Chelsea & Westminster Hospital NHS Foundation Trust Council of Governors

Main Hospital Boardroom, Chelsea and Westminster Hospital 31 October 2019 16:00 - 31 October 2019 18:00





COUNCIL OF GOVERNORS 31 October 2019, 16.00 – 18.00 Main Hospital Boardroom, Chelsea and Westminster Hospital

Agenda

15.00 – 15.50		Lead Governor and COG Informal Meeting PRIVATE (attended by the Lead Governor and Governors only)						
	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 July 2019, including 1.3.1 Action Log and Governors' iLog 1.3.2 Disability Access Working Group Terms of Reference & update	Report Report Report	For Approval For Information For Information	Chairman Director of Human Resources & OD			
	1.4	QUALITY						
16.15	1.4.1	Quality Committee Report to Council of Governors	Report	For Information	Liz Shanahan, NED, supported by Chief Nursing Officer			
16.35	1.5	Digital Developments (COG Away Day action 15.11)	Pres.	For Information	Felix Vaal, ICT Project Manager			
16.50	1.6	Governors Away Day November 2019 – plan	Report	For Discussion	Chairman / Lead Governor			
17.00	1.7	Quality Sub-Committee report – September 2019	Verbal	For Information	Lead Governor			
	2.0	PAPERS FOR INFORMATION						
17.10	2.1	Chairman's Report	Report	For Information	Chairman			
17.20	2.2	Chief Executive Officer's Report	Report	For Information	Chief Executive Officer			
17.30	2.3	Performance and Quality Report, including 2.3.1 Winter Preparedness 2.3.2 People Performance Report 2.3.2.1 EU Exit update	Report Report Report Verbal	For Information	Chief Executive Officer Director of Human Resources & OD			
17.40	2.4	Council of Governors Election November 2019 – update	Report	For Information	Board Governance Manager			
	3.0	OTHER BUSINESS						

17.45	3.1	Questions from the governors and the public	Report/ Verbal	For Information	Chairman
17.55	3.2	Any other business, including: 3.2.1 Schedule of Meetings	Verbal Report		Chairman
18.00	3.3	Date of next meeting – 30 January 2020, 16.00-18.00, followed by NED/Governor Strategy and Representation Group Meeting, 18.00 – 19.00, Boardroom, Chelsea and Westminster Hospital			



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	1			1/2	
Richard Ballerand	Public	Kensington and Chelsea	1	Х			1/2	
Juliet Bauer	Patient		Х	1			1/2	
Tom Church	Patient		X	1			1/2	
Nigel Davies	Public	Ealing	/	Х			1/2	
Christopher Digby-Bell	Patient		✓	1			2/2	
Simon Dyer	Patient		✓	1			2/2	
Angela Henderson	Public	Hammersmith and Fulham	✓	1			2/2	
Anna Hodson-Pressinger	Patient		✓	1			1/2	
Elaine Hutton	Public	Wandsworth	/	Х			1/2	
Jodeine Grinham	Staff	Contracted	Х	Х			0/2	
Kush Kanodia	Patient		1	1			2/2	
Paul Kitchener	Public	Kensington and Chelsea	1	✓			2/2	
Minna Korjonen	Patient		/	✓			2/2	
Johanna Mayerhofer	Public	London Borough of Richmond upon Thames	✓	X			1/2	

Chisha McDonald	Staff	Allied Health Professionals, Scientific and Technical	✓	✓			2/2	
Mark Nelson	Staff	Medical and Dental	✓	Х			1/2	
Fiona O'Farrell	Public	London Borough of Richmond upon Thames	✓	1			2/2	
Jennifer Parr	Staff	Management	✓	1			2/2	
David Phillips	Patient		✓	1			2/2	
Tom Pollak	Public	Wandsworth	✓	1			2/2	
Cllr Patricia Quigley	Appointed	London Borough of Hammersmith and Fulham	✓	1			2/2	
Jacquei Scott	Staff	Nursing and Midwifery	Х	1			1/2	
Dr Desmond Walsh	Appointed	Imperial College	✓	1			2/2	
Laura Wareing	Public	Hounslow	✓	1			2/2	
Sonia Samuels (Governor until 27.07.19)	Public	City of Westminster	Х	Х	N/A	N/A	0/2	N/A



DRAFT

MINUTES OF COUNCIL OF GOVERNORS 25th July 2019, 16.00 – 18.00

Meeting Room A, West Middlesex Hospital

Present:	Sir Thomas Hughes-Hallett Nowell Anderson Juliet Bauer Tom Church Christopher Digby-Bell Simon Dyer Angela Henderson	Chairman Public Governor Patient Governor Patient Governor Patient Governor Lead Governor/Patient Governor Public Governor	(THH) (NA) (JB) (TC) (CDB) (SD) (AH)
	Anna Hodson-Pressinger	Patient Governor	(AHP)
	Kush Kanodia	Patient Governor	(KK)
	Paul Kitchener	Public Governor	(PK)
	Minna Korjonen	Patient Governor	(MK)
	Chisha McDonald	Staff Governor	(CM)
	Fiona O'Farrell	Public Governor	(FOF)
	Jenny Parr	Staff Governor	(JP)
	Tom Pollak	Public Governor	(TP)
	David Phillips	Patient Governor	(DP)
	Cllr Patricia Quigley	Local Authority Governor	(PG)
	Jacquei Scott	Staff Governor	(JS)
	Dr Desmond Walsh	Appointed Governor	(DW)
	Laura Wareing	Public Governor	(UW)
In attendance:	Lesley Watts	Chief Executive	(LW)
	Thomas Simon	Executive Director	(TS)
	Nick Gash	Non-executive Board member	(NG)
	Vida Djelic	Board Governance Manager	(VD)
	Shelia Murphy	Company Secretary	(SMM)
	Emily Clayton (Minutes)	Deputy Company Secretary	(EC)
Apologies:	Richard Ballerand	Public Governor	(RB)
10	Nigel Davies	Public Governor	(ND)
	Elaine Hutton	Staff Governor	(EHu)
	Jodeine Grinham	Staff Governor	(JG)
	Johanna Mayerhofer	Public Governor	(JMa)
	Mark Nelson	Staff Governor	(MN)
	Martin Lupton	Honorary Non-Executive Director	(ML)
	Jeremy Jensen	Non-Executive Director	(11)
	Dr Andy Jones	Non-Executive Director	(AJ)
	Steve Gill	Non-Executive Director	(SG)
	Eliza Hermann	Non-Executive Director	(EH)
	Liz Shanahan	Non-Executive Director	(LS)
	Nilkunj Dodhia	Non-Executive Director	(ND)

	Public Session		
1.0	STATUTORY/MANDATORY BUSINESS		
1.1	Welcome and apologies for absence		
	THH welcomed members and attendees to the meeting and apologies for absence were noted as above. THH noted that transport had been arranged for those Governors who had requested transport in advance of the meeting.		
	THH noted that after many failed attempts in contacting Sonia Samuels (Public Governor) it has been decided that her position will be vacated in accordance with the Constitution due to her continued absence from the Council of Governors' (COG) meeting.		
	Jenny Parr (Staff Governor) has also asked to stand down.		
1.2	Declarations of interest		
	KK announced that he had been elected as an Ambassador for Disability Rights UK. THH congratulated KK on this achievement and wished him success.		
1.3	Minutes of the previous meeting held on 14 February 2019 and Action Log		
	The minutes of the previous meeting were approved as a true and accurate record, no amendments were requested.		
1.3.1	Action Log		
	1.3 Associate NED post This action will be addressed as part of item 1.6 on today's agenda.		
	3.1 Provision of Bike racks The Trust is looking into more bike racks for staff.		
	3.1 St Mary Abbots signage The Estates and Facilities team will be looking at all of the signage in the hospital to make sure it is clearer for visitors.		
	Test Bed case Study (Actions agreed at Council of Governors away day – 15 November 2018) AH will report back to the Quality Sub-Committee any updates from the test bed case study.		
	Acronyms Document THH suggested that Stephen Cox (Acting Director of Communications) assist with a cover sheet of acronyms.		
	KK commented that there was an NHS Acronym Buster app that could be circulated to the COG for ease of use.		
	Action: SMM to circulate a link to the acronym buster app.		
1.3.1.1	Disclosure of Governor attendance		
	The following 3 options were discussed by the COG during the informal session (3-4pm); 1. The Board Governance Manager to actively encourage governors standing for re-election to declare their attendance as part of the election process.		
	The Guidance for prospective governor's document to be updated to include the requirement for disclosure of Governor Attendance when seeking re-election.		
	3. 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.		

SD explained that the COG felt option 1 would not be suitable but that option 3 is the preferred option. The COG asked that absence data be presented in overall percentage format.

KK commented that a caveat needed to be added to note that illnesses or family sickness would be taken into consideration for low attendance.

THH summarised that the COG had voted to put in place option 3 reporting of which could reflect relevant personal circumstances and 75% overall attendance. The amendments to the constitution will be sent to SD for approval on behalf of the COG, it will then be taken to Annual Members' Meeting (AMM) for approval.

Action: SMM to amend the constitution to reflect option 3, the Constitution will then be taken to AMM in September.

1.3.1.2 | Governors' Qualification, Experience and Skills Audit

VD explained that at the Away Day in November 2018 Governors felt that in order to best identify gaps in overall skill set it would be useful to map out the existing skill sets with a view to the Trust providing training where possible to address any gaps. NHS Providers suggested the audit as best practice. The proposed audit has been appended to the papers; VD explained that it was a voluntary submission.

THH commented that the audit would be a useful tool to assist SD when considering appointment of a new chair to a sub-committee. MK agreed it would be very helpful.

SD commented that the COG as a whole had reservations regarding the audit and that it needed further discussion. The item was therefore formally deferred for further discussion.

1.3.2 **Governor iLog**

The COG commented that the ilog read as a list of patient issues rather than a Governors ilog and asked that another column be added to identify which COG sub-committee an issue had been raised, who held responsibility for the issue raised, action taken and if open/closed. LW confirmed that the iLog is available on the Trust's intranet.

Action: EC to add a further column to the Governor iLog to demonstrate which sub-committee the issue has been raised through.

1.4 QUALITY

1.4.1 Audit and Risk Committee Report to Council of Governors

Nick Gash (NED) presented the report in his capacity as Chair of the Audit and Risk Committee (ARC) and noted that it is the first report to COG to cover a full annual audit. The minutes of the Audit and Risk Committee held on the 24 July were unavailable due to a short turnaround time however NG commented on the significant progress in the Trust's Risk Assurance Framework itself providing assurance of the Trusts process for capturing risk.

The Trust has been working on the Board Assurance Framework (BAF), which identifies high level long term strategic risks that impact on the main strategic priorities in the organisation. This is used as a tool to review and ensure that the organisation is aware of the risks around the strategic objectives. NG stressed the importance of the continuing development of the BAF which will be seen as part of the Board papers and will be scrutinised by the CQC.

NG also informed COG that ARC discussed the core risks in relation to cyber security and commented that the Trust and the NHS nationally is in a much better place since the WannaCry virus in 2018. The Centre is now involved in highlighting potential risks to local teams. The advance protection system that Microsoft is rolling out across the Trust has helped ward off any potential attacks. In addition the Trust is 77% of the way though updating the old computer hardware leaving 23% of old computers at risk; the replacement schedule was on target but there was a need to plan five to 10 years ahead. It will remain a standing item on the ARC Agenda.

NG also informed the COG that the Audit of the Terms of Reference of Board Committees had been undertaken with Julie Myers, former Company Secretary, providing valuable contribution.

In response to KK, NG explained that the ARC does not measure reputational risk but it would be seen in the impact. LW reassured the COG that with any risk to Trusts reputation, the Trust looks at the impact on patients and the impact on staff to be able to deliver the best care. In response to FOF asking how involved the Communications team is with ARC in terms of reputational risk, NG explained that ARC is a process led committee so would have little involvement; the Director of Communication would be involved in any reputational risks.

In response to CC, NG commented that primarily the Board and Executive leadership consider risk against any gain or benefit but the BAF exists to understand why decisions are made and their potential consequences.

THH commented that the Trust takes risk throughout the day giving examples of clinical trials, major capital development without funding, Cerner and that it was the ARC's role to minimise the risk with other committees taking the decision to take the risk identified; all projects are audited on completion to reflect the handling of the matter and the outcome. LW confirmed that the Trust does what it believes is the greater benefit with a risk assessment in every business plan.

1.5 Our workforce, including Health and Wellbeing

THH on behalf of Eliza Hermann offered the COG an informal briefing session with TS, newly appointed Director of Human Resources & Organisational Development.

Improving Race Equality through Promoting Fairness

Steve Gill (NED) was unable to attend the meeting therefore with agreement of COG TS presented the paper highlighting:

- Race equality is a national area of focus for the NHS, especially in London
- The Trust's results were above the national average for three out of four of the major indicators
- The Trust asked for an external independent review to further understand the staff survey results
- 5 key objectives have been identified
- The Trust has set up influential staff networks such as the BAME network which is being led by Karen Bonner. The Trust celebrated Windrush day on both sites
- There will be changes to the Disciplinary processes from the 1 September onward, changes to Recruitment processes from 1 January 2020 onward and changes to Board and Leadership Development from 3October onward

KK noted his interested in being involved in BAME network events.

PK asked TS his thoughts on bullying and harassment being an underreported issue within the workplace and how the Trust measures this. TS explained that the NHS staff annual survey captures feedback from staff and the way in which the Trust responds to the data collected impacts how comfortable staff feel in coming forward. TS also commented that violence against staff should be captured on Datix; conflict resolution training is available and debriefs take place after incidents. LW commented that all staff are encouraged at Team Briefings and in the daily Bulletin to report such matters

LW further stated that the results of the staff survey had been published on the daily bulletin and were talked about at team brief.

AH asked how confident the Trust was that staff were using Datix to report incidents. LW commented that Datix reporting rates had increased. There are an increasing number of champions within the Trust. There is also increased visibility of the Freedom to Speak up Guardian programme.

1.6 Non-Executive Director Nominations and Remuneration Committee

The paper was jointly presented by SD and THH updating the COG on the recruitment of NEDs.

THH commented that ahead of the recruitment process the Trust used the learning provided by The Royal Free in which it was identified that an organisation would be more likely to appoint a BAME candidate if the interview panel consisted of BAME members. With the current recruitment BAME panel members included CD on behalf of the Governors, Karen Bonner, Divisional Nurse and Hardev Virdee, Chief Finance Officer, Central & North West London NHS FT as the independent director. Three individuals were interviewed from a BAME background. It was a unanimous recommendation from all involved in the recruitment process to appoint Aman Dalvi (OBE) and Ajay Mehta. THH noted that there would be a 12 month period before any new NEDs were recruited.

THH gave the COG a brief background of the candidates professional skill set and work history. He noted they were exceptional however neither candidate had communications experience which was a disadvantage as Liz Shanahan would be leaving in November, but he felt that they both bring relevant experience to the existing NED portfolio.

In response to TP THH suggested the newly appointed NEDs become involved in the work of the Trust as soon as possible and that meetings would be opened up to them for shadowing opportunities where appropriate. THH also noted that one of the interviewees would be approached to undertake work on innovation with Chris Chaney. JB was reassured by THH on possible gender bias noting that the third candidate of choice was a woman.

SD commented overall on the excellent service provided by recruitment agency Odgers and Berndston.

THH and SD recommend the appointments of Aman Dalvi and Ajay Mehta as the new Non-Executive Directors; the COG's were all in agreement.

Review of Terms of Reference

The paper was discussed at part of the pre-meet today.

TP relayed the thoughts from the discussion, commenting that COG considered that in section 8 'The NED Nominations and Remuneration Committee will meet at least on a biannual basis' the term biannual basis was unhelpful and should be changed to twice a year.

The COG also felt that the meeting should be called by the Company Secretary.

The COG approved the Nominations and Remuneration Terms of Reference, subject to the above amendments.

COG sub-committees:

1.7.1 Membership and Engagement Sub-Committee report - June 2019, including the Membership and Engagement Strategy (for approval)

DP gave an update to the COG; the sub-committee recognises the low membership uptake at the West Middlesex site and has worked with VD to produce a strategy. It was noted that the sub-committee would like support from communications with publicising the available membership events.

SD commented that there was a need to involve members more than just at the Annual Meeting. LW responded that the Trust is always willing to provide clinical presentations and does so but attendance by COG member is low. DP asked the COG members to attend and facilitate the 'meet a Governor' sessions as they have been poorly attended in recent years.

KK asked if AJ, the newly appointed NED could help governors with increasing membership at the West Middlesex site. THH agreed that this could be part of his portfolio.

The COG approved the Membership and Engagement Strategy.

1.7.2 Quality Sub-Committee report - June 2019

LW noted that the Staff Awards ceremony would be held on 2 October at the Harlequins Rugby Club.

2.0 **PAPERS FOR INFORMATION**

2.1 Chairman's Report, including feedback from the 6 June Board Away Day

THH gave an update on the following:

- Feedback from the Chairman's lunches was that the conversation was far more constructive and informative than the conversations at Council. THH felt this could be down to the size of the groups and welcomed the Governors attendance at the lunches.

Car Parking/ Blue Badges

THH introduced the matter by noting that the subject had raised real concerns and generated a lot of correspondence and also noted that there was no single shared view. He commented that the issue had been well discussed in email correspondence and in one on one conversations. He assured the COG that Governors' views were being listened to and apologised if it appeared otherwise. Careful consideration had been given to the matter and a working group would be established to take it forward. THH explained to the COG that any decision about this would be made by the Board.

THH commented that there will be many difficult decisions the organisation will have to make over the coming years due to the local health economy having a £120m deficit and asked that the Governors recognise that these are tough and emotional decisions that are not taken lightly by the Board. He asked for the Governors support and understanding as well as their challenges in relation to these decisions.

In summary:

- THH thanked the Governors for their emails on the subject both for and against and assured the Governors that they had all been read and reviewed.
- A working group will be established to review all aspects of access to the hospital.
 - The working group will be led by the Director of Human Resources and Organisational Development and overseen by the Non-Executive Director Steve Gill.
 - The working group will take evidence from all wishing to provide it.

LW commented that she is sanguine about the decision on disabled car parking charges and welcomed the Governors thoughts and ideas on where the funding (c£200,000) raised by such charges could come from if the charges are not implemented. LW commented that Healthwatch had been contacted for their views and LW confirmed support for the working group.

KK commented that he was strongly opposed to charges at Chelsea and Westminster Hospital and asked if a Quality Impact Assessment had been completed as part of the organisation's public sector equality duty. THH noted that he has charged the Director of Human Resources and Organisational Development with making sure that all aspects of equality are reflected in the work of the working group.

KK noted that he felt the decision to start charging patients had already been made. LW confirmed that this was not the case and that no decision had been made as to whether charges would be imposed or not.

KK asked for clarification on who has been selected to be on the working group and expressed his interest in being a part of the working group. THH thanked KK for putting himself forward to feed into the group and other Governors would be welcome to do so.

AHP, AH, CDB and PQ noted their support for the working group. PQ also raised a specific concern about how users would obtain refunds. MK noted her support for the implementation of disabled car parking charges and for the working group. THH concluded the discussion by asking the Director of Human Resources and Organisational Development to report back at the next meeting on the proposed timetable for the disabled car parking working group. Action: The Director of Human Resources and Organisational Development to report back at the next meeting on the proposed timetable for the disabled car parking working group. 2.2 **Chief Executive Officer's Report** LW took the report as read and gave the following update; Noted one of her proudest moment was attending Project Search recently The STP is working on a financial recovery plan which details the consolidation of CCGs, better collaboration, and work across the key providers including mental health and community providers. The Trust and Imperial will be working together to look at each individual service and how we can consolidate these in order to provide world class service. THH commented that as part of his chairman's update at the next COG meeting he will provide an update on the Board Away Day priorities. This will include: sustainable services, being the people's employer of choice, innovation and what the Trust will stop doing in order to focus on the key priorities. 2.3 Performance and Quality Report, including 2.3.1 People Performance Report The paper was taken as read, no comments were noted. 2.4 Council of Governors election November 2019 - update The paper was taken as read, no comments were noted 3.0 **OTHER BUSINESS** 3.1 Questions from the governors and the public No questions from the Governors or public were raised. 3.2 Any other business TP raised concerns on the timetable for the AMM meeting in September and felt it did not include sufficient time for lunch. THH noted that COG could take 1 hour lunch if they felt they needed that time. FOF asked the secretarial team to provide an email address so that all communication be sent from one source. Action: The Board secretariat to provide COG with an email address that will be used to send out papers and communication to the Governors. 3.3 Date of next meeting - 31 October 2019, 16.00-18.00 Boardroom, Chelsea and Westminster Hospital



Council of Govenrors – 25 April 2019 Action Log

Meeting Date	Minute number	Action	Current status	Lead
25 July 2019	1.3	Action log Action: SMM to circulate a link to the acronym buster app	EC sent email to COG 15/08/19 with a link to the App.	SMM
	1.3.1.1	<u>Disclosure of Governor attendance</u> Action: SMM to amend the constitution to reflect option 3, the constitution will then be taken to AMM in September for approval	The changes to the constitution were approved at the AMM 05/09/19.	SMM
	1.3.2	Governor iLog Action: EC to add a further column to the Governor iLog to demonstrate which subcommittee the issue has been raised through.	EC added new column to iLog 13/08/19.	EC
	2.1	Car Parking/ Blue Badges working group Action: TS to report back at the next meet the proposed timetable for the disabled access working group	Agenda item 1.3.2.	TS
	3.2	Any other business Action: the Board secretariat to provide COG with an email address that will be used to send out papers and communication to the Governors	New email address sent up governor.admin@chelwest.nhs.uk email sent to governors 15/08/19 with new account details.	EC
25 Apr 2019	1.3	Associate NED post Action: The Council of Governors Nominations and Remuneration Committee to consider and come back with a recommendation.	The Associate NED post was considered as an option where we needed to develop a pipeline of suitable NEDs particularly from a BAME background. From the recent NED appointment process the Trust appointed two NEDs, both happened to be from a BAME background. Currently, there is not a requirement for an Associate NED role.	ТНН



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'	Committee Issue raised at
2/Feb/19	15.02.19	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	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	This has been raised through the Quality Sub-Committee.
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.	We are currently in discussions with Imperial College Healthcare Trust, who run the Western Eye Hospital, in order to see how services can best be provided across the	This will be raised at the November COG Quality Sub-Committee meeting.

		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.	STP. Ophthalmology is one service where ICHT is much larger and better equipped to provide across a wider patch. Conversely, for Dermatology, CWFT is larger and better equipped so the discussions with ICHT are about a range of services that can be provided better for our patients and staff alike.	
3/Apr/19	24/04/19	Several Governors complained about the food quality delivered at C&W compared with the quality at WM.	Marie Courtney met with DP and the Chefs at C&W to go through the menus and options available.	This has been raised through the Quality Sub-Committee.
4/Apr/19	25/04/19	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 This has been raised through the Quality Sub-Committee. resolve this, a list of critical spares has been made and an order placed.	This will be raised at the November COG Quality Sub-Committee meeting.
5/Apr/19	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. Is there anything we can do to help you impress this upon the supplier?	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.	This has been previously raised through the COG Membership Sub-Committee and the COG Quality Sub-Committee.

6/Apr/19	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.	An update on Wayfinding project (which includes signage) will be put on the November COG Quality Sub-Committee agenda.
7/Apr/19	25/04/19	Availability of bike racks at the front of the hospital to be reviewed	There are 45 spaces for bikes within the cages in the car park and a further 82 cycle hoops (which hold 2 bikes per hoop) available outside the mains hospital on the Chelsea site theses are located: 3 in nightingale place 2 outside Starbucks 5 outside A&E department 72 In the basement	This will be raised at the November COG Quality Sub-Committee meeting.



Council of Governors Meeting, 31 October 2019

AGENDA ITEM NO.	1.3.2/Oct/19
REPORT NAME	Accessibility Working Group (AWG): Terms of Reference (TOR) and Update
AUTHOR	Steve Gill, NED – Chair of PODC, Chair of AWG
LEAD	Thomas Simons, Director of HR & OD on behalf of Steve Gill
PURPOSE	The purpose of the paper is to share with the COG the AWG TOR and to provide an update on status.
SUMMARY OF REPORT	-TOR attached.
	-AWG Members:
	S Cill NED Chair
	S Gill – NED, Chair C. Digby-Bell – Governor
	K. Kanodia – Governor
	M. Korjonen– Governor
	N. Askew – Director of Nursing, CW Site
	D. Butcher – Director of Estates & Facilities
	T. Simons – Director HR & OD
	In attendance: E. Clayton (Meeting Notes/Action Log); A. Denton (Estates).
	-Meeting Schedule:
	The first meeting of the AWG was held on 30 th September:
	MK was unfortunately unable to attend.
	The TOR was agreed with small but important suggested updates to include a stronger reference to:
	- the Trusts 'Values';
	- reputational risk (to the Trust's Brand);
	- recognise the opportunity for the Trust to work towards a
	leadership position in accessibility.
	The meeting agreed as a first step to establish the current accessibility status for the Trust vs. mandatory legislation and NHS (and external) best practice. Based on this framework to then develop a prioritised set of recommended action plans.
	The next meetings are scheduled for 31st October and 27th November.

	Subsequent meetings dates will be agreed (if required) in November.
	-Verbal update:
	TS will give a verbal update re the second AWG meeting held at lunchtime on 31st October.
KEY RISKS ASSOCIATED	Lack of appropriate accessibility for Patients and Staff.
FINANCIAL IMPLICATIONS	To be agreed based on AWG recommendations.
QUALITY IMPLICATIONS	Improved accessibility for Patients and Staff. Evidence shows that organisations that embrace equality and diversity have better outcomes across all dimensions.
EQUALITY & DIVERSITY IMPLICATIONS	As above.
LINK TO OBJECTIVES	 Excel in providing high quality, efficient clinical services Improve population health outcomes and integrated care
DECISION/ ACTION	For information.



NHS Foundation Trust

Terms of Reference Chelsea and Westminster Healthcare FT NHS

Accessibility Working Group

Statement on intent

The aim of the Chelsea and Westminster Accessibility Working Group (AWG) is to identify the accessibility needs for disabled staff, patients and members of the public using our services and to prioritise these against an evidence based framework.

Purpose

The purpose of the working group is to:

- Identify an agreed accessibility framework
- To identify evidence of initiatives that improve access and objectively assess the merits and applicability for Chelsea and Westminster
- To identify best practice that could be applicable to Chelsea and Westminster
- To review a gap analysis against the accessibility framework
- To bring a recommendation to the Trust Board as to how to:
 Prioritise actions that the Trust can undertake to improve accessibility standards.

 Prioritise these actions for the next 3 years, taking into account impact and cost.

Membership

- Director of Human Resources and OD
- Director of Nursing Chelsea & Westminster Site
- Director of Estates & Facilities
- Non-Executive Director (Chair)
- Three governors

Roles within the network

The working group will have a chairperson to co-ordinate the activities and fulfil the following tasks:

- chair meetings or delegate to a vice chairperson if not available
- set an agenda for each meeting and send this out to participants in advance
- present findings to the Trust board

The group will be administered by the Deputy Company Secretary who will fulfil the following tasks;

- set dates for the meetings and organise a suitable space to be available
- take minutes and actions for circulation

The decision making capacity of the working group is based on a majority vote being achieved from attendees of any particular meeting. Where it is not possible to apportion a majority, the chairperson will have the casting vote to reach a final decision.

Frequency of meetings

Meetings will be held monthly. It is not anticipated that more than three meetings will be required.

Reporting

- The group will keep notes or minutes of each meeting held.
- The group will be accountable to the Trust Board

Declaration of Interests

All members must declare any conflict of interests, should they arise, and exclude themselves from the meeting for the duration of that specific item.

Relationships

Relationships with key functions of the trust may be required, such as with the corporate communications department for any externally facing communication, and for support updating the intranet.

Confidentiality

- The group will operate a safe space approach to meetings and treat all group members with dignity and respect.
- The confidentiality of discussions and documents produced by the group must be adhered to at all times

Quorum

- For the group to be quorate, there will be an attendance of at least four members for the meeting to take place.
- The chair or vice chair must be present.
- Where it is known in advance that less than four members can attend a meeting, this can be cancelled at the discretion of the chairperson. This is to ensure any decisions made are from a representative sample of the network.

TOR Approval

Date: Sept 2019

Approved by Approved by Chair and CEO



Council of Governors Meeting, 31 October 2019

AGENDA ITEM NO.	1.4.1/Oct/19
REPORT NAME	Quality Committee Report to Council of Governors
AUTHOR	Liz Shanahan, Non-Executive Director member of the Quality Committee
LEAD	Liz Shanahan, Non-Executive Director member of the Quality Committee
PURPOSE	To provide the Council of Governors with an update on the work of the Quality Committee (a Board Committee) over the past 11 months.
SUMMARY OF REPORT	As enclosed.
KEY RISKS ASSOCIATED	N/A
FINANCIAL IMPLICATIONS	N/A
QUALITY IMPLICATIONS	N/A
EQUALITY & DIVERSITY IMPLICATIONS	N/A
LINK TO OBJECTIVES	All.
DECISION/ ACTION	For information and discussion.

Board Quality Committee – Liz Shanahan, NED member of the Quality Committee, Report to Council of Governors, October 2019

Following on from our Chairs previous reports to the Council of Governors, this report will focus on the work of the Board Quality Committee over the past 11 months.

Committee Terms of Reference

Just to remind Governors, the Committee terms of reference can be summarised as:

The Trust aims to put the patient at the centre of care, and so the aim of the Committee is to provide the Board with assurance that the quality of care is delivered to the highest possible standards and that appropriate processes are in place to identify and manage any gaps. The Committee's remit includes oversight of -

- the safety of treatment and care provided to patients,
- the effectiveness of the treatment and care provided to patients, and
- the *experience* that patients have of the treatment and care they receive.

The Committee's work also relates directly to each of the Trust's PROUD Values.

Putting patients first

Responsive to and supportive of patients and staff

Open, welcoming and honest

Unfailingly kind, treating everyone with respect, compassion and dignity

Determined to develop our skills and continuously improve the quality of care

The Committee has a broad scope and a busy workload. The Quality governance architecture (attached) shows the four Groups that report to the Quality Committee, and their respective subgroups. The four Groups and their Chairs are

- Patient Safety (Zoe Penn, Chief Medical Officer),
- Clinical Effectiveness (Roger Chinn, Deputy Medical Director),
- Patient and Public Experience (Nathan Askew, Director of Nursing, Chelsea site) and
- Health, Safety & Environmental Risk (Pippa Nightingale, Chief Nursing Officer).

Committee Membership and Attendance

A majority of Committee members are clinicians. Membership comprises: three Non-Executive Directors, the Chief Executive, the Chief Medical Officer, the Chief Nursing Officer, the Chief Operating Officer, the Deputy Medical Director, the Director of Quality Governance, the Director of Improvement and the Company Secretary. In addition, the Directors of Nursing for each site, the Director of Human Resources and the Director of Communications each have a standing invitation to participate.

Attendance and active participation by all members is good.

In April 2019 the meetings switched from monthly to bi-monthly, with no loss of energy, focus or oversight.

The focus of the Committee

The committee has a number of standing items such as the annual quality report, Health & Safety, Adult & child safeguarding, the annual infection protection and control report and the Family and Friends results. As the quality standards in the hospital around many routine aspects have improved significantly and the improvement process in those areas becomes business as usual, it allows us the opportunity to review other areas and focus on how they can be improved further. Some of those improvements may at face value sound very simplistic, but the difference to patients can be significant. In this report I will focus on some of those newer programmes and one example of a very simple improvement programme that has made a huge difference to patients' lives.

Following both hospitals being rated "Good" by the Care Quality Commission in March 2018, the Quality agenda has focussed on "The Journey to Outstanding". In the summer, the CQC announced that it will be inspecting the Trust again this Autumn. Since the last CQC inspection the aim has been to embed quality improvement into every aspect of the Trust, to ensure that we remain on a constant journey of improvement.

2019-20 Quality Priorities.

• Building on the previous year's priorities, the Committee maintains oversight of progress on the Trust's Quality Priorities. As of September, the status could be summarised as:

Priority	Key Indicator	Baseline	End of year target	Year to date progress	Next Steps / Commentary
1	% of patients screened for sepsis	84%	90%	86% average across Q1*	New electronic systems (Cerner & Apex) will improve
1. Improving sepsis care	% of patient receiving IV antibiotics within 1hr	80%	90%	80% average across Q1*	recording of adherence to the sepsis pathway on both sites
2. Reducing hospital acquired E.Coli BSI	Number of hospital onset E.Coli BSI cases	57	51	There were 10 cases in total in the 4 months from April to July.	The small number of cases means that there is significant variation on a month by month basis.
3. Reducing inpatient falls	Rate of falls per 1,000 bed days	3.8	3.6	The average falls rate was 3.9 between April and July in line with historical levels	Falls prevention awareness week is taking place at the end of September.
4. Improving continuity of carer within maternity services	% of women on a continuity of carer pathway	9%	35%	Performance was in line with plan trajectory of 17.5% for Q1	Additional continuity teams will be rolled out during the second half of the year.

^{*}CWH site.

CQC Improvement Plan Following the last inspection.

In July it was reported that all of the actions from the 2017/18 CQC inspection had been moved
to completed status, with significant improvement across a number of key themes including PDR
and mandatory training rates, vacancy rates, complaints response times and RTT performance.
The committee is reassured by these improvements but is not complacent given quality
improvement is a constant journey.

Getting It Right First Time (GIRFT)

- Getting It Right First Time (GIRFT) is a national programme seeking to improve the quality of care within the NHS by reducing unwarranted variation. By highlighting variation in the way services are delivered across the NHS and sharing best practice, it is expected that GIRFT will improve care and patient outcomes, whilst also improving efficiency. We are considered to be an exemplar for the way the Trust has engaged with the programme and integrated it within its overall Improvement Programme:
 - Each visit results in an improvement plan with progress monitored through the Trust's Improvement Board.
 - GIRFT visits are followed by 'Deep Dives' with the Executive team to ensure maximum learning and traction.
 - We have received the reports for three recent visits covering Acute & General Medicine,
 Hospital Dentistry and Breast Surgery. These visits were a great opportunity to highlight
 key areas of good practice to the national GIRFT team. Specific areas recognised within
 the reports include:
 - The Trust's 7-day Acute Assessment Unit (AAU) staffing model and same day emergency care provision.
 - The Trust's good links with public health and school visitors for oral health promotion.
 - Strong performance against the 2 weeks wait and 62-day cancer targets.
- Three further visits have confirmed dates (Adult Diabetes, Geriatric Medicine and Dermatology).
 Given the movement to work in partnership with other acute providers, and look at care and
 efficiencies as a system, trusts in North West London have agreed to share their data reports to
 gain a sector-wide data picture for each specialty.
- GIRFT addresses some critical quality improvement challenges, for example one of the recent visits addressed the problem of high readmissions, which is a national issue. There is growing awareness of this issue following critical care admission, and lack of information about patients once they leave hospital. The Trust has been exploring post-ICU care and rehabilitation and will continue to explore outreach for patients still in hospital to identify those in need of support when they are discharged back to the community. We are reassured that this is a very beneficial quality improvement programme and that it is resulting in significant patient benefits.

Ambulatory Emergency Care.

- The Governors will be familiar with the Ambulatory Emergency Care programme, which was
 established to improve patient experience, reduce unnecessary admissions and help us manage
 the growing numbers of patients attending our Emergency departments. The Quality Committee
 have reviewed this programme as it has expanded on both sites. The service is now referred to
 as Same Day Emergency Care and the Trust has implemented all 12 of the NHSI priority
 pathways.
- Since opening in December 2018, the Chelsea site has seen an increase in attendances of 38% and the team is currently looking to identify how many admissions have been avoided. At our last review, AEC activity on the West Middlesex site remained stable with the ability to increase following completion of building works by the end of the year.

- Patient experience is measured via Friends and Family (FFT). On the Chelsea site the recommendation rate is 94% from a response rate of 54%. At West Mid, the response rate is lower due to electronic data collection challenges, but with a recommendation rate currently running at 100%.
- The Quality Committee is very pleased with both the operational success and improvement to the patient experience that this quality improvement programme had delivered.

Clinic letters

- The Quality Committee has been monitoring clinic letter turnaround times, i.e. the clinical correspondence that should be sent to a patients GP following attendance at outpatients. The Trust sends over 30,000 letters from outpatient clinics to General Practitioners every month.
- The internal target of 70% within 7 calendar days of their attendance at outpatients. This target had slipped resulting in greater scrutiny by the Quality Committee over the last 12 months or so. Much effort has been put into improving the situation, with improvements noted, but the target had still not been achieved by the last report to the Committee. The Committee understands that no harm had come to patients and no concerns have been raised by GPs from delayed letters being sent. We know that once Cerner is fully operational across both sites this situation will improve dramatically, but in the interim, this has become a standing item at our Committee meetings to maintain the necessary pressure on all to improve the situation.

Learning from serious Incidents.

- During the year the Committee have requested changes to the way this particular area is reviewed and assessed. Serious incidents, including never events, are discussed at every meeting. The Governors might like to note that the Trust operates two levels of Serious Incident investigation:
 - External Serious Incidents: External SIs are reported on the Strategic Executive Information System (StEIS) in accordance with NHS England's Serious Incident Framework. Following investigation, the reports are submitted to the Trust's commissioners for review and closure.
 - Internal Serious Incidents: Internal SIs are events that do not meet the definition of an external serious incident but where the opportunity for learning is so great that a comprehensive investigation is warranted.
- At our most recent review in September data for the 12-month period to July 2019 was available. The Trust declared 194 serious incidents (both internal and external); of these 100 were associated with CWH, 94 with WMUH. Maternal, foetal, neonatal care; patient falls; and operations/procedures were the most frequently declared SI categories during this 12-month period.
- Our objective is to ensure the organisation learns from these incidents and this is facilitated by the maternity risk team, the falls steering group and a deep dive into missed or delayed diagnosis undertaken by the Clinical Director for Patient Safety.
- At each Quality Committee we review the most serious events. For each event there is a detailed
 analysis of the root cause and contributory factors, alongside lessons learnt and a plan of action
 to address those. The committee routinely examines these in detail to ensure those lessons are
 being embedded in the organisation.

- One particular category of Serious Incident is something called a 'Never Event'. They are defined as 'serious largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers.
- Between November 2018 and July 2019, we had 3 never events reported. Each never event is
 thoroughly investigated by a panel that now has heightened scrutiny provided by an Exec Chair
 plus a NED member. The Quality Committee examines each never event and seeks assurance of
 the actions identified by investigators and ratified by the Panel.

In addition to the above, at every meeting the Committee continues to review the Trustwide

- Performance and Quality Report containing over 100 performance metrics. Not all are
 discussed but Committee members commend areas of strong performance and query areas
 where the Trust isn't meeting regulatory or Commissioner-specified targets. Over the past
 11 months the Trust's strong performance across many high-profile areas is noteworthy
 including A&E 4 hour wait performance (which is currently not measured as we are part of
 the national pilot in Urgent Care Standards), Referral to Treatment Time, Cancer metrics and
 many others.
- Each month the Committee also receives a detailed report and meeting Minutes, (in an ongoing rota), from one of the four Groups and its attendant subgroups i.e. Clinical Effectiveness, Patient Safety, Patient and Public Engagement and Experience, and Health, Safety & Environmental Risk. We query any issues and if needed, request follow-up assurance for the next month.

Patient Experience and Learning from Complaints

• The handling of patient complaints continues to be an area the Committee examines in detail and the good news is, the situation has improved. It is worth noting that the Trust sees 1.2 million outpatients a year, 100,000 per month, so 60-80 complaints a month is a small number, but there is no complacency. The Committee is assured that complaints are taken seriously and each one is investigated. Also, the standard of the Trust's responses is not in doubt, as evidenced by the very low number of complaints that are appealed further. The timeliness of response has improved, and the trust is nudging closer to the two targets of acknowledging 90% of complaints within 2 days and responding to 90% of complaints within 25 days¹. The Committee receives a regular report on performance against these targets and as the process has improved, themes can be examined and key learnings from complaints can be disseminated more widely throughout the organisation, so that underlying causes of complaints (for example, communication) can be improved.

¹ Certain types of complaints may take longer than 25 days to resolve, for example, those which are subject to an investigation as a Serious Incident or by outside authorities.

Recent performance against the 2-day acknowledgement target has been good:

	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19
Clinical Support Services	2	4	13	7	9	6	9	7	4	11	9	11
Corporate functions	1	2	1	1	5	7	2	2	3	0	0	1
Emergency and Integrated												
Care	22	19	24	21	14	26	20	32	23	29	18	26
Planned Care	9	9	10	19	15	21	20	18	21	13	20	23
Womens, Childrens, HIV,												
GUM and Dermatology	12	14	17	19	10	17	20	20	18	24	15	27
Total	46	48	65	67	53	77	71	79	69	77	63	87

Trust wide formal complaints performance; acknowledgement, Aug 2018- July 2019

Performance against the 25-day response target has also shown significant improvement.

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	Мау-19	Jun 19	Jul 19
No closed within timeframe	88	63	40	41	55	53	53	52	56	55	62	103	78
Total closed during month	77	47	30	30	73	60	60	67	66	65	96	71	89
% closed within timeframe	88%	75%	75%	75%	76%	87%	69%	78%	83%	85%	66%	71%	88%

Trust wide formal complaints performance; closure, July 2018 – July 2019

- Once again, although it varies month to month, there are generally more complaints linked to the Chelsea & Westminster site than to West Middlesex. Complaints vary widely in content, but they fall into Issues with Clinical Treatment, appointments and values & behaviours.
- The Quality Committee receives a detailed report on the quality improvement actions for each division related to complaints and is reassured that this whole area has seen significant improvement. The Committee continues to challenge management to find a way of demonstrating that behavioural improvement is actually occurring in response to these themes as the complaint numbers remain steady.
- A similar number of compliments are received each month to formal complaints, many of which are extremely positive and heart-warming.

One simple but hugely effective quality improvement programme

- Sometimes it is the smallest of improvements that deliver great results. I wanted to share one example with you. The Quality Committee were enthralled with the 'mouth care quality improvement project' which was presented to them recently.
- It is a great example of quality improvement being embedded in the organisation. The programme was initiated by two clinicians on Kew Ward, Angela Chick, Ward Manager and Ahlam Wynne, Stroke Specialist Nurse. They recognised that many stroke patients rely on nursing staff for assistance in oral hygiene, yet oral care was not perceived as a priority, and there was very little training or policies in place at the Trust. One key result of poor oral care is hospital acquired pneumonia. In the Kew Ward alone (Chelsea site), there are on average

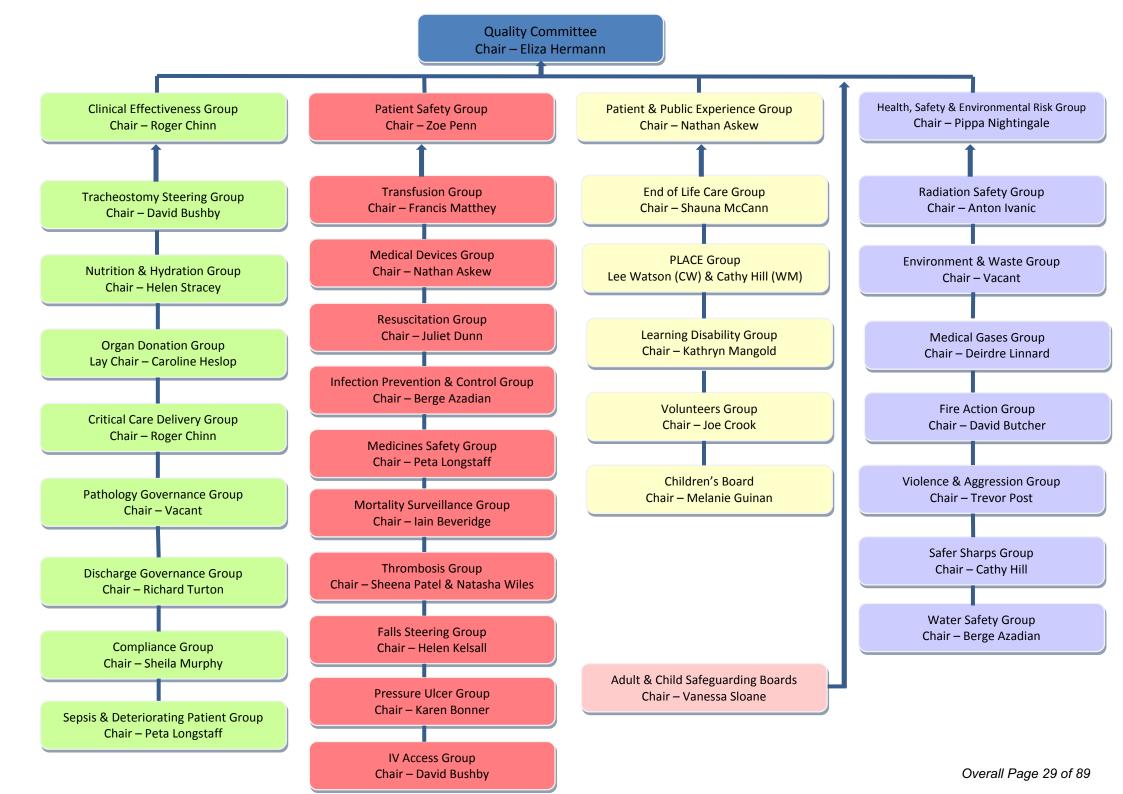
- 180 stroke patients, of which approximately 30% develop acquire a hospital acquired pneumonia infection. Mortality rates are significant.
- The programme initiated in 2017, seed funded by CW+ and is now showing significant benefits for patients. The cases of hospital acquired pneumonia have reduced by 67% in Kew ward, with a reduction in associated mortality of 75%.
- On top of the improvements to patient outcomes and experience, there has also been a cost benefit to the quality improvement project. The savings per year for Kew Ward alone are £71,604.
- The Committee believes these types of programme are a reflection of how constant quality improvement is becoming an intrinsic part of our organisation's DNA.

Committee Effectiveness and Forward Plan

- The Committee consistently receives a favourable report from KPMG, the Trust's internal audit partner, regarding the robustness of quality governance. The Committee's evaluation was also very helpful, noting good practice and areas for improvement.
- The Committee maintains a rolling forward plan of agenda items. Over the next several months the focus will be similar to that of the past 11 months, with the same recurring items. Key additional items include the current CQC inspection, tracking the progress of the 2019-22 Quality Strategy and a review of missed diagnoses.

This is a brief update on the work of the Board Quality Committee, and I look forward to discussing this and answering any questions at the 31st October meeting of the Council of Governors.

Liz Shanahan 23 October 2019





Council of Governors Meeting, 31 October 2019

AGENDA ITEM NO.	1.6/Oct/19
REPORT NAME	Governors Away Day November 2019 – plan
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Sir Thomas Hughes-Hallett, Chairman / Simon Dyer, Lead Governor
PURPOSE	To provide the Council of Governors with a draft agenda for 14 November Away Day.
SUMMARY OF REPORT	A draft agenda for the 14 November Council of Governors Away Day, which has been discussed and agreed with the Agenda Sub-Committee, is enclosed. Governors will have the opportunity to discuss their ideas and views on the draft agenda for the Away Day.
KEY RISKS ASSOCIATED	N/A
FINANCIAL IMPLICATIONS	N/A
QUALITY IMPLICATIONS	N/A
EQUALITY & DIVERSITY IMPLICATIONS	N/A
LINK TO OBJECTIVES	All.
DECISION/ ACTION	For discussion and agreement.





Council of Governors Away Day

Location: Caversham room, Cadogan Hall, 5 Sloane Terrace, London SW1X 9DQ

Date: Thursday 14 November 2019

Time: 10.00 – 16.30

Draft Agenda

09.45	Arrival and coffee	
10.00	 Welcome and introduction, including Announcement of election results 	Chairman/Lead Governor
10.15	Current position	Chief Executive Officer
10.30	Directors achievements (HSJ Video) and question session	Pippa N/ Zoe P/ Rob H
10.50	Council of Governors engagement	Lead Governor
11.00	Strategy • Understanding our patient and public	Dominic Conlin /Zoe Penn
	Shaping of LondonNorth West London HCP Plan	
	 Our Clinical Services Strategy framework Showcase: NICU/ICU redevelopment Innovation 	Rob Hodgkiss Iain Eaves/Chris Chaney
12.45	Break out discussion, tables	
13.15	Lunch	
14.00	Feedback, plenary session	Chairman/Lead Governor
14.30	CQC preparedness	Melanie Van Limborgh
15.30	Refreshments	
16.00	Review of COG effectiveness	Chairman / Lead Governor/ Company Secretary
16.30	Closing remarks	Chairman



Council of Governors Meeting, 31 October 2019

AGENDA ITEM NO.	2.1/Oct/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 Council of Governors on high-level Trust affairs.
SUMMARY OF REPORT	As described within the appended paper.
	Governors are invited to ask questions on the content of the report.
KEY RISKS ASSOCIATED	None
FINANCIAL IMPLICATIONS	None
QUALITY IMPLICATIONS	None
EQUALITY & DIVERSITY IMPLICATIONS	None
LINK TO OBJECTIVES	NA
DECISION/ ACTION	For information.

Chairman's Report September 2019

1.0 Performance

The Trust is taking part a national pilot in Urgent Care Standards and whilst the high level of demand and activity continued across the Trust including an increase in A&E attendances, the majority of patients were seen within the four hour requirement. It should be acknowledged that the Trust's performance is only achieved with our staff's unfailing effort and commitment to the provision of excellent health care in line with the Trust's values.

2.0 Trust Events

Health and Wellbeing Week, 1-5 July

The week long programme of events organised by our HR team promoting the Trust's commitment to improve health and wellbeing of our staff was well attended throughout the week. Topics covered included promoting a Healthy Body, Healthy Living and Healthy Mind with sessions available for staff to try a range of activities. This also included the launch of the Trust's staff health and wellbeing app Vivup – accessible via the MyChelwest app or directly online which incorporates existing and new initiatives.

CW+ Hub

CW+, sponsored by the Mayor of the Royal Borough of Kensington and Chelsea, is developing a designated area on the Chelsea site will be available for use from November to promote health and wellbeing for staff and patients available for patient/ staff meetings and events.

Trust and Staff Nominations

In recognition of the on-going commitment to healthcare I am delighted to let you know that: Karen Bonner has been nominated for the Nursing Times' Diversity and Inclusion Champion of the Year Award.

The Trust has been nominated for the Nursing Times' Patient Safety improvement Award and the HSJ Acute Trust of the Year Award.

2.0 Non-Executive Director Appointments

I am delighted to confirm that our recruitment process was extremely successful with the Governors' Nominations and Remuneration Committee able to shortlist candidates from a diverse range of backgrounds and experience that would be of great benefit to the Trust's Board. Upon recommendation from the Appointing Panel the Council of Governors ratified the appointment of Aman Dalvi OBE and Ajay Mehta who will formally commence in post in December.

3.0 Council of Governors July 2019

The meeting took place on our West Middlesex site and was well attended enabling discussion of a variety of topics including continuously improving access for all to our services, the Trust's membership strategy and a particularly interesting update on workforce from the Director of Human Resources and Organisational Development.

4.0 The National Picture

Our Chief Executive Officer will update you in more detail on the national picture and our financial status however I can say that the Trust is playing a significant role influencing and developing the integrated care systems across North West London and plans to improve healthcare across London.

Sir Thomas Hughes-Hallett

Chairman





Council of Governors Meeting, 31 October 2019

AGENDA ITEM NO.	2.2/Oct/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 Council of Governors on high-level Trust affairs.
SUMMARY OF REPORT	As described within the appended paper. Annex A – August team brief Annex C – CEO bulletin Governors are invited to ask questions on the content of the report.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	For information.



Chief Executive's Report August 2019

1.0 Performance

In July 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 7% on the same period last year at Chelsea and Westmisnter Hospital, with a Trust wide increase of 5% in attendances compared to July 2018.

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 into the national process later in the year.

The Referral to Treatment (RTT) incomplete target was sustained in July for the fourth consecutive month of this financial year. The Trust has delivered an exceptional level of performance, with all divisions and both sites delivering the standard.

The Cancer 62 Day standard was delivered for the second consecutive month in July. All other Cancer Standards have remained in a compliant position with the exception of the 62 Day Screening position, impacted by 1.5 breaches from a total of 3 patients in month.

Diagnostic performance recovered in July following reporting a non-compliant position in June.

2.0 Divisional updates / staffing updates

In June, 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. There is particular focus on reducing the temporary medical staffing costs with the divisions working to optimise medical staffing in the summer months and during the leave period, and a renewed focus to ensure medical staff job planning is fully completed. The Trust is on track with the annual Perfroamnce Development Proces (PDR) process with all 8b and above completing PDRs in the required time period.

As reported previously, the frailty unit on Nightingale ward at our Chelsea site continues to progress. Patient feedback on the ward remains positive and the team is using the daily data to support and improve the unit. The intent now is to extract the learning and best practise from the unit to the inform the West Middlesex frailty strategy and pathways.

The Trust and Divisions are maintaining the focus towards the next Care Quality Commission (CQC) inspection with a key aspect being the focus on ward accreditation and the executive link 'temperature checks'. This approach provides the triangulation and assurance to complement the established divisional 'ward to board' structure.

In July, the Trust has a maintained positive performance in its vacancy rate, core training compliance and turnover rates. The Trust has restarted the annual PDR process and needs to remain focused on achieving this target by the end of December 2019. The Trust has seen a significant increase in

the level of medical locum bank and agency spend and this is an area that requires additional review and action.

The Trust carried out the first Health and Wellbeing week in July and launched a number of new employee benefits and support mechanisms. This coincided with the introduction of single platform for staff to access health and wellbeing activities and support mechanisms.

3.0 Staff Achievements and Awards

June PROUD Award winners

Emergency and Integrated Care division: Grace Collins, Healthcare Assistant, Frailty Unit, CW

Planned Care division: Tracey Virgin-Elliston, Colorectal Nurse, WM

Clinical Support division: Aideen Millar, Acting Head of Imaging, CW

Women's and Children's division: Sally Farthing (WM) and Kate Israel (CW), Midwifery Screening

Leads

Corporate division: Gordon Mitchell, Volunteer, Kobler Clinic, CW

July PROUD Award winners

Emergency and Integrated Care division: Sima Sheth, Discharge Team Lead, WM and Dr Ravi Patel, FY1 General Surgery Medical Staff – Colorectal, CW

Planned Care division: Dr Mohammed Mitwali, Orthopaedic Doctor, WM

Clinical Support division: Katey Hewitt, Associate Chief Pharmacist Operations, CW

Women's and Children's division: Geri Choo, Labour Ward Coordinator, CW and Ilya Kantsedikas,

CW

Corporate division: ISS Catering Team, WM

Volunteers: Birju Pujara, Volunteer, CW

Awards

I am delighted to announce that the Trust has been shortlisted in HSJ Awards 2019 in the category of Acute or Specialist Trust of the Year. This is a real testament to the tremendous hardwork of all staff across the Trust. Winners will be announced at the awards ceremony on the 6 November 2019.

 Nominations have opened for our annual Staff Awards—nominations can be made by staff, patients and the public at www.chelwest.nhs.uk/staffawards

4.0 Communications and Engagement

Events

Health and Wellbeing Week, 1-5 July

Our HR team held a Health and Wellbeing Week at the Trust at the beginning of July, including a week long programme of events which underlined the Trust's commitment to improving the health Page 3 of 6

and wellbeing of all staff and promoted Healthy Body, Healthy Living and Healthy Mind. We also launched our staff health and wellbeing platform Vivup – accessible via the MyChelwest app or directly online – which brings together our existing and new initiatives.

Team Briefing

Presentations for August covered the launch of our new Improvement and Innovation Hub, an update on our upcoming CQC visit, our Surgical Satellite Pharmacy on Syon Ward at West Middlesex, our HIV physiotherapy service and the team's research in this area, and our 21 Elephants waste management campaign.

Media coverage

July

- Nursing Times Toolkit launched to help 'transform' maternity services across UK
- Design Week Filling hospitals with art reduces patient stress, anxiety and pain

August

- Vanguard NGR News Saraki donates breastfeeding equipment to 3 states, FCT
- Facilities Management Journal ISS stays on at West Middlesex University Hospital

Website

Overall summary

The Trust website had 118,000 visits in July. 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, and working here. 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 this period one year ago.

In response to the difficulties experienced by patients in contacting the administrative services, we have undertaken a review of the information on our website. Over 300 separate pages were reviewed by the operational teams and where necessary contact numbers were updated and information refreshed relating to the specific services. We also added a contact us page with one number for patients to call for new appointment queries that is monitored closely and the number of operators receiving calls is flexed in line with demand to drive down the call waiting time and improve the patient experience.

Departmental/divisional leads are reminded to review content on pages within their services and advise any changes to communications@chelwest.nhs.uk

Social Media

Twitter

Topics for July included Pride, HIV joint proposal with Imperial, Research Patient and Public Involvement Forum, Health and Wellbeing Week, #NHS71, hot weather, Values Week and Cerner. Impressions for July totalled 161,000 across both sites,

High performing tweets included:

- Pride (over 12,500 engagements)
- HIV joint proposal (over 8,000 engagements)
- Research Patient and Public Involvement Forum (Over 8,000 engagements)

Facebook

Our reach across our two Facebook pages totalled 195,000 in July with posts relating to Pride and hot weather being the most popular.

5.0 Strategic Partnerships Update

Strategic Partnerships Board

The Strategic Partnership Board last met on 27 August 2019. The main focus continues to be on our operating environment – particularly the development of Integrated Care Systems and the role the Trust is playing in Health & Care Partnership activities, joint provider and Borough based integration plans. The meeting reviewed:

- Progress with establishment of a Joint Transformation Programme with Imperial College Healthcare NHS Trust (ICHT) (see below)
- The consultation on the draft London Health & Care Vision and specifically its coherence with NWL plans and where the Trust can make specific impact
- The <u>London Health Board</u> is a non-statutory group chaired by the Mayor of London, Sadiq Khan, and is made up of elected leaders and key professional health leads within London. It aims to make London the healthiest global city by encouraging local and city-wide initiatives designed to improve health, care and health inequalities.
- The development of our site master plan and Estates Development at West Middlesex
- Update on commercial relationships; and
- The outcomes of the Board Away Day and how we the Executive take this forward through our detailed strategies, principally Clinical Services Strategy, Quality Strategy and People Plan

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 (£324m in 2018/19) in the sector. The key programmes focus on:

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

Transformation and Standardising clinical services in providers: on this latter programme the
Trust is leading an innovative programme testing the effectiveness of Tele-Dermatology
services

Joint Transformation Programme with Imperial College Healthcare Trust

The Executive met with our counterparts at Imperial on 14 August 2019 to oversee the Joint Transformation Programme, which supports the wider NWL Health & Care Partnership (see above).

- We received mid-term progress reports on the early adopters programmes in HIV, Dermatology and Ophthalmology on their 100 Day Challenge programme.
- The Joint Executive have assumed oversight of the joint programme on establishing West London Children's services (the implementation programme of *Healthier Hearts and Lungs*).

6.0 Finance

The Trust continues to deliver it financial targets in 2019/20 which is a real team effort, however, there are still significant challenges facing the Trust as it is required to deliver its £25.1m cost improvement plan (CIP) by the end of the March 2020. Everyone has worked hard to identify schemes that will improve the quality of our healthcare provision whilst reducing costs. However, there is still £8.8m of unidentified CIPs that need to be delivered by March. The only way we will do this is by everyone coming up with ideas (no matter how small) and working to deliver this target.

Lesley Watts

Chief Executive Officer

August 2019



August 2019

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

Emergency and integrated care

The summer continues to be busy for the division, particularly in our Emergency Departments where our team have recently seen the two busiest days in our history for A&E attendances.

We continue to focus on quality improvement and in June opened a 10-bed frailty unit on the Nightingale Ward at Chelsea. This unit provides support to our frailest patients with the aim of reducing their length of stay and assisting them to maintain their independence. The unit will be reviewed over the next six months and, if successful, will be implemented at West Middlesex.

We have also been focusing on improving patient flow and ensuring that patients are discharged from our wards as early in the day as possible. In June and July, the proportion of our patients going home after 5pm reduced by 20% compared to this time last year, which has a significant impact on their experience.

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

It's been a very busy few months for our division. We are on track to finish the Labour Ward redevelopment work at our Chelsea site in September and ensure that 35% of our expectant mums will be on a continuity pathway by March 2020. We have recruited consultant obstetrician and gynaecologist posts on each site and, following two successful maternity recruitment days, we are now expecting 56 midwives to join us in the coming months.

Our paediatric nursing teams are eagerly awaiting the newly qualified nurses who will join us on the rotation programme. We are collaborating with the London Neonatal Network to support nursing development and recruitment in our neonatal units.

We've also recently put forward a proposal with Imperial College Healthcare NHS Trust to bring together our HIV inpatient services at our purposebuilt Ron Johnson Ward at the Chelsea site and launched a new teledermatology service at West Mid.

Our Private Patients have started to offer services at West Mid, including evening outpatient clinics and cardiology procedures.

Planned care

We are proud of the diversity of our staff and this is reflected within our division. Following our July new starter walk-around, Gintare Cerniauskaite, our Associate HR Business Partner, said: "It was a great morning to go and meet the new starters in the division. I was lucky to meet some of the overseas nurses who chose to come all this way to work for us. The Trust will continue to support and develop staff to help them progress in their careers and ensure that they enjoy their experience here."

So far it has been an extremely busy summer and the divisional directors wish to thank all of the staff in planned care for their hard work and commitment to our patients, delivering our elective programme, and supporting the emergency pathway.

Clinical support

Our division welcomed two new general managers on 1 July, completing our senior management team. They are Dean Booth (General Manager for Radiology and Medical Photography) and Vicky Saungweme (General Manager for Cancer Services, Diagnostics, Endoscopy and Decontamination). They bring with them a wealth of experience, are currently on their induction pathway and have already met with many of the other divisions.

We continue to focus on preparing for the Cerner golive at our Chelsea site, ensuring that all of our teams attend training. With careful planning, 200 of our admin staff are already on the training programme, which includes a buddy scheme with their counterparts on the West Middlesex site.

The team has been working extremely hard and delivered amazing results for the Trust, including JAG accreditation for another year, passing our Pharmacy Technical Services Inspection with the best grading possible and confirmation of 100% CQUIN delivery in Quarter 4.

Latest CW+ PROUD award winners

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

- Emergency and Integrated Care: Neima
 Kailondo, Healthcare Assistant, Nell Gwynne
- Women and Children: Nicola Burton, Junior Service Manager, Paediatrics
- Clinical Support: Greg Szwedo, Team Leader, Decontamination

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. Compliance figures are:

Division	Compliance	Trend from previous month
Corporate	96%	Û
Emergency and Integrated Care	93%	仓
Planned Care	91%	Û
Women, Neonatal, Children, Young People, HIV/Sexual Health	92%	Û
Clinical Support	94%	\$
Overall compliance	93%	\$

Although overall compliance is on an upward trend, there is particular focus on the topics which are currently below our Trust targets—adult basic life support, fire and information governance.

To support new and aspiring managers, a new modular management fundamentals programme is launching in September. More details and how to book will be publicised in the Bulletin. There are some places still available on the manager PDR sessions at West Mid on 19 September and 9 October. To book, please email learningdev@chelwest.nhs.uk.

CernerEPR training starts this week

With just three months to go until the CernerEPR launch at our Chelsea site on 5 November, classroom training has started this week with the first courses for clinical staff. Those of you who have booked your training will receive a reminder via the EventBrite booking system, confirming the location. Morning sessions start at 8:30am and afternoon sessions at 1pm. A competency test at the end of the course will reassure staff that they have learned the basics of using CernerEPR in their roles. The test is carried out on Learning Chelwest so please check that you have your login details before the day of training. Contact cerner.training@chelwest.nhs.uk with any queries.

Open Day and Annual Members Meeting 2019

We'd like to invite all staff to join us for our Open Day from 2–5pm on 5 September in the atrium at West Middlesex. The theme this year is keeping healthy and active. Staff and local community partners will be running stands, including free health checks, a look behind the scenes, health and wellbeing sessions, career advice, entertainment and children's activities. This year, we will also be unveiling a special exhibition in memory of the 390 men from Isleworth who served in World War One. The Open Day will be followed by our Annual Members Meeting, which will take place in the Education Centre with welcome and refreshments from 5pm. See www.chelwest.nhs.uk/amm for further information.

Finance update

Thank you to all those of you who helped produce our 2018/19 Annual Report and Accounts which can be viewed at chelwest.nhs.uk/corporate-publications. In 2018/19 the Trust met its financial target and delivered a capital programme of more than £50m.

2019/20 is shaping up to be a challenging year as the Trust seeks to deliver its £25m cost improvement programme (CIP) target. At month three, the Trust met its financial targets set by NHS Improvement, but we still need to identify more than £9m of CIPs to deliver our annual plan.







Lesley's weekly message

Monday 19 August 2019

It's that time of year again and I'm thrilled to launch our flagship annual Staff Awards where we recognise and celebrate the very best examples of our teams going the extra mile to care for our patients. Nominations are now open on our website and I want to see as many of you as possible putting forward your colleagues for the outstanding work that they do. Please spread the word among your teams. Each nomination will go a long way in helping us to acknowledge the commitment and hard work of those among you who work tirelessly every day to provide our patients with the high standard of care and experience they deserve. This year's ceremony will take place on the evening of 2 October at Harlequins Rugby Club in Twickenham and the awards are very kindly supported by our charity CW+. All those of you shortlisted will be invited to the event, with categories ranging from Doctor of the year, to Nurse of the year, AHP of the year, Corporate/Admin employee of the year and my very own special award. It's always a great night and I look forward to recognising your achievements over the past year with





lots of new and familiar faces.

Last week, the scaffolding on the roof at our Chelsea site was brought down and I was delighted to pop up and check out the amazing view as our brand new Intensive Care Unit takes shape. This milestone brings us one step closer to the full transformation of our Adult and Neonatal Intensive Care Units, as part of our £12.5 million Critical Care Campaign. I'd like to take this opportunity to once again thank all of our friends, partners and the local community, whose support

means we recently reached our fundraising target, well ahead of schedule. Your patience and support whilst these works are taking place is also very much appreciated and will allow us to house one of the leading Critical Care services in the UK once complete. Hear from the Aitkens family in this short video about their first-hand experience of the Neonatal Intensive Care Unit at our Chelsea site with the birth of their daughter Alex and why the redevelopment, which they have so kindly supported, means so much to them.

In more good news, we have now exceeded the fundraising target for our CW+ Sun and Stars Appeal to transform our children's wards at West Middlesex. We'd like to thank all of those who donated to the appeal, including Councillor Samia Chaudhary, who during her time as Mayor of Hounslow raised an incredible £74,000 in aid of the appeal. On Monday she visited our Starlight Ward to present the cheque to our teams and I'd like to join you all in thanking her for her unfailing generosity. From cricket matches, to a gala dinner and a 10,000ft skydive, she went out of her way to rally up the local



community over the past year, helping us to create a child-friendly, welcoming, calming environment on these wards, with better facilities for our younger patients and their families. You can read more about her contribution and story here.

I'd like to share the Summer edition of our Trust magazine, Going Beyond, with you all, which we released last week. This is now available on <u>our website</u> and can be picked up from main reception and other waiting areas across our hospitals. If you have any news, stories or suggestions for future editions, we want to hear from you – please get in touch with our <u>communications team</u>. This is the perfect chance to showcase all of the fantastic work going on across the Trust, highlight your achievements and give you and your teams a well-deserved spot in the limelight.





Finally, I was reminded of the importance of getting our frail, elderly patients up, dressed and moving - by our team on the new Acute Frailty Unit on Nightingale Ward. Embracing the global End PJ Paralysis movement, supported by nurses, therapists and medical colleagues, the team are improving our patients' quality of life. As part of this, Lucie Wellington, Senior Physiotherapist, has initiated the creation of a clothes bank on the unit to allow many of our patients who don't have access to their own clothes to get dressed. I was humbled to see that with the support of Lucie and her team, Catherine Barnes, a 90 year old patient

on Nightingale, was up, dressed and most certainly moving as she took to dancing with the team on Thursday. Activities like these go a long way in helping our patients to recover faster and remind us that we should value the time and quality of life of all of our patients.

Best wishes,



Twitter: @lesleywattsceo

Please note that due to IT restrictions you will need to send the Twitter link above to your personal device.

Don't forget you can email me on feedback@chelwest.nhs.uk anytime.



Council of Governors Meeting, 31 October 2019

AGENDA ITEM NO.	2.3/Oct/19
REPORT NAME	Integrated Performance and Quality Report – July 2019
AUTHOR	Robert Hodgkiss, Deputy Chief Executive / Chief Operating Officer
LEAD	Robert Hodgkiss, Deputy Chief Executive / Chief Operating Officer
PURPOSE	To report the combined Trust's performance for July 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 July 2019. Regulatory performance – The Trust continued to deliver a high level of performance in its UEC standards. During July we continued to see growth in attendances to our Emergency Departments, with a 7% increase at CWH, 8% at WM and a Trust wide increase of 8% in attendances compared to July 2018. RTT continues to deliver a high level of Performance with both sites delivering over the 92% standard for the month. There continues to be no reportable patients waiting over 52 weeks to be treated on either site and this is expected to continue. The Trust maintained delivery of the 62 Day Cancer Waiting Time standard in July. Despite this position, work to improve the 62 day GP referral to first treatment performance is on-going, with action plans in place and improved performance analytics being utilised across all Cancer related performance forums. For DM01 Diagnostics the Trust returned to a compliant position against the standard reporting a combined Trust total of 99.62% in July.
KEY RISKS ASSOCIATED:	There are continued risks to the achievement of a number of compliance indicators due to on-going increase in demand.
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 information.



TRUST PERFORMANCE & QUALITY REPORT July 2019





NHSI Dashboard

		Cł		Westmins ital Site	ter	U		liddlesex Hospital S	ite		Combine	ed Trust P	erformanc	е	Trust data 13 months	
Domain	Indicator \(\triangle \)	May-19	Jun-19	Jul-19	2019- 2020	May-19	Jun-19	Jul-19	2019- 2020	May-19	Jun-19	Jul-19	2019- 2020 Q2	2019- 2020	Trend charts	
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)															-
RTT	18 weeks RTT - Incomplete (Target: >92%)	94.6%	94.1%	94.1%	94.1%	92.7%	92.5%	92.1%	92.5%	93.7%	93.4%	93.1%	93.1%	93.4%	V***********	-
	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	96.8%	97.0%	96.8%	96.7%	98.0%	96.9%	98.0%	97.7%	97.6%	96.9%	97.6%	97.6%	97.3%	V	-
Cancer	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	n/a	99.0%	97.5%	97.1%	97.5%	99.0%	97.5%	97.1%	97.1%	97.5%		-
(Please note that	31 days diagnosis to first treatment (Target: >96%)	92.9%	100%	100%	96.9%	100%	96.1%	100%	99.1%	96.3%	97.9%	100%	100%	98.1%		-
all Cancer	31 days subsequent cancer treatment - Drug (Target: >98%)	n/a	100%	n/a	100%	100%	n/a	n/a	100%	100%	100%	n/a	n/a	100%		-
interim, unvalidated	31 days subsequent cancer treatment - Surgery (Target: >94%)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		-
positions for the latest month	31 days subsequent cancer treatment - Radiotherapy (Target: >94%)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a		-
(Jul-19) in this report	62 days GP referral to first treatment (Target: >85%)	62.3%	83.7%	83.9%	75.0%	86.8%	90.9%	86.7%	88.1%	77.8%	88.3%	86.0%	86.0%	83.1%	W~V	Ø
	62 days NHS screening service referral to first treatment (Target: >90%)	n/a	n/a	n/a	n/a	n/a	85.7%	50.0%	73.3%	n/a	85.7%	50.0%	50.0%	73.3%		-
Patient Safety	Clostridium difficile infections (Year End Target: 26)	2	1	0	4	1	0	1	2	3		1	1	6	Herman	-
Learning difficulties 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 inc	dicators not a	applicable (e	g Radiothe	rapy) or inc	dicators whe	re there is r	io available	e 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	icators	Either	Site or Tr	ust overall p	erformance	red in each (of the past three m	onths

Trust Commentary

A&E waiting times – Types 1 & 3 Departments

As a pilot site for the national review of Urgent Emergency Care standards, the Trust is not currently reporting performance against the 4hr standard.

During July we continued to see growth in attendances at our Emergency Departments, with a 7% increase at CWH, 8% at WM and a Trust wide increase of 8% in attendances compared to July 2018.

	WM	CW	TRUST
Jul-18	14,922	12,199	27,121
Jul-19	16,187	13,094	29.281
Growth %	8%	7%	8%

62 days GP referral to first treatment

The Trust was compliant in July reporting a position of 86.0% against the 85% nationally mandated standard.

62 days NHS screening service referral to first treatment

Performance was reported at 50.0% in July which was as a result of 1.5 breaches against a total of 3 treatments.

Remaining Cancer Indicators

The remaining cancer indicators were all compliant with National Standards.

Clostridium Difficile infections

There was one case of community onset health care associated Clostridium Difficile in July 2019 at the Chelsea & Westminster site. In 2019/20, there have been 6 identified cases against a Trust tolerance of 26 for 2019/20.

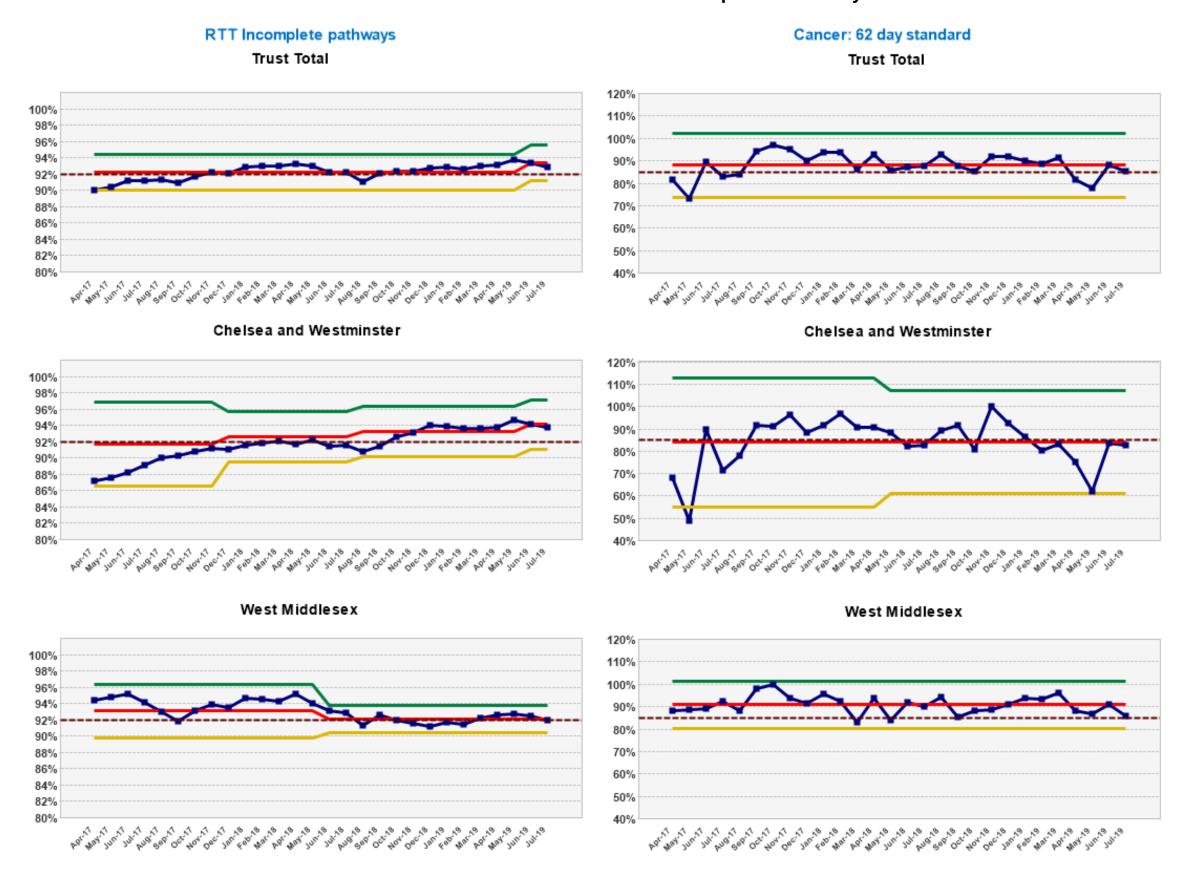
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SELECTED BOARD REPORT NHSI INDICATORS

Statistical Process Control Charts for the 28 months April 2017 to July 2019







Safety Dashboard

		CI		Westmins tal Site	ter	U		liddlesex Hospital S	ite		Combine	ed Trust P	erformanc	е	Trust data 13 months
Domain	Indicator \(\triangle \)	May-19	Jun-19	Jul-19	2019- 2020	May-19	Jun-19	Jul-19	2019- 2020	May-19	Jun-19	Jul-19	2019- 2020 Q2	2019- 2020	Trend charts
lospital-acquired	MRSA Bacteraemia (Target: 0)	0	0	1	1	0	0	0	0	0	0	1	1	1	$\Lambda\Lambda$
infections	Hand hygiene compliance (Target: >90%)	96.8%	95.8%	96.0%	96.2%	87.0%	98.0%	90.0%	93.4%	96.0%	96.0%	95.5%	95.5%	95.6%	do dull
	Number of serious incidents	3	5	2	15	4	2	3	11	7	7	5	5	26	Indi Hilli
	Incident reporting rate per 100 admissions (Target: >8.5)	7.5	7.8	7.5	7.7	8.8	9.2	8.7	8.9	8.1	8.5	8.0	8.0	8.3	th ntaa.
Incidents	Rate of patient safety incidents resulting in severe harm or death per 100 admissions (Target: 0)	0.00	0.03	0.04	0.02	0.00	0.00	0.02	0.02	0.00	0.02	0.03	0.03	0.02	~~\\\\ <i>r</i>
	Medication-related (NRLS reportable) safety incidents per 1,000 FCE bed days (Target: >=4.2)	5.25	6.23	4.94	5.37	5.19	3.22	2.61	3.80	5.22	4.69	3.75	3.75	4.58	1
	Medication-related (NRLS reportable) safety incidents % with moderate harm & above (Target: <=2%)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.5%	0.0%	0.0%	0.0%	0.0%	0.2%	****
	Never Events (Target: 0)	0	0	0	0	0	0	0	1	0	0	0	0	1	$\Lambda\Lambda\Lambda$
	Safety Thermometer - Harm Score (Target: >90%)	89.9%	92.3%	91.9%	91.4%	96.3%	96.1%	89.9%	94.7%	93.8%	94.9%	90.6%	90.6%	93.6%	To the state of th
Harm	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	ш
пагп	NEWS compliance %	97.7%	95.6%	96.9%	96.8%	99.2%	98.8%	97.8%	98.1%	98.4%	97.0%	97.3%	97.3%	97.4%	\
	Safeguarding adults - number of referrals	26	23	40	132	39	35	23	127	65	58	63	63	259	111111111111
	Safeguarding children - number of referrals	11	51	50	227	89	88	101	365	100	139	151	151	592	athin d
	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	0.77	0.77	0.76	0.76	0.77	0.77	0.76	0.76	0.77	0.77	0.76	0.76	0.76	100
	Number of hospital deaths - Adult	31	25	38	122	50	45	64	232	81	70	102	102	354	
	Number of hospital deaths - Paediatric	0	1	2	3	0	0	0	0	0	1	2	2	3	
Mortality	Number of hospital deaths - Neonatal	1	3	1	5	1	1	1	6	2	4	2	2	11	duald blo
	Number of deaths in A&E - Adult	2	2	2	10	5	4	2	14	7	6	4	4	24	11111.111
	Number of deaths in A&E - Paediatric	0	0	0	1	0	1	2	3	0	1	2	2	4	
	Please note the following	blank cell	An empty	cell denote	s those indic	ators currer	ntly under c	levelopmen	t (Either	Site or Tru	ust overall p	performance	red in each	of the past three m

Trust Commentary

MRSA Bacteraemia

There was one MRSA positive bacterium reported in July at the CW site. The patient was a baby transferred from another trust and known to be MRSA positive in May 2019. The patient was clinical unwell and had a prolonged admission with the Trust, care being provided between PHDU and Mercury ward. The case has been through the Trust RCA process and the DIPC concluded there had been no lapses of care.

Number of serious incidents

There were 5 serious incidents reported during July 2019 (2 serious incidents recorded at Chelsea and Westminster and 3 at West Middlesex). The SI report prepared for the Board contains further details regarding SI's, including the learning from completed investigations.

Incident reporting rate per 100 admissions

Overall the incident reporting rate decreased by 0.5 during July 2019 with a rate of 8.0 compared to 8.5 in June 2019. The West Middlesex site exceeded the 8.5 target rate with a rate of 8.6. Chelsea & Westminster site remained below the expected target with a rate of 7.4. The 2019/20 year to date position is below the expected target rate, and remains at 8.3 for the second consecutive month. We continue to encourage reporting across all staff groups with a focus on the reporting of no harm or near miss incidents.

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

During July 1 severe harm and 1 death incident were reported. These 2 incidents are currently being investigated as serious incidents. 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.





Trust Commentary Continued

Medication-related safety incidents

A total of 153 medication incidents were reported in July 2019. The Chelsea & Westminster site reported 96, West Middlesex site reported 54 and Community nursing / clinics reported 3 incidents.

Medication-related (NRLS reportable) safety incidents per 1000 FCE bed days

The Trust position of medication-related incidents involving patients (NRLS reportable) deteriorated to 3.75 per 1,000 FCE bed days in July 2019. This is above the Trust target of 4.2 and above 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 was 2.61 which has decreased from June. The decline in the reporting rate at WM site will be addressed by the Medication Safety Group. CW site continues to be above the target and the reporting rate improved to 4.94 in July.

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

Reporting for the integrated performance report in relation to medication related incidents resulting in harm to patients has been aligned to mirror all other safety metrics, reporting moderate harms or above. The Trust had 0.0% of medication-related safety incidents with moderate or above harm in July 2019. This figure is better than the target of 2%. Both the CW & WM sites reported 0% incidents with moderate harm or above for July.

Never events

No Never Events were reported during July 2019.

Safety Thermometer - Harm Score

The overall harm score remained above the threshold for the fourth consecutive month, at 90.6%. The score for WMUH site was 89.9%, with CWH site reporting 91.9%. The 2019/20 year to date position is above the expected target score of 90%, and is currently 93.6%.

Incidents of newly acquired category 3 & 4 pressure ulcers

Preventing Hospital Acquired Pressure Ulcers remains high priority for both sites. There was no hospital-acquired grade 3 or 4 pressure ulcers reported on either site during July 2019.

NEWS compliance %

Both sites remain compliant over 95% with monthly audits undertaken in June. July data unavailable at the time of reporting, Areas of non or low compliance are addressed by Divisional Directors of Nursing with action plans where required.

Safeguarding adults - number of referrals

The total number of safeguarding adult referrals increased in July from the previous month with a Trust position of 63 reported. This was predominantly driven by an increase to 40 referrals at the CWH site which is up from a June (total of 23). The WM site position was 23 against a previous month end position of 35 in June.

Summary Hospital Mortality Indicator (SHMI)

The Trust's relative risk of mortality using this metric was 0.76, below the national expected rate. SHMI outcomes are considered by the Mortality Surveillance Group on a monthly basis;





Patient Experience Dashboard

		Ch		Westmins tal Site	ter	U		liddlesex Hospital S	ite		Combine	d Trust P	erformanc	e	Trust data 13 months
Domain	Indicator	∆ May-19	Jun-19	Jul-19	2019- 2020	May-19	Jun-19	Jul-19	2019- 2020	May-19	Jun-19	Jul-19	2019- 2020 Q2	2019- 2020	Trend charts
	FFT: Inpatient recommend % (Target: >90%)	96.3%	96.3%	92.1%	94.8%	95.6%	95.0%	95.5%	95.5%	95.9%	95.6%	94.2%	94.2%	95.2%	1
	FFT: Inpatient not recommend % (Target: <10%)	1.4%	1.4%	3.8%	2.0%	1.1%	1.6%	0.8%	1.4%	1.2%	1.5%	2.0%	2.0%	1.6%	Y \
	FFT: Inpatient response rate (Target: >30%)	32.0%	32.0%	31.1%	31.9%	20.5%	18.9%	20.2%	20.3%	24.0%	23.1%	23.4%	23.4%	23.9%	Table Andrews
	FFT: A&E recommend % (Target: >90%)	91.4%	90.0%	91.5%	90.8%	90.6%	91.0%	89.5%	90.0%	91.2%	90.2%	91.0%	91.0%	90.6%	/~W
Friends and Family	FFT: A&E not recommend % (Target: <10%)	6.0%	6.7%	5.3%	6.0%	7.0%	6.6%	6.5%	6.7%	6.2%	6.7%	5.6%	5.6%	6.2%	
	FFT: A&E response rate (Target: >30%)	19.9%	17.3%	19.0%	18.7%	19.1%	18.0%	18.3%	18.5%	19.7%	17.4%	18.8%	18.8%	18.6%	, , , , , , , , , , , , , , , , , , ,
	FFT: Maternity recommend % (Target: >90%)	92.6%	92.7%	94.7%	93.2%	92.8%	94.8%	93.5%	93.3%	92.6%	93.1%	94.6%	94.6%	93.2%	Ladlin
	FFT: Maternity not recommend % (Target: <10%)	5.3%	6.0%	2.9%	4.6%	5.8%	5.2%	3.2%	4.9%	5.3%	5.9%	3.0%	3.0%	4.7%	.dlbd
	FFT: Maternity response rate (Target: >30%)	20.9%	19.4%	19.6%	20.1%	17.8%	20.6%	15.3%	17.3%	20.4%	19.6%	19.0%	19.0%	19.7%	July March
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	60	55	58	227	39	32	35	133	99	87	93	93	360	hatdill II
	Complaints formal: Number responded to < 25 days	38	43	27	139	24	27	17	83	62	70	44	44	222	halldlid
Complaints	Complaints (informal) through PALS	172	159	197	726	58	51	78	229	230	210	275	275	955	
	Complaints sent through to the Ombudsman	0	0	0	0	1	1	0	5	1	1	0	0	5	
	Complaints upheld by the Ombudsman (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0	

Trust Commentary

Friends and Family Test - Inpatient

Recommended - There has been a consistent improvement from the Trust's last year end position of 93% with a combined position of 94.2% reported in July. The Trust has consistently reported compliant positions above the 90% target across both sites throughout 2019 for the year-to-date.

Response rate – Remains below the 30% target since the change in method of surveying patients in. The Trust position is driven by underperformance at the WM site.

Friends and Family Test - A&E

Recommended – Combined Trust performance met the 90% target for the fourth consecutive month.

Not recommended – Has seen an increase of 1% over the last year.

Response rate – July saw a slight increase at a Trust level moving to 18.8% in July.

Friends and Family Test - Maternity

Recommended – The Trust continues to perform consistently above the 90% target for the fourth consecutive month.

Not recommended – The Trust has continued to consistently deliver against target throughout 19/20.

Response rate – The Trust has been consistently below the target 30% response rate and delivery of this standard remains a key challenge.

Breach of same sex accommodation

There have been no same sex accommodation breaches

Complaints

There was a rise in the number of complaints received in month, with the combined Trust total reported at 93 in July.

PHSO

3 PHSO cases have been concluded in month and none of these have been upheld.





Efficiency & Productivity Dashboard

		Cł		Westmins ital Site	ster	U		Middlesex Hospital S	Site		Combine	ed Trust P	erformanc	e	Trust data 13 months
Domain	Indicator \(\triangle \)	May-19	Jun-19	Jul-19	2019- 2020	May-19	Jun-19	Jul-19	2019- 2020	May-19	Jun-19	Jul-19	2019- 2020 Q2	2019- 2020	Trend charts
	Average length of stay - elective (Target: <2.9)	3.39	2.76	3.21	3.09	3.35	2.26	2.78	2.85	3.38	2.65	3.11	3.11	3.04	$\Delta \sim$
	Average length of stay - non-elective (Target: <3.95)	3.81	3.78	4.44	3.97	2.84	3.09	3.26	3.03	3.24	3.38	3.76	3.76	3.42	and the state of
Admitted Patient	Emergency care pathway - average LoS (Target: <4.5)	4.32	4.33	4.48	4.34	3.18	3.55	3.71	3.39	3.58	3.83	3.99	3.99	3.73	1
Care	Emergency care pathway - discharges	224	213	227	887	420	379	404	1620	644	592	632	632	2507	
	Emergency re-admissions within 30 days of discharge (Target: <7.6%)	3.01%	3.80%	4.02%	3.63%	9.85%	9.54%	10.39%	10.07%	6.34%	6.60%	7.03%	7.03%	6.74%	J-VVV
	Non-elective long-stayers	434	416	429	1685	377	372	414	1564	811	788	843	843	3249	
	Daycase rate (basket of 25 procedures) (Target: >85%)	84.7%	81.1%	81.7%	83.1%	85.3%	90.5%	91.8%	90.4%	84.9%	84.5%	85.5%	85.5%	85.8%	
	Operations canc on the day for non-clinical reasons: actuals	5	14	8	41	6	14	21	51	11	28	29	29	92	11.11
Theatres	Operations canc on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.16%	0.48%	0.24%	0.34%	0.39%	0.97%	1.40%	0.88%	0.24%	0.65%	0.60%	0.60%	0.51%	******
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	0	1	0	6	1	4	4	11	1	5	4	4	17	ate all lar
	Theatre Utilisation (Target >85%)	65.1%	65.5%	63.0%	65.1%	74.7%	73.6%	72.8%	73.2%	68.1%	68.1%	66.1%	66.1%	67.7%	$\sqrt{\sqrt{v_{ed}}}$
	First to follow-up ratio (Target: <1.5)	1.50	1.53	1.52	1.51	1.34	1.35	1.37	1.37	1.38	1.40	1.41	1.41	1.41	althin a
Outpatients	Average wait to first outpatient attendance (Target: <6 wks)	6.8	7.0	10.7	7.5	6.2	7.1	6.2	6.4	6.6	7.1	8.0	8.0	7.0	أمياريس
Outpatients	DNA rate: first appointment	11.4%	10.1%	10.2%	10.4%	10.8%	10.9%	11.5%	11.4%	11.1%	10.5%	10.8%	10.8%	10.8%	Samuel Contraction
	DNA rate: follow-up appointment	10.3%	9.0%	9.4%	9.4%	10.3%	9.5%	9.5%	10.0%	10.3%	9.2%	9.4%	9.4%	9.6%	Marragala
	Please note the following	blank cell	An empty	cell denote	s those indic	ators currer	ntly under (developmer	nt	Either	r Site or Tr	ust overall	performance	red in each	of the past three mo

Trust Commentary

Average length of stay – elective

The Trust reported a combined organisational average length of stay 3.11 in July against a target of 2.9. Both CWH & WM reported worsening positions of 3.21 & 2.78 respectively.

Emergency re-admissions within 30 days of discharge

Chelsea site remains within the acceptable level however the West Mid readmission rate remains challenged. Work continues with Hounslow CCG around frequent attenders.

Non-elective long stayers

NHSE require a 40% reduction from baseline by March 2020 in the number of beds being utilised for patients who have a LOS 21+ days. A reduction of 21% was achieved in June. July data is unavailable at the time of reporting.

Daycase rate (basket of 25 procedures)

West Middlesex was well above the target in July 2019. The CW site reported a position 3.3% below target set for this metric.

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

West Middlesex had a higher than usual cancellation rate due to list overruns and equipment breakdown. The Trust remains under the target of 0.8%





Clinical Effectiveness Dashboard

		Chelsea & Westminster West Middlesex Hospital Site University Hospital Site									Combine	Trust data 13 months				
Domain	Indicator \(\triangle \)	May-19	Jun-19	Jul-19	2019- 2020	May-19	Jun-19	Jul-19	2019- 2020	May-19	Jun-19	Jul-19	2019- 2020 Q2	2019- 2020	Trend charts	
	Dementia screening case finding (Target: >90%)	73.9%	97.2%	98.6%	87.3%	90.1%	91.5%	92.0%	90.6%	80.9%	94.8%	95.6%	95.6%	88.8%	~~~~~	-
Best Practice	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	93.8%	100.0%	100.0%	96.9%	77.3%	76.5%	100.0%	85.2%	84.2%	89.2%	100.0%	100.0%	91.2%	A./V	-
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	94.4%	100.0%	100.0%	98.6%	71.4%	100.0%	92.9%	89.1%	84.4%	100.0%	96.0%	96.0%	94.5%	W.V.	-
VTE	VTE: Hospital acquired	1	2	0	3	0	1	0	2	1	3	0	0	5	~~\\\	-
VIL	VTE risk assessment (Target: >95%)	93.2%	94.6%	94.6%	94.0%	56.4%	66.3%	65.0%	58.9%	77.6%	82.5%	82.3%	82.3%	79.1%	Angel Control	e
TB Care	TB: Number of active cases identified and notified	3	4	2	15	12	3	11	33	15	7	13	13	48		-
	Please note the following	blank cell	An empty	cell denote:	s those indic	ators currer	ntly under d	developmen	t 🕕	Either Site	or Trust o	verall perfo	rmance red i	n each of the	e past three months	

Trust Commentary

VTE risk assessment

C&W site: Performance has remained consistent as the previous month at 94.6% and fractionally below the standard of 95%.

WMUH site: Performance has remained consistent with the previous month at 65.0% however this expected to improve during August following the on-going delivery of the WM recovery plan supported by better and more consistent data capture.





Access Dashboard

		Cr		Westmins ital Site	ter	U	ite		Trust data 13 months						
Domain	Indicator \(\triangle \)	May-19	Jun-19	Jul-19	2019- 2020	May-19	Jun-19	Jul-19	2019- 2020	May-19	Jun-19	Jul-19	2019- 2020 Q2	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%)	98.07%	95.19%	98.97%	97.80%	99.85%	99.14%	99.85%	99.39%	99.24%	98.08%	99.62%	99.62%	98.88%	art years and
	Diagnostic waiting times >6 weeks: breach actuals	54	110	24	249	8	53	10	145	62	163	34	34	394	~\\ _{****} \\
	A&E unplanned re-attendances (Target: <5%)	8.8%	8.8%	9.4%	9.0%	7.9%	8.7%	9.0%	8.4%	8.5%	8.7%	9.3%	9.3%	8.8%	ot year,
00E and 100	A&E time to treatment - Median (Target: <60')	01:15	01:15	01:17	01:15	00:51	00:49	00:44	00:49	01:07	01:05	01:06	01:06	01:06	Name of the second
A&E and LAS	London Ambulance Service - patient handover 30' breaches	30	19	28	93	34	66	24	146	64	85	52	52	239	didiladi
	London Ambulance Service - patient handover 60' breaches	1	0	-1	3	0	0	0	0	1	0	1	1	3	. 11

Trust Commentary

RTT Incompletes 52 week Patient at month end

There were no 52 week breaches at either site in July 2019.

Diagnostic waiting times

The Trust returned to a compliant position against the National DM01 standard, reporting a combined Trust total of 99.62% in July.

London Ambulance Service

In July, 1 ambulance crew waited >60 minutes to hand over a patient to our Emergency Departments.

There was a decrease in the total number of patients waiting >30 minutes to be handed over on the West Middlesex site. A review of escalation processes is currently being undertaken on both sites to improve handover times and reduce 30 minute breaches.





Maternity Dashboard

		Ch	Chelsea & Westminster West Middlesex Hospital Site University Hospital Site Combined Trust Performance								е	Trust data 13 months				
Domain	Indicator	May-19	Jun-19	Jul-19	2019- 2020	May-19	Jun-19	Jul-19	2019- 2020	May-19	Jun-19	Jul-19	2019- 2020 Q2	2019- 2020	Trend charts	
	Total number of NHS births	518	490	505	2013	399	400	411	1598	917	890	916	916	3611		
Birth indicators	Total caesarean section rate (C&W Target: <27%; WM Target: <29%)	36.9%	40.9%	36.1%	36.6%	30.4%	29.7%	31.9%	30.8%	34.0%	35.8%	34.2%	34.2%	34.1%	<u> </u>	1
	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%)	97.3%	97.3%	95.8%	96.9%	95.2%	97.9%	96.3%	96.9%	96.3%	97.6%	96.0%	96.0%	96.9%	VV	
Safety	Admissions of full-term babies to NICU	16	26	27	87	n/a	n/a	n/a	n/a	16	26	27	27	87	Hdaddl	
	Please note the following	blank cell	An empty	cell denote:	s those indic	ators currer	itly under d	evelopment	0	Either Site	or Trust o	verall perfo	rmance red ir	n each of the	e past three month	າຣ

Trust Commentary

Caesarean Births

CW site - There was reported Caesarean section rate of 34.2%. The combined Trust position for the Year to date stands at 34.1%; a decrease on last month of 1.7%





62 day Cancer referrals by tumour site Dashboard

Target of 85%

				ea & West Hospital S					est Middle sity Hosp				Com	bined Tru	st Perforn	nance		Trust data 13 months
Domain	Turnour site	May-19	Jun-19	Jul-19	2019- 2020	YTD breaches	May-19	Jun-19	Jul-19	2019- 2020	YTD breaches	May-19	Jun-19	Jul-19	2019- 2020 Q2	2019- 2020	YTD breaches	Trend charts
	Breast	n/a	n/a	n/a	n/a		91.7%	100%	81.0%	91.2%	3	91.7%	100%	81.0%	81.0%	91.2%	3	
	Colorectal / Lower GI	75.0%	100%	90.0%	88.5%	1.5	80.0%	100%	93.3%	90.7%	2	78.3%	100%	92.0%	92.0%	89.9%	3.5	
	Gynaecological	33.3%	100%	100%	66.7%	1	100%	100%	75.0%	95.0%	0.5	71.4%	100%	80.0%	80.0%	88.5%	1.5	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	Haematological	100%	100%	n/a	100%	0	0.0%	50.0%	100%	66.7%	2	60.0%	83.3%	100%	100%	84.0%	2	
CO des	Head and neck	n/a	n/a	n/a	100%	0	100%	66.7%	100%	90.0%	0.5	100%	66.7%	100%	100%	91.7%	0.5	W
62 day Cancer referrals	Lung	n/a	85.7%	n/a	87.5%	0.5	n/a	n/a	100%	100%	0	n/a	85.7%	100%	100%	91.7%	0.5	.1
by site of tumour	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		
tamoai	Skin	100%	100%	100%	98.5%	0.5	100%	100%	100%	97.9%	0.5	100%	100%	100%	100%	98.2%	1	/ · · · · · · · · · · · · · · · · · · ·
	Upper gastrointestinal	0.0%	0.0%	n/a	33.3%	2	50.0%	33.3%	75.0%	61.5%	2.5	40.0%	25.0%	75.0%	75.0%	52.6%	4.5	~~~~
	Urological	34.8%	28.6%	50.0%	44.6%	20.5	85.0%	93.9%	80.0%	83.9%	9	58.1%	82.5%	72.7%	72.7%	68.3%	29.5	near that are the
	Urological (Testicular)	n/a	n/a	n/a	100%	0	n/a	n/a	n/a	100%	0	n/a	n/a	n/a	n/a	100%	0	
	Site not stated	n/a	100%	100%	100%	0	100%	n/a	n/a	100%	0	100%	100%	100%	100%	100%	0	

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Trust commentary

There were 8.5 breaches of the standard: 2.5 at Chelsea with 6 at West Middlesex. This was from a total of 60.5 treatments.

Split by Tumour site the breaches and treatment numbers were as follows:

Turnaum Cita	Chelsea ar	nd Westminster	West Middlesex			
Tumour Site	Breaches	Treatments	Breaches	Treatments		
Brain	-	-	-	-		
Breast	-	-	2	10.5		
Colorectal / Lower GI	0.5	5	0.5	7.5		
Gynaecological	0	0.5	0.5	2		
Haematological	-	-	0	2		
Head and Neck	-	-	0	1		
Lung	-	-	0	2		
Not yet coded	0	1.5				
Skin	0	4.5	0	5.5		
Upper Gastrointestinal	-	-	0.5	2		
Urological	2	4	2.5	12.5		
Totals	2.5	15.5	6	45		





National CQUINs (CCG commissioning)

No.	Description of Indicator	Responsible Executive (role)	Forecast RAG Rating
CCG1a	Antimicrobial Resistance - lower urinary tract infections in older people	Chief Medical Officer	
CCG1b	Antimicrobial Resistance - antibiotic prophylaxis in colorectal surgery	Chief Medical Officer	
CCG2	Staff Flu Vaccinations	Chief Nursing Officer	
CCG3a	Alcohol and Tobacco - Screening	Chief Medical Officer	
CCG3b	Alcohol and Tobacco - Tobacco Brief Advice	Chief Medical Officer	
CCG3c	Alcohol and Tobacco - Alcohol Brief Advice	Chief Medical Officer	
CCG7	Three high impact actions to prevent hospital falls	Chief Nursing Officer	
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	Chief Medical Officer	
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 Stewards hip' indicatorwill be our sole focus in 2019/20. 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 teh approach agreed for 2018/19.

2019/20 National Indicators (CCG commissioning)

The key change to note from 2018/19 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 achievement (which is guaranteed).

2019/20 National Indicators (NHSE Specialised Commissioning)

The key change to note from 2018/19 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

NHSE Specialised Commissioning has now confirmed that the Trust achieved 100% for the full year, for all indicators.





Safe Staffing & Patient Quality Indicator Report - Chelsea Site **July 2019**

Ward	Da	у	Nig	ht	CHPPD	CHPPD	CHPPD	PD National Benchmark	Vacancy	Voluntary	/ Turnover	Inpatient fa	Inpatient fall with harm		Trust acq pressure 3,4,unstag	ulcer	Medic incide		FF scores 2018/19 Q4
waru	Average fill rate - registered	Average fill rate - care staff	Average fill rate - registered	Average fill rate - care staff	Reg	НСА	Total			Qualified	Un- qualified	Moderate	Sevi	ere					
	•				1							month YTD	month	YTD	month	YTD	month	YTD	
Maternity	90.5%	88.5%	95.2%	85.6%	8.7	3.3	12	14.9	9.8%	18.7%	12.8%						11	38	91.6%
Annie Zunz	87.8%	80.6%	100.0%	99.9%	6.3	2.4	8.7	8	22.6%	13.4%	20.0%						2	6	100.0%
Apollo	87.0%	91.5%	83.1%	76.5%	18.6	2.9	21.5	12.1	2.8%	20.9%	0.0%							9	100.0%
Jupiter	142.9%	70.9%	131.1%	-	9.3	2.7	12	12.1	29.4%	34.0%	69.6%						2	10	94.1%
Mercury	83.8%	74.2%	108.6%	-	7.5	0.9	8.4	9.9	17.5%	36.0%	0.0%							7	100.0%
Neptune	100.6%	84.4%	105.6%	-	8.1	1	9.1	12.1	-2.1%	16.2%	0.0%						3	7	97.0%
NICU	95.1%	-	96.3%	-	12.9	0	12.9	27	19.6%	15.3%	0.0%							16	100.0%
AAU	104.8%	71.1%	101.2%	96.8%	10.7	2.2	12.9	8.5	19.0%	48.4%	0.0%						5	33	97.4%
Nell Gwynne	105.9%	75.7%	126.9%	97.8%	4.4	3.2	7.6	7.3	2.8%	31.4%	6.5%							8	100.0%
David Erskine	94.7%	89.8%	104.3%	132.3%	3.6	3.7	7.3	7.3	14.7%	66.7%	13.1%						2	9	85.7%
Edgar Horne	88.0%	79.8%	102.2%	94.6%	3.6	3.1	6.6	6.7	4.1%	27.8%	11.1%						5	15	95.8%
Lord Wigram	90.8%	98.6%	100.0%	102.2%	4	2.8	6.8	7	10.8%	18.3%	7.2%						6	16	96.8%
St Mary Abbots	90.3%	87.9%	97.3%	96.6%	4.2	2.7	6.9	7.3	19.5%	26.7%	10.0%						2	16	95.5%
David Evans	96.4%	86.3%	98.8%	137.0%	5.6	2.3	7.9	7.3	11.4%	30.1%	0.0%						2	7	94.9%
Chelsea Wing	80.8%	82.4%	102.0%	84.1%	11.7	6.4	18.1	7.3	21.2%	13.4%	28.9%						3	10	92.0%
Burns Unit	109.0%	100.0%	114.0%	100.0%	20.2	3.5	23.7	N/A	6.3%	21.0%	25.0%							3	
Ron Johnson	92.6%	113.6%	112.1%	112.9%	5	2.9	7.9	7.6	5.8%	18.7%	11.1%						7	22	100.0%
ICU	100.0%	-	105.9%	-	27.9	0	27.9	27	4.5%	18.9%	0.0%						9	20	
Rainsford Mowlem	97.8%	122.3%	103.2%	133.3%	3.3	3.8	7	7.3	-13.2%	13.2%	0.0%						5	12	91.7%
Nightingale	100.0%	68.1%	101.6%	96.8%	4.8	2.3	7.1	6.7	N/A	N/A	N/A						3	3	





Safe Staffing & Patient Quality Indicator Report – West Middlesex Site July 2019

Ward	Da	у	Nig	ht	CHPPD	CHPPD	CHPPD	National Benchmark	Vacancy	Voluntary	Voluntary Turnover		Inpatient fall with harm		ll with harm		uired ulcer jeable	Medic incid		FF scores 2018/19 Q4
waru	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	Seve	ere					
	·	l	1		1	l	l			1		month	YTD	month	YTD	month	YTD	month	YTD	
Maternity	96.6%	91.0%	100.5%	97.4%	6.2	1.9	8.1	14.9	1.2%	6.3%	12.3%								6	
Lampton	100.9%	100.0%	99.3%	100.0%	3	2.4	5.4	7.3	5.8%	12.9%	3.5%		1					2	4	97.4%
Richmond	97.1%	90.3%	92.9%	96.8%	8.9	3.9	12.8	7.3	9.9%	8.8%	0.0%								3	94.4%
Syon 1	98.7%	81.2%	100.0%	81.1%	3.5	1.9	5.5	7.3	13.6%	14.8%	0.0%								12	94.8%
Syon 2	99.6%	96.6%	96.0%	103.3%	3.4	2.7	6	7	21.1%	8.3%	15.7%	1	2						10	94.7%
Starlight	99.4%	87.0%	109.0%	-	9.5	0.3	9.8	12.1	13.5%	6.8%	0.0%								10	97.9%
Kew	86.5%	77.6%	100.0%	117.6%	3.1	2.8	5.9	6.7	4.9%	4.9%	4.3%							3	10	95.8%
Crane	100.0%	106.5%	100.0%	111.3%	3.2	2.8	6	6.7	10.6%	5.7%	7.0%							2	4	96.0%
Osterley 1	101.9%	109.6%	100.3%	111.3%	3.3	2.6	5.9	7.3	11.0%	15.5%	7.8%								25	90.0%
Osterley 2	96.4%	95.9%	99.9%	98.4%	3.4	3	6.5	7.3	9.3%	2.7%	19.4%							2	14	100.0%
AMU	102.7%	85.2%	97.1%	85.5%	7	2.7	9.7	8.5	9.4%	6.0%	5.0%		1					8	36	90.7%
CCU	96.7%	98.7%	99.2%	-	5.5	0.9	6.4	7.9	14.4%	0.0%	0.0%							5	6	92.5%
Special Care Baby Unit	114.1%	-	112.5%	-	9.2	0	9.2	12.1	17.4%	0.0%	0.0%								11	100.0%
Marble Hill 1	94.4%	86.9%	91.0%	120.8%	3.9	3.3	7.2	7.3	15.3%	28.0%	38.0%		1						10	89.8%
Marble Hill 2	119.4%	119.1%	127.9%	116.1%	3.9	3	7	7.3	11.6%	6.5%	0.0%								4	100.0%
ITU	92.2%	-	92.1%	-	26	0	26.1	27	10.7%	21.1%	0.0%							2	14	





Safe Staffing & Patient Quality Indicator Report

July 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 benchmark and triangulated with associated quality indicators and staffing vacancy/turnover for the same month and patient experience for the previous month. Overall key concerns are areas where the staffing fill rate has fallen below 80% and to understand the impact this may have on outcomes.

Kew ward is showing low fill rates due to early and late shifts showing on the roster template, but shifts were filled with long days which are 4 hours less hours per day. Fill rates are higher for RNs than HCAs due to an early shift being added in for RNs to take charge of the ward. The roster template will be adjusted from October 2019 onwards. Fill rates are high on Marble Hill 2 and Jupiter due to RMN usage for patients with mental health needs. Nell Gwynne is showing high RN fill rates overnight due to a patient with a tracheostomy requiring specialising. Rainsford Mowlem & David Erskine had an extra HCA overnight for confused patients at high risk of falls requiring closer supervision. Extra HCAs were used on nights for David Evans for additional elective lists on some weekends and for high elective activity mid-week on occasion. Richmond ward shows high CHPPD compared to the national average, due to the bed census data being pulled at midnight, therefore not capturing day surgery patients.

Fill rates on Mercury due to additional ad hoc bed closures on top of planned summer bed closures. Jupiter fill rates for HCAs reduced as less HCAs used when RMNs are being used to care for patients with mental health needs.

In July there were no Trust acquired stage 3, 4 or unstageable pressure sores. There was 1 fall with moderate harm at the West Middlesex Site. Family and friends test scores relate to June 2019 and were highest on Annie Zunz, Ron Johnson, Mercury, Apollo, NICU, SCBU, Nell Gwynne, Marble Hill 2 and Osterley 2 with 100% of patients likely to recommend the ward to their friends or family if they needed similar care or treatment. David Erskine scored the lowest with a score of 85.7% and Marble Hill 1 scored 89.8%. Significant improvements have occurred on Kew with scores increasing to 95.8% from 78.9% last month.

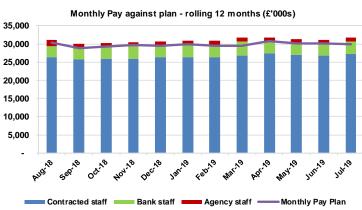
In line with recommendations by the National Quality Board (2016) and the Developing Workforce Safeguards (2018) guidance, actual staffing levels have been compared with staffing levels required according to the bi-annual patient's acuity and dependency assessments utilising the Shelford Safer Nursing Care tool. In early July 2019 this data was presented to Trust Board in line with other staffing and quality metrics. As part of this safe staffing review, the Chief Nurse & Medical Director confirmed in a statement to the Board that they were satisfied with the assessment that staffing is safe effective and sustainable.





Finance Dashboard Month 4 2019-20 Integrated Position

	С	ombined Trus	it
£'000	Plan to Date	Actual to Date	Variance to Date
Income	222,775	226,760	3,985
Expenditure			
Pay	(120,967)	(125,870)	(4,902)
Non-Pay	(89,236)	(87,352)	1,883
EBITDA	12,572	13,538	966
EBITDA %	5.64%	5.97%	0.33%
Depreciation	(5,767)	(6,096)	(329)
Non-Operational Exp-Inc	(5,480)	(5,388)	93
Surplus/Deficit	1,325	2,054	729
Control total Adj - Donated asset, Impairment & Other		(813)	
Surplus/Deficit on Control Total basis	1,325	1,242	(83)

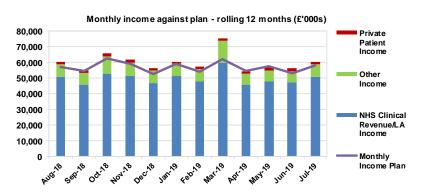


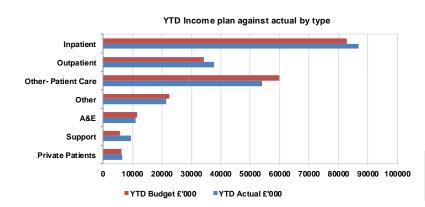
Comment:

The Trust is reporting a YTD surplus of £1.2m with an adverse variance of £0.08m against the YTD plan on a control total basis.

Income: Outpatient activity over performance continues, especially at the WM site. Maternity across both sites is the other main driver the over performance. Critical care (adults, Neonates and Paeds), GUM and NEL admissions are all above plan

Pay is adverse by £4.9m YTD, The Trust continues to use bank and agency staff to cover vacancies, sickness and additional activity, How ever, the main contributor to this position are unidenified CIPs, red and amber CIP schemes.

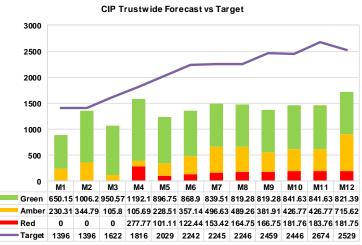


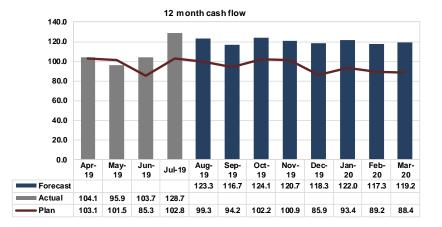






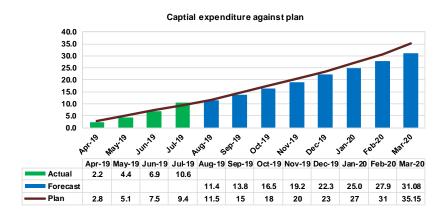
Agency Costs as % of Pay costs ——Agency Ceiling as % of Pay Plan





Comment:

The favourable cash variance to plan in M04 of £25.9m is manily: Favourable cash variance b/fwd £18.4m plus additional receipts £14.3m (including 18/19 PSF) of set by higher net cash outflows of £6.8m (higher creditor payments and planned VAT receipts now claimed in August).



Comment:

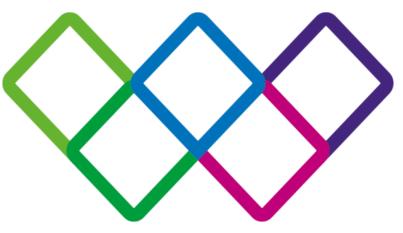
The Trust has spent £10.56m at the end of month 4. this is £1.22m above the planned year to date spend of spend in month 4 of £9.43m. The major variance is against Backlog Maintenance which is £1,196K overspent against its planned profiled year to date spend of £400k

	Jun 19	Jun 19		Year to date					
Use of Resources Rating	(YTD) Plan	(YTD) BPPC %of Actual bills paid in Current Previous target Month Month		Previous Month	Movement				
Capital Service rating	2	2	target	%	(%)	%			
Liquidity rating	1	1	Bynumber	90.4%	90.5%	0.0%			
I&E Margin rating	2	2							
I&E Margin Distance from Financial Plan		2	Byvalue	77.7%	79.1%	-1.4%			
Agency rating	1	1	Creditor days	130	131	(1)			
UORR before override M3		2							
UORR after override M3		2	Debtor days	32	44	(12)			



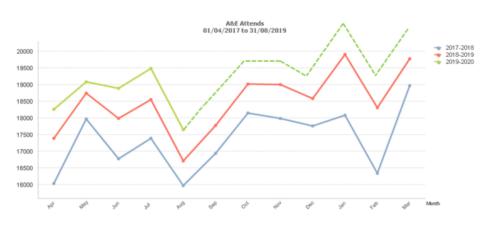
19/20 Winter Plan

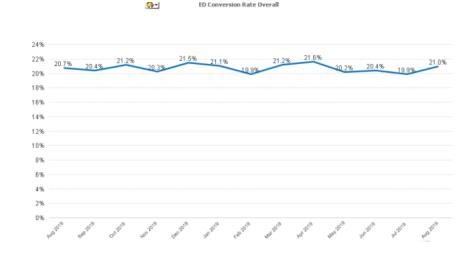
Sept 2019



Non Elective Demand

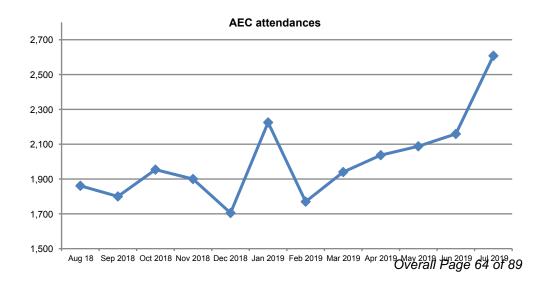
- ED attendances continue to increase with YTD growth of 6.6%, the equivalent of an additional 56 patients per day compared to 18/19
- Conversion rate to admission remains static for Type 1 A&E activity





*does not include WM UCC activity

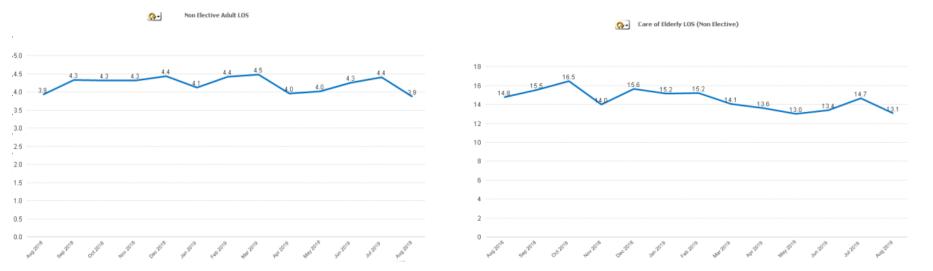
 Utilisation of AEC increases with a 40% growth in attendances over the last 12 months, primarily at the Chelsea site



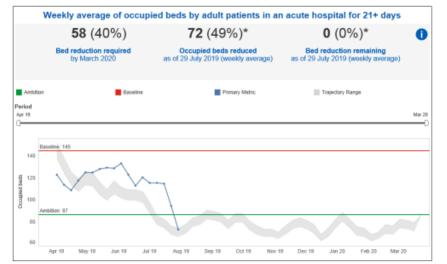


Length of Stay

- Overall NEL LOS remains stable and benchmarks lower than our peer group
- Improvements have been seen within Care of the Elderly, a focus within Bed Productivity



 National NHSI trajectory for a 40% reduction in 'Long Length of Stay' patients by March 2020 had achieved by August 2019





Winter Plan Initiatives

Front Door Schemes

- Increased utilisation of AEC rebuild at West Middlesex to be completed November 19
- Community and Therapy provision in ED supporting admission avoidance

Internal Patient Flow Schemes

- Frailty continuation of Frailty Unit at Chelsea and roll out to West Middlesex
- 7 day therapies consultation to move staff to a 7 day working, providing a robust weekend service
- Board / Ward Round adjustment of job plans to ensure senior review for all patients on a daily basis
- Use of escalation beds dedicated clinical teams to staff escalation areas, ensuring continuity of care



Internal Patient Flow Schemes

- Phasing of elective activity movement of activity between sites and to weekends to accommodate increased NEL admissions
- Patient Flow Initiatives use of Red 2 Green to reduce unnecessary delays, and focus on 2 B4 12 to ensure early discharges

Trust Wide Schemes

- Rapid Flu Testing pathology turnaround times reduced from 72 hours to 2 hours
- Hospital @ Night increasing medical cover in ED and site manager provision at night to match increasing activity

System Wide Schemes

 Discharge to Assess – pathways agreed with commissioners to reduce complex discharges by allowing assessments for on-going care to take place in the community



Winter Plan Initiatives - Associated Costs

Front Door Schemes:

- Additional medical support in ED at night both sites
- Additional site manager at the Chelsea site

Escalation beds:

- Therapy cover for increased bed base
- Increase in NEL bed base at WM with the use of Day Surgery Unit





NHS Foundation Trust

Council of Governors Meeting, 31 October 2019

AGENDA ITEM NO.	2.3.2/Oct/19
REPORT NAME	Workforce Performance Report - July 2019
AUTHOR	Thomas Simons, Director of Human Resources & Organisational Development
LEAD	Thomas 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	 Excel in providing high quality, efficient clinical services Improve population health outcomes and integrated care Deliver financial sustainability Create an environment for learning, discovery and innovation
DECISION/ ACTION	For information.





Workforce Performance Report to the People and Organisational Development Committee

Month 4 – July 2019





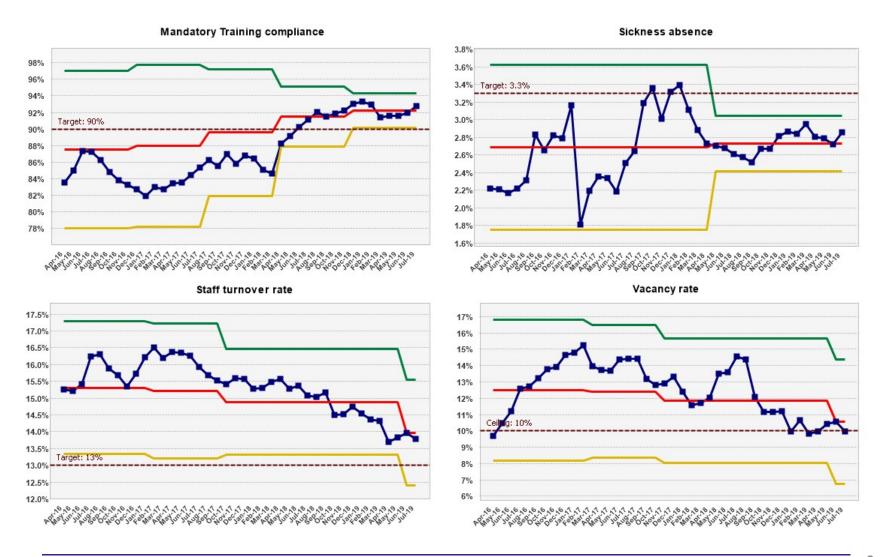
Statistical Process Control – April 2016 to July 2019



WORKFORCE INDICATORS

Statistical Process Control Charts for the 40 months April 2016 to July 2019





Key Performance Indicator							Che	Isea and W	/estminster Hospital
ltem	Units	This Month	Last M onth	This Month	Target /		RAG Status		Trend
		Last Year			Ceiling	Red	Amber	Green	
. Workforce Information			2. 22		4	ve			
.1 Establishment	No.	6352.98	6,347.74	6,349.18					^
2 Whole time equivalent	No.	5427.68	5676.62	5716.64					^
3 Headcount	No.	5904	6158	6224					^
.4 Overpayments	No.								←→
2. HR Indicators									
2.1 Sickness absence	%	2.61%	2.72%	2.86%	<3.3%				^
2.2 Long Term Sickness absence	%	1.11%	1.56%	1.41%					Ψ
2.3 Short Term Sickness absence	%	1.50%	1.16%	1.45%					^
2.4 Gross Turnover	%	19.73%	18.28%	18.11%	<17%				¥
2.5 Voluntary Turnover	%	15.37%	13.97%	13.78%	<13%			***************************************	y
3. Employee Relations									
3.1 Live Employment Relations Cases	No.		161	161					←→
3.2 Formal Warnings	No.		1	1		•			€->
3.3 Dismissals	No.		2	2				·····	(-)
I. Temporary Staffing Usage									
1.1 Total Temporary Staff Shifts Filled	No.		14030	14809					^
1.2 Bank Shifts Filled	No.		12102	12858					<u></u>
I.3 Agency Shifts Filled	No.		1928	1951					<u> </u>
5. Vacancy									
i.1 Trust Vacancy Rate	%	14.56%	10.57%	9.96%	<10%				Ψ
5.2 Corporate	%	15.62%	6.21%	4.86%	<10%	•			Ψ
i.3 Emergency & Integrated Care	%	14.96%	10.37%	10.62%	<10%				^
6.4 Planned Care	%	13.65%	10.75%	9.44%	<10%	•			<u>-</u>
i.5 Women's, Children and Sexual Health	%	14.83%	10.71%	9.96%	<10%	••••••			y
6.6 Clinical Support	%		13.03%	12.44%	<10%	***************************************			4
6. Recruitment (Non-medical)									
5.1 Offers Made	No.		158	152					•
5.2 Pre-employment checks (days)	No.		19.2	18.0	<20				•
6.3 Time to recruit (weeks)	No.		8.16	8.58	<9				^
7. PDRs Undertaken (AfC Staff over 12 months					-				
7.1 Trust PDRs Rate (AFC Staff)	%	90.42%	81.96%	79.90%	≥90%				•
7.2 Corporate	%	90.78%	77.28%	71.11%	≥90%	·····			Ţ.
7.3 Emergency & Integrated Care	%	92.40%	84.04%	83.19%	≥90%				Ÿ
7.4 Planned Care	%	90.82%	82.92%	81.07%	≥90%				Ţ
7.5 Women's, Children and Sexual Health	%	88.24%	82.71%	81.13%	≥90%				Ţ.
7.6 Clinical Support	%	00.2-73	80.11%	78.29%	≥90%	••••••		***************************************	J
3. Mandatory Training	1 70		OU.II/U	70.2370				3	
3.1 See Appendix 1 for details on Mandator	v Training	1							





People and Organisational Development Workforce Performance Report July 2019 Key Performance Indicators



	June 19 SICKNESS													
	Sickness Abs.	RAG Status Ceiling <3.30%	Available WTE	Abs. WTE	Episodes	Long Term (WTE Lost)	% Long Term	Prev. Month						
Corporate	1.93%		17298.19	333.27	55	164.00	0.95%	1.17%	0.76%					
Emergency & Integrated Care	2.62%		46929.94	1231.44	164	504.91	1.08%	2.47%	0.15%					
Planned Care	3.12%		29957.95	934.48	261	565.05	1.89%	3.23%	-0.11%					
Women's, Children and Sexual Health	3.10%		49105.66	1524.34	147	873.19	1.78%	3.30%	-0.19%					
Clinical Support	3.11%		27309.68	849.05	297	298.40	1.09%	2.55%	0.56%					
Trust	2.86%	1	170601.42	4872.57	924	2405.54	1.41%	2.72%	0.14%					

	Ju	ıly 19 Core Trai	ning		
Course	Last Month	This Month	Target	RAG Status	Trend
Theory Adult BLS	79%	82%	<90%		^
Practical Adult BLS	87%	88%	<90%		^
Conflict Resolution	96%	97%	<90%		^
Equality, Diversity and Human Rights	94%	94%	<90%		€→
Fire	89%	89%	<90%		€→
Health & Safety	96%	96%	<90%		€→
Infection Control (Hand Hygiene)	95%	95%	<90%		€→
Infection Control - Level 2	93%	94%	<90%		^
Information Governance	92%	92%	<95%		€→
Moving & Handling - Inanimate Loads	94%	94%	<90%		€→
Patient Handling (M&H L2)	90%	90%	<90%		←→
Safeguarding Adults Level 1	95%	95%	<90%		←→
Safeguarding Children Level 1	94%	95%	<90%		^
Safeguarding Children Level 2	94%	95%	<90%		↑
Safeguarding Children Level 3	88%	91%	<90%		^

July 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	609.44	579.80	29.64	27.27	8.75	606.82	2.62					
Emergency & Integrated Care	1750.76	1564.76	186.00	205.19	35.54	1773.52	-22.76					
Planned Care	1116.57	1011.13	105.44	129.33	29.33	1152.29	-35.72					
Women's, Children and Sexual Health	1825.78	1644.56	181.22	163.68	45.97	1778.47	47.31					
Clinical Support	1046.63	916.39	130.24	119.22	19.64	1031.31	15.32					
TRUST	6349.18	5716.64	632.54	644.69	139.23	6342.A1	6.77					

Division	Turnover	Prev Month	
Corporate	13.60%	16.00%	-2.40%
Emergency & Integrated Care	15.49%	15.09%	0.40%
Planned Care	11.12%	11.15%	-0.03%
Women's, Children and Sexual Health	13.79%	14.82%	-1.03%
Clinical Support	13.96%	12.33%	1.63%
TRUST	13.78%	13.97%	-0.19%

Key to Sickness Figures
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 July 2019

Establishment, Staff in Post and Vacancies:

There has been an increase in staff in post by 40.02 wte due to 114.01 new starters, 81.28 wte leavers and increase of contractual hours by 7.27wte. This has resulted in a decrease in the vacancy rate to 9.96% in month against the Trust 10% ceiling.

The qualified nursing rate is has shown improvement in month and has reduced to 8.70% which equates to 207.40wte. There were 36.67wte new starters in July and there are 281 offers in the pipeline 49 of which have start dates. The Clinical Support Division has the highest vacancy rate at 12.40% and there are recruitment plans in place to address the key areas in particular Patient Administration. Other additional clinical staff is reporting the highest vacancy rate of 15.30%; which is part due to a national change in staff coding of apprentices.

In July, 152 offers of employment have been made, 142 advertised vacancies, and 449 posts in the recruitment pipeline, 83 have agreed start dates. 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: (June)

The sickness absence rate 2.86% has increased (0.13%) in June. The highest Division is Planned care at 3.12% (down 0.11%) and the nursing unqualified staff group are reporting the highest sickness rate of 4.76% (up 0.27%). The ER Team continue to work with managers to support staff through sickness absence and there are currently 65 long term and 55 short term absences cases being managed by the ER team.

A Health & Wellbeing action plan has been developed which has five high level objectives to support staff in the workplace. This will be monitored through the newly established Health & Wellbeing group.

Mandatory Training Compliance:

The trust's mandatory training compliance rates has increased to 93% in July. Our current rate has remained above our ceiling rate of 90% for an entire calendar year. Adult BLS theory has seen the largest increase since end of June overall (3.4%) and Adult BLS practical has reached its highest level in the past two financial years . This largely attributable to the focus of the senior divisional teams in driving this as a priority.

Staff Turnover Rate: voluntary

The voluntary turnover rates is currently 13.78% a 0.19% decrease from the previous month. Despite this marginal decrease in the overall voluntary rate, there has been an increase across some of our staff groups nursing unqualified, allied health professionals, other additional clinical staff and scientific & technical (qualified).

The Trust continues to implement retention initiatives and the Recruitment & retention group will be extended to encompass all staff groups. A Flexible working group is also being established to explore enhancing the Trusts Flexible Working offering.

Temporary Staffing:

Temporary staffing usage has increased this month. In July 14,809 temporary staffing requests were filled in comparison to 14,030 in June, an increase of 779 shifts. CSD the greatest increase 1.58% of shifts requested and filled. In addition, our temporary staffing fill rate has decreased by 1.44% to 86.8% this month. Our total wte used (substantive, bank and agency) is within our total budgeted establishment.

Agency spend continues to remain below the ceiling target by 25.8% in month and 34.8% ytd. The main drivers for temporary staff usage have been vacancy 59.9%, workload 24.1%, sickness 6.9%, specialising 2.5% and others 6.6%.

Weekly pay review meetings continue to take place to ensure there is tighter control and challenge over pay spend.

PDR:

The 12 month rolling PDR rate decreased in July (2.10%) to 79.90% whilst our PDR window rate has increased 9.9% over the last month. The clinical divisions are provided with monthly management reports detailing completion rates and plans have been established to support managers and staff to complete their PDPs within the required windows.

Division are working to complete the majority outstanding PDR's prior to Cerner implementation in October and for those that are not possible will aim for the window end date of December.





People and Organisation Development Workforce Performance Report PDRs Windows July 2019

	PDR's Completed	l Since 1st Ap	ril 2019 (19	7/20 Financial Year)	
Division	Band Group	%	Division	Band Group	%
COR	Band 2-5	19.21%	CSD	Band 2-5	8.70%
	Band 6-8a	19.35%		Band 6-8a	15.92%
	Band 8b +	48.78%		Band 8b +	85.71%
Corporate		24.67%	Clinical Sup	port	13.31%
PDC	Band 2-5	29.97%	EIC	Band 2-5	42.71%
	Band 6-8a	39.07%		Band 6-8a	31.09%
	Band 8b +	91.67%		Band 8b +	63.16%
Planed Car	e	35.28%	EIC Emerge	ency & Integrated Care	38.07%
WCH	Band 2-5	14.25%			
	Band 6-8a	13.02%			
	Band 8b +	82.35%			
WCH Wom	en's, Children's & SH	14.61%			
Band 2-5	Band 6-8a	Band 8b +			
22.98%	22.78%	63.92%	Trust Total		24.59%







Council of Governors Meeting, 31 October 2019

AGENDA ITEM NO.	2.4/Oct/29
REPORT NAME	Council of Governors election 2019 – update
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Vida Djelic, Board Governance Manager
PURPOSE	To update the Council of Governors on the progress with the 2019 Governor elections.
SUMMARY OF REPORT	As enclosed.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	The agreed fees and charges for conducting the Council of Governors election.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	N/A
LINK TO OBJECTIVES	All
DECISION/ ACTION	For noting.



Council of Governors election 2019 - update

1.0 Introduction

As a Foundation Trust, we are accountable to our local communities and our staff through our membership and the Council of Governors which includes elected representatives of the public, patients and staff, as voted for by the Foundation Trust members.

2.0 Process

The election process commenced on 23 September 2019. The vacant seats and elections were publicised on all hospital sites, website and social media. In addition, Public Governor Angela Henderson generously assisted with publicising elections through her local church and Women on Boards website. The Council of Governors and the Board of Directors were provided with the elections timetable and the Governor seats that would be up for election.

The nominations stage of the election process closed on 8 October. A list of candidates who had nominated themselves to stand for elections was published on the Trust's website on 9 October and shared with the Council of Governors and the Board of Directors. The statement of nominated candidates is appended to this paper.

Uncontested seats

As there was one candidate for each of three vacant seats in the Staff Constituency, Majid Bhatt (Management Class), Richard Jackson (Support, Administrative and Clerical Class) and Thewodros Leka (Allied Health Professionals, Scientific and Technical Class) respectively were dully elected unopposed.

Contested seats

Elections are being held in the following constituencies of the Council of Governors:

- Public: City of Westminster—2 seats
- Public: London Borough of Hammersmith and Fulham—1 seat
- Public: London Borough of Wandsworth—1 seat
- Public: Royal Borough of Kensington and Chelsea—1 seat

The number of public members putting themselves forward for election was satisfactory.

Trust Members registered in these constituencies will be invited to have a say in the future of the hospital by voting for the governor candidate of their choice in this year's election when ballot papers are posted out on 25 October. All voting closes at 5pm on Friday 15 November. Voting is by post or online, as in previous elections.

Election results will be available on Monday 18 November and will be published on the Trust's website and shared with the Council of Governors and the Board of Directors.

Elected governors will serve a three year term on the Council of Governors, commencing from 29 November.

The Trust will run an Induction Session for newly elected governors in December 2019/January 2020. Individual meetings with the Trust Chair, Chief Executive and the Trust Secretary will also be arranged for newly elected governors to discuss individual aspirations and support available.

3.0 Action/Decision

The Council of Governors is asked to note this paper.

Statement of Nominated Candidates.

CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST

ELECTION TO THE COUNCIL OF GOVERNORS

CLOSE OF NOMINATIONS: 5PM ON 8 OCTOBER 2019

Further to the deadline for nominations for the above election, the following valid nominations were received:

CONSTITUENY NAME	CANDIDATE FORENAME	CANDIDATE SURNAME	POLITICAL INTERESTS	FINANCIAL OR OTHER INTEREST IN THE TRUST
Public: City Of Westminster	Cass J	Cass-Horne	None	None
Public: City Of Westminster	Martin Allan	Hall	Liberal Democrat	None
Public: City Of Westminster	Anthony	Levy	None	None
Public: City Of Westminster	Jill Diana June	Samson	None	None
Public: City Of Westminster	Khosrow	Taheri	None	None
Public: London Borough Of Hammersmith And Fulham	Karen J	Clarke	Labour	None
Public: London Borough Of Hammersmith And Fulham	Pippa	Diggle	Conservative	None
Public: London Borough Of Hammersmith And Fulham	Maggi	Nixon	Conservative Party	None
Public: London Borough Of Hammersmith And Fulham	Trusha	Yardley	None	None
Public: London Borough Of Wandsworth	Caroline	Boulliat Moulle	None	None
Public: London Borough Of Wandsworth	Charlotte	Kirwan	None	None
Public: London Borough Of Wandsworth	Guy	Pascoe	None	None
Public: London Borough Of Wandsworth	Tom	Pollak	None	None
Public: Royal Borough Of Kensington And Chelsea	Aarien	Areti	Conservative	None
Public: Royal Borough Of Kensington And Chelsea	Tana	Focke	None	None
Public: Royal Borough Of Kensington And Chelsea	Paul	Kitchener	Liberal Democrat	None
Public: Royal Borough Of Kensington And Chelsea	John	Macleod	None	None
Public: Royal Borough Of Kensington And Chelsea	Anjulika	Vatish	Conservative	None
Staff: Allied Health Professionals, Scientific And Technical Class		Leka	None	None
Staff: Management Class	Majid	Bhatti	None	None
Staff: Support Administrative And Clerical Class	Richard	Jackson	None	None



The contact address for each of these candidates is C/O The Returning Officer, Chelsea and Westminster Hospital NHS Foundation Trust, Civica Election Services, The Election Centre, 33 Clarendon Road, London, N8 0NW, or email at ciara.norris@cesvotes.com

Should any candidate wish to withdraw their nomination the deadline is Noon on 11 October 2019.

Ciaraporris

Ciara Norris Returning Officer On behalf of Chelsea Westminster Hospital NHS Foundation Trust



Chelsea and Westminster Hospital **MHS**

NHS Foundation Trust

Council of Governors Meeting, 31 October 2019

AGENDA ITEM NO.	3.1/Oct/19												
REPORT NAME	Governors' Que	stions											
AUTHOR	Various	arious											
LEAD	Lesley Watts, Ch	esley Watts, Chief Executive											
PURPOSE	To note.	'o note.											
SUMMARY OF REPORT	1. The question: 1.1 Question: When contactin 315 6666) there they were going outcome and co Response from Unfortunately, the unacceptab Access – Team to 1.2 Question: I was wondering years, could you spent on interna external manage Response from Consultancy Spend £m Notes: - Figures up to included from S - Increase in co merger with WN - Consultancy s below outlines to	g the outpa is still over to look into onclusions o Rob Hodgki there was a ally long dela orief paper v g how much a provide the al management cons Virginia Ma 2012/13 1.9 & including ept 2015) nsultancy sy MUH pend is princey areas of	tients appoint a 40mins was a these unact of this work was been seen that the seen to make the trust has a consultants, such a seen to seen the trust has a consultants, such a seen to seen the trust has a consultants, such a seen to see the trust has a consultant and the trust h	ntments official at times (I ceptable wai vere? Chief Execution with sick ay. The bud nitigate this goes spent on me breakdown ints within the as the big 4 good Chief Finar 2014/15 7.3 The for CWFT en 2013/14 and external consists within the co	we/Chief Openess and stand ddying system anagement as for the passe NHS at Colaccounting for accounting for the passe NHS at Colaccounting for the passe of the passe of the NHS at Colaccounting for the NHS at Colaccoun	pt). Previous and I was worker the I was worker the I was worker the I was worker the I was worker to be I w	sly, the Trust ndering what he recover the passeparating the Support University He costs associated associated to the second sec	which caused ached Patient st several are amount wits and the 2018/19 1.0 ospital spend ated with the					
	Expenditure on				ual Report 2			aich included					

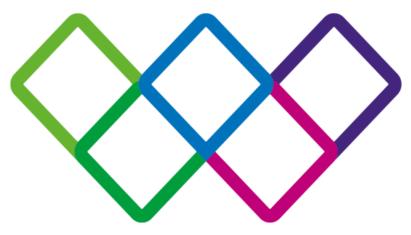
In 2018/19, the Trust incurred £1.0m (2017/18 £1.28m) on consultancy costs which included

continued review of payroll processes. Costs were also incurred for the on-going support for the new soft services contract referred to as the Fulham Road Collaborative - of which two thirds have been recharged to our partners the Royal Brompton and the Royal Marsden. Other smaller amounts of spend included external consultancy support for the Hard FM team. 1.3 Question: Are the Trust following the Public Sector - Social Values Act 2013 when procuring products and services and following the National TOM (Themes, Outcomes & Measures) Framework? **Response from Suzanne Scannell, Director of Procurement** Implicit in and embedded in NHS Procurement processes is the need to ensure the ability for small and medium enterprises to participate in tenders and we have to proactively manage that. In addition NHS procurement is required to consider sustainability in the sourcing of all goods and services and we are also currently going through a formal Carbon Emissions evaluation of our supply chains. For all major activity where thresholds dictate we procure using EU Directives (Public Contract Regulations 2015). These directives also require the above actions to be taken. **KEY RISKS** None. **ASSOCIATED FINANCIAL** None. **IMPLICATIONS QUALITY** None. **IMPLICATIONS EQUALITY &** None. **DIVERSITY IMPLICATIONS LINK TO OBJECTIVES** NA **DECISION/ ACTION** For information.



Patient Access - Team brief

14th October 2019



Thank you

Firstly we would like to thank you all for the part you have played in preparing for Cerner:

- Training over 200 staffed attended formal training sessions
- 300 individual trips to west mid to work with your counterparts
- Validation over 50,000 patient records
- Amalgamations of records -16,000



All of this and improvements to the service we are delivering:

	Calls	answe	ered %	, D	Average time to answer					
	May	June	July	Aug	Sept	May	June	July	Aug	Sept
Admissions	85%	87%	87%	91%	92%	01:27	01:21	01:27	01:48	01:25
Medicine	95%	95%	95%	95%	94%	00:21	00:28	00:17	00:36	00:37
Gynaecology/ Dermatology			97%	97%	98%			00:27	00:19	00:27
Surgery				92%	96%				00:54	00:34

- Outpatient DNA rate 9.3 % lowest to date
- Mandatory training 95%



Cerner November 1st – 4th, cutover weekend & downtime

- System downtime from afternoon of Fri 1st Nov
- Emergency activity only. No elective activity (including PP).
- Staggered Go Live ED & UCC live immediately no downtime (except for ePMA & order comms)
- Wards & Emergency Theatres from the Sunday.

weekend

- Monday is internal Bank Holiday with limited elective activity (which may be on paper).
- Tuesday is big bang day- 50% elective activity in week 1. 75% in weeks 2 and 3.
- Floorwalkers, Cerner and Programme team support onsite all

Friday 1st November

- Quick reference guides (QRG's) check you have a copy for your area
- Copy of lastword clinic list or theatre list
- Test your smartcard and that you have access
- Go onto to the play domain



Bright Ideas

We would like your bright ideas to support the continuous improvement in our service deliver and efficient use of resources.





High Level Meetings 19/20

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