## Chelsea & Westminster Hospital NHS Foundation Trust Council of Governors

Room A, West Middlesex Hospital 25 July 2019 16:00 - 25 July 2019 18:00





## COUNCIL OF GOVERNORS 25 July 2019, 16.00-18.00 Room A, West Middlesex Hospital

## Agenda

15.00 – 15.50		Lead Governor and COG Informal Meeting PRIVATE (attended	l by the Lea	nd Governor and G	overnors only)
	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 25 April 2019, including 1.3.1 Action Log 1.3.1.1 Disclosure of Governor attendance 1.3.1.2 Governors' Qualification, Experience and Skills audit 1.3.2 Governors' iLog	Report Report Report Report	For Approval For Approval For Information For Information	Chairman
	1.4	QUALITY			
16.15	1.4.1	Audit and Risk Committee Report to Council of Governors	Report	For Information	Nick Gash, NED, supported by Chief Financial Officer
16.30	1.5	Our workforce, including Health and Wellbeing	Report	For Information	Nick Gash, NED, supported by Director of HR & OD
16.45	1.6	Non-Executive Director Nominations and Remuneration Committee - Update on recruitment of Non-Executive Director and possible approval - Review of Terms of Reference	Report	For Discussion /Approval	Lead Governor / Chairman
16.55	1.7	COG sub-committees:  1.7.1 Membership and Engagement Sub-Committee report - June 2019, including the Membership and Engagement	Report	For Approval	Chair of Membership Sub-Committee
		Strategy & Action Plan (for approval)  1.7.2 Quality Sub-Committee report – June 2019	Report	For Information	Chair of Quality Sub- Committee
	2.0	PAPERS FOR INFORMATION			
17.10	2.1	Chairman's Report, including feedback from the 6 June Board Away Day	Report/ Verbal	For Information	Chairman

17.20	2.2	Chief Executive Officer's Report	Report/ Verbal	For Information	Chief Executive Officer
17.30	2.3	Performance and Quality Report, including 2.3.1 People Performance Report	Report	For Information	Chief Executive Officer
17.40	2.4	Council of Governors election November 2019 - update	Report	For Information	Company Secretary
	3.0	OTHER BUSINESS			
17.45	3.1	Questions from the governors and the public	Report/ Verbal		Chairman
17.55	3.2	Any other business	Verbal		Chairman
18.00	3.3	Date of next meeting – 31 October 2019, 16.00-18.00 Boardroom, Chelsea and Westminster Hospital			

<sup>\*</sup>Items that have been starred will not be discussed, however, questions may be asked.



## Council of Governors – Attendance Record 2019/20

Governor	Category	Constituency	24.04.18	27.07.18	31.10.19	30.01.20	TOTAL to date	21.11.19 Away Day
Nowell Anderson	Public	Hounslow	Х				0/1	
Richard Ballerand	Public	Kensington and Chelsea	/				1/1	
Juliet Bauer	Patient		Х				0/1	
Tom Church	Patient		X				0/1	
Nigel Davies	Public	Ealing	<b>✓</b>				1/1	
Christopher Digby-Bell	Patient		<b>✓</b>				1/1	
Simon Dyer	Patient		<b>✓</b>				1/1	
Angela Henderson	Public	Hammersmith and Fulham	<b>✓</b>				1/1	
Anna Hodson-Pressinger	Patient		1				1/1	
Elaine Hutton	Public	Wandsworth	/				1/1	
Jodeine Grinham			X				1/1	
Kush Kanodia	Patient		/				1/1	
Paul Kitchener	Public	Kensington and Chelsea	/				1/1	
Minna Korjonen	Patient		<b>✓</b>				1/1	
Johanna Mayerhofer	Public	London Borough of Richmond upon Thames	<b>✓</b>				1/1	

Chisha McDonald	Staff	Allied Health Professionals, Scientific and Technical	<b>√</b>	1/1
Mark Nelson	Staff	Medical and Dental	1	1/1
Fiona O'Farrell	Public	London Borough of Richmond upon Thames	1	1/1
Jennifer Parr	Staff	Management	<b>✓</b>	1/1
David Phillips	Patient		/	1/1
Tom Pollak	Public	Wandsworth	<b>✓</b>	1/1
Cllr Patricia Quigley	Appointed	London Borough of Hammersmith and Fulham	<b>✓</b>	1/1
Sonia Samuels	Public	City of Westminster	Х	0/1
Jacquei Scott	Staff	Nursing and Midwifery	Х	0/1
Dr Desmond Walsh	Appointed	Imperial College	<b>✓</b>	1/1
Laura Wareing	Public	Hounslow	<b>✓</b>	1/1



## **DRAFT**

## MINUTES OF THE MEETING OF COUNCIL OF GOVERNORS 25 April 2019, 16.00 – 18.00

## **Boardroom, Chelsea & Westminster Hospital**

Present:	Jeremy Jensen	Deputy Chairman	(11)
	Richard Ballerand	Public Governor	(RB)
	Nigel Davies	Public Governor	(ND)
	Christopher Digby-Bell	Patient Governor	(CDB)
	Simon Dyer	Lead Governor/Patient Governor	(SD)
	Angela Henderson	Public Governor	(AH)
	Anna Hodson-Pressinger	Patient Governor	(AHP)
	Elaine Hutton	Public Governor	(EH)
	Kush Kanodia	Patient Governor	(KK)
	Minna Korjonen	Patient Governor	(MK)
	Paul Kitchener	Public Governor	(PK)
	Johanna Mayerhofer	Public Governor	(JMa)
	Chisha McDonald	Staff Governor	(CMD)
	Professor Mark Nelson	Staff Governor	(MN)
	Fiona O'Farrell	Public Governor	(FOF)
	Jennifer Parr	Staff Governor	(JP)
	David Phillips	Patient Governor	(DP)
	Tom Pollak	Public Governor	(TP)
	Cllr Patricia Quigley	Appointed Governor	(PQ)
	Dr Desmond Walsh	Appointed Governor	(DW)
	Laura Wareing	Public Governor	(LWa)
In attendance:	Lesley Watts	Chief Executive	(LW)
	Sandra Easton	Chief Financial Officer	(SE)
	Nick Gash	Non-executive Board member	(NG)
	Steve Gill	Non-executive Board member	(SG)
	Eliza Hermann	Non-executive Board member	(EH)
	Pippa Nightingale	Chief Nursing Officers	(PN)
	Liz Shanahan	Non-executive Board member	(LS)
	Thomas Simons	Director of HR & OD	(TS)
	Vida Djelic (Minutes)	Board Governance Manager	(VD)
Apologies:	Sir Thomas Hughes-Hallett	Chairman	(THH)
	Nowell Anderson	Public Governor	(NA)
	Juliet Bauer	Patient Governor	(JB)
	Tom Church	Patient Governor	(TC)
	Jodeine Grinham	Staff Governor	(JG)
	Sonia Samuels	Public Governor	(SS)
	Jacquei Scott	Staff Governor	(JS)
	Sheila Murphy	Interim Company Secretary	(SM)

	Public Session
1.0	STATUTORY/MANDATORY BUSINESS
1.1	Welcome and apologies for absence
	JJ welcomed members and attendees to the meeting and apologies for absence were noted as above.
1.2	Declarations of interest

None.

## 1.3 Minutes of the previous meeting held on 14 February 2019 and Action Log

Minutes of the previous meeting were approved as a true and accurate record, subject to the following change:

- p.6, item 3.2, first line, replace 'AH' with 'AHP'.

JJ highlighted that all green rated actions have been either completed or actioned appropriately. He focused on actions which were still open and the following updates were received:

Action 3.2 – DP stated that he had been told by a patient that blankets were light weight and short in supply. PN clarified that there was an unlimited supply of blankets in the hospital and explained that they are light weight for the reason of easy washing; she further added that thick and warm blankets increase a risk of patient acquiring pressure ulcers. DP further stated that the comment was received from the patient during cold winter period and the patient felt the thickness of blanked did not match the season. LW further clarified that it is important to ensure that hospital blankets meet infection control criteria; a research on the weight of a blanket was undertaken couple of years ago and hospital blankets comply with the outcome of this research. She added that she has personally checked supply of blankets and did not find any shortages in hospital.

JJ thanked DP for raising the issue and the Executive for looking into it. He encouraged DP to get in touch with the Executive colleagues directly should the need arise with such issues in the future.

Action 1.4.1 – LW clarified that this action is linked to staff survey and a paper will be brought to a future Council of Governors meeting. SG informed the governors that a comprehensive discussion on the survey results took place at the March People and Organisational Development Committee (PODC). Subsequently, divisional action plans to address the survey results were shared with the PODC at its April meeting with a discussion being planned on the implementation timetable for the May PODC; if required it will also be discussed by the Board at its June Away Day.

JJ concluded that staff survey results including the action point on potential correlation between workforce and race discrimination will be brought to the July Council of Governors.

Action: TS to bring staff survey results paper including the action point on potential correlation between workforce and race discrimination to the July Council of Governors.

Action 1.5 - JJ noted that a finance session to go through the operational plan has been confirmed for 17 May 2019.

Action 2.1 – JJ confirmed that Associate NED post will be considered by the Nominations and Remuneration Committee with a recommendation being brought to the Council of Governors in due course.

Action: The Council of Governors Nominations and Remuneration Committee to consider and come back with a recommendation. (THH)

Action 2.5 – AH, AHP and LW expressed interest in attending dementia training. Governors were encouraged to send expressions of interest to VD.

#### COG Away Day agreed actions

In response to the action regarding option for mandatory disclosure when seeking re-election, JJ invited governors' views.

KK felt it was a useful metric for members to understand how many meetings governors standing for reelection attended before casting their vote. EH suggested that this might be done in coordination with the Lead Governor providing feedback to governors standing for re-election however KK suggested there was a risk it would be perceived as a subjective decision. In the spirit of transparency MK supported the view of attendance disclosure when seeking re-election. AH suggested the importance of attending COG meetings could be highlighted at the Governor induction process. ND commented that in some circumstances the reason for absence could be described on the attendance register. JJ supported a view that governors draw attention to attendance in their election statements if they wish and where it is not disclosed members can request a copy of governor attendance.

JJ concluded the discussion by asking for a paper to be brought up to the Council of Governors for consideration which would take account of the Governors' suggestions and provide some options.

Action: SM to bring a paper to the Council of Governors for consideration which would take account of the Governors' suggestions and provide some options.

Action relating to reporting discussion of informal governor meetings – SD confirmed that these meetings are informal in its nature and there is no need for formal reporting.

#### Gov iLog

JJ noted the Trust response on iLog matters was provided and invited any further questions. In response to DP, LW replied that the Trust had been in contact with Moorfields Hospital and highlighted the importance of working collaboratively with other providers.

KK said he had observed that the quality of food served in West Middlesex Hospital restaurant was slightly higher than in Chelsea and Westminster Hospital restaurant. LW said that the restaurant is well used and is always full during meal times. PN added that three is a limited choice of nearby food outlets at West Middlesex, staff usage of the restaurant is higher than on the Chelsea site, however LW confirmed this will be looked into. JJ asked that feedback is shared with ISS staff.

Action: PN to share feedback with ISS staff.

## 1.5 Draft Quality Report 2018/19, including Draft Governor Commentary on the Quality Report 2018-19

EH introduced the report by saying that from her perspective, as the Chair of the Quality Committee (a Trust Board Committee), it was a good year and the Trust achieved Good CQC rating; all this had a positive impact on staff morale and work environment.

Trust's five quality priorities including achievement against these priorities are included in the report. EH highlighted good progress with implementation in National Safety Standards for Invasive Procedures (NatSSIPS) and local safety Standards for Invasive Procedures (LocSIPPS) so theatre safety standards are met across the trust in all areas where invasive procedures are performed. However, the Trust has not achieved its objective to reduce number of falls; there is also a challenge with achieving a reduction in the number of patients with an e-coli infection as the majority of e-coli infections are community acquired, however, the Trust is committed to ensuring there is a reduction in hospital acquired e-coli infections.

The Trust has regularly met all national performance targets and is one of the top ten best performing Trusts in the country. EH was pleased with the progress on developing and delivering its Recruitment and Retention Strategy and in particular with the Trust having one of the lowest nursing and midwifery vacancy rates in London. To support its staff the Trust has further plans to increase and broaden the scope and roles

undertaken by volunteers.

EH concluded her presentation of the report by saying that even though there are number of good quality performance indicators, there are some improvements to be made with reducing number of never events relating to theatre processes and said she hoped governors are proud that the Trust is providing good patient care most of the time and where it is not it is on the trajectory to improve.

PN further commented on the report by saying that it was produced in the national template and timeframe; final Q4 data is not included due to an early timeframe for publishing this report; since it has been published the data has been updated. Highlights provided include:

- Stakeholder quality statements are due in, one of which is Governor statement
- Year in photos
- 2 year quality
- Work undertaken on reduction in E-Coli infections
- Staff and stakeholders shaping services event
- Governors support with the piece of work around frail and population

DP referred to the complaints procedure and noted that he has been impressed by a positive feedback from patients advising him that the response time has improved.

In response to MN's query regarding responsibility for the compliance with VTE assessments including appraisals and setting targets. LW replied that the overall responsibility sits with consultants and that this subject was discussed at the 17 April Executive Management Board. The Divisional Medical and Nursing Directors were asked to complete a review of the consistency and visibility of recording VTE on the wards. EH added that this was on the Quality Committee's list of concerns and this subject was discussed 3 to 4 times over the last 2 years by the Committee. PN explained that a long term solution is in place which will be helped by CERNER EPR.

PK asked how the Trust managed to improve its rating from requiring improvement to good and whether it shared its experience with other foundation trusts in the country for wider learning. PN replied that the Trust its good practice and in particular ward accreditations tool was shared with the Regulator NHS Improvement.

AHP queried how the Trust managed to get the lowest vacancy rate in London; she also queried the reasons for not being able to bring down e-coli rates and how this might improve. In response to having the lowest vacancy rates EH said that it was a multi-person approach; time to recruitment has also been reduced and overseas recruitment has been successful and the latest update on recruitment which was provided to the 24 April PODC was very encouraging. It is also helped by good nursing leadership. PN linked to it by saying that more nurses are being recruited and trained at the Trust which indicates that we are an employer of choice and our reputation is good. A number of initiatives undertaken, some of which include two year nurse training programme, apprenticeship training, financial advice support etc. In response to AHP asking why it was difficult to meet the e-coli target PN replied that the target was set on a national level and due to the way bacteria is acquired it is difficult to establish those patients that acquired it before being admitted to hospital. The Trust is working collaboratively with other health providers on tackling this issue.

#### 1.4 **QUALITY**

1.4.1 Finance and Investment Committee (FIC) Report to Council of Governors, including Draft Month 12 Financial Position and Annual Plan submission to NHSI

SE took the Council of Governors through the year's financial results and explained that figures were subject to audit and the Board approval at its Extraordinary meeting on 24 May.

SE noted that Trust was reporting a surplus of £9.9m, £36.3m of which was due to property revaluation which resulted in impairment. This meant an adjusted surplus of £46.2m. The Trust received the allocated £19.9m PSF funding and an additional incentive PSF funding totalling £8m. Based on its good performance, post year end the Trust also received an additional £13.6m of PSF funding from the Department of Health and Social Care. This additional funding is not guaranteed every year and hard work is required in order become eligible to qualify for it. SE advised that the underlying position for 2018/19 without exceptional and other non-recurrent income and expenditure was a deficit of £26.8m. This figure indicates the risk to the Trust's sustainability in the longer term.

In response to EH's comment that the revaluation figure was high, SE said the previous year figure was higher and this is due to revenue and asset base.

SE advised that the donated asset exceptional item relates to the ICU/NICU project investment which has been funded by CW+ donation; this figure is excluded from our financial control total. She further advised that the Trust delivered Cost Improvement Programmes (CIP) of £25.2m, which was above the target agreed last year. This allowed for the largest investment of £51.2m in the capital programme, key items of which were NICU/ICU project (£6.9m), Electronic Patient Record (£11m), updating medical equipment (£3.4m) and maternity modular building (£10.8).

SE presented the Annual Plan as submitted to NHSI and highlighted the following:

- The Trust is planning for a surplus for £16.8m
- Rating 1 for use of resources
- CIP Target of £25.1m
- £37.1m Capital Programme

SE noted that the governors have been invited to the 17 May finance session which has been schedule to take them through the annual plan in detail.

CDB expressed concern regarding the £36.2m impairment valuation to which SE commented that the Trust has an independent expert valuation every 2/3 years. She further stated that there is correlation between the property value and dividends paid to government; the higher the value of the property the higher dividend is paid.

In response to KK SE confirmed that the same independent expert is not used for each assessment with the Trust went to tender last year. SE explained that the property, plant and equipment valuation is undertaken as part of the annual audit process. NG informed the governors that the Audit and Risk Committee had an in depth discussion on this subject at its last meeting held on 27 March.

In response to AHP asking how much money the Trust generates from the car park JJ replied that this information will be provided at the July Council of Governors meeting.

Action: SE to provide the figure on how much income the Trust generates from its car park.

JJ updated the Council of Governors on the work of Finance and Investment Committee (FIC) and expressed

how impressed he was with progress of the NICU/ICU project which has been sponsored by CW+; a tour was organised for the Board members earlier in April and he suggested that a similar tour is arranged for governors.

## Action: VD to invite expression of interests from governors for a NICU/ICU site visit.

JJ highlighted financial challenges faced by the Trust; the most significant challenge – increasing growth in A&E and UCC which costs the Trust £18m more every year than it receives in income.

JJ advised the Governors that the Committee has a large agenda; key items were detailed in the paper including:

- deep dives (which are attended by Executive Directors and Non-Executive Directors are invited to those meetings)
- business cases (the committee members often visit the parts of the hospital affected before the business case is presented)
- other items

AH referred to non-elective services and ambulatory care and asked about impact the services have made. JJ explained that the committee spends a considerable time reviewing the services. LW linked to it by saying that the introduction of Ambulatory Emergency Care Units helped the Trust respond to the continued increase in non-elective demand. AH further asked how the Trust measures impact. LW replied that the Chief Operating Officer has set up a number of measures but it is too early to comment on the results.

In response to CDB's question regarding national benchmarking productivity, JJ replied that there are a plethora of productivity measures against which the trust benchmarks its performance. One example is operating theatre utilisation which nationally has an upper quartile above 75% whereas the Trust's productivity is around 65% -75%.

CDB referred to operating theatres being used 24 hours a day in America and asked if there was consideration given to do something similar. LW explained that a number of things would need to be considered i.e staffing, monitoring outcomes and commissioners commissioning (which would be challenging under the current tariff system).

KK asked if expanding on research and development would help Trust improving its productivity, LW replied that the Trust is not doing commercial research; however implementing EPR will improve our services and deliver better care to patients.

In response to CDB's question regarding which Trust services are profitable, LW confirmed that it is elective surgery/planned care. SE linked to it by saying that this would be covered in more detail at 17 May finance session.

Action: SE to include service line profitability in presentation for 17 May finance session.

#### 1.6 Nominations and Remuneration Committee update

JJ noted that the Council of Governors at its private meeting held earlier in the afternoon discussed and agreed the Nominations and Remuneration Committee's recommendation to extend Chairman's term of office for up to three years.

JJ also noted that a clarification was sought on the point of a notice period for termination of Chairman's

	employment.
	Action: TS to provide clarification on a notice period for termination of Chairman's employment.
	In addition an update on the process for the appointment of Non-Executive Director was provided noting that a slight update to the timetable was required. TS noted that dates are being arranged with recruitment agency Odgers Berndtson which will be shared with the Nominations and Remuneration Committee. He further noted that a person specification is being prepared for Committee's consideration and as requested will also be shared with all governors.
1.7	COG sub-committees:
	1.7.1 Membership and Engagement Sub-Committee Terms of Reference
	This paper was noted and approved.
	1.7.2 Quality Sub-Committee Terms of Reference
	This paper was noted and approved.
2.0	PAPERS FOR INFORMATION
2.1	*Chairman's Report
	This report was noted.
2.2	*Chief Executive Officer's Report
	LW advised that so far it has been good start to the year and remarked on some challenges for the year ahead with the overall aim of the Trust remaining to deliver the best possible results for our staff and patients.
	In response to EH's question regarding LW's notice period, LW replied that it was six months.
	In response to AHP's question how much plastic surgery work the hospital covers, SE explained that plastic surgery is undertaken as private work.
2.3	*Performance and Quality Report, including
	The report was noted.
2.3.1	Workforce Performance Report
	The report was noted.
2.4	*Governors' Questions
	None received.
3.0	OTHER BUSINESS
3.1	Questions from the public

DP reflected on the recent news about non-disclosure agreements and Mr Matt Hancock's pledge to end the use of non-disclosure agreements that prevent NHS whistleblowers speaking out and asked if the Trust uses non-disclosure agreements. LW replied that this is only used in employment and commercial cases; however, it excludes the right to raise any issues relating to patients with external organisations (NHSI, CQC and third party organisations); there is a no gagging clause attached to such agreement.

TP said he found some of acronyms in the papers difficult to understand and asked this be expanded in future. JJ agreed.

Action: All authors of papers to ensure that any acronyms are fully explained in their papers.

DP commented on the hospital signage board which abbreviated St Marry Abbotts ward as SMA and asked this be expanded. LW thanked DP on his suggestion and said that this will be actioned accordingly.

TP said he observed that there is no sufficient number of bike racks at the front of the hospital. LW replied that there are plenty of bike racks in the hospital car park, however will look into bike racks availability outside the hospital.

Action: LW to look into bike racks availability outside the hospital.

Action: VD to add this issue to iLog.

Action: Consideration to whether St Mary Abbotts signage can be changed.

In response to KK concerning social responsibility for climate change, LS replied that the Trust meets requirements under the Climate Change Act and the Adaptation Reporting which is published in the Trust's Annual Report. In addition, the Trust works with a number of external organisations on this.

## 3.2 Any other business

AHP informed the governors that following the commemorative service at Westminster Abbey on 23 May she would be hosting a reception for governors and Board members at the Turf Club and warmly encouraged them to attend.

3.3 Date of next meeting – 25 July 2019, 16.00-18.00 Room A, West Middlesex Hospital

The meeting closed at 17.40



## **NHS Foundation Trust**

## Council of Govenrors – 25 April 2019 Action Log

Meeting Date	Minute number	Action	Current status	Lead
25 Apr 2019	1.3	Action log - staff survey results  Action: TS to bring staff survey results paper including the action point on potential correlation between workforce and race discrimination to the July Council of Governors.	On agenda 25/07/19	TS
		Associate NED post Action: The Council of Governors Nominations and Remuneration Committee to consider and come back with a recommendation.	This has ben postponed until the currently NED recruitment is complete	ТНН
		Disclosure of governor attendance Action: SM to bring a paper to the Council of Governors for consideration which would take account of the Governors' suggestions and provide some options on disclosure of governor attendance when seeking re-election.	18/07/19 see paper number 1.3.1.1 Disclosure of Governor attendance (for approval and discussion)	SM
		Quality of food served in hospital restaurant Action: PN to share feedback with ISS staff.	Complete	PN
	1.4.1	Draft Month 12 Financial Position and Annual Plan submission to NHSI Action: SE to provide the figure on how much income the Trust generates from its car park.	C&W £1,384,706, WMUH £902,015, Total £2,286,721	SE
		Action: VD to invite expression of interests from governors for a NICU/ICU site visit.	Complete Visit scheduled 04/07/19, further visit to be confirmed in September	VD
		Action: SE to include service line profitability in presentation for 17 May finance session.	Complete	SE

Meeting Date	Minute number	Action	Current status	Lead
	1.6	Nominations and Remuneration Committee update  Action: TS to provide clarification on a notice period for termination of Chairman's employment.	Confirmed – 6 month notice period.	TS
	3.1	Questions from the public Action: All authors of papers to ensure that any acronyms are fully explained in their papers.	Complete - List of acronyms to be circulated ahead of public meetings	SM
		Action: LW to look into bike racks availability outside the hospital.	Logged on iLog	LW
		Action: VD to add the issue of supply of bike racks at the front of the hospital to iLog.	Complete	VD
		Action: Consideration to whether St Mary Abbotts signage can be changed.	Logged on iLog	LW
14 Feb 2019		Governor/Member engagement Action: THH, SG and DP would discuss member engagement.	Closed; Membership and Engagement Sub-Committee report - June 2019, including the Membership and Engagement Strategy (for approval) on agenda 25/07/19	THH/SD/DP
		Action: THH and Company secretary would provide support to SD engaging with other relevant teams such as Comms, CW+ and PALs.	As above	THH/SMM
29 Nov 2019	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.	Governors' Qualification, Experience and Skills audit paper on agenda 25/07/19	SMM/VD
		Action: JM/VD to gauge interest in Alzheimer Society training and organise accordingly.	So far no interests expressed from Governors. Action to be closed on 30 April.	SMM/VD

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

Action	Status	Owner
<b>Director's updates:</b> 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.	SMM/VD
Directors' updates:  Circulate the WRES report discussed at November Public Board to Council of Governors.	Complete.	SMM
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.	SMM
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 the agenda for the 2019 Annual Members meeting .	SMM
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.	SMM
	Paper proposing options is on the agenda for 25/07/19 for discussion and approval	SMM
Effectiveness session: Development of an issue log.	Ilog is a regular item on the COG agenda	SMM/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: Governors unable to attend informal Governor meeting to provide comments in advance to Lead Governor.	As required.	Governors
Effectiveness session: Dial in details to be provided for informal Governor meetings.	Complete. These will be available at every informal meeting.	VD
Effectiveness session: Lead Governor and Chairman to discuss manner of reporting discussion of informal Governor meeting.	Complete. No formal reporting is required.	THH/SD
Effectiveness session: Executive to consider alternative venues for Council of Governor meetings (ie alternative either Chelsea and Westminster Hospital or West Middlesex Hospital).	Ongoing.	VD
Effectiveness session: New Governors to be offered optional 'buddy'.	Complete. Invitation offered to new Governors.	SMM
Effectiveness review: Governors to 'buddy up' to deliver 'Meet a Governor' sessions.	As required.	Governors
Effectiveness review: Governors to reflect on Chairman attendance at biannual informal meeting with Trust non-executive directors.	The decision has been taken that the Chairman attends biannual informal meetings.	SD



## **Council of Governors Meeting, 25 July 2019**

AGENDA ITEM NO.	1.3.1.1/Jul/19
REPORT NAME	Disclosure of Governor attendance
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Sheila Murphy, Company Secretary
PURPOSE	To address the action point 1.3 from the 24 April 2019 Council of Governors meeting relating to greater transparency on Governor attendance when seeking reelection.
SUMMARY OF REPORT	An initial discussion took place at the November 2018 Council of Governors Away Day on the need for greater transparency on Governor attendance, including the option for mandatory disclosure when seeking re-election.
	As a result, the register of attendance at Council meetings is attached to every Council of Governors agenda and it is included in Council of Governors meeting pack. Additionally, attendance records of Governors are reported within the Annual Report, as required by the Foundation Trust Code of Governance.
	On the point of mandatory disclosure of attendance at Council meetings when seeking re-election, the Trust's constitution is silent on this point. Furthermore, we had consulted the Retuning Officer, Electoral Reform Services, and they confirmed that no Trusts have it in their election rules and that they had no view on this.
	We performed further research on this and found that only a small number of Foundation Trusts request attendance disclosure for election purposes.
	After evaluating the outcome of our research, we would like to propose the following three options for Council's consideration:
	<ol> <li>The Board Governance Manager to actively encourage governors standing for re-election to declare their attendance as part of the election process.</li> </ol>
	<ol> <li>The Guidance for prospective governors document to be updated to include the requirement for disclosure of Governor attendance when seeking re-election.</li> </ol>
	<ol> <li>Include the mandatory requirement in the Council of Governors Standing Orders of the Trust's Constitution. If the Governors are of the opinion that it should be mandatory, discussion would need to take place with a view to amending the Council of Governors Standing Orders.</li> </ol>
KEY RISKS ASSOCIATED	None.



FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	Note any equality & diversity implications, not covered in above.
LINK TO OBJECTIVES	All
DECISION/ ACTION	For discussion and agreement.





## **Council of Governors Meeting, 25 July 2019**

AGENDA ITEM NO.	1.3.1.2/Jul/19		
REPORT NAME	Governors' Qualification, Experience and Skills audit		
AUTHOR	Vida Djelic, Board Governance Manager		
LEAD	Emily Clayton, Deputy Company Secretary		
PURPOSE	To address the action point which arose in November 2018 which relates to involving Governors in hospital activities.		
SUMMARY OF REPORT	Our Trust is keen for our Council of Governors to maximise their impact for the benefit of patients. This audit will help in understanding Governors areas of interest and skills that can be usefully applied within the Hospital activities. In addition this can inform Governor work and development programme.		
	An effective Council of Governors has individuals with a good range of skills and qualities, and a variety of professional and personal experience. A skills audit is a useful tool for mapping out the skills and expertise to see if we have the right mix and to identify any gaps in the overall skills of our Governors.		
	Within that context, we have adapted an earlier version of Governors' qualification, experience and skills audit form.		
	Use the form below to indicate where you feel you have qualification, experience or skills which would support your role as a Foundation Trust Governor.		
KEY RISKS ASSOCIATED	None.		
FINANCIAL IMPLICATIONS	None.		
QUALITY IMPLICATIONS	None.		
EQUALITY & DIVERSITY IMPLICATIONS	N/A		
LINK TO OBJECTIVES	All.		

DECISION/ ACTION	Governors are asked to note this paper and to complete and submit the form to Emily Clayton, Deputy Company Secretary (Emily.Clayton@chelwest.nhs.uk) by Friday 2 August 2019.
------------------	--



Name:

Date:

## Governors' Qualification, Experience and Skills audit

(Type into the boxes which will expand as you type)					
	Qualification	Experience	Skills		
Administration					
Human Resources					
Education					
Finance					
IT					
Law					
Medicine					
Management i.e finance, risk, strategy					
Marketing/communications					
Equality and Diversity					
Community engagement					
		•			

## Motivations/personal attributes/interests/experience that you could contribute as a Governor:

- Working as part of a team
- Communication oral
- Communication written
- Influencing and negotiating
- Public speaking
- Chairing meetings
- Governance
- Voluntary sector
- Board/committee experience
- Recruitment, selection, interviewing
- Collection, analysis/use of information
- Team development
- Partnership working

Key areas for development as a Governor:					

Please return the form to Emily Clayton, Deputy Company Secretary (<a href="mailto:Emily.Clayton@chelwest.nhs.uk">Emily.Clayton@chelwest.nhs.uk</a>) by Friday 2 August 2019.



## **Council of Governors Meeting, 25 July2019**

AGENDA ITEM NO.	1.3.2/July/19
REPORT NAME	Governor iLog
AUTHOR	Sheila Murphy, Interim Company Secretary
LEAD	Chairman
PURPOSE	To advise the Council of Governors on the iLog matters.
SUMMARY OF REPORT	As enclosed.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	N/A
LINK TO OBJECTIVES	All.
DECISION/ ACTION	To note the information and comment as necessary.



## **Governor iLog**

#### Introduction

The Council of Governors at its November 2018 Effectiveness session had suggested an issue log should be developed. The Trust 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 Council of Governors at its February 2019 meeting supported the idea of adopting the iLog.

Tabled below are ideas, innovations and issues raised with or by Governors since February and are presented in a 'You Said We Did' approach.

iLog number	Date	'You said'	'We did'		
	and a further 82 cycle hoo		3 in nightingale place 2 outside Starbucks 5 outside A&E department		
	25/04/19	Consideration to whether St Mary Abbotts ward signage can be changed	Estates and facilities have been notified of the request and will action accordingly		
25/04/19 There was a feeling that the TV –screens outside-service should be obliged to respond promptly if they want a hospital as a client. It there anythign1/we can do to help you impress this upon the patient experience. There		The Director of ICT and Operations has raised concerns with Hospidia (service provider) and explained the impact on patient experience. There is also a longer term plan to replace these systems in their entirety			
		The other thing that came up was the number of lifts out of order for several days. Again, there was concern at the delay in repairing and why two bank should be out of action at the same time	Mark Lyn is working on a programme to upgrade the lifts. There has been a delay in delivering the spare parts required. To resolve this, a list of critical spares has been made and an		

			order placed
	24/04/19	Several Governors complained about the food quality delivered at	Marie Courtney met with DP and the Chefs at C&W to go
		C&W compared with the quality at WM	through the menus and options available.
1/Feb/19	18.02.19	I wondered if you had considered approaching Moorfields to run and expand the ophthalmic service on the first floor at C&W site.  I was an out-patient at Moorfields St George's but was moved to the main Moorfields hospital at City Road a year ago when renovation work took place. Moorfields City Road was vastly oversubscribed and a four hour wait not unusual. That prompted me to move to C&W where the treatment and support are excellent.  That said, it feels like a slightly underutilised facility. It occurred to me that the Moorfields 'brand' might be a benefit to the hospital both in terms of revenue and by attracting new patients into the hospital.	
2/Feb/19	15.02.19	Who is responsible for the catering quality at the C&W site, please? I've eaten there a few times recently and been disappointed by the poor cooking, although the front-line staff are very pleasant. There is also an emphasis on chips rather than more healthy alternatives. I did noticed on two recent occasions that the single pudding offer had finished by 1.30 and no replacement was automatically forthcoming. Is there a possibility of an anonymous or unannounced check on the quality?	As part of monitoring of catering service for staff and visitors in the restaurant, inspections and audits are carried out to assess compliance against contract specifications which include quality of food served and compliance with CQUIN which incorporates provision of healthy options. Following the issue raised, a meeting was held with retail management to ensure menu items are available throughout hours of service and regularly replenished.





## Audit and Risk Committee (ARC) Chairman's Report to Council of Governors July 2019

## The Committee Chairman - Nick Gash

I have been a Non-executive Director of the Chelsea and Westminster Foundation Trust for 3 ½ years having been reappointed for a second 3-year term in November. I took over as Chair of the Audit and Risk Committee (ARC) in May 2018. This is my second report to the Council of Governors but my first covering a full annual audit cycle. I have previous experience of Audit in the NHS having served on the Audit Committee of West Middlesex University Hospital and in the private sector I was on the Audit Committee of Endsleigh Insurance Ltd.

As Chair of ARC I have held meetings with relevant executive directors, external auditors, internal auditors and the counter fraud team as well as keeping myself up to date myself with the latest published guidance for NHS audit as it is published.

## Committee role and membership

The ARC is directly accountable to Board and provides assurance that probity and professional judgement is exercised in all financial and operational areas governance. It is the only Board Committee which is made up of only NED members (executive directors attend but are not members)

The overall role is well described by the Healthcare Financial Management Association (HFMA):

"it is the 'lens' through which the Board examines the assurances it requires to discharge its duties."

To fulfil this role, we are supported by independent advisors who attend all ARC meetings: External auditors - **Deloittes**Internal auditors - **KPMG**Anti-fraud specialists - **KPMG** 

The other NEDs who sit on the committee are Nilkunj Dodhia and Andy Jones who replaced Liz Shanahan in March 2019

Executive support to ARC is provided by Sandra Easton (CFO) and Sheila Murphy (Company Secretary). Lesley Watts (CEO) also attends the committee with other members of the executive team.

#### Committee activities:

The committee meets five times a year on a cycle geared to the Trusts external reporting timetable - standing items on the ARC agenda include:

• External audit – most importantly the Annual Report and Accounts including the Quality Account but also our External Auditors maintain a watching brief and keep the committee abreast of regulatory requirements and any changes in reporting standards.

- Internal audit (annual workplan and in-year reporting) The non-statutory and discretionary work of the Audit and Risk Committee is agreed by the committee each year and forms the basis of the Internal Audit Plan carried out by KPMG.
- Scrutinising the Risk Register and Board Assurance Framework. It is worth noting here that ARC's role is not managing all of the risks, it is about providing assurance to Board that the governance processes are in place to ensure there is effective management of risk across the organisation.
- Counter fraud agreeing the annual work plan and receiving progress reports at every meeting.
- Oversight of losses and special payments including the writing off of any bad debts.

## **Review of Committee Activity**

At the time of writing the last meeting was taken up with the review of the Annual Report and Accounts including the Quality Account which the committee recommended for approval by the Trust Board. The Governors and members will have the opportunity to formally review the Annual Report and Accounts and to question the External Auditors at the annual meeting in September. I would note however that it was pleasing not only to meet our financial targets but to receive very positive assurance from Deloittes on sound financial and quality management and governance in the Trust.

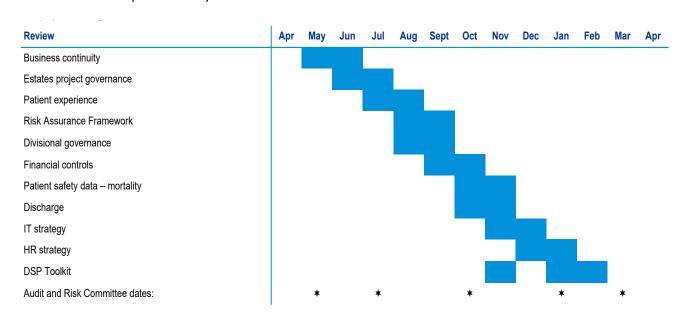
The annual reports from Internal Audit and Counter Fraud were also reviewed at that meeting. The table below shows all the internal audits that were undertaken in 2018/19 and the level of assurance given:

		•	Recommendations Accepted			
#	Review	Assurance		M	L	Total
1	IT operations (local applications)	Partial assurance with improvements required	-	6	-	6
2	Risk management	Significant assurance with minor improvement opportunities	-	1	3	4
3	Quality governance	Significant assurance with minor improvement opportunities	-	3	-	3
4	Workforce data quality	Significant assurance with minor improvement opportunities	-	2	3	5
5	IT operations (SPHERE)	Significant assurance with minor improvement opportunities	-	2	1	3
6	Temporary staff management	Partial assurance with improvements required	-	4	1	5
7	Workforce planning	Partial assurance with improvements required	-	4	-	4
8	Retention strategy	Significant assurance with minor improvement opportunities	-	2	2	4
9	Financial controls	Significant assurance with minor improvement opportunities	-	4	3	7
10	Theatres	Significant assurance with minor improvement opportunities	-	2	2	4
11	Electronic Patient Records	Significant assurance with minor improvement opportunities	-	1	2	3
12	Procurement and contract management	Partial assurance with improvements required	-	3	3	6
13	Governance of investor and customer relationships	Significant assurance with minor improvement opportunities	-	3	-	3
14	SPHERE procure to pay	Partial assurance with improvements required	1	4	1	6
15	Data Security and Protection Toolkit	Partial assurance with improvements required	-	5	5	10
Tota	al		1	46	26	73

Following my undertaking in my last report we have set in place a system whereby the chairs of board committees are not only consulted about the content of the annual audit plan but also the terms of reference of individual audits. This has been beneficial in ensuring that audits focus on the operational areas that are of concern to the NEDs.

You will note that there were two main operational areas where the level of assurance was "partial" One was workforce and the other was IT. Both are areas that we were already aware required attention. The audit reports provided helpful additional insight and key recommendations were passed to relevant committees for review and monitoring of implementation. ARC receives an update on implementation of recommendations at every meeting and I am pleased to report that at the time of the annual report only 2 of the 73 recommendations were overdue. The overall Internal Audit rating was "significant assurance with minor improvements required".

The committee also agreed the audit plan for 2019/20. The final version is set out below. You will note that this includes a data review of Mortality. This was chosen because the national recommendation for the Governor chosen indicator for scrutiny in 2018/19 Quality Accounts was mortality. This was not undertaken in our case because of the Governor request for an audit of falls data carried over from the previous year. ARC therefore asked that this important area be included in the internal audit plan for the year.



By the time of your meeting there will have been a further meeting of ARC which will be focussed particularly on Risk Assurance. In my last report I said that this would be a priority for the forward work of the committee, and I will verbally update Governors about any key issues that arise from our discussions.

One other positive achievement to which I would like to draw attention is the annual review of the board committees. A new, much more systematic review of their effectiveness and terms of reference was put in place; driven by ARC which included a review of our own work as a committee.

The review drew on self-assessment and external comment and while providing excellent overall assurance it also provided helpful insight for committee chairs.

## **Looking Forward**

I am confident that the committee is now working effectively but there can be no room for complacency. The continuing development of the Board and Risk Assurance Frameworks is vital, and we know will be subject to close scrutiny by the CQC.

Cyber security, business continuity, and the implementation of Cerner across the organisation are other areas that will be our main focus over the coming months.

## **Nick Gash**

17/7/2019



# Improving Race Equality through Promoting Fairness

**Action Plan Year 1 - 2019/2020** 

Thomas Simons
Director of HR & OD



# What is measured...

- Percentage of staff experiencing bullying, harassment or abuse from patients, relatives or the public in the last 12 months (-)
- Percentage of staff experiencing bullying, harassment or abuse from staff in the last 12 months (+)
- Percentage of staff believing the Trust provides equal opportunities for career progression or promotion (+)
- In the last 12 months have you personally experienced discrimination from any of the following, Manager/team leader/ other colleagues (+)
- Relative likelihood of staff entering the formal disciplinary process –
   2.60 more likely
- Relative likelihood of staff being appointed from shortlisting across all posts – 1.60 more likely



# Finding out more...

- External review concluded Doyin Atewologun & Roger
   Kline completed
- Outline WRES plan developed by Doyin Atewologun & Roger Kline - completed
- Setting up of Focus Groups for BAME staff
- Development of Race Equality through Promoting Fairness for Chelwest





## **BAME Focus Group – Staff Feedback**

I was told don't apply for the job was already promised to someone else I experience racism from staff and patients

I feel like I don't fit in

We are labelled as trouble makers

We are not stupid...we are qualified and able to do the job

The make up of the Trust Board doesn't represent the workforce

There a no BAME senior staff Band 8a and above in my service

There needs to be a change in culture.... to level the playing field

BAME Staff need a voice

Trust policies need to be fair for everyone so the best person get the job There needs to be more recognition of the contribution that BAME staff make

# **5 Key Objectives 2019/2020**

- Accelerate the Boards and Senior Managers commitment to improving Race Equality
  - 2 Develop an influential Staff Network for BAME members
  - Ensure the fairness in Trust disciplinary, grievance and performance management processes
  - Ensure the fairness of recruitment processes and progression opportunities for BAME staff
- Address the negative experience that BAME staff have of bullying and harassment



# **Key Milestones 2019/2020**

- Formal Launch of the BAME Network completed
- Celebrations around Windrush completed
- Positive promotion of BAME leaders completed
- Changes to Disciplinary processes 1<sup>st</sup> Sept onward
- Changes to Recruitment processes 1<sup>st</sup> Jan onward
- Board and Leadership Development 3<sup>rd</sup> Oct onward
- Upward mentoring 1<sup>st</sup> Jan onward
- Refining approach and learning from others NELFT,
   London WRES team





# Chelsea and Westminster Hospital NHS Foundation Trust

Summary of the 2018 National NHS Staff
Survey

**July 2019** 

## Introduction

- The NHS National Staff Survey is an important tool that allows the Trust to gain feedback from employees about their experience of working for the Trust.
- The Trust undertook the NHS National Staff Survey between the 2 October and the 30 November 2018.
- In 2018 a total of **5664 staff** within the Trust was eligible to receive the Staff Survey and of these **2325 staff responded**, giving the Trust a response rate of 41%. This was a marked increase from the previous year when the Trust response rate was 32%.
- The results for Chelsea and Westminster Hospital NHS Foundation Trust are benchmarked against other Acute NHS providers in **England** of which there were 89 in total in 2018.

## The benchmark report

- Over the past year there has been a review of the outputs that are produced in reporting the results of the Survey and a number of changes have been made to the benchmark report.
- 32 key findings have been replaced by 10 themes which are scored on a 0
   -10 point scale. These themes are;
  - ✓ Equality, Diversity and Inclusion
  - ✓ Health and Wellbeing
  - ✓ Immediate Managers
  - ✓ Morale
  - ✓ Quality of appraisals
  - ✓ Quality of care
  - ✓ Safe environment-bullying and harassment
  - ✓ Safe environment-violence
  - ✓ Safety Culture
  - ✓ Staff Engagement

## The benchmark report (cont..)

- These 10 themes are scored based on the responses to specific sets of questions in the survey.
- The report is also more visual with bar charts and graphs to illustrate the response rates.
- The report shows not only the Trust score and the average score but also the best and worse scores within the comparison group.
- The overall benchmark report and directorate report can be found under Acute Trusts at;

http://nhsstaffsurveys2018.com

## Areas of Strength

- Quality of Care- The Trust is above average for all 3 of the individual questions with just over 92% of respondents stating that they feel their role makes a difference to patients/ service users. This the result compares very favourably with the best result for Acute Trusts (92.9%).
- Safety Culture The Trust is above average for all 6 of the individual questions that contribute to the overall score particularly in relation to whether staff feel the organisation would act on concerns raised by patients and service users.
- Staff Engagement The Trust is above average for the 9 individual questions that make up this theme.

A particular highlight is in the results of the questions that make up our Staff FFT (staff recommending the organisation as a place to work or be treated) where has been a 10% increase in the number of staff answering positively for both of these questions since 2016.

The Trust also scores well in terms of staff morale and staff feeling able to contribute to improvements.

**❖** The Trust is the third best in London for staff engagement

## Areas for focus

- WRES indicators Improvement in two questions. Discrimination between staff and from managers. Improvement needed in promotion and bullying from patients
- Equality, diversity and inclusion The Trust results show that we are below average in all four of the questions that make up this theme. This includes whether staff feel the organisation acts fairly in terms of career progression and staff experience of discrimination from either other staff or the public
- Health and Wellbeing The scores in this section show that for three
  out of the five questions the Trust scores above average. Focus area for
  improvement are the number of staff who have experienced
  musculoskeletal problems as a result of work related activities in the last
  12 months. Small increase in the number of staff who have reported that
  they have come to work despite not feeling well enough to attend
- National position has also deteriorated

## Areas for focus (cont...)

 Safe Environment – bullying and harassment/violence – Main area for concern in this is the number of respondents who have stated that they have been subject to physical violence by patients/ service users, their relatives or other members of the public (16%)

## Differences in results by hospital site

- The overall staff engagement score is the same for both sites and above the national average
- For Chelsea and Westminster Hospital the results are the same as the Trust results for 6 of the 10 themes, more positive for 3 of the themes and less positive for 1 of the themes
- For West Middlesex University Hospital the results are the same for 4 of the
   10 themes, more positive in 1 area and less positive for the other 5 themes
- Safe Environment- violence significant different between Chelsea and Westminster Hospital (9.4) and the West Middlesex University Hospital sites (9.0)
- Other areas where the West Middlesex University Hospital scores are below the Trust average are Equality, Diversity and Inclusion, and Health & Wellbeing

## What has happened since...

- External review concluded Roger Kline / Doyin Atewologun
- Race Inclusion, Equality and Diversity plan developed
- Launch of the BAME staff Network
- Health and Well-being (H&WB) plan developed
- Launch of new online platform for H&WB
- Week long H&WB week on both sites
- Launch of 24/7 telephone counselling service for staff
- Pilot study of body cameras to reduce violence
- Large scale communication campaign around zero tolerance
- Divisional Staff Survey Action plans
- Commencing the development of WDES and associated staff network

## Questions





## **Council of Governors Meeting, 25 July 2019**

AGENDA ITEM NO.	1.6/Jul/19
REPORT NAME	Non-Executive Director Nominations and Remuneration Committee  - Update on recruitment of Non-Executive Director and possible approval  - Review of Terms of Reference
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Simon Dyer, Lead Governor Sir Thomas Hughes-Hallett, Chairman
PURPOSE	This paper outlines the process the Nominations Committee have taken when selecting Non-Executive Director
SUMMARY OF REPORT	As enclosed.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	N/A
LINK TO OBJECTIVES	All.
DECISION/ ACTION	The Council of Governors is asked:
	1. To note the update on the appointment on Non-Executive Director
	2. To approve the amended Terms of Reference for the Nominations and Remuneration Committee, as proposed by the Committee.

### 1.0 Introduction

1.1 As the Council of Governors is aware, one of their key roles is the appointment of Non-executive Directors of the Trust in line with our constitution:

## '27. Board of Directors – Appointment and Removal of Chairman and other Non-Executive Directors

- 27.1. The Council of Governors at a general meeting of the Council of Governors shall appoint or remove the Chairman of the Trust and the other Non-Executive Directors.
- 27.2. Appointment of the Chairman or another Non-Executive Director shall require the approval of a majority of the Council of Governors, present at a meeting of the Council of Governors.'
- 1.2 A vacancy for Non-Executive Director position has arisen due to the expiry of the term of appointment for Liz Shanahan on 30 November 2019 and the requirement in the Constitution for at least half of the Board to be Non-Executive Directors. There are 6 Executive Directors.

#### 2.0 Process

2.1 The Terms of Reference of the Nominations and Remuneration Committee were approved by the Council of Governors at its 26 July 2018 meeting. At the November 2018 Council of Governors meeting, governors endorsed the process for refreshing the Nominations and Remuneration Committee membership and governors were invited to express their interest in joining the Committee. Those governors who expressed interest were interviewed and governors selected for the Committee were informed in writing in mid-January 2019.

The annual review of the Committee's Terms of Reference took place at the 27 June 2019 Committee meeting and the updated Terms of Reference appended to this paper.

- 2.2 In accordance with those Terms of Reference, the Nominations Committee for the appointment of new Non-executive Directors comprises:
  - Sir Tom Hughes-Hallett (Chair of the Trust and Chair of the Nominations and Remuneration Committee)
  - Simon Dyer (Lead Governor, Patient Governor)
  - Angela Henderson (Public Governor LBH&F))
  - David Phillips (Patient Governor)
  - Richard Ballerand (Public Governor, RBK&C)
  - Minna Korjonen (Patient Governor)
  - Laura Wareing (Public Governor, LBH)

Sheila Murphy, Company Secretary and Thomas Simons, Director of HR & OD also attended in a non-voting capacity.

2.3 An update on the process for the appointment of Non-Executive Director was provided at the 25 April 2019 Council of Governors meeting and further update on the process was emailed to the Council of Governors on 9 July 2019.

The key steps taken were as follows:

Odgers Berndtson confirmed as recruitment agency and contract agreed	29 March 2019
Nominations and Remuneration Committee meeting with Odgers Berndtson to agree the role specification, advertising approach and appointing panel	15 May 2019
Appointment Brief agreed with Odgers Berndtson	23 May 2019
Odgers Berndtson search for candidates	23 May 2019
Closing date for receipt of applications	17 June 2019
Longlisting of candidates by Nominations and Remuneration Committee	27 June 2019
Odgers Berndtson holds informal interviews with long-listed candidates	Early July 2019
Shortlisting of candidates by Nominations and Remuneration Committee	15 July 2019
Candidates visit the Trust: one-to-one meetings with shortlisted candidates and the Chair/CEO	17, 18 and 19 July 2019

The key steps to take place are as follows:

Stakeholders meeting with shortlisted candidates	23 July 2019
Nominations and Remuneration Committee Interview Panel	23 July 2019
Council of Governors meeting to appoint Non-executive Director	25 July 2019

- 2.4 <u>Skills Assessment:</u> The Chair and Nominations and Remuneration Committee, in consultation with Odgers Berndtson agreed that the search should cover the following skills sets/areas of experience:
  - A strong record of achievement at senior level, whether in the public, private or voluntary sectors;
  - Evidence of having influenced change with diverse groups of colleagues or stakeholders;
  - A track record of adding value at strategic level and contributing to the strategic development of an organisation;

In addition, the search covered a broad range of functional experience across public, commercial and the third sectors including the following:

- Operations
- Communications
- Clinical
- Financial, financial risk, information and commercial
- Strategy
- Workforce and OD
- 2.5 <u>Long-listing</u>: 43 candidates identified by Odgers Berndtson, were presented to the Nominations and Remuneration Committee on 27 June 2019. 16 of these candidates were selected to go through to the next stage of informal interviews with Odgers Berndtson.
- 2.6 <u>Shortlisting</u>: Odgers Berndtson presented their findings from their interviews to the Nominations and Remuneration Committee on 15 July and 5 candidates were shortlisted with one additional reserve.
- 2.7 <u>Stakeholders</u>: A meeting with shortlisted candidates is due to take place in the morning of 23 July 2019.

- 2.8 <u>Nominations and Remuneration Committee Interview Panel</u>: Interviews are due to take place in the afternoon of 23 July 2019.
- 2.9 <u>Council of Governors meeting to appoint Non-executive Director</u>: A recommendation from the Nominations and Remuneration Committee Interview Panel will be tabled at the 25 July Council of Governors meeting.

## 3.0 Action

The Council of Governors is asked to note the update on the appointment on Non-Executive Director and to approve the amended Terms of Reference for the Nominations and Remuneration Committee, as proposed by the Committee.





## Non-Executive Director (NED) Nominations and Remuneration Committee

#### **Terms of Reference**

#### 1. Constitution

The NED Nominations and Remuneration Committee is established as a Committee of the Chelsea and Westminster Hospital NHS Foundation Trust ('the Trust')) Council of Governors.

The NED Nominations and Remuneration Committee will review these Terms of Reference on an annual basis as part of a self-assessment of its own effectiveness. Any recommended changes brought about as a result of the yearly review, including changes to the Terms of Reference, will require Council of Governors approval.

### 2. Authority

The NED Nominations and Remuneration Committee is directly accountable to the Council of Governors of the Trust.

### 3. Aims

The Committee shall:

- Advise the Council of Governors on any appointment and removal of Non-Executive Directors, including the Trust Chairman.
- Oversee all aspects of the appointment process for Non-Executive Directors and the approval of arrangements for the termination of Directorships and other major contractual terms.
- Make recommendations to the Council of Governors regarding the remuneration of Non-Executive Directors, including the Trust Chairman.

The Committee will operate in accordance with principles outlined in the Monitor Code of Governance and any other relevant guidance from its successor, NHS Improvement, or from CQC and NHS England

## 4. Objectives

The NED Nominations and Remuneration Committee will:

4.1 Further the objectives and values of the Trust.

## 4.2 Non-Executive Director appointments

- Make recommendations to the Council of Governors on the recruitment, selection and appointment of the Chairman and Non-Executive Directors.
- Review the procedure for the recruitment and selection of the Chairman and Non-Executive Directors.
- Select a shortlist for interview of Chairman and/or Non-Executive Director candidates in accordance with the person specifications from the approved Trust candidate list.

## 4.3 **Performance Appraisal**

- Provide assurance to the Council of Governors on the Chairman's appraisal of the performance of each Non-Executive Director on an annual basis as part of the Non-Executive Director appraisal process.
- Provide assurance to the Council of Governors on the Senior Independent Director's appraisal of the Chairman.
- Assist in the designing of performance assessments for use in the Council of Governors' appraisal of the Board collectively and of Non-Executive Directors individually.

### 4.4 Remuneration

- Keep under review the fee scales for the Chairman and Non-Executive Directors, having due regard to market conditions, other FT Trust scales and national benchmarking information.
- To review Non-Executive Director allowances such as travel and mileage: telephone calls: printing and stationery and any other elated allowances for the Chairman and Non-Executive Director.
- Make recommendations to the Council of Governors on the fees and allowances for the Chairman and Non-Executive Directors.

### 4.5 **Succession Planning**

- Evaluate, at least annually, the balance of skills, knowledge and experience on the board of directors and, in the light of this evaluation, prepare a description of the role and capabilities required for appointment of future Non-Executive Directors, including the Chairman.
- Regularly review the structure, size and composition (including the skills, knowledge and experience) required of the Board and make recommendations to the Board as appropriate.

## 5. Method of working

The NED Nominations and Remuneration Committee will have a standard agenda. At every meeting, the following item headings will be on the agenda:

## **Standard Items**

- 1. Apologies for absence
- 2. Declarations of interest
- 3. Minutes of the previous meeting
- 4. Business to be transacted by the Committee (which is likely to comprise multiple agenda items)
- 5. Any other business
- 6. Date of next meeting

All Minutes of the NED Nominations and Remuneration Committee will be presented in a standard format. All meetings will receive an action log (detailing progress against actions agreed at the previous meeting) for the purposes of review and follow-up.

## 6. Membership

The membership of the NED Nominations and Remuneration Committee comprises five publicly/patient elected Governors, the Lead Governor and the Trust Chairman.

The Trust Chairman will, ordinarily, Chair the Committee. Where the Committee's business includes discussion with regard to the Chairman role, the Senior Independent Director will Chair the meeting.

The Committee may choose to invite other members of staff to act as advisors to the Committee (eg Chief Executive, Executive Director with responsibility for HR and Company Secretary), where appropriate. In addition, an independent external adviser may be invited to attend for all or part of any meeting, as and when appropriate. An independent external adviser should not be a member of or have a vote on the nominations committee. (This is in accordance with the Code of Governance, provision B.2.9)

The Company Secretary will ordinarily attend meetings of the Committee in order to take minutes, unless this is considered inappropriate given the nature of discussions.

## 7. Quorum

The quorum will be three publicly elected Governors and the Trust Chairman or Senior Independent Director.

## 8. Frequency of Meetings

The NED Nominations and Remuneration Committee will meet at least on a biannual basis, with further meetings being arranged where necessary to undertake specific items of business relating to the Committee's duties.

Members are expected to attend a minimum of 75% of Committee meetings throughout the year.

### 9. Secretariat

Minutes and agenda to be circulated by the Company Secretary or equivalent.

## 10. Reporting lines

All recommendations made by the Committee will be presented to the Council of Governors for approval.

### 11. Openness

The agenda, papers and minutes of the NED Nominations and Remuneration Committee are considered to be confidential.

Approved: 09 September 2015

Reviewed: 19 July 2017 Approved: 19 July 2017 Reviewed: 20 June 2018 Approved: 26.07.2018



## **NHS Foundation Trust**

## **Council of Governors Meeting, 25 July 2019**

AGENDA ITEM NO.	1.7.1/Jul/19
REPORT NAME	Draft minutes of the Council of Governors Membership & Engagement Sub-Committee meeting held on 5 June 2019, including the Membership and Engagement Strategy & Action Plan
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	David Phillips, Chair
PURPOSE	To provide a record of any actions and decisions made at the meeting and to present the updated Membership and Engagement Strategy & Action Plan
SUMMARY OF REPORT	This paper outlines a record of the proceedings of the Council of Governors Membership & Engagement Sub-Committee meeting held on 5 June 2019.
	The updated Membership and Engagement Strategy & Action Plan are appended to this paper.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	The Council of Governors is asked to:  1. Note the minutes of the Council of Governors Membership & Engagement Sub-Committee meeting held on 5 June 2019  2. To approve the Membership and Engagement Strategy & Action Plan





## Minutes of the Council of Governors Membership & Engagement Sub-Committee meeting Held at 10.30am on 5 June 2019

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

1.	Welcome & Apologies	
	The Chair welcomed all to the meeting.	
	Apologies for absence were noted as above.	
	VD explained that SMM was attending the Board away day and as a result conveyed her apologies.	
	She also notified the committee that Emily Clayton, Deputy Company Secretary, has joined the team. Emily will be working closely with VD and SM, and will be attending the subcommittee meetings.	
2.	Minutes of previous meeting held on 31 January 2019	
	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 1, VD clarified that the Communication Department will be supporting the membership.	
	Regarding action point 10, VD updated that figures were accurate in terms of the cost of activities from the Christmas events and that the Communication department confirmed that the figure was accurate and not all monies were used.	

NA asked how much money remains unspent in budget. VD explained that the budget is assigned to the Company Secretary and that the query should be directed to her. NA also asked if money underspend roll over. VD clarified that money underspend does not role over into next financial year.

#### 4. **Review of the Membership Engagement and Communication Strategy**

VD introduced the strategy by saying that the team had a couple of meetings with Chris Chaney (Communications lead) and Dominic Conlin (Strategy lead), before finalising the strategy in order to ensure it is aligned to the Trust's wider strategy and supported by the Executive Team.

She elaborated that in terms of additional resources Emily has recently joined that team which should help immensely as she will be leading on the Council of Governors/subcommittees.

VD highlighted that as outlined in the objectives, the strategy ensures that we maintain and build our membership, and also that we engage and communicate effectively with our members. She went on to explain that in terms of monitoring implementation of the strategy, she will develop an action plan which will set out what steps will be taken to meet these objectives. Once the action plan has been finalised she will circulate to the subcommittee for their review and input.

## Action: VD to email the action plan to the sub-committee for review and input.

VD

NA expressed his disappointment of how some governors do not avail themselves for various tasks but only turn up for meetings now and again. He emphasised that in his view, having active and committed governors would help the Trust drive the strategy forward.

DP highlighted that as the Chair of this sub-committee he was hoping that, in light of the sub-committee meetings being reduced to two per year, the governor attendance would improve but instead it is dwindling and the attendance and involvement is not as expected.

He went on to say that although the strategy is ambitious, the sub-committee would expect to see some progress with implementing it and expressed that he was looking forward to the next meeting to see the report and what has vs. can be achieved.

The sub-committee approved the Membership Engagement and Communications Strategy.

#### 5. **Membership Report**

PG presented the report and noted that the overall membership number has marginally decreased by 16 members due to members deceased and some relocating between January and May 2019.

She highlighted that according to the analysis of our current membership by age there has been a slight decrease of 18 members in total membership and that predominantly public and patient membership numbers have been stable.

PG further highlighted that in line with the current strategy, we will work with schools,

	organisations and community groups within the youth sector in order to attract young members to join the Trust. DP suggested that this could be linked to volunteering as it is more likely to be of interest to young people and then get them to become a member via that route.	
	In response to DP's question if volunteers automatically become members of the Trust, VD clarified that in line with the Trust constitution volunteers do not automatically opt into the membership.	
6.	Membership Engagement & Communications Calendar of Events for the year	
	PG presented the draft schedule of membership engagement and communications (Trust wide) events planned and highlighted the following points:	
	<ul> <li>Dates for some of planned events (Health Seminars) needs to be confirmed with the relevant presenters.</li> <li>Date for Annual Members' Meeting scheduled for 5<sup>th</sup> September</li> </ul>	
	DP linked to it by saying that as the Chair of the sub-committee he would like to see all Governors attending the Annual Members' Meeting and confirmed that he will ask this of them.	
	Action: DP to highlight the importance of Governor attendance at the 5 September Annual Members' Meeting and to invite all to attend.	
7.	Feedback from 'Your Health' seminars	
	PG presented feedback from the seminars held on Mental Health and Prostate cancer.	
	She stated that apart from the sound issues we had at the Gleeson Lecture Theatre at the most recent seminar the feedback for both seminars was very positive and encouraging.	
	The sub-committee discussed possible venues for seminars and agreed with LS's suggestion to explore using the Medicinema for future seminars.	
	Action: PG to visit the Medicinema with a view of using it for future seminars.	PG
8.	Meet a Governor Schedule	
	PG said that the current Meet a Governor schedule is provided in the pack and added that more governor volunteers are sought for June, July and August sessions for both hospital sites.	
	The sub-committee members discussed value of Meet a Governor sessions and the majority felt that meeting patient and public members in person presents a meaningful way of engagement and interaction. The sub-committee also discussed meeting location of Meet a Governor sessions and it was agreed that current locations, on both sites, seem appropriate.	
	DP reminded the sub-committee of an earlier suggestion to have a twice a year an all governors evening meeting to which members and the public would be invited to. DP and	

	TP undertook to explore this in more detail outside the meeting.	
	Action: DP and TP to discuss and bring back a proposal for holding a meeting between governors and members twice a year.	DP
9.	Feedback from members	
	NA reported on positive feedback received in relation to phlebotomy department as well as recently opened M&S shop on West Middlesex site.	
	NA updated the sub-committee that a table dedicated to governors zone, next to the governors' picture board, has been securely stored with the security office for safe and easy use by governors when running a meeting a governor session.	
	DP updated the sub-committee on his recent observation of quality of food in the restaurant on CW site which he has reported to the Estates department to take forward.	
10.	Any other business	
	None.	
11.	Date of next meeting – 14 November 2019, 10.30-12.30, Boardroom, Chelsea and Westminster Hospital	

The meeting closed at 12.15pm.





## Membership Engagement and Communications Strategy 2019 – 2021

## **Introduction and Background**

At Chelsea and Westminster Hospital NHS Foundation Trust we value our Governors and members who directly represent the patient the patients, staff and public it serves.

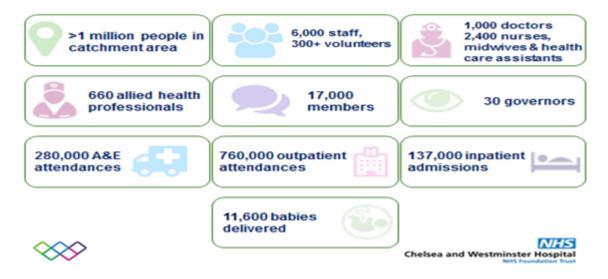
The Chelsea and Westminster Hospital NHS Foundation Trust (the Trust) developed its initial Membership Strategy in 2006 as part of its work to become an NHS Foundation Trust. Following the acquisition of the West Middlesex University Hospital NHS Trust (WMUH) on 1 September 2015 a further plan had been developed (2015-2016) to ensure that the Trust's membership base was representative of the Trust's increased patient population base post-acquisition; reflecting the communities that the Trust serves with Governors actively representing the interest of members as a whole and the interests of public. Our Membership helps us ensure patients and our communities have a voice in how we run our services and the improvements we make in our Trust.

Our members elect our Governors who in turn hold our Board and non-executives to account for the way they manage our hospitals.

During 2018, the Membership and Engagement Committee (a sub-committee of the Council of Governors), reviewed the 2016 – 2018 strategy to ascertain what was working well and where further focus is required. In addition, a survey of all its patient and public members was conducted to determine how the Trust can increase the active engagement of its members. The outputs of both of these activities have informed this membership engagement and communications strategy.

#### **About our services**

## Context - our Trust at a glance



## **About our members**

Analysis of the Trust's membership as at end May 2019.

	Public	Patient	Total
	Constituencies	Constituencies	
Out of Trust Area	543	1,953	2,496
City of Westminster	754	597	1,351
London Borough of Ealing	276	318	594
London Borough of Hammersmith and Fulham	1,521	845	2,366
London Borough of Hounslow	812	305	1,117
London Borough of Richmond upon Thames	423	177	600
London Borough of Wandsworth	876	563	1,439
Royal Borough of Kensington & Chelsea	1,917	929	2,846

### **Public Membership**

The Trust's public membership covers the following boroughs and are represented on the Council of Governors by the number of seats indicated below;

- Royal Borough of Kensington and Chelsea 2 seats
- London Borough of Hammersmith and Fulham −2 seats
- The City of Westminster − 2 seats
- London Borough of Wandsworth − 2 seats
- London Borough of Hounslow 2 seats
- London Borough of Richmond upon Thames 2 seats
- London Borough of Ealing −1 seat

To be eligible for membership a person must reside within one of the specified boroughs, be aged 16 years or over and not be eligible for staff membership.

## Staff membership

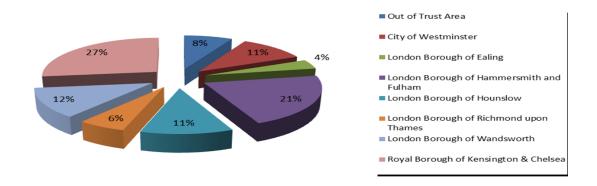
The Trust currently employs circa 5,831 staff.

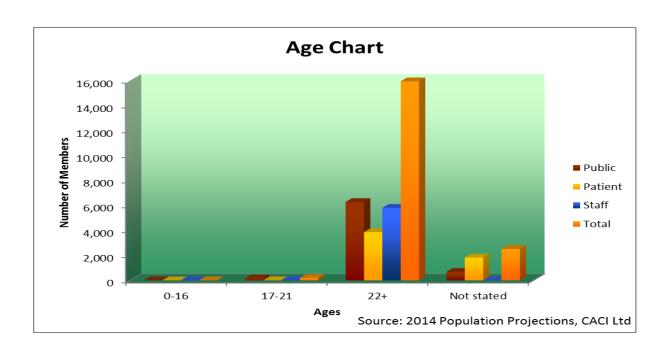
The Staff membership is split into six classes which are based on professional groupings (role definitions). The staff classes each have a Governor representative on the Trust's Council of Governors. All employed staff are automatically opted in unless they opt out.

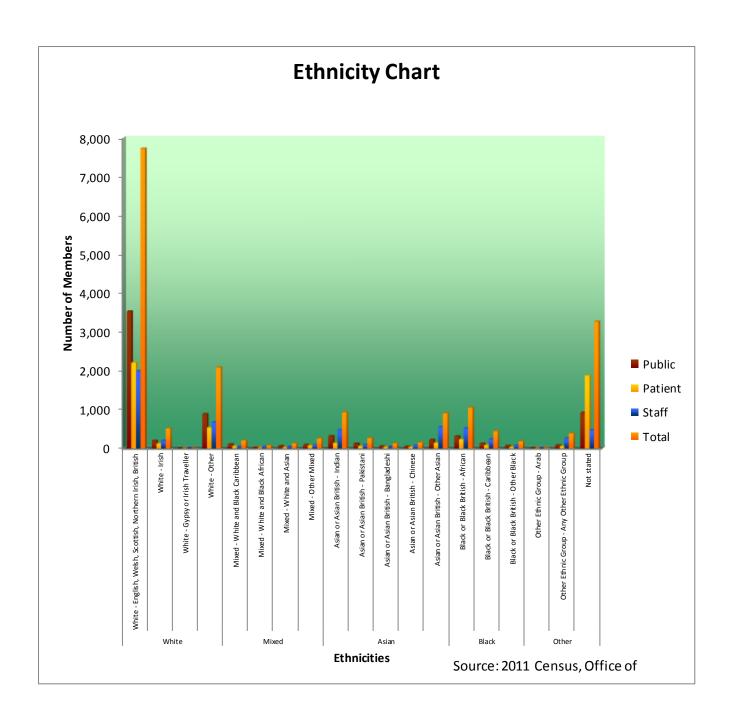
## Patient membership

The Trusts patient membership is made up of individuals who have attended any of the Trust's hospitals as either a patient or as the carer of a patient for a period of three years immediately preceding the date of an application to become a member of the Trust.

## **Active Constituency - Public members Chart**







## The Value of the Membership

Membership plays a vital part in the life of the hospital and its effectiveness lies in a major part within the operation of the Membership and Engagement Committee. The more members are active in their communication and involvement with the hospital, the more the hospitals can align their operations, funding and staffing to meet its constituent's requirements.

The Trust is responsible for growing the membership numbers and stimulating members' interaction with the hospital through the governors, e.g. making members aware of events and through such channels as the trust magazine, e-newsletter and e-mail, the membership database and community meetings led by appropriate members of the Trust.

Large numbers of active members of the Trust are essential for the election of capable governors. It is imperative that a good constructive relationship exists between the members and the governors, so that governors can keep the hospitals' management teams informed of their standing in the community without which both hospitals may not be sufficiently able to meet the real needs of their patients.

### Which Trust staff are responsible for membership?

The Trust's Governance Manager and Membership Officer are responsible for membership engagement and recruitment. The Communications Team is responsible for supporting the Membership Officer in preparing communication, recruitment and engagement materials.

The Membership and Engagement Sub-Committee of the Council of Governors, which is chaired by a Governor, oversees the Membership Engagement & Communication Strategy.

## **Membership Database Management**

The Trust has contracted Membership Engagement Services to manage its membership database ensuring that the information is accurate, secure, reflects the Trust's constitution and supports the Trust's governance arrangements and elections.

The Trust's Membership Officer has full access to the system and part of this strategy will be to fully utilise the system to improve communication and active engagement of our membership.

## What does the Membership Strategy cover?

This strategy focuses on the two key objectives of membership activity:

- Objective 1: Maintain and build membership numbers whilst ensuring the membership is representative of the population the Trust serves
- Objective 2: Effectively engage and communicate with members
- To support the hospital to use feedback for effective change of services

## Objective 1: Maintain and build membership numbers whilst ensuring the membership is representative of the population the Trust serves

### Plans for future membership recruitment to achieve the objective 1

This strategy will focus on effective recruitment within the constituencies that were acquired as part of the acquisition, namely London Borough of Hounslow & London Borough of Richmond Upon Thames. Approximately two thirds of patients attending West Middlesex Hospital are from Hounslow and one third from Richmond. In addition, there will also be a focus on the London Borough of Ealing as the numbers of patients attending West Middlesex is increasing since the closure of the A&E and maternity services at Ealing.

Our younger people (162) population group are most under-represented and people from some BAME ethnic communities in our constituencies.

We currently have 162 members who are between 16-21 years across all our constituencies we aim to double our 16-21 year old members over the next three years.

Notwithstanding the proposed focus on recruitment in the BAME communities in the public constituencies acquired in September 2015, the Trust will continue with on-going recruitment across all of its constituencies via the website, engagement events such as open days, members meetings, 'Your Health' Seminars and regular Meet a Governor sessions.

The Governance Manager and Membership Officer in conjunction with the Council of Governors will lead the membership activities. Governors play a key role in relation to member recruitment and engagement acting as an important link between the members and the Trust and will support the Membership Officer with the planned events.

The Trust will raise awareness and promoted benefits of its membership through a variety of communications channels, including:

- > The Trust website dedicated membership page including an online application form
- The Trust magazine *Going Beyond* advertising membership in every edition
- E-News
- Membership application forms on display across both sites
- Trust information screens across both sites
- Hosting and attending local events
- Open Day & Christmas events
- Annual Members' Meeting
- Meet a Governor sessions in the hospitals and the community
- 'Your Health' Seminar
- Developing links with the Trust's Charity CW+

The recruitment plan is to recruit at all levels of the community ensuring regardless of an individuals protected characteristic for example age (members must be 16+), gender, ethnicity, disability, sexual orientation or religion thereby providing a good balance of opinion and participation with the Trust. The governors and the Trust will always strive to recruit members that are representative of their local community's profile.

Membership figures will be monitored by the Council of Governors Membership and Engagement sub-committee on a half yearly basis.

One of our aims across all our constituencies is to increase our young members. Starting from summer 2019 we will identify events taking place in commercial Shopping centres within our constituencies that will attract people and provide opportunities to recruit.

We will request for a space at these events and attract potential members to our stalls and some giveaways can be offered only in return for a completed membership form.

We would contact local colleges and universities, requesting to have a stall at any open days or events, once a relationship is established, we can partner with the trust recruitment department to have a stall at local career fairs where we can recruit and also have an opportunity to encourage potential members to apply for roles within our trust.

The membership team will research on topics of interest, that the young people will respond to and organise a Health Seminar to engage with them. These seminars will have to be held at the various Colleges/Universities, ranging from health topics, to courses, NHS careers to Trust Membership. This is likely to capture their interest and will also see the NHS Trust as a wider organisation which will support their career decisions and choices.

Once we increase the young people group we could either create a youth board to link with the governors or encourage a few of them to participate in the Trusts various committees.

Our Trust encompasses an ethnically diverse region in London. Our membership analysis shows that our BAME group in our constituencies could be better represented; we therefore would increase by engaging more with the BAME group concentrating more in the Ealing, Hounslow and Richmond areas.

We plan to ensure that we have more representation from the various communities by exploring existing networks and contacts in faith groups, churches, mosques, temples and community association groups.

## Development of a representative and active membership

Regular analysis of the membership database using a range of protected characteristics (age, gender, etc.) and by borough comparing the overall membership to the population will be undertaken to help the Trust work towards further developing a membership that is representative of the communities the Trust serves.

The profile of the membership by ethnic grouping when compared to the local population of each constituency is reasonably balanced. However it is recognised that membership recruitment should continue to reflect the different ethnic profiles of each constituency.

## **Objective 2: Effectively engage and communicate with members**

The Trust is committed to maintaining a two-way dialogue with its membership by promoting work of the Trust and its Governors and identifying opportunities for communication between Members and Governors.

The Membership Officer will develop stronger working relations with Healthwatch, local Clinical Commissioning Groups and other key stakeholders to ensure we hear the views of 'seldom heard' groups within in our communities and ensure we listen and act on any issues voiced. This will include using existing communications channels used by key stakeholders to effectively engage with their members.

Alongside membership recruitment, it is important that we understand the needs of our members and learn about their experience of treatment and services. Therefore, we will seek ways to work alongside the patient experience team and support the gathering of this information through effective engagement with our existing membership base.

Under the Health and Social Care Act 2012, Governors are required to ensure that they represent the interests of the membership and public as a whole. To this end the Trust has developed the programme of events which are detailed below.

## Membership engagement and communication activities

**Annual Members Meeting** – this meeting is normally held in September, last year's meeting was held at our Chelsea Hospital site it saw the attendance of over 100 members of the public including many members. The format was well received and included the formal presentation of updates on new and innovative work across the organisation presented by clinicians, the Annual Report and Accounts presented by the board of directors and a question and answer session.

As this meeting is a statutory requirement the Trust is obliged to ensure it takes place on an annual basis and although the format will not change significantly, we plan to incorporate learning from the previous year into the next year's planning to ensure the length of the presentations maintain audience interest.

**Monthly e-newsletter (***Members' E-News***)** – this is currently sent out via the membership database to approximately 3,570 public and patient members who have provided us with their email addresses.

As 72% of our members do not have an email address or be comfortable sharing it with the Trust, over the next 2 years the aim is to proactively encourage as many members to enable us to communicate with them electronically. Recognising that many of our members do not have an email address a request to share an email address will be put to them every time a communication is sent to members.

**Printed Trust Magazine (***Going beyond***)** - the Trust currently produces half yearly editions of the magazine 'Going Beyond' which is available at all trust sites and on the website.

**Your Health' seminar** these are educational sessions led by clinicians on specific medical topics, held quarterly.

We hold these events at alternate sites, we use feedback from our members and attendees to choose the topics and health themes our members are particularly interested in. If these sessions are considered to be the most effective way of communicating this type of information to our members we will consider increasing the number of events held.

**Meet a Governor** – these regular sessions are designed to provide an opportunity for members, patients and the public to engage directly with Governors as independent representatives of the Trust. The aim is that feedback provided to the Governors is then used to raise issues directly with the senior team in order to address any issues expeditiously. Sessions are advertised in Member's E-News, *Going beyond* and on the Trust website. The sessions are held weekly and have produced much needed comment on the operation and services provided by both hospitals.

**Elections** – When a vacancy arises on the Council of Governors all members within the constituency are written to advise an election will be held and an invitation to them to stand and vote.

**Website** – the existing website features information on member events and how to get involved, however we have developed a dedicated area of the website through which we can directly communicate with our membership and deliver targeted information.

Our 'membership page' features events, summaries and presentation of past 'Your Health' seminar and whichever other materials we feel would be of interest to members. The plan is to publish the latest version of the e-newsletter and undertake further development work of the website and over the next few years.

**Open Days/Christmas events** – these are events held to introduce members of the public to the work of the Trust in a fun and entertaining way. In the past this has involved musical entertainment, competitions, health checks, site tours and activities for children such as face painting.

Both hospitals have held very popular and well attended Open Days in the past and the plan for the coming year will be to hold these again – traditionally the Chelsea and Westminster site Open Day takes place in the summer and at West Middlesex site in the autumn.

A Christmas event is planned every year on both sites and this provides an opportunity to both recruit new members and engage existing members.

**Focussed Community Meetings** - The West Middlesex hospital has a very different ethnic composition to that of the London Borough of Kensington & Chelsea. Hounslow has circa 56 different ethnic communities, the largest of these being Polish and people of Indian origin. We will be trialling meetings with these communities through their religious organisations, schools and clubs, and will begin with either the Indian or the Polish Community.

### **Evaluating the Strategy**

The key objective will be to ensure the strategy is delivered.

The Company Secretary and the Board Governance Manager will monitor delivery of the objectives set out in the strategy through an action plan which will set out what steps will be taken to meet these objectives.

A progress report will be submitted to the sub-committee twice a year.

## **Useful links**

About us: <a href="https://www.chelwest.nhs.uk/about-us">https://www.chelwest.nhs.uk/about-us</a>

**Get involved - Membership and Governor areas**: <a href="https://www.chelwest.nhs.uk/about-us/get-involved">https://www.chelwest.nhs.uk/about-us/get-involved</a>

## **Contacting a Governor:**

As a member you can contact your Governor who will listen to your ideas and issues and would like to hear from you.

Governors will represent your views to Board by holding the Non-Executive Directors to account.

You can contact your Governor by calling the Membership Officer on 02033156716 or by emailing <a href="mailto:ftsecretary@chelwest.nhs.uk">ftsecretary@chelwest.nhs.uk</a>.

Chelsea and Westminster Hospital NHS Foundation Trust 369 Fulham Road London SW10 9NH

Facebook.com/chelwest

Twitter.com/chelwestft

## Appendix 1

## Membership Engagement and Communications – Action Plan

Action	Success criteria	Target date	Lead
1. Conduct targeted recruitment campaigns in public constituencies: London Borough of Ealing, London Borough of Hounslow & London Borough of Richmond Upon Thames	Recruit 100 new members and measure the diversity of new recruits	31.03.2020	Membership Officer / Deputy Company Secretary
2. Recruit new members via Meet a Governor sessions	Recruit 50 new members and continue to monitor the number of members recruited through this method	31.03.2020	Membership Officer / Governors
3. Recruit new members via volunteers	Recruit 100 new members and improve working relationship with volunteers	31.03.2020	Membership Officer
<ul> <li>4. Design and deliver targeted recruitment information and campaigns for young people to increase membership amongst 16-21 year olds via:</li> <li>volunteers</li> <li>local schools / colleges</li> <li>youth community centres/young peoples' charities</li> </ul>	Recruit 100 new young members	31.03.2020	Membership Officer / Board Governance Manager
<ul> <li>5. Work through existing networks to promote our membership, such as:</li> <li>Healthwatch</li> <li>Patient participation groups in GP surgeries</li> <li>Local Councils</li> <li>Patients and families when they use Trust's services</li> </ul>	Monitor and advise of number of members recruited via this route	31.03.2020	Membership Officer / Deputy Company Secretary

Action	Success criteria	Target date	Lead
<ol> <li>Make opportunities for members to meet Governors:</li> <li>Meet a Governor</li> <li>Open days</li> <li>Christmas events</li> <li>Annual Members' Meeting</li> </ol>	Stronger interactions between communities and governors to obtain meaningful feedback  1. Number of events attended by Governors  2. Approximate number of people reached	31.03.2020	Membership Officer / Deputy Company Secretary
2. Promote the work of the Trust and its Governors on the Trust's through Members' E-Newsletter, going Beyond magazine and regular updates on the members' area of the Trust's website social media	Publicity of the Trust and membership to a wider audience. Interaction between Trust, members and the general public	31.03.2020	Membership Officer / Communications Officer
3. Continue to operate a programme of talks and events for members.	Monitor attendance and evaluate feedback received from members	31.03.2020	Membership Officer / Communications Officer
4. Involvement in community meetings to include presentations about health conditions of particular interest for certain ethnic minority groups. As with all trust leaflets, translations will be made of FT membership leaflets and other documents, if requested.	Attend one meeting per quarter and strengthen links with the community	31.03.2020	Membership Officer / Deputy Company Secretary
5. Continue asking members to supply or update their email address in any mailing we do.	Include in Going Beyond magazine, Annual Members' Meeting Chairman's invite letter and Notice of election	31.03.2020	Membership Officer/ Board Governance Manager



## **Council of Governors Meeting, 25 July 2019**

AGENDA ITEM NO.	1.7.2/Jul/19
REPORT NAME	Draft minutes of the Council of Governors Quality Sub-Committee meeting held 28 June 2019.
AUTHOR	Emily Clayton- Deputy Company Secretary
LEAD	Laura Wearing (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 28 June 2019.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	For information.



# Chelsea and Westminster Hospital WHS

## **NHS Foundation Trust**

# Minutes of a meeting of the Council of Governors Quality Sub-Committee Held at 10am on 28th June 2019 (WM Room A)

Attendees	Laura Wareing (Chair)	Public Governor – London Borough of Hounslow	IJW
	Professor Nigel Davies	Public Governor ( Ealing)	ND
	Simon Dyer	Patient Governor	SD
	Nowell Anderson	Public Governor	NA
	Anna Hodson-Pressinger	Patient Governor	AHP
	Chisha McDonald	Staff Governor – Allied Health Professionals,	CM
		Scientific and Technical CMD	
In attendance	Melanie van Limborgh	Deputy Director of Nursing	MvL
	Hugh Rogers	AMD for Innovation and Service Transformation	HR
	Lizzie Wallman	Director of Quality Governance	LizW
	Vida Djelic	Board Governance Manager	VD
	Emily Clayton (Minutes)	Deputy Company Secretary	EC
Apologies	Nathan Askew	Director of Nursing CW	NA
	Shelia Murphy	Company Secretary	SM

1.	Welcome and Apologies	
	LJW as chair, welcomed all to the meeting. No formal apologies were noted.	
2.	Minutes of previous meeting held on 1 February 2019	
	The minutes of the previous meeting held on 1 <sup>st</sup> February 2019 were accepted as a true and accurate record, no comments or additions were made.  Actions from 1 <sup>st</sup> Feb 2019  10.0 - LizW will feed back to LJW offline - this action can be marked at completed.  Action: LJW to contact Governor Angela Henderson ahead of the next meeting to provide an update regarding Test Bed.	
3.	Matters Arising	
	The sub-committee noted that all actions were completed.	
4.	Staff Awards process	
	<ul> <li>VD presented the paper to the committee:</li> <li>The paper detailed the process for awards and nominations that are run by the Charity</li> <li>It showed the categories that will be awarded by the Governors.</li> <li>The date and venue of the awards ceremony will be confirmed in due course.</li> </ul>	
	- The scheme is funded by CW+.  In noting the paper the sub-committee were supportive of the awards process.	

Hugh Rogers attended the meeting to presented on SPC charts:

Hugh Rogers gave a presentation on the use of statistical process control (SPC) methods for reviewing analysing and interpreting quality measurements. The key points were:

- Over-interpretation of variation in data is a common mistake and commenting on two or three points of data is not helpful in reporting change
- It is crucial to see the context of any data over time in order to support interpretation ('Control chart'). All data will vary around a mean and within certain limits ('Control limits')
- Seeing natural variation in any measure or process is a prerequisite for understanding whether 'common cause' variation is occurring or whether a significant exceptions or underlying change in the process have occurred ('special cause')
- It is not necessary to understand the detailed maths to use SPC analysis for interpretation, merely understanding some simple rules will suffice.
- Boards and committees should demand to see data presented in such a way as to support evidence based management. This generally requires SPC, or at least a run chart.

NA commented that the benchmarking shown in the paper looks slightly different to international standards of quality ISO 9000 series. HR explained that they are very closely related but that one looks at continuous improvement and the other, compliance with meeting standards. The hospital is looking at continuous improvement and how we can be better.

LJW asked for clarity around our current view on quality improvement methodology within the hospital and if the Trust is far behind East London when it comes to using this. HR explained that both East London and Imperial have had a significant investment in quality Improvement. The Trust has appointed a Director of Improvement (Ian Eaves) and a quality improvement team. MVL added that Victoria Lyons has been appointed as Head of Improvement; she previously worked at NHSE and has brought with her a wealth of experience and knowledge.

HR also noted that the Trust has an improvement fellow programme which is open to all professions and not just doctors now. The Emerging Leader and Established Leaders courses are taught this methodology.

LJW thanked RH for providing such an informative presentation.

## 6. Quarter 4 2018/19 Incident Summary Report

LizW Introduced herself to the Committee and explained her new role. She updated the sub-committee on the incident summary report and highlighted the points below:

- Incidents are reported on Datix that are unexpected or that have an adverse impact on patients. Incidents that have no harm or consequence to patient are also reported.
- The process for reporting has recently changed; all internal and external incidents are now reported in exactly the same way, on the same register.
- The Trust has a panel meeting in order to sign off all incidents, meaning there is full transparency and an opportunity to learn from serious incidents.
- There was a significant spike in reported incidents in April, this is due to 6 particular cases that did not actually happen in April but were reported in this month. They related to one particular service which is undergoing a very detailed investigation.
- There are large numbers of reports from maternity, patient falls, diagnosis and observation of patients. High numbers of reporting from a particular services indicates a strong safety culture within a team.
- A never event was reported in the month of April an ultrasound guided biopsy was performed on the wrong patient.
- Since the report was written the number of actions have been cleansed down to 20.

There is work to be done around risk assessments particularly for Venous thromboembolism (VTE) and patient falls.

LJW noted that there are very high reporting rates for incidents in maternity, foetal and neonatal medicine and asked for clarification around what causes this. LizW explained that the maternity staff are very good at reporting incidents however big or small. She also explained that maternity on the whole is a high risk area and that it would be expected to see higher reporting rate than other services.

NA asked if West Middlesex hospital was overloaded with maternity patients from the borough. LizW noted that the hospital is under immense pressure and had its busiest day ever on Monday both emergency departments saw 1,138 patients .There is a large population that both hospitals serve.

NA asked how the hospital is currently dealing with rude and aggressive patients. LizW replied that there are many different forums where staff safety is discussed. The Staff Safety Group has just been set up; they are working on piloting body cameras for staff who feel intimidated. The group discusses way in which to support staff outside of counselling and line management support that is already in place.

Action: LizW to bring back information on benchmarking of maternity SI reporting.

## 7. Learning from complaints

MVL updated on behalf of Nathan Askew who could not attend the meeting today:

## **Complaints report**

- The Trust commits to acknowledging all patient complaints within 2 days of receiving them. In February and March this was executed 99% of the time.
- The main areas that complaints are made include: patient discharge, communication with patients, how the values are upheld, behaviours and patient appointments.
- There was a decreasing number of complains for February and March.
- All the complaints are rated by a programme call NHS Digital.
- The complaints team are seeing more and more complaints detailing the way in which patient are looked after by staff. The multidisciplinary teams across the hospitals working on this all the time.
- Certain specialities have more complaints than others, the main ones being Emergency Department on the Chelsea site, Outpatient and General Surgery and Urology.
- At the end of March there were 92 formal complaints that required closure.
- Attitude and how we look after our patients.

## Patient Advice and Liaison Service (PALS)

- During February and March there was an increase in the number of informal concerns recorded. 60 % of concerns were responded to within 5 days
- The PALS department are now fully staffed with no vacancies. They are looking at how best they can use volunteers to assist them

#### Compliments

- 30 compliments were logged in February and 89 in March
- The PALS team are working to try and capture all of the compliments that are received through the divisions

NA asked how hospital staff are looking after our patient. MVL explained that all care is individual; a multi-disciplinary approach is taken when looking after patients. The Senior nurse (band 8 and above) on site initiative supports Trust staff from 5-9pm each evening. Staff are able to escalate events to a senior nurse if they feel a situation needs more assistance.

ND raised to the sub-committee that some confidential information pertaining to complaints was included in the report. The sub-committee members were asked to delete this paper from their emails.

Action: EC to advise Nathan Askew of the confidential information and ask for the information to be removed from future reports.

## 8. Integrated Performance Report – for information

LizW updated the committee on the following:

- The NHSI dashboard shows the Trust performance data.
- In April the Trust did not meet the 95% A&E target.

LJW- asked for clarification on why there were 67 referrals to the safeguarding team and how these referrals were determined. LizW explained that if a patient attends with their child/ dependent and staff feel there is a safeguarding issue they would make a referral even if the appointment is not for the child.

LizW explained to the sub-committee that there is a lot of work being completed on the dementia strategy. If dementia screening is completed correctly then it can reduce the number of falls and admissions to hospitals. Frailty, falls and dementia are grouped together in the strategy under the same umbrella. West Middlesex site is able to report and screen patient on an electronic system but the Chelsea site has not yet managed to implement this. There is a key focus on identifying patient early on in the pathway and capturing the risk assessment at the front door when the patients arrive at the hospital.

## 9. Governor's Patient Story and Feedback on Patient Contacts

This Item was not discussed at today's meeting.

## 10. | Falls Steering Group Report

LJW updated the sub-committee following a briefing from Helen (Divisional nurse). Helen currently chairs the Falls Steering Group and would like to start trialing Quality Improvement culture when it comes to patient falls. A further update will be provided when this is implemented.

## 11. End of Life Care Group report

AHP and Dr Sarah Cox have put together a presentation.

- The butterfly rooms audit revealed that in July and November 2018, end of life (EOL) or palliative patients used the rooms for 28% of occupied bed days. There was no difference overall in usage between July and November (so no winter pressure effect). There was no agreement on what the appropriate occupancy level would be but the EOL group agreed that a review of numbers of patients at the end of life not able to access single rooms would be useful, and this will be done later this year. Pippa and Sarah have met with Friends to discuss finishing unfinished rooms and developing some more.
- The EOL group discussed the plans for EOL content on CERNER to include information about patients in the last year of life, access to coordinate my care, electronic version of our dying patient care plan (compassionate care agreement) and content on discharge and after death. A separate group chaired by Nathan Askew is leading on the after death guidance, policies and CERNER content. The content has to be agreed with Imperial as well as internal stakeholders from ED to acute medicine to paediatrics/NICU, so this work is time consuming.
- The palliative care team on both sites will also be taking part in the national specialist palliative acre service evaluation FAMCARE.
- The EOL volunteer workforce project is being led by Joe Crook (volunteer Manager)

- Michael Sserunkuma (Head of Chaplaincy) is leading on training and support.
- Kerry Huntingdon from CW+ has been able to set up a free Will writing service for hospital inpatients, two patients have used the service already.

## 12. Forward Plan

The forward plan was noted.

## 13. Any other business

## CQC

SD asked if the Trust had received any news on impending CQC inspections. MVL explained that the Trust is aware of key speciality areas that CQC will want to inspect, no formal date have been given but it is likely to be the end of July. Broader hospital inspection should take place in late September/ October. The CQC focus groups have been competed on the Chelsea site, West Middlesex are due to start in July.

## **Artwork**

AHP commented that her friend has offered 2 photographs for the paediatric wards on both sites. LizW explained that AHP could speak to CW+ about artwork as they handle all request and work exhibited in the hospital.

## 14 Date of next meeting 13<sup>th</sup> September





## **Council of Governors Meeting, 25 July 2019**

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

# Chairman's Report June 2019

#### 1.0 Performance

I will leave the detail to our CEO but I am delighted to report that due to the commitment of our staff the Trust's strength of performance continues with the Trust continuing to play a leading role in developing service improvement priorities being considered by the North West London Health & Care Partnership.

I would like to congratulate Rob Hodgkiss on his appointment as Deputy Chief Executive, Iain Beveridge on his appointment as the West Middlesex Hospital Medical Director and Laura Bewick on her appointment as the interim Divisional Director of Operations for EIC division replacing Mark Titcomb.

#### 2.0 Trust Events

Since my last report we have held a number of important events in celebration of the Trust but also significantly the opening of additional units to improve further the excellent care provided to our patients.

#### **Westminster Abbey**

I am delighted to report the success of the Westminster Abbey celebration of the Trust's 300 year anniversary which was attended by staff past and present, patients, volunteers and NHS dignitaries to recognise the development of the Trust from its inception to its current Foundation Trust status and reputation as a renowned provider of healthcare.

#### Windrush

Trust wide events took place to celebrate the contribution of the Windrush generation with events on both sites well attended and enjoyed by patients, staff and visitors. The Trust's celebration coincided with the formal launch of the Trust's BAME staff network and Race Inclusion & Equality plan.

## Frailty Unit - Nightingale Ward

In recognition of the importance of the support provided to our older population I am delighted to report that a 10 bed frailty unit has been opened with the aim of supporting frail patients to return home faster with a higher level of appropriate support from the clinical, nursing, therapy and community teams. Positive patient feedback has already been received.

## **Reuben Maternity Centre**

The Reuben Maternity Centre provides women and their babies with outstanding care in an environment with the latest technology and facilities and was opened with the Mayor of London attended a special event at Chelsea and Westminster Hospital.

## **Macmillan Cancer Support Information Centre**

The important work undertaken by Macmillan Gavin was recognised with the opening by actor Larry Lamb of the newly refurbished Macmillan Cancer Support Information providing a drop-in service for anyone affected by cancer, providing cancer information and emotional support in a relaxed, comfortable environment.

## 3.0 Non-Executive Director Appointments

The process of recruiting Non-Executive Directors is well underway. We are particularly committed to this recruitment process broadening the diversity of our non-executive directors' team to better reflect the diversity of our staff and our patients. In doing so we are very fortunate to have attracted a wide range of high calibre of candidates.

## 4.0 Governor Briefings and Informal Lunches

I am pleased to say that our informal Chair and Governor briefings and lunches whilst attracting a small number of Governors in attendance are providing an opportunity for interesting confidential discussion outside the remit of the Council of Governors' Committees. I am grateful for the executive directors providing their support and that of their teams to ensure the Governors have an opportunity to discuss matters of particular importance to the Trust.

## 5.0 The National Picture

As mentioned at the May Board I have now met with Sir David Sloman as has the Non-Executive team at which time we discussed our thoughts on how we can act as a leader on many of the anticipated system changes.

6.0 In June our Board met to develop our new strategic priorities. We will bring them to Council for further discussion in September and they will form the main discussion for our November Awayday.

## 7.0 Car Parking Briefing

The briefing letter to the Council of Governors is attached. We will be consulting with the Lead Governor on the creation of the proposed working group.

**Sir Thomas Hughes-Hallett** 

Chairman





## **Council of Governors Meeting, 25 July 2019 2019**

AGENDA ITEM NO.	2.2/Jul/19
REPORT NAME	Chief Executive's Report
AUTHOR	Sheila Murphy, Interim 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.  Annex A – June team brief  Annex C – CEO bulletin  Annex B – Summary of board papers - statutory bodies (provided by NHS Providers)  Governors are invited to ask questions on the content of the report.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	For information.



**NHS Foundation Trust** 

## Chief Executive's Report June 2019

## 1.0 Performance

In May the Trust experienced further growth against the same period last year and continued high level of activity across its range of services specifically in non-elective demand and A&E attendances which is up 5% on the same period last year. Despite this we have continued to see the majority of patients within 4 hours. The Trust is currently part of the national pilot for the testing of the proposed revisions to the Urgent Care Standards. In the coming months the Trust will gather data and monitor against these new standards to provide feedback in to the national process later in the year.

The Referral to Treatment (RTT) incomplete target was sustained in May with a further improvement on April performance. The Trust has delivered an exceptional level if performance with all divisions and both sites delivering the standard.

The Cancer 62 Day standard was not delivered for the second month in May this is primarily driven by challenges in Urology and reflects a worsening national picture. Plans are in place to recover the standard in the coming months. All other Cancer Standards have been maintained and compliant.

Diagnostic performance recovered in May following reporting a non-compliant position in April.

## 2.0 Divisional updates / staffing updates

The 10 bedded frailty unit was launched on the 5th of June based on Nightingale ward at our Chelsea site. The aim of the unit is to support frail patients to get home faster with a higher level of therapy, doctor and nursing input as well as greater support from the community. The identification of these patients starts in the Emergency department and follows through to our Acute Assessment Unit where all patients are seen and assessed by our Acute and Geriatric Consultant. Once the patients are identified and moved to the Acute Frailty Unit they are situated in a smaller bay with a designated nurse based in the bay, daily consultant ward rounds and increased therapy input which is different to other wards in the Trust. Anecdotal patient feedback on the ward has been extremely positive and the team is using feedback to support and improve the unit.

lain Beveridge has been appointed as the West Middlesex Hospital Medical Director, and he joins Mark Titcomb (WM Hospital Director) and Vanessa Sloane (WM Director of Nursing) to provide the dedicated, site based senior leadership team, at our West Middlesex Hospital. Laura Bewick, previously the EIC Acute General manager, has been appointed as the interim Divisional Director of Operations for EIC division replacing Mark Titcomb.

In May, the Trust has maintained positive performance in its vacancy rate, core training compliance and sickness absence rates. Temporary staffing usage is reducing 'month on month' although this is an area of renewed focus to ensure the most effective deployment of resources. The Trust has restarted the annual PDR process with all 8b and above requiring completion by the end of June.

The Trust has formally launched the BAME staff network and Race Inclusion & Equality plan. This has been well received by staff and was combined with the first Trust-wide celebrations to recognise the contribution of the Windrush generation.

## 3.0 Staff Achievements and Awards

## **April PROUD Award Winners**

Emergency and Integrated Care Division: Dr Dharmik Vora, A & E Registrar, CW

Emergency and Integrated Care Division: Jamie Gibson and Melissa Marinaro, Physiotherapists, CW

Planned Care Division: Nikh Pawa, Consultant in Colorectal Surgery, WM

Women and Children's Health Division: Dr Simon Lee, Consultant HIV GUM, CW

Corporate Division: Peter Chamberlain, Shuttle bus driver, Cross site

Clinical Support Division: Cancer Services MDT co-ordinators, Cross site

#### May PROUD Award Winners

**Emergency and Integrated Care Division:** Neima Kailondo, Healthcare Assistant, Nell Gwynne Ward, CW

Women and Children's Health Division: Nicola Burton, Junior Service Manager, CW

Clinical Support Division: Greg Szwedo, Team leader, Decontamination, CW

## **Awards**

- Pippa Nightingale, Chief Nursing Officer, received an MBE for services to midwifery and Dr Na'eem Ahmed, Consultant Radiologist, received a British Empire Medal (BEM) for his services to volunteering and healthcare in The Queen's Birthday Honours List, published on 8 June.
- Chelsea and Westminster Hospital NHS Foundation Trust was named as one of the CHKS Top Hospitals for 2019, a prestigious award based on an analysis of data from all hospital trusts in England, Wales and Northern Ireland was awarded on 12 June by healthcare improvement specialists CHKS.
- Winners of the 2019 HSJ Value Awards were announced on 23 May at Manchester Central where Chelsea and Westminster and the Royal Marsden Shared Procurement Service won the Financial or Procurement Initiative of the Year 2019 award.
- The Health Service Journal (HSJ) has shortlisted Chelsea and Westminster Hospital NHS Foundation Trust for a Learning Disabilities Initiative of the Year Award, as part of the publication's annual Patient Safety Awards. The HSJ will announce the winners on 2 July 2019.
- Four wards at the Trust received the Gold Standards Framework (GSF) Quality Hallmark Award at a special ceremony in London on Friday 5 April in recognition of the major changes they have made to the care they provide to patients approaching the end of their lives.
- The Trusts won the HSJ clinical procurement partnership award for its work standardising wound
  care products across NWL. We have also been shortlisted for the HSJ inclusion awards for our
  Project search programme as well as being shortlisted by the Nursing Times awards for patients
  safety trust of the year and Karen Bonner as Equality and Diversity nurse of the year.

## Inspections

We had our Human Tissue authority HTA review, which found no immediate or serious concerns and demonstrated compliance with the standard. Our Maternity services had a re view by NHS England for their screening services and no concerns were identified which much good practice identified.

## 4.0 Communications and Engagement

#### **Events**

## Windrush Day celebrations and BAME staff network launch

The contribution and legacy of the Windrush Generation was celebrated along with the launch our new Black, Asian and Minority Ethnic (BAME) Staff Network on Friday 21 June at Chelsea and Westminster Hospital and Monday 24 June at West Middlesex University Hospital.

Distinguished speakers, Professor Dame Elizabeth Nneka Anionwu, DBE CBE FRCN FQNI PhD, Emeritus Professor of Nursing at the University of West London (UWL) and Trevor Sterling, Chair of the Mary Seacole Trust and award-winning Major Trauma Lawyer joined us for the celebrations and gave inspiring speeches. There were also performances by the Metronomes Steel Orchestra, a community-based steel band and a selection of delicious Caribbean food served was served at each of the events.

## Creativity and Wellbeing Week, 10 - 16 June

Our official charity CW+ hosted a series of events during this major festival which highlights the profound effect that engagement in the arts and creativity can have on health and wellbeing. This included the unveiling of a new exhibition at West Middlesex University Hospital called 'The Art of Conversation', which saw four of our artists-in-residence capture the experiences and sentiments of life on the wards.

## Westminster Abbey

Chelsea and Westminster Hospital celebrated its 300th anniversary with a special commemorative service at Westminster Abbey, London, attended by past and current staff, patients, volunteers, supporters, MPs and other NHS dignitaries on Thursday 23 May.

## **Reuben Maternity Centre**

The Mayor of London attended a special event at Chelsea and Westminster Hospital on Thursday 9 May to celebrate the opening of the new Reuben Foundation Maternity Centre, which provides women and their babies with an outstanding environment, personalised patient experience and the latest technology and facilities.

## **New Macmillan Cancer Support Information Centre opening**

Gavin and Stacey actor, Larry Lamb, cut the ribbon and officially opened Chelsea and Westminster Hospital's newly refurbished Macmillan Cancer Support Information Centre on Friday, 10 May. The centre offers a vital drop-in service for anyone affected by cancer, providing cancer information and emotional support in a relaxed, comfortable environment.

## **Team Briefing**

Presentations for April were Staff survey results and new pay progression system, Excellence Reporting and STEPS therapy project.

Presentations for May were around the Stroke Awareness, Alcohol Collaboration Group and Rainbow Badges.

## Media coverage

#### **April**

Health Tech Digital - <u>Over 330 NHS workforce hours saved every month after launch of new payroll</u> App

KCW Today - Chelsea and Westminster Hospital win award for gold-standard end of life care

Nursing Times - Wards recognised for delivering 'proactive and personalised' end of life care

PutneySW15.com - <u>Simon McWilliams ran in aid of the Neonatal Intensive Care Unit at Chelsea and Westminster Hospital</u>

## May

Design Week – <u>Tigerplay children's activity room at West Middlesex University Hospital included in</u> <u>the best studio work from April</u>

Chelsea Monthly - <u>Mayor of London attends opening of new maternity centre at Chelsea and Westminster Hospital funded by the Reuben Foundation</u>

Home Care Insight - <u>BBC presenter Lauren Laverne backs Music for Dementia campaign. Grace Meadows, programme director at Music for Dementia 2020 and senior music therapist at Chelsea and Westminster Hospital was quoted in the piece.</u>

Building Better Healthcare - New maternity centre opens at Chelsea and Westminster Hospital

London News Online - <u>Chelsea and Westminster Hospital NHS Foundation Trust up for award for its</u> work with people with disabilities

## June

GP Online - GP leads innovative cancer diagnostic service

Nursing Times – <u>Pippa Nightingale, Chief Nursing Officer, recognised in the 2019 Queen's birthday</u> honours list.

Daily Insight – Pippa Nightingale ueen's birthday honours

Church Times - The psychosexual therapist and the priest next door

#### Website

#### **Overall summary**

The Trust website had 133,000 visits in April, 130,000 visits in May and during the first 25 days of June, 100,000 visits. Three quarters of visitors were new and one quarter were returning visitors.

The top 10 sections were 56 Dean St, 10 Hammersmith Broadway and John Hunter clinics, travel directions and contact info, clinical services, working here and, for the first time, maternity services. Two-thirds of our visitors use mobile devices. Three quarters of users visit our website via a search engine and Facebook remains the key driver on social media. These stats are within 5% of these periods one year ago.

#### **Social Media**

#### **Twitter**

Topics for April included Newsweek ranking the Trust as one of the top 5 hospitals in the UK and one of the top 100 globally, Quality Improvement Pop-ups, launch of the Rainbow Badges and the maternity area of the website.

Topics for May included Team Briefing, Westminster Hospital heritage, Mayor of London opening the Reuben Maternity Centre, the Trust's first Nursing and Midwifery conference, International Day of the Midwife, International Nurses Day, Project SEARCH HSJ shortlisting, Cerner go-live preparation and the 300 year anniversary commemorative service at Westminster Abbey

Topics for June included Volunteers Week, the opening of the new Frailty Unit at Chelsea and Westminster Hospital, recognition in The Queen's Birthday Honours for Pippa Nightingale, Chief Nursing Officer and Dr Na'eem Ahmed, Consultant Radiologist, Grenfell anniversary, Measles outbreak, Learning Disabilities Week, launch of a new continuity of care midwifery team at the Chelsea site and the BAME Staff Network Launch/ Windrush Day celebrations.

Impressions for April totalled 149,000 across both sites, a slight increase from March.

Impressions for May totalled 250,000. This is a 100,000 increase from April due to coverage of Westminster Abbey event and the Mayor of London's visit to the Reuben Maternity Centre.

Impressions for June totalled 209,000 impressions across both accounts.

High performing tweets included:

- Westminster Abbey coverage over 42,000 impressions in one day
- International Nurses Day coverage over 8,000 impressions
- Sadig Khan visit to open the Reuben Maternity Centre over 30,000 impressions
- Team briefing coverage over 14,000 impressions
- NW London network to improve imaging services over 14,000 impressions
- BAME network launch/ Windrush celebrations over 20,000 impressions

## **Facebook**

A total of 24,600 engagements were recorded in April, 35,000 engagements for May and 40,000 engagements as of 25 June.

Top posts include Mardon's story for Project SEARCH which recorded over 2,600 engagements. Our average is around 600.

## 5.0 Strategic Partnerships Update

## **Strategic Partnerships Board**

The Strategic Partnerships Board met on 14 May. The main focus continues to be on our operating environment – particularly the development of Integrated Care Systems and the role the FT is playing in Health & Care Partnership activities, joint provider and Borough based integration plans. The meeting reviewed:

- Current position and next steps on NWL Cardio-Respiratory services including aligning our approach with the Imperial College Child Health Development Research Strategy
- Progress with establishment of a Joint Transformation Programme with ICHT
- Outcomes of the Emergency & Integrated Care (EIC) Divisions deep dive on Integrated Care and main impact on borough based integration plans
- Update on commercial relationships; and
- Plans for the Board Away Day (which was held on 6 June)

## **Health & Care Partnership**

The Trust continues to play a leading role in influencing, leading and delivering the thinking and service improvement priorities being considered by the North West London Health & Care Partnership (previously STP).

The main area of focus is against the System Recovery Programme which seeks to address the underlying deficit in the sector. The key programmes focus on:

- Reducing activity flows from 2018/19 levels
- Standardising and rationalising non clinical services in CCGs and providers (back office)
- Standardising and rationalising clinical services in providers

## Joint Transformation Programme with Imperial College Healthcare Trust

The Executive teams continue their regular meetings to develop and oversee the Joint Transformation Programme, which supports the wider NWL Health & Care Partnership (see above).

We are working to some shared principles that link across both Trust and the HCP objectives that will:

- Help create a high quality integrated care system with the population of north west London;
   and support development of an exemplar integrated care system
- Develop a sustainable portfolio of outstanding services; with the ambition of creating world leading centres of excellence for specialist services
- Build learning, improvement and innovation into everything we do; to create world leading centres of excellence for education, research and innovation

Our initial is focussing on early adopters in HIV, Dermatology and Ophthalmology. Services will respond with proposals within the context of a 100 Day Challenge programme.

## 6.0 EU Exit (Brexit) planning

Preparations for the EU exit are well progressed. Given the extension agreed for the EU Exit and to test our previous level of preparation we have instructed our internal auditor, KPMG, to udertake an audit which will assess the design of the business continuity plans in place and to ensure that they have been appropriately updated to incorporate the risks identified as part of EU Exit planning. They will also ensure that the processes that have been implemented to test the Trust's response to the risks are robust.

All of the Trust response arrangements, operational guidance and communications and engagement plans can be found on the dedicated EU Exit intranet page.

## 7.0 Finance

The Trust has now produced the 2018/19 Annual Report and Accounts and obtained a clean, unmodified audit opinion. The report is due to be laid before Parliament in the coming weeks and will be shared with members at the Trusts Annual members meeting on 5th September. The Trust's year end surplus was £9. 8m which included additional bonus provider sustainability funding (PSF) as the Trust met all its targets.

In 2018/19 we invested £51m on capital and in 2019/20 we intend to invest a further £35m covering a range of projects including NICU/ITU, Cerner and the treatment centre.

The Trust and STP continues to face challenges in 2019/20 and has set a challenging but achievable savings (CIP) target of £25.1m. I recognise you have delivered so much but we face a variety of continuing challenges and so we need to continue identifying savings without compromising the high quality patient treatment we provide.

## **Lesley Watts**

Chief Executive Officer

June 2019





May 2019

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

## **Emergency and Integrated Care**

A huge thank you to all of our team for the fantastic efforts to see patients safely and swiftly during March and over the recent Easter extended bank holiday weekend. We have coped really well despite the continued trend of record numbers of patients being seen at both A&E departments, and our patient feedback continues to improve as well. We continue our focus on our forthcoming quality improvement work which is based around falls, improved frailty pathways and delivering better support to our patients with dementia. As ever though, there is room for many more quality initiatives, so if you have an idea why not contact your line manager, senior nursing staff or the EIC improvement team (Jenny George, Andy Finlay and Elspeth Cumber) who will try and help you develop it? Finally, we'd also like to congratulate all of our recent PROUD award winners, and we welcome several senior new joiners: Helen Kelsall (as Director of Nursing) and Liz Gray (as Head of Therapies).

## **Planned Care**

We faced an extremely busy 2018/19 winter at the Trust, seeing unprecedented admissions through ED. The Planned Care exec team would like to thank everyone in the division for their hard work and commitment to improving patient care. It has been a challenging but positive year - we have managed to improve some of our quality metrics, improve time to treatment by reducing number of patients waiting more than 18 weeks and managed to achieve £4.4m in savings. Some of the savings are likely to be reinvested in the division - we are currently developing the plans to upgrade our Treatment Centre at the Chelsea site with a full cost of £10.2million. This is excellent news for staff and our patients but this can only be made possible through our recurrent savings programme and working together as a team to get a grip on the budgets so we maintain this during 2019/20. We continue to deliver high quality care to our patients and look forward to continuing improving our services.

# Women, neonatal, children and young people, HIV/GUM and dermatology

It's been a busy month, with our redesigned maternity web pages now live and three newly refurbished labour ward rooms now open. Private patients have started their first outpatient clinics at West Mid, which are expected to steadily grow throughout the year. Private patients have also secured the recognition of Bupa at West Mid which should act as a major confidence boost for the consultants looking to do their work on site. The Kensington Wing finished the year with its best performance for 3 years in what have been tough market conditions - well done to the entire team. Strong performance across both our ED departments for paediatrics has continued into April and we continue to work up our proposal to expand our PEM consultant led model. We saw our highest RTT performance for March at 95.19% in Paediatrics well done all. And thank you to our official charity, CW+, for their support in opening the new play room on our Starlight and Sunshine wards at West Mid.

## **Clinical Support**

The new Clinical Support Division came into effect on the 1 April 2019. During the transitional period, there will be continuity of support from existing managers, until all new GMs are established in post. Now that our division has been formally launched, we want to ensure that the hard work and commitment of our team members is recognised and celebrated. As part of this commitment, we will be participating in the monthly CW+ PROUD Awards to recognise the excellence of our people. We really look forward to receiving nominations and hearing all about the fantastic work that is being done across the division to improve the experience for our patients and staff alike. We are committed to implementing actions in our Staff Survey Action Plan which includes improving morale, quality of personal development reviews and safety culture. The Trust's safety learning system (Datix) was amended on the 2 April to support the new division to provide a structured governance approach for the management of incidents, complaints/concerns, risks, mortality reviews and legal cases. All historical data within Datix, aligned to specialities previously overseen by Planned Care and Emergency and Integrated Care has been updated to associate them with our new division.

#### Latest CW+ PROUD award winners

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

- Planned Care: Carolyn Baker, Clinical Support Worker, Syon 2 Ward
- Emergency and Integrated Care: Lucy Brash, Ward Manager, Rainsford Mowlem
- Women and Children: Clare Baker, Deputy Head of Midwifery
- Corporate: Serah Duro, Research Delivery Facilitator

Visit the intranet to nominate a team or individual.

## Mandatory and statutory training

The Trust has achieved 92% compliance over the past month, with all divisions now reaching 91% or above. Current compliance figures (at 14 April 2019) are:

Division	Complia nce
Corporate	95%
Emergency and Integrated Care	91%
Planned Care	92%
Women, Neonatal, Children, Young People, HIV/Sexual Health	91%
Overall compliance	92%

## IG eLearning

A new Trust specific version of IG training will be available on Learning Chelwest by June. You only need to complete the new version as and when your current compliance is due to lapse.

## Leadership Development

The application deadline for the next Emerging Leaders cohort is 10 May 2019. For more information about the programme, search Leadership Development on the intranet or contact <a href="mailto:leadershipdevelopment@chelwest.nhs.uk">leadershipdevelopment@chelwest.nhs.uk</a>

## **Cerner EPR**

We are just six months away from the launch of Cerner EPR at our Chelsea site. Being able to see first-hand how you'll use Cerner EPR is an important part of getting ready for the new system. The two ways you can do this are by 1) Arranging for a member of the Cerner EPR team to give a demonstration at your departmental meeting and 2) Coming along to the Road to Cerner EPR drop-in event on Monday 3 June in the Gleeson Lecture Theatre between 10am and 4pm. Staff at West Mid have now been using Cerner EPR for a year. Please get in touch if you have any tips you want to share with your Chelsea colleagues. To arrange a visit or share a tip, please email: CernerEPR@chelwest.nhs.uk

#### Recruitment and retention

The Trust is currently supporting 18 Health Care/Maternity Support Workers to undertake apprenticeships in Nursing Associate and Nursing Degree programmes. We are currently looking to increase the number of staff undertaking these apprenticeships and are hoping to start a third cohort of Nursing Associates in June/July this year and a further cohort of Nursing Degree apprentices in the autumn. If you have experience as a health care/maternity support worker and are interested in finding out more, please come along to our information stands being held from 1-2pm on 14 May in the atrium at West Mid and 16 May in the Lower Ground Floor canteen at Chelsea. You can also contact cathy.hill@chelwest.nhs.ukor cess.quiambao@chelwest.nhs.uk for more information.

## Finance update

The 2018/19 financial year may feel like a distant memory but our Finance team are still completing the annual accounts. The draft year end position shows the Trust just delivered its 2018/19 financial plan thanks to everyone's hard work. In particular throughout this period we invested £51m on capital, our largest ever capital programme, which included spending £11m on Cerner, £8m on the new NICU/ITU ward and £10.8m on the maternity modular building at West Mid.

Finally, the finance team would like to say a big thank you to all of you for your hard work and continued effort to deliver value across the Trust. We know 2019/20 will be a challenging year so thank you for all your hard work in advance.

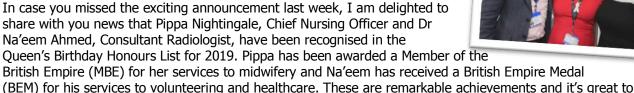






Lesley's weekly message Wednesday 19 June 2019

see members of our team being recognised in this way.



The past week has seen some key changes in our Executive Team, which will continue to strengthen our leadership. Recognising the pivotal role he has in our organisation, Rob Hodgkiss is now our

Deputy Chief Executive Officer and Iain Beveridge has been appointed as Medical Director for our West Mid site, where he joins Mark Titcomb and Vanessa Sloane in providing a dedicated West Mid site-based senior leadership team. It is inevitable in a successful organisation with talented individuals that they will be sought after by other organisations. On that note, I bring you news that Tina Benson has been appointed as Chief Operating Officer at Hillingdon Hospital. She will be leaving us at the end of the

year, following full implementation of our Cerner electronic patient record. I want to thank her

for her hard work and commitment she has shown during her time at the Trust and look forward to seeing her flourish in her new role.

We also spent last week celebrating Creativity and Wellbeing Week, where our official charity CW+ hosted a series of events. This major festival highlights the profound effect that engagement in the arts and creativity can have on health and

wellbeing and was a chance for us to showcase the brilliant work you do in this area, which has numerous benefits for our patients. The unveiling of a brand new

exhibition at West Mid called 'The Art of Conversation' was the highlight of the week for me and saw four of our artists-in-residence capture the experiences and sentiments of life on the wards. Using real stories and moments from the artists' conversations with our patients, the artwork is a true reflection of exactly what this hospital is all about: community, compassion and commitment – with top quality care at its heart.

The week ahead promises to be an exciting one as we celebrate the contribution and legacy of the Windrush Generation and launch our new BAME staff network. I am looking forward to welcoming distinguished and inspiring <a href="mailto:speakers">speakers</a>, Professor Dame Elizabeth Nneka Anionwu, DBE CBE FRCN FQNI PhD, Emeritus Professor of Nursing at the University of West London (UWL) and Trevor Sterling, Chair of the Mary Seacole Trust and award-winning Major Trauma Lawyer, who will be joining us to celebrate this important event. Celebrations will take place at Chelsea (Academic Atrium, LGF) on Friday 21 June and at West Mid (Main Atrium, GF) on Monday 24 June, with performances by the Metronomes Steel Orchestra, a community-based

steel band. There will also be a selection of delicious Caribbean food served at each of the events on a first come first served basis and from 12pm in the restaurants.





We will be launching an exciting range of benefits on our new Vivup platform as part of Health and Wellbeing Week, 1-5 July. During the week there will be wellbeing talks, mindfulness sessions, yoga classes and more. A full programme will be available later this week, so please look out for further information in the Bulletin.





Another month brings another fantastic group of CW+ PROUD Award winners. These awards really showcase just how many exceptional individuals make up our wonderful people. The award winners for April 2019 were Dr Dharmik Vora, A&E Registrar at our Chelsea site, Nikh Pawa, Consultant in Colorectal Surgery, Dr Simon Lee, Consultant, Peter Chamberlain, our shuttle bus driver (pictured) and our cross-site Cancer Services MDT Coordinators. Congratulations to you all.

Finally, I'd like to take this chance to thank the most longstanding members of our staff, who have dedicated and continue to dedicate their time, talent and energy to this organisation. Pamela, who is 91 years young and has volunteered with us for over 25 years, is an outstanding example and I was delighted to present her with a special Long Service Award on Wednesday. I'd like us all to take the time to recognise those who have committed so much of their lives to our CWFT family and patients.

Best wishes,



Don't forget you can email me on <a href="mailto:feedback@chelwest.nhs.uk">feedback@chelwest.nhs.uk</a> or follow me on Twitter (on your personal device) @LesleyWattsCEO.



# Summary of board papers – statutory bodies

# NHS England and NHS Improvement (NHSE/I) joint board meeting – 27 June 2019

For more details on any of the items outlined in this summary, the board papers are available here. As part of the board papers, NHSE/I published the NHS long term plan implementation framework, as well as a paper on implementing the long term plan in primary and community services. Briefings for both these papers are available on the NHS Providers website.

## Chair's report

• Lord Prior held a roundtable discussion group with individuals from Black and Ethnic Minority (BME) backgrounds in the ambulance service. He suggested more work needs to be done to recognise the contribution of NHS staff from BME backgrounds.

## **Chief Executive report**

• Simon Stevens confirmed that the junior doctor's committee of the British Medical Association has now voted in favour of the new junior doctors pay settlement. This will provide certainty for the sector.

## Month 12, 2018/19 finance report

- The year-end financial position across the entire NHS is a revenue underspend of £89m and a capital overspend of £330m.
- At year-end, the overall position for NHS England (NHSE) is an underspend of £916m against the planned underspend of £265m a positive variance to plan of £651m. As confirmed earlier this month, providers recorded a deficit of £571m, which was £177m worse than planned.
- The provider sector spent £3.9bn on capital last year, £711m below plan. But this expenditure exceeded the £3.56bn provider sector budget set by the Department of Health and Social Care for 2018/19.

## Operational performance report

- Performance against the A&E 4-hour standard for 2018/19 as a whole finished at 88% 0.3% below 2017/18. Performance on the Referral to Treatment waiting time standard in April 2019 saw 86.5% of patients waiting less than 18 weeks.
- Personalised care for people living with and beyond a cancer diagnosis is being rolled out across England in line with the NHSE Comprehensive Model of Personalised Care.
- Since September 2019, NHSE has undertaken extensive engagement to promote Primary Care Networks and has held over 40 events involving over 2,700 people across the country.
- NHSE/I will be working with system leaders over the summer to help identify where they sit on the system maturity matrix. This exercise will identify areas that systems need to focus on to become an Integrated Care System, along with the support they might need from NHSE/I.
- NHSE/I will be introducing stronger oversight arrangements following findings from the CQC's thematic review and the care provided at Whorlton Hall.



## Care Quality Commission board meeting – 19 June 2019

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

## Chief Executive's report

• The Care Quality Commission (CQC) revenue expenditure is over spent as the end of April by £0.8m, with the main overspends relating to Hospitals pay budget (£0.3m) and Chief Digital Officer non-pay budget (£0.3m).

## **Recent publications**

The CQC has published the following reports:

- A review of restraint, prolonged seclusion and segregation for people with a mental health problem, a learning disability and or autism
  - The next phase of the review will look at the use of restrictive practices in a wider group of settings.
  - Further recommendation will be made to the Department of Health and Social Care and the wider system in the full March 2020 report.
- Driving improvement eight case studies from independent hospitals
  - This is the fifth publication in the 'driving improvement' series and aims to help encourage wider improvement across the independent hospital sector.
- Monitoring the Mental Health Act (MHA) report
  - This report will evaluate how well the MHA Code of Practice is being used across mental health services. The report will explore the enablers and barriers that services have found in using the guidance, and what impact this has had on people's experience on detention, care and treatment.

## **Upcoming publications**

In the coming months the CQC will be publishing the following:

- 2018 inpatient survey results
  - This survey is an important independent measure of people's experiences as an inpatient and provides trusts with important insights.
- Effective staffing report
  - The resulting product will have a dual purpose of sharing innovation practice with providers and informing the Secretary of State of the CQC's position on this issue. Publication is expected in June.

## Transformation & change update

• Debbie Westhead has been appointed to a newly created role of Director of Improvement, Implementation and Evaluation. She will oversee the development of the improvement culture at the COC.



## **Council of Governors Meeting, 25 July 2019**

AGENDA ITEM NO.	2.3/Jul/19
REPORT NAME	Integrated Performance Report – May 2019
AUTHOR	Robert Hodgkiss, Chief Operating Officer
LEAD	Robert Hodgkiss, Chief Operating Officer
PURPOSE	To report the combined Trust's performance for May 2019 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 May 2019.  Regulatory performance – The Trust continued to deliver a high level of performance in its UEC standards. Growth in attendances to A&E has continued in line with the growth seen in 2018/19, with a 5% increase in attendances.  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 did not meet the target in May. Work to improve the 62 day GP referral to first treatment performance is on-going, with action plans in place.
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 any Diagnostic Waiting time issues in the weeks to come, especially around Cystoscopy and Radiology Waiting Times at the Chelsea Site.
QUALITY IMPLICATIONS	As outlined above.
EQUALITY & DIVERSITY IMPLICATIONS	None
LINK TO OBJECTIVES	Improve patient safety and clinical effectiveness Improve the patient experience

DECISION/ ACTION	For noting.
------------------	-------------



# TRUST PERFORMANCE & QUALITY REPORT May 2019





## **NHSI** Dashboard

		Cł		Westmins ital Site	ter	U		liddlesex Hospital S	ite		Combine	d Trust P	erformanc	e	Trust data 13 months	
Domain	Indicator	Mar-19	Apr-19	May-19	2019- 2020	Mar-19	Apr-19	May-19	2019- 2020	Mar-19	Apr-19	May-19	2019- 2020 Q1	2019- 2020	Trend charts	
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	96.3%	95.5%			95.5%	93.5%			95.9%	94.4%				~~~\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
RTT	18 weeks RTT - Incomplete (Target: >92%)	93.6%	93.7%	94.6%	94.2%	92.2%	92.6%	92.7%	92.6%	92.9%	93.2%	93.7%	93.5%	93.5%	t <sub>eatern</sub> and	
	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	96.6%	96.1%	96.8%	96.4%	97.7%	97.8%	98.0%	97.9%	97.3%	97.1%	97.6%	97.3%	97.3%	the part that	
Cancer	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	n/a	100%	96.3%	99.0%	97.7%	100%	96.3%	99.0%	97.7%	97.7%	hi illi	
Please note that	31 days diagnosis to first treatment (Target: >96%)	100%	96.7%	93.1%	95.0%	98.4%	100%	100%	100%	99.0%	98.3%	96.4%	97.4%	97.4%	$\mathcal{N}\mathcal{N}$	
all Cancer idicators show	31 days subsequent cancer treatment - Drug (Target: >98%)	100%	n/a	n/a	n/a	100%	100%	100%	100%	100%	100%	100%	100%	100%		
interim, unvalidated	31 days subsequent cancer treatment - Surgery (Target: >94%)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
ositions 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		
May-19) in this report	62 days GP referral to first treatment (Target: >85%)	83.3%	75.3%	63.6%	70.6%	96.0%	88.3%	86.2%	87.2%	91.5%	81.6%	77.5%	79.7%	79.7%	100	
	62 days NHS screening service referral to first treatment (Target: >90%)	n/a	n/a	n/a	n/a	90.9%	100%	n/a	100%	90.9%	100%	n/a	100%	100%	.A.A.A.	
Patient Safety	Clostridium difficile infections (Year End Target: 26)	1	1	2	3	0	0	1	1	1		3	4	4	n II n	
Learning ficulties Access	Self-certification against compliance for access to healthcare for people with Learning Disability	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant		
& Governance	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 in	dicators not a	applicable (e	g Radiothe	rapy) or inc	licators whe	re there is n	o available	data. Such	n months will	not appear i	n the trend graphs	
			RTT Admi	tted & Non-	Admitted are	no longer N	Monitor Con	npliance Indi	cators	Either	Site or Tru	ust overall p	erformance	red in each o	of the past three m	onti

## **Trust Commentary**

## A&E waiting times – Types 1 & 3 Depts

The A&E target was achieved on both hospital sites in May at 95.7%, with West Middlesex site seeing a 5% growth in attendances compared to May 2018. This continues to be the highest performance in London and within the top 5 performing Trusts nationally.

## Cancer

All cancer indicators with the exception of the 62 day GP referral to first treatment were compliant in May 2019. Work to improve the 62 day GP referral to first treatment performance is on-going, with action plans in place.

#### RTT

The RTT standard was delivered in May with further improvements from April

## **Clostridium Difficile infections**

There were 2 cases of healthcare associated, hospital on-set and 1 case of community on-set, healthcare associated Clostridium Difficile in May 2019. The Trust is showing 4 cases year to date against a target of 26.

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

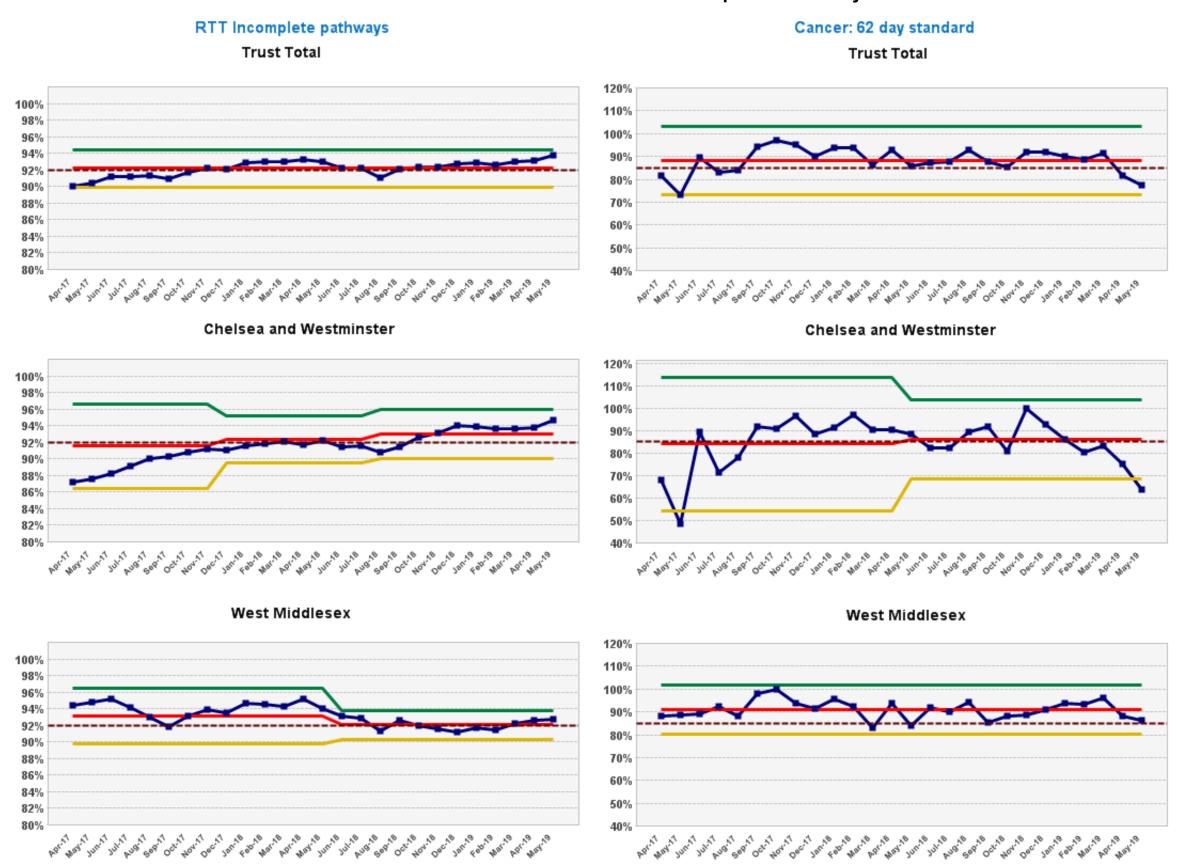
The Trust continues to be compliant against this indicator.





## **SELECTED BOARD REPORT NHSI INDICATORS**

## Statistical Process Control Charts for the 26 months April 2017 to May 2019







## Safety Dashboard

		Chelsea & Westminster Hospital Site				U		liddlesex Hospital S	iite		Trust data 13 months				
Domain	Indicator	Mar-19	Apr-19	May-19	2019- 2020	Mar-19	Apr-19	May-19	2019- 2020	Mar-19	Apr-19	May-19	2019- 2020 Q1	2019- 2020	Trend charts
lospital-acquired	MRSA Bacteraemia (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0	$\backslash \  \   \   \                        $
infections	Hand hygiene compliance (Target: >90%)	96.5%	96.2%	96.8%	96.5%	92.7%	94.0%		94.0%	94.9%	95.2%	96.8%	95.8%	95.8%	11.1.1.11
	Number of serious incidents	5	5	3	8	1	2	4	6	6	7	7	14	14	rabilithii
	Incident reporting rate per 100 admissions (Target: >8.5)	7.5	7.9	7.5	7.7	8.8	9.1	8.6	8.8	8.1	8.4	8.0	8.2	8.2	allbuta.
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions (Target: 0)	0.00	0.03	0.01	0.02	0.02	0.05	0.00	0.02	0.01	0.04	0.01	0.02	0.02	Mwy
Incidents	Medication-related (NRLS reportable) safety incidents per 1,000 FCE bed days (Target: >=4.2)	4.49	5.07	5.02	5.05	4.14	4.06	5.18	4.62	4.33	4.56	5.10	4.84	4.84	per \au_ne
	Medication-related (NRLS reportable) safety incidents % with harm (Target: <=2%)	0.0%	0.0%	0.0%	0.0%	0.0%	1.9%	0.0%	0.8%	0.0%	0.8%	0.0%	0.4%	0.4%	10101 N
	Never Events (Target: 0)	0	0	0	0	1	1	0	1	1	1	0	1	1	$\Delta M$
	Safety Thermometer - Harm Score (Target: >90%)	94.5%	90.0%	89.9%	89.9%	97.3%	95.9%	96.3%	96.1%	96.3%	95.0%	93.8%	94.2%	94.2%	$\nabla \sim $
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	0	0	0	0	0	0	0	0	0	0	0	0	0	mil i
Harm	NEWS compliance %	98.3%	98.5%	97.7%	98.0%	98.4%	95.8%	99.0%	97.3%	98.4%	97.2%	98.2%	97.7%	97.7%	$\sqrt{.}$
	Safeguarding adults - number of referrals	34	44	32	76	18	30	39	69	52	74	71	145	145	amahil
	Safeguarding children - number of referrals	9	115	11	126	78	87	89	176	87	202	100	302	302	antibin
	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	0.80	0.77	0.77	0.77	0.80	0.77	0.77	0.77	0.80	0.77	0.77	0.77	0.77	·\
	Number of hospital deaths - Adult	36	28	31	59	53	73	50	123	89	101	81	182	182	
	Number of hospital deaths - Paediatric	0	0	0	0	0	0	0	0	0	0	0	0	0	
Mortality	Number of hospital deaths - Neonatal	3	0	1	1	3	3	0	3	6	3	1	4	4	Junated L
	Number of deaths in A&E - Adult	1	4	2	6	1	3	5	8	2	7	7	14	14	1 1111.11
	Number of deaths in A&E - Paediatric	0	1	0	1	0	0	0	0	0	1	0	1	1	
	Number of deaths in A&E - Neonatal	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Please note the following	blank cell	An empty	cell denote	s those indic	ators curre	ntly under	developmen	ıt	Either	Site or Tr	ust overall	performance	red in each	of the past three m

## **Trust Commentary**

## MRSA Bacteraemia

0 cases of hospital acquired MRSA bacteraemia in May 2019.

## Number of serious incidents

7 Serious Incidents were reported during May 19: 3 at Chelsea and Westminster and 4 at West Middlesex

The SI report prepared for the Board contains further detail regarding SIs, including the learning from completed investigations.

## Incident reporting rate per 100 admissions

Overall, the incident reporting rate decreased during May 19 with a rate of 8.0 compared to 8.4 in April 19.

The West Middlesex site exceeded the 8.5 target rate with a rate of 8.6 and the Chelsea & Westminster site fell below the expected target with a rate of 7.5 The 2019/2020 year to date position is below the expected target rate, and is currently 8.2.

We continue to encourage reporting across all staff groups, with a focus on the reporting of no harm or near miss incidents.





## **Trust Commentary Continued**

## Rate of patient safety incidents resulting in severe harm or death per 100 admissions

There were 3 incidents reported with severe harm in May 19. No incidents were reported as death caused by the incident.

2 incidents are currently being investigated as serious incidents and 1 incident is awaiting SI confirmation by the Exec team.

The overall rate of patient safety incidents resulting in severe harm or death for 2019-2020 is currently 0.02, which is above the target rate of 0.

#### **Medication-related safety incidents**

A total of 166 medication incidents were reported in May 19. Chelsea & Westminster site reported 88, West Middlesex site reported 76 and Community nursing/clinics reported 2 incidents. 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.

## Medication-related (reported) safety incidents per 1,000 FCE Bed Days

The Trust has achieved an overall reporting rate of medication-related incidents involving patients (NRLS reportable) of 5.10 per 1,000 FCE bed days in May 2019. This is above both the Trust target of 4.2 and the national median of 4.0 (as per the latest Model Hospital data). The number of reported medication-related incidents per 1,000 FCE bed days for WM site is 5.18 highlighting an increase in the reporting rate from April (4.05). CW site continue to be above the target. The overall increase in reporting continues to be sustained following the Medication Safety Awareness week that took place earlier in the year.

#### **Never events**

No Never Events were reported during May 19.

## Safety Thermometer - Harm Score

The overall harm score decreased slightly by 1.2% in May 19 when compared to that of the previous month.

The score for the West Middlesex site was 96.3% and the score for the Chelsea and Westminster site was 89.9%.

The 2019/20 year to date position is above the expected target score, and is currently 94.2%.

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

Preventing Hospital Acquired Pressure Ulcers remains high priority for both sites.

There were no hospital-acquired grade 3 or 4 pressure ulcers reported on either site during May 2019.

## **NEWS** compliance %

Compliance across the 2 sites remains over 95% with West Middlesex achieving 99% compliance for May. Monthly audits continue with action plans for any area not achieving over 95%.

## Safeguarding children - number of referrals

There were 61 referrals from paediatric ED to Children's Social Care in May 2019.

-5- - - - - -





## **Patient Experience Dashboard**

		Chelsea & Westminster Hospital Site				U		liddlesex Hospital S	ite		Trust data 13 months				
Domain	Indicator	∆ Mar-19	Apr-19	May-19	2019- 2020	Mar-19	Apr-19	May-19	2019- 2020	Mar-19	Apr-19	May-19	2019- 2020 Q1	2019- 2020	Trend charts
	FFT: Inpatient recommend % (Target: >90%)	93.7%	94.1%	96.3%	95.2%	95.8%	95.8%	95.6%	95.7%	94.9%	95.1%	95.9%	95.5%	95.5%	144
	FFT: Inpatient not recommend % (Target: <10%)	3.0%	1.8%	1.4%	1.6%	1.0%	2.0%	1.1%	1.6%	1.9%	1.9%	1.2%	1.6%	1.6%	
Friends and Family	FFT: Inpatient response rate (Target: >30%)	29.6%	32.5%	32.0%	32.2%	20.0%	21.6%	20.5%	21.0%	23.4%	25.1%	24.0%	24.5%	24.5%	Tankara Vanna
	FFT: A&E recommend % (Target: >90%)	89.7%	90.3%	91.4%	90.8%	92.8%	88.8%	90.6%	89.8%	90.6%	90.0%	91.2%	90.6%	90.6%	M
	FFT: A&E not recommend % (Target: <10%)	6.3%	6.3%	6.0%	6.1%	2.7%	6.5%	7.0%	6.8%	5.3%	6.3%	6.2%	6.3%	6.3%	The party
	FFT: A&E response rate (Target: >30%)	19.6%	18.6%	19.9%	19.2%	31.1%	18.6%	19.1%	18.8%	21.8%	18.6%	19.7%	19.1%	19.1%	,,,.
	FFT: Maternity recommend % (Target: >90%)	93.1%	92.9%	92.6%	92.7%	98.4%	91.1%	92.8%	92.0%	93.7%	92.7%	92.6%	92.7%	92.7%	111-11111
	FFT: Maternity not recommend % (Target: <10%)	3.7%	4.3%	5.3%	4.8%	1.6%	5.4%	5.8%	5.6%	3.4%	4.4%	5.3%	4.8%	4.8%	11.111111
	FFT: Maternity response rate (Target: >30%)	19.1%	20.5%	20.9%	20.7%	18.8%	14.7%	17.8%	16.2%	19.1%	19.8%	20.4%	20.1%	20.1%	Victory of
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	46	57	61	118	36	30	39	69	82	87	100	187	187	
	Complaints formal: Number responded to < 25 days	26	31	28	59	18	17	13	30	44	48	41	89	89	Halldh
Complaints	Complaints (informal) through PALS	210	197	174	371	57	42	60	102	267	239	234	473	473	
	Complaints sent through to the Ombudsman	0	0	0	0	2	3	1	4	2	3	1	4	4	Jul.
	Complaints upheld by the Ombudsman (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0	

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

## **Trust Commentary**

## Friends and family test - Inpatients

Recommendation rate continues to improve. This is the first time we have crossed the 95% recommendation rate. The IT issues with data collections on tables from patients continue at the WM site; both sites will be utilising the support of Ward Clerks to enter the FFT data directly into the portal, by passing the need for handheld tablets. The challenge around dealing with paper surveys and tablet computers still sees the response rate below target.

## Friends and family test – A&E

Recommendation rate has increased by 1.2% compared to April 2019. Both ED departments continue with a static response rate which is below the Trust target of 30% but above the national average. Focused work is on-going with the ED teams to identify how this can be improved.

## Friends and family test - Maternity

Recommendation rate has reduced for the second month running. The CW maternity response rate has increased whereas the WMUH response rate has reduced and requires attention. It should be noted that this is in line with the trend represented in inpatients. Focused work is on-going with the Maternity teams to identify how this can be improved. Response rate has been at this approximate level for recent quarters.

## Breach of the same sex accommodation

There continues to have been no same sex accommodation breaches.

## Complaints formal: Number responded to < 25 days

There has been a drop in this response rate for the month of May, primarily due to vacancies within the team and high levels of team sickness. The vacant posts now recruited to a 1 new staff member has already joined the team with another to start next month, so this response time is expected to rise for next month.





# **Efficiency & Productivity Dashboard**

		Chelsea & Westminster Hospital Site				U	Middlesex Hospital S	iite		Trust data 13 months					
Domain	Indicator \( \triangle \)	Mar-19	Apr-19	May-19	2019- 2020	Mar-19	Apr-19	May-19	2019- 2020	Mar-19	Apr-19	May-19	2019- 2020 Q1	2019- 2020	Trend charts
	Average length of stay - elective (Target: <2.9)	3.45	2.97	3.40	3.20	2.90	2.87	3.49	3.22	3.32	2.95	3.42	3.21	3.21	$\sqrt{\Lambda}$
	Average length of stay - non-elective (Target: <3.95)	4.23	3.86	3.80	3.83	2.96	2.93	2.82	2.87	3.49	3.31	3.22	3.27	3.27	7~~~
Admitted Patient Care	Emergency care pathway - average LoS (Target: <4.5)	5.11	4.23	4.32	4.27	3.38	3.14	3.16	3.15	3.99	3.52	3.56	3.54	3.54	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
	Emergency care pathway - discharges	230	221	225	446	422	418	424	842	653	639	649	1289	1289	
	Emergency re-admissions within 30 days of discharge (Target: <7.6%)	3.97%	3.71%	3.02%	3.35%	10.92%	10.57%	9.96%	10.25%	7.28%	7.05%	6.39%	6.71%	6.71%	**************************************
	Non-elective long-stayers	463	406	420	826	414	398	362	760	877	804	782	1586	1586	
	Daycase rate (basket of 25 procedures) (Target: >85%)	82.7%	85.0%	84.8%	84.9%	84.5%	95.0%	84.8%	89.6%	83.4%	88.8%	84.8%	86.6%	86.6%	~\~~\^
	Operations canc on the day for non-clinical reasons: actuals	6	14	5	19	14	10	7	17	20	24	12	36	36	attitli lita
Theatres	Operations canc on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.20%	0.49%	0.16%	0.32%	1.10%	0.76%	0.47%	0.61%	0.47%	0.57%	0.26%	0.41%	0.41%	paranaga V
rneatres	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	0	2	0	2	10	5	2	7	10	7	2	9	9	. ata al la
	Theatre active time (Target: >70%)	70.5%	69.3%	71.3%	70.3%	75.1%	75.2%	77.8%	76.5%	72.0%	71.2%	73.4%	72.3%	72.3%	~\\
	Theatre booking conversion rates (Target: >80%)	85.0%	85.2%	84.6%	84.9%	0.1%	0.0%	0.1%	0.1%	62.1%	63.9%	63.1%	63.5%	63.5%	Vanaga and a
	First to follow-up ratio (Target: <1.5)	1.55	1.50	1.50	1.50	1.43	1.40	1.33	1.37	1.47	1.43	1.38	1.41	1.41	and thin
Outpatients	Average wait to first outpatient attendance (Target: <6 wks)	6.6	6.8	6.9	6.8	5.7	6.1	6.2	6.2	6.2	6.5	6.6	6.5	6.5	~\\\-
	DNA rate: first appointment	10.3%	9.6%	11.1%	10.4%	12.2%	12.4%	10.8%	11.6%	11.2%	10.8%	11.0%	10.9%	10.9%	A STATE OF THE PARTY OF THE PAR
	DNA rate: follow-up appointment	8.7%	8.9%	10.4%	9.6%	10.8%	10.7%	10.3%	10.5%	9.4%	9.5%	10.3%	9.9%	9.9%	-Manager
	Please note the following	blank cell	An empty	cell denote	s those indic	cators currer	ntly under o	developmen	t	Either	Site or Tri	ust overall p	performance	red in each	of the past three m

## **Trust Commentary**

## Average length of stay – elective

Chelsea & Westminster: 1 patient in each of Plastic Surgery, Craniofacial and Urology staying over 30 days each has caused an increase across the board. West Middlesex: Length of Stay is higher than average as 3 Colorectal patients had complications post-operatively with a total length of stay of 137 days.

## Procedures carried out as Daycases – basket of 25 procedures

Chelsea & Westminster: 0.2% off target due to late notice list cancellations. West Middlesex was slightly under target by 0.2% due to patient cancellations.

## Operations cancelled on the day for non-clinical reasons: % of total elective admissions

Chelsea & Westminster: Dropped from 14 in April to 5 in May.

West Middlesex: Cancellations on the day are within target for May 2019.

## Theatres:

The new Theatres Dataset will be rolled out from next month and will be updates from April





## Clinical Effectiveness Dashboard

		CI		Westmins ital Site	ter	U		liddlesex Hospital S	iite		Trust data 13 months				
Domain	Indicator \(\triangle \)	Mar-19	Apr-19	May-19	2019- 2020	Mar-19	Apr-19	May-19	2019- 2020	Mar-19	Apr-19	May-19	2019- 2020 Q1	2019- 2020	Trend charts
	Dementia screening case finding (Target: >90%)	83.5%	80.9%	71.2%	76.0%	90.2%	89.0%	90.1%	89.6%	86.3%	84.4%	79.8%	82.1%	82.1%	$\wedge \wedge \wedge \wedge$
Best Practice	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	100.0%	90.0%	93.8%	92.3%	100.0%	100.0%	77.3%	83.3%	100.0%	94.4%	84.2%	87.5%	87.5%	$\Delta\Delta$
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	100.0%	100.0%	94.4%	97.6%	80.8%	95.0%	71.4%	85.3%	88.4%	97.7%	84.4%	92.1%	92.1%	$\sim$
VTE	VTE: Hospital acquired	0	0	1	1	0	1	0	1	0	1	1	2	2	\\\\\
VIC	VTE risk assessment (Target: >95%)	94.0%	93.4%	93.1%	93.2%	49.7%	48.3%	56.4%	52.4%	75.9%	74.0%	77.6%	75.8%	75.8%	1
TB Care	TB: Number of active cases identified and notified	2	6	3	9	3	7	12	19	5	13	15	28	28	
	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**

## Dementia screening case finding

Chelsea & Westminster - 70.8%, dementia case manager is now in post and screening is on course for June.

West Middlesex – 90.1% Managers of ward clerks being met with to discuss daily printing of list of patients waiting to be screened to be discussed at board round.

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

Chelsea & Westminster: Of the 25 #NoF patients in May 2019, 9 were medically unfit for surgery. 1 of the patients was medically fit but was delayed due to theatre capacity and anaesthetist availability. 2 of the 25 patients were not assessed by a Geriatrician within 72 hours of admission due to the bank holidays.

West Middlesex: 5 out of 26 medically fit patients failed to have surgery within 36 hours. The first patient opted not to have surgery but then changed their mind. The second patient did not meet the 36 hours due to there being no list on bank holiday Monday. The remaining 3 patients were due to other clinical priorities on the day.

#### VTE Hospital acquired

C&W site: Clinicians are encouraged to report hospital associated VTE events via Datix for root cause analysis investigation. 1 hospital associated VTE event reported in May under current investigation.

WMUH site: Potential hospital associated VTE events identified and reported on Datix by responsible teams.

The VTE team are delivering urgent actions in response to the contributory factors identified in recent VTE-related serious incidents, with progress circulated and discussed with Executive team, NHS England/Improvement and coroners.

#### VTE risk assessment

C&W site: Performance has slightly declined compared to previous month (national target of ≥95% not achieved). Weekly and monthly VTE performance reports continue to be circulated to all divisions for dissemination and action, with inclusion in divisional quality reports. List of patients will outstanding assessments are circulated to medical teams for action.

**WMUH site:** On the Acute Medical Unit, the VTE risk assessment form is pre-printed in the medical and clerking booklet to allow medical staff to complete when clerking admitted patients (change in documentation process). Manual data collection process is in place for reporting of completion rates. Snapshot audit confirms 72% completion of VTE risk assessments on admission. Paper VTE risk assessment form included in surgical care pathway booklets/day case surgery to allow medical staff to complete, with manual data collection and reporting. Lesley Watts (EMB 15/05/19) to review and confirm resources to support WMUH data collection for accurate and timely performance reporting on completion rates, with feedback to VTE leads. Various education sessions delivered on 'learning from failure' and shared learning on hospital associated VTE events/serious incidents

## TB: Number of active cases identified and notified

There were three cases notified. This is for Chelsea & Westminster only as per London TB Register. The TB Service also manages TB cases at the Royal Brompton Hospital.

## Stroke

4 patients were unfortunately not admitted to the stroke unit in a timely manner which led to the decrease in performance on the WM site (some of which were for clinical reasons). The team is currently undertaking a root cause analysis on the breaches to improve processes and mitigate performance drop in June.





# **Access Dashboard**

		Cl		Westmins ital Site	ter	U		liddlesex Hospital S	iite		Trust data 13 months				
Domain	Indicator	Mar-19	Apr-19	May-19	2019- 2020	Mar-19	Apr-19	May-19	2019- 2020	Mar-19	Apr-19	May-19	2019- 2020 Q1	2019- 2020	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%)	98.15%	98.44%	98.07%	98.29%	99.80%	98.65%	99.88%	99.24%	99.41%	98.57%	99.23%	98.87%	98.87%	Z-V
	Diagnostic waiting times >6 weeks; breach actuals	29	61	54	115	10	74	6	80	39	135	60	195	195	$\sqrt{\sqrt{2}}$
	A&E unplanned re-attendances (Target: <5%)	8.7%	8.9%	8.8%	8.9%	8.6%	8.0%	7.9%	7.9%	8.7%	8.6%	8.5%	8.5%	8.5%	MARTINE
	A&E time to treatment - Median (Target: <60')	01:19	01:13	01:15	01:14	01:01	00:52	00:51	00:51	01:13	01:07	01:07	01:07	01:07	~~~~~~
A&E and LAS	London Ambulance Service - patient handover 30' breaches	18	16	30	46	15	22	34	56	33	38	64	102	102	Hilling
	London Ambulance Service - patient handover 60' breaches	1	1	1	2	1	0	0	0	2	1	1	2	2	1 - 1 1-1
Choose and Book	Choose and book: appointment availability (average of daily harvest of unused slots)	2886	2254	2464	2361	0	0	0	0	2886	2254	2464	2361	2361	millillim
(available to Mar- 9 only for issues)	Choose and book: capacity issue rate (ASI)														
	Choose and book: system issue rate	145	131	143	137										
	Please note the following	blank cell	An empty	cell denote:	s those indic	ators currer	ntly under o	developmen	1	Either Site	or Trust o	/erall perfo	rmance red in	n each of the	e past three months





## **Maternity Dashboard**

		Cł		Westmins ital Site	ter	U		liddlesex Hospital S	ite		Trust data 13 months				
Domain	Indicator	Mar-19	Apr-19	May-19	2019- 2020	Mar-19	Apr-19	May-19	2019- 2020	Mar-19	Apr-19	May-19	2019- 2020 Q1	2019- 2020	Trend charts
	Total number of NHS births	491	500	518	1018	364	388	399	787	855	888	917	1805	1805	
Birth indicators	Total caesarean section rate (C&VV Target: <27%; VvM Target: <29%)	39.9%	32.7%	36.9%	34.8%	36.3%	31.4%	30.4%	30.9%	38.4%	32.2%	34.0%	33.1%	33.1%	<u>.</u>
Dil ti i i i i i i i i i i i i i i i i i	Midwife to birth ratio (Target: 1:30)	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	
	Maternity 1:1 care in established labour (Target: >95%)	98.1%	97.5%	97.3%	97.4%	95.8%	98.2%	95.2%	96.7%	97.1%	97.8%	96.3%	97.1%	97.1%	$\sqrt{}$
Safety	Admissions of full-term babies to NICU	11	18	16	34	n/a	n/a	n/a	n/a	11	18	16	34	34	
	Please note the following	blank cell	An empty	cell denote:	s those indic	ators currer	tly under d	levelopment	0	Either Site	or Trust o	/erall perfor	rmance red in	n each of the	e past three months

## **Trust Commentary**

#### Birth rate

The birth rate has seen a slight increase on both sites in recent months (CW 518 & WM 399) and this is being managed well by the team. It is being reviewed carefully to ensure that the rate does not rise above safe levels in relation to capacity, particularly on the Chelsea site.

## CW site:

There were a total of 187 (36.8%) caesarean births. Year to date 34.8%

There were a total of 104 elective C/S at the CW site.

44 births (42.3%) were for previous Caesarean birth, 9 (8.7%) for breech presentation, 9 (8.7%) for maternal clinical indicators and 18 (17.3%) were for maternal choice, 1 (1.0%) were for foetal distress, 3 (2.9%) were for multiple pregnancy, Failure to Progress 2 (1.9%), 18 (17.3%) other.

A total of 83 women had an emergency C/S.

The main reasons for this was for failure to progress in labour 33 (41.0%) and foetal distress 34 (41.0%). 4 (4.8%) case was for breech presentation, 5 (6.0%) for previous C/S and 1 (1.2%) were for maternal clinical indication. 2 (2.4%) was for unsuccessful instrumental deliveries and 3 (3.6%) other

## WM site

There were a total of 124 (31.1%) caesarean births. Year to date 31.3%

There were a total of 50 elective C/S at the WM site

24 (48.0%) cases were for previous C/S. 7 cases (14.0%) were for breech and 4 (8.0%) for maternal request, 4 (8.0%) failed to progress/IOL, 1(2.0%) foetal distress, Maternal clinical indication 4 (8.0%), 4 (8.0%) were for multiple pregnancy, 2 (4.0%) unspecified other reasons.

There were a total of 74 Emergency Caesarean births at the WM site

12 (16.2%) was for failed progress in labour, 15 (20.3%) were for foetal distress, Maternal clinical indication 12 (16.2%), 8 (10.8%) was for Breech presentation, 5 (6.8%) were for previous section, 9 (12.2%) Abnormal CTG, 4 (5.4%) were for multiple pregnancy and 9 (12.2%) unspecified other reasons.

The 'birth after caesarean section' pathway is being reviewed on both sites and appropriate women are being encouraged to aim for a vaginal birth. Maternity continues to support 'maternal request for caesarean section' after women have followed the pathway for counselling. This pathway is currently being reviewed on the Chelsea site.

## **NICU Admission**

In May there were 16 admissions to NICU on the Chelsea site. The data for WM is not contained within the dashboard- this will be amended for next month.





# 62 day Cancer referrals by tumour site Dashboard

## Target of 85%

			Chelsea & Westminster Hospital Site						est Middle rsity Hosp			Trust data 13 months						
Domain	Turnour site	Mar-19	Apr-19	May-19	2019- 2020	YTD breaches	Mar-19	Apr-19	May-19	2019- 2020	YTD breaches	Mar-19	Apr-19	May-19	2019- 2020 Q1	2019- 2020	YTD breaches	Trend charts
	Breast	n/a	n/a	n/a	n/a		100%	100%	91.7%	94.4%	1	100%	100%	91.7%	94.4%	94.4%	1	
	Colorectal / Lower GI	100%	100%	100%	100%	0	100%	100%	80.0%	87.0%	1.5	100%	100%	82.4%	89.7%	89.7%	1.5	
62 day Cancer referrals	Gynaecological	n/a	100%	0.0%	50.0%	0.5	100%	100%	100%	100%	0	100%	100%	66.7%	87.5%	87.5%	0.5	
	Haematological	n/a	100%	100%	100%	0	100%	100%	0.0%	50.0%	1	100%	100%	60.0%	77.8%	77.8%	1	
	Head and neck	n/a	100%	n/a	100%	0	100%	100%	100%	100%	0	100%	100%	100%	100%	100%	0	W
	Lung	n/a	100%	n/a	100%	0	66.7%	n/a	n/a	n/a		66.7%	100%	n/a	100%	100%	0	
y site of turnour	Sarcoma	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		
.amoai	Skin	100%	96.6%	100%	97.8%	0.5	100%	88.9%	100%	96.0%	0.5	100%	94.7%	100%	97.1%	97.1%	1	M
	Upper gastrointestinal	n/a	50.0%	66.7%	57.1%	1.5	50.0%	100%	100%	100%	0	50.0%	66.7%	75.0%	70.0%	70.0%	1.5	$\bigvee$
	Urological	53.3%	52.8%	32.0%	44.3%	17	100%	76.5%	80.0%	77.8%	6	73.1%	64.3%	53.3%	60.0%	60.0%	23	types blacket
	Urological (Testicular)	100%	100%	n/a	100%	0	100%	100%	n/a	100%	0	100%	100%	n/a	100%	100%	0	
	Site not stated	n/a	n/a	57.1%	57.1%	1.5	n/a	100%	75.0%	80.0%	0.5	n/a	100%	63.6%	66.7%	66.7%	2	

## Trust commentary

There were 17 breaches of the standard: 11 at Chelsea with 6 at West Middlesex. This was from a total of 71 treatments. Split by Tumour site the breaches and treatment numbers were as follows:

Townson Cits	Chelsea a	nd Westminster	West Middlesex					
Tumour Site	Breaches	Treatments	Breaches	Treatments				
Breast	-	-	1	12				
Colorectal / Lower GI	0	1	1.5	7.5				
Gynaecological	0.5	0.5	0	1				
Haematological	0	1.5	1	1				
Head and Neck	-	-	0	0.5				
Lung	-	-						
Not yet coded	1.5	3.5	0.5	2				
Skin	0	8	0	8				
Upper Gastrointestinal	0.5	1.5	0	0.5				
Urological	8.5	12.5	2	10				
Totals	11	28.5	6	42.5				





# Safe Staffing & Patient Quality Indicator Report – Chelsea Site

# **April 2019**

	Day		Night		CHPPD	CHPPD	CHPPD	National Benchmark	Vacancy	Voluntary	y Turnover	Inp	atient fa	ıll with harı	n	Trust acq pressure 3,4,unstag	ulcer	Medica incide		FF scores 2018/19 Q4
Ward	Average fill rate - registered	Average fill rate - care staff	Average fill rate - registered	Average fill rate - care staff	Reg	НСА	Total			Qualified	Un- qualified	Mode	rate	Sev	ere					
	<u> </u>				<u> </u>							month	YTD	month	YTD	month	YTD	month	YTD	
Maternity	84.90%	87.60%	99.10%	93.70%	8.2	3.4	11.5	7 – 17.5	9.83%	19.96	17.46%							2	2	Not available
Annie Zunz	89.80%	89.60%	101.50%	93.30%	6	2.4	8.4	6.5 - 8	9.40%	28.18%	11.16%							3	3	96.90%
Apollo	92.50%	115.10%	88.70%	113.30%	17.7	4.5	22.1		3.85%	12.78%	0%							2	2	
Jupiter	105.30%	104.80%	97.60%	-	8.9	4.1	13	8.5 – 13.5	23.53%	32.60%	21.43%							5	5	94.60%
Mercury	73.30%	100.00%	67.30%	66.70%	7.8	1.4	9.2	8.5 – 13.5	15.80%	33.71%	0%							1	1	91.50%
Neptune	89.90%	96.70%	86.60%	0.00%	9.4	1.1	10.5	8.5 – 13.5	11.68%	12.92%	50%							1	1	96.00%
NICU	99.80%	-	98.30%	-	12.1	0	12.1		16.70%	15.97%	0%							2	2	96.60%
AAU	104.70%	74.70%	100.80%	99.60%	9.9	2.2	12	7 - 9	26%	16.12%	27.88%							8	8	85.50%
Nell Gwynne	103.80%	86.30%	107.60%	101.10%	4	3.5	7.5	6 – 8	-2.33%	37.75%	13.79%							5	5	84.80%
David Erskine	105.50%	108.00%	112.20%	114.40%	3.6	3.5	7.1	6 – 7.5	-4.18%	59.46%	14.57%	5	5							85.50%
Edgar Horne	99.50%	95.00%	102.10%	81.20%	3.4	3.2	6.7	6 – 7.5	6.29%	27.78%	0%							4	4	81.40%
Lord Wigram	94.90%	101.90%	105.60%	104.40%	3.8	2.7	6.5	6.5 – 7.5	6.76%	29.23%	7.14%							6	6	90.00%
St Mary Abbots	91.90%	93.30%	99.10%	97.80%	3.9	2.6	6.5	6 – 7.5	18.08%	21.95%	0%							1	1	97.80%
David Evans	95.10%	93.00%	106.10%	173.10%	5.7	2.6	8.3	6 – 7.5	19.71%	24.48%	0%	1	1	1	1			5	5	94.70%
Chelsea Wing	75.70%	89.30%	100.30%	88.40%	10.5	6.6	17.1		18.16%	18.82%	15.58%									93.20%
Burns Unit	100.00%	-	100.00%	-	20.9	0	20.9		11.82%	23.40%	28.32%									75.00%
Ron Johnson	89.20%	102.20%	100.00%	104.90%	4.7	2.6	7.3	6 – 7.5	21.52%	13.30%	22.22%	2	2					3	3	95.20%
ICU	100.00%	-	100.00%	-	24.3	0	24.3	17.5 - 25	11.07%	19.52%	0%							7	7	
Rainsford Mowlem	85.50%	0.00%	99.00%	93.40%	4	1.7	5.8	6 - 8	-1.99%	18.67%	0%	3	3					5	5	89.80%





# Safe Staffing & Patient Quality Indicator Report – West Middlesex Site

## **April 2019**

	Day		Nig	Night		CHPPD	CHPPD	National Benchmark
Ward	Average fill rate - registered	Average fill rate - care staff	Average fill rate - registered	Average fill rate - care staff	Reg	НСА	Total	
Maternity	92.7%	88.3%	98.5%	95.9%	6.1	1.7	7.8	7-17.5
Lampton	102.8%	100.8%	102.2%	100.0%	3.1	2.5	5.6	6-7.5
Richmond	98.4%	92.4%	98.2%	50.0%	7.5	3.3	10.8	6-7.5
Syon 1	100.6%	95.2%	102.2%	138.3%	3.8	2.7	6.5	6-7.5
Syon 2	100.2%	106.3%	99.5%	111.3%	3.5	2.8	6.3	6-7.5
Starlight	97.7%	72.7%	95.2%	-	8.2	0.2	8.4	8.5-13.5
Kew	81.3%	82.3%	100.0%	101.6%	3.1	2.7	5.8	6-8
Crane	98.7%	103.2%	100.0%	103.3%	3.1	2.6	5.7	6-7.5
Osterley 1	110.8%	130.2%	106.6%	138.3%	3.6	3.1	6.7	6-7.5
Osterley 2	109.5%	110.9%	112.4%	112.5%	3.9	3.5	7.4	6-7.5
MAU	101.0%	93.7%	95.3%	83.3%	6.8	2.8	9.6	7-9
CCU	97.7%	160.6%	100.3%	-	5.6	1.5	7.1	6.5-10
Special Care Baby Unit	75.8%	82.4%	72.2%	91.9%	6.1	2.5	8.7	
Marble Hill 1	94.3%	76.8%	92.6%	106.8%	3.9	3.0	6.9	6-8
Marble Hill 2	100.1%	101.8%	101.1%	100.0%	3.2	2.6	5.8	5.5-7
ITU	88.3%	29.9%	84.6%	-	29.6	0.5	30.1	17.5-25

Vacancy	y Voluntary Turnover		y Voluntary Turnover Inpatient fall with harm				n	Trust acquired pressure ulcer 3,4,unstageable		Medication incidents		FF scores 2018/19 Q4
	Qualified	Un- qualified	Mode	rate	Seve	ere						
			month	YTD	month	YTD	month	YTD	month	YTD		
1.95%	9.98%	14.21%									93.2%	
4.43%	12.21%	3.58%	4	4					1	1	96.9%	
6.92%	9.39%	0.00%							1	1	97.1%	
15.95%	15.87%	0.00%							3	3	100.0%	
6.68%	25.71%	23.96%	1	1					4	4	99.1%	
15.30%	0.00%	0.00%							2	2	91.7%	
7.52%	10.10%	4.15%	2	2					3	3	84.3%	
16.69%	6.21%	7.81%							2	2	86.0%	
4.22%	15.10%	0.00%							10	10	94.7%	
10.21%	0.00%	6.67%	1	1					3	3	95.5%	
7.74%	8.18%	0.00%	1	1					8	8	95.1%	
16.90%	0.00%	0.00%							1	1	92.9%	
14.96%	0.00%	0.00%							3	3	100.0%	
14.79%	15.54%	35.99%	1	1					5	5	96.4%	
14.94%	0.00%	0.00%	2	2							99.2%	
9.48%	16.07%	0.00%							4	4		





## **Safe Staffing & Patient Quality Indicator Report**

## **April 2019**

The purpose of the safe staffing and patient quality indicator report is to provide a summary of overall Nursing & Midwifery staffing fill rates and Care Hours per Patient Day (CHPPD). This is then benchmarked against the national range, and triangulated with staffing vacancy & turnover, associated quality indicators for the same month and patient experience for the previous quarter. Overall key concerns are areas where the staffing fill rate has fallen below 80% and to understand the impact this may have had on outcomes.

There were low fill rates on Mercury due to staff being moved to other wards where acuity was higher. Low fill rates for HCAs on nights on Richmond was due to staff bring diverted to the Day Surgery escalation area. There were low fill rates on Chelsea wing due to low patient numbers over the Easter period so staffing was reduced. Beds were reduced on Marble Hill 1 and frailty support workers were used to support unfilled HCA shifts resulting in a low fill rate for support staff. There were low fill rates on Starlight for support staff at night as staff were not required and the roster template is now being reviewed. Low fill rates on AAU for HCAs on days were risk assessed and judged to be safe. Low fill rates for RNs on SCBU were supplemented by Nursery Nurses caring for less dependent babies and deemed to be safe. There were increased fill rates over 120% on Osterley 1 and CCU due to patients with dementia who were at risk from falls and this risk was mitigated by increasing staffing levels for relevant shifts. Richmond ward shows a high CHPPD rate compared to the national average due to the bed census data being pulled at midnight, therefore not capturing day surgery patients.

In April there were no Trust acquired stage 3, 4 or unstageable pressure sores. There were 23 falls with moderate harm within the Trust and 1 fall with severe harm on David Evans ward. Family & friends test scores were highest on Syon 1 and SCBU and lowest in Burns (though patient numbers were low on Burns: 4 patients only responded).

Going forward, in line with recommendations by the National Quality Board (2016) and the Developing Workforce Safeguards (2018) guidance, on a bi-annual basis, actual CHPPD provided will be compared to CHPPD required, based on patient's acuity assessment as per the Shelford Safer Nursing Care tool. This will be presented to Board in association with other staffing and quality matrix. As part of this safe staffing review, on an annual basis, according to the 2018 guidance, the Director of Nursing & Medical Director must confirm in a statement to the Board that they are satisfied with the outcome of any assessment that staffing is safe effective and sustainable.





### **CQUIN** Dashboard

## May 2019

#### **National CQUINs (CCG commissioning)**

No.	Description of Indicator	Responsible Executive (role)	Forecast RAG Rating
CCG1a	Antimicrobial Resistance - lower urinary tract infections in older people	Deputy Medical Director	
CCG1b	Antimicrobial Resistance - antibiotic prophylaxis in colorectal surgery	Deputy Medical Director	
CCG2	Staff Flu Vaccinations	Chief Nurse	
CCG3a	Alcohol and Tobacco - Screening	Deputy Medical Director	
CCG3b	Alcohol and Tobacco - Tobacco Brief Advice	Deputy Medical Director	
CCG3c	Alcohol and Tobacco - Alcohol Brief Advice	Deputy Medical Director	
CCG7	Three high impact actions to prevent hospital falls	Chief Nurs e	
CCG11a	Same Day Emergency Care (SDEC) - Pulmonary Embolus	Chief Operating Officer	
CCG11b	Same Day Emergency Care (SDEC) - Tachycardia with Atrial Fibrillation	Chief Operating Officer	
CCG11c	Same Day Emergency Care (SDEC) - Community Acquired Pneumonia	Chief Operating Officer	

#### **National CQUINs (NHSE Specialised Commissioning)**

No.	Description of Indicator	Responsible Executive (role)	Forecast RAG Rating
PSS1	Medicines Optimisation and Stewardship	Medical Director	
SDS1	Secondary Dental Services	Chief Operating Officer	

#### 2019/20 CQUIN Schemes Overview

Nationally, CQUIN scheme content has been reduced in comparison with 2018/19, as has the associated funding. It has been agreed with Specialised Commissioning that the 'Medicines Optimisation and Stewardship' indicator will be our sole focus in 19/20. Agreement in principle has been reached with CCG Commissioners that payment will reflect 100% achievement for the year, but with our commitment that each indicator will be delivered on a 'reasonable endeavours' basis and, where possible, quarterly evidence submitted in the normal way. This is the same as the approach agreed for 18/19.

#### 2019/20 National Indicators (CCG commissioning)

The key change to note from 18/19 is that CQUIN funding has been reduced from 2.5% of contract value, to 1.25%. The number of indicators has been limited to 5 accordingly. The forecast RAG rating for each indicator relates only to expected delivery of the specified milestones, not financial performance.

#### 2019/20 National Indicators (NHSE Specialised Commissioning)

The key change to note from 18/19 is that CQUIN funding has been reduced from 2% of contract value, to 0.75%. The number of indicators has been reduced accordingly. The forecast RAG rating for each scheme reflects both expected delivery of the milestones and the associated financial performance.

#### 2018/19 CQUIN Outcomes

Final outcomes for 18/19 schemes will be confirmed shortly.



## **NHS Foundation Trust**

## **Council of Governors Meeting, 25 July 2019**

AGENDA ITEM NO.	2.3.1/Jul/19					
REPORT NAME	People performance report					
AUTHOR	Natasha Elvidge, Associate Director of HR; Resourcing					
LEAD	homas Simons, Director of Human Resources & Organisational Development					
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	<ul> <li>Excel in providing high quality, efficient clinical services</li> <li>Improve population health outcomes and integrated care</li> <li>Deliver financial sustainability</li> <li>Create an environment for learning, discovery and innovation</li> </ul>					
DECISION/ ACTION	For noting.					





# Workforce Performance Report to the People and Organisational Development Committee

Month 2 – May 2019



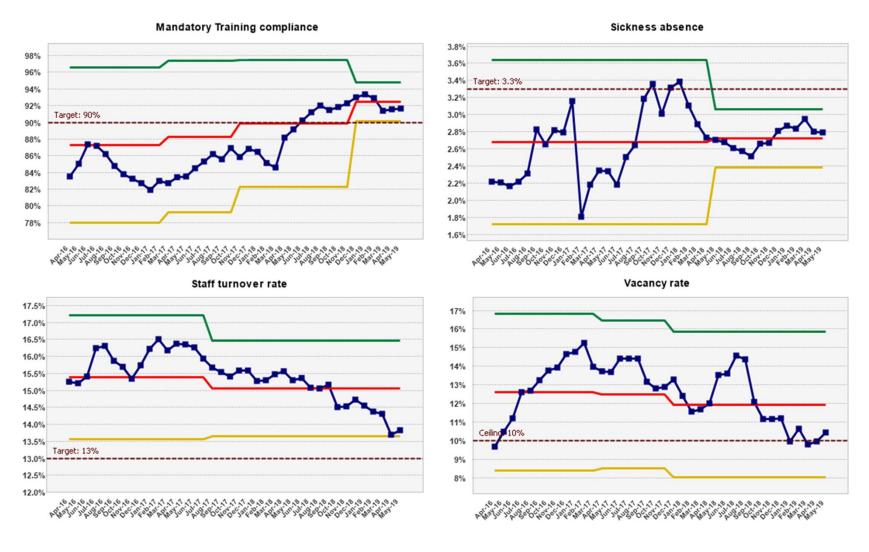


# **Statistical Process Control – April 2016 to May 2019**

#### WORKFORCE INDICATORS

Statistical Process Control Charts for the 38 months April 2016 to May 2019





		This Month	14 1041	TL:- 8441	C - III		RAG Status		Trend
ltem	Units	Last Year	Last M onth	This Month	Ceiling	Red	Amber	Green	rrend
1. Workforce Information					· ·				
1.1 Establishment	No.		6,277.26	6,314.75					<b>^</b>
1.2 Whole time equivalent	No.	5402.57	5652.11	5655.36					<b>^</b>
1.3 Headcount	No.	5878	6129	6136					<b>^</b>
1.4 Overpayments	No.								<del>←→</del>
. HR Indicators									
2.1 Sickness absence	%	2.70%	2.80%	2.79%	<3.3%				Ψ
2.2 Long Term Sickness absence	%	1.28%	1.51%	1.57%					<b>^</b>
2.3 Short Term Sickness absence	%	1.42%	1.29%	1.22%					¥
2.4 Gross Turnover	%	19.48%	18.24%	18.10%	<17%				¥
2.5 Voluntary Turnover	%	15.29%	13.72%	13.80%	<13%			•	<b>A</b>
3. Employee Relations									
3.1 Live Employment Relations Cases	No.		159	171					<b>^</b>
3.2 Formal Warnings	No.		1	1	······	······································			<del>-</del>
3.3 Dismissals	No.	••••••••••••	2	2					<b>←→</b>
4. Temporary Staffing Usage			200						<u> </u>
1.1 Total Temporary Staff Shifts Filled	No.		13544	13933					<b>^</b>
1.2 Bank Shifts Filled	No.		11776	12109					<u> </u>
4.3 Agency Shifts Filled	No.		1768	1824					<u> </u>
5. Vacancy	140.		1708	1024					<u>T</u>
5.1 Trust Vacancy Rate	%	13.53%	9.96%	10.40%	<10%	1			<b>^</b>
······································	70 %	11.69%	6.14%	10.40%	<10%				
5.2 Corporate			<b></b>						<u> </u>
5.3 Emergency & Integrated Care	%	16.15%	8.93%	8.68%	<10%				
5.4 Planned Care	%	13.80%	10.05%	11.10%	<10%				<u> </u>
5.5 Women's, Children and Sexual Health	%	11.33%	10.43%	10.70%	<10%				<u> </u>
5.6 Clinical Support	%		13.30%	12.30%	<10%				
5. Recruitment (Non-medical)	F	25	P			·			
5.1 Offers Made	No.		162	163					<u>^</u>
5.2 Pre-employment checks (days)	No.	•••••	19.7	19.5	<20	••••••			<u> </u>
5.3 Time to recruit (weeks)	No.		8.40	8.50	<9				
7. PDRs Undertaken (AfC Staff over 12 months	-			1 2 1/2 2000000 10 1					
7.1 Trust PDRs Rate (AFC Staff)	%	89.89%	85.93%	84.20%	≥90%				<u> </u>
7.2 Corporate	%	94.46%	80.54%	78.70%	≥90%				Ų
7.3 Emergency & Integrated Care	%	88.30%	85.55%	85.50%	≥90%				<u> </u>
7.4 Planned Care	%	90.12%	89.81%	87.60%	≥90%				¥
7.5 Women's, Children and Sexual Health	%	89.52%	84.73%	82.90%	≥90%				¥
7.6 Clinical Support	%		88.37%	84.70%	≥90%				4





# People and Organisational Development Workforce Performance Report May 2019 Key Performance Indicators



	April 19 SICKNESS											
Division	Sickness Abs.	RAG Status Ceiling <3%	Available WTE	Abs. WTE	Episodes	Long Term (WTE Lost)	% Long Term	Prev. Month	% +/-			
Corporate	1.72%		17241.59	295.73	63	194.00	1.13%	2.04%	-0.32%			
Emergency & Integrated Care	2.22%		46774.87	1039.86	219	603.20	1.29%	2.33%	-0.11%			
Planned Care	2.99%		30119.12	900.64	185	544.18	1.81%	2.90%	0.09%			
Women's, Children and Sexual Health	3.73%		49318.93	1839.84	331	1064.64	2.16%	3.42%	0.31%			
Clinical Support	2.52%		26624.14	671.36	161	258.80	0.97%	2.87%	-0.35%			
Trust	2.79%		170078.65	4747.43	959	2664.82	1.57%	2.84%	-0.05%			

	IV.	lay 19 Core Trai	IIIIIg		-all 17
Course	Last Month	This Month	Ceiling	RAG Status	Trend
Theory Adult BLS	73%	76%	<90%		<b>1</b>
Practical Adult BLS	86%	87%	<90%		<b>^</b>
Conflict Resolution	97%	96%	<90%		Ψ.
Equality, Diversity and Human Rights	94%	94%	<90%		€→
Fire	90%	88%	<90%		*
Health & Safety	96%	96%	<90%		€→
Infection Control (Hand Hygiene)	95%	95%	<90%		€→
Infection Control - Level 2	86%	93%	<90%		<b>^</b>
Information Governance	94%	91%	<95%		Ψ
Moving & Handling - Inanimate Loads	94%	94%	<90%		€→
Patient Handling (M&H l2)	89%	89%	<90%		<b>←→</b>
Safeguarding Adults Level 1	95%	95%	<90%		<del>( →</del>
Safeguarding Children Level 1	95%	95%	<90%		<del>( )</del>
Safeguarding Children Level 2	94%	93%	<90%		•
Safeguarding Children Level 3	92%	91%	<90%		*

May 19 Vacancy / Bank and Agency Ratio on "Fill Rate"											
Division	Budgeted WTE	Staff in Post (WTE)	Vacancy (WTE)	Bank Usage (WTE)	Agency Usage (WTE)	**Total WTE Used	Budget minus Used WTE	RAG Status			
Corporate	636.77	571.20	65.57	25.98	10.00	598.18	38.59				
Emergency & Integrated Care	1710.68	1562.19	148.49	226.83	43.57	1799.82	-89.14				
Planned Care	1117.85	994.11	123.74	142.81	29.20	1146.97	-29.12				
Women's, Children and Sexual Health	1818.86	1624.24	194.62	191.46	54.79	1795.55	23.31				
Clinical Support	1030.59	903.62	126.97	140.34	41.52	1059.42	-28.83				
TRUST	6314.75	5655.36	659.39	727.42	179.08	6399.94	-85.19				

May 19 Voluntary Turnover							
Division	Turnover	Prev Month	%+/-				
Corporate	15.13%	14.36%	0.77%				
Emergency & Integrated Care	14.60%	14.73%	-0.13%				
Planned Care	11.58%	11.23%	0.35%				
Women's, Children and Sexual Health	14.71%	14.54%	0.17%				
Clinical Support	12.60%	12.62%	-0.02%				
TRUST	13.83%	13.70%	0.1%				

	Key to Sickness Figures
Ş	Sickness Absence = Calendar days sickness as percentage of total available working days for past 3
	months
	Episodes = number of incidences of reported sickness
	A Long Term Episode is greater than 27 days
	**Total WTE Used Adjusted to account for staff currently on maternity leave





# People and Organisation Development Workforce Performance Report May 2019

#### Establishment, Staff in Post and Vacancies:

There has been a slight increase in the vacancy rate for May, 10.44% against the Trust 10% ceiling. The Trust had 58wte leavers and 68wte starters in Month 2 with the difference being adjustments to existing staff contractual hours (7wte). The increase in the vacancy rate is due in part to an increase in establishment (37.49 wte), the creation of the new Division and subsequent adjustments / movements and delayed reconciliation process for months 1 and 2. It is expected the establishment will become less volatile in Month 3.

The qualified nursing rate is 8.02% which equates to 188.4wte. There were 15 new starters in Month 2, 12 of which were international nurses. The Clinical Support Division has the highest vacancy rate at 12.9%. Other additional clinical staff is reporting the highest vacancy rate of 15.8% which is an increase in May of 7.9% due to a national change in staff coding of apprentices which has decreased the FTE in post by 16.41.

In May, 163 offers have been made, 244 advertised vacancies , 169 have agreed start dates and 556 posts in the recruitment pipeline.

A business case is being developed to implement a Talent Acquisition model for both Medical and AHP's which will aim to attract and retain staff to the Trust.

#### Sickness Absence: (March)

The sickness absence rate is 2.79% in May from 2.80% in April. The highest Division is Women's & Children's at 3.73% (up 0.31%)and unqualified staff are reporting the highest at 4.40% (down 0.4%). The ER Team continue to work with managers to support staff through sickness absence and there are currently 55 long term and 48 short term absences cases being managed by the ER team.

A Health & Wellbeing staff group has been established and a number of initiatives are being planned to support staff and a Health and Wellbeing week will be held in July to raise awareness of what the Trust currently offers.

#### **Staff Turnover Rate:**

The voluntary turnover rates is currently 13.8% a 0.13% increase from the previous month. There has been an increase in turnover rates across all staff groups with the exception of admin & clerical and unqualified nursing.

The Trust continues to implement retention initiatives such as retire and return process, stay surveys, internal move process and career conversations.

#### **Temporary Staffing:**

Temporary staffing usage has increased this month. In May 13,933 temporary staffing requests were filled in comparison to 13,544 in April, however, the temporary spend for the month decreased as bank shifts were used to replace agency usage. In addition, our temporary staffing fill rate has increased by 0.3% to 90.1% this month.

The main drivers for this have been vacancy 60.0%, workload 24.3%, sickness 7.0%, specialising 6.2% and others 2.5%.

Weekly pay review meetings have been established to ensure there is tighter control over pay spend.

#### Mandatory Training Compliance:

The trusts mandatory training compliance rates have remained static at 92% in May which remains above our ceiling rate of 90% for the eleventh consecutive month. Infection control level 2 has increased by 7% this month however, information governance has fallen for the 2nd successive month. The IG Team will be increasing their communications to the trust and to support the new module on Learning Chelwest.

#### PDR:

The PDR rate saw a decrease in May of 1.7% to 84.20%. All Divisions services are provided with monthly management reports detailing completion rates and plans are in place to support managers and staff to plan and complete PDPs as part of the reporting cycle thereby further increasing completion rates.





## People and Organisation Development Workforce Performance Report May 2019

	PDR's Complet	ed Since 1st Ap	ril 2019 (1	9/20 Financial Year)	
Division	Band Group	%	Division	Band Group	%
COR	Band 2-5	1.35%	CSD	Band 2-5	1.89%
	Band 6-8a	9.71%		Band 6-8a	3.09%
	Band 8b +	10.14%		Band 8b +	50.00%
Corporate		6.86%	Clinical Su	pport	3.65%
PDC	Band 2-5	10.76%	EIC	Band 2-5	10.76%
	Band 6-8a	6.83%		Band 6-8a	6.83%
	Band 8b +	7.69%		Band 8b +	7.69%
Planed Car	e	8.90%	<b>EIC Emerg</b>	gency & Integrated Care	8.90%
WCH	Band 2-5	3.13%			
	Band 6-8a	1.67%			
	Band 8b +	6.25%			
WCH Wom	en's, Children's & SH	2.35%			
Band 2-5	Band 6-8a	Band 8b +			
8.70%	5.83%	14.49%	Trust Tota	al	7.64%









## **NHS Foundation Trust**

## **Council of Governors Meeting, 25 July 2019**

AGENDA ITEM NO.	2.4/Jul/19
REPORT NAME	Council of Governors election November 2019 - update
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Sheila Murphy, Company Secretary
PURPOSE	To provide the Council of Governors with a brief outline of process for election and the seats coming up for election in November 2019.
SUMMARY OF REPORT	Our Trust has 30 elected and appointed Governors with the majority of our Governors (27 out of 30) being directly elected from and by our members.
	All qualifying members that are aged 16 years or over are able to nominate themselves to stand for election as a Governor during the election process which is due to commence at the end of September.
	The election timetable will be agreed with the Returning Officer in early August and will be shared with the Council of Governors. The election timetable will also be publicised to our members at the 5 September Annual Members' Meeting.
	The Trust will be holding election to the Council of Governors in November 2019 in the following constituencies:
	<ul> <li>Public: City of Westminster (vacant seat)</li> <li>Public: London Borough of Hammersmith and Fulham (vacant seat)</li> <li>Public: London Borough of Wandsworth (seat currently occupied by Tom Pollak)</li> <li>Public: Royal Borough of Kensington and Chelsea (seat currently occupied by Paul Kitchener)</li> <li>Staff: Allied Health Professionals, Scientific and Technical (seat currently occupied by Chisha McDonald)</li> <li>Staff: Support Administrative and Clerical (vacant seat)</li> </ul>
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.

EQUALITY & DIVERSITY IMPLICATIONS	N/A
LINK TO OBJECTIVES	All
DECISION/ ACTION	For information and noting.



## Council of Governors' Meeting, 25th July 2019

AGENDA ITEM NO.	3.1/Jul/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 Question:

'The serious "Listeria" outbreak in June that has affected some NHS hospitals. The loss of lives due to this health problem is worth a discussion.

What corrective action our Trust has taken to prevent an occurrence of this deadly outbreak?

The strain has been linked to pre-packaged sandwiches and salad's supplied by The Good Food Chain, which has voluntarily ceased production while a health probe into the outbreak continues.'

# Response from Berge Azadian Director of Infection Prevention and Control and Marie Courtney Deputy Director of Estates and Facilities:

Following information received from Public Health England in regards to fatal Listeria incidents in healthcare environment in two hospitals in the UK, (neither in CW nor in WMUH), provision of all sandwiches was ceased for all patients on both sites with immediate effect, although none of the affected sandwiches ( chicken and mayonnaise and chicken and stuffing) had formed part of our inpatients menu, they were however used in Snack Boxes at CW for Treatment Centre, A+E and Outpatients. The supplier (The Good Food Chain) has been removed from use by ISS (from both sites)and a new supplier has been nominated.

Dr Berge Azadian, Director of Infection Prevention and Control raised this issue at the cross site infection prevention and control group on 19th June. He was advised by the Public Health England Health Protection representative that they are observing for cases of Listeriosis and are not actively following up any patients.

#### 1.2 Questions raised by Kush Kanodia Patient Governor

The elected body of Chelsea Westminster Foundation Trust Hospital has previously stated that we the Council of Governors are strongly against charging for disabled parking in Chelsea Westminster hospital. When was the last previous time the appointed executive body of the Trust showed a total disregard to the elected Council of Governors and our Trust values of being "Unfailingly Kind", like has been shown with the decision to charge for disabled parking against the specific collective views of the Council of Governors?

#### **Response from Sir Thomas Hughes-Hallett, Chairman**

In my six years as Chair of the Trust I can confirm that it has never shown a disregard for the Council of Governors or the Trust's PROUD values launched in 2016 and to which all Trust staff continue to demonstrate their commitment.

It should be remembered that there are often difficult decisions that have to be taken by the Trust's Board in the interest of patients and the Trust as a whole.

# 1.3. Question raised by Cllr. Patricia Quigley, Labour Councillor for Hammersmith Broadway Ward, London Borough of Hammersmith and Fulham

I note one of the objectives from the staff survey in health and wellbeing is "Improvement in staff survey re musculoskeletal service to at least average." Are you able to tell me what the problem regarding the service is, please?

# Response from Thomas Simons, Director of Human Resources & Organisational Development

In relation to the staff survey *Question 11B – "In the last 12 months have you* 

	experienced musculoskeletal problems (MSK) as a result of work activities" in 2017 the Trust reported 25.4% of staff had and in 2018 this increased to 31.6%. The Trust has implemented the a fastrack Physio service for staff and is looking into the manual handling team being more visible and available for assessments
	1.4 Attendees at the BAME network  Is any Ethnicity data on internal promotions (CW and WM) in last 12 to 18 months regardless of whether the post had been advertised internally or externally
	Response from Thomas Simons, Director of Human Resources & Organisational Development The Trust does not currently capture data in this way, however from the data available the trust reports that non BAME candidates are 1.66 more likely to be successful than a candidate from BAME background. This is area of focus for the Trust
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	For information.