13.5
Neptune	97.9%	83.3%	95.0%	6.7%	7.7	0.8	8.4	8.5 – 13.5
NICU	88.8%	-	90.5%	-	13.4	0.0	13.4	
AAU	104.0%	75.7%	100.8%	93.3%	9.7	2.1	11.9	7 - 9
Nell Gwynn	144.0%	89.3%	202.2%	118.9%	5.3	3.2	8.5	6 – 8
David Erskine	106.6%	93.6%	112.0%	96.6%	3.4	2.8	6.3	6 – 7.5
Edgar Horne	110.3%	94.4%	114.5%	98.3%	3.5	3.2	6.7	6 – 7.5
Lord Wigram	103.9%	99.3%	102.2%	103.3%	3.6	2.6	6.2	6.5 – 7.5
St Mary Abbots	122.3%	92.2%	141.1%	143.0%	4.3	2.4	6.8	6 – 7.5
David Evans	82.5%	71.1%	103.7%	102.1%	5.8	2.4	8.2	6 – 7.5
Chelsea Wing	96.0%	72.2%	100.0%	102.1%	8.3	4.5	12.8	
Burns Unit	97.1%	100.0%	100.0%	96.8%	13.0	3.0	16.0	
Ron Johnson	99.2%	101.7%	107.9%	94.8%	4.9	2.5	7.5	6 – 7.5
ICU	100.0%	100.0%	99.7%	-	29.5	0.8	30.3	17.5 - 25
Rainsford Mowlem	87.1%	94.1%	100.8%	100.8%	3.2	2.8	6.0	6 - 8

West Middlesex University Hospital Site

		Average	fill rate		СНРР				
	Day		Ni	ght	J 1 D			National	
Ward Name	Reg Nurses	Care staff	Reg Nurses	Care staff	Reg	НСА	Total	bench mark	
Maternity	91.6%	70.1%	104.1%	96.3%	6.7	1.7	5.6	6 – 7.5	
Lampton	111.3%	123.0%	114.3%	113.0%	3.2	2.4	8.6	6 – 7.5	
Richmond	92.8%	93.2%	75.3%	49.9%	5.8	2.9	6.0	6 – 7.5	
Syon 1	98.3%	131.7%	98.3%	141.7%	3.8	2.2	6.9	6 – 7.5	
Syon 2	101.3%	151.3%	100.0%	232.1%	3.2	3.7	8.1	8.5 – 13.5	
Starlight	83.1%	106.7%	88.1%	93.3%	7.0	1.1	7.6	6 – 8	
Kew	77.5%	121.8%	98.9%	229.9%	3.0	4.6	6.6	6 – 7.5	
Crane	106.7%	133.9%	100.0%	151.7%	3.0	3.5	6.7	6 – 7.5	
Osterley 1	105.7%	129.9%	101.1%	186.2%	2.9	3.7	7.6	6 – 7.5	
Osterley 2	101.3%	125.8%	105.8%	212.3%	3.8	3.8	8.2	7 – 9	
MAU	93.8%	92.5%	94.8%	98.4%	5.3	2.8	6.2	6.5 – 10	
CCU	101.7%	110.0%	100.0%	-	5.4	0.8	8.4	7 – 17.5	
Special Care Baby Unit	95.3%	-	95.9%	-	7.8	0.0	7.8		
Marble Hill 1	107.7%	98.9%	112.8%	146.7%	3.8	2.6	6.4	6 - 8	
Marble Hill 2	102.0%	119.1%	101.6%	156.6%	3.1	3.4	6.5	5.5 - 7	
ITU	88.2%	-	93.6%	-	28.3	0.0	28.3	17.5 - 25	

Summary for November 2017

High fill rates on SMA due to the new staffing model for SAU. David Evans showing low fill rates as staffing levels were reduced when elective lists were not fully booked. Nell Gwynn showing high fill rates to care for patients with a tracheostomy requiring additional staffing and additional shifts for escalation beds. High number of paediatrics on Jupiter with mental health needs requiring RMNs.

CHPPD is showing an overly generous amount on Richmond due to bed census data being counted at midnight and therefore not accounting for day surgery activity, low fill rates for HCAs on night due to escalation shifts not always being filled. Additional HCAs booked to care for confused patients at risk of falls on Kew, Crane, Osterley 1, Marble Hill 1 & 2, and Syon 1 & 2. High acuity due to increased numbers of patients with NIV on Osterley 2. Senior leadership team working clinically in Starlight to supplement staffing. A number of off framework agency requests made to keep Starlight ward safe; not reflected in CHPPD.





CQUIN Dashboard

October 2017

National CQUINs

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

NHS England CQUINs

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

2017/18 CQUIN Performance

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

Quarter 1 Performance

The quarter 1 performance has been signed off at 100% for NHSE schemes and 92% for CCG schemes. The only scheme that did not achieve 100% in quarter 1 was the Sepsis CQUIN scheme, which reported partial achievement in line with forecast. Quarter 2 reports were submitted at the end of October and the commissioner assessment is expected in December.

National Schemes

There is a continued risk to delivery of the Sepsis screening and review scheme, in line with 2016/17 and Q1 delivery, and the Trust is forecasting partial achievement.

There are also risks around some of the other schemes, particularly where delivery is required to be undertaken jointly with other organisations, such as improving services for people with Mental Health needs presenting at A&E, and with some of the systems and process changes required, for example implementing NHS e-referrals and implementation of the Emergency Care Data Set.

NHS England Schemes

The schemes are all on track for the year to date. There is a potential risk regarding the specification for the neonatal community outreach scheme, which is being jointly developed between commissioners and providers, to ensure that an agreed quality improvement scheme is in place across all organisations in the neonatal network.





Finance Dashboard

Month 8 2017/2018

Integrated Position

Financial Position	n (£000's)								
£'000	Combined Trust								
	Plan to Date	Actual to Date	Variance to Date						
Income	416,159	422,277	6,118						
Expenditure	(390,470)	(396,637)	(6,168)						
Adjusted EBITDA	21,508	21,599	90						
Adjusted EBITDA %	6.173%	6.072%	-0.10%						
Interest/Other	(3,504)	(3,454)	50						
Depreciation	(11,533)	(11,188)	346						
PDC Dividends	(6,333)	(6,334)	(1)						
Other	0	0	0						
Trust Deficit	4,319	4,665	345						

Com	m	en	ts

The Trust is reporting a YTD surplus of £4,664k which is £345k favourable against the internal plan.

Income over-performance is driven by A&E attendances which led to more emergency admissions in general medicine, paediatrics and general surgery. Outpatients was the other area of high performance.

Pay is adverse by £8,442k year to date, The Trust continues to use bank and agency staff to cover vacancies. Temporary staffing is also used to cover sickness, pressure shifts and additional activity, including unfunded beds in escalation areas on both sites which remain open at month 8. Under achievement against pay CIP targets has also contributed to this variance (these are largely compensated for by overachievement against income and non-pay CIPs.

Non-pay is £2,275k favourable YTD. Included in this position is an adverse variance against clinical supplies which is mainly activity driven.

The Trust forecast outturn is a surplus of £7.16m which is adverse against plan submitted to NHSI by £4.77m. This is predominantly as a result of slippage on the NICU/ITU capital scheme as the element of planned expenditure to be funded from donations has been deferred to 2018/19. As donations are excluded from the calculation of outturn against control total, the Trust is forecasting a favourable variance of £0.19m against yearend control total. The forecast UORR rating is "1" in line with plan.

Risk rating (year to date)		
Use of Resource Rating (UORR)	M07 (Before Override)	M07 (After Override)
Use of Resource Rating	1	1
	RAG rating	

Comments

Under the Use of Resources Rating (UORR) a "1" is the highest score and a "4" the lowest. The overall score is a simple average of the individual scores however, if any individual score is a "4", an override is applied under which the best score achievable is a "3".

At the end of November, the Trust is performing in line with plan for all areas of measurement except against its agency rating, where YTD expenditure was £13.48m against a ceiling of £12.65m, an adverse variance of £0.83m. As the Trust did not score a "4" in any of its risk ratings, the override does not apply and the Trust achieved its planned UORR rating of "1".

Cost Improvement Programme (CIPs) In Month Plan Actual £'000 £'000

Theme	Plan £'000	Actual £'000	Var £'000	Plan £'000	Actual £'000	Var £'000	
Service Developments/Business Cases	121	0	(121)	452	0	(452)	
Targeted Specialities	709	886	177	4,712	5,915	1,203	
Residual % Based Savings	1,205	819	(386)	9,504	7,383	(2,121)	
Unidentified	304	0	(304)	1,556	0	(1,556)	
Trust Total	2,339	1,705	(634)	16,224	13,298	(2,925)	

Comments

RAG rating



Year to Date

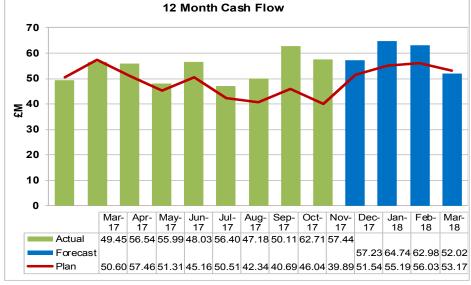
The Trust has achieved YTD CIPs of £13.30m against an internal target of £16.22m, an adverse variance of £2.93m. The Trust has found it challenging maximising pay CIP plans within target speciality areas such as Care of the Elderly, Obstetrics and Gynaecology and Paediatrics. However new schemes totalling £7.06m have been added to mitigate any risk of underachievement. Through new schemes identified, the Trust aims to close the gap on unidentified schemes and achieve the target plan of £25.9m.

Cash Flow Comments

RAG rating



The cash balance at the end of month 8 is £57.44m which is £17.55m more than plan of £39.89m. The main drivers of this increase are: Receipt of £0.27m of additional STF relating to the 2016/17 post accounts reallocation, reduction in opening cash figure compared to plan of £(1.15m), decrease in capital expenditure on a cash basis of £8.31m, increase in investment in Joint Venture compared to plan £(0.4m), increase in working capital compared to plan of £12.36m, decrease in loan drawdown compared to plan £(3.24m), increase in PDC received compared to plan by £0.88m and decrease in PDC dividend paid compared to plan £0.67m. The Trust is forecasting to end the year with a cash balance of £52.02m, an adverse variance to plan of £1.15m representing the difference between the closing cash balance at 31st March 2017 and that assumed as the opening balance in the plan.



Better Payment Practice Code

The Better Payment Practice Code requires the Trust to pay all valid invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is the later, unless other payment terms have been agreed with the supplier. The Trust's year to date performance at 31st October against the Better Payment Practice code, as reported to NHS Improvement, is as follows:

At Month	7	YTD Number	YTD £'000
	Total bills paid in the year	66,874	165,447
Non- NHS	Total bills paid within target	541,117	122,701
	% bills paid within target	80.9%	74.2%
	Total bills paid in the year	2,651	24,825
NHS Total bills paid within targe		1,589	11,200
	% bills paid within target	59.9%	45.1%
	Total bills paid in the year	69,525	190,272
Total	Total bills paid within target	55,706	133,901
	% bills paid within target	80.1%	70.4%



NHS Foundation Trust

Council of Governor Meeting, 15 February 2018

AGENDA ITEM NO.	2.3.2/Feb/18
REPORT NAME	Workforce Performance Report - Month 8
AUTHOR	Keith Loveridge. Director of human resources and organisational development
LEAD	Keith Loveridge. Director of human resources and organisational development
PURPOSE	The workforce performance report highlights current KPIs and trends in workforce related metrics at the Trust.
SUMMARY OF REPORT	Staff in Post In November we employed 5318 whole time equivalent (WTE) people on substantive contracts, 4 less than last month. Taking into account bank and agency workers our WTE workforce was 6238.
	Vacancies Our general vacancy rate for November was 12.9%, which is 0.1% higher than October. The vacancy rate is 16% at West Middlesex and 11.2% at Chelsea. Our nursing/midwifery vacancy rate is currently 15.5%.
	Establishment vs. WTE Worked This data compares the ESR budgeted establishment WTE against the total worked WTE of substantive staff and the WTE of Bank plus Agency worked in that month.
	This data shows that in the month of November 135 WTE were used above the overall establishment.
	Turnover Our voluntary turnover rate was 15.6%, 0.2% higher than last month. Voluntary turnover is 17.9% at Chelsea and 11%% at West Middlesex.
	Sickness Absence The annual sickness absence rate stands at 2.7%. Sickness absence in the month of November was 3.0% compared to 3.4% in October 2017.
	Agency spend Our year to date agency spend of £13,483,216 at the end of November is 6.6% over target.
	Core training (statutory and mandatory training) compliance The Trust reports core training compliance based on the 10 Core Skills Training Framework (CSTF) topics to provide a consistent comparison with other London trusts. Our compliance rate stands at 87% against our target of 90%. The trust has introduced a new electronic platform which will improve both user access and our ability to capture records of completion.
	Performance and Development Reviews and Appraisals

	the rolling annual appraisal rate for medical staff was 84.5%, 1.8% higher than last month. Since 1 April 2017 all non-medical staff have been required to have their PDR in a set period, starting first with the most senior staff. At the end of November the DR rate for staff in band 8c-9 roles was 97.6% and for band 7-8b was 92.3%. 90% of Il staff in band 2-6 roles should have had their PDR by December 2017. The PDR ompliance rate for all non-medical staff now stands at 53.8%.						
KEY RISKS ASSOCIATED	The need to reduce vacancy and turnover rates.						
FINANCIAL IMPLICATIONS	Costs associated with high vacancy and turnover rates and high reliance on agency workers.						
QUALITY IMPLICATIONS	Risks associated workforce shortage and instability.						
EQUALITY & DIVERSITY IMPLICATIONS	We need to value all staff and create development opportunities for everyone who works for the trust, irrespective of protected characteristics.						
LINK TO OBJECTIVES	 Excel in providing high quality, efficient clinical services Improve population health outcomes and develop integrated care Deliver financial sustainability Create an environment for learning, discovery and innovation 						
DECISION/ ACTION	For noting						



NHS Foundation Trust

Council of Governor Meeting, 15 February 2018

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KEY RISKS ASSOCIATED	The need to reduce vacancy and turnover rates.
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LINK TO OBJECTIVES	 Excel in providing high quality, efficient clinical services Improve population health outcomes and develop integrated care Deliver financial sustainability Create an environment for learning, discovery and innovation
DECISION/ ACTION	For noting





Workforce Performance Report to the Workforce Development Committee

Month 8 - November 2017

Workforce Performance Report Dec '16 - Nov '17

Contents	Page
Performance Summary	3
Current Staffing Profile	4
Section 1: Vacancies	5
Section 2: Turnover	7
Section 3: Sickness	9
Section 4: Staff Career Development	10
Section 5: Workforce Benchmarking	11
Section 6: Nursing Workforce Profile/KPIs	12
Section 7: Nursing & Midwifery Recruitment Pipeline	13
Section 8: All Staff Recruitment Pipeline	14
Section 9: Agency Spend	15
Section 10: Temporary Staffing Fill Rates	16
Section 11: Core Training	17
Section 12: Performance & Development Review	18

Performance Summary

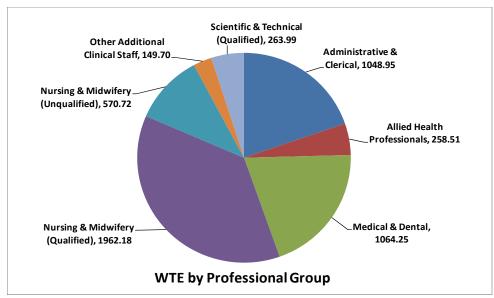
Summary of overall performance is set out below

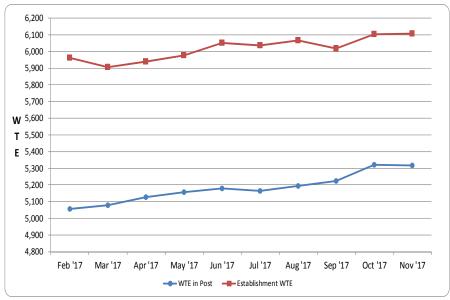
Page	Areas of Review	Key Highlights	Previous Year	Previous Month	In Month	Target	Change
5	Vacancy	Vacancy rate has increased by 0.1%	13.9%	12.8%	12.9%	10.0%	7
6	Turnover	Turnover has increased by 0.2%	0.0%	20.3%	20.5%		71
7	Voluntary Turnover	Voluntary turnover has increased by 0.2%	15.3%	15.4%	15.6%	13.0%	7
10	Sickness	Sickness has decreased by 0.4%	2.8%	3.4%	3.0%	3.3%	*
15	Temporary Staffing Usage (FTE)	Temporary Staffing % usage has decreased by 0.9% this month	0.0%	15.7%	14.8%		*
17	Core Training	Core Training compliance has decreased by 1.2%	85.0%	87.0%	85.8%	90.0%	*
18	Staff PDR	The percentage of staff who have had a PDR since 1st April '17 has increased by 14.2%	73.7%	39.6%	53.8%	90.0%	7

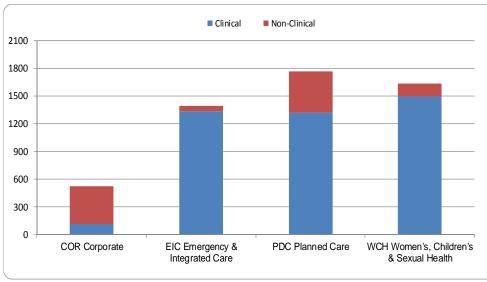
In addition to the information in this report, the trust monitors its workforce data by protected characteristics as defined by the Equality Act. To view the most recent annual workforce equality report please click this link http://connect/departments-and-mini-sites/equality-diversity/

Current Staffing Profile

The data below displays the current staffing profile of the Trust







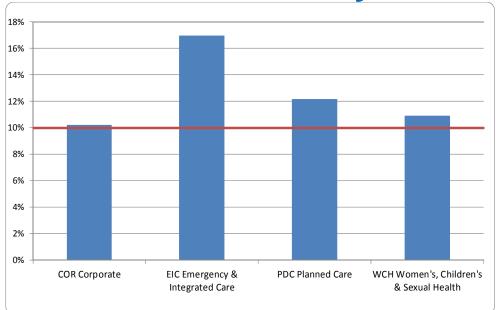
COMMENTARY

The Trust currently employs 5804 people working a whole time equivalent of 5318 which is 4 WTE less than October.

There were 1791 WTE staff assigned to the West Middlesex site and 3528 WTE to Chelsea.

The largest professional group at the Trust is Qualified Nursing & Midwifery employing 1962 WTE.

Section 1a: Vacancy Rates





Vacancies by Division	Aug '17	Sep '17	Oct '17	Nov '17	Trend
COR Corporate	11.2%	9.9%	10.6%	10.2%	*
EIC Emergency & Integrated Care	16.6%	14.0%	16.4%	16.9%	77
PDC Planned Care	13.6%	12.2%	11.5%	12.2%	71
WCH Women's, Children's & Sexual Health	14.3%	14.6%	11.6%	10.9%	3
Whole Trust	14.4%	13.2%	12.8%	12.9%	7
West Mid Site	16.8%	14.9%	15.0%	16.0%	71
Chelsea Site	13.1%	12.3%	11.7%	11.2%	3

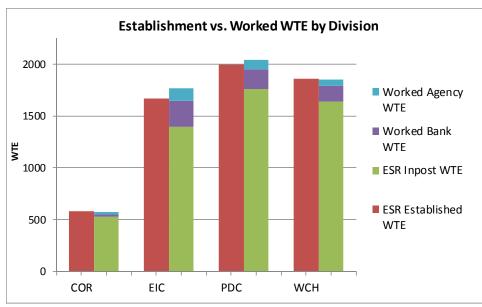
Vacancies by Professional Group	Aug '17	Sep '17	Oct '17	Nov '17	Trend
Administrative & Clerical	16.0%	11.8%	12.4%	12.1%	*
Allied Health Professionals	11.9%	10.8%	13.8%	15.1%	71
Medical & Dental	11.0%	8.8%	9.0%	9.2%	71
Nursing & Midwifery (Qualified)	16.8%	16.5%	15.0%	14.8%	4
Nursing & Midwifery (Unqualified)	16.1%	16.0%	16.2%	17.8%	71
Other Additional Clinical Staff	10.9%	7.5%	7.8%	5.7%	4
Scientific & Technical (Qualified)	2.4%	8.1%	6.1%	5.2%	3
Total	14.4%	13.2%	12.8%	12.9%	71

COMMENTARY

The vacancy rate has increased by 0.1% in November.

The vacancy rate currently is highest in the Unqualified Nursing & Midwifery professional group at 17.8% and in the Emergency & Integrated Care Division at 16.9%.

Section 1b: Establishment vs. WTE Worked



COMMENTARY

This data compares the ESR budgeted establishment WTE against the total worked WTE of substantive staff and the WTE of Bank plus Agency worked in that month.

The Establishment on ESR does not include budgeted WTE for Maternity or any allowance for specialling.

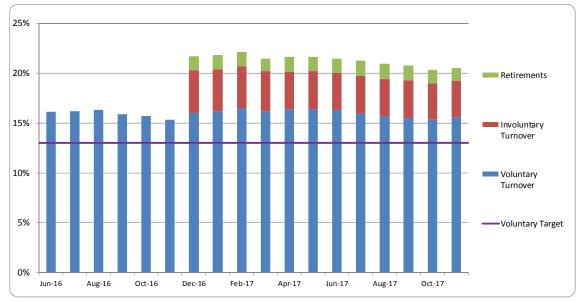
In November there were 157 WTE staff on maternity leave and the equivalent of 92 WTE shifts worked with a booking reason that indicates specialling.

Division	ESR Established WTE	ESR Inpost WTE	Worked Bank WTE	Worked Agency WTE	Total Worked WTE	Variance vs. ESR Established WTE	Contractual Vacancy Rate %
COR Corporate	580.1	527.1	26.9	21.0	575.0	-5.1	10.2%
EIC Emergency & Integrated Care	1672.1	1391.7	254.0	119.3	1765.0	+92.9	16.9%
PDC Planned Care	1996.1	1763.6	188.1	92.2	2043.8	+47.7	12.2%
WCH Women's Children's & Sexual Health	1855.0	1635.9	157.9	60.9	1854.7	-0.3	10.9%
Whole Trust	6103.3	5318.3	626.8	293.4	6238.5	+135.2	12.9%

Professional Group	ESR Established WTE	ESR Inpost WTE	Worked Bank WTE	Worked Agency WTE	Total Worked WTE	Variance vs. ESR Established WTE	Contractual Vacancy Rate %
Administrative & Clerical	1175.4	1048.9	79.2	53.5	1181.7	+6.3	12.1%
Allied Health Professionals	302.8	258.5	10.9	14.1	283.5	-19.3	15.1%
Medical & Dental	1179.2	1064.3	101.5	7.4	1173.1	-6.0	9.2%
Nursing & Midwifery (Qualified)	2294.4	1962.2	243.8	181.0	2386.9	+92.5	14.8%
Nursing & Midwifery (Unqualified)	703.6	570.7	177.3	30.8	778.8	+75.2	17.8%
Other Additional Clinical Staff	162.8	149.7	6.4	1.0	157.1	-5.6	5.7%
Scientific & Technical (Qualified)	285.2	264.0	7.7	5.6	277.3	-7.9	5.2%
Whole Trust	6103.3	5318.3	626.8	293.4	6238.5	+135.2	12.9%

Section 2a: Gross Turnover

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



COMMENTARY

The total trust turnover rate has increased by 0.2% to 20.5% this month. In the last 12 months there have been 1051 leavers.

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

	Gross Turnover					
Division	Aug '17	Sep '17	Oct '17	Nov '17	Trend	
COR Corporate	23.5%	23.4%	22.2%	21.5%	2	
EIC Emergency & Integrated Care	20.3%	19.8%	20.0%	20.7%	77	
PDC Planned Care	21.9%	21.7%	21.2%	21.1%	3	
WCH Women's, Children's & Sexual Health	19.7%	19.8%	19.1%	19.4%	71	
Whole Trust	20.9%	20.7%	20.3%	20.5%	71	

	Gross Turnover					
Professional Group	Aug '17	Sep '17	Oct '17	Nov '17	Trend	
Administrative & Clerical	21.5%	20.9%	20.2%	19.6%	3	
Allied Health Professionals	20.1%	21.0%	22.4%	25.1%	71	
Medical & Dental	14.3%	14.3%	13.3%	14.2%	71	
Nursing & Midwifery (Qualified)	20.3%	20.4%	20.1%	19.9%	7	
Nursing & Midwifery (Unqualified)	20.2%	19.6%	19.6%	22.3%	7	
Other Additional Clinical Staff	26.4%	27.7%	27.1%	23.5%	4	
Scientific & Technical (Qualified)	34.9%	33.7%	31.9%	31.0%	7	
Whole Trust	20.9%	20.7%	20.3%	20.5%	7	

Section 2b: Voluntary Turnover

	Voluntary Turnover					Other Turnover Nov 2017		
Division	Aug '17	Sep '17	Oct '17	Nov '17	Trend	Leavers HC	In-voluntary	Retirement
COR Corporate	19.6%	19.0%	17.8%	17.5%	3	91	3.5%	0.6%
EIC Emergency & Integrated Care	17.6%	16.9%	17.2%	18.0%	71	227	2.1%	0.6%
PDC Planned Care	13.7%	13.5%	13.5%	13.4%	7	228	6.0%	1.7%
WCH Women's, Children's & Sexual Health	15.1%	15.5%	15.3%	15.4%	71	253	2.3%	1.8%
Whole Trust	15.7%	15.5%	15.4%	15.6%	7	799	3.6%	1.3%
West Mid Site	12.3%	10.9%	10.9%	11.0%	71	190		
Chelsea Site	17.5%	18.0%	17.7%	17.9%	7	609		

	Voluntary Turnover						Other Turnover Nov 2017		
Professional Group	Aug '17	Sep '17	Oct '17	Nov '17	Trend	Leavers HC	In-voluntary	Retirement	
Administrative & Clerical	15.5%	15.0%	14.5%	14.5%	\leftrightarrow	153	3.7%	1.4%	
Allied Health Professionals	18.2%	19.0%	21.1%	23.1%	7	70	1.7%	0.3%	
Medical & Dental	4.1%	4.2%	3.9%	4.8%	71	28	8.0%	1.4%	
Nursing & Midwifery (Qualified)	18.0%	17.9%	17.9%	17.7%	3	376	0.8%	1.4%	
Nursing & Midwifery (Unqualified)	17.2%	16.9%	16.7%	18.8%	71	113	2.2%	1.3%	
Other Additional Clinical Staff	18.9%	18.9%	17.2%	13.6%	2	21	6.8%	3.1%	
Scientific & Technical (Qualified)	15.0%	14.5%	13.8%	12.8%	3	38	17.8%	0.3%	
Whole Trust	15.7%	15.5%	15.4%	15.6%	71	799	3.6%	1.3%	

Service	Average Staff in Post HC	Leavers HC	Voluntary Turnover Rate
John Hunter Clinic - CW	43	17	39.5%
Endoscopy Service - CW	21	8	38.1%
Acute Assessment Unit - CW	66	24	36.6%
Paediatric Starlight Unit - WM	42	14	33.3%
Ron Johnson - CW	22	7	32.6%

COMMENTARY

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

Section 3: Sickness

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



COMMENTARY

The monthly sickness absence rate is at 3.0% in November which is an decrease of 0.4% on the previous month.

The Women's & Children's Division had the highest sickness rate in November at 3.5%. The professional group with the highest sickness rate was Nursing and Midwifery (Unqualified) at 5.7%.

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

Sickness by Division	Aug '17	Sep '17	Oct '17	Nov '17	Trend
COR Corporate	2.2%	2.7%	2.4%	2.6%	7
EIC Emergency & Integrated Care	2.0%	2.6%	2.4%	2.3%	**
PDC Planned Care	2.8%	3.4%	4.2%	3.3%	3
WCH Women's, Children's & Sexual Health	3.2%	3.5%	3.5%	3.5%	+
Whole Trust Monthly %	2.6%	3.2%	3.4%	3.0%	**
Whole Trust Annual Rolling %	2.6%	2.6%	2.7%	2.7%	+

Sickness by Professional Group	Aug '17	Sep '17	Oct '17	Nov '17	Trend
Administrative & Clerical	3.6%	3.9%	4.8%	4.2%	3
Allied Health Professionals	1.7%	1.8%	1.6%	1.3%	3
Medical & Dental	0.5%	0.7%	0.9%	0.4%	3
Nursing & Midwifery (Qualified)	2.7%	3.5%	3.2%	3.3%	77
Nursing & Midwifery (Unqualified)	4.8%	5.4%	5.6%	5.7%	77
Other Additional Clinical Staff	3.2%	3.6%	5.0%	3.0%	3
Scientific & Technical (Qualified)	2.8%	3.8%	4.4%	2.5%	*
Total	2.6%	3.2%	3.4%	3.0%	**

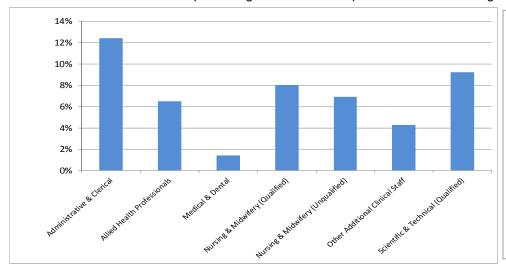
Service	Staff in Post WTE	Sickness WTE Days Lost	Sickness %
Syon 2 - WM	27.73	122.20	14.8%
John Hunter Clinic - CW	41.89	157.20	13.2%
Dermatology - CW	26.59	95.00	11.6%
Clin Admin Emergency - CW	51.76	138.49	9.5%
Genito Urinary Med. Nursing - WM	23.87	56.24	8.1%

Top 5 Sickness Reasons by Number of Episodes	% of all Episodes
S13 Cold, Cough, Flu - Influenza	29.81%
S25 Gastrointestinal problems	17.02%
S10 Anxiety/stress/depression/other psychiatric illnesses	8.57%
S12 Other musculoskeletal problems	8.23%
S16 Headache / migraine	7.45%

Top 5 Sickness Reasons by Number of WTE Days Lost	% of all WTE Days Lost
S10 Anxiety/stress/depression/other psychiatric illnesses	20.82%
S12 Other musculoskeletal problems	14.36%
S13 Cold, Cough, Flu - Influenza	13.29%
S25 Gastrointestinal problems	9.80%
S28 Injury, fracture	8.22%

Section 4: Staff Career Development

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



COMMENTARY

In November 54 staff were promoted, there were 82 new starters to the Trust (excluding Doctors in Training). In addition, 69 employees were acting up to a higher grade.

Over the last year 7.9% of current Trust staff have been promoted to a higher grade. The highest promotion rate can be seen in the Corporate Division.

Admin & Clerical currently have the highest promotion rate at 12.4% followed by Scientific & Technical staff group at 9.2%

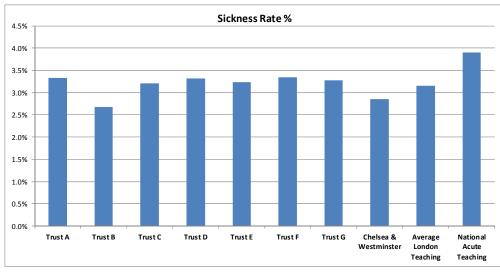
	Monthly No. of Promotions						
Division	Aug '17	Sep '17	Oct '17	Nov '17	Trend		
COR Corporate	0	6	9	7	3		
EIC Emergency & Integrated Care	6	10	12	7	3		
PDC Planned Care	15	12	12	16	71		
WCH Women's, Children's & Sexual Health	11	13	20	24	71		
Whole Trust Promotions	32	41	53	54	77		
New Starters (Excludes Doctors in Training)	72	121	137	82	u		

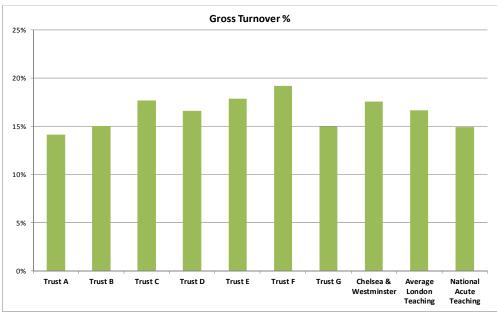
	No. of Promotions						
Professional Group	Aug '17	Sep '17	Oct '17	Nov '17	Trend		
Administrative & Clerical	10	11	17	26	*		
Allied Health Professionals	2	0	6	2	*		
Medical & Dental	3	3	4	1			
Nursing & Midwifery (Qualified)	10	14	19	19	‡		
Nursing & Midwifery (Unqualified)	4	8	2	4	77		
Other Additional Clinical Staff	1	1	2	2	‡		
Scientific & Technical (Qualified)	2	4	3	0	*		
Whole Trust	32	41	53	54	77		

Division	Staff in Post + 1yrs Service	No. of Staff Promoted (12 Months)	% of Staff Promoted	Currently Acting Up	BME % Overall Division	BME % Promoted
COR Corporate	399	38	9.5%	8	40.1%	50.0%
EIC Emergency & Integrated Care	989	85	8.6%	19	47.8%	47.1%
PDC Planned Care	1360	88	6.5%	26	47.4%	43.2%
WCH Women's, Children's & Sexual Health	1344	111	8.3%	16	32.1%	18.0%
Whole Trust	4092	322	7.9%	69	41.8%	36.3%
New Starters (Excludes Doctors in Training)		1161				

	Staff in Doct + 1 and Samiles	No. of Staff Promoted	% of Staff	Currently	BME % of Prof	BME %
Professional Group	Staff in Post + 1yrs Service	(12 Months)	Promoted	Acting Up	Group	Promoted
Administrative & Clerical	821	102	12.4%	24	38.6%	38.2%
Allied Health Professionals	230	15	6.5%	14	20.0%	13.3%
Medical & Dental	492	7	1.4%	1	36.2%	14.3%
Nursing & Midwifery (Qualified)	1741	140	8.0%	23	42.3%	28.6%
Nursing & Midwifery (Unqualified)	463	32	6.9%	0	59.4%	59.4%
Other Additional Clinical Staff	117	5	4.3%	1	47.0%	40.0%
Scientific & Technical (Qualified)	228	21	9.2%	6	44.7%	66.7%
Whole Trust	4092	322	7.9%	69	41.8%	36.3%

Section 5: Workforce Benchmarking





COMMENTARY

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

Sickness data shown is from Sep'17 which is the most recent available on iView. Compared to other Acute teaching trusts in London, Chelwest had a rate lower than average at 2.9%. In the top graph, Trusts A-G are the anonymised figures for this group. The Trust's sickness rate was lower than the national rate for acute teaching hospitals in September.

The bottom graph shows the comparison of turnover rates for the same group of London teaching trusts (excluding junior medical staff). This is the total turnover rate including all types of leavers (voluntary resignations, retirements, end of fixed term contracts etc.). Chelwest currently has higher than average turnover (12 months to end October). Stability is lower than average. High turnover is more of an issue in London trusts than it is nationally which is reflected in the national average rate which is 3% lower than Chelwest.

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

Reference Group	Gross Turnover Rate %	Stability Rate %	Sickness Rate %
Trust A	14.12%	85.37%	3.33%
Trust B	15.02%	84.48%	2.67%
Trust C	17.67%	82.07%	3.21%
Trust D	16.61%	83.22%	3.32%
Trust E	17.86%	82.34%	3.24%
Trust F	19.20%	80.96%	3.35%
Trust G	14.97%	84.74%	3.28%
Chelsea & Westminster	17.53%	82.02%	2.86%
Average London Teaching	16.62%	83.15%	3.16%
National Acute Teaching	14.93%	85.15%	3.90%

Section 6: Nursing Workforce Profile/KPIs

Nursing Establishment WTE

Division	Aug '17	Sep '17	Oct '17	Nov '17	Trend
COR Corporate	86.1	84.1	84.1	87.1	77
EIC Emergency & Integrated Care	1003.7	1004.7	1032.3	1022.0	3
PDC Planned Care	713.1	708.5	708.6	711.6	77
WCH Women's, Children's & Sexual Health	1155.4	1168.8	1173.0	1178.2	77
Total	2958.3	2966.0	2998.0	2998.8	71

Nursing Staff in Post WTE

Division	Aug '17	Sep '17	Oct '17	Nov '17	Trend
COR Corporate	75.6	75.1	75.3	80.3	77
EIC Emergency & Integrated Care	797.2	810.6	820.8	809.4	3
PDC Planned Care	602.2	614.0	621.8	623.6	77
WCH Women's, Children's & Sexual Health	990.2	979.2	1022.2	1019.6	3
Total	2465.2	2478.9	2540.2	2532.9	*

Nursing Vacancy Rate

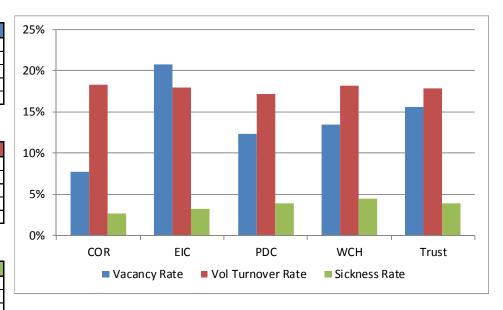
Division	Aug '17	Sep '17	Oct '17	Nov '17	Trend
COR Corporate	12.2%	10.7%	10.4%	7.8%	3
EIC Emergency & Integrated Care	20.6%	19.3%	20.5%	20.8%	77
PDC Planned Care	15.5%	13.3%	12.2%	12.4%	77
WCH Women's, Children's & Sexual Health	14.3%	16.2%	12.9%	13.5%	77
Total	16.7%	16.4%	15.3%	15.5%	77

Nursing Sickness Rates

Division	Aug '17	Sep '17	Oct '17	Nov '17	Trend
COR Corporate	1.7%	2.3%	2.0%	2.6%	71
EIC Emergency & Integrated Care	2.6%	3.7%	3.1%	3.2%	77
PDC Planned Care	2.9%	3.9%	4.3%	3.9%	*
WCH Women's, Children's & Sexual Health	4.0%	4.4%	4.1%	4.5%	71
Total	3.2%	4.0%	3.8%	3.9%	71

Nursing Voluntary Turnover

Division	Aug '17	Sep '17	Oct '17	Nov '17	Trend
COR Corporate	17.89%	19.20%	18.80%	18.24%	3
EIC Emergency & Integrated Care	19.09%	17.42%	17.36%	17.93%	77
PDC Planned Care	17.26%	16.92%	17.11%	17.16%	77
WCH Women's, Children's & Sexual Health	16.90%	17.56%	17.73%	18.17%	77
Total	17.7%	17.4%	17.5%	17.8%	77
West Mid Site				11.8%	71
Chelsea Site				21.5%	71



COMMENTARY

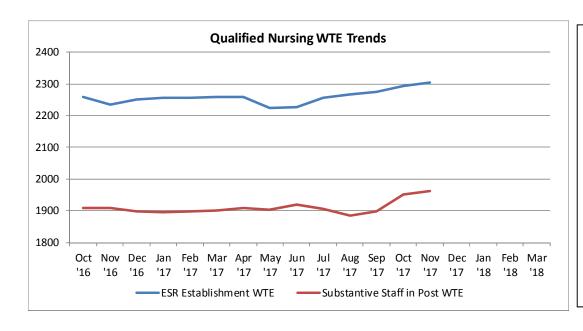
This data shows a more in-depth view of our nursing workforce (both qualified and unqualified).

The nursing workforce has decreased by 7 WTE in November

Section 7: Qualified Nursing & Midwifery Recruitment Pipeline

Measure	Jan '17	Feb '17	Mar '17	Apr '17	May '17	Jun '17	Jul '17	Aug '17	Sep '17	Oct '17	Nov '17	Dec '17	Jan '18	Feb '18	Mar '18
ESR Establishment WTE	2255.5	2256.4	2257.5	2258.6	2223.7	2227.0	2255.0	2266.1	2273.5	2294.4	2304.3				
Substantive Staff in Post WTE	1894.3	1896.8	1900.4	1907.3	1904.0	1918.1	1905.6	1884.5	1897.4	1950.5	1962.2				
Contractual Vacancies WTE	361.1	359.6	357.1	351.2	319.7	309.0	349.4	381.6	376.1	343.8	342.1				
Vacancy Rate %	16.01%	15.94%	15.82%	15.55%	14.38%	13.87%	15.49%	16.84%	16.54%	14.99%	14.85%				
Actual/Planned Leavers Per Month*	25	20	28	41	36	29	31	44	31	45	28	33	33	33	33
Actual/Planned New Starters**	26	23	33	58	32	38	19	19	39	73	25	61	61	61	61
Pipeline: Agreed Start Dates												21	38	36	2
Pipeline: WTE No Agreed Start Date												303 -	with no a	greed star	t date

^{*} Based on Gross Turnover of 20%



COMMENTARY

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

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

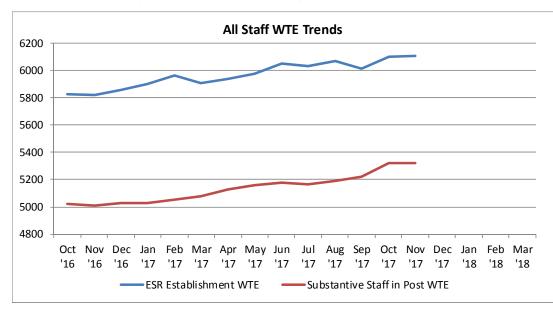
NB Starters & Leavers do not always add up to the change in staff in post due to existing staff changing their hours

Section 8: All Staff Recruitment Pipeline

Measure	Jan '17	Feb '17	Mar '17	Apr '17	May '17	Jun '17	Jul '17	Aug '17	Sep '17	Oct '17	Nov '17	Dec '17	Jan '18	Feb '18	Mar '18
ESR Establishment WTE ¹	5901.5	5963.8	5905.0	5940.6	5975.5	6051.6	6035.3	6067.5	6016.5	6103.3	6106.3				
Substantive Staff in Post WTE	5028.8	5054.8	5080.2	5125.6	5156.2	5180.3	5165.7	5193.0	5223.4	5321.8	5318.3				
Contractual Vacancies WTE	872.7	909.0	824.8	814.9	819.2	871.3	869.5	874.5	793.1	781.5	788.0				
Vacancy Rate %	14.79%	15.24%	13.97%	13.72%	13.71%	14.40%	14.41%	14.41%	13.18%	12.80%	12.90%				
Actual/Planned Leavers Per Month ²	76	56	67	90	95	63	96	280	128	146	92	89	89	89	89
Actual/Planned New Starters ³	118	120	127	151	130	86	94	252	179	210	94	133	133	133	133
Pipeline: Agreed Start Dates												59	94	46	4
Pipeline: WTE No Agreed Start Date												565 -	with no a	greed star	t date

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

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



COMMENTARY

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

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

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

² Based on Gross Turnover of 20%

Section 9: Agency Spend

COR Corporate

Corporate	Aug '17	Sep '17	Oct '17	Nov '17	YTD
Actual Spend	£181,449	£175,460	£113,691	£81,457	£1,376,738
Target Spend	£245,148	£245,148	£233,749	£233,749	£2,030,539
Variance	-£63,699	-£69,688	-£120,058	-£152,292	-£653,801
Variance %	-26.0%	-28.4%	-51.4%	-65.2%	-32.2%

EIC Emergency & Integrated Care

Emergency & Integrated Care	Aug '17	Sep '17	Oct '17	Nov '17	YTD
Actual Spend	£715,007	£708,043	£730,714	£557,358	£5,611,280
Target Spend	£592,704	£592,704	£565,145	£565,145	£4,909,310
Variance	£122,303	£115,339	£165,569	-£7,787	£701,970
Variance %	20.6%	19.5%	29.3%	-1.4%	14.3%

PDC Planned Care

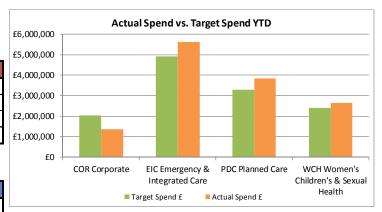
Planned Care	Aug '17	Sep '17	Oct '17	Nov '17	YTD
Actual Spend	£539,858	£349,986	£478,500	£583,076	£3,847,814
Target Spend	£398,680	£398,680	£380,143	£380,143	£3,302,233
Variance	£141,178	-£48,694	£98,357	£202,933	£545,581
Variance %	35.4%	-12.2%	25.9%	53.4%	16.5%

WCH Women's, Children's & Sexual Health

Women's, Children's & Sexual Health	Aug '17	Sep '17	Oct '17	Nov '17	YTD
Actual Spend	£194,186	£348,533	£434,636	£384,021	£2,647,384
Target Spend	£290,468	£290,468	£276,962	£276,962	£2,405,916
Variance	-£96,282	£58,065	£157,674	£107,059	£241,468
Variance %	-33.1%	20.0%	56.9%	38.7%	10.0%

Clinical Divisions and Corporate Areas

Trust	Aug '17	Sep '17	Oct '17	Nov '17	YTD
Actual Spend	£1,630,500	£1,582,022	£1,757,541	£1,605,912	£13,483,216
Target Spend	£1,527,000	£1,527,000	£1,455,999	£1,455,999	£12,647,998
Variance	£103,500	£55,022	£301,542	£149,913	£835,218
Variance %	6.8%	3.6%	20.7%	10.3%	6.6%





COMMENTARY

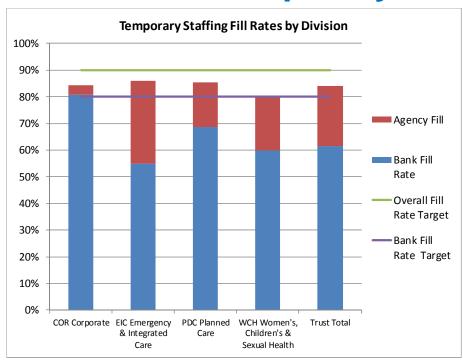
These figures show the Trust agency spend by Division compared to the spend ceilings which have been set for 17/18.

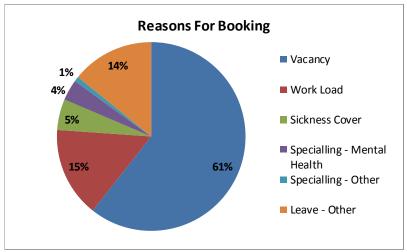
In Month 8, the Emergency & Integrated Care Division spent 53.4% more than the target for the month.

Overall, the only Division below it's YTD target is Corporate, by 32.2%.

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

Section 10: Temporary Staff Fill Rates





COMMENTARY

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

The Overall Fill Rate was 85.5% this month which is 1.5% higher than October. The Bank Fill Rate was reported at 63.2% which is 1.6% higher than the previous month.

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

The Bank to Agency ratio for filled shifts was 74:26. The Trust target is 80:20.

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

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

Overall Fill Rate % by Division	Aug '17	Sep '17	Oct '17	Nov '17	Trend
COR Corporate	91.0%	91.4%	84.4%	76.5%	2
EIC Emergency & Integrated Care	87.7%	87.0%	85.9%	86.2%	77
PDC Planned Care	86.1%	86.3%	85.4%	86.6%	77
WCH Women's, Children's & Sexual Health	80.8%	77.0%	80.2%	85.1%	77
Whole Trust	85.4%	84.0%	84.0%	85.5%	71

Bank Fill Rate % by Division	Aug '17	Sep '17	Oct '17	Nov '17	Trend
COR Corporate	88.1%	87.6%	80.8%	73.0%	3
EIC Emergency & Integrated Care	54.5%	53.3%	54.8%	55.8%	77
PDC Planned Care	69.7%	70.7%	68.6%	69.9%	71
WCH Women's, Children's & Sexual Health	65.2%	60.2%	59.8%	63.4%	71
Whole Trust	64.0%	62.2%	61.6%	63.2%	71

Section 11: Core Training

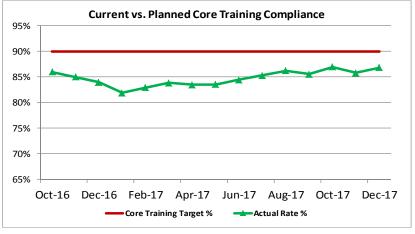
Core Training Topic	Nov '17	Dec '17	Trend
Basic Life Support	77.0	82.0	7
Conflict Resolution	81.0	83.0	7
Equality, Diversity and Human Rights	87.0	87.0	\leftrightarrow
Fire	87.0	87.0	\leftrightarrow
Health & Safety	92.0	92.0	\leftrightarrow
Inanimate Loads (M&H L1)	90.0	91.0	71
Infection Control (Hand Hyg)	88.0	89.0	7
Information Governance	80.0	81.0	7
Patient Handling (M&H L2)	83.0	84.0	7
Safeguarding Adults Level 1	90.0	91.0	7
Safeguarding Children Level 1	88.0	89.0	7
Safeguarding Children Level 2	81.0	83.0	7
Safeguarding Children Level 3	80.0	89.0	7

Core Training Compliance % by Division	Sep '17	Oct '17	Nov-17	Dec-17	Trend
COR Corporate	89.0%	91.0%	90.0%	87.0%	3
EIC Emergency & Integrated Care	83.0%	85.0%	85.0%	86.0%	77
PDC Planned Care	85.0%	87.0%	86.0%	87.0%	77
WCH Women's Children's & Sexual Health	86.0%	86.0%	85.0%	87.0%	71
Whole Trust	86.0%	87.0%	86.0%	87.0%	7

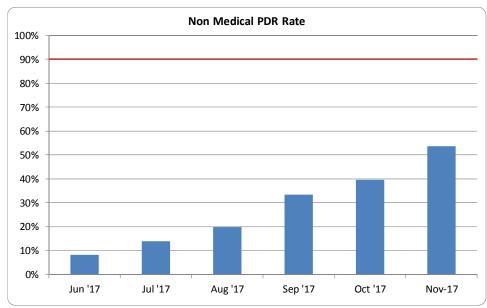
COMMENTARY

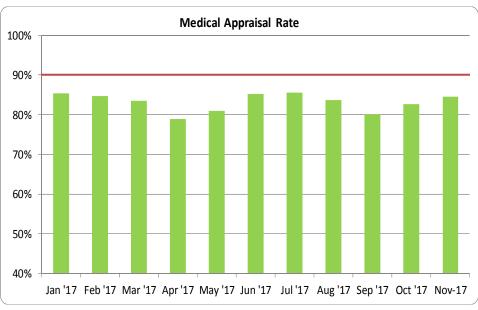
December figures have been included in the report as some issues with the November figures lead to compliance being slightly under reported for that month.

The new e-learning platform (Learning.Chelwest) was launched as scheduled on 22nd November but IT issues required that the portal was disabled for a few days whilst further investigations were carried out. A new launch date was agreed (and met) for December. This delay had minimal impact on the figures as staff were advised to continue using e-Learning for Health website in the interim.



Section 12: Performance & Development Reviews





PDRs From April '17

Division	Band Group	%	Division	Band Group	%
	Band 2-6	38.5%		Band 2-6	41.2%
COR	Band 7-8b 94.0% PDC	Band 7-8b	90.2%		
	Band 8c +	98.1%		Band 8c +	100.0%
Corporate		64.6%	PDC Planne	PDC Planned Care	
	Band 2-6	41.2%		Band 2-6	
EIC	Band 7-8b	91.3%	WCH	Band 7-8b	93.9%
	Band 8c +	100.0%		Band 8c +	90.9%
EIC Emergency &	Integrated Care	52.9%	WCH Women	's, Children's & SH	56.1%
Band Totals		Band 2-6	Band 7-8b	Band 8c +	
		42.70%	92.3%	97.6%	
Trust Total				53.8%	

Medical Appraisals

Medical Appraisals by Division	Aug '17	Sep '17	Oct '17	Nov-17	Trend
COR Corporate	-	-	-	-	-
EIC Emergency & Integrated Care	84.4%	80.8%	86.6%	91.7%	77
PDC Planned Care	85.9%	80.2%	80.3%	80.2%	3
WCH Women's, Children's & Sexual Health	81.0%	79.6%	82.5%	84.1%	71
Whole Trust	83.7%	80.1%	82.7%	84.5%	77

Non-Medical Commentary

From 1 April 2017 employees are required to have their PDR in a set period, starting first with the most senior staff. Staff in bands 7 and above should all have had a PDR by the end of September and those in bands 2-6 are due to be completed by the end of December. The PDR compliance rate has increased by 14% in November.

Medical Commentary

The appraisal rate for medical staff was 84.5%, 1.8% higher than last month.





NHS Foundation Trust

Council of Governors Meeting, 15 February 2018

AGENDA ITEM NO.	2.4/Feb/18
REPORT NAME	*Governors' Questions
AUTHOR	Various
LEAD	Lesley Watts, Chief Executive Officer
PURPOSE	To note.
SUMMARY OF REPORT	1. The question raised by Governor Tom Pollak: If my memory is correct, Carillion did provide services to the trust in the past so I'm asking whether the trust currently has any contracts with Carillion? If so in what areas and what action is being taken to ensure no interruption? If not, when did the contract with Carillon end and presumably it was succeeded by ISS? Response from Sandra Easton, Chief Financial Officer: The Trust does not have any contracts with Carillion. 2. The question raised by Governor Nowell Anderson: Will the compulsory liquidation of Carillion have any effect on our Trust if we have signed any hospital contracts for them to deliver? Response from Sandra Easton, Chief Financial Officer: Not applicable. 3. The question raised by Governor Tom Pollak: Official figures show that NHS nursing vacancies reached a record high 2017. Was this reflected within the Chelsea and Westminster Hospital NHS Foundation Trust? What is the current nursing vacancy level and what impact is this having on spending on agency nurses and on the hospital's ability to treat all its patients? What efforts are currently being made to plug the gap? Response from Pippa Nightingale, Chief Nurse: We have a robust recruitment and retention plan in place and despite the national picture we have seen positive improvements with the vacancy rates reducing from 15-13% and the turnover rate reducing from 19.5% to17.5% with the voluntary turnover rate reduced further at 15%.
	4. The question raised by Governor Tom Pollak: I understand all staff were offered flu jabs last autumn. Which of the two types were used - trivalent or quadrivalent and why? What is the difference in cost between the two types and how effective has the programme been in reducing staff absenteeism

due to influenza?

Response from Pippa Nightingale, Chief Nurse:

We gave the quadrivalent vaccine as it is the most effective and was available nationally for NHS staff who were seen as a priority to vaccinate and was offered at the same cost to the Trust.

5. The question raised by Governor Martin Lewis:

Are there any plans to open up the PALS office at CW for a long time now patients/public have to talk through a hatch which is very impersonal especially if someone Is distressed. Perhaps we can follow the WMUH model of open plan.

Response from Pippa Nightingale, Chief Nurse:

We are exploring estate options to be able to have a similar PALS offer to the West Middlesex Hospital site.

6. The question raised by Governor Nowell Anderson:

With the negative news in the media about the NHS are there any achievements we could highlight and discuss at the next COG meeting from patient experience, success in operating theatres, the use of latest surgery equipment to benefit patients to meeting objectives and targets. Eg: new ECG machines to help patients in the A&E?

Response from Rob Hodgkiss, Chief Operating Officer:

Chelsea and Westminster Hospital NHS Foundation Trust has a lot to be proud about especially given the reported NHS pressures in the media over recent weeks and months. Despite increased demand for all of our services, we are able to treat our patients timely and efficiently and rank as one of the best performing Trusts nationally for our Access targets which include A&E, Cancer and RTT. This was recognised by a recent visit from NHS Chief Executive, Simon Stevens and a letter from the Secretary of State for Health for our performance.

7. The question raised by Governor Nowell Anderson:

Our involvement with the community & charities in both hospitals. The positives rather than the problems. How do they perceive us through their eyes?

Response from Karl Munslow-Ong, Deputy Chief Executive/ Chris Chaney, Chief Executive CW+:

The Trust engages directly with a range of statutory partners who represent patient and population groups. These include Overview & Scrutiny groups, Health & Well-being Boards, local Health Watch groups and our Foundation Trust membership (over 15, 000 public and staff). The Trust also engages in wider north west London 'whole systems' work such as Shaping a Healthier Future, which has active patient groups and which influences service design. Internally, the Trust has numerous public engagement groups such as a Maternity Voices Group who help co design maternity services; a youth forum group who paediatrics work closely with to co-design children's services; HIV user forum and end of life care and carers group who are instrumental in working closely with the Trust to continue to improve services, patient pathways as well as developing patient information. Our patient feedback through the friends and family test and national patient survey suggest that the services are well regarded although we recognise that there is still more that we can do.

Regarding charities, the FT has relationships with not for profit and community organisations across both hospital catchment areas. Our hospitals act as an umbrella for a number of 'in-house' charities and have an official charity — CW+ — which leads and coordinates charitable efforts in support of patients, families and staff. Historically these organisations and a number of other national bodies have utilised FT premises to raise funds and awareness for their own causes. However, a concerted effort over the last 18 months has helped refocus branding and messaging to drive support and interest directly to the Trust and its identified areas of need (e.g. intensive care facilities at CWH and paediatric services at WMUH). This defined focus has helped raise the profile of the FT as a charitable body across its communities and, in tandem with CW+, we are now working closely with residents associations, community groups, local councils and MP's to increase the number of memberships, volunteers and charitable supporters working with our hospitals.

8. The question raised by Governor Nowell Anderson:

How are we coping with serving patients in both A&E departments across the Trust during this winter months? I have noticed during my invited visits to the A&E that some persons bring their entire families with them when they arrive as a patient, thus taking up more space than necessary and preventing genuine patients from sitting down. How could we prevent this diplomatically?

Response from Rob Hodgkiss, Chief Operating Officer:

We are coping well across both of our A&E departments despite the pressures both sites are under from increased demand. In fact, in December, typically one of the most challenging months for the NHS, Chelsea and Westminster ranked the 6th best performing Trust in the country (out of 137). Both sites have received considerable investment into their facilities which include much improved and enlarged waiting areas.

9. The guestion raised by Governor Nowell Anderson:

With 33,000 nurses leaving the NHS are we losing skilled nurses in our own Trust and what action is being taken to prevent this if any?

Response from Pippa Nightingale, Chief Nurse:

We have a robust recruitment and retention plan in place and despite the national picture we have seen positive improvements with the vacancy rates reducing from 15-13% and the turnover rate reducing from 19.5% to17.5% with the voluntary turnover rate reduced further at 15%.

10. The question raised by Governor Nowell Anderson:

Is our well established communications team robust and powerful enough to defend the Trust as needed to the media and in the public eye?

Response from Gill Holmes, Director of Communications:

The communications team handles nearly 50 media and public enquiries every week from local and community stakeholders to the national press. The team always aim to be responsive, open and transparent which reflects the Trust's values and its position as a respected and well established NHS Foundation Trust. All correspondence and messaging is thoroughly fact checked, and external statements approved by senior managers and specialist clinicians before publication.

11. The question raised by Governor David Philips:

4.1 Could finance director provide quarter-on-quarter payroll figures for the various staff groups - corporate, nursing, clinical etc so that we can see expenditure trends?

Response from Sandra Easton, Chief Financial Officer:

See appendix 1.

12. The question raised by Governor David Philips:

Could the orientation day for Imperial College medical students include some background on the great hospital they are attending, its outstanding performance and reputation etc? I attended such a day and heard nothing to enthuse the students about the hospital or Trust.

Response from Zoe Penn, Medical Director:

The Medical Director is discussing this with the Imperial College School of Medicine so that we can not only introduce the medical students to this organisation but also help them have a more rounded education in wider health service delivery.

13. The question raised by Governor Simon Dyer:

Recognising the environment in which we are now operating, is Trust Management able to have higher level discussion with NHS England, and even the Department of Health & Social Care and Public Health England to alert them to the pressures on C&W Sexual Health Services, with a view to proposing changes to the model?

Response from Karl Munslow-Ong, Deputy Chief Executive:

Sexual health is actually commissioned by local authorities not NHS England (who commission HIV care) – it is unclear whether the renaming of DH to include social care (but not public health) will result in any improvement in a national approach to the crisis in sexual health.

A number of our clinicians have been working with the British Association for Sexual Health and HIV (BASHH) on a petition that explicitly sets out this commissioning fragmentation and the impact on patient care it is having with 6 clinic closures in London. We in turn have raised concerns with both CCGs, NHSE and local councils regarding current and future commissioning intentions.

If Governors do have specific concerns and wish to express these specifically with local commissioners then they should contact the relevant local authority.

14. The question raised by Governor Richard Ballerand:

What is the Trust's policy regarding clinical use of Whats App, Facebook Groups, and other consumer technologies?

Response from Gill Holmes, Director of Communications:

There are several policies and guidance on use of social media tools for staff, ie the web communications policy and social media guidance both of which are available on the intranet, 'Connect'. Also all staff have mandatory training on data protection policy to ensure patient, staff and sensitive information is kept safe and confidential at all times, and are advised not to use their mobile phones to share patient or any sensitive information in accordance with data protection legislation.

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	15. The question raised by Governor Lynne McEvoy:
	What criteria was used for selecting governors for the CQC meeting with Governors on
	23 January 2018?
	·
	Response from Karl Munslow-Ong, Deputy Chief Executive:
	All Governors were asked if they would like to take part in the well-led inspection
	interview with the CQC. The date and time for the session was set by the CQC. From
	·
	those who volunteered, and who were able to attend on the scheduled date, a sub-
	group was invited to take part based on a spread of constituencies. When it became
	apparent that there were strong feelings that this did not provide appropriate coverage
	of constituencies, a further invite was extended. There was no intention to exclude any
	Governor who wanted to attend, but ultimately a pragmatic decision, informed by
	available room size and an understanding with CQC that the group size should be
	relatively small, did need to be taken. The Lead Governor did invite all Governors to
	inform him of any points they would wish to be made.
KEY RISKS	None.
ASSOCIATED	NOTE.
ASSOCIATED	
FINANCIAL	None.
IMPLICATIONS	
QUALITY	None.
IMPLICATIONS	
FOLIALITY 9	None
EQUALITY & DIVERSITY	None.
IMPLICATIONS	
IIVIPLICATIONS	
LINK TO	NA NA
OBJECTIVES	
DECISION/	For information.
ACTION	1 or morningson

Appendix 1

			2018				
Staff Type	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Quarter 1	Quarter 2	Quarter 3
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Medical	26,687	27,909	27,988	28,929	28,079	29,168	30,108
Nursing including HCA	33,301	32,554	33,139	34,981	34,991	35,268	35,948
Other staffing	21,941	21,309	21,556	22,355	21,256	21,502	21,821
Grand Total	81,929	81,772	82,683	86,264	84,325	85,937	87,877

Please note these figures are as per the accounts and have not been normalised to account for pay awards or new services.