Chelsea & Westminster Hospital NHS Foundation Trust Council of Governors

Boardroom, Chelsea and Westminster Hospital 14 February 2019 16:00 - 14 February 2019 18:00





COUNCIL OF GOVERNORS 14 February 2019, 16.00-18.00 Boardroom, Chelsea and Westminster Hospital

Agenda

15.00 – 15.50		Lead Governor and COG Informal Meeting PRIVATE (attended by the Lead Governor and Governors only)						
15.50 -	- 16.00	Group photo session						
	1.0	STATUTORY/MANDATORY BUSINESS						
16.00	1.1	Welcome and apologies for absence	Verbal		Chairman			
16.02	1.2	Declarations of interest	Verbal		Chairman			
16.03	1.3	Minutes of previous meeting held on 29 November 2018 and Action Log	Report Report	For Approval / For Information	Chairman Chairman			
16.10	1.4	QUALITY						
	1.4.1	People & OD Committee Report to Council of Governors	Report	For Information	Steve Gill, NED			
16.35	1.5	Draft 2019/20 Annual Plan	Pres.	For Discussion	Chief Financial Officer			
17.05	1.6	Nominations and Remuneration committee – update including: • Proposal for extension of appointment: Liz Shanahan	Report	For Approval / For Information	Chairman / Deputy Chair			
	2.0	PAPERS FOR INFORMATION						
17.15	2.1	*Chairman's and Chief Executive Officer's Reports	Report	For Information	Chairman			
17.20	2.2	*Performance and Quality Report, including 2.2.1 Workforce Performance Report	Report	For Information	Chief Executive Officer			
17.25	2.3	*Governors' questions	Report	For Information	Chief Executive Officer			
17.35	2.4	Membership Sub-Committee Report: January 2019	Report	For Information	Chair of Membership Sub-Committee			
17.40	2.5	Quality Sub-Committee Report: February 2019	Report	For Information	Acting Chair			

	3.0	OTHER BUSINESS		
17.45	3.1	Questions from the public	Verbal	Chairman
17.55	3.2	Any other business	Verbal	Chairman
18.00	3.3	Date of next meeting – 25 April 2019, 16.00-18.00 Boardroom, Chelsea and Westminster Hospital		

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

18.00 – 19.00	NED/COG Informal Meeting PRIVATE (attended by NEDs, Lead Governor and Governors only)
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Council of Governors – Attendance Record 2018/19

Governor	Category	Constituency	17.05.18	26.07.18	27.09.18	29.11.18	15.02.18	TOTAL to date	15.11.18 Away Day
Julia Anderson Retired 30.06.18	Appointed	Imperial College	1	N/A	N/A	N/A	N/A	1/1	Away Day
Nowell Anderson	Public	Hounslow	1	1	1	1		4/4	1
Richard Ballerand	Public	Kensington and Chelsea	Х	1	1	Х		2/4	✓
Juliet Bauer	Patient		✓	X	1	Х		2/4	✓
Ian Bryant Terms ends 30.11.18	Staff	Management	Х	X	1	Х	N/A	1/4	1
Tom Church	Patient		1	Х	1	Х		2/4	✓
Nigel Davies	Public	Ealing	Х	Х	1	1		2/4	✓
Christopher Digby-Bell	Patient		1	1	1	Х		3/4	1
Simon Dyer	Patient		1	1	1	1		4/4	1
Cllr Catherine Faulks Retired 21.05.18	Appointed	Royal Borough of Kensington and Chelsea	1	N/A	N/A	N/A	N/A	1/1	
Jodeine Grinham	Staff	Contracted Class	1	Х	1	Х		2/4	X
Angela Henderson	Public	Hammersmith and Fulham	Х	1	1	1		3/4	✓
Anna Hodson-Pressinger	Patient		1	1	Х	1		3/4	✓
Elaine Hutton	Public	Wandsworth	Х	1	X	Х		1/4	✓
Kush Kanodia	Patient		1	1	1	Х		3/4	✓
Paul Kitchener	Public	Kensington and Chelsea	1	1	1	1		4/4	1
Minna Korjonen Appointed from 01.12.18	Patient		N/A	N/A	N/A	1		1/1	✓
Martin Lewis Stepped down 20.11.18	Public	City of Westminster	X	✓	X	N/A	N/A	1/3	1
Johanna Mayerhofer	Public	London Borough of	√	✓	✓	√		4/4	✓
Chisha McDonald	Staff	Richmond upon Thames Allied Health Professionals, Scientific and Technical	✓	✓	X	X		2/4	✓
Lynne McEvoy	Staff	Nursing and Midwifery	1	1	Х	N/A	N/A	2/3	
Retired 28.09.18								N/A	N/A
Mark Nelson	Staff	Medical and Dental	Agree	d leave of ab	sence	✓		1/4	
Fiona O'Farrell	Public	London Borough of	X	✓	✓	X		2/4	
Jennifer Parr	Staff	Richmond upon Thames Management	N/A	N/A	N/A	/		1/1	N/A
Appointed from 01/12/18									
Guy Pascoe	Public	Hammersmith and Fulham	1	1	1	1		4/4	1
Andreea Petre-Goncalves Term ended 30.11.18	Patient		1	Х	Х	Х	N/A	1/4	Х
David Phillips	Patient		1	1	1	1		4/4	1
Tom Pollak	Public	Wandsworth	Х	1	1	Х		2/4	1
Cllr Patricia Quigley Appointed 25.07.18	Appointed	London Borough of Hammersmith and Fulham	N/A	Х	1	Х		1/4	Х
Sonia Samuels	Public	City of Westminster	1	1	Х	Х		2/4	X
Jacquei Scott Appointed from 01.12.18	Staff	Nursing and Midwifery	N/A	N/A	N/A	1		1/1	1
Matthew Shotliff	Staff	Support, Administrative and Clerical	1	1	1	X	N/A	3/4	X
Dr Desmond Walsh Appointed 05.10.18	Appointed	Imperial College	N/A	N/A	N/A	1		1/1	1

Laura Wareing	Public	Hounslow	✓	Х	✓	1	3/4	1
								1





DRAFT

NOTES OF INFORMAL MEETING OF MEMBERS OF COUNCIL OF GOVERNORS 29 November, 14.00 – 16.00 Meeting Room A, West Middlesex Hospital

Present:	Sir Thomas Hughes-Hallett Nowell Anderson Nigel Davies Simon Dyer Angela Henderson Anna Hodson-Pressinger Paul Kitchener Johanna Mayerhofer Professor Mark Nelson Guy Pascoe David Phillips Dr Desmond Walsh Laura Wareing	Chairman Public Governor Public Governor Lead Governor/Patient Governor Public Governor Patient Governor Public Governor Public Governor Staff Governor Public Governor Public Governor Public Governor Public Governor Patient Governor Patient Governor Public Governor	(THH) (NA) (ND) (SD) (AH) (AHP) (PK) (JMa) (MN) (GP) (DP) (DW) (LWa)
In attendance:	Minna Korjonen Jenny Parr Jacquei Scott Lesley Watts Eliza Hermann Liz Shanahan Nilkunj Dodhia Steve Gill Nick Gash Jeremy Jensen Julie Myers Ayesha Richards	Patient Governor (from 1 Dec. 2019) Staff Governor (from 1 Dec. 2019) Staff Governor (from 1 Dec. 2019) Chief Executive Non-executive Board member Company Secretary Acting Director of Communications	(MK) (JP) (JS) (LW) (EH) (LS) (ND) (SG) (NG) (JJ) (JM) (AR)
Apologies:	Richard Ballerand Juliet Bauer Ian Bryant Tom Church Christopher Digby-Bell Jodeine Grinham Elaine Hutton Kush Kanodia Chisha McDonald Fiona O'Farrell Andrea Petre-Goncalves Tom Pollak Councillor Patricia Quigley Sonia Samuels Matthew Shotliff Nilkunj Dodhia	Public Governor Patient Governor Staff Governor Patient Governor Patient Governor Staff Governor Public Governor Patient Governor Patient Governor Patient Governor Public Governor Public Governor Public Governor Public Governor Staff Governor Appointed Governor Public Governor Public Governor Non-Executive Director	(RB) (JB) (IB) (TC) (CDB) (JG) (EHA) (KK) (CM) (FOF) (APG) (TP) (PQ) (SS) (MS) (ND)

1.0 STATUTORY/MANDATORY BUSINESS 1.1 Welcome and apologies for absence THH welcomed members and attendees to the meeting and apologies for absence were noted (as per attendance list). The Chairman noted that 13 Governors were required for a quorum and, as only 12 serving Governors were in attendance, the meeting was not quorate. Those in attendance agreed that all matters requiring decision should be attended to by e-governance after the meeting but that those present could continue with informal discussion. The reasons for the low quorum were explored and these were thought to be the combination of timing of the meeting, which was quite early in the afternoon, and the location. It was noted that it had been agreed at the recent Council away day that from 2019, all Council of Governors' meetings would commence at 4pm. Simon Dyer extended congratulations to Lesley Watts for her recent award as Health Service Journal 'CEO of the Year' and to 56 Dean Street for their award at the same event. LW advised that the award reflected the commitment, hard work and loyalty of all colleagues working within the Trust. The Chairman extended his thanks to those Governors whose terms of office were due to conclude on 30 November 2018, and to Martin Lewis, who had decided to resign. The Chairman noted that Martin had been a great and committed friend to the Trust and had provided long service, including time as Lead Governor. He would be missed. 1.2 **Declarations of interest** No new declarations of interest were recorded. 1.3 **Announcement of election results** The results of the recent elections to Council were noted. 1.43 Minutes of previous meeting held on 27 September 2018 and action log The minutes of the previous meeting were noted to be a true and accurate record with the proviso that the reference to AH in paragraph 3.1 be changed to AHP (question about celebration of Allied Health Professions Day. Action 1.3 (Sept 18): Dates to be circulated in January 2019. Action 1.5.1 (Sept 18): Action will be taken forward by AR. Action 3.1 (Sept 18): LWa reiterated her disappointment at 'restructuring' being provided by CC as the reason why the 'Fairy Godmothers' initiative did not proceed. LW stated that any volunteering initiatives needed to be arranged in a structured and coherent way, especially in relation to anyone working with our children's wards. Any proposals needed to be reviewed and decided on at an appropriately senior level. Any future proposal should be discussed with the Trust's Head of Volunteering who would discuss with the Chief Nurse. Action 1.4.1 (July 18): Date for THH/SG to meet staff governors to be confirmed in early 2019. 1.5 **QUALITY** 1.5.1 **Quality Committee Report to Council of Governors** EH presented her report as Chair of the Trust's Quality Committee (QC). She reminded those in attendance of her background and how being a lay person helped her to be objective. She took Governors through the Terms of Reference for the Committee and the areas which the Committee had looked at in the past year. She noted, in particular, the Committee's focus on Trust complaints' handling. Governors were invited to ask EH questions. DP asked whether all of the QC's sub-committees were required, noting that there appeared to be around 35. EH explained that she had asked the same question on appointment and had been reassured that each had clear terms of reference and met only on an appropriate frequency. She added that the QC receives a report from the 'top four' subcommittees in the hierarchy, which included reports on those underneath. These reports were clear enough for the QC to gain assurance on what was working well and to provide scrutiny where things were not working well.

AH thanked EH for a clear report and asked whether any of the findings from the 2018 Care Quality Commission (CQC) had been a surprise to the QC. EH said some were, perhaps, but more due to the very precise and focused nature of the comments. Of the 57 'should do' recommendations, however, none were really a surprise and, as such, in many ways, the CQC report was reassuring. She reflected that the Committee had been concerned initially that the pace of follow-up was not as quick as it might have liked but that had changed and 26 out of the 57 were now closed. Some of the recommendations could not be fixed quickly.

MN asked about the improvements to the complaints handling process. EH explained that the QC had escalated concerns about the Trust's performance on resolving complaints to the Board and that the matter had then been gripped firmly by LW and PN and performance had improved. LW agreed and added that her priority was to make sure the quality of response was right, which was why she personally signs off every response. She noted that it does take time to investigate a complaint thoroughly and that the Trust was absolutely committed to improving its processes: she could defend timeliness targets being missed if it meant that the complaint response was thorough and all elements were interrogated. EH agreed and added that another critical factor was making sure the Trust leaned from complaints. She noted that the Public Patient Experience and Engagement Group (PPEEG) helped to disseminate learning as did safety huddles and Team Briefs.

THH thanked EH and LW for their reports and commented that it was also important for the Trust to learn from good practice as well as from things that go wrong.

1.6 Report of the Council of Governors' Nominations and Remuneration Committee

JJ reported that the main topic of discussion at the meeting had been the process to reappoint THH successor. The paper presented to Council proposed the process that the Nominations and remuneration Committee recommended Council adopt and also a process for reconstituting the Committee.

Governors in attendance asked:

- if the process allowed enough time for successful appointments to be made and it was confirmed that it should, with the fail safe being a commitment from THH that he would stay beyond September 2019 for a short while if required to effect an appointment
- if a decision had been made on the appointment of an independent assessor and it was confirmed that this would be a decision for the Nominations and Remuneration Committee
- if all governors would be able to meet the candidates as part of the process and it was advised that this would be considered during the development of the appointment process.

Action: Council would be asked to confirm their decision on the proposals in the paper by e-governance. [Post-meeting note: the following decisions were approved by Council by e-governance:

- to approve the process endorsed by Council's Nominations and Remuneration Committee for appointing a Chair:
- to approve the process endorsed by Council's Nominations and Remuneration Committee for appointing the membership of the Committee]

1.7 Council of Governors' away day actions

SD presented the summary of the actions agreed by Council at its recent awayday. He reflected that it had been a good and positive discussion, with the presentation from Governwell being especially useful. He encouraged Governors to consider attending a Governwell course if they had not already done so. JM added that the Governwell presenter had fed back on how positive she had found the discussion with the Chairman.

THH added his thanks and also reflected on the positivity of the discussion, which had been helped enormously by the contributions made by all Governors in advance of the day in the 121 discussions he had held with them. He confirmed that he would share his 121 summary document with Jeremy Jensen for onward briefing for the incoming Chair.

Action: JM to ensure JJ receives 121 summary document prepared by THH for awayday. Action: JM to send thanks to be sent to Kim Hutchings, Governwell on behalf of Council.

As the actions had been agreed at the awayday there was no explicit need to approve them but in light of this meeting not been quorate it was agreed that it would be appropriate to table them again at the February Council meeting for

information.

Action: JM to table awayday actions at February Council of Governors meeting.

2.0 PAPERS FOR INFORMATION

2.1 *Chairman's Report

In addition to his report, the Chairman advised that:

- the President of Imperial College had accepted an invitation to visit the Trust, the main purpose of which would be to understand the College's perception of the Trust and its view on the future of cardiac care in North West London.
- he had recently met the Secretary of State for Health and Social Care who had spoken warmly of his visit to the Trust.
- he had recently met the Mayor of London's health advisor, Dr Tom Coffey, and encouraged him to visit the
 Trust
- preparations for the 300th anniversary service in May at Westminster Abbey were proceeding well.
- A campaign would shortly be launched by the Daily Mail encouraging volunteering in the NHS. This would include coverage of Helpforce, the charity of which THH was Executive Chairman.

The report was noted.

2.2 *Chief Executive Officer's Report

LW introduced her report and updated those in attendance on:

Staffing changes

Karl Munslow-Ong (KMO) had left the Trust to join the Royal Marsden; the arrival of Thomas Simons as new HR Director in March; the departure of Gill Holmes (GH) and the arrival of Ayesha Richards as Acting Director of Communications. The contributions made by KMO and GH to the work of the Trust was noted. LW added that thought was being given as to whether to extend the Executive Director team and that this would be informed, in part, by the outcome of an exercise to rebalance Executive Directors' portfolios.

Strategic partnerships

With regard to proposals concerning the **Royal Brompton**, LW noted that the Trust in conjunction with partners had recently submitted an alternative proposal to NHS England. Council would be kept informed of developments.

Action: JM to circulate Trust press release regarding Royal Brompton proposal to Council.

Planning for winter

The Trust's plans had received positive feedback and staff had been asked to support other Trusts in London on their winter planning. The plan had been submitted to NHS Improvement (NHSI) and NHS England (NHSE).

NHSI and NHSE consolidation

Affected staff in the two organisations were currently being consulted over future plans for the organisations. It was likely that there would be a number of staff at risk. A new Director for London was expected to be announced soon [Post-meeting note: Sir David Sloman appointed to this role.]

In response to a question from SD, LW confirmed that areas that remained 'red' for the Trust in terms of winter planning were being flagged very transparently to the centre. A number would require intervention from a number of parties to resolve eg discharge of mental health patients from A&E.

In response to a question from AH, SG confirmed that the People and Organisation Development Committee (POD) scrutinised staffing issues carefully and there had been good progress made in bringing the nursing vacancy rate down. It was currently the lowest in London. Time was being spent understanding why nursing recruitment and retention had been so successful so that lessons could be transferred to other disciplines. LW added that there were still areas where it was difficult to recruit eg aspects of the medical workforce, and it was a real area of focus across NWL. The incoming HRD would be asked to develop a medical workforce strategy, which would also involve working with Imperial College.

	Morale remained generally good and the staff survey would be closing soon which would provide a picture of staff
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	engagement. For a staff perspective, JP added that winter does affect morale but that staff come together as a Trust
	and are well-supported by each other. Many will stay late and come in early and no-one is ever left feeling alone.
	The report was noted.
2.3	*Performance and Quality Report, including
	2.3.1 Workforce Performance Report
	In response to a question about urology performance from DP, JP noted that cancer referrals have increased and work
	was being done to try and understand why. One reason may be the increase in public awareness about this sort of
	cancer. LW added that this was being looked at with partners including Imperial College Healthcare and the Royal
	Marsden and added that there was a known nationwide shortage of urologists
2.4	*Governors' Questions
2.4	The report was noted.
	The report was noted.
2.4	*Membership Sub-Committee Report November 2018
	DP said that new Governors were welcome to attend the Committee and added that on, 6 December, Governors were
	invited to intend a 'wrapathon' to prepare for the Trust Christmas open days.
	The report was noted
	The report was noted.
2.5	*Quality Sub-Committee Report November 2018
	SD noted that the Committee had received a presentation about ward accreditation and he commended it, personally,
	as a way of seeing how the hospital performed. SG agreed. He reminded those in attendance that they needed to
	complete their mandatory training in order to take part in ward accreditation.
	THH added that Councillor Quigley had offered to visit the Trust to provide a perspective on access from that of a
	mobility impaired service-user. He also advised that the Alzheimer Society had offered to provide training to Governors
	on how to become a dementia friend and this would be arranged for the margins of a Council meeting if this was of
	interest.
	Action: JM/VD to circulate material on the various ways Governors can take part in hospital activities.
	Action: JM/LW to facilitate CPQ's access review visit.
	Action: JM/VD to gauge interest in Alzheimer Society training and organise accordingly.
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	The report was noted.
3.0	OTHER BUSINESS
3.1	Questions from the public
	On behalf of a member of the public, NA asked whether staff were governed by a code of conduct as regards
	confidentiality. LW confirmed that this was absolutely in place and that every staff member was required to respect
	patient confidentiality. JSc added that every member of staff has to undertake annual information governance training
	and that any suspected breach of privacy was taken very seriously.
3.2	Any other business
	THH said that fresh tea and coffee would be provided at the end of future meetings so that anyone who wished to stay
	on for an informal chat could do so.
3.3	Date of next meeting – 14 February 2019, 16.00-18.00, Boardroom, Chelsea and Westminster Hospital.
4.0	Private session – Governors/Chairman/Deputy Chairman/Company Secretary only
4.1	Reappointment of non-executive member of the Board
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	THH reminded Governors in attendance that the meeting was not quorate and that decisions on this matter would need to be taken by Council by e-governance.

THH provided background to the paper noting that the matter had been discussed by the Council's Nominations and Remuneration Committee who had reached the recommendation in the paper. The Committee had discussed a number of options, including not reappointing either of the two Board members whose terms were due to conclude at the end of June 2019. In the event, the Committee had decided that it wished to recommend the reappointment of ND for a period of two years with specific reference to the relevance of his expertise in relation to the embedding of Cerner EPR.

Action: JM to circulate timetable of non-executive Board appointments to Council.

AH noted that the Committee had spent a considerable time reflecting on the merits of various succession planning options and had concluded that it would be important to bring in a new non-executive director in 2019, not least in light of the changes that would be happening later in 2019, the departure of THH, and in 2020, the departure of JJ.

MN stressed the importance of appointing the right candidates for the job and making sure the appointment process enabled a diverse pool of appointable candidates to be identified.

Action: Council would be asked to confirm their decision on the proposal in the paper by e-governance. [Post-meeting note: the decision to reappoint ND for a period of two years commencing 1 July 2019 was agreed by Council by egovernance].

The meeting closed at 16:00pm



NHS Foundation Trust

Council of Governors – 28 November 2018 Action Log

Date	Minute number	Action	Current Status	Lead
28 Nov 2018	1.6	Report of the Council of Governors' Nominations and Remuneration Committee Action: Council would be asked to confirm their decision on the proposals in the paper by e-governance.	 Complete. Council confirmed by egovernance that they: Agreed to adopt the process endorsed by Council's Nominations and Remuneration Committee for appointing a new Chair. Agreed to adopt the process endorsed by Council's Nominations and Remuneration Committee for appointing the membership of the Committee 	JM
	1.7	Council of Governors' away day actions Action: JM to ensure JJ receives 121 summary document prepared by THH for awayday.	Complete.	JM
		Action: JM to send thanks to be sent to Kim Hutchings, Governwell on behalf of Council.	Complete.	JM
		Action: JM to table awayday actions at February Council of Governors meeting.	Complete. This is appended.	JM
	2.2	Chief Executive Officer's Report Action: JM to circulate Trust press release regarding Royal Brompton proposal to Council.	Complete.	JM
	2.5	Quality Sub-Committee Report November 2018 Action: JM/VD to circulate material on the various ways Governors can take part in hospital activities.	SM and VD will arrange this.	SM/VD
		Action: JM/LW to facilitate CPQ's access review visit.	Complete. Cllr Patricia Quigley is meeting with Marie Courtney (Deputy Director of Estates and Facilities) and Andy Denton (Business and Property Manager, Estates & Facilities) on 15 February.	SM/LW

		Action: JM/VD to gauge interest in Alzheimer Society training and organise accordingly.	This is being arranged.	SM/VD
	4.1	COG Private session - Reappointment of non-executive member of the Board Action: JM to circulate timetable of non-executive Board appointments to Council.	Complete.	JM
		Action: Council would be asked to confirm their decision on the proposal in the paper by e-governance.	Complete . Council confirmed by egovernance a decision to reappoint Nilkunj Dodhia from 1 July 2019 to 30 June 2021.	JM
27 Sep 2018	1.3	Minutes of previous meeting held on 26 July 2018 and action log Action: JM to liaise with THH PA to reissue dates for informal lunches with the Chairman.	Ongoing. These will be generated for February 2019 onwards.	SM
	1.5.1	Improving Trust Board and Council of Governors' engagement Action: Director of Communications, to bring proposals for membership engagement to the Spring Council meeting.	This is on the forward plan for the May 2019 Council of Governors meeting.	Comms
27 Jul 2018	1.3	Blue Badge holders charges Action: Car parking charges for Blue Badge holders to be added to the appropriate 2019 Council agenda.	This is on the forward plan for the May 2019 Council of Governors meeting.	JM
		Action: THH/SG to meet staff governors.	In progress. Staff governors contacted.	SM
	2.3	Performance and Quality Report Action: Review of non-executive assurance of performance to be considered by Council twice annually.	This will be scheduled on the forward plan for 2019.	JM

Actions agreed at Council of Governors away day – 15 November 2018

Action	Status	Owner
Director's updates: Schedule a briefing for Council of Governors on the services provided by the Trust in the community.	This is on forward plan for 27 June briefing session.	JM/VD
Directors' updates: Circulate the WRES report discussed at November Public Board to Council of Governors.	Complete.	JM
Test bed case study: Update to be reported to Council of Governors during life cycle of the programme.	This is on forward plan for 31 October Council of Governors.	JM
Test bed case study: Council of Governors' volunteer for working group to be sought.	Complete. Angela Henderson is a governor representative.	RH
Governwell training session: Thought to be given to ensuring 'holding to account' is part of the Annual Members Meeting.	This is on forward plan for 2019 Annual Members Meeting.	JM
Governwell training session: Governors to advise JM/VD if they require assistance in framing questions that seek assurance.	As required.	Governors
Governwell training session: Greater transparency on Governor attendance to be developed, including option for mandatory disclosure when seeking re-election.	a) Rolling log of attendance at Council meetings will be appended to every Council agenda.	JM
	b) Investigation into ability to require mandatory disclosure at point of re-election will be investigated under election rules.	SM
Effectiveness session: Development of an issue log.	A proposed iLog model has been appended to this paper.	JM/VD
Effectiveness session: Council of Governors meetings to be held from 4pm – 6pm irrespective of site and with informal Governor meeting to be held immediately prior.	Timing has been adopted for all meetings from 1 January 2019 onwards. Review impact on attendance scheduled on forward plan for January 2020.	VD

Effectiveness session:	As required.	Governors
Governors unable to attend informal Governor meeting to provide comments in advance to		
Lead Governor.		
Effectiveness session:	Complete.	VD
Dial in details to be provided for informal Governor meetings.	These will be available at every informal meeting.	
Effectiveness session:	THH/SD to discuss in due course.	THH/SD
Lead Governor and Chairman to discuss manner of reporting discussion of informal Governor		
meeting.		
Effectiveness session:	Ongoing.	VD
Executive to consider alternative venues for Council of Governor meetings (ie alternative either		
Chelsea and Westminster Hospital or West Middlesex Hospital).		
Effectiveness session:	Complete.	JM
New Governors to be offered optional 'buddy'.	Invitation offered to new Governors.	
Effectiveness review:	As required.	Governors
Governors to 'buddy up' to deliver 'Meet a Governor' sessions.		
Effectiveness review:	Governors to discuss.	SD
Governors to reflect on Chairman attendance at biannual informal meeting with Trust non-		
executive directors.		





Governor iLog

Introduction

The Council of Governors at its November 2018 Effectiveness session suggested an issue log should be developed.

We approached NHS Providers and were directed to a foundation trust which uses the iLog methodology to record and action ideas, innovations and issues that get raised to or by the governors. The aim of the iLog is to enable ideas, innovations and issues to be raised and addressed as far as possible.

The table below presents a 'You Said We Did' approach as used by Lincolnshire Partnership NHS Foundation Trust.

iLog number	'You said'	'We did'

Recommendation

We recommend to the Council of Governors to adopt the same methodology in the spirit of encouraging feedback from patients, carers, staff and the wider public. As part of the ongoing dialogue the iLog will aim to improve services.

Governor comments and concerns raised will be added to the iLog as described above and a response provided at the following Council of Governors meeting.

Action

The Council of Governors is asked to discuss the proposed approach with a view to agreeing it for immediate implementation.



NHS Foundation Trust

People and Organisational Development Committee (PODC) – Report by the Chair to the Council of Governors (COG) Meeting, 14th February 2019.

The purpose of this report is to provide Governors with an update on the activities and effectiveness of PODC for the 6-month period August 2018 to February 2019 and to briefly discuss HR areas of success and areas for development.

1) Summary and update on actions re PODC report to the COG Meeting on 26th July 2018:

Discussion was primarily re areas of concern raised by Governors with NEDs at an informal meeting in May:

Staff survey results and action plan: focus on 3 major areas:

- Response rate (32% vs. 43% for London Acute Trusts and 47% London all Trusts average);
- Bullying staff on staff (25% vs. 25% for London Acute Trusts and 27% London average);
- Racial discrimination, based on minority ethnic status/Workforce Race Equality Standard-WRES data (17% vs. 12% for London Acute Trusts and 18% London average);

Long service awards: reintroduced in May with a Trust wide celebration for colleagues with over 25 years service. 10, 15 and 20 year celebrations held at Divisional level.

Update on actions re PODC Paper:

Action: Summary of discussions on working hours at Partnership Forum to be reviewed by PODC and reported to future COG and Board meetings.

Update: PODC reviews discussions of Partnership Forum by receipt of minutes, there are no substantive points to relay to COG and the Board - **CLOSED.**

Action: Outcome of PODC deep dive into retention to be reported at a future Public Board. **Update:** Covered as part of Workforce Performance Report at the November Public Board – **CLOSED.**

Action: THH / SG to meet Staff Governors following upcoming Elections – To be scheduled - OPEN.

Action: Percentage of Black, Asian and Minority Ethnic (BAME) Senior Managers to be reported to Board

Update: Ethnicity profile by grade (including the Trust Board) is included in the Trust's Annual Workforce Equality & Diversity Report 2017/18. The Report was approved at the November Public Board – **CLOSED.**

Action: Team Brief to be circulated with Public Board Papers - CLOSED.

2) PODC CHAIR / HR LEADERSHIP:

Steve Gill was appointed as chair of PODC from 1st February 2018. Steve qualified as a Chartered Accountant with PwC in London, he has had an international Executive career in the Information

Technology (IT) industry including Chief Executive Officer (CEO) roles in UK & Ireland, Korea and China.

In January 2018 Keith Loveridge resigned as HR Director (HRD). Sandra Easton, Chief Financial Officer (CFO) and Pippa Nightingale (Chief Nurse) were asked to lead HR pending Board agreement on the structure of the HR portfolio (including HRD). From July onwards, Sandra Easton (CFO) has been interim HRD.

Subsequent to the July COG the Board approved the recruitment of a new HRD, final interviews were held in September. Thomas Simons (currently HRD for the East & North Hertfordshire NHS Trust) has been appointed as HRD and will start at Chelsea & Westminster in March 2019.

3) PODC:

Strategic Aim: To have a workforce that puts patients first; is responsive and supportive to our patients and each other; is open, welcoming and honest; is unfailingly kind, respectful and compassionate; treats our patients with dignity. We are also determined to develop the skills of our people. This will ensure we achieve our objectives of providing the best quality care and become an employer of choice.

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

PODC considers 7 major areas:

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

Terms of Reference (TOR) - Updated in February 2018 with further update in December 2018 as part of the Annual Effectiveness Review. Changes:

Add: Health and well-being; Legal compliance and NHSI certification. Remove: HR staff attendees.

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

Minor wording changes to ensure consistency across PODC, FIC and Quality Committee.

Change "Set objectives" to "Review objectives" for the Education Strategy Board.

PODC Membership (from 1st February 2018):

Steve Gill - NED, Chair

Eliza Herman – NED, Chair of Quality Committee

Nick Gash - NED, Chair of ARC (October 2018 onwards)

Martin Lupton – Hon NED, Imperial College

Gary Sims - NED (March 2018 only)

Sandra Easton - CFO

Rob Hodgkiss - COO

Julie Myers / Sheila Murphy – Company Secretary

Pippa Nightingale - Chief Nurse

Zoe Penn – Medical Director

Vanessa Sloane – Hospital Director WM

Lesley Watts - CEO

Director of Communications

Vida Djelic – Board Governance Manager - In attendance.

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

PODC meetings are structured into 8 areas:

General Business: Agenda, Apologies, Declaration of Interest, Prior Minutes, Action Log.

Workforce Strategy: includes HR Improvement Program as a standing monthly item. Operating Division Report reviewed Quarterly (i.e. Each Division reviewed once per year).

Staff Well-being: various topics. E.g. Staff Survey; WRES

Performance: includes Workforce Report as a standing item.

Deep Dives: based on priorities and issues. Freedom to Speak Up Report (FTSU) reviewed Quarterly.

Sub-Group Reports: one per month.

Top Concerns: free format discussion.

AOB: includes Forward Plan and Next Meeting as standing items.

During the period since July 2018 PODC has reviewed the following items:

Workforce performance report (every meeting).

HR improvement plan (every meeting).

Staffing Issues (every meeting from October onwards).

Freedom to Speak Up-FTSU Report and themes (Quarterly).

Nurse recruitment and retention plan.

Staff Engagement plan.

Staff Survey updates and action plan.

Staffing and Training Risk assurance.

Statutory & Mandatory Training compliance report.

Workforce Race Equality Standard (WRES) action plan.

Medical Revalidation Annual Report -sign off.

Staff retention update.

Flu prevention strategy.

Annual Workforce Equality & Diversity Report (including WRES initiatives).

General Medical Council (GMC) Training Survey findings and action plan.

Gender Pay action plan.

Quarterly PODC Risk Assurance Framework (RAF) review.

Annual Effectiveness and TOR Review.

Talent Management & Succession Plan process review.

Project SEARCH (work experience for young people up to age 25 on the autistic spectrum/with learning disabilities).

Safeguarding training update.

Medical Locums cost review.

WRES Diagnostic Report (Phase 1 in conjunction with Independent Consultant Roger Kline).

Health & Wellbeing Strategy.

Sub-group reports e.g. Workforce Development Committee; PROUD Action Group; Education Strategy Board; Partnership Forum.

Various HR Policies for review/approval.

4) AREAS OF SUCCESS & AREAS FOR DEVELOPMENT:

Areas of success:

- At Phase 1 on Journey to Outstanding.
- Successful delivery of Phase 1 of HR Improvement Programme.
- Creation of robust and reliable workforce information, building on the reconciliation of Electronic Staff Records (ESR) and ledger.
- Turnover rates at 14.7% in December 2018 (latest data available) vs 15.6% in December 2017, now consistent with other comparable Trusts in London but above our Target of 13%.
- Hit the 90% Overall Statutory and Mandatory training target in June for the first time in 10 years (since target was introduced), continued to exceed 90% target for last 7 months, June to December. Note: Information Governance (IG) at 94% in December is at highest ever level but below IG Target of 95%.
- Achieved / exceeded Sickness Absence target of less than 3.3% in every month February to December.
- Vacancy rate decreased from 14.7% in July to 11.2% in December (Overall Trust Target is 10%). Vacancy rate is 12.9% at WM and 10.3% at Chelsea. Nursing vacancy rate at 8.7% is below target and is the best in London.
- Overseas Nurse recruitment campaigns yielding results, see comments re Vacancy rates above.
- NHS Staff Survey: 9 top quartile scores, including overall staff engagement score. The results overall are in the top 3 in London (out of 36 Trusts). 3 bottom quartile scores including relatively low response rate, see comments on page 1. Next Annual Staff Survey analysis expected to be available from NHSE for review at March 2019 PODC.
- Agency expenditure significantly reduced from 7.0% of monthly pay cost in February to 3.6% of monthly pay cost in November (latest data available), vs. target of 5%.
- Time to hire halved from 15 weeks to less than 8 weeks, saving 7 weeks of Bank and Agency cost on every post recruited.
- FlexiStaff+ with c.1000 DRs being rolled out across North West London (NWL) partners and nationally.

- Launched E-Pay which gives staff and managers greater control and visibility over additional payments.
- Notable operational improvements made, despite the loss of HRD, whilst maintaining a stable HR team.

Areas for Development:

- Increase speed and urgency re Phase 2 of the HR Improvement Programme, through the delivery of the 7 key workstreams to fully embed improved processes and systems.
- Systematic delivery of the expected employee compliance metrics (Performance and Development Review (PDR), Statutory and Mandatory Training) with clear consequences for non-conformity.
- Moving to real time, predictive and intelligent monitoring. Moving away from retrospective, one-dimensional and traditional reporting. Significantly improve the monthly Workforce Report with the introduction of Statistical Process Control (SPC) Charts and a step change in the quality of management commentary, focussing on interpretation and actions with timelines and owners.
- Forensic understanding of: Staff Turnover / Retention; WRES; Gender pay. Implement clear, urgent improvement plans. WRES Diagnostic Phase 1 Report reviewed at January PODC, the work is in conjunction with Independent Consultant Roger Kline, who has been commissioned to undertake the project over 3 to 4 phases. Next WRES update to be presented to PODC in March. Draft Gender Pay Gap Report to be reviewed at March PODC.
- Shorten timelines for action plans and communication for next Staff Survey. Redesign Quarterly 'Pulse' survey. Focus on addressing bottom quartile scores.
- Increasing the priority, nimbleness and focus of the retention strategy.
- Step change in the Learning & Development (L&D) offer, leverage value with Academic partners.
- Consideration of novel approaches, e.g. Scholarships and apprenticeships across the Multi-Disciplinary Team (MDT) workforce; design Future Workforce roles.
- Staff Wellbeing Strategy and programmes including "stocktake" of current programs to be reviewed at March PODC.
- Talent Management and Succession Planning, process approach agreed, outcomes to be reviewed by PODC in September / October.
- Enhance resilience of HR team given the increased expectation of delivery and imminent arrival of new HRD.

S. Gill - February 2019



NHS Foundation Trust

Council of Governors Meeting, 14 February 2019

AGENDA ITEM NO.	1.6/Feb/19		
REPORT NAME	Nominations and Remuneration Committee update including: Proposal for extension of appointment: Liz Shanahan		
AUTHOR			
LEAD	Sir Tom Hughes-Hallett, Chairman Simon Dyer, Lead Governor Jeremy Jensen, Senior Independent Director		
PURPOSE	 To seek approval to a proposal to extend the terms of office of Trust non-executive director, Liz Shanahan To provide an update to Council on matters considered by the Nominations and Remuneration Committee 		
SUMMARY OF REPORT	 The report includes: The rationale for the proposal to extend the terms of office of Trust non-executive director, Liz Shanahan to 30 November 2019 (from 30 June 2018). An update on Chairman and non- executive director recruitment including: the process to appoint of a recruitment agency; benchmarking of fees; candidate brief development 		
KEY RISKS ASSOCIATED	N/A		
FINANCIAL IMPLICATIONS	N/A		
QUALITY IMPLICATIONS	N/A		
EQUALITY & DIVERSITY IMPLICATIONS	The Committee is working to ensure diversity is embedded at the heart of the appointment process.		
LINK TO OBJECTIVES	 Excel in providing high quality, efficient clinical services Improve population health outcomes and integrated care Deliver financial sustainability Create an environment for learning, discovery and innovation 		

DECISION/ ACTION

Council is asked to:

- Agree to the proposal to extend the term of office of Liz Shanahan to 30 November 2019 (from 30 June 2018)
- Note and discuss the update from the Committee

Nominations and Remuneration Committee update including: Proposal for extension of appointment: Liz Shanahan

Introduction

- 1. Council's Nominations and Remuneration Committee met on 22 January 2019, the first meeting with its new membership of:
 - Simon Dyer
 - Richard Ballerand
 - Angela Henderson
 - Minna Korjonen
 - David Phillips
 - Laura Wareing
- 2. The meeting was chaired by Sir Tom Hughes-Hallett, save for the discussion of matters relating to the appointment of a new Chair where the meeting was chaired by Jeremy Jensen. The Chief Executive and Company Secretary were in attendance.

Proposal to extend the term of office of Liz Shanahan, non-executive director

- 3. Liz Shanahan was originally appointed as a 'non-voting' Board member by the Council of Governors for a two-year period on 1 July 2014. Liz became a 'voting' Non-Executive Director on 27 November 2015 after the implementation of the post-acquisition Constitution. She was reappointed by Council of Governors for a three year term from 1 July 2016 and that term of office is due to expire on 30 June 2019.
- 4. In light of the potential for synergies between the recruitment process for the new Chair and the successor to Ms Shanahan, Council is asked to extend Ms Shanahan's term of office by a five month period to 30 November 2019. This will allow the two recruitment process to run concurrently and reduces the risks associated with any delay to the recruitment process for a new non-executive director. A summary of Ms Shanahan's key experience and expertise is at **Annex A**.

Recommendation

5. The Nominations and Remuneration Committee has considered this matter and recommends to Council that it extends the term of office of Liz Shanahan for five months, to 30 November 2019, at the conclusion of her current term of office, 30 June 2019.

Matter for decision

Council is asked to agree to the proposal to extend the term of office of Liz Shanahan to 30 November 2019 (from 30 June 2018).

Update from Nominations and Remuneration Committee

6. The Committee agreed to briefly pause the process to proceed with recruitment of a new Chair whilst the broader operating context for health care providers was being clarified post the publication of the NHS Long Term Plan and the appointment of a Regional Director for London. This was with the proviso that Sir Tom Hughes-Hallett had confirmed his commitment to serve beyond September 2019 for a short period if this was necessary (noting that his term of office expires formally 31 January 2020).

Appointment of a recruitment agency

7. The Committee noted that six firms had bid to provide their services and that the bids had been quality assessed by the tender review panel. Two preferred bidders had been identified against the quality criteria and the review panel would meet with both of these agencies to discuss their proposal. Diversity considerations had been heavily weighted in the proposal assessment, but were not the only criteria.

Review of terms and conditions

8. The Committee noted the benchmarking data for Chair and NED fees and agreed that no changes were required.

Candidate brief

9. The Committee noted that work to develop the candidate packs for the Chair and NED would be facilitated by the appointed headhunters in due course. It would be important that the role of the Governors was made clear in the packs.

Annex A - Liz Shanahan background

Liz Shanahan is currently a member of the Quality Committee. In her time on the Board she has chaired the People and Organisational Development Committee, been a member of the Audit Committee and the Finance and investment Committee. This means she has had experience across all of the Board's Committees. Additionally, Liz is a Board-nominated trustee of CW+. She is the lead Board member on communications and marketing.

A medical education and communications professional by background, Liz has extensive experience in healthcare strategy and change consulting. Until recently, she was Global Head of Healthcare and LifeSciences for FTI Consulting where she was a member of the Executive Leadership Forum. She joined FTI in 2007 when they acquired her company Sante Communications. She is now involved with a portfolio of businesses on investment, advisory and non-executive levels. She is also a member of the Global Irish Network and a member of the British Council's Provocation Group.





Council of Governors Meeting, 14 February 2019

AGENDA ITEM NO.	2.1/Feb/19
REPORT NAME	Chairman's Report
AUTHOR	Sir Thomas Hughes-Hallett, Chairman
LEAD	Sir Thomas Hughes-Hallett, Chairman
PURPOSE	To provide an update to Council of Governors on high-level Trust affairs.
SUMMARY OF REPORT	As described within the appended paper.
	Governors are invited to ask questions on the content of the report.
KEY RISKS ASSOCIATED	None
FINANCIAL IMPLICATIONS	None
QUALITY IMPLICATIONS	None
EQUALITY & DIVERSITY IMPLICATIONS	None
LINK TO OBJECTIVES	NA
DECISION/ ACTION	This paper is submitted for Council's information.

Chairman's Report February 2019

Introduction

1. Attached at **Annex A**, Council will find the report I presented to public Board in January 2019 for information. There are also a number of other matters to bring to Council's attention.

Board meeting 10 January 2019

2. The Board met in private session on 10 January 2019 and talked in more detail about the Board's key strategic partnerships, further to the discussion which took place earlier in the day in public Board. The Board also spent some time discussing an early iteration of the Trust's Clinical Services Strategy, which will be discussed in public Board in due course.

Board development and assurance

- 3. As part of its commitment to on-going development, the Board received training on cyber security at a development session on 7 February. The briefing was commissioned by NHS Digital specifically for NHS Boards and we are one of many Trusts to have received it.
- 4. Council will want to be aware that the Board's Committees have been reviewing their own effectiveness as part of their annual programme. The process has been overseen by the Board's Audit and Risk Assurance Committee and the Board is looking forward to receiving an assurance report in March.

Chairman's appraisal - update

- 5. In line with good governance, I receive an annual appraisal. This is conducted by the Senior Independent Director (SID) and informed by a self-assessment and feedback sought by the SID from Governors, Board members and members of the executive. The outcome of my last appraisal was circulated to Council in June 2018. I thought it would be useful to update Council on how progress against my objectives will be demonstrated. The themes for the year were as follows and they translated into the objectives described in the table below:
 - Bring the People agenda into sharper focus
 - Clarify the role of the governors and how they interact with the Trust.
 - More structured approach to changes in committee membership
 - Keep the board meetings focused, appropriately limit the time spent on presentations, focus on the big priorities

Specific objectives	Co-owner	Status
Clarify the role of the governors and how	Julie Myers	Well advanced. We received advice and training by
they interact with the Trust.	, end of the second of the sec	Governwell at the November awayday, which included comprehensive briefing on the role of Governors. Further discussion was informed by the outcome of 121 discussions which I held with as many Governors as possible in advance of the awayday. Work to improve Council and Board engagement was led by the Lead Governor, Audit and Risk Committee Chair and Company Secretary, and resulted in what I believe was a well-received paper on ways to improve Council and Board engagement. These improvements are
T		being implemented for the year ahead.
Together with the Vice Chair, agree and implement a succession plan with the governors for the Non-Executive directors	Jeremy Jensen	This issue has been the subject of detailed discussion with Council's Nominations and remuneration Committee resulting in Council approving a proposal
and the Chairman.		for succession at its November meeting. Work continues with the Committee, as reported to Council in February.

Focus the board in defining the next steps	Eliza Hermann	7 March Public Board
in quality towards excellence.		A report from EH on progress followed by Board
		challenge/debate.
		25 April Council of Governors
		Assurance report from THH
Continue to support and motivate the CEO	N/A	4 April Board development/strategy session
in pursuing the high level of ambition and		A private session of NEDs to reflect on how well this is
drive with which she is leading the Trust.		being achieved
		25 April Council of Governors
		Assurance report from THH
Be a champion for staff engagement,	Steve	2 May Public Board
development, health and well-being.	Gill/Lesley	A report from SG/LW on progress followed by Board
	Watts	challenge/debate.
		25 July Council of Governors
		Assurance report from THH
Ensure the executive team is focused on	Steve Gill	2 May Public Board
the people agenda – measured by		A report from SG/LW on progress followed by Board
recruitment and retention KPIs and staff		challenge/debate.
feedback in all its forms.		25 July Council of Governors
		Assurance report from THH

Sir Tom Hughes-Hallett Chairman February 2019



NHS Foundation Trust

Chairman's Report January 2019

1.0 Welcome

Let me begin by wishing everyone a Happy New Year. As ever, the turn of the year provides a point for reflection and I continue to be struck by the tireless energy and enthusiasm of our staff as we face what seems to be an ever increasing demand for our services. We must continue to do all that we can to support and celebrate what our teams deliver for our patients every day.

2.0 Christmas

With that in mind, it was such a delight to see such wonderful attendance at the Trust's Christmas events. These really do represent an opportunity, not just for staff, but also for patients, their families and members of the community, to play a part in hospital life and celebrate the season together. Our Governors, as ever, played their part in these events and we are grateful to them. Outside of these formal events, it was also clear just how much joy was spread by the efforts of individual staff members, wards and teams as they decorated wards and offices.

As ever, we are grateful to all of those staff who worked over the Christmas and New Year period and especially to our Chief Executive who, as ever, was present in the Trust on Christmas Day, and to Liz Shanahan, non-executive Board member, who also attended to support staff on Christmas Day.

3.0 Council of Governors

Elections were held for 15 seats for the Trust's Council of Governors last year and the results were announced on 12 November 2018. All of the seats were contested and the results were as follows:

Patient Governors

Juliet Bauer (re-elected)
 Simon Dyer (re-elected)
 Kush Kanodia (re-elected)
 Minna Korjonen (elected)

David Phillips (re-elected)

Public Governors

- London Borough of Ealing (1 to elect) Nigel Davies (re-elected)
- London Borough of Hammersmith and Fulham (1 to elect) Angela Henderson (re-elected)
- London Borough of Hounslow (2 to elect)
 - Nowell Anderson (re-elected)
 - Laura Wareing (re-elected)
- London Borough of Wandsworth (1 to elect) Elaine Hutton (re-elected)

Staff Governors

- Management Class (1 to elect) Jennifer Parr (elected)
- Nursing and Midwifery Class (1 to elect) Jacquei Scott (elected)

Public Governor Martin Lewis (Westminster) and Staff Governor Matthew Shotliff (support, admin and clerical) resigned on 19 and 30 November respectively and these resignations were noted at the November Council meeting. Both were commended for their dedicated service to the Trust.

4.0 Internal and external engagements

Since the last Board meeting (1 November 2018) I have undertaken the following engagements:

- 7 November Meeting with Matt Hancock, Secretary for State, Health and Care.
- 8 November Hosted the Helpforce Champions Awards celebrating volunteers in healthcare.
- 14 November Visit to Frimley Park Hospital to view their A&E department along with other areas of the hospital where volunteers are utilized.
- 21 November Meeting with Dr Tom Coffey OBE, Senior Advisor to the Mayor of London and NHS England's Clinical Director of Emergency Care.
- 5 December Chairs Advisory Group Dinner

5.0 Volunteering, Helpforce and the Daily Mail

It would be remiss of me not to mention the tremendous support pledged by the public to volunteering in the NHS as a consequence of the Christmas campaign run by Helpforce, a charity of which I am Founder and Chair, and the Daily Mail. This Trust featured alongside many others in the campaign and I am pleased that we were able to celebrate publicly the contribution made by the Trust's volunteering team and our many volunteers.

Following a meeting between our CEO, myself and the COO of 'NHS London', we have been offered funding for a new post within Chelwest to support volunteering within the STP as a whole.

Sir Thomas Hughes-Hallett

Chairman





Council of Governors Meeting, 14 February 2019

AGENDA ITEM NO.	2.2/Feb/19
REPORT NAME	Chief Executive's Report
AUTHOR	Julie Myers, Company Secretary
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.





Chief Executive's Report

January 2019

1.0 Performance

November and December saw continued growth in non-elective demand and increasing numbers of patients coming through our front doors. Despite these challenges, both of our sites continue to respond well and, whilst we have been marginally short of delivering against the 95% A&E waiting time standard, we continue to be the best performing Trust in London and our STF trajectory for the Quarter was achieved. The significant preparatory work in relation to winter pressures is clearly paying off and both sites, whilst extremely busy, have coped remarkably well. It is a privilege to see the level of true multi-disciplinary team working that ensures our patients receive the very best of timely care from our two hospitals.

The Referral to Treatment (RTT) incomplete target was achieved on both sites as were all reportable Cancer Indicators. Our 6 week wait Diagnostic position remains compliant, so overall a fantastic achievement, demonstrating the continued efforts of all of our staff to ensure we give our patients the very best, timely care. I am delighted to say that Rob Hodgkiss has appointed James Eaton as the Trust's new Director of Performance and Information; James will join us at the beginning of February from NHS Improvement (NHSI), where he is currently working as Director of Performance and Service Improvement (London).

2.0 Divisional updates / staffing updates

I am pleased to say that Tara Argent, the new Divisional Director of Operations for the Clinical Support Services Division, has now started with us and we have also appointed Deirdre Linnard as the new Head of Professions for the Division. The next stage of the recruitment process is to recruit a Divisional Medical Director and the supporting posts.

Other notable staffing changes include the retirement of Peter Dawson, Divisional Medical Director for Planned Care and Geraldine Cochrane, Divisional Director for Nursing for Women's and Children's. We also said farewell to Serena Stirling, Director of Improvement in December 2018.

3.0 Staff Achievements and Awards

Christmas Cheer Awards and Best Decorated Ward/Dept winners

On Tuesday 11 December (Chelsea) and Wednesday 12 December (West Mid) 2018 we held our annual Christmas Events, where our Chief Executive Lesley Watts announced the winners of our festive awards for staff. Our Cheer Award winners were recognised for brightening up their colleagues and patients' days all year round and all wards/departments were also judged on their festive decorations, themed around our Trust's PROUD values.

Our latest CW+ PROUD award winners:

- Planned Care: Paul Hague, Superintendent Radiographer; Richmond Ward Nurses and HCAs,
 Opthamology Department
- **Emergency and Integrated Care**: Mabel Amponsah, Senior Sister, Crane Ward; Khurram Aleem, Service Manager; Sohib Ali, Assistant Service Manager

- Women and Children: Michelle Jenkins, Advanced Nurse Practitioner, Sexual Health Hounslow; Ria Vernon, Maternity IMT; Sakin Syed, Assistant Patient Administrator
- Corporate: Usman Olakara, Cleaner, Ron Johnson Ward; Postgraduate Teams, Cross Site.

External recognition:

- Our Chief Executive **Lesley Watts** won the prestigious CEO of the Year Award at the HSJ Awards 2018. This was announced at the ceremony on the 21 November.
- **Dean Street PRIME** won the Patient Digital Participation Award at the HSJ Awards 2018. This was announced at the ceremony on the 21 November.
- Our **Finance Team** won the Innovation Award at ICAEW Finance for the Future Awards in December, for their work on setting up the eService, Sexual Health London.
- Our Trust was one of more than 50 businesses and organisations across London to obtain
 accreditation against the Health Workplace Charter this year for showing outstanding dedication to
 health and wellbeing of our staff. We were presented with our Charter Award in a special ceremony
 at City Hall on 19 November.

4.0 Communications and Engagement

We held our annual Christmas Events for 2018 on Tuesday 11 December (Chelsea and Westminster) and Wednesday 12 December (West Middlesex). These events are in the form of mini open days with stalls, Santa's grotto, school choirs, entertainment, festive awards for staff, music and refreshments. They are also an opportunity to thank staff for all of their hard work throughout the year, offer some festive fun to our younger patients and open our doors to local people who want to pop in and get more involved in their local hospital. They are supported by our Council of Governors.

Current key communication areas include:

- Winter, including staff flu immunisation and our Ambulatory Care Project
- Volunteering
- Critical Care Project
- Cerner EPR

Press coverage highlights

- The Daily Mail in partnership with Helpforce ran a major campaign throughout December to recruit thousands of volunteers to the NHS and this Trust has been featured prominently, with several articles covering our volunteers. These include:
 - Let's give hospitals a helping hand: Daily Mail launches its Christmas campaign calling for an army of volunteers to transform the NHS.
 - o <u>Let's give him a BIG hand! The utterly inspirational man who turned his back on the City to</u> recruit an army of NHS volunteers.
 - o <u>Claudia lends a hand: Inspired by the Mail's hospital campaign, the Strictly Come Dancing host</u> volunteers on an NHS ward.

- You're all Christmas stars! Actor Rupert Everett salutes 25,400 who have signed up to the Daily Mail's hospital volunteer campaign.
- World AIDS Day coverage on the Trust's HIV work, including:
 - o Evening Standard: AIDSfree campaign: Doctor warns we must find fresh ways of tackling virus.
 - BBC World Service interview with Nneka Nwokolo. Available on iPlayer at: https://www.bbc.co.uk/programmes/w3cswqmh
 - Hoxton Radio interview with Alexis Gregory for Riot Act and Evening Standard interview with Alexis Gregory for Riot Act
- Dean Street featured in Broadly (Vice) article on the <u>6 Reasons it Hurts When You Have Sex: We</u> asked three sexual health experts for their advice on how to manage pain during sex.
- Chelsea FC Christmas visit to Chelsea and Westminster Hospital
 - The Sun: <u>Fab-ulous to see: Chelseaa eyeing Cesc Fabregas replacement amid AC Milan links as</u> stars head to hand out Christmas gifts at children's hospital
- Rita Ora and Idris Elba visit to Chelsea and Westminster Hospital
 - O Daily Mail: Rita Ora dresses up as Father Christmas to deliver presents and surprise patients with Idris Elba at children's hospitals in London.
 - The Metro: Rita Ora and Idris Elba melt hearts as they dress up as santa for hospital visit.
- The Trust featured in HSJ article on <u>Financial Performance Best and Worst of 2017-18</u>.
- West Middlesex Hospital featured in Nursing Times article on <u>New Retro Game Space for Teen</u>
 Patients.
- Article in The Guardian: <u>Chelsea and Westminster Hospital praised by Michael Gove after Son's</u> grisly Christmas Eve Accident.
- Telegraph feature on acid attacks including clinician interview: <u>Acid Attack survivor Katie Gee: 'I</u>
 was in agony, burning everywhere. Imagine a thousand wasp stings.'

Broadcast media/filming highlights - December

- BBC News at 10 interview with our Chief Operating Officer, Rob Hodgkiss
- Sky News filming on volunteers
- Sky News filming on winter planning
- Channel 4 News filming on winter capital and planning
- Channel 4 operation filming for Born to be Different

Internal communications / ongoing activity

We continue to receive positive feedback to our internal communications tool, Poppulo, and this is providing valuable data to help shape our strategy. All-staff messages such as the daily noticeboard and CEO newsletter regularly receive open rates in excess of 50% with more targeted communications such as the new divisional newsletters having even higher rates.

We are continuing to push our winter/flu campaign and have been communicating key messages across all of our communications channels, such as busting common myths around the jab, the number of sickness days lost due to absences as a result of the flu and encouraging staff to get their flu jab. This has supported Occupational Health to vaccinate 3,076 of all frontline staff (exactly 70%) to date.

We have now released the Autumn/Winter edition of our Trust magazine Going Beyond, which includes features on our great performance as we geared up for winter, annual Staff Awards ceremony, World AIDS Day, volunteering and our Ambulatory Care Project.

The next all staff briefing will take place next week (w/c 7 January) and will cover the Ambulatory Care Project, new Budget Holder Manual and Information Governance: the consequences of non-compliance. Podcasts are made available on the intranet and are being promoted for those who were unable to attend. Our December team brief is attached at **Annex A**.

We also celebrated the 30th anniversary of World AIDS Day on 1 December, highlighting that the number of people diagnosed with HIV at the Trust has dropped by 63.6% in two years. You can find out what has contributed to this in a timeline charting the developments in our HIV treatment here and this was featured in all of our internal newsletters.

Social media

Our high-profile visits and great performance in the lead up to and over the Christmas period has resulted in high engagement across our social media channels, including:

- Idris Elba and Rita Ora Christmas visit: 47,000 impressions with 7.7% engagement rate on two tweets.
- Chelsea FC visit: 7,800 impressions with 6.1% engagement rate on Twitter/Instagram post is now the hospital's most popular post 680+ likes.
- Rugby 7's and Harlequins Rugby Club visits: nearly 7,000 impressions combined.
- Brentford FC visit: 2,500 impressions with 21.5% engagement.
- Christmas events Chelsea and West Mid: combined 6,500 impressions.

We recorded a high number of Twitter impressions over the past 28- day period, driven by all of our special Christmas visits, Christmas events, World AIDS Day, flu campaign and great performance over the winter period. This continues our upward trend and has been achieved by featuring exciting and prominent campaigns and increasing the number of videos produced.

Website:

In December the Trust website had 111,000 visits, of which 3/4 were new and 1/4 were returning visitors. The top sections were 56 Dean St, 10 Hammersmith Broadway and John Hunter clinics, travel directions and contact info, and our clinical services.

2/3s of our visitors use mobile devices. 3/4s of users visit our website via a search engine, and Facebook remains the key driver on social media. The stats are consistent with this period one year ago.

Our program of updating and revamping key contact details, information and pages on the website will be prioritised in 2019 and is on-going in line with demand and divisional priorities.

5.0 Changes at NHS England and NHS Improvement

In October 2018, NHS Improvement (NHSI) and NHS England (NHSE) announced plans to work more closely with Health Education England (HEE) to ensure the national workforce system is well aligned. The plans include integrating NHSI and NHSE national and regional functions and a stated shift in focus, from NHSI, from regulation to improvement.

In December 2018, NHSI and NHSE also confirmed the establishment and membership of a new joint leadership team, the NHS Executive Group, reflecting their intention to develop closer working relationships between the two organisations. The new combined management group is to be chaired by the two Chief Executives. Seven new regional directors were also confirmed , including Sir David Sloman for London. The joint press release issued by NHSE and NHSI stated:

"Under the new structure the seven integrated regional teams will play a major leadership role in the geographies they manage, making decisions on how best to assure and support performance in their region, as well as supporting local system transformation.

The corporate teams will provide specialist support and expertise to the regional teams, as well as taking a national lead on their areas.

As part of this, NHS England and NHS Improvement are cutting their running costs by a further 20%.

The NHS Executive Group is set to hold its first meeting in January 2019, with the new national and regional directors expected to formally lead their integrated directorates by April 2019."

With regard to closer working with HEE, plans include joint working between NHSI and HEE to develop HEE's mandate for 2019/20 onwards, including sign-off by NHSI's Board to ensure the mandate meets service requirements before final approval from the Secretary of State. The intention is also to identify opportunities for HEE's regional teams to align with the seven regional teams of NHSI and NHSE to build on collaborative working.

Attached at **Annex B** for information is a briefing prepared by NHS Providers on the December Board meetings of NHSI and Health Education England (HEE).

6.0 Strategic Partnerships Update

STP update

As I reported to Board in November, colleagues and I have been heavily engaged in a planned refresh of the NWL Sustainability and Transformation Plan (STP). This has seen:

- 1) Re-launch as the North West London (NWL) Health and Care Partnership
- 2) A review and refresh of the clinical vision underpinning the Partnership focused on the triple aim of:
 - Giving every child and family the best start and supporting people to live healthy lives
 - Ensuring support and care when needed
 - If someone needs to be in hospital making sure they spend the appropriate time there
- 3) Focus on the development of an NWL wide Integrated Care System and Framework

As lead provider CEO, I remain a member of the Programme Board and we will be reviewing Trust membership of the sub groups both to support this approach and to look to align our own strategic programmes.

Integrated Care in Hounslow

As I reported to Board in November we have been engaged with partners as part of developing an Integrated Care System in Hounslow. A Memorandum of Understanding (MoU) has been agreed. The next steps will be to:

- 1) Co-develop a final business case for the first generation Integrated Care partnership and supporting contract (by March 2019)
- 2) To establish a joint way of working and underpinning by key principles

Specific key milestones include:

- Agree programmes of care which deliver benefit to the population and 'test' our new way of working
- Develop a joint programme management infrastructure
- Set out work programme and timelines (Jan-March 2019) to support delivery of business case and initial governance to support Integrated Care Partnership
- Specific risk benefit analysis and financial modelling to support quantification of benefits, any contract transfer and other resourcing risks and issues

We plan to bring any final business case back to Board for approval in March 2019.

Royal Brompton Hospital: Healthier Hearts and Minds

We have published our joint proposals with Imperial College, Imperial College Healthcare Trust and other partners and set out an alternative proposal to the move of Royal Brompton's services from the Fulham Road to the St Thomas' site. We have continued to engage with local Overview and Scrutiny (O&S) Committees and – together with colleagues from Imperial Trust –attended the December O&S in Hammersmith and Fulham. We are now directly engaged with NHSE to understand the next steps in the process.

7.0 Brexit planning

In preparation for Brexit, the Trust has established a Brexit Committee. This committee will meet fortnightly, be formed of the Trust executive committee members and other key individuals and will ensure that all preparations are in place for 29 March 2019. The committee will deal with preparations in relation to staff, supplies and drugs. Preparations are well underway on all fronts. The Trust, in line with a number of other public sector employers has notified all EU staff that we will fund their visa application fees for the pilot scheme that closed just before Christmas.

The Department of Health and Social Care (DHSC) has published Operational Guidance which sets out the local actions that providers and commissioners of health and adult social care services in England should take to prepare for EU Exit, including immediate actions to manage the risks of a 'no deal' EU Exit. This guidance has been developed and agreed with NHS Improvement and NHS England.

The guidance advises trusts to undertake local EU Exit readiness planning, local risk assessments and plan for wider potential impacts. It focuses on seven areas of activity in the health and care system that the DHSC is focusing on in its 'no deal' exit contingency planning:

- supply of medicines and vaccines;
- supply of medical devices and clinical consumables;
- supply of non-clinical consumables, goods and services;
- workforce;
- · reciprocal healthcare;
- research and clinical trials; and
- data sharing, processing and access.

DHSC is also developing contingency plans to mitigate risks in other areas. For example, it is working closely with NHS Blood and Transplant to co-ordinate 'no deal' planning for blood, blood components, organs, tissues and cells.

Key developments include:

National Operational Response Centre

The Department, with the support of NHS England and Improvement, and Public Health England, has set up a national Operational Response Centre, which will lead on responding to any disruption to the delivery of health and care services in England, that may be caused or affected by EU Exit. The Operational Response Centre will co-ordinate EU Exit-related information flows and reporting across the health and care system. The Operational Response Centre will not bypass existing regional reporting structures; providers and commissioners of NHS services should continue to operate through their usual reporting and escalation mechanisms.

• Local, regional and national support teams will be set up to enable rapid support on emerging local incidents and escalation of issues into the Operational Response Centre as required. These teams will support trusts to resolve issues caused or affected by EU Exit as close to the frontline as possible. These issues will be escalated to regional level, as required. Where issues are impacting across the health and care system at a national level, the Operational Response Centre will coordinate information flows and responses. An NWL contact has been established (through NWL CCG's) to link to regional teams

Action cards

The government has produced an action card for trusts, which state that all providers should continue with their business continuity planning, taking into account the instructions in this national guidance, incorporating local risk assessments, and escalating any points of concern on specific issues.

Further operational guidance will be issued and updated to support the health and care system to prepare for the UK leaving the EU prior to 29 March 2019 and NHS Providers will continue to monitor developments.

8.0 Finance

The Trust is reporting a year to date surplus of £16m at for November (month 8) which is £0.3m favourable to plan. This is after receipt of additional Provider Sustainability Funding (PSF) in relation to an increase in the Trusts planned surplus agreed at month 6 with NHSI.

However, it must be noted that the year to date surplus includes non-recurrent PSF funding of £14.4m and £11m non-recurrent transaction funding. Without this additional funding the Trust would have had a significant deficit at the end of month 8.

Lesley Watts

Chief Executive Officer January 2019



December 2018

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

Successfully managing flow at both sites

3 December was an extremely challenging day with the number of patients passing through our doors being the third busiest on record. 1,055 patients attended across the hospitals while the Chelsea site recorded their busiest day ever with more than 500 attendances.

Our ability to manage the non-elective demand through our hospitals is a whole-hospital effort. It is down to the hard work and diligence of all our staff, ensuring our patients are managed through the system in a timely manner.

CernerEPR—clinical functions arriving soon at West Mid

We recently held an event called 'Taking our CernerEPR to the next level' which helped us plan next year's go-live at Chelsea. The first two of these initiatives will arrive soon. ED LaunchPoint is a new Cerner tool which captures and manages every patient in the ED department, displaying all their key information at a glance and linking directly to their full patient records. Once the new Op Note becomes available in Theatres next year, it will enable all staff involved in a patient's care to have improved visibility of their clinical data.

Latest CW+ PROUD award winners

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

- Planned Care: Richmond Ward Team (C&WH)
- Emergency and Integrated Care: Khurram Aleem, Service Manager and Sohib Ali, Assistant Service Manager (WMUH)
- Women and Children: Sakin Syed, Assistant Patient Administrator and Ria Vernon, Maternity IMT (C&WH)
- Corporate: Postgraduate Team (WMUH)

Visit the intranet to nominate a team or individual.

Nursing recruitment and retention

Our first group of overseas nurses arrived in October 2017 and have been with us for just over a year now. Since then, we have had over 150 nurses join us from four different agencies. They have brought a wealth of experience with them from overseas, adding to the richness of culture and diversity within our workforce and are equipped to meet the needs of the diverse patient population that we serve.

The Trust has a 100% pass rate for the OSCE programme and most of the recent cohorts are achieving a 90–100% pass rate first time. That's a cracking achievement.

Thanks to the hard work of the Learning & Development team and the Recruitment & Retention team, our vacancy rate for Nursing & Midwifery has been reduced to 10% for the first time since the Trust merged. We are also seeing a reduction in turnover with the overseas nurses helping to provide stability to the workforce.

Mandatory and statutory training

The Trust has maintained 92% compliance for the 4th reporting period with all divisions now reaching 92% or above.

Current compliance figures (at 30 November) are as follows:

Division	Compliance
Corporate	95%
Emergency and Integrated Care	92%
Planned Care	92%
Women, Neonatal, Children, Young People, HIV/Sexual Health	92%
Overall compliance	92%

Information Governance compliance is at 93%, the highest ever for the Trust, but has not yet reached the target of 95%. Make sure to put a reminder in your calendar/diary and complete in good time.

Adult Basic Life Support compliance for the Trust is 85%. However, approximately 10% did not attend. Please ensure this is shown on staff rosters and any changes or cancellations are notified as soon as possible to the Learning Teams so these places can be reallocated.

Christmas events

Our annual Christmas events are taking place this week. Yesterday saw the festivities arrive at Chelsea while West Mid will have its Christmas extravaganza today. These two events are a chance for us to thank you for all your hard work throughout the year and take some time out to enjoy the festivities with entertainment for all the family. There will be music, a Santa's grotto, carols, refreshments, stands and festive awards. We will also, of course, switch on the lights.

January All Staff Briefing:

- Mon 7 Jan, 9:30–10:30am—Harbour Yard
- Mon 7 Jan, 12:30–1:30pm—C&WH
- Wed 9 Jan, 12:30-1:30pm-WMUH



Summary of board papers – statutory bodies

NHS Improvement board meeting – 12 December 2018

For more detail on any of the items outlined in this summary, the board papers are available here.

Improvement report

- The Outpatient Improvement programme has identified an opportunity to improve the way outpatient services are delivered with potential savings of £700m. A clinic level dashboard, accessible via the model hospital tool, enables analysis and benchmarking of outpatients across 110 trusts.
- NHS Improvement (NHSI) and NHS England (NHSE) regional teams have established an improvement collaborative that will support the reduction and eventual elimination of mental health out of area placements over a period of eight months.
- The model hospital tool has been updated with a more intuitive design that features bespoke productivity opportunities, articles, videos, tips, a new metric search and comprehensive metric pages.
- The Mental Health Intensive Support Team is working with systems to improve data quality for the mental health services data set. This system will help providers better understand process, benchmark and identify gaps to improve delivery.

Chair's report

- NHS Improvement chair Dido Harding has recently sent out the first of a potential regular quarterly bulletin to NHS trust and foundation trust chairs to keep them updated on NHSI thinking. This is planned to be a joint communication with David Prior, chair of NHS England NHSE, going forward.
- The joint committees in common between NHSI and NHSE are expected to kick off from January. Draft terms of reference are currently under discussion with both boards and are expected to be confirmed by the committees in common at the first meeting in the New Year.
- Dido has also spent time with David Behan, newly appointed chair of Health Education England (HEE), to look at how NHSI and HEE can work better together on the 'people development agenda'.

Quality Dashboard

• Patient experience is generally positive with the rate of written complaints running statistically below average. Additionally, for community services, the percentage of patients who would recommend the trust that treated them is at a high of 96.5%. Mental health patient experience is also at a high of 90%.

Corporate report

• Issues flagged as a priority for winter preparations this year was the need to avoid corridor waits and to speed up ambulance turnaround times.



Health Education England board meeting – 18 December 2018

For more detail on any of the items outlined in this summary, the board papers are available here.

Chief executive update and finance report

- HEE will work jointly with NHSI to ensure that workforce plans are more closely aligned with NHS service plans.
- From 1 April 2019 the NHS Leadership Academy will transfer from HEE to the new people function that will be hosted by NHSI. A cross-organisational governance structure has already been established to drive forward the transfer of the Leadership Academy.
- Opportunities will be identified for HEE's regional teams to align with the seven integrated regional teams of NHSI and NHSE, to continue building on the strong collaborative working that already exists across the country in support of local health systems.
- A growing proportion of the HEE budget is coming from NHSE. As a result, additional time is required to agree and get appropriate approvals through NHSE's governance arrangements.
- There has been a delay in some areas for paying and recharging the cost of GP trainees pay.

Performance report

- The Cancer Workforce Plan has raised the profile of work planning with Cancer Alliance Partners and now forms the basis of the workforce plans to 2021.
- The HEE Mental Health programme has made good progress on a number of areas. Cross-system work is under way to refine the definitions of the mental health workforce.
- HEE is investing in implementing a range of workforce initiatives to support the primary care workforce transformation, including physician associates, general practice nurses and clinical pharmacists.
- HEE is working with ambulance trusts, the College of Paramedics, NHSE, NHSI and staff-side groups to enable paramedic workforce development.
- The Public Health and Prevention programme continues to work across the system to provide leadership in training and educating the core and wider public health workforce.
- HEE is leading considerable work to develop the nursing associate role and to support providers to introduce and expand this workforce.

Medical Education Reform programme

- HEE's Medical Education Reform Programme will aim to make a radical change in how medical education is delivered.
- HEE has produced a joint report with NHSI, the General Medical Council, The Academy of Medical Royal Colleges, NHS Employers, provider organisations and the British Medical Association 'Maximising the potential A system wide strategy to support and progress careers of SAS doctors'. This report makes recommendations on how best to support staff grade, associate specialist and speciality (SAS) doctors.



Council of Governors Meeting, 14 February 2019

AGENDA ITEM NO.	2.2/Feb/19
REPORT NAME	Integrated Performance Report – November 2018
AUTHOR	Robert Hodgkiss, Chief Operating Officer
LEAD	Robert Hodgkiss, Chief Operating Officer
PURPOSE	To report the combined Trust's performance for November 2018 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 2018.
	Regulatory performance – The A&E Waiting Time figure for November 93.6% against the 95% standard. National figures show that this was the second highest performance in London but a drop in performance against October. The two Emergency Departments continue to be challenged by a year to date increase in attendances of 5.7%, which equates to 11,450 additional attendances in the last six months compared to the same period last year. In addition, November showed the highest daily average of attendances in a dataset going back to April 2016 The RTT incomplete target was achieved in November for the Trust, with performance of 92.33%. This maintains the performance against this metric, which has passed each month but one in the last 12 months There continues to be no reportable patients waiting over 52 weeks to be treated on either site and this is expected to continue. Delivery of the 62 Day standard met the target in November. Each month in 2018/19 to date has exceeded the national target. All other reportable Cancer metrics apart from NHS Screening Service referrals exceeded the target. There was one reported CDiff infection in November. Access The Diagnostic wait metric returned 99.38%. This constituted the best performance and the least breach actuals for 15 months. Endoscopy at the West Middlesex site continues to be a priority.
KEY RISKS ASSOCIATED:	There are continued risks to the achievement of a number of compliance indicators, including A&E performance, RTT incomplete waiting times while cancer 2 week, 31 and 62 day waits remains a high priority. The Trust will continue to focus on the Diagnostic Waiting time issues – especially Endoscopy - in the weeks to come.

FINANCIAL IMPLICATIONS	The Trust is reporting a year to date surplus of £16m at November (month 8) which is £0.3m favourable to plan. This is after receipt of additional Provider Sustainability Funding (PSF) in relation to an increase in the Trust's planned surplus. The increase in plan was agreed at month 6 with NHSI.
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	For information.



TRUST PERFORMANCE & QUALITY REPORT November 2018





NHSI Dashboard

		Cł		Westmins tal Site	ter	Uı		iddlesex łospital Si	ite		Combine	d Trust P	erformanc	е	Trust data 13 months
Domain	Indicator \(\triangle \)	Sep-18	Oct-18	Nov-18	2018- 2019	Sep-18	Oct-18	Nov-18	2018- 2019	Sep-18	Oct-18	Nov-18	2018- 2019 Q3	2018- 2019	Trend charts
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	95.1%	95.1%	95.1%	95.6%	94.7%	95.3%	92.7%	94.6%	94.9%	95.2%	93.8%	94.5%	95.1%	WW.
	18 weeks RTT - Admitted (Target: >90%)	73.2%	77.5%	79.6%	75.5%	70.2%	77.4%	75.4%	78.1%	71.8%	77.5%	77.5%	77.5%	76.8%	August Janger
RTT	18 weeks RTT - Non-Admitted (Target: >95%)	93.5%	92.8%	93.6%	94.0%	81.4%	84.6%	83.4%	86.5%	88.7%	89.5%	89.4%	89.4%	91.2%	Real Property lies
	18 weeks RTT - Incomplete (Target: >92%)	91.4%	92.6%	93.1%	91.9%	92.6%	92.0%	91.6%	92.7%	92.0%	92.3%	92.3%	92.3%	92.3%	ng made
	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	97.0%	97.4%	98.2%	96.7%	84.6%	92.3%	94.1%	90.6%	89.8%	94.7%	95.9%	95.3%	93.1%	**************************************
Cancer	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	n/a	77.4%	90.7%	96.3%	90.8%	77.4%	90.7%	96.3%	92.9%	90.8%	
Please note that	31 days diagnosis to first treatment (Target: >96%)	96.3%	94.3%	96.9%	95.6%	100%	98.3%	96.8%	98.7%	98.6%	96.8%	96.8%	96.8%	97.5%	V_{V}
all Cancer	31 days subsequent cancer treatment - Drug (Target: >98%)	n/a	100%	n/a	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
interim, unvalidated	31 days subsequent cancer treatment - Surgery (Target: >94%)	100%	50.0%	100%	95.2%	100%	100%	100%	100%	100%	90.0%	100%	95.7%	98.6%	······
positions for the latest 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	-
(Nov-18) in this report	62 days GP referral to first treatment (Target: >85%)	91.9%	80.9%	100.0%	87.4%	85.3%	88.4%	90.7%	89.8%	87.6%	85.3%	93.3%	89.1%	88.9%	
	62 days NHS screening service referral to first treatment (Target: >90%)	n/a	n/a	n/a	n/a	100%	95.2%	45.5%	85.1%	100%	95.2%	45.5%	78.1%	85.1%	1
Patient Safety	Clostridium difficile infections (Year End Targets: CW: 7; WM: 9; Combined: 16)	1	0	1	4	1	2	0	6	2	2	1	3	10	ı lınınllı
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	
ifficulties 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	g Radiothe	rapy) or ind	icators whe	re there is г	o available	data. Such	n months will	not appear i	n the trend graphs.
			RTT Admi	tted & Non-	Admitted are	no longer N	Ionitor Com	pliance Indi	cators	Either	Site or Tru	ıst overall p	erformance	red in each (of the past three mo

Trust commentary

A&E waiting time - % seen and treated within 4 hours

The Trust did not achieve the A&E 4hr target November with performance of 93.6% against the 95% standard. This comprised of performance of 95.1% at Chelsea site and 92.7% at West Middlesex.

Growth in attendances compared to 17/18 continues and the West Middlesex site saw a significant increase in Type 1 A&E attendances of 8.7%.

This target continues to be challenged in December and work continues to manage demand and reduce admissions, supported by the expansion of Ambulatory Care services on both sites.

18 weeks RTT - Incomplete pathways

The Trust saw compliance for the third month in succession against the 92% target for the % of patients waiting <18 weeks at the month end position. Strong performance at the Chelsea Site was offset by a slight drop at West Middlesex.

Cancer Indicators

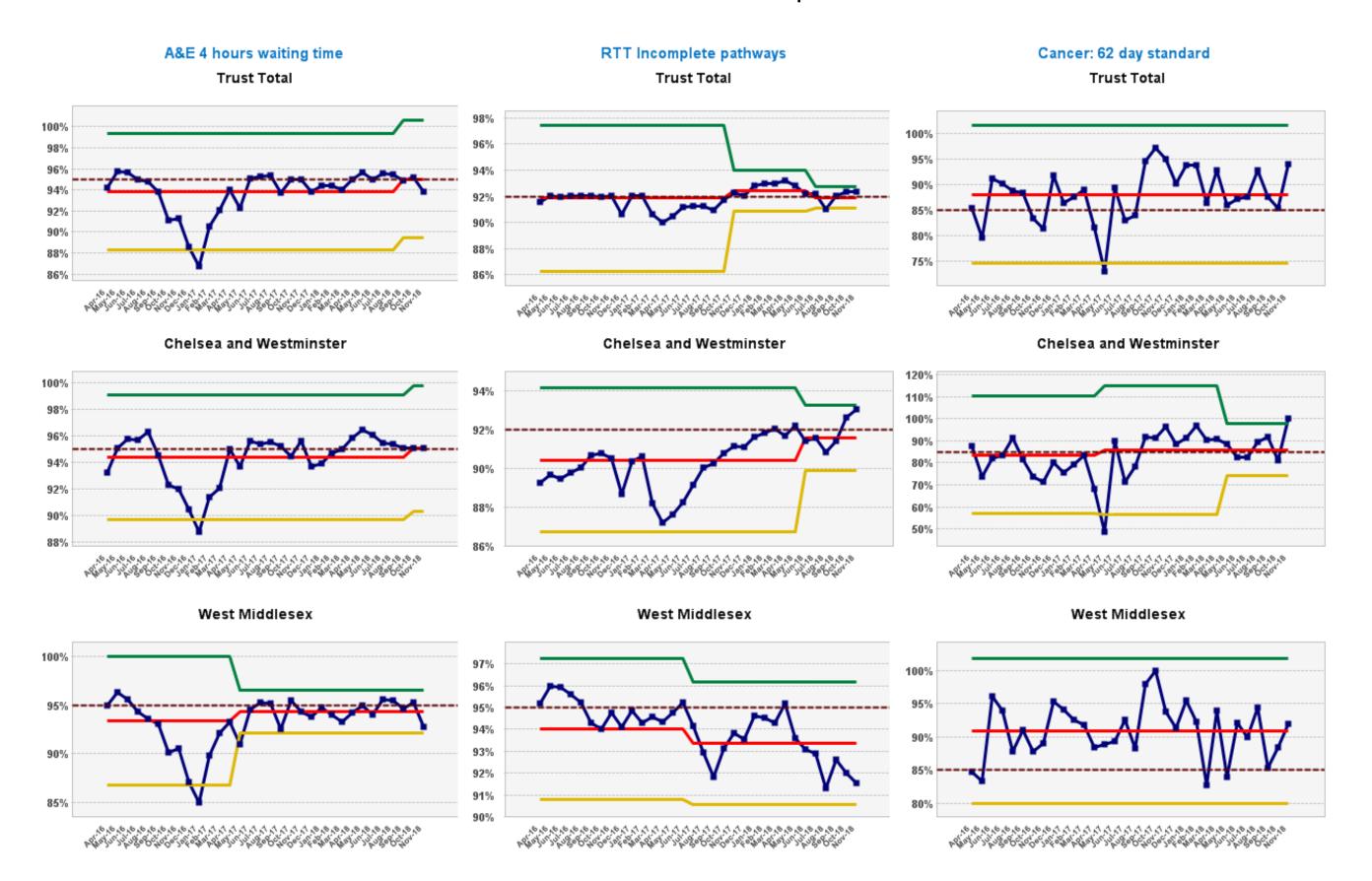
All Cancer Indicators were compliant in November apart from Breast Screening. This was a result of late referrals from screening provider for two breast patients, requiring further work up before treatment was possible





SELECTED BOARD REPORT NHSI INDICATORS

Statistical Process Control Charts for the 32 months April 2016 to November 2018







Safety Dashboard

		CI		Westmins ital Site	ter	Uı		iddlesex łospital Si	ite		Combine	ed Trust P	erformanc	е	Trust data 13 months
Domain	Indicator	Sep-18	Oct-18	Nov-18	2018- 2019	Sep-18	Oct-18	Nov-18	2018- 2019	Sep-18	Oct-18	Nov-18	2018- 2019 Q3	2018- 2019	Trend charts
Hospital-acquired	MRSA Bacteraemia (Target: 0)	0	0	0	0	0	1	0	1	0	1	0	1	1	$\Lambda = \Lambda$
infections	Hand hygiene compliance (Target: >90%)	97.0%	96.7%	96.5%	96.5%	85.0%	86.1%	80.7%	89.8%	94.3%	94.0%	92.3%	93.2%	94.4%	ılıl ınlı.
	Number of serious incidents	1	2	4	15	4	6	3	29	5	8	7	15	44	11.1.11
	Incident reporting rate per 100 admissions (Target: >8.5)	8.7	8.9	7.4	8.1	10.4	8.4	8.1	9.3	9.5	8.7	7.7	8.2	8.7	Hatadth
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions (Target: 0)	0.03	0.03	0.01	0.01	0.04	0.02	0.03	0.02	0.04	0.02	0.02	0.02	0.01	.//·-
incidents	Medication-related (NRLS reportable) safety incidents per 100,000 FCE bed days (Target: >=280)	449.22	499.93	407.33	496.64	212.28	224.34	286.99	263.42	330.50	368.61	349.92	359.41	382.71	\\
	Medication-related (NRLS reportable) safety incidents % with harm (Target: <=12%)	16.9%	14.1%	17.9%	14.0%	7.1%	3.4%	25.0%	13.4%	13.8%	11.0%	20.7%	15.6%	13.8%	
	Never Events (Target: 0)	1	0	0	1	0	0	0	0	1	0	0	0	1	$\backslash / \backslash $
	Safety Thermometer - Harm Score (Target: >90%)	96.1%	89.9%	98.6%	96.1%	95.9%	97.2%	95.4%	94.6%	96.0%	95.8%	96.7%	96.4%	95.2%	W.Z.
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	0	0	0	2	0	2	0	4	0	2	0	2	6	11 1 1111
Harm	NEWS compliance %	98.3%	96.7%	98.3%	97.5%	95.2%	96.8%	100.0%	98.1%	97.0%	96.7%	99.0%	97.7%	97.7%	**************************************
	Safeguarding adults - number of referrals	24	23	34	193	13	11	12	96	37	34	46	80	289	Indidabili
	Safeguarding children - number of referrals	35	41	27	254	71	81	126	525	106	122	153	275	779	hlutantil
	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	81.7	81.7	81.7	81.7	81.7	81.7	81.7	81.7	81.7	81.7	81.7	81.7	81.7	
	Number of hospital deaths - Adult	38	25	30	254	54	45	43	408	92	70	73	143	662	11 11 11 11 11 11
	Number of hospital deaths - Paediatric	2	0	0	5	0	0	0	0	2	0	0	0	5	11 11 11
Mortality	Number of hospital deaths - Neonatal	2	0	1	15	0	2	0	3	2	2	1	3	18	halada.
	Number of deaths in A&E - Adult	1	1	1	14	0	0	0	6	1	1	1	2	20	1111
	Number of deaths in A&E - Paediatric	0	0	0	0	0	0	0	1	0	0	0	0	1	
	Number of deaths in A&E - Neonatal	0	0	0	1	0	0	0	0	0	0	0	0	1	
	Please note the following	blank cell	An empty	cell denote	s those indic	ators currer	ntly under o	levelopment		Either	Site or Tr	ust overall p	performance	red in each	of the past three n

Trust commentary

Hand Hygiene compliance

At the Chelsea Site in November, there was 100% completion across all wards with a96.5% compliance; at West Middlesex the figures were 84% completion with 80.7% compliance.

Number of serious incidents

- 7 Serious Incidents were reported during Nov-18; compared to 8 reported in Oct-18.
- 4 SI's occurred on the CWH site; 2 x Maternity incidents, 1 x Diagnostic incident and 1 x Sub-optimal care.
- 3 SI's occurred on the WMUH site; 2 x patient falls and 1 x Maternity incident.

The SI report prepared for the Board reflects further detail regarding SI's, including the learning from completed investigations.





Trust commentary continued

Incident reporting rate per 100 admissions

Overall performance declined compared to the previous month, a rate of 8.6 down to 7.6. In November, both sites fell below the expected target of >8.5. WMUH rate was 8.0 and CWH rate was 7.3.

The 2018/2019 year to date position is above the expected target rate, and is currently 8.7. The Trust continues to encourage reporting across all staff groups, with a focus on the reporting of no harm or near miss incidents.

Rate of patient safety incidents resulting in severe harm or death

There was 1 incident resulting in severe harm. This was reported on the CWH site (1 X Operations / procedures - Unintended injury).

There were 2 incidents reported resulting in death. Both incidents occurred on the WMUH site and are being investigated as serious incidents.

Medication-related safety incidents

75 Medication-related incidents were reported at the CWH site compared to 53 Medication-related incidents at the WMUH site.

The Medication Safety Group is working to increase the reporting of medication related incidents at the WMUH site, particularly no harm and near miss incidents.

Incidence of newly acquired category 3 & 4 pressure ulcers

Preventing Hospital Acquired Pressure Ulcers remain high priority for both sites. There were no hospital acquired grade 3 or 4 pressure ulcers reported on either site during November 2018.

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 350/100,000 FCE bed days in November 2018. This is higher than the Trust target of 280/100,000. There were 408 and 287 medication-related incidents per 100,000 FCE bed days at CW and WM sites respectively.

Compared to the previous month, there has been a decrease in the reporting of medication incidents at the Chelsea site and an increase in reporting of medication incidents at West Middlesex.

Medication-related (reported) safety incidents % with harm

The Trust had 20.7% medication-related safety incidents with harm in November 2018. This figure is higher than the previous month and therefore continues to be above the Carter dashboard National Benchmark (10.3%). The year to date figure is 13.8%. Overall there were 20 incidents that caused harm; 11 occurred at CW site (10 incidents were of low harm and 1 incident of moderate harm), and 9 occurred at WM site (8 incidents were of low harm and 1 death).

A case by case report is returned to the Board separately for review each month.

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

Safeguarding Adults - number of referrals

Collection of Domestic Abuse referrals to IDVA at West Middlesex remains an issue. However level of reporting is consistent.





Patient Experience Dashboard

		Cł		Westmins ital Site	ter	U		Middlesex Hospital S	iite		Combine	ed Trust P	erformanc	е	Trust data 13 months
Domain	Indicator	∆ Sep-18	Oct-18	Nov-18	2018- 2019	Sep-18	Oct-18	Nov-18	2018- 2019	Sep-18	Oct-18	Nov-18	2018- 2019 Q3	2018- 2019	Trend charts
	FFT: Inpatient recommend % (Target: >90%)	91.5%	92.1%	94.6%	92.2%	91.4%	92.1%	92.9%	91.7%	91.4%	92.1%	93.4%	92.7%	91.9%	and the state of
	FFT: Inpatient not recommend % (Target: <10%)	3.5%	3.8%	2.6%	3.8%	3.8%	4.2%	2.9%	3.5%	3.7%	4.0%	2.8%	3.4%	3.6%	12 August
	FFT: Inpatient response rate (Target: >30%)	40.5%	41.9%	32.9%	42.2%	37.4%	37.4%	37.1%	40.9%	38.5%	38.7%	35.7%	37.2%	41.4%	Markey Commencer
	FFT: A&E recommend % (Target: >90%)	91.4%	91.0%	91.4%	90.5%	89.9%	93.4%	90.8%	88.5%	91.1%	91.5%	91.2%	91.4%	90.1%	A Jacobson
Friends and Family	FFT: A&E not recommend % (Target: <10%)	5.1%	5.6%	5.1%	5.8%	5.6%	4.1%	4.7%	6.3%	5.2%	5.3%	5.0%	5.1%	5.9%	Value of the same
	FFT: A&E response rate (Target: >30%)	23.6%	21.7%	21.2%	21.2%	18.1%	24.1%	26.0%	19.9%	22.3%	22.2%	22.2%	22.2%	21.0%	Name of Street
	FFT: Maternity recommend % (Target: >90%)	89.3%	91.1%	91.6%	91.1%	96.7%	95.6%	96.8%	95.5%	90.3%	91.7%	92.2%	91.9%	91.9%	
	FFT: Maternity not recommend % (Target: <10%)	6.7%	5.9%	5.6%	5.4%	0.0%	1.1%	3.2%	2.4%	5.8%	5.2%	5.4%	5.3%	4.9%	r.H. ir. dit
	FFT: Maternity response rate (Target: >30%)	22.8%	21.0%	20.2%	22.3%	24.5%	23.3%	21.1%	24.3%	23.1%	21.3%	20.3%	20.8%	22.6%	Marca
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	25	50	53	334	24	20	27	250	49	70	80	150	584	
	Complaints formal: Number responded to < 25 days	13	41	26	242	13	14	12	168	26	55	38	93	410	ntut Hidi
Complaints	Complaints (informal) through PALS	128	164	166	1123	51	49	36	512	179	213	202	415	1635	
	Complaints sent through to the Ombudsman	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Complaints upheld by the Ombudsman (Target: 0)	0	0	0	0	1	0	0	1	1	0	0	0	1	

Trust commentary

Friends and Family Test

Inpatient areas continue to exceed the 30% response rate and 90% recommendation score across all areas. ED response rates continue to improve though fall short of the Trust 30% target, however they remain well above the national average of 12.5%. The recommendation score for ED at both sites continues to improve and exceed the 90% recommendation target. Maternity response rates declined in month at both sites but continue to achieve above the 90% recommendation score.

Same Sex Accommodation

There have been no same sex accommodation breaches

Complaints

Complaints performance continues to improve with 98% of complaints being acknowledged within 2 working days, exceeding the target of 90%. 76% of complaints were responded to within 25 working days against a target of 90%. Work is on-going to improve this performance.

PHSO

One case has been partially upheld by the PHSO and the Trust have commenced corrective actions as recommended by the PHSO





Efficiency & Productivity Dashboard

		Cl		Westmins ital Site	ster	U		Middlesex Hospital S	iite		Combine	ed Trust P	erformanc	е	Trust data 13 months
Domain	Indicator \(\triangle \)	Sep-18	Oct-18	Nov-18	2018- 2019	Sep-18	Oct-18	Nov-18	2018- 2019	Sep-18	Oct-18	Nov-18	2018- 2019 Q3	2018- 2019	Trend charts
	Average length of stay - elective (Target: <2.9)	4.42	3.40	3.47	3.65	3.18	2.54	2.81	2.87	4.14	3.22	3.32	3.27	3.47	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	Average length of stay - non-elective (Target: <3.95)	3.72	4.06	4.16	3.94	3.14	2.94	2.99	3.06	3.39	3.41	3.49	3.45	3.44	The sales
Admitted Patient	Emergency care pathway - average LoS (Target: <4.5)	4.27	4.79	4.73	4.45	3.61	3.30	3.40	3.50	3.85	3.84	3.89	3.86	3.84	11111
Care	Emergency care pathway - discharges	209	229	221	1736	378	404	381	3085	587	633	602	1236	4822	
	Emergency re-admissions within 30 days of discharge (Target: <7.6%)	3.74%	4.02%	3.51%	3.77%	10.35%	10.05%	8.84%	10.20%	6.97%	6.91%	6.05%	6.48%	6.83%	mark of the same
	Non-elective long-stayers	401	425	423	3358	377	302	379	2766	778	727	802	1529	6124	
	Daycase rate (basket of 25 procedures) (Target: >85%)	86.8%	83.7%	82.9%	83.5%	84.0%	90.1%	83.8%	86.2%	85.8%	86.0%	83.2%	84.8%	84.5%	~\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	Operations canc on the day for non-clinical reasons: actuals	8	8	9	85	13	17	16	90	21	25	25	50	175	had hallall
Theatres	Operations canc on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.33%	0.26%	0.29%	0.37%	1.15%	1.15%	1.00%	0.84%	0.59%	0.55%	0.53%	0.54%	0.52%	
rrieatres	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	3	0	0	8	2	2	0	6	5	2	0	2	14	liidlh
	Theatre active time (Target: >70%)	70.6%	74.1%	70.2%	71.7%	74.2%	77.8%	75.4%	76.4%	71.8%	75.4%	72.0%	73.7%	73.3%	MrsV
	Theatre booking conversion rates (Target: >80%)	86.2%	85.2%	86.4%	85.6%	90.3%	90.4%	92.5%	91.0%	87.6%	87.1%	88.8%	87.9%	87.6%	1,00
	First to follow-up ratio (Target: <1.5)	1.52	1.53	1.52	1.50	1.50	1.45	1.50	1.42	1.50	1.48	1.50	1.49	1.44	11[1]
Outpatients	Average wait to first outpatient attendance (Target: <6 wks)	7.1	7.0	6.9	6.8	5.9	6.0	6.0	6.2	6.6	6.6	6.5	6.5	6.6	Varages
Outhatieurs	DNA rate: first appointment	12.9%	11.3%	11.4%	12.0%	11.1%	11.8%	11.8%	12.2%	12.1%	11.5%	11.6%	11.6%	12.1%	A A A A A A A A A A A A A A A A A A A
	DNA rate: follow-up appointment	12.8%	10.0%	10.8%	11.2%	11.0%	11.2%	10.9%	12.0%	12.2%	10.4%	10.9%	10.6%	11.5%	10 A A A A A A A A A A A A A A A A A A A
	Please note the following	blank cell	An empty	cell denote	s those indic	ators curre	ntly under	developmen	ıt	Either	r Site or Tr	ust overall	performance	red in each	of the past three m

Trust commentary

Non-Elective and Emergency average length of stay

November '18 has seen little change in NEL LOS with this indicator remaining 'green' overall. Continuing to deliver further improvement as we head into winter 18/19 is a strong focus for the BEDS/LOS work stream, and is being tracked via the system-wide AE Delivery Board. Changes to NEL LOS overall are expected as the enhanced ambulatory facilities open in December at both sites.

Operations cancelled on the day and not re-booked within 28 days

The number of operations cancelled on the day for non-clinical reasons stayed steady in November. Each patient was offered a subsequent Theatre date within 28 days of the date of cancellation.

Theatre Booking Conversion rates

Theatre booking conversation rates continue to improve since we have clinically lead follow-up to remind patients at the Chelsea site.

Date Time of Production: 31/12/2018 13:00





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-18	Oct-18	Nov-18	2018- 2019	Sep-18	Oct-18	Nov-18	2018- 2019	Sep-18	Oct-18	Nov-18	2018- 2019 Q3	2018- 2019	Trend charts	
	Dementia screening case finding (Target: >90%)	90.7%	75.6%	93.8%	87.4%	88.9%	90.2%	91.2%	86.8%	90.1%	81.0%	92.9%	86.3%	87.2%	Treat Var	
Best Practice	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	100.0%	88.2%	81.8%	94.3%	100.0%	100.0%	88.9%	89.6%	100.0%	93.1%	86.2%	89.7%	92.0%	Λ - Λ - Λ	
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	100.0%	81.3%	100.0%	97.2%	87.5%	95.5%	100.0%	96.1%	92.9%	89.5%	100.0%	94.1%	96.6%		
VTE	VTE: Hospital-acquired (Target: tbc)					0	0	0	0	0	0	0	0	0	_	
VIE.	VTE risk assessment (Target: >95%)	94.0%	95.0%	94.1%	94.0%	46.7%	47.0%	50.3%	56.9%	73.8%	75.0%	75.6%	75.3%	76.8%	1944g	
	TB: Number of active cases identified and notified	2	1	4	24	4	5	8	42	6	6	12	18	66	hit.hital	
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 curre	ntly under o	developmen	•	Either Site	or Trust o	verall perfo	rmance red i	n each of the	e past three months	}

Trust commentary

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

Each Hospital Site saw 2 breaches of the 36 hour standard. Both breaches at the Chelsea Site were due to logistical reasons – awaiting space in Theatre. The patients were seen within 40 and 37 hours respectively. At the West Middlesex site, one breach was due to another patient with a fractured neck of femur being prioritised in Theatre, while for the second breach the patient chose to have conservative treatment initially but then changed their mind. The patients were seen within 39 and 41 hours respectively.

There were a further 5 breaches on the Chelsea Site and 4 at West Middlesex where the surgery had to be delayed for medical reasons

Dementia screening case finding

The Trust saw performance rise in November after the decline in October. The Chelsea Site saw a rise from 75.6% to 93.8% as a result of renewed focus on this metric.

VTE Risk assessments completed

C&W site: Performance has slightly decreased compared to the previous month. Performance has been disseminated to divisions to highlight amongst clinical teams, with support for areas not meeting ≥95% target. Weekly and monthly VTE performance reports continue to be circulated to all divisions for dissemination and action, with inclusion in divisional quality reports. Lists of patients will outstanding assessments are circulated to medical teams for action

WMUH site: Although there has been an improvement in November, the target was not achieved due to the lack of documented VTE risk assessments on RealTime as e-system not used by medical staff until the point of discharge. New reporting queries require development by EMIC Information Business Partner (issues with reporting solution and integration complications with eCamis, RealTime and Cerner).

Target unlikely to be achieved due to current IT infrastructure, and will improve with Cerner implementation (Clinical Documentation Phase 1B).





Access 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-18	Oct-18	Nov-18	2018- 2019	Sep-18	Oct-18	Nov-18	2018- 2019	Sep-18	Oct-18	Nov-18	2018- 2019 Q3	2018- 2019	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%)	98.66%	99.31%	99.16%	98.92%	97.34%	98.95%	99.49%	98.75%	97.76%	99.06%	99.38%	99.22%	98.81%	**********	
	Diagnostic waiting times >6 weeks: breach actuals	28	14	18	220	118	50	22	462	146	64	40	104	682	Laster Andrea	
	A&E unplanned re-attendances (Target: <5%)	9.1%	8.3%	9.2%	9.0%	8.4%	8.4%	8.2%	8.3%	8.8%	8.3%	8.8%	8.6%	8.7%	~~V	•
0.05!! 0.0	A&E time to treatment - Median (Target: <60')	01:02	01:06	01:11	01:07	00:57	00:52	00:51	00:49	01:01	01:02	01:04	01:03	01:01		
A&E and LAS	London Ambulance Service - patient handover 30' breaches	8	14	23	100	54	43	48	406	62	57	71	128	506	al latalut	
	London Ambulance Service - patient handover 60' breaches	0	1	0	2	0	2	0	4	0	3	0	3	6	and to	
Choose and Book	Choose and book: appointment availability (average of daily harvest of unused slots)	2580	2577	2371	1927	0	0	0	0	2580	2577	2371	2476	1927		
crioose and book (available to Sep- 8 only for issues)	Choose and book: capacity issue rate (ASI)															Γ.
o orlly for issues)	Choose and book: system issue rate	143	140	140	129											
	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	past three months	ŝ

Trust commentary

RTT Incompletes 52 week patients

The Trust once again was able to report that no patients were waiting over 52 weeks at month-end reporting

Diagnostic waiting times: % waiting < 6 weeks

The Trust was compliant with the DM01 target. Endoscopy processes have been redesigned at West Middlesex to support delivery of the target. Demand has increased for endoscopy with associated capacity coming on stream from December 2018.

Diagnostic waiting times: breach actuals

The 18 breach actuals at the Chelsea site were spread among all points of delivery with Cystoscopy accounting for the highest number – 8. At West Middlesex, of the 22 breach actuals, the two tests with the most breaches were: 8 in Urodynamics with 6 in Flexible Sigmoidoscopy

London Ambulance Service Handover breaches

The rise of 14 breaches in the 30' handover metric, though disappointing, was as a result of the busiest month in terms of average daily attendances.

Date Time of Production: 31/12/2018 13:00



Maternity Dashboard

		CI		Westmins ital Site	ter	U		liddlesex Hospital S	ite		Combine	ed Trust P	erformanc	е	Trust data 13 months	
Domain	Indicator	∆ Sep-18	Oct-18	Nov-18	2018- 2019	Sep-18	Oct-18	Nov-18	2018- 2019	Sep-18	Oct-18	Nov-18	2018- 2019 Q3	2018- 2019	Trend charts	
	Total number of NHS births	529	491	478	3887	390	415	364	3095	919	906	842	1748	6982		
Birth indicators	Total caesarean section rate (C&W Target: <27%; VMM Target: <29%)	37.7%	35.0%	30.3%	34.0%	31.6%	29.2%	31.9%	29.5%	35.1%	32.3%	31.0%	31.7%	32.0%	V-\V	
Dir 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%)	95.1%	98.4%	99.5%	97.2%	96.3%	98.0%	97.4%	97.6%	95.7%	98.2%	98.6%	98.4%	97.4%		
Safety	Admissions of full-term babies to NICU	13	20	7	123	n/a	n/a	n/a	n/a	13	20	7	27	123	Hibithi.	
	Please note the following	blank cell	An empty	cell denote:	s those indic	ators currer	ntly under d	levelopment	•	Either Site	or Trust o	verall perfo	rmance red ir	n each of the	e past three month	S

Trust commentary

In November there were a total of 472 mothers delivering 478 babies at the Chelsea site; this was 16 births above plan. The West Middlesex site had 361 mothers delivering 364 babies; which was 43 below plan.

Caesarean Births

Chelsea Site

A total of 143 (30.3%) caesarean births occurred in November. That equates to a year-to-date c-section rate of 34%

There was a total of 90 elective C/S at the CW site. 35 births (38.9%) were for previous Caesarean birth, 10 (11.1%) for breech presentation, 4 (4.4%) for maternal health reasons and 19 (21.1%) were for maternal choice, 2 (2.2%) were for multiple pregnancy, Failure to Progress 4 (4.4%), 16(17.8%) other. A total of 53 women had an emergency C/S.

The main reasons for this was for failure to progress in labour 19 (37.3%) and fetal distress 20 (39%). 2 (3.9%) cases were for breech presentation, 2 (3.9%) for previous C/S and 2 (3.9%) were for maternal clinical indication. 4 (7.8%) was for unsuccessful instrumental deliveries. 4 (7.8%) were for 'other' not specified reasons.

West Middlesex site

A total of 115 (31.8%) caesarean births occurred in November. That equates to a year-to-date c-section rate of 29.5%

There was a total of 46 elective C/S at the WM site. 18 (39.1%) cases were for previous C/S. 7 cases (15.2%) were for breech and 6 (13.0%) for maternal request, 3 (6.5%) failed to progress/IOL, Maternal clinical indication 7 (15.2%), 1 (2.2%) were for multiple pregnancy, 4 (8.6%) unspecified other reasons. There was a total of 69 Emergency Caesarean births at the WM site

36 (52.2%) was for failed progress in labour, 23 (33.3%) were for fetal distress, 4 (5.8%) for unsuccessful instrumental delivery, Maternal clinical indication 6 (8.7%), 2 (2.9%) was for Breech presentation, 1 (1.4%) were for previous section, 6 (8.6%) unspecified other reasons.

The service continues to support women who choose to have a C/S by providing the birth choice clinic. This clinic is run by experienced consultant midwives who guide the woman in her choice. There is a current review of 'Birth after Caesarean section' guideline and pathway in order to support increased uptake of vaginal birth after Caesarean.

There was a good Caesarean section divisional plan throughout October and November which led to excellent planning for elective surgery, as well as balancing the need for emergency procedures. The service is planning for the refurbishment of the CW site and this will involve a weekly plan to ensure safe delivery of care throughout this period.

NICU admissions

In November there were 7 admissions of full-term babies to NICU

2 had cardiac problems; 1 for grunting; 1 for respiratory distress and poor handing; 2 for hydronephrosis; 1 for bilious vomiting.





Workforce Dashboard

		CI		Westmins ital Site	ter	U		liddlesex Hospital S	ite		Combine	ed Trust P	erformanc	e	Trust data 13 months
Domain	Indicator	Sep-18	Oct-18	Nov-18	2018- 2019	Sep-18	Oct-18	Nov-18	2018- 2019	Sep-18	Oct-18	Nov-18	2018- 2019 Q3	2018- 2019	Trend charts
	Vacancy rate (Target: CVV <12%; VVM <10%)	10.8%	10.0%	10.3%	10.3%	14.5%	13.4%	12.8%	12.8%	12.1%	11.2%	11.2%	11.2%	11.2%	
	Staff Turnover rate (Target: CW <18%; WM <11.5%)	16.7%	16.2%	16.0%	16.0%	12.0%	11.0%	11.5%	11.5%	15.2%	14.5%	14.5%	14.5%	14.5%	and and and
Staffing	Sickness absence (Target: <3%)	2.4%	2.5%	2.5%	2.5%	2.7%	2.9%	2.9%	2.9%	2.5%	2.7%	2.7%	2.7%	2.6%	1
	Bank and Agency spend (£ks)	£2,137	£2,161	£2,224	£19,445	£2,295	£2,116	£896.2	£16,643	£4,432	£4,277	£3,120	£7,397	£36,088	
	Nursing & Midwifery Agency: % spend of total pay (Target: tbc)	4.5%	4.3%	7.1%	5.7%	5.2%	5.5%	7.6%	7.1%	4.8%	4.8%	7.3%	6.1%	6.2%	-M
Appraisal	% of Performance & Development Reviews completed - medical staff (Target: >85%)	90.2%	88.9%	88.6%	89.6%	100.0%	100.0%	100.0%	89.9%	93.4%	92.5%	92.3%	92.4%	89.7%	PROGRAMME
rates	% of Performance & Development Reviews completed - non-medical staff (Target trajectory: >60%)	87.4%	83.6%	84.1%	84.1%	88.9%	87.2%	85.8%	85.8%	87.9%	84.8%	84.7%	84.7%	84.7%	/*************************************
	Mandatory training compliance (Target: >90%)	91.3%	91.9%	92.4%	91.7%	91.7%	91.9%	92.0%	89.3%	91.5%	91.9%	92.3%	92.1%	90.8%	and a parameter of
Turinin u	Health and Safety training (Target: >90%)	95.6%	95.6%	95.5%	95.9%	95.1%	95.1%	95.2%	94.5%	95.4%	95.5%	95.4%	95.4%	95.4%	and a second
Training	Safeguarding training - adults (Target: 90%)	93.9%	94.0%	93.8%	94.2%	94.3%	94.1%	93.7%	93.7%	94.0%	94.0%	93.8%	93.9%	94.0%	201 and 201
	Safeguarding training - children (Target: 90%)	94.3%	94.2%	94.0%	93.8%	94.9%	94.2%	93.6%	93.2%	94.5%	94.2%	93.8%	94.0%	93.6%	****
	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

Workforce Commentary November 2018 Figures

Staff in Post

In November we employed 5581 whole time equivalent (WTE) people on substantive contracts, 29 WTE more than last month.

Turnover

Our voluntary turnover rate was 14.52%, an increase of 0.02% from last month. Voluntary turnover is 16.03% at Chelsea and 11.52% at West Middlesex.

Vacancies

Our general vacancy rate for November was 11.04%, which is 0.12% lower than last month. The vacancy rate is 10.30% at Chelsea and 12.83% at West Middlesex.

Sickness Absence

Sickness absence in the month of October was 2.67%, unchanged from September. (we will now be reporting sickness two months in arrears due to timing issues)

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 92% against our target of 90%.

Performance and Development Reviews

The PDR rate decreased 0.14% by now stands at 84.67%.

The rolling annual appraisal rate for medical staff was 92.27%, 1.14% Lower than last month.





62 day Cancer referrals by tumour site Dashboard

Target of 85%

				ea & West Hospital Si					est Middle sity Hosp				Com	bined Trus	st Perforn	nance		Trust data 13 months
Domain	Tumour site	Sep-18	Oct-18	Nov-18	2018- 2019	YTD breaches	Sep-18	Oct-18	Nov-18	2018- 2019	YTD breaches	Sep-18	Oct-18	Nov-18	2018- 2019 Q3	2018- 2019	YTD breaches	Trend charts
	Breast	n/a	n/a	n/a	n/a		100%	94.1%	100%	99.3%	0.5	100%	94.1%	100%	96.3%	99.3%	0.5	
	Colorectal / Lower GI	n/a	100%	100%	95.6%	1	100%	100%	100%	93.7%	2	100%	100%	100%	100%	94.4%	3	
	Gynaecological	100%	100%	n/a	87.5%	1.5	100%	100%	100%	85.2%	2	100%	100%	100%	100%	86.3%	3.5	
	Haematological	100%	n/a	100%	100%	0	n/a	75.0%	100%	84.6%	3	100%	75.0%	100%	83.3%	87.8%	3	V
	Head and neck	n/a	n/a	100%	90.9%	0.5	33.3%	100%	50.0%	68.4%	3	33.3%	100%	75.0%	80.0%	76.7%	3.5	~~\\\
62 day	Lung	50.0%	100%	n/a	66.7%	1.5	0.0%	88.9%	n/a	70.6%	2.5	33.3%	90.0%	n/a	90.0%	69.2%	4	Hill it.
Cancer referrals	Sarcoma	n/a	n/a	n/a	100%	0	n/a	n/a	n/a	n/a		n/a	n/a	n/a	n/a	100%	0	
by site of turnour	Skin	100%	100%	100%	96.2%	2	100%	100%	100%	98.2%	0.5	100%	100%	100%	100%	96.9%	2.5	V/\.
	Upper gastrointestinal	100%	87.5%	n/a	81.8%	2	100%	n/a	100%	94.4%	0.5	100%	87.5%	100%	90.0%	87.5%	2.5	
	Urological	87.5%	38.5%	100%	75.2%	12.5	68.4%	76.5%	84.8%	82.6%	14.5	74.1%	60.0%	88.4%	76.7%	79.9%	27	Rode Standard
	Urological (Testicular)	100%	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	100%	n/a	100%	75.0%	0.5	n/a	100%	n/a	100%	0	100%	100%	100%	100%	88.9%	0.5	

Trust commentary

Overall, the Trust is reporting 94.1% of cancer patients being treated within the 62 day standard form date of GP referral.

The Chelsea Site are reporting no breaches; the West Middlesex Site 3 breaches

Broken down by Site and Tumour Site the following can be seen:

Chelsea Site:

Colorectal / Lower GI: 1 treatment
Haematological: 1 treatment
Head and Neck: 1 treatment
Site not stated: 1 treatment
Skin: 4.5 treatments
Urological: 5 treatments

West Middlesex Site:

Breast: 5 treatments
Colorectal / Lower GI: 7 treatments
Gynaecological: 2 treatments
Haematological: 1 treatment
Head and Neck: 0.5 of a breach of 1 patient treated
Skin: 3.5 treatments

Upper Gastrointestinal: 1 treatment Urological: 2.5 breaches of 16.5 patients treated

Please note: a breach can be shared between organisations, hence the fractions above





CQUIN Dashboard

November 2018

National CQUINs

No.	Description of goal	Responsible Executive (role)	Forecast RAG Rating
A.1	Improvement of health and wellbeing of NHS staff	Chief Financial Officer	
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	Chief Financial Officer	
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	Chief Operating Officer	
E.1	Preventing ill health through harmful behaviours - alcohol and tobacco consu	Deputy Chief Executive	
F.1	STP Local Engagement	Chief Financial Officer	

NHS England CQUINs

No.	Description of goal	Responsible Executive (role)	Forecast RAG Rating
N1.1	Enhanced Supportive Care	Medical Director	
N1.2	Nationally standardised Dose banding for Adult Intravenous Anticancer Thera	Medical Director	
N1.3	Optimising Palliative Chemotherapy Decision Making	Medical Director	
N1.4	Hospital Medicines Optimisation	Medical Director	
N1.5	Neonatal Community Outreach	Chief Operating Officer	
N1.6	Dental Schemes - recording of data, participation in referral management & p	Chief Operating Officer	
N1.7	Armed Forces Covenant	Chief Operating Officer	

CQUIN Scheme Overview

2018/19 CQUIN Scheme Overview

The Trust has agreed 12 CQUIN schemes (5 national schemes for CCGs, 7 national schemes for NHS England) for 2018/19. Relative to 17/18, there is a new 1 year CCG scheme replacing a previous 1 year scheme, and the withdrawal of a further CCG scheme was confirmed in the 18/19 Planning Guidance.

2018/19 National Schemes (CCG commissioning)

The Q1 result, based on CCG assessment of delivery, was 35%, but payment was made at 100% in accordance with the agreement reached with Commissioners whereby delivery is on the basis of 'reasonable endeavours' without incurring additional investment. Scheme leads will be aiming to meet the requirements set out for those schemes within existing resources, but will otherwise prioritise which aspects to work on. The forecast RAG rating for each scheme relates only to expected delivery of the specified milestones, not financial performance. The requirements of the Local Scheme relating to Trust engagement with STP planning and development work are expected to be met in full. With regard to 'Improvement of health and wellbeing of NHS staff', the targets for improving scores for key survey questions have so far proven to be challenging for most providers, and the Trust didn't manage to achieve the 17/18 target.

2018/19 National Schemes (NHSE Specialised Services commissioning)

The Q1 result, based on assessment by Specialised Commissioning, was 100%. The Trust continues to expect good overall results for the full year, and in line with last year's achievement in the case of the 2 year schemes. The Neonatal Community Outreach scheme is now being implemented in line with the approach agreed with the Commissioner and approved by the Executive board. The forecast RAG rating for each scheme reflects both expected delivery of the milestones and the associated financial performance.





Nursing Metrics Dashboard

Safe Nursing and Midwifery Staffing

Chelsea and Westminster Hospital Site

		Average	fill rate			011000		
	D	ay	Ni	ght		CHPPE	National	
Ward Name	Reg Nurses	Care staff	Reg Nurses	Care staff	Reg	HCA	Total	bench mark
Maternity	91.2%	90.7%	96.8%	95.5%	8.7	3.1	11.8	7 – 17.5
Annie Zunz	98.8%	81.0%	99.7%	93.3%	6.1	2.4	8.4	6.5 - 8
Apollo	95.3%	96.7%	95.3%	55.2%	15.1	2.4	17.6	
Jupiter	138.2%	77.3%	134.1%	-	10.1	2.1	12.2	8.5 – 13.5
Mercury	87.4%	103.3%	88.9%	60.0%	6.7	1.0	7.7	8.5 – 13.5
Neptune	98.7%	83.3%	99.2%	6.7%	7.0	0.7	7.7	8.5 – 13.5
NICU	99.6%	-	99.6%	-	12.8	0.0	12.8	
AAU	109.7%	77.5%	104.1%	103.3%	9.9	2.2	12.1	7 - 9
Nell Gwynn	98.5%	87.9%	104.4%	134.6%	3.8	4.0	7.8	6 – 8
David Erskine	115.0%	94.8%	125.6%	127.9%	3.8	3.3	7.1	6 – 7.5
Edgar Horne	108.5%	97.2%	122.2%	100.8%	3.6	3.3	6.9	6 – 7.5
Lord Wigram	97.9%	98.9%	110.0%	104.4%	3.8	2.7	6.5	6.5 – 7.5
St Mary Abbots	97.6%	93.3%	99.0%	97.6%	3.9	2.5	6.4	6 – 7.5
David Evans	94.2%	82.4%	104.9%	110.4%	5.8	2.1	8.0	6 – 7.5
Chelsea Wing	93.6%	92.2%	100.2%	103.3%	11.0	6.8	17.8	
Burns Unit	120.3%	90.9%	135.0%	100.0%	22.7	3.4	26.1	
Ron Johnson	94.4%	99.4%	95.2%	100.0%	4.4	2.5	6.9	6 – 7.5
ICU	103.6%	100.0%	100.0%	-	24.3	0.3	24.6	17.5 - 25
Rainsford Mowlem	96.3%	97.0%	100.8%	98.3%	3.1	2.9	6.0	6 - 8

West Middlesex University Hospital Site

		Average	fill rate			CUDDE			
Ward Name	D	ay	Ni	ght		CHPPE	National		
Ward Name	Reg Nurses	Care staff	Reg Nurses	Care staff	Reg	НСА	Total	bench mark	
Maternity	93.2%	91.4%	90.0%	95.6%	7.0	1.9	9.0	7 – 17.5	
Lampton	102.8%	101.2%	100.0%	103.3%	2.9	2.5	5.5	6 – 7.5	
Richmond	95.9%	100.0%	73.0%	60.2%	6.3	3.4	9.7	6 – 7.5	
Syon 1	97.0%	107.4%	101.7%	140.0%	3.7	2.5	6.2	6 – 7.5	
Syon 2	112.3%	130.6%	103.5%	175.1%	3.7	3.0	6.7	6 – 7.5	
Starlight	101.2%	90.9%	106.4%	-	8.4	0.3	8.7	8.5 – 13.5	
Kew	74.7%	106.7%	100.0%	204.8%	2.9	4.2	7.1	6-8	
Crane	98.6%	112.1%	100.0%	116.7%	3.2	2.9	6.1	6 – 7.5	
Osterley 1	102.2%	115.1%	99.2%	111.7%	3.4	2.7	6.1	6 – 7.5	
Osterley 2	110.0%	97.7%	100.0%	100.8%	3.7	3.1	6.8	6 – 7.5	
MAU	98.1%	89.4%	89.4%	92.5%	6.4	2.9	9.3	7 - 9	
CCU	99.2%	100.4%	101.7%	-	5.5	0.7	6.2	6.5 - 10	
Special Care Baby Unit	115.3%	-	101.2%	-	9.3	0.0	9.3		
Marble Hill 1	113.6%	101.5%	119.3%	96.7%	4.3	2.5	6.8	6 - 8	
Marble Hill 2	93.5%	108.5%	100.0%	102.7%	3.1	2.8	5.9	5.5 - 7	
ITU	105.2%	-	99.6%	-	25.9	0.1	26.1	17.5 - 25	

Summary for November 2018

High usage of RMNs on Burns on Jupiter, David Erskine and Edgar Horne due to a number of patients with mental health needs.

Kew, Syon 1 & Syon 2, David Erskine & Nell Gwynne showing high fill rates for HCAs due to a high number of mobile confused patients at high risk of falls.

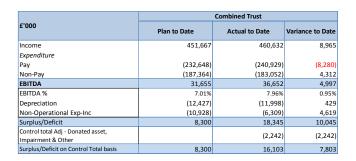
CHPPD is showing an overly generous amount on Richmond due to bed census data being counted at midnight and therefore not accounting for day surgery activity.





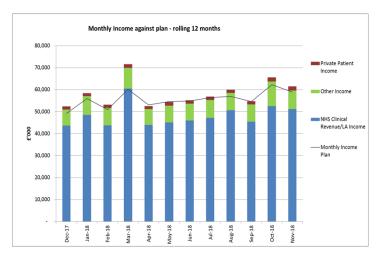


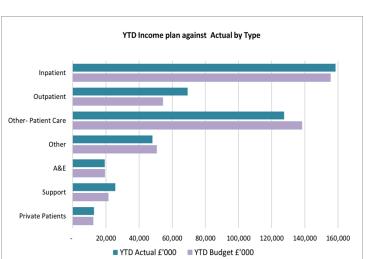
Finance Dashboard Month 8 2018-19 **Integrated Position**

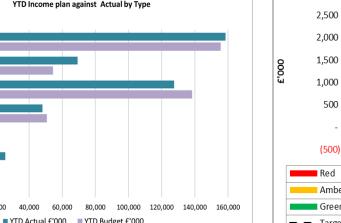


Comments

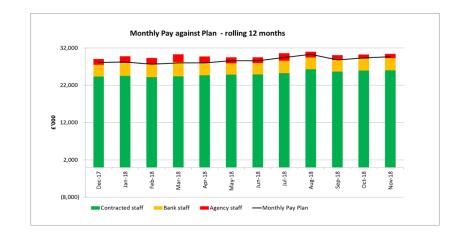
The Trust is reporting a YTD surplus of £18.34m which is £10.05m favourable against the internal plan. The trust submitted a revised plan to NHSI in M7 in order to receive additional PSF funding. Against the revised plan the Trust is reporting a £0.3m favourable variance on a control total basis. Income favourable variance is driven by A&E, Emergency admissions, Paediatric critical care, obstetric deliveries and settlement of the 2017/18 position with CCGs. Elective and neonatal critical care continue to underperform. Pay is adverse by £8,280k year to date, The Trust continues to use bank and agency staff to cover vacancies, sickness and



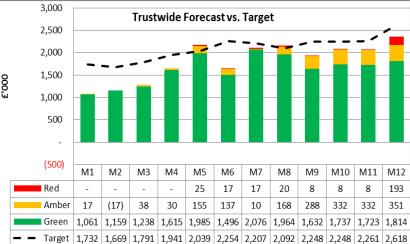


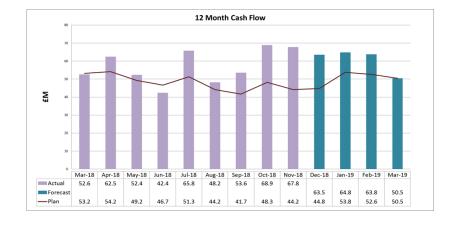


Other Patient Care mainly includes Drugs, GUM, Maternity and Critical Care

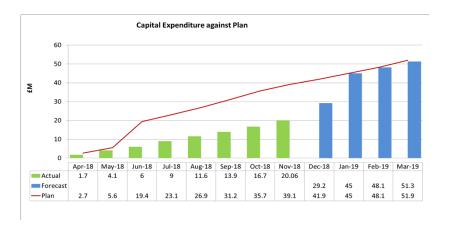








The higher cash balance (compared to plan) in M8 of £23.6m consists of cash b/fwd from last month of £20.6m plus receipts higher than plan of £2.8m (mainly: settlement of prior year invoices as well as Maternity Incentive funding). We paid lower than plan to suppliers and this is offset by the NICU donation in plan not receivable from



The Year to-date underspend against plan to the end of M8, is due to timing differences of the schemes commencing later than planned. The Trust is currently forecasting to spend £51.3m, £0.6m less than the original plan of £51.9m.

Use of Resources Rating	Nov 18 (YTD) Plan	Nov 18 (YTD) Actual
Capital Service rating	1	2
Liquidity rating	1	1
I&E Margin rating	1	1
I&E Margin Distance from Financial Plan	1	1
Agency rating	1	1
UORR before override M8	1	1
UORR after override M8	1	1

		Year to date						
	Current	Previous	Movement					
	Month %	Month %	%					
BPPC% of bills paid in target								
- By number	89.4%	89.2%	0.2%					
- By value	81.0%	80.3%	0.7%					
Creditor Days	99	92	7					
Debtor Days	43	40	3					



NHS Foundation Trust

Council of Governors Meeting, 14 February 2019

AGENDA ITEM NO.	2.2.1/Feb/19
REPORT NAME	Workforce performance report
AUTHOR	Natasha Elvidge, Associate Director of HR; Resourcing
LEAD	Sandra Easton, Chief Financial Officer
PURPOSE	The People and OD Committee KPI Dashboard highlights current KPIs and trends in workforce related metrics at the Trust.
SUMMARY OF REPORT	The dashboard to provide assurance of workforce activity across eight key performance indicator domains; • Workforce information – establishment and staff numbers • HR Indicators – Sickness and turnover • Employee relations – levels of employee relations activity • Temporary staffing usage – number of bank and agency shifts filled • Vacancy – number of vacant post and use of budgeted WTE • Recruitment Activity – volume of activity, statutory checks and time taken • PDRs – appraisals completed • Core Training Compliance
KEY RISKS ASSOCIATED	The need to reduce turnover rates.
FINANCIAL IMPLICATIONS	Costs associated with high turnover rates and reliance on temporary 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 integrated care Deliver financial sustainability Create an environment for learning, discovery and innovation
DECISION/ ACTION	For noting.





Workforce Performance Report to the People and Organisational Development Committee

Month 08 - November 2018





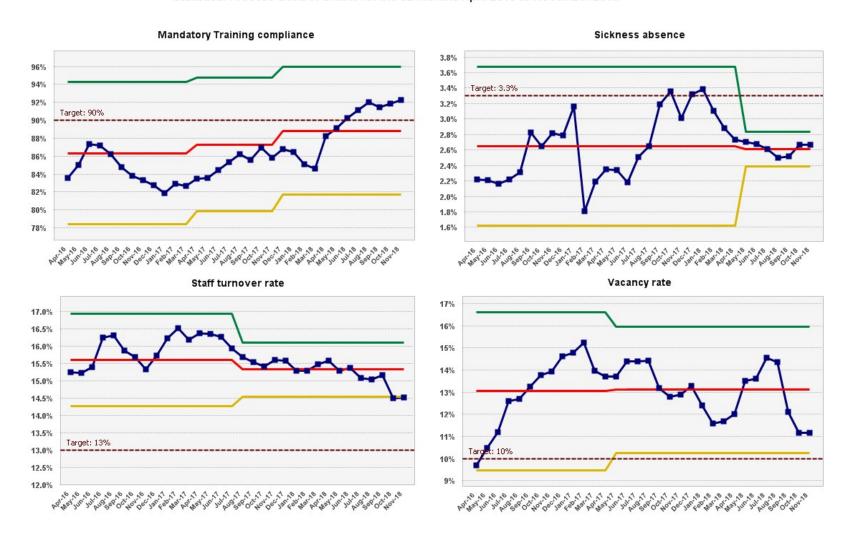
Statistical Process Control – April 2016 to Nov 2018



WORKFORCE INDICATORS

Chelsea and Westminster Hospital NHS

Statistical Process Control Charts for the 32 months April 2016 to November 2018



Key Performance Indicator	1			Т		I		Т	NHS Foundation Trust	
ltem	Units	This Month	Last Month	This Month	Target		RAG Status		Trend	
						Red	Amber	Green		
1. Workforce Information										
1 Establishment	No.	6106.87	6258.38	6,283.18					^	
2 Whole time equivalent	No.	5318.30	5559.81	5580.83					^	
.3 Headcount	No.	5804	6042	6066					^	
.4 Overpayments	No.							*****	←→	
. HR Indicators										
2.1 Sickness absence	%	3.01%	2.67%	2.67%	<3.3%				←→	
2.2 Long Term Sickness absence	%		1.31%	1.18%					4	
2.3 Short Term Sickness absence	%		1.35%	1.49%					^	
2.4 Gross Turnover	%	20.51%	18.85%	18.80%	<17%				Ą	
2.5 Voluntary Turnover	%	15.59%	14.50%	14.52%	<13%				^	
3. Employee Relations										
.1 Live Employment Relations Cases	No.		150	148					Ψ	
3.2 Formal Warnings	No.		0	2					^	
3.3 Dismissals	No.		4	2					Ψ	
1. Temporary Staffing Usage										
1.1 Total Temporary Staff Shifts Filled	No.		14217	14178					4	
I.2 Bank Shifts Filled	No.		12207	12137					¥	
1.3 Agency Shifts Filled	No.		2010	2041					^	
5. Vacancy										
.1 Trust Vacancy Rate	%	12.91%	11.16%	11.04%	<10%				4	
2 Corporate	%	10.23%	8.82%	10.05%	<10%				^	
i.3 Emergency & Integrated Care	%	16.94%	11.10%	11.11%	<10%				<u></u>	
5.4 Planned Care	%	12.18%	12.92%	13.38%	<10%				<u> </u>	
5.5 Women's, Children and Sexual Health	%	10.90%	10.03%	9.18%	<10%				Ų	
5. Recruitment (Non-medical)			,							
5.1 Offers Made	No.		185	169					4	
5.2 Pre-employment checks (days)	No.	······································	23.6	21.4	<20				¥	
i.3 Time to recruit (weeks)	No.		8.02	8.18	<9				••••••••••••••••••••••••••••••••••••••	
. PDRs Undertaken (AfC Staff over 12 months	5)									
.1 Trust PDRs Rate (AFC Staff)	%	53.79%	84.81%	84.67%	≥90%				Ψ	
.2 Corporate	%		80.10%	78.91%	≥90%				Ψ	
'.3 Emergency & Integrated Care	%		87.49%	82.74%	≥90%				¥	
'.4 Planned Care	%		88.99%	90.93%	≥90%				<u> </u>	
.5 Women's, Children and Sexual Health	%		79.62%	79.75%	≥90%				······	





People and Organisational Development Workforce Performance Report November 2018 Key Performance Indicators



October 18 SICKNESS									
Division	Sickness Abs.	RAG Status Target	Available FTE	Abs. FTE	Episodes	Long Term (FTE Lost)	% Long Term	Prev. Month	% +/-
Corporate	2.44%		17007.76	415.19	54	189.40	1.11%	2.38%	0.1%
Emergency & Integrated Care	2.19%		46647.89	1021.18	217	407.67	0.87%	1.99%	0.2%
Planned Care	2.72%		54483.15	1482.16	326	598.79	1.10%	2.73%	0.0%
Women's, Children and Sexual Health	3.13%		51212.97	1602.88	272	805.81	1.57%	3.32%	-0.2%
Trust	2.67%		169351.77	4521.41	869	2001.67	1.18%	2.67%	0.0%

November 18 Mandatory Training									
Course	Last Month	This Month	Target	RAG Status	Tread				
Basic Life Support	85%	85%	<90%		()				
Conflict Resolution	95%	95%	<90%		()				
Equality, Diversity and Human Rights	93%	93%	<90%		←→				
Fire	91%	89%	<90%		4				
Health & Safety	95%	95%	<90%		()				
Infection Control (Hand Hygiene)	93%	93%	<90%		()				
Information Governance	93%	91%	<95%		¥				
Moving & Handling - Inanimate Loads	91%	90%	<90%		4				
Patient Handling (M&H L2)	87%	86%	<90%		4				
Safeguarding Adults Level 1	94%	94%	<90%		()				
Safeguarding Children Level 1	94%	94%	<90%		()				
Safeguarding Children Level 2	91%	91%	<90%		()				
Safeguarding Children Level 3	80%	80%	<90%		←→				

November 18 Vacancy / Bank and Agency Ratio on "Fill Rate"								
Division	Budgeted FTE	Staffin Post (FTE)	Vacancy (FTE)	Bank Usage (FTE)	Agency Usage (FTE)	Total FTE Used	Budget minus Used FTE	RAG Status
Corporate	615.53	553.69	61.84	29.69	0.97	584.34	31.19	
Emergency & Integrated Care	1742.16	1548.55	193.61	229.79	60.74	1839.08	-96.92	
Planned Care	2061.87	1786.03	275.84	214.23	30.33	2030.59	31.28	
Women's, Children and Sexual Health	1863.62	1692.56	171.06	175.40	37.42	1905.38	-41.76	
TRUST	6283.18	5580.83	702.35	649.10	129.46	6359.39	-76.21	

Division	Turnover	Prev Month	%+/-
Corporate	16.50%	16.10%	0.40%
Emergency & Integrated Care	15.60%	15.85%	-0.25%
Planned Care	12.60%	12.08%	0.52%
Women's, Children and Sexual Health	15.00%	15.38%	-0.38%
TRUST	14.50%	14.50%	0.0%

Key to Sickness Figures
Sickness Absence = Calendar days sickness as percentage of total available w orking days for past 3 months
(days x ave FTE)
Episodes = number of incidences of reported sickness
A Long Term Episode is greater than 27 days





People and Organisation Development Workforce Performance Report November 2018

Mandatory Training Compliance:

Our compliance rate stands at 92% against our target of 90%. Compliance has remained above the Trust target of 90% for the past 5 months.

Information Governance is at it's highest level of 93%, though still below the national target of 95%. The IG Team is gearing up for additional communications for Q3 and Q4 as there is a significant proportion of staff due to lapse during this period.

Adult Basic Life Support has had a change in requirements, all staff are now required to undertake eLearning on an annual basis in addition to any practical 2 year requirements for clinical staff. Communications are in progress to the Trust and the data is being collated in the background, with an expectation that this data will be visible to the Board from April 2019.

Staff Turnover Rate:

The voluntary turnover rate is currently 14.5% a decrease of 0.02% lower than last month. The voluntary turnover rate suggests that approximately 1 in 6 members of staff have left the trust over the past 12 months. The turnover rates are consistent with the London region and are above our trust target of 13%.

This month last year, the voluntary turnover rate (15.59%) which represents a 1% decrease. This due to increased productivity and reduction of time to recruit by the recruitment team. The trust has undertaken a project as part of the NHSI Retention Programme to improve our turnover rate. Lastly, the trust is about to re-launch its Health and Wellbeing group which should have a positive impact on our turnover rate.

Sickness Absence: (October)

The trust's sickness rate is currently 2.67%. Our sickness target (3.3%) has not been breeched during the last seven months (this financial year); peaking at 2.89% in April 2018.

The staff group consistently reporting the highest level of sickness over the last six months is unqualified nursing and midwifery staff whilst medical and dental staff are consistently reporting the lowest level of sickness.

The Women's, Children & Sexual Health Division had the highest sickness rate in October at 3.13%. The professional group with the highest sickness rate was Nursing and Midwifery (Unqualified) at 5.00%.

Vacancy Rate:

The current vacancy position of the trust is 11.04%. We have continued to improve with a 0.12% decrease in the rate and have been on a downward trend for most of the last 12 months. Our vacancy rate has improved due to increased activity within the recruitment team. There has been an increase in establishment over the past 12 months 148.69wte, a gain of 2.37%.

The vacancy rate at West Middlesex is 12.83% and 10.30% at Chelsea and Westminster. The Nursing and Midwifery qualified staff group vacancy rate 8.49% which means we are below our target vacancy for nursing





People and Organisation Development Workforce Performance Report November 2018

	PDR's Completed Since 1st April 2018 (18/19 Financial Year)				
Division	Band Group	%	Division	Band Group %	
COR	Band 2-5	42.11%	PDC Band 2-5	57.25	
	Band 6-8a	60.49%	Band 6-8a	87.23	
	Band 8b +	80.28%	Band 8b +	97.14	
Corporate		57.95%	PDC Planned Care	68.57	
EIC	Band 2-5	78.33%	WCH Band 2-5	59.01	
	Band 6-8a	75.31%	Band 6-8a	73.23	
	Band 8b +	86.36%	Band 8b +	94.12	
EIC Emergency & Integrated Care 77.20%		WCH Women's, Childr	en's & SH 67.36		
Band 2-5	Band 6-8a	Band 8b +			
62.20%	75.76%	86.90%	Trust Total	69.20	

PDRs:

During the previous financial year we achieved our target of appraisals completed (90%).

At Month 8 / November, we are slightly behind target for the completion of PDRs by our banding windows. The divisions have produced plans to achieve their PDR targets and greater focus and attention to the completion of PDRs within the banding windows have resulted in a 12.5% increase over the last month. This PDR target and progress against divisional plans is monitored at the Workforce Development Committee meetings.







Title Foundation 1

Council of Governors' Meeting, 14 February 2019

AGENDA ITEM NO.	2.3/Feb/19
REPORT NAME	Governors' Questions
AUTHOR	Various
LEAD	Lesley Watts, Chief Executive
PURPOSE	To note.
SUMMARY OF REPORT	1. The question raised by Governor Nowell Anderson: 1.1 Governor's cannot access the Intranet. When the mandatory training courses were done I was unable to gain access to the internal websites when the training courses referred to specific areas. Equally, if Governors have to keep informed on what is happening in the Trust they must be allowed access to this useful site. Your support is required to make it happen. Response from Ayshea Richards, Acting Director of Communications and Christine Catlin, Assistant Director of Learning & Organisational Development: Access to the Trust intranet is only possible from within the Trust's IT system. The only way we could only facilitate access is by issuing every Governor with a Trust email and log-in details for the Trust's IT system. This would risk being in breach of our Information Governance and Security Policies, which are based on the principle that system access is only granted when essential for working within the Trust. The intranet itself is designed to be a staff resource rather than a public facing resource and there are a wide variety of ways that the Trust communicates what is going on within the Trust including the website, social media and Trust magazine. We have reviewed the suggestion that access to the intranet is essential in order to complete the mandatory training but our Learning and Development team has confirmed that intranet access is not required to complete successfully the mandatory training. All of the training, and the information required to pass, is contained within the learning.chelwest website which is external to the Trust and does not need intranet access. 1.2 There have been patients who have arrived in time for their appointments – waited patiently for a space as it was full – parked somewhere else in Hospital and ended up with a ticket from the UKPC Parking which they had to pay. Could all appointment letters have a brief statement advising patients, relatives and friends to arrive an hour early if they wish to park in WMUH?

	Response from Robert Hodgkiss, Chief Operating Officer: Thank you for your comment. I can confirm that the Hospital car park is currently independently run. I can only apologise for the inconvenience this has caused our patients, relatives and friends during their visits. I have spoken to our Patient Access General Manager, who has confirmed we are able to add a statement to our letters regarding the car parking guidelines at our West Middlesex Hospital and therefore we are looking at including this statement on all future letters.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	For information.



Council of Governors Meeting, 14 February 2019

AGENDA ITEM NO.	2.4/Feb/19
REPORT NAME	Draft minutes of the Council of Governors Membership & Engagement Sub-Committee meeting held on 31 January 2019
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	David Phillips, Chair
PURPOSE	To provide a record of any actions and decisions made at the meeting.
SUMMARY OF REPORT	This paper outlines a record of the proceedings of the Council of Governors Membership & Engagement Sub-Committee meeting held on 31 January 2019.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	For information.





DRAFT Minutes of the Council of Governors Membership & Engagement Sub-Committee meeting Held at 10.30am on 31 January 2019

Attendees	David Phillips	Chair	DP
	Nowell Anderson	Public Governor	NA
	Anna Hodson-Pressinger	Patient Governor	AHP
In attendance	Sheila Murphy	Interim Company Secretary	SM
	Vida Djelic	Board Governance Manager	VD
	Priscilla Gyewu (minutes)	Membership Officer	PG
Apologies /Absence	Richard Ballerand	Public Governor	RB
	Simon Dyer	Lead Governor	SD
	Elaine Hutton	Public Governor	EH
	Tom Pollak	Public Governor	TP

The Chair welcomed all to the meeting. Apologies for absence were noted as above. By way of a preamble, the Chair noted that the meeting was not quorate and that any items for decision would be taken to the full Council of Governors for endorsement. The Chair also noted that as of April 2019 the sub-committee meetings would be held twice per year as agreed at the September 2018 Council of Governors meeting. He commented on no communication representative being present at the meeting. He added that it was his understanding that under the new agreed sub-committee structure there would be greater involvement of communications in membership activities and that it would sit within the communication department. VD highlighted that reducing the number of sub-committee meetings allowed for: • The new Governor Strategy and Representation Group to be established • The Trust's communication strategy on increasing engagement with members review later in the year	
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The Trust's communication strategy on increasing engagement with members	
SM said that the point of the communication department's involvement in the membership matters will be clarified.	
Action: SM to clarify the communication department's involvement in the membership matters.	SM
Minutes of previous meeting held on 8 November 2018	

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	Minutes of the previous meeting were approved as a true and accurate record.	
3.	Matters Arising & Action Log	
	The sub-committee reviewed a list of actions and the updates were noted.	
	Regarding action point 3, VD said that she was expecting Anna to attend and update the sub-committee on the progress with discussing her proposal for a member engagement tea and cake party with the Chairman and Lead Governor.	
	AHP arrived shortly after and noted that she had not had the opportunity to discuss her proposal with the Chairman.	
	Regarding action point 4, PG confirmed that membership numbers from previous reports presented to the sub-committee are included in the current membership report enclosed in the meeting pack.	
	Regarding action 6, PG said that her contact at CWL Healthwatch confirmed that the Trust seminars would be advertised on their website free of charge.	
4.	Review of the Membership and Engagement Sub-Committee Terms of Reference	
	The sub-committee reviewed the Terms of Reference and noted some minor changes made to align the frequency of meetings with the agreed process. AHP expressed her view by saying that the membership should be open to all governors to attend rather than specifying the number of governors to comprise the sub-committee. VD said that the Code of Good Governance stipulates that membership of the committee should be specified in the terms of reference. VD added that in line with the annual review process of COG Sub-Committees' Terms of Reference, the revised Terms of Reference will be taken to the April Council of Governors meeting for endorsement.	
	The sub-committee agreed the revised Terms of Reference.	
	Action: VD to take the revised Terms of Reference to the April Council of Governors meeting for endorsement.	VD
5.	Membership Report	
	PG introduced the report by saying that it provides an overview of membership numbers from 2018 as well as analysis of current membership by constituency & geographical area, age, gender, ethnicity, local population profiling and membership compared to local population distribution.	
	She highlighted that there has been a slight decrease of 18 members in total membership and that predominantly public and patient membership numbers have been stable. However, the current report does in the staff category does not include our contracted staff and therefore the total membership number seems to be lower in the later part of 2018.	
	DP asked why our lowest membership is in West Middlesex Hospital operating area. NA spoke about the strategy for recruiting members in the area and explained that in his view	

personal approach always works better. He said that most people would agree that being a member would be to their advantage. AHP linked to it by saying that also membership number on the Royal Borough of Chelsea and Westminster is very low.

SM suggested that the membership leaflet and other Trust information targeted at members, patient and public should be made available in other languages considering the diversity of population in West Middlesex hospital operating area. Another option suggested was making online information available in other languages.

PG further highlighted that the Membership Recruitment, Engagement and Communication Strategy will be reviewed at the next meeting.

6. Membership Engagement & Communications Calendar of Events for the year

PG presented the draft schedule of membership engagement and communications events planned for 2019/20 and highlighted the following points:

- Topics for the annual calendar have been prepared based on feedback received from surveying members; however all topics are open for discussion and agreement by the sub-committee.
- Dates for some of planned events need to be confirmed with the relevant presenters.
- Communications department will provide dates for trust-wide events i.e Open day, Staff awards, Christmas events, etc at a later date.

7. 'Your Health' seminars forward planner

PG noted that the next seminar for members will be held on 27 February on the subject of mental health and will be delivered by Jonathon Lynch, Deputy Lead Nurse (Mental Health).

PG highlighted that she is seeking a governor to host each seminar; the following governors confirmed that they are willing to host future seminars: 27 February NA; 23 May AHP or DP (TBC). Governors to host other upcoming seminars will be sought at a later stage once all dates have been confirmed with presenters.

8. Meet a Governor Schedule

PG said that the current Meet a Governor schedule is provided in the pack and she was looking for some more governor volunteers for February and March sessions and in particular for West Middlesex site. It was noted that some governors work full time and have no time for a session per month whereas other are reluctant to approach a member of public or patient to gather their experience and views of the hospital. SM linked to it by saying that it would be important to understand whether reluctance come from lack of free time, timing of these sessions or training required to gain confidence when meeting the public.

DP expressed that the current structure is not viable due to lack of governor support. In order to make it more effective he proposed that it is replaced with a monthly early evening meeting to which all governors will be invited. That way patient and hospital visitors will have the opportunity to meet more than one governor and it would satisfy the criteria for governors engaging with their constituents. AHP linked to it by saying that she agrees with

	the idea. NA also was also supportive.	
	DP confirmed that he would take the proposal for restricting the Meet a Governor schedule to the next Council of Governors meeting for agreement.	
9.	Feedback from members	
	DP reported on a pregnant patient who was anxious about her pregnancy due to some issues she had had in the past and lack of assurances from her consultant. The patient was not willing to communicate her concerns to PALS and DP shared the contact with PALS the same day. The patient has subsequently been contacted by the relevant consultant obstetrician and any issues were quickly resolved to patient's satisfaction. AHP said she had no feedback to report on.	
	NA reported that feedback he receives patients and public is predominantly positive. He also reported on an issue of parking at West Middlesex Hospital and said that some patients run late for their appointment due to lack of parking space and others who due to pack of public parking space park in areas marked not for patients get issued a penalty ticket. He added that he has put a question forward for Governors' question for the 14 February Council of Governors.	
10.	Overview of membership activities 2018 (to date) – for information	
	VD introduced the paper by saying that it provides an overview of events linked to membership and engagement activities.	
	DP queried if the actual cost of CW & WM Christmas events 2018 is known. VD said that she had not had this information from the communication department.	
	Action: VD to ask the Communication Team for the actual cost of CW & WM Christmas events 2018.	
11.	Any other business	
	None.	
12.	Date of next meeting – 16 May 2019, 10.30-12.30	
	(Room A, West Middlesex Hospital site)	

The meeting closed at 12.05pm.



Council of Governors Meeting, 14 February 2019

AGENDA ITEM NO.	2.5/Feb/19
REPORT NAME	Draft minutes of the Council of Governors Quality Sub-Committee meeting held 1 February 2019
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Simon Dyer, Acting Chair
PURPOSE	To provide a record of any actions and decisions made at the meeting.
SUMMARY OF REPORT	This paper outlines a record of the proceedings of the Council of Governors Quality Sub-Committee meetings held 1 February 2019.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	For information.



NHS Foundation Trust

Minutes of a meeting of the Council of Governors Quality Sub-Committee Held at 10am on 1 February 2019

Attendees	Simon Dyer	Acting Chair (Patient Governor)	SD
	Nowell Anderson	Public Governor	NA
	Nigel Davies	Public Governor	ND
	Anna Hodson-Pressinger	Patient Governor	AHP
	Shan Jones	Director of Quality Governance	SJ
	Laura Wareing	Public Governor – London Borough of Hounslow	LW
	Chisha McDonald	Staff Governor – Allied Health Professionals, Scientific and Technical	CMD
	Sheila Murphy	Interim Company Secretary	SM
	Guy Pascoe	Public Governor – London Borough of Hammersmith and Fulham	GP
In attendance	Vida Djelic (Minutes)	Board Governance Manager	VD
Apologies	Nathan Askew	Director of Nursing CW	NA
-	Sonia Richardson	Patient Representative on the West London CCG	SR

1.	Welcome and Apologies	
	The Acting Chair welcomed members to the meeting. He particularly welcomed Shelia Murphy, Interim company Secretary to the meeting. Apologies that had been received are noted as above.	
2.	Minutes of previous meeting held on 7 November 2018	
	Minutes of the previous meeting were accepted as a true and accurate record of the meeting subject to the following changes: • p.5, first para remove 'is taken' • p.5 last para, replace 'infection', with 'hygiene' • p.6, second para, add 'families' after 'colleagues' • p.6 item 9, first line, replace 'that' with 'the'	
3.	Matters Arising	
	The sub-committee noted that all actions were completed and updates provided in the paper.	
	Regarding action 5, VD said that governors will be invited to participate in ward accreditation upon successful completion of mandatory training.	
	In noting that LW is a governor representative on the Falls Steering Group, SD invited her to briefly update the sub-committee on the work of the group.	

LW fed back from attending the Falls Steering Group and highlighted the following points:

- The Group defined what being at risk of falls means
- Preventing falls training module was created
- Communication channels to staff were confirmed
- Learning from falls serious incidents was considered

AHP asked the sub-committee if it would be helpful to receive a report from the End of Life Care Group.

The sub-committee agreed that both falls and end of life care reports should be put on the forward plan.

Action: VD to add the Falls Steering Group and the End of Life Care Group reports as Standing Items for the forward plan.

4. Chair election

SD introduced the item noting that as administered in the past the process of electing a chair is conducted at the meeting of the sub-committee.

AHP proposed GP. GP expressed that he has recently moved from the public constituency in which he was originally elected and that he may not be eligible.

SD proposed LW. The sub-committee supported SD's proposal. LW agreed. The sub-committee confirmed that LW has been elected as the new Chair.

5. Review of the Quality Sub-Committee Terms of Reference

SD advised that the Sub-Committee's Terms of Reference have been updated to reflect the fact that the sub-committee do not have decision making power and that any points of recommendation should be made to the full Council of Governors for ratification. The frequency of meetings section has also been update to align it to Council of Governors meetings.

VD added that in line with the annual review process of COG Sub-Committees' Terms of Reference, the revised Terms of Reference will be taken to the April Council of Governors meeting for endorsement.

SJ queried whether the Medical Director representation is required considering that the Chief Nurse or a suitable deputy would be attending and it is also to reflect the fact that the Medical Director did not attend past meetings. She further queried the need to have Head of Clinical governance in attendance. She advised that the representation from nursing and clinical governance should be sufficient for the work of the sub-committee.

SJ also advised the sub-committee that she was retiring at the end of February and that Lizzie Wallman will be taking over the post. SD congratulated SJ for her support to the sub-committee and wished her well.

The sub-committee agreed the revised Terms of Reference subject to further changes as raised above.

VD

Action: VD to update the sub-committee terms of reference with the above agreed points.

6. Quarter 2 2017/18 Incident Summary Report

SJ introduced the report by explaining that every incident is assigned an incident level, denoting the reporting requirements and level of investigation expected with support and guidance from the Quality and Clinical Governance Department to determine the level of investigation once the incident has been reported on Datix. In addition a summary of serious incident investigations and any recommendations are included in a monthly Serious Incident report which is presented to the Patient Safety Group, Executive Board Quality Committee and Trust Board. The learning arising from serious incidents is also included in relevant divisional quality reports. The aim is to encourage Trust-wide learning as opposed to blame culture.

SJ highlighted the following points from the report:

- A total of 4,142 incidents were reported during Q2 which is an increase of 11% compared to the previous reporting period
- The top 5 incident categories in Q2 include: Pressure Ulcers, Maternity incidents, Medication incidents, Patient Falls and Access to care/admissions.
- Chelsea and Westminster Hospital reported 4,977 patient safety incidents (rate
 of 32.14 per 1,000 bed days) during the last National Reporting Learning System
 (NRLS) reporting period between 1 October 2017 and 31 March 2018.
- The median reporting rate is 42.55 incidents per 1,000 bed days.
- There has been a 16% increase in the number of incidents reported by Consultants
- A 51% increase in the number of medication incidents reported by WMUH
- Number of incidents reported in Q2 was presented in SPC chart (graph 1) which
 is very useful way of looking at data to establish whether there is variation in the
 trend and suggested if required Dr Roger Chinn could provide a demo of how this
 works.

The sub-committee felt that it would be useful to receive a demo of SPC charts at a future meeting.

Action: VD to invite Dr Roger Chinn to a future meeting to explain how SPC charts work.

NA said he had to leave the meeting early and wanted to share two points with the sub-committee:

- He fedback that generally he received positive feedback from patients about treatment, however he has had some comments about administration of appointment booking. SD added that this is a subject that has been reviewed by the Sub-committee, and would continue to be so.
- He also fed back an issue of lack of patient/public parking space on West Middlesex site

VD confirmed that NA's question regarding parking at West Middlesex has been included in Governors' question for 14 February Council of Governors meeting and a written response will be provided.

7	Lagrania of from a considerate	
7.	Learning from complaints	
	SJ introduced the report on behalf of Nathan Askew and highlighted the Trust's strong performance against 2 working day acknowledgement which exceeds the Trust's target of 93%. Compliance with the 25 working days response time has improved to 87%, however the Trust is aspiring to further improve this position. She noted that the top three reasons for complaints are communication, values and behaviours and appointments.	
	 Highlights included: In December 2018, 55 complaints were received, which is a 6% increase compared to the number of complaints received in December 2017. However there was a reduction in the number of complaints received during August and September 2018. During December 2018, Planned Care Division received 22 complaints and Emergency and Integrated Care Division received 16 complaints (70% of complaints received). 65% of complaints received are linked to Chelsea and Westminster site and 35% to the West Middlesex site. 	
	GP referred to table 3 and 4 and asked if further breakdown of subject within subcategory can be included in future reports so that it can be easy identified if and how sub-categories interrelate. SJ explained that the complaints recorded on the system are broken down in two sub-categories and any information below that level would be available on Datix. She undertook to provide the top six categories and a sub-category against them at the next meeting. Action: NA to provide the top 6 categories and a sub-category against them at the next meeting.	NA
	GP queried why some complaints take longer than 25 days to respond to. SJ explained that it depends on the nature of complaint and some complex complaints, part of which relate to different issues, take longer than others to investigate and respond to.	
	GP complimented Trust-wide performance in the area of informal concerns being responded to within five working reaching 69% in December 2018. SJ said that improved performance in this area was due to refocused thinking of roles and responsibilities within the PALS team.	
	GP further queried if there has been variation between the two main hospital sites. SJ undertook to check this and provide to the sub-committee at the next meeting. Action: NA to provide a breakdown of informal concerns performance by site at the next meeting.	NA
8.	Quality Priorities 2019/20, including 8.1 Governors' chosen indicator for the Quality Account 2018/19	
	The sub-committee noted the report providing an overview of the suggested Trust Quality Priorities for 2019/20 which was going to the 5 February Quality Committee for discussion and endorsement.	
	SJ noted a suggested list of 6 Trust Quality Priorities and a further list of divisional quality	
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	priorities that are considered high priority for improvement which will form part of the divisional improvement plans. SJ highlighted that the Quality Priorities have been aligned to improving Patient Safety,	
	Clinical Effectiveness or Patient Experience and will report quarterly to the relevant subgroup of the Quality Committee or the Improvement Board, this is to be confirmed.	
	SD reminded the sub-committee that falls was selected and agreed as a governor quality indicator in July 2018.	
9.	Integrated Performance Report – for information	
	SJ noted that although overall the Trust's performance is still one of the best in London and nationally, in November 2018 it struggled with the A&E standard. The RTT target was achieved in November for the Trust, with performance of 92.33%.	
	The sub-committee noted that the Trust exceeded its target for statutory training compliance for six months.	
10.	Governor's patient story and feedback on patient contacts	
	LW reported on feedback received from the mother during an inpatient stay with her baby in December 2018 which highlights how lack of communication between different hospital departments affect patient experience.	
	SJ undertook to check the arrangements for joint working between the departments concerned. Action: SJ to check the arrangements for joint working between the departments concerned and feedback to LW.	
11.	concerned. Action: SJ to check the arrangements for joint working between the departments	
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	concerned. Action: SJ to check the arrangements for joint working between the departments concerned and feedback to LW. Forward Plan The sub-committee noted that the forward plan for the year has been prepared which will be reviewed and agreed with the new Chair Laura Wareing. The sub-committee suggested the following items to be added to the forward plan: • Falls Steering Group update • End of Life Care Group update • Test Bed Steering Group update Action: VD and LW to discuss and update the forward plan as required.	

The meeting closed at 12.00.

High Level Meetings 19/20

	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Board PUBLIC	07-Mar		02-May		04-Jul		05-Sep		07-Nov		09-Jan		05-Mar
	11.00-13.30		11.00-13.30		11.00-13.30		11.00-13.30		11.00-13.30		11.00-13.30		11.00-13.30
	CW Boardroom		WM Room A		CW Boardroom		WM Room A		CW Boardroom		WM Room A		CW Boardroom
Lead Governor & COG Informal Meeting		25-Apr			25-Jul			31-Oct			30-Jan		
		15.00-16.00			15.00-16.00			15.00-16.00			15.00-16.00		
		CW Boardroom			WM Room A			CW Boardroom			CW Boardroom		
Council of Governors		25-Apr			25-Jul			31-Oct			30-Jan		
		16.00-18.00			16.00-18.00			16.00-18.00			16.00-18.00		
		CW Boardroom			WM Room A			CW Boardroom			CW Boardroom		
COG Away Day 2018									21-Nov				
									10.00-16.00				
									Venue: TBC				
Annual Members' Meeting							05-Sep						
							17.00-18.30						
							WM Restaurant						
NED/COG Informal Meeting		25-Apr						31-Oct					
		18.00-19.00						18.00-19.00					
		CW Boardroom						CW Boardroom					
COG Agenda Sub-Committee	14-Mar			20-Jun			25-Sep			12-Dec			19-Mar
	16.00-17.00			16.00-17.00			16.00-17.00			15.00-16.00			16.00-17.00
	CW Boardroom			CW Boardroom			CW Boardroom			CW Boardroom			CW Boardroom
COG Quality Sub-Committee				28-Jun			13-Sep			4-Dec			27-Mar
				10.00-12.00			10.00-12.00			10.00-12.00			10.30-12.30
				WM Room A			CW Boardroom			WM Room A			CW Boardroom
COG Membership & Engagement Sub-			16-May						14-Nov				
Committee			10.30-12.30						10.30-12.30				
			WM Room A						CW Boardroom				
NED/Governor Strategy and Representation		03-Apr							21-Nov				
Group		16.00-17.00							Part of Away Day				
		CW Boardroom											
Briefing sessions – performance, workforce,				27-Jun			26-Sep			5-Dec			12-Mar
finance & quality				16.00-17.00			16.00-17.00			16.00-17.00			16.00-17.00
				CW Boardroom			CW Boardroom			CW Boardroom			CW Boardroom