Chelsea & Westminster Hospital NHS Foundation Trust Council of Governors

Room A, West Middlesex

16 March 2017 15:00 - 16 March 2017 17:00





COUNCIL OF GOVERNORS 16 March 2017, 15.00 – 17.00 Room A, West Middlesex

Agenda

	1.0	STATUTORY/MANDATORY BUSINESS			
15.00	1.1	Welcome & Apologies for Absence Apologies received form David Phillips and Paul Harrington.	Verbal		Chairman
15.02	1.2	Declarations of Interest	Verbal		Chairman
15.05	1.3	Minutes of Previous Meeting held on 8 December 2016 & Action Log, including Governors' expenses Re-admissions	Report Verbal Verbal	For Approval For Information For Information	Chairman Deputy Chief Executive Officer
15.10	1.4 1.4.1 1.4.2	Quality Quality Committee Report to Council of Governors Priority Progress Report 2016/17 and Proposed Quality Priorities for 2017/18	Report Report	For Information For Discussion/ Approval	Eliza Hermann Director of Quality Improvement
15.25	1.5	Tender for the Provision of External Audit	Report	For Approval	Deputy Director of Finance – Financial Planning & Strategy
15.40	1.6	Final Operational Plan 2017-19	Report	For Information / Discussion	Deputy Director of Finance – Financial Planning & Strategy
	2.0	GOVERNOR TOPIC			
16.00	2.1	Ward Accreditation Programme	Report	For Information	Director of Midwifery
	3.0	PAPERS FOR INFORMATION			
15.10	3.1	*Chairman's Report	Report	For Information	Chairman
16.15	3.2	*Chief Executive Officer's Report	Report	For Information	Chief Executive Officer
16.20	3.3	*Governance - Committees of the Board	Report	For Information	Chairman
16.25	3.4	*Integrated Performance Report	Report	For Information	Chief Operating Officer
16.30	3.5	*Governors' Questions	Report	For Information	Chief Executive Officer

16.35	3.6	*Quality Sub-Committee Report: 23 February 2017	Report	For Information	Chair of Quality Sub-Committee
16.40	3.7	*Membership Sub-Committee Report: 9 February 2017	Report	For Information	Chair of Membership Sub- Committee
	4.0	OTHER BUSINESS			
16.45	4.1	Questions from public	Verbal		Chairman
16.55	4.2	Any other business			
17.00	4.3	Date of next meeting – 18 May 2017, 16.00-18.00, Boardroom, Chelsea & Westminster			

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



Chelsea and Westminster Hospital **NHS**

NHS Foundation Trust

Minutes of the Council of Governors Held 8 December 2016 at Chelsea & Westminster Hospital

Present:	Sir Thomas Hughes-Hallett	Trust Chairman	(THH)
rieseiit.	Julia Anderson	Appointed Governor	(JA)
	Nowell Anderson	Public Governor	(NA)
	Juliet Bauer	Patient Governor	
		Staff Governor	(JB)
	lan Bryant Tom Church	Patient Governor	(IB)
		Public Governor	(TC)
	Nigel Davies		(ND)
	Simon Dyer Cllr Catherine Faulks	Patient Governor	(SD)
		Appointed Governor	(CF)
	Paul Harrington	Public Governor	(PH)
	Angela Henderson	Public Governor	(AH)
	Anna Hodson-Pressinger	Patient Governor	(AHP)
	Elaine Hutton	Public Governor	(EH)
	Kush Kanodia	Patient Governor	(KK)
	Paul Kitchener	Public Governor	(PK)
	Susan Maxwell	Patient Governor	(SM)
	Chisha McDonald	Staff Governor	(CMD)
	Lynne McEvoy	Staff Governor	(LMc)
	Wendy Micklewright	Public Governor	(WM)
	Guy Pascoe	Public Governor	(GP)
	Andreea Petre-Goncalves	Patient Governor	(APG)
	David Phillips	Patient Governor	(DP)
	Tom Pollak	Public Governor	(TP)
	Sonia Samuels	Public Governor	(SS)
	Matthew Shotliff	Staff Governor	(MS)
	Dr Alan Steel	Staff Governor	(AS)
	Nicholas Walker	Public Governor	(NW)
In Attendance:	Lesley Watts	Chief Executive	(LW)
	Karl Munslow-Ong	Deputy Chief Executive	(KMO)
	Robert Humm	Company Secretary	(RH)
	Vanessa Sloane	Director of Nursing	(VS)
	Chris Cheney	CEO, CW+	
	Jeremy Jensen	Non-Executive Director	(11)
	Liz Shanahan	Non-Executive Director	(LS)
	Nick Gash	Non-Executive Director	(NG)
	Eliza Hermann	Non-Executive Director	(EH)
	Dr Andrew Jones	Non-Executive Director	(AJ)
	Jeremy Loyd	Non-Executive Director	(JL)
Apologies:	Philip Owen	Public Governor	(PO)
	Laura Wareing	Public Governor	(LW)
	Dr Zoe Penn	Medical Director	(ZP)
	Pippa Nightingale	Director of Midwifery	(PN)
	Sandra Easton	Acting Chief Financial Officer	(SE)
	Rob Hodgkiss	Director of Operations	(RH)
	Kevin Jarrold	Chief Information Officer	(KJ)
	Nilkunj Dodhia	Non-Executive Director	(ND)
	Keith Loveridge	Director of Human Resources	(KL)
	Martin Lupton	Imperial College	(ML)
	• *	, U-	` '

1. Welcome, apologies for absence and declarations of interest

- a. The Chair welcomed all present to the meeting, extending a special welcome to the new Trust governors and thanking the former retired lead Governor Martin Lewis for his valuable work over the years.
- b. Apologies for absence were noted. It was noted that Philip Owen had also sent his apologies for this meeting.
- c. THH enquired whether all governors had cast their vote as regards the selection of the new Lead Governor; the response was affirmative.
- d. THH introduced Robert Humm as the new Trust Secretary. The Chair expressed his thanks to Thomas Lafferty for his contribution advising the Council of Governors and that TL would shortly be leaving the Trust to take up a new position.
- e. THH called for a moments silence in memory of a colleague from the finance team who sadly died suddenly last week. THH requested the committee's agreement for a letter to be sent to his family expressing the Trusts condolences and thanks for his service to the Trust.
- f. Cllr CF and other Governors advised the council of their concerns around the Trusts vulnerabilities as regards the ongoing problem of patients failing to attend scheduled appointments. Discussions took place around:
 - what the Trust could put into place to lessen the numbers of failed appointments.
 - the issuing of a penalty was discussed. However, it was agreed that literature raising awareness of the effects on the Trust of missed appointments was the best method addressing this issue.
 - The need for the Trust to ensure that its appointment system was working well in the first instance / ensuring that appointment letters were being issued correctly.
- g. THH advised the Council of Governors that the Trust's main concern in this area was the possible risk to the patient through non-attendance. He concluded by advising that the incoming drive for volunteer assistance will assist with this work.
- h. A review upon the effect on the Trust as regards DNAs would be brought back to the Council of Governors in due course. THH requested that the Chief Executive works towards a solution to this concern. ACTION: Report back to the Council of Governors in 3 months from KMO.

2. Minutes & matters arising

a. The minutes of the meeting held on 22 September 2016 were agreed as a true and accurate record.

3. Governors' chosen indicator for the Quality Account 2016/17

a. VS advised the Council of Governors of that she intended to verbally update the governors on the chosen indicator. However THH advised that the Council of Governors would need to be presented with a paper for consideration. THH thanked VS / SJ for their work on this area. THH further requested that the lead governor should be consulted. This item is to be brought back to the next meeting.

ACTION: SJ/ VS

4. Sustainability and Transformation Plan (STP)

- a. KMO set out to the Council of Governors what the STP was and what this could potentially mean for the organisation, and for the population we serve. He summarised that:
 - This initiative had involved lots of planning and discussions with partners.
 - The primary aim of the plan was the wellbeing and health of the patient. It was noted that the Trust served a significant population and so needed to consider the impact of the closures of neighbouring hospital units.
 - The Trust was undertaking a comprehensive review of the plan with the objective of ensuring that we continue to deliver good care to good quality standards which can be measured.
 - It was fundamental that the best value to the tax payer was achieved.
 - There were funding challenges that were the subject of on-going negotiations and discussions
 - The STP had no statutory powers hence no changes could take place without the Trust's consent
 - There were significant risks and pressures in delivering the plan not only in the transition stages but also on the pressures of the current demand.
 - Close working with our partners would be key to the success of the plan.
- b. LW commented that the transformation work would require a holistic approach. Namely there would be a need to work closely with the Local Authority and community groups. Further, there would be a need to understand the attitudes of the population towards their own healthcare.
- c. THH noted that the DOH and central bodies had omitted consulting the public hence the lack of full insight into the specifics of the plan.
- d. PH enquired on where the funding was coming from. KMO replied by advising that a business case had been put together, but discussions were on-going. Significant investment would be needed. LW confirmed that the Trust had bid for central funds. Two sets of funding were available however the options available were still being considered. LW further commented that there were also risks in not doing anything as the demand upon the Trust was increasing. LW commented that the possible benefits of the plan included consistency of care and clear patient pathways.
- e. It was noted that he Plan was a five year strategy. The Plan outline that had been prepared by was noted to be unclear in terms of financing
- f. KMO reassured the Council of Governors that the Trust was aware of the challenges that were being faced as regards the increase in demand upon the services of the Trust. In line with this, he updated the members on the building work that was taking place at the WM site. He confirmed that the Trust was committed to ensuring that the safety and good clinical care of patients remained paramount.
- g. THH summarised this agenda item by stating that the Trust was instructed by the Governors to construct and collaborate a sound plan. It had been noted that there was a need to work with the partners to find ways of delivering better care whilst at the same time considering finances. It was accepted that the plan was not a something that the Trust could opt out of.
- h. KMO set out the risks of the proposed plan, which included:
 - The Cost Improvement Programme (CIP) that the Trust had been asked to achieve were higher than expected (£42M which is double the figure of last year)
 - The urgent need to balance our books next year so as to align with the requirements of the plan
- i. LW commented that the CIP ask would not be a figure that the Trust could deliver upon. She advised that the Trust has submitted that it could deliver a CIP of £25M and is awaiting a response to this. Finally THH commented that Chairs within partner organisations had expressed similar concerns.

- j. LW commented on risks generally as regards the A&E services. She advised that the Trust was the best performing in this area. She advised that all patients are seen / triaged when attending A&E and very sick patients are given priority. She advised that one of the benefits of the STP would be their aim to support primary care services.
- k. THH summarised the discussion by stating that the Trust board would be advised on the 05/01/2017 as to the Council of Governors' views of the plan. The Trust would not want to surrender its sovereignty. THH requested that the matter be brought back on a regular basis before the Council of Governors.
- I. SM commented that there was a need to understand the needs of our population and in particular the needs of patients moving into care homes. Cllr CF advised that further care homes were being built and the Council of Governors were aware of the need for more facilities.

5. **Chairman's Report**

a. THH asked the Council of Governors to take this as read.

Any questions: None

6. **Chief Executive's Report**

- a. In presenting her report LW led a general discussion around the areas:
 - The Trust's values, namely 'PROUD' were discussed in detail
 - The Trust was keen to support staff as regards progression and career development
 - In line with the spirit of the Trust values David Erskine ward had, in particular, gone the extra mile to considering the wellbeing of their patients and staff. A recent presentation during Team Brief by a HCA had been very well received.
 - The Trust' on-going commitment to articulating the values and making these reflect the Trust and the care it aims to deliver.
- b. LW invited members of the Council of Governors to take a walk around the hospital and see the work being done and the efforts of the Trust as a whole.
- c. LW advised the Council of Governors that the Trust's annual flu jab vaccination programme was underway. She advised that the Trust was of the best performing Trusts as regards this programme. THH commented that we were unable to make the taking of this vaccination compulsory for staff.

7. Integrated Performance Report

- a. In presenting his paper KMO advised that:
 - Hard copies of the report had been circulated.
 - It was noted that the Trust had seen deterioration in performance within A&E in Q2; which may be explained by the 13% increase in demand for services during this period.
 - The Trust was attending to approx. 50/75 additional patients within its A&E department per day. However, the Trust continued to focus on ensuring the best delivery of care to all its patients.
 - RTT had been preserved during this period
 - Although cancer standards had been met, the Trust was facing challenges with regards to the
 two week wait time target. It was noted that the Trust's screening policy did have a bearing on
 referral times. This was currently being addressed.
 - the rate of referrals into cancer specialities had risen due to the recent changes in thresholds in the referral of patients with suspected cancer

- RTT performance at the CW site was struggling; however at the WM site there was over performance so overall we met out target for elective care.
- The Trust was continuing in its considerations as regards the need to increase staff numbers
- The Trust was noted to be the 8th biggest A&E provider of care and the 9th best performer in the Country.
- b. The overall message from KMO was that the Trust acknowledged that there was pressure on services and it was working hard to address this.
- c. THH enquired whether the Trust would record a small surplus for this year, which KMO confirmed would be the case. The balance sheet was looking better. However it was noted that the year ahead would bring challenges and the Trust should therefore only commit to meeting the services it could deliver.
- d. It was further noted that:
 - the Trust suffered a financial loss of £230 for each patient who attended A&E;
 - the Trust was running an overall deficit of £25M at year end;
 - the Trust had been entitled to some funds as part of the merger of the two hospitals;
 - financial challenges continued in areas of high service demand.

8. **Governors' Questions**

- a. The Council of Governors reviewed and noted the questions raised by the Governors.
- b. In expanding the response to PH VS advised that:
 - Staff were moved between sites / wards in order to address personnel need.
 - Current staff mix included substantive, agency and bank staff.
 - 74 nurses were recruited last week (via recruitment fairs). However the need for staff to fill substantive roles continued to be a key objective for the Trust.
 - The recruitment of oversees staff was currently being considered.
 - AG requested a conversation with VS outsider of the meeting as the response she had received to her questions required further clarification.
 - DP advised on the need for NEDs to be assured on the Trust's efforts in recovering the monies owed by overseas patients. JJ stated that this point had been covered within the finance committee meeting where it had been agreed that immigration services would be notified of patients / visitors who owed money for their NHS care.
 - JJ commented that Hounslow Council owed significant monies to the Trust.
- c. THH stated that staff recruitment would be brought back to the next meeting.
- d. Dr. Steel raised his question around mortality and morbidity; THH apologised for the fact that his question did not appear on the governors' questions paper. Dr Steel requested an expanded answer to his question, which he felt remained outstanding and, in his view, was a failure of clinical governance. It was noted that a written reply was provided to him on 21/09/2016. However, for the sake of clarity, THH advised that a further written reply would be issued to him by ZP. THH asked that a discussion on the issue should take place at the next meeting of the Quality Committee. ACTION LW/ZP
- e. LW offered to the Council of Governors the Trust's assurance that the Trust operated in an open and transparent way as regards the reporting of mortality and morbidity.
- f. THH mentioned that a query had been raised by regarding Governors' expenses for attending Governors meetings. THH advised that he RH would review the practice at other Trusts and would advise the Council of Governors at the next meeting. **ACTION: THH / RH**

9.	Quality Sub-Committee Report: 11 November 2016
a.	SM clarified to the Council of Governors that she had not requested reasons for readmission; she had merely attempted to understand how many patients returned to the Trust. LW advised that the Trust undertook audits in relation to this and so she would check this and return to the governors on this point. ACTION: LW
10.	Membership Sub-Committee Report: 9 November 2016
a.	This report was taken as read.
11	Reappointment of the Chairman – proposal from the Nominations & Remuneration Committee
a.	AH advised the Council of Governors of the outcome of chairman's re-appointment vote; THH stated that he would be honoured to take /continue this role.
12.	Update Governors Elections / Election of Lead Governor – Voting & Results and Announcement of Council of Governors Election Results
a.	RH, Vida Djelic and Governor AHP attended to the counting up of the votes that were cast for the role of lead Governor. Out of 28 eligible votes 24 were cast – 14 for Susan Maxwell and 10 for Philip Owen. THH advised that meetings would be arranged between the new lead governor and the new appointed governors.
b.	THH confirmed that the vote had been counted and confirmed; Susan Maxwell was elected to be the Trust's new lead Governor. SM accepted the appointment and expressed her gratitude for the opportunity. The lead governor candidate Philip Owen had prepared a message of congratulations to SM which was read to the Council of Governors by THH.
13.	Integrated Performance Report
a.	The Council of Governors reviewed and noted the report.
14.	Quality Sub-Committee Report
a.	The Council of Governors reviewed and noted the report.
15.	Membership Sub-Committee Report
a.	The Council of Governors reviewed and noted the report.
16.	Question from the public
a.	Governor Cllr CF raised a question as regard the funding available to buy Christmas presents. She requested the committee's support in the giving out of presents and performing in the carol service. She confirmed that the Governors would be visiting the WM site on 23/12/2016.
b.	As regards the Christmas event that took place on the 09/12/2016 this went very well. The Event was supported by the Governors and with help from Katie Allen. An email of thanks to all those involved in the planning of the event has been sent.
c.	THH concluded the meeting by stating that during challenging times of staff shortage and high demand the Trust continued to try its best and remains dedicated to its values and patients.

17.	Any other business – none discussed.
18.	Date of next meeting – 16 March 2017





Council of Governors-8 December 2016 Action Log

Minute number	Agreed Action	Current Status	Lead
1.h	Patient non-attendance A review upon the effect on the Trust as regards DNAs would be brought back to the Council of Governors in due course. THH requested that the Chief Executive works towards a solution to this concern.	The Central Administration Key Performance Dashboard is appended to this paper.	КМО
3.a	Governors' chosen indicator for the Quality Account 2016/17 Bring back a proposal for Governors' chosen indicator for the Quality Account 2016/17 to the next meeting.	This is on current agenda – item 1.7.	SJ/ VS
8.d	Mortality and Morbidity A written reply to be issued to AS by ZP and the issue to be discussed at the next meeting of the Quality Committee.	Complete.	LW/ZP
8.f	Governors' expenses Review the practice at other Trusts and advise the Council of Governors at the next meeting.	Verbal update at meeting.	THH / RH
9.a	Re-admissions SM clarified to the Council of Governors that she had not requested reasons for readmission; she had merely attempted to understand how many patients returned to the Trust. LW advised that the Trust undertook audits in relation to this and so she would check this and return to the committee on this point.	Verbal update at meeting.	LW

Central Administration Key Performance Dashboard

		Pre-AIP consultation	Pre-AIP Go Live	3 months post Go Live				w	eekly Tra	jectory (8 wee	ek improv	vement plan)
Functional Area	Key Performance Indicator	Apr-16	Oct-16	Jan-17	05/02/2017 Target	05/02/2017 Actual	12/02/2017 Target	12/02/2017 Actual	19/02/2017	19/02/2017 Actual	26/02/2017 Target	26/02/2017 Actual
Central Booking Office	Average call waiting time [target: 2 mins]	07:56	05:53	08:10	07:00	00:05:49	06:30	00:03:46	06:00	00:03:47 (00:03:54)*	05:00	00:03:12
Central Booking Office	Longest call waiting time [target: max. 10 minutes]	19:24	36:58	55:51	30:00	00:26:35	30:00	00:15:22	20:00	00:16:08 (00:35:48) *	15:00	00:16:19
Central Booking Office	% Abandoned calls [target: max 15%]	27.50%	34.80%	36.95%	35%	26.3%	35%	18.0%	30%	17.37% (17.45%)*	25%	16.0%
PODs	70% clinic letters turned around <7 days [stretch target 90%]	54.90%	40.40%	50.80%	50%	51.0%	50%	58.2%	60%	53.9%	70%	51.8%
Elective Booking	90% utilisation (bookings against capacity available) of elective lists looking 4 weeks ahead	not available	not available	not available	40%	ТВС	40%	ТВС	50%	64.3*	55%	71.5%
Outpatient Clinics	90% of OP appts booked against monthly activity plan - 4 weeks ahead	not available	not available	not available	90%	121.2%	90%	120.0%	90%	123.5%	90%	123.6%
Outpatient Clinics	100% clinic outcomes completed within 48 hrs	not available	not available	not available	90%	TBC	90%	ТВС	90%	99.7%	95%	99.6%
Outpatient Clinics	DNA rate [target 10%]	11.06%	11.31%	11.52%	11.5%	10.8%	11.5%	10.5%	11.3%	10.3%	11.3%	10.4%
	Longest call waiting time	*There was a technical fault in the telephone system for the Central Booking Office on Wednesday 15th February which resulted in calls not coming through. The KPIs reflect the 4 day performance (Mon, Tue, Thu, and Fri) and the full week's performance is highlighted in brackets/ italics.										



Board Quality Committee - Chairman's Report to Council of Governors, March 2017

This is the first of what will be twice yearly reports to the Council of Governors. It is intended to provide information on the activity and effectiveness of the Board Quality Committee. This report covers the period from January 2016 - February 2017.

About the Committee Chairman

I grew up in Vermont, USA and received a BA in Behavioural Sciences from Johns Hopkins University and MBA from Indiana University. I spent 25 years in the oil and gas industry working for Amoco Corporation and BP plc on projects all over the world including Russia, Azerbaijan, the Middle East and Asia. Most of the roles I held during my career were commercial (e.g. helping negotiate joint venture deals), strategy (e.g. leading a rethink of a global petrochemicals business), and human resources, with the last decade of my career in quite senior VP HR roles at BP's global headquarters in London. I took early retirement in 2008 and have held a portfolio of Non Executive Director roles. To date I've served on the boards of a NASDAQ listed global logistics company, two UK arms length public bodies, a charity, and two NHS boards and have chaired numerous board committees. I hold dual US and UK citizenship.

Committee Background and Terms of Reference

I was appointed NED of the Trust in July 2014 and was asked to Chair a new Board Quality Committee that would replace the previous "Assurance Committee". The new Quality Committee first convened in October 2014.

The Committee terms of reference can be summarised as follows. 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 effectiveness of the treatment and care provided to patients,
- the *safety* of treatment and care provided to patients, and
- the *experience* that patients have of the treatment and care they receive.

In practice, the Committee has a broad scope and a very busy workload. The Quality governance architecture (attached) shows the four Groups that report to the Quality Committee, and their respective sub groups. The four Groups are

- Clinical Effectiveness (chaired by Roger Chinn, Deputy Medical Director),
- Patient Safety (chaired by Zoe Penn, Medical Director),
- Patient Experience (chaired by Pippa Nightingale, Director of Midwifery) and
- Health, Safety & Environmental Risk (chaired by Shân Jones, Director of Quality Improvement).

Committee Membership and Attendance

The Committee meets 10 times each year i.e. monthly except for August and December. Thus since January 2016 the Committee has met 12 times. Most members are practicing or past clinicians.

Membership	# meeting	
	attended ,	/ expected
Chair, Eliza Hermann, Non Executive Director	12 / 12	
Deputy Chair, Andy Jones, Non Executive Director	8 / 12	Note 1
Nick Gash, Non Executive Director	12 / 12	
Lesley Watts, Chief Executive	9 / 12	
Zoe Penn, Medical Director	11 / 12	
Roger Chinn, Deputy Medical Director	7 / 12	Note 2
Libby McManus, Chief Nurse	6/6	
Pippa Nightingale, Director of Midwifery / Vanessa Sloan, Director of Nursing	6/6	Note 3
Rob Hodgkiss, previously Karl Munslow Ong, Chief Operating Officer	10 / 12	
Shân Jones, Director of Quality Improvement	12 / 12	
Thomas Lafferty, Director of Legal & Corporate Affairs	8 / 10	

Note 1 - each time Andy Jones has been unable to attend, he has proactively provided detailed comments in advance, so his views are represented in the meeting.

Note 2 - some absences due to bereavement.

Note 3 - with the Chief Nurse being seconded elsewhere commencing July 2016, the Directors of Midwifery and Nursing have ensured at least one if not both have attended every meeting.

Committee participation and contribution from all members is excellent. The Committee has an open and candid culture where everyone can and does speak, and constructive challenge is welcomed. My style as Chairman is facilitative and inquiring, but I am a "completer finisher" and I apply a rigorous approach to setting follow up actions and ensuring their completion.

Significant Items Covered Since January 2016

At every meeting, the Committee reviews -

- Serious Incidents including trend analysis by site and by type of incident, as well as individual Serious Incident investigation reports, legal claims and inquests;
- the monthly Trustwide Integrated Performance Report containing over 100 performance metrics not all are discussed but Committee members have the opportunity to query any of them;
- an indepth quarterly report (in an ongoing rota) from one of the four Groups and its attendant sub groups i.e. Clinical Effectiveness, Patient Safety, Patient Experience, and Health, Safety & Environmental Risk; and
- Top Concerns that may be worrying the Executive Committee members. Top Concerns also includes any urgent issues from the Group Chairs i.e. the three individuals who are not doing their quarterly indepth report that particular month.

In addition, at each meeting the Committee reviews Trust activity and performance in two or three particular areas of focus or concern. Over the past year some of these were -

- following up the 2014 CQC inspections of both hospitals and seeking assurance on actions;
- the Ward Accreditation audit programme;
- medicines management and medicines incidents;
- fractured neck of femur and actions needed for better patient care and Best Practice Tariff;
- end of life care and plans to achieve the Gold Standards Framework;
- Datix implementation (software for incident and complaint reporting and handling);
- patient survey results and actions including Picker inpatient surveys and Friends & Family Tests;
- paediatric services performance following closure of Ealing paediatric services;
- compliance with care standards for those with learning disabilities;
- role of handovers (clinician to clinician, ward to ward) in serious incidents;
- progress on safer sharps compliance;
- reduction in hospital acquired pressure ulcers;
- utilisation of WHO surgical checklist;
- reducing number of term babies requiring admittance to NICU;
- better identification of deteriorating patients (sepsis) via early warning scores NEWS, PEWS, etc;
- compliance with clinical standards and the programme of clinical audits;
- care of the elderly / frailty;
- radiology and radiation protection;
- infection prevention and control and reviewing the annual infection control report;
- planning for winter pressures;
- improving the timeliness of complaints handling;
- learnings from other Trusts e.g. Western Sussex (rated Outstanding) and Leeds (Good).

Committee Forward Plan

The Committee maintains a rolling forward plan of agenda items for upcoming meetings. Besides the four standing items each month (Serious Incidents report, Integrated Performance Report, Group report and Top Concerns), the forward plan over the next couple months also features -

- monthly report on the structured care quality assurance work that is now underway in anticipation of CQC inspection later in 2017;
- child and adult safeguarding compliance;
- mortality reviews viz new CQC guidance following on from the national "Candour, Accountability & Learning" report;
- the 7 Quality priorities for 2017-18, with baseline performance and metrics:
 - o reduction in falls
 - o antibiotic administration
 - National Early Warning System score
 - o National Safety Standards for Invasive Procedures
 - o reduction in still births
 - o focus on complaints and demonstrate learning from complaints
 - Friends & Family Test improvements (with new FFT provider)
- year end performance review of the 2016-17 Quality priorities.

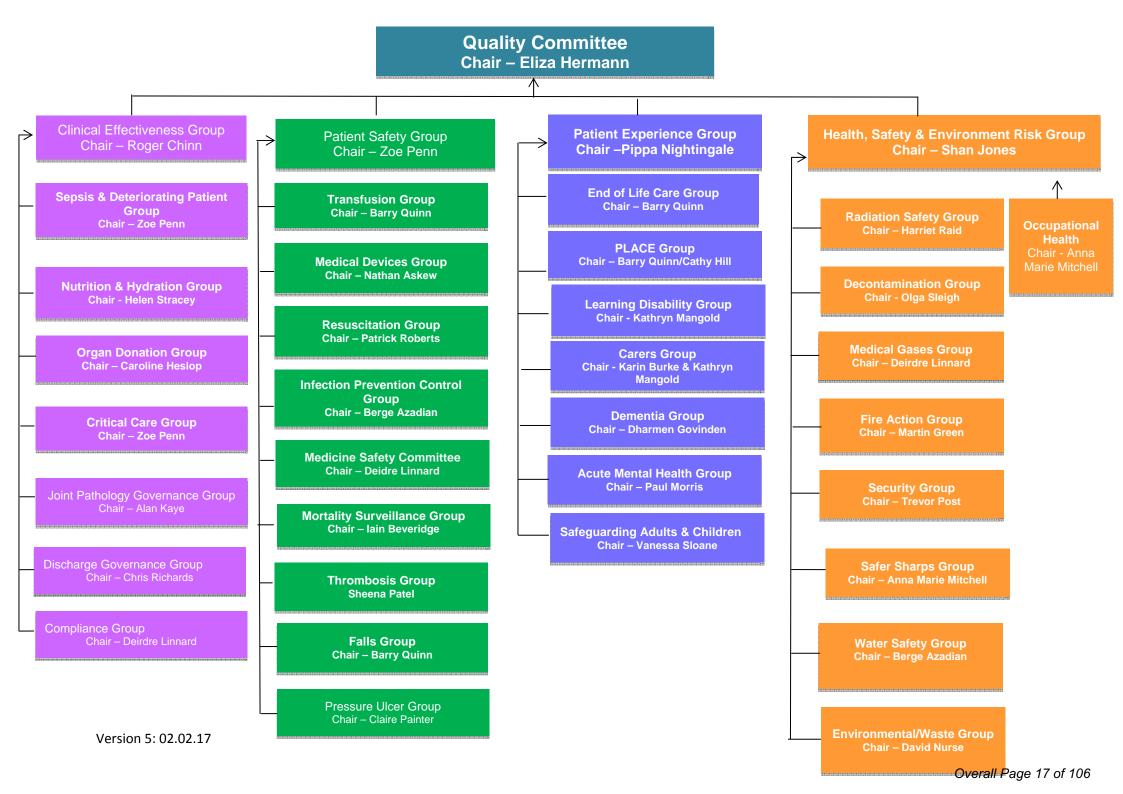
Conclusions - What's Working Well, What Needs Improvement

A Committee evaluation process was conducted in June 2016 and the overall evaluation was favourable. The Committee was viewed as being effective in carrying out its aim of providing the Board with assurance regarding the quality of care and also being candid with the Board about areas of treatment or care where this assurance is lacking or where there are concerns. The Committee helps to shine a light where improvement is needed. The Committee prompts management and helps enable the clinicians on the front lines to really make a positive difference for patients. An example is the reduction in hospital acquired pressure ulcers seen over the past 9 months. The Committee administered "the stick" when lack of progress in this area was evident during 2015-16, and we administered "the carrot" (vocal support and encouragement) when the senior nurse leading the work came and presented the new and much-more-robust workplan to us in May 2016.

The evaluation also produced positive comments about the quality of the Committee's discussions and the balance across the different areas of the Committee's work, but there are some areas of Committee conduct that need improvement. Although getting better, some pre read papers are too generalised or fail to convey what action the Trust is taking on an issue of concern. Papers don't always clearly state who is doing exactly what, by when. For some items the Committee needs more evidence that quality improvements are being sustained and embedded for the long term. The Committee also seeks to ensure that learnings from good practice as well as from incidents and complaints are being shared and applied throughout the Trust.

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

Eliza Hermann 6 March 2017







Council of Governors Meeting, 16 March 2017

AGENDA ITEM NO.	1.4.2/Mar/17
REPORT NAME	Quality Priority Progress Report 2016/17 Proposed Quality Priorities for 2017/18
AUTHOR	Shân Jones, Director of Quality Improvement
LEAD	Pippa Nightingale – Chief Nurse/Director of Midwifery
PURPOSE	This paper updates the Council of Governors on progress with the Quality Priorities for 2016/17 and outlines the Quality Priorities for 2017/18. This paper was presented to the Quality Committee at its 27 January meeting and the COG Quality Sub-Committee on 23 February. The Council of Governors is asked to endorse the proposed Quality Priorities and to approve the WHO checklist as the local indicator for auditing for 2016/17.
SUMMARY OF REPORT	Attached.
KEY RISKS ASSOCIATED	Non delivery of quality priorities are a reputational and qualitative risk to the Trust.
FINANCIAL IMPLICATIONS	N/A
QUALITY IMPLICATIONS	The Quality Priorities form a major part of the Trusts end of year Quality Report. The aim is to deliver continuous quality improvement.
EQUALITY & DIVERSITY IMPLICATIONS	N/A
LINK TO OBJECTIVES	 Excel in providing high quality, efficient clinical services Create an environment for learning, discovery and innovation
DECISION/ ACTION	For noting and approval of the WHO checklist as the local indicator for auditing for 2016/17.

Quality Priorities Council of Governors – 16 March 2017

Introduction

This paper provides the Council of Governors with an update on Q3 progress with the quality priorities set for 2016/17 and the proposed priorities for 2017/18. The Council of Governors is asked to note the progress, endorse, as discussed at the Council of Governors Quality Subgroup, the proposed priorities for 2017/18 and the WHO Checklist as the local indictor for audit.

Background

There were 5 Quality Priorities set for 2016/17 that were rolled over from C&W priorities for 2015/16.

Patient safety Group

Priority 1:

Reduction of acquired pressure ulcers in hospital

Objective

To see a 15% reduction in hospital acquired pressure ulcers

Trust lead

Claire Painter - Divisional Nurse for Planned Care

Priority 2:

Embedding of the WHO surgical checklist:

Objective

To fully embed use of the WHO checklist across the organisation, reflecting feedback from the CQC's review of the services we provide and building on existing progress.

Trust lead:

Peter Dawson - Divisional Medical Director for Planned Care

Clinical effectiveness Group

Priority 3:

Early identification of the deteriorating patient

Objective

To rapidly identify potentially unwell and/or septic patients and institute prompt treatment, in order to reduce mortality and morbidity.

Trust leads

Gary Davies - Acute Medicine Consultant

Priority 4:

Reduce avoidable admissions of term babies to the NICU

Objective

To deliver a 20% reduction in the number of term babies admitted unexpectedly to the neonatal intensive care unit (NICU).

Trust lead

Charlotte Deans - Consultant Obstetrician

Patient experience Group

Priority 5:

Friends and Family Test—inpatient responses >30% with >90% satisfaction

Objective

To use the Friends and Family Test (FFT) as a key measure for our continued ambition to provide excellent experience of care in everything we do.

Trust lead

Karin Burke - Assistant Director of Patient Experience

Priority 5 was favoured as the Governors choice. The updates are attached as Appendix 1-5.

2017/18

The suggested plan for 2017/18 is to continue to link the quality priorities to the Quality Strategy and Plan 2015/18 and align them to Clinical Effectiveness, Patient Safety or Patient Experience. The proposed quality priorities for 2017/18 are outlined below. The Quality Committee is asked to discuss and agree the priorities for 2017/18.

Patient Safety

	Topic	Division	Exec Lead	Clinical Lead	Managerial
					Lead
1	Reduction in falls (Frailty	E&IC	Vanessa	Lizzie Wallman	Lizzie W
	Quality Plan)		Sloane		
2	Antibiotic administration	E&IC	Zoe Penn	Gary Davies	Lizzie W
	in Sepsis (Sepsis Plan)				
3	National Early Warning	E&IC	Zoe Penn	Gary Davies	Lizzie W
	Score (Sepsis Plan)				
4	National Safety Standards	PC	Zoe Penn	Jason Smith	Amanda
	for Invasive Procedures				Grantham
	(NatSSIPs) (Planned Care				
	Plan)				

Clinical Effectiveness

•					
	Topic	Division	Exec Lead	Clinical Lead	Managerial
					Lead
5	Reduction in still births	W&C	Pippa	Charlotte	Simon Mehigan
	(Maternity Plan)		Nightingale	Deans	

Patient Experience

	Topic	Division	Exec Lead	Clinical Lead	Managerial
					Lead
6	Focus on complaints and demonstrate learning from complaints	Nursing	Pippa Nightingale	Sian Nelson	Karin Burke
7	FFT improvements with new FFT provider	Nursing	Pippa Nightingale	Sian Nelson	Karin Burke

Quality Account Local Indicator for Audit

The Council of Governors Quality subgroup discussed which local indicator should be audited for the Quality Account. The WHO checklist is the recommended local indicator.

Appendix 1

Quality Priority: To see a reduction in hospital acquired pressure ulcers

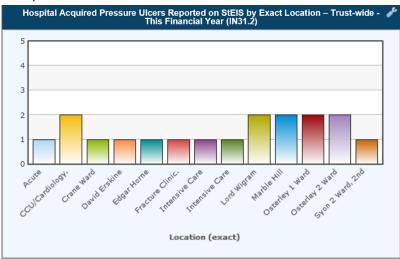
Domain: Patient Safety

Date: 05/01/16

Lead and author: Claire Painter Divisional Director of Nursing Planned Care

Current position	R/A/G rating
In Q3 there have been zero reportable incidents with harm.	
Year to date there have been 18 StEIS reportable hospital acquired pressure ulcers reported across	
the 2 sites. The 15% target reduction remains on track with a fantastic outcome this quarter. We	
remain on target with the 2016/2017 action plan.	

The spread of HA PUs remains consistent with no one area an outlier. (see graph below)



The reporting of community acquired pressure ulcers is robust but data shows (see graph below) that most incidents are of low or no harm catogories.

Pressure Ulcer Incidents by Degree of Harm Last Month (IN52.1)			F
	None (no harm caused)	Low (minimal harm caused)	Total
Community acquired pressure damage (Imported)	96	5	101
Trust acquired pressure damage (Acquired)	6	26	32
Total	102	31	133

Predicted end of year position	R/A/G rating
Reduction of 15% avoidable hospital acquired pressure ulcers. This has been RAG rated as amber	
currently as it remains too early to say if this reduction is sustainable based on previous years	
fluctuations. However the current position is 45% reduction so is likely to be green at year end.	
· · · · · · · · · · · · · · · · · · ·	

Key achievements to date

- PU deep dive was presented to Quality Committee June 2016
- Pressure Ulcer Group established this is now cross site
- Monthly reporting and dashboard on Datix for lead nurses continues
- Safety Thermometer data collection continues monthly
- A tissue viability audit was undertaken in May on the use of the SSKIN bundle
- C&W are actively engaged with the NWL stakeholder group on pressure ulcers
- An additional tissue viability nurse post has been appointed to on the C&W site and a senior tissue viability nurse specialist cross site has been appointed as the Trust lead
- New bed contract now in place on C&W site to bring in line with the WM site. This this has improved availability of specialist mattresses which was a theme in the RCA investigations
- There is a trial of different sizes of full face masks for NIV.

Objectives to be achieved before year end

- Utilize the newly integrated Datix system to track reporting across both sites via new live dashboards -Achieved
- Share the 3 key messages through the divisional boards, nursing and therapy Trust meetings via the divisional quality reports and PUG
- Share actions and learning from 2015/2016 RCA's.
 Focus on the key messages at ward/ unit level through nursing and medical handover. This is now being reported via the pressure ulcer working group.
- Ward based dashboards for nursing indicators will include pressure ulcers. This remains work in progress.
- Focus on the learning from 2015/2016 which has identified naso gastric tubes, non-invasive ventilation masks and anti-embolism stockings as the highest incidence. The focus is on embedding new techniques that have been introduced following RCA review.
- To continue to identify community acquired pressure ulcers on admission. This work remains ongoing the senior tissues viability nurse will attend the NWL PU working group and shares this information.
- To work with community partners to develop a strategy for supporting pressure ulcer prevention in community settings. The senior tissues viability nurse will attend the NWL PU working group.
- A 'Stop the pressure' day was planned for November 2016. This was highly successful 2 days, one on each site. TVN's roving around the site challenging knowledge and assessment skills
- Mini RCA for Grade 2 pressure ulcers is to be introduced to determine cause led by ward teams. Finalising at this month's PUG

Risks to delivery

- Risk of non-delivery of 15% reduction
- Collaboration with CLAHRC NWL to review data and identify trends over time. This is no longer an option.
- Short term risk as there is a vacancy for a tissue viability nurse on the C&W site. This is a reduced risk with on-going recruitment in place.

Mitigation

- Panels in place to share learning
- Mini RCA for Grade 2 pressure ulcers is to be introduced to determine cause led by ward teams.

Appendix 2

Quality Priority: Embedding of the WHO surgical checklist:

Domain: Patient Safety Date: 04/01/2017

Lead: Peter Dawson (Medical Director Planned Care), Jo McCormack (lead nurse theatres)
Report author: Jo McCormack – (Lead Nurse Theatres) & Lisa Clarke – Luis (matron theatres)

Current position R/A/G rating

WHO audit data October to December 2016

A revised methodology paper has been presented through safety group which involves a new cross site audit process. This will start January 2017 and will be an electronic data collection system initially through Survey monkey.

Data for Q3 was collected via the existing audit systems and is detailed below, however data for Chelsea site has been presented to include the individual theatre / clinical teams and includes the number of patients on each audited list and compliance of the 4 elements of the WHO. Information regarding the anesthetist and surgeon is included and will be available within the theatre setting. Where there is only one name it is because it is a pain list and only requires an anaesthetist.

West Middlesex Hospital

Audit compliance

- October 99.3%
- December 99.3%

Monthly audits

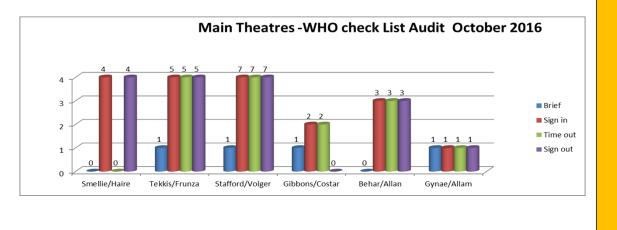
Chelsea & Westminster Hospital

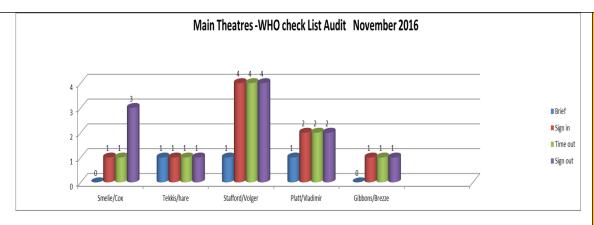
Audit Compliance

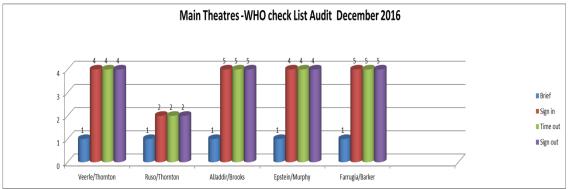
(please note that the numbers listed above the bar graphs are the total number of patients on the theatre list)

Main Theatres

For October, November & December 2016

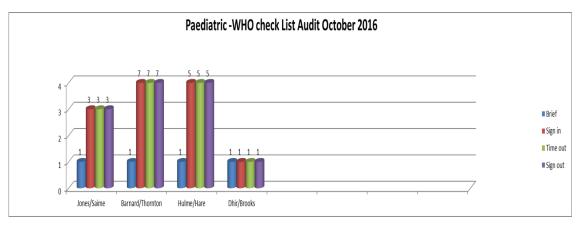


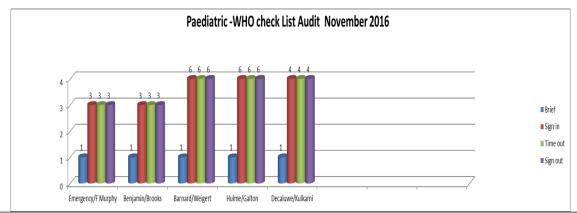


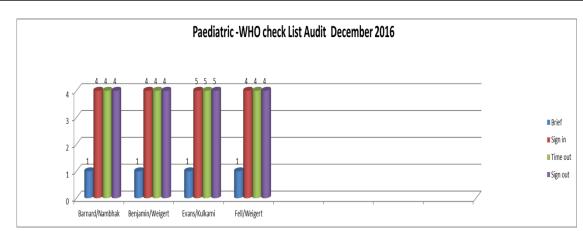


Paediatric Theatres

For October, November & December 2016

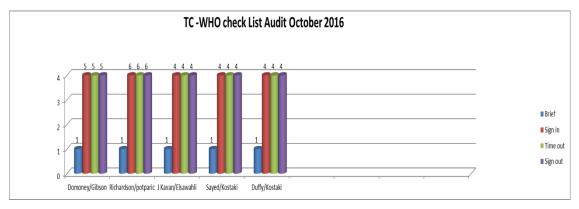


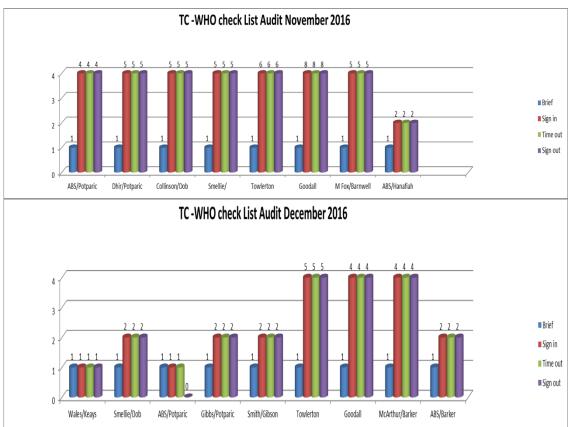




Treatment Centre

For October, November & December 2016





Predicted end of year position R/A/G rating Starting January 2017 audits to be completed using new methodology on a speciality 6 week rolling basis ✓ Week 1 – all general surgery * / bariatric / colo rectal operating lists across both sites ✓ Week 2 – all gynaecology lists both sites ✓ Week 3 – all orthopaedic * & trauma and hand management (Chelwest only) lists both sites ✓ Week 4 – all plastic * / craniofacial / dental lists both sites (burns – Chelwest only) √ Week 5 – all urology lists cross site * √ Week 6 – emergency lists * (* indicates paediatric theatres at Chelwest) Audit to be completed by Operating department assistant / anaesthetic nurse on every patient on the operating list. Audit data to be electronically recorded in the anaesthetic room by ODP / anaesthetic nurse and available via survey monkey from January 2017 Results of each theatre audit to be documented electronically on both sites and sent out to surgical teams for review Data to be displayed within theatres Key achievements to date Objectives to be achieved before year end Overall a good compliance of the WHO Upgrade of computers in the anaesthetic rooms in the Treatment Centre & Main theatres on the checklist across both sites. Chelwest site. Agreement between both sites on the audit tool to commence in January. **Risks to delivery** Mitigation Audit data to be easily recordable within the (survey monkey type approach to be used in the clinical environment and uploaded interim) automatically. In the longer term the Trust will need to develop a general audit portal for all local audits.

Appendix 3

Quality Priority: Early identification of the deteriorating patient

Domain: Clinical effectiveness

Date: 09/01/17

Lead: Dr Shashank Patil (ED Consultant)

Report authors: Dr Barry Quinn RN (Assistant Director of Nursing)

	R/A/G rating
Current position	
Adult ED sepsis protocol completed	
 Adult, paediatric and maternity sepsis protocol to be completed 31st January 	
 Weekly EWS audit embedded (excludes ICU and NICU) (Figure: 1) 	
 Sepsis CQUIN for Q1 and Q2 treatment delivered, screening partial with Q3 under review 	
Full roll out to Adult wards for ThinkVitals at ChelWest	

Predicted end of year position	R/A/G rating
Roll out of ThinkVitals to paediatric wards	
 Roll out of ThinkVitals to A&E and AMU at West Mid 	
 Implementation of protocol for the identification of the septic patient 	
 Agreement and implementation of PGD for adults and paeds 	
 Implementation of training and competency programme to enable nurses/midwing take blood cultures, blood tests and administer antibiotic 	ves to

Key achievements to date	Objectives to be achieved before year end
 Sepsis screening in place in ED Implementation of sticker triage system for all patients attending adult ED Development of version 2 of ThinkVitals ThinkVitals implemented on adult wards at CW Sepsis CQUIN agreed Achievement of Q1 and Q2 CQUIN First line antibiotic agreed for adults and paeds Definition of the septic patient agreed (use of NICE definition) Agreement of extended ICD-10 codes for sepsis to better capture all cases Weekly EWS audits on both sites with reports available on Qlikview Staff engagement Adult PGD completed 	 Development of paediatric version of ThinkVitals Development of obstetric version of ThinkVitals Full roll out to Adult and Paeds for ThinkVitals at ChelWest Roll out of ThinkVitals to A&E and AMU at West Mid Training of senior nurses/midwives in the taking of blood cultures and giving of Ax via PGD Implementation of 'sepsis boxes' on inpatient wards

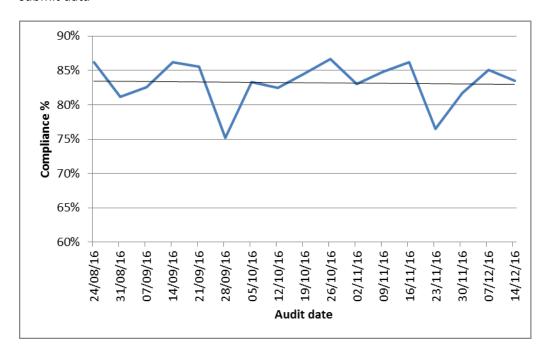
Risks to delivery	Mitigation
Sphere timelines	Board level support required
Timely upgrade of MobileIron to enable mitigation of IG risks	Board level support required
Lack of training for senior nurses and midwives in the taking of blood cultures and giving of Ax via PGD	 Barry Quinn, Andrea Blay and David Bushby to lead on training of CCOT and site managers David Bushby and Barry Quinn to arrange training
 Lack of training of nurses/midwives on downstream wards 	schedule

Figure: 1

Chart of weekly EWS audit performance indicator over time with trendline24/8/16 to 14/12/16

Trendline shows an average reduction of the indicator of 1% over the 17 week period

The weekly indicator is the average overall including a score of zero for each unit that failed to submit data



Appendix 4

Quality Priority: Maternity- Reducing Avoidable admission to the Neonatal Intensive care Unit

Domain: Clinical effectiveness

Date: 22/12/16

Lead: Miss Charlotte Deans- Consultant Obstetrician, Maternity Lead for Governance

Current position	R/A/G rating
Progress has been made on some elements of the plan. The customised growth charts have been	
implemented and are now in use on all women with the aim to reduce avoidable still birth.	

Predicted end of year position	R/A/G rating
The predication is that the GROW package will be fully implemented and all staff trained with the	
audit data collected.	
The intrapartum CTG teaching package has been approved and will be implemented in April 2017	

Key achievements to date

Antenatal

We implemented the GAP protocol on the Chelsea site on 04/04/16, this is now in use for all women and embedded within the routine schedule of care for all women. WestMid are part of the national trial and have been randomised to implement the GAP protocol.

We have trained 60% of staff, the target is 75% within the first year and therefore we are on track to achieve this. It is part of the induction training for all maternity clinical staff (midwifery and obs).

There is an ongoing audit tool provided with the software to monitor our detection rate of growth restricted babies, this is now prospectively in progress. All births need to be entered so it is a time consuming process and there will need to be some retrospective data input. Interim figures are not currently available.

Intrapartum

The intrapartum group has reviewed the new proposed teaching package planned for launch in April 2017.

The plan to include an assessment as part of this teaching will be discussed at the next meeting in January 2017

Postnatal

There is a dedicated postnatal working group to address areas for improvement in regards to reducing avoidable postnatal admissions. This group

Objectives to be achieved before year end

Antenatal

- 75% of staff to be trained by the end of 1st year
- West Mid to implement the GAP protocol as they have been randomised to the implementation ARM of the trial
- Retrospective audit to be completed to identify detection rates of IUGR since implementation
- Prospective input into the audit tool as above

Intrapartum

- Launch the teaching package in April 2017
- Decide whether an assessment is required and implement this

Postnatal

Implementation of new guideline for hypoglycaemia (April 2017)

Implementation of new guideline for safer sleeping (April

convenes 6 weekly and is attended by midwifery matrons, ward leads, governance team and neonatal leads.

The group is looking at management of hypoglycaemia, hypothermia and baby falls. There are initiatives in place to address NICU admissions relating to these three areas. This includes the development of a new hypoglycaemia guideline and a new safer sleeping guideline. There have been campaigns in regards to reducing baby falls: new cot cards with information are available to all parents, verbal information is also now given as standard on admission.

Observational data suggests there has been a reduction in the number of babies admitted with hypoglycaemia but this will be quantified for the next report.

2017)

Audit of ongoing baby falls, monitor action plan in place to address this

Risks to delivery	Mitigation
This update lacks data to support the progress and	
this has been identified by the team to be related to:	
 Steering Group receiving requests for 	
updates with adequate time to prepare	
Solution: For the project lead to be given the	
2017 timetable of required reporting to	
prepare appropriately. Area leads to meet	
monthly to review progress.	
2) A lack of overall project plan with timescales	
and measurables	
Solution: Project management support was	
agreed in 2016 but has not occurred. The	
project lead had been awaiting this input and	
delayed some areas of the project to ensure	
the correct measurables were included	
within the plan.	

Appendix 5

Quality Priority: Friends and family test – >30% inpatient response >90% satisfaction

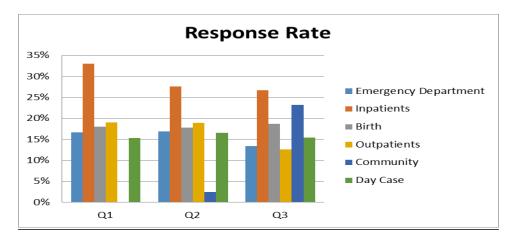
Domain: Patient Experience

Date: 12/01/17

Lead: Karin Burke - Associate Director of Patient Experience Report author: Sian Nelson - Head of Patient Experience

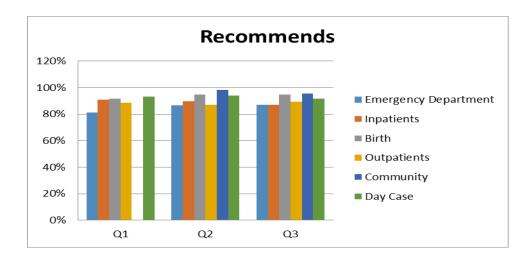
Current position	R/A/G rating
Trust targets for FFT are >30% response rates and >90% recommendation rates. This specific	
priority relates to inpatient areas only. During Q3 no areas achieved the response rate target. In	
addition the Emergency department, inpatients and outpatients did not achieve the	
recommendation rate.	

Table 2 – Q1 - Q3 response rates



Many In-patient areas have individually achieved over the 30% response rate, however collectively the reponse rate is below the target of 30%. This is a deteriorating position since Q1.

Table 2 – Q1 - Q3 Recommended rate



Predicted end of year position	R/A/G rating
 Predicted year end position is to achieve the >30% and 90% recommended targets across 	
all areas as well as the in-patient areas. RAG rated as amber: Maternity, Community	
services and Day Case areas currently meet this target.	

Key achievements to date Objectives to be achieved before year end Action plans to be developed and agreed to improve Volunteers support service as well as introducing on-line surveys patient experience Tender process underway Work at local ward level to support the successful Word cloud being used at ward and and the least successful to improve the response rate and patient experience. department level Support and development opportunities through All wards and departments now have access workshops to ensure staff are trained to access the to FFT results information and use the information to improve FFT results displayed at ward and services and patient experience. department level Further Volunteer recruitment Breakdown of data by clinical area. The Friends and Family Test (FFT) database reports by Division (high level data at present) and further improvement to the

design is in progress.

Patient Experience group

FFT results are reported monthly to the

Risks to delivery	Mitigation
 The before year end objectives listed were dependant on a new FFT system in place. The tender process has been lengthy and ultimately was challenged with a need to restart the process. However FFT will be incorporated within current trust systems, for example adding on-line FFT to the 'Think Vitals' devices for Q4. Paper surveys will be introduced in A&E. 	 Focusing on local tools available and migrating away from dependency of current supplier cooperation with development. The tender will re-commence in Q4.



Council of Governors Meeting, 16 March 2017

AGENDA ITEM NO.	1.5/Mar/17	
REPORT NAME	Tender for the Provision of External Audit	
AUTHOR	Suzanne Scannell, AD Procurement	
LEAD	Sandra Easton, Chief Financial Officer	
PURPOSE	To finalise the appointment of the Trust's External Auditors	
SUMMARY OF REPORT	A compliant tender process has been undertaken to award a contract for external audit. The market response to the tender was unexpected and only 1 bid was received. The received bid meets the full specification and offers the required value for money.	
DECISION/ ACTION	The Council of Governors is asked to approve the appointment of Deloitte's as the Trust external auditors subject to Audit Committee approval on 23 March.	



Tender for the Provision of External Audit Chelsea and Westminster Hospital NHS Foundation Trust

1.0 Introduction

This paper updates the Council of Governors on the progress to award a new contract for the provision of External Audit services.

This will be the first contract to cover the newly merged Trust and will be for a three year term with an option to extend for a two further one year periods.

Bidders were asked to offer a fixed price for the primary term of the contract with a discounted offer for each year of extension.

In addition bidders were asked to achieve an annual 5% reduction in cost over the life of the contract in line with the Trust cost improvement requirement.

2.0 Procurement regulations

The European Procurement Regulations require that all contracts in excess of £164,176 are subject to a full OJEU tender exercise.

The value of this business is above OJEU levels, but was compliantly tendered through the Crown Commercial Service framework reference: RM1502: Consultancy ONE, Lot 5.4 External Audit.

The Framework allows for a direct call off should the specification meet the needs of the Trust and for a Framework Mini Competition to be applied should the Trust wish further competition. To ensure value for money and required service cover, the decision was taken to run a further competition.

3.0 Specification of service

The Specification was developed in conjunction with the Director of Corporate Affairs-Thomas Lafferty and the CFO, Sandra Easton, and required that the services specified be delivered in line with Monitor's Audit Code for NHS Foundation Trusts (March 2011)

The Trust issued tenders to 6 bidders on the framework and received only one offer from Deloitte.

Given the number of companies declining to bid, Procurement requested formal feedback to enable the CFO to determine whether to unseal the single bidders offer.

Organisation	Method of	Reason for non-submission
	communication	
PWC	Email with letter attached via Due North on 14/12/16	Letter sent to Sandra Easton dated 12/12/16 – They are currently working with the Trust in an advisory capacity and so do not wish to create any conflict of interest.
Grant & Thornton	Email via Due North 12/12/16	Gave the opportunity due consideration but wish to pursue other advisory opportunities with the Trust
KPMG	Email via Due North 12/12/16 – verification on 8/3/17	Currently internal auditors for the Trust and so are conflicted from external audit
RSM Risk Assurance Services	Telephone call confirmation on 8/3/17	Do not supply external audit services to the public sector at present
BDO LLP	Awaiting information	Awaiting information

A decision to re test the market to achieve a greater numbers of bidders would delay the contract award beyond April 2017, the end date of the current contract. Given the responses the CFO has determined that Procurement should proceed with the tender and the bid is now ready for final sign off. The unexpected response from the market has delayed the tender process, requiring the stakeholders to complete a review of the offer from Deloitte, from both a financial and quality perspective.

4.0 OFFER

Deloitte have been the retained External auditors for Chelsea and Westminster since 2010, having been awarded a 3 + 2 year contract which was subsequently rolled over for a further two years, to enable the Trust to complete the merger. The current value of the contract of just under£100k plus vat reflects the fact that the West Middlesex external audit was completed separately, given the merger happened mid-year in September 2015.

The offer received from Deloitte recognises the Trusts requirement for on-going financial efficiency and reflects a year on year reduction in cost throughout the primary term of the contract.

In addition Deloitte have offered a further 5% year on year reduction in years 4 and 5 delivering continued efficiency over the life of the contract.

5.0 DECISION/ACTION REQUIRED

The CFO has reviewed the details of the offer to ensure it fully meets the tender specification. The March Audit committee will receive a presentation from Deloitte to enable clarification of the bid and confirmation of value for money.

The Council of Governors is therefore asked to approve the appointment of Deloitte's as the Trust external auditors subject to Audit Committee approval on 23 March.



NHS Foundation Trust

Council of Governors Meeting, 16 March 2017

AGENDA ITEM NO.	1.6/Mar/17		
REPORT NAME	Final Operational Plan 2017-19		
AUTHOR	Virginia Massaro, Deputy Director of Finance – Financial Planning & Strategy Tom Rafferty, Head of Strategy		
LEAD	Sandra Easton, Chief Financial Officer Karl Munslow-Ong – Deputy Chief Executive		
PURPOSE	To share with the Council of Governors a copy of the final operational plan for the Trust submitted to NHS Improvement on 30 th December as part of the business planning process.		
SUMMARY OF REPORT	The final Trust Operational Plan for 2017-19 was submitted to NHS Improvement (NHS I) on 30 December. The plan sets out the Trust's objectives for the 2 year period in terms of performance, activity, finance, workforce and alignment with wider plans for the local health economy. This paper summarises the key content of the plan's narrative.		
	The final operational plan narrative is attached.		
KEY RISKS ASSOCIATED	 Significant financial pressures in the health economy forecast over the coming years. Failure of out of hospital model of care and trend/increased trend of non-elective pressures which compromise quality and financial performance. Limited availability of capital at a national level impacting on the SaHF programme. Delivery of significant 2-year CIP programme 		
FINANCIAL IMPLICATIONS	The paper sets out a range of assumptions and financial forecasts for the coming year. The Trust is planning a deficit of £7.7m in 2017/18 and £0.3m in 2018/19 and has not accepted the NHS Improvement control total.		
QUALITY IMPLICATIONS	None noted		
EQUALITY & DIVERSITY IMPLICATIONS	None noted		
LINK TO OBJECTIVES	 Excel in providing high quality clinical services Deliver financial sustainability 		
DECISION/ ACTION	The Council of Governors is asked to note the final operational plan as submitted to NHS Improvement in December 2016.		

1.0 Introduction

1.1 This paper provides a summary of the final operating plan narrative that was submitted to NHS Improvement on 30th December, as part of the business planning process.

2.0 Background

- 2.1 NHS Improvement (NHSI) and NHS England published planning guidance for 2017/18-19 in September. Unlike in previous years' annual planning cycle, this year's planning round will cover a two year period. This means that providers and commissioners are required to produce two year financial and operational plans as well as two year commissioner contracts.
- 2.2 In addition, NHSI has set control totals for both 2017/18 (£12.6m surplus for CWFT) and 2018/19 (£19.9m surplus). The Trust has not been able to accept these control totals, as the level of CIPs required to deliver the control totals is considered to be unachievable.

3.0 Business Planning Process

3.1 Given the shortened national timetable for business planning and contract signature, the Trust is following a two-track approach. Contract negotiations have concluded with the Trust's main commissioners (North West London CCGs and NHS England) with activity and income levels agreed and the main contracts are on track for signature by 23 December. This will allow a Trust-level business plan to be complete and submitted to NHSI in line with the national timetable. Once activity and income has been agreed, Divisions will finalise more detailed plans as to how they will deliver corporate priorities, quality initiatives, required activity levels and efficiency savings. These divisional plans will be completed in Q4 2016/17.

4.0 Operational Plan Narrative

4.1 The NHSI planning guidance specifies the required content for providers' operational plans and trusts to set out their plans for each of the following areas:

Activity planning, capacity & demand

The narrative sets out the assumptions on which activity planning is based and how this supports the delivery of key waiting time standards including A&E, cancer and referral to treatment. It briefly summarises ways in which the Trust is working with commissioners to mitigate growing demand for services, and developing additional capacity in high pressure areas, for example, A&E at West Middlesex.

Quality planning

Taken in the most part from the Trust's Quality and Strategy Plan, this section sets out the Trust's ambitions, priority areas and governance arrangements, with regards to quality. It briefly explains how this fits with national quality priorities and highlights relevant work being undertaken within the Trust.

Workforce planning

The Trust's strategic aims in terms in relation to its workforce are set out, with a particular focus on recruitment and retention. The approach taken to workforce planning is briefly summarised as well as the governance arrangements that are in place as part of business-as-usual. A number of specific examples of work underway on workforce transformation are presented, including the development of Flexi Staff+ and work to consider consolidating back-office functions with other providers.

Financial Planning

Building on the existing long term financial model, the financial planning sections summarises the Trust's financial plan for 2017-19 as it currently stands, and sets out the underpinning assumptions. The Trust is planning a deficit of £7.7m in 2017/19 and £0.3m in 2018/19.

The underlying Trust plan is in line with the Trust proposed adjusted control totals, removing the non-recurrent transaction funding and internal investment in IT (total £10.5m in 2017/18 and £8.8m in 2018/19). However, as the Trust has rejected the control total, no Sustainability and Transformation Funding (£14.1m) and reduced CQUIN income (£1.4m) has been assumed for both years.

The Use of Resources rating is 3 in both years and there is a planned closing cash balance of £29.1m in 2017/18 and £22.4m in 2018/19. The capital programme is £44.6m in 2017/18 and £26.9m in 2018/19. The majority of the programme is funded through either existing loans, PDC or donated income.

An Income and Expenditure bridge from 2016/17 to 2017/18 and 2018/19 is included in the Operational Plan narrative within Appendix A.

Links to the local STP

This section briefly explains how the Trust's business plan, based on its Clinical Services Strategy, is aligned with the NWL STP, highlighting a number of programmes that the Trust is involved with or leading. These include on-going work on Shaping a Healthier Future, the joint Pathology Service with Imperial and the Hillingdon Hospital and the Outcomes Based Commissioning work with Richmond CCG.

Membership & elections

Foundation Trusts are required to summarise activity undertaken in relation to members and governors, as well as future plans. This section summarises the outcome of governor elections and induction as well as work to improve engagement with members.

4.2 The narrative was submitted to NHS Improvement alongside supporting figures on finance, activity and workforce. The narrative is included as Appendix A.

5.0 Decision/ Action Required

The Council of Governors is asked to note the Trust's final Operational Plan for 2017-19





Chelsea & Westminster NHS Foundation Trust

Final Operational Plan 2017-19

1. Activity Planning, Capacity & Demand

1.1. Approach to activity planning

The Trust is working closely with NWL commissioners to develop a realistic and aligned activity plan that underpins the 2017/19 contract. The building blocks of the 2017/19 activity plan are:

- 2016/17 outturn based on month 4 plus months 5-12 of 2015/16 and then adjusted for seasonality and known non-recurrent items.
- Capacity changes to support agreed recovery milestones for performance, with four key operational standards considered as follows:
 - Accident and emergency (A&E): The Trust had significant investment in Chelsea and Westminster site (CW) A&E in 2015/16 as part of the Shaping a Healthier Future (SAHF) programme with the size of the department and associated staffing increasing significantly, in part to prepare for future activity moves from Charing Cross Hospital. On completion at the end of December 2016, this, together with an additional 12 escalation beds which are being opened early in Q4 2016/17, provides the planned capacity to enable us to continue to meet A&E targets on the CW site, subject to continued financial support from commissioners. The Trust has also increased consultant staffing numbers on the West Middlesex site (WMUH), and is undertaking a physical expansion of the WMUH A&E department during Q3 of 2016/17. A new joint Trust and CCG A&E forum has been set up locally to drive a jointly owned action plan to address pressures on A&E. This plan includes significant changes focussed on internal productivity (utilising ECIST Red & Green Day methodology, introducing Acute Frailty Units on both sites), as well as continued engagement with the CCG out-of-hospital strategy to reduce A&E attendance and Non-elective admissions.

These actions are aimed at bringing the Trust back to compliant A&E performance by the end of Q4 2016/17. Despite these planned actions, there remain significant performance risks associated with unplanned activity increases, or activity transfer before anticipated SAHF investment in staff and physical capacity on the WMUH site ahead of future activity moves from Ealing Hospital and a risk of capital funding being available for the required SaHF developments and the Trust is currently behind the agreed trajectory in 2016/17. The forecast is based on an assumption that a reasonable baseline for non-elective activity is commissioned and commissioners support any required capacity increases to manage activity above demographic growth, and that system-wide actions to reduce non-elective demand are implemented at the necessary scale and pace. If demand materially increases over and above agreed baselines, there is a significant risk that performance will worsen.

Cancer waiting times: The Trust has been successful in delivering consistently compliant performance, and is expecting to be fully compliant with cancer and diagnostic waiting times in 2017/18 for each quarter. Due to the low volumes of cancer cases treated by the Trust, and the number of shared pathways with tertiary centres, we would expect to have a significant risk of failing the 62 day standards (both 62 'classic' and screening) in two out of 12 months. Due to the low volumes of monthly treatments, the impact of patient choice to delay diagnostics has a potentially material impact on Trust performance. In light of experience, the months most likely to be affected by this, despite Trust efforts to mitigate the anticipated impact, are September and

January following the major holiday periods. These planning assumptions are based upon current levels of growth in demand for urgent cancer referrals (2 week waits). Should this demand increase significantly ahead of commissioned levels of growth, there would be some additional risk to cancer 62 day performance.

- Referral to Treatment (RTT): In light of growth in demand from GP referral to the Trust for elective care during and the latter half of 2015/16 and into Q1 of 2016/17, the Trust has not yet reached the anticipated sustainable position of achieving RTT compliance. The Trust has achieved significant improvement with reducing 52 week waits, and would expect to continue to maintain this improvement. Further targeted investment in backlog reduction and recurrent capacity is required to achieve sustainable waiting times performance in the context of this referral growth. The Trust has adopted the IMAS Intensive Support Team demand and capacity (D&C) modelling tools to identify the scale of investment required in selected specialties with performance challenges. Additional capacity will be required in Trauma & Orthopaedics (upper limb and foot & ankle sub-specialties), Vascular Surgery, Urology and Plastic Surgery to reduce waiting list to sustainable levels. Details from the D&C work will be shared with Commissioners in order to reach a shared view on targeting the agreed increases to baseline activity plans for 2017/18. Subject to agreeing this investment, RTT Incomplete pathways performance is expected to be met throughout the life of the contract. Due to the inherent complexity of the current Trust IT systems, there remains an underlying residual risk of a 52 week breach until the Trust has completed its procurement and implementation of a new EPR system. Risks to RTT performance reporting as part of the EPR implementation programme will be managed carefully, with significant focus on pre-implementation data quality and data migration.
- 2017/19 growth rates are based on the latest ONS statistics on population growth (currently 1.34%) and non-demographic growth rates of 4.7% for A&E and non-elective activity and 0.5% for all other activity to reflect historical trends. These growth assumptions have been agreed with local CCGs within the STP.
- Strategic developments including pathway and market share changes agreed as part of both SAHF and the Transaction agreement. The full year effect of the Cardiac Catheter Lab development at WMUH site is included.

The Trust expects that as in the past, and in the light of the anticipated synergies from the acquisition, it will be in a position to deliver the required activity without recourse to the independent sector or other providers. We are also developing contingency plans to be deployed in the event of material unplanned changes in activity. The Trust and commissioners are currently discussing the approach to the contract construction overall and within this how material unplanned in-year variations will be managed.

1.2. Capacity & Demand

The Trust is working collaboratively with Commissioners in order to reduce demand. In relation to elective care, the joint Transformation Board is overseeing work focussed on reducing referral demand through elective pathway redesign. The Trust has developed with North West London (NWL) CCGs, as part of 2016/17 CQUINs, electronic channels for provision of pre-referral advice and guidance in order to reduce unnecessary referrals, or to target these more effectively. The Trust is also working on pathway redesign, aimed at reducing activity at the Trust with Richmond CCG as part of the Outcome Based Commissioning pilot.

The Trust has seen significant and unsustainable increases in A&E and non-elective activity, especially over the last year, which puts significant pressure on the Trust's performance, workforce planning and finances. At a trust level, A&E attendances have grown by 13% year-to-date and non-elective admissions by 11% compared to the same period in 15/16. In response to growing non-elective demand, additional bed

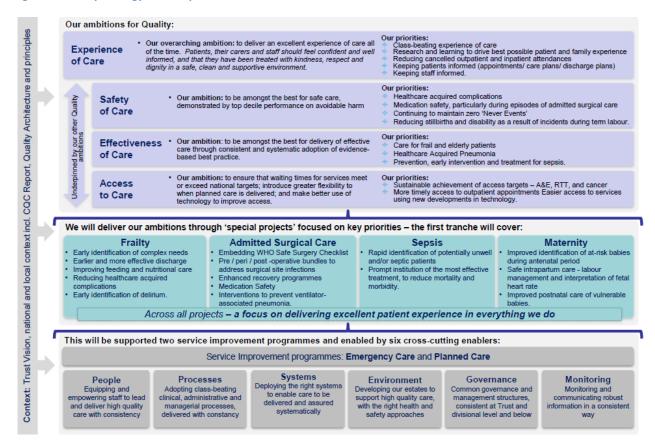
capacity has been developed on Chelsea and Westminster site, and a range of work is in progress to increase bed productivity in order to manage growth within a fixed physical bed base. Redevelopment of the Accident & Emergency Department at the West Middlesex site is also underway in order to address the rise in attendances. In order to inform its operational plan for 2017/18, the Trust is undertaking targeted capacity and demand work with areas in which performance against waiting time standards is at risk. Delivering the activity required to fully clear the Trust's waiting list backlog is very unlikely to be affordable for the system, so elective non-demographic growth funding agreed with commissioners will be targeted at those specialties in which they can have the biggest impact. Divisions will produce specialty-level backlog clearance plans for priority areas as part of detailed operational planning for 2017/19.

2. Quality Planning

2.1. Quality Priorities & Improvement Plan

In 2015 the Trust agreed a three-year Quality Strategy and Plan that sets out our ambitions and priorities in terms of maintaining and improving the quality of the services we offer to patients. The strategy is summarised in Figure 1 below.

Figure 1 - Quality Strategy Summary



An additional 5 priorities, with links to the 4 special projects, were identified in the annual Quality Account for delivery in 2016/17:

- Reduction of acquired pressure ulcers in hospital
- Embedding of the WHO surgical checklist
- Early identification of the deteriorating patient
- Reduce avoidable admissions of term babies to the NICU
- Increase Friends and Family Test response rate to >30% and satisfaction to >90%

The reporting framework for the monitoring of these priorities is quarterly to the patient safety, clinical effectiveness, or patient experience group with a composite quarterly report to the quality committee. Priorities for 2017/18 will be identified through analysis of this year's quality account from January 2017.

2.2. Alignment with National Priorities

The Quality Strategy and Plan was developed in the context of the national agenda on quality which is reflected in the priorities set out in Figure 1. More detail on a range of key national priorities is set out below.

Four priority standards for seven-day hospital services

North West (NW) London is a national First Wave Delivery Site for the seven day services programme. As part of this programme all acute trusts in NW London, have agreed to achieve delivery of the four priority Clinical Standards by April 2017. An audit carried out in March 2016 showed that the Trust compares

favourably to peers on first consultant review within 14 hours (Standard 2), access to the majority of diagnostic tests (Standard 5) and the on-going review for patients in high dependency areas (Standard 8). Work to improve performance against the priority standards is overseen by the Seven Day Services Steering Group.

Safe Staffing and Care Hours per Patient Day

Fill rates and care hours per patient day for registered nurses and care staff by each ward are reported to the bi-monthly Trust board meetings. A safe staffing establishment review was undertaken between June and August 2016 across all inpatient wards using a nurse workforce planning tool. The nursing leadership team reviewed the outputs of the review and identified areas of variation to investigate further. Based on these investigations, study leave has been standardised across sites and a consultation to standardise shift times has begun. There has been investment to standardise break times, and additional investment to increase staffing levels in certain areas.

Actions from the Better Births review

The Maternity service has agreed a 5-year plan of action to address the standards set out in this report, although many are already met. Maternity is one of the priority areas for the Trust in terms of improving quality and as such, a clinically-led improvement programme is already underway, reporting quarterly to the Quality Committee.

Frail and Elderly Patients

Work is underway to develop acute frailty units on both hospital sites in order to improve the way in which frail and elderly patients are cared for. Frailty services is one of the priority areas for the trust in terms of quality improvement, and the aims of establishing these units include a reduction in pressure ulcers, falls, confusion and hospital acquired infections and mortality.

Patient experience

The patient experience strategy sets out the expected standard of care for any individual working in the organisation. The strategy identifies the patient experience improvement aims and monitoring processes. Patient experience data is monitored via quality dashboards, ward accreditation assessments and individual action plans these are reported to the Patient Experience Committee which in turn reports to the Quality Committee.

2.3. Approach to Quality Governance

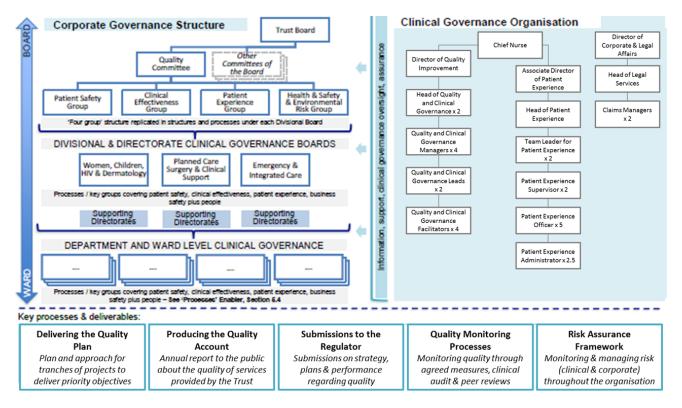
Our quality governance structure, as set out in Figure 2 below enables us to maintain and continually improve quality from 'Board to ward. It is led by the Quality Committee, which reports into the Board and is chaired a NEDs with the Chief Nurse as Executive lead, supported by the Medical Director. Divisional Medical Directors chair the Divisional Clinical Governance Boards, supported by the clinical governance team. Together, this framework monitors quality performance and risk; including serious incidents, complaints and investigations, as well as being responsible for overseeing delivery against our four special quality projects for 2015 to 2018 (see Figure 1 above). These projects were identified from an analysis of the themes and key risks arising from reporting through Quality Committee.

The CQC inspected our hospitals in July 2014 and September 2015 and, whilst it found that the Trust provides good and outstanding care in many areas, its overall rating for the Trust was 'requires improvement'. In order to improve the Trust's rating to 'good' or 'outstanding', speciality-level action plans were developed with the Quality Committee responsible for the oversight of their delivery. An update on progress is presented to each meeting of the trust board as part of the integrated performance report.

The CQC report made broader recommendations in relation to establishing a culture of consistency and rigour in how quality is approached across the Trust. The Quality Strategy and supporting Quality Architecture described in this document are key to ensuring that both the specific actions and the broader

recommendations identified by the CQC – in particular in relation to consistency of quality assurance process across the organisation – become part of on-going systematic and rigorous ways of working within the Trust as it delivers its strategic and growth agenda.

Figure 2 - Quality Governance Structure



Continuous quality improvement is supported by a new ward accreditation process. The overall performance of each ward is evaluated against a framework in a similar style to a CQC assessment, resulting in a rating of gold, silver, bronze or white. The framework incorporates observation of practice, engagement with staff and patients and a review of key quality indicators, and helps wards to take action to improve the quality of care that they provide to patients. The Trust Board is currently considering how a culture of continuous improvement may be further developed across the organisation more broadly.

2.4. Summary of quality impact assessment process

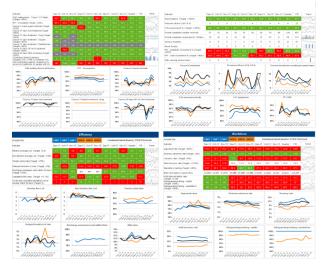
Our Quality Impact Assessment (QIA) process was signed off through the Integration and Transformation Programme Board (ITPB), chaired by our chief executive. Our approach requires assessment of every project initiation document (PID) in the cost improvement programme (CIP) by the relevant senior responsible officer (SRO) using standard documentation.

Schemes are assessed for risk against the four quality domains of patient experience; patient safety; clinical effectiveness/staffing; and performance/inspection/audit/CQUINs. High-risk schemes are subject to approval through a QIA Panel, jointly chaired by our chief nurse and medical director. As part of the approval process, the chief nurse and/or medical director will determine the intervals at which the scheme must be formally report back to the QIA panel directly throughout the year.

Low-risk schemes are managed locally within the division to ensure local accountability and ownership at the relevant divisional board and steering group meetings. Each PID includes quality metrics the monitoring of which will allow any unintentional negative impact on quality to be identified. A central PMO tracks the progress of each scheme, and will escalate schemes to the QIA Panel based on performance against key indicators as appropriate.

2.5. Summary of triangulation of quality with workforce and finance

Figure 3 - Integrated Performance Report



CWFT brings together its quality, workforce and financial indicators in its monthly Performance Report to Board. The report includes a summary dashboard (Figure 3) alongside more detailed metrics, analysis and action points in key areas to support delivery of our special quality projects and the 'Sign up to Safety' campaign. These areas include:

- **Safety dashboard** hospital acquired infections, incidents, harm, mortality
- Patient experience friends and family test, complaints
- Efficiency and productivity admitted patient care, theatres and outpatients
 - Access referral to treatment waits, 62 day

cancer referrals by tumour site, A&E access and length of stay

- Maternity –birth indicators, safety
- Workforce vacancy rate, staff turnover rate, bank and agency spend, nurse to bed ratio, appraisal rates, training
- Nursing metrics average fill rate of registered nurses by ward and by site
- **Finance** EBITDA, finance and use of resources score, progress against cost improvement programme (CIP), cash flow
- CQC action plan dashboard tracking delivery of actions to address issues identified at the last CQC inspection
- CQUINs monitoring delivery of national and local CQUINs.

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

The move to our EPR system will support more real time triangulation of indicators. This will form a key part of our EPR implementation project which will continue throughout 2017/19.

3. Workforce planning

3.1. Strategic Objectives

The Trust aims to provide the best possible patient experience and care for the communities we serve. To do this we will:

- Excel in providing high quality, efficient clinical services
- Improve population health outcomes and develop integrated care
- Deliver financial sustainability
- Create an environment for learning, discovery and innovation

The Trust's workforce strategy identifies recruitment and retention of nursing staff as the most critical enabler to helping deliver the organisation's broader strategic aims. It sets out 5 areas of focus in order to improve recruitment and retention:

- Increased of pro-active planning, including over-recruiting to allow for turnover.
- A move to flexible working to reflect a workforce that is increasingly looking for flexibility in their employment.
- Improved staff transport between hospital sites to enable a workforce that can be deployed crosssite and enable to effective use of all Trust accommodation.
- A structured approach to exit interviews and learning lessons from leavers.
- Focused programmes of recruitment for difficult-to-recruit areas.

Specific targets include:

- We aim to reduce the vacancy rate to 10% by 2017/18
- We will carry out a major overseas recruitment drive to reduce nursing and midwifery vacancy levels.
- We will reduce turnover to below 13% by 2017/18.
- We will continue to offer a wide range of staff benefits and flexible working arrangements to help aid staff retention and maintain high levels of engagement at the Trust.
- We are modernising our approach to providing new temporary staffing, including discussing collaborative approaches with other NHS trusts, so that we can efficiently provide good quality bank and agency staff in the right numbers.
- We will align the balance of permanent, flexible and bank/agency staff to the desired workforce structure. In practice this will mean reducing reliance on agency staff where possible, replacing them with permanent staff or bank. This will help to ensure greater continuity of care and deliver financial savings. The Trust's ability to reduce the reliance on agency medical and nursing staff is challenging given the significant increases in activity we have seen over the past year.
- We will further develop the apprenticeship programme in accordance with national directives for both administration and clinical roles.
- We will continue to develop a range of innovative recruitment and retention initiatives including refer a friend, rotation programmes for qualified nurses and non-bureaucratic internal staff transfer schemes.
- We will adopt focussed programmes of recruitment to help us address the difficult to recruit areas e.g. A&E, ITU, NICU and Theatres.
- We will significantly increase the number of bank only people on our bank in order to reduce reliance on agency staff, increase flexibility and create an alternative pipeline for new talent.
- We will develop a systematic approach to developing new roles and extending current roles to create a more flexible and appropriately skilled workforce.
- We embed newly designed, streamlined recruitment and on-boarding processes which will reduce time to recruit and enhance candidate and manager experience.

3.2. Workforce Planning Methodology

Trust service managers develop their workforce plans considering upcoming planned activity and service developments e.g. seven-day hospital services, which may impact upon their workforce numbers or skill mix. Forecast workforce numbers will also be informed by scheduling of recruitment initiatives, implementing bank and agency reduction schemes and all CIPs where there is a known predicted impact on workforce. Detailed workforce intelligence monthly KPI reports provide managers with information to support their planning decisions.

Workforce estimates beyond 31 March 2017 are based on the current workforce with corrections for turnover at predicted rates and existing recruitment pipeline and plans.

Monthly monitoring will be facilitated through the monthly Performance Report to the Board (see section 2.5) and more detailed reports to the Executive Team. A shared data source enables consistency between financial and activity planning, and the quality impact assessment process will ensure that developments do not have an adverse impact on the quality of care provided to patients.

3.3. Maximising Efficiency Across the STP Footprint

The Trust is participating in work across the NW London STP footprint on shared services and efficiencies. Working with partners, this work supports greater consolidation of corporate services, and clinical support services, with the ultimate aim of delivering greater quality and value across the system, as well as meeting the efficiency targets set out in the Carter Review. Such collaboration is already in practice in areas such as pathology, IM&T and clinical sterile services. More detail on these initiatives in the context of efficiency savings is set out in the Financial Planning section below.

3.4. Case Study: Flexi Staff +

Agency medical staff cost the trust approximately £4.5m in 2015/16. The quality of medical agency staff can be variable and over-reliance on agency staff reduces our ability to plan effectively. In order to improve quality, reduce costs and proactively plan to the medical workforce, the Trust has developed the Flexi Staff Plus bank system for junior doctors. The initiative sees the Trust directly recruiting high quality medical staff to work regular shifts in its hospitals, allowing shifts to be filled in a planned way with staff who are familiar with the hospitals and its processes. The aim is to roll out the initiative across the Trust to reduce spending on agency medical staff by £700k per year by recruiting 50 WTE clinicians, approximately half of which have already been signed-up.

3.5. Governance

Regular reports on vacancy, turnover and overall staff numbers by Trust, division, site and department are provided to the executive team and divisional boards to provide oversight and monitoring of progress against targets. Summary reports are also provided to the Trust Board.

Given its importance, a dedicated temporary staffing steering group has been established which examines aspects of rostering, the Safer Nursing Care Tool, agency caps, contracts and cap breaches, and rules and processes across staff groups for temporary staff. The group is jointly chaired by our Chief Financial Officer with membership including senior nursing, medical, HR and operational leads, ensuring engagement from across the clinical and operational teams informs decision making.

4. Financial planning

4.1. Alignment of Financial, Activity, Quality and Workforce Plans

The Trust has a weekly business planning meeting with senior leads from the Workforce, Finance, Strategy, Contracts and Quality teams, where all aspects of the Trust's two year plans are discussed to ensure all parts are aligned and internally consistent. The operational plan has also been discussed, reviewed and signed off at the Trust's Executive Board, Finance & Investment Committee and Trust Board.

4.2. Financial Plan

The Trust's financial forecasts and plan for 2017/18 and 2018/19 are built up from the Trust's long term planning model and assumptions and updated following revised planning guidance and Trust priorities on quality and other investments, activity assumptions and service developments.

The Trust is planning a £7.7m deficit in 2017/18 and £0.3m deficit in 2018/19, with a Use of Resources rating of 3 in both years and closing cash balance of £30.4m in 2017/18 and £25.4m in 2018/19. This will generate an EBITDA of £26.5m (4.4%) from total operating income of £600.4m in 2017/18 and an EBITDA of £34.8m (5.8%) from total operating income of £597.1m in 2018/19.

Table 1 - 2017-19 Summary Financial Plan

	2016/17 Forecast Outturn	2017/18 Plan	2018/19 Plan
	£m	£m	£m
Operating Revenue	613.8	600.4	597.1
Employee Expenses	-331.0	-322.9	-316.3
Other Operating Expenses	-245.6	-251.0	-246.0
Non-Operating Income	0.1	0.1	0.1
Non-Operating Expenses	-33.3	-34.3	-35.3
Surplus/(Deficit)	4.0	-7.7	-0.3
Net Surplus %	0.7%	-1.3%	-0.1%
Total Operating Revenue for EBITDA	613.8	600.4	597.1
Total Operating Expenses for EBITDA	-576.6	-573.9	-562.3
EBITDA	37.2	26.5	34.8
EBITDA Margin %	6.1%	4.4%	5.8%
Surplus/(deficit) on a Control Total Basis	4.4	-12.6	-3.7
Use of Resources Rating	2	3	3
Closing Cash Balance	44.6	30.4	25.4

4.3. Control Totals

The Trust has not been able to accept the control totals of £12.6m surplus in 2017/18 and £19.9m as notified by NHS Improvement on 1st November 2016, as the level of CIPs required to deliver the control total in 2017/18 is unachievable for our organisation.

The Trust has requested two adjustments to the control total, to take two items into account, which are associated with the acquisition of West Middlesex University Hospital Trust. These items are £6.3m of reduced deficit support transaction funding in 2017/18 and Trust internal investment in the IT transformation programme of £3.9m; both of which were part of the transaction agreement. If these adjustments (totalling £10.2m) were to be made to the control total, the Trust would be able to accept the control total. This is dependent on actual activity numbers remaining within our planning assumptions and therefore appropriate payment in line with agreed contract mechanisms. There is a risk to achievement of the Trust's financial plan if activity growth is significantly higher than the planning assumptions, resulting in high costs of delivery. This is due to the risk share agreement that has been agreed across the North West

London sector acute contracts, with over-performance paid on a marginal rate basis. There is also a risk around overall affordability within the North West London sector as per the sector's STP plans and current gap to the sector control total.

The Trust's two year financial plan is very challenging and requires the Trust to deliver the largest CIP it has ever had to and therefore presents a significant risk to the Trust. This is due to the high levels of growth in high cost and loss-making services e.g. A&E and non-elective activity, at the same time as reducing reliance on agency staff and delivering high levels of CIP (at 5.8% of influence-able expenditure). Sustainability and Transformation Funding was designed, in part, to help address the tariff shortfalls in A&E and non-elective services.

4.4. Financial forecasts and modelling

The table below shows the bridge from the 2016/17 forecast outturn to the 2017/18 and 2018/19 plan, with the adjustments explained in more detail in the section below.

Table 2 - 2017-19 Financial Plans

	Income (£'000s)	Pay (£'000s)	Non-Pay (£'000s)	Total (£'000s)
2016/17 Forecast Outturn	, ,	, ,	,, ,	,
Outturn	£614,140	(£330,992)	(£279,144)	£4,004
2016/17 Non-recurrent Adjustments	•	` ' '	` ' '	,
16/17 Transaction Funding Reversal	(£22,360)	£1,417	£3,737	(£17,207)
16/17 STF	(£14,800)	,	,	(£14,800)
Other non-recurrent items	, , ,	£27	£2,236	£2,263
2016/17 Full Year Effects Adjustments			,	,
Full year effect of 16/17 CIPs and Investments	£459	(£557)	£279	£181
2016/17 Recurrent Forecast Outturn	£577,438	(£330,104)	(£272,893)	(£25,559)
17/18 Cost Pressures/Investments/Service Developments				
Tariff & Cost Inflation	£6,304	(£5,873)	(£2,970)	(£2,539)
GUM Tariffs changes	(£1,924)		, , ,	(£1,924)
Demographic Growth (exc NEL)	£4,129	(£1,907)	(£983)	£1,239
Non-Demographic Growth	£12,495	(£4,935)	(£4,342)	£3,218
Commissioner QIPP	(£17,238)	£6,740	£3,723	(£6,775)
Change in gainshare agreement with NHSE	(£1,700)		•	(£1,700)
Service Developments	£377	£340	(£979)	(£263)
Education Funding Reductions	(£1,373)			(£1,373)
Private Patients Growth	£21			£21
Other cost pressures (including CNST)	(£1,364)		(£4,657)	(£6,021)
Quality Investments		(£2,000)		(£2,000)
Non-Operating Expenses Movement			(£1,039)	(£1,039)
17/18 CIPs				
Proposed CIPs		£16,434	£8,466	£24,900
2017/18 Recurrent Plan	£577,166	(£321,305)	(£275,675)	(£19,815)
2017/18 Non-recurrent Adjustments				
17/18 Transaction Revenue Funding	£17,701	(£1,607)	(£5,486)	£10,609
Internal investment in IT	117,701	(11,007)	(£3,890)	(£3,890)
Other non-recurrent items	£1,250		£2,850	£4,100
Loss of CQUIN income for risk element	(£1,400)		22,330	(£1,400)
Contingency	(£1,400) £		(£3,000)	(£3,000)
Donated Income for Capital Programme	£5,669		(25,000)	£5,669
2017/18 Final Plan	£600,385	(£322,912)	(£285,201)	(£7,728)

	Income (£'000s)	Pay (£'000s)	Non-Pay (£'000s)	Total (£'000s)
2017/18 Forecast Outturn				
Outturn	£600,385	(£322,912)	(£285,201)	(£7,728)
2017/18 Non-recurrent Adjustments				
17/18 Transaction Revenue Funding	(£17,701)	£1,607	£5,486	(£10,609)
Internal investment in IT			£3,890	£3,890
Other non-recurrent items	(£1,250)		(£2,850)	(£4,100)
Loss of CQUIN income for risk element	£1,400			£1,400
Contingency			£3,000	£3,000
Donated Income for Capital Programme	(£5,669)			(£5,669)
2017/18 Recurrent Forecast Outturn	£577,166	(£321,305)	(£275,675)	(£19,815)
18/19 Cost Pressures/Investments/Service Developments				
Tariff & Cost Inflation	£606	(£5,711)	(£2,870)	(£7,975)
GUM Tariffs changes	(£298)			(£298)
Demographic Growth (exc NEL)	£4,184	(£1,933)	(£996)	£1,255
Non-Demographic Growth	£9,452	(£4,367)	(£2,250)	£2,836
Commissioner QIPP	(£12,494)	£3,301	£1,701	(£7,491)
Change in gainshare agreement with NHSE	£700			£700
Service Developments	£208	(£358)	(£205)	(£355)
Education Funding Reductions	(£1,008)			(£1,008)
Private Patients Growth	£21			£21
Other cost pressures	(£94)			(£94)
Quality Investments		(£2,000)		(£2,000)
Non-Operating Expenses Movement			(£1,039)	(£1,039)
18/19 CIPs				
Proposed CIPs		£16,566	£8,534	£25,100
2018/19 Recurrent Plan	£578,443	(£315,806)	(£272,800)	(£10,163)
, , , , , , , , , , , , , , , , , , , ,	, -	(= =,===,	, , , , , , , , , , , ,	(2, 22,
2018/19 Non-recurrent Adjustments				
17/18 Transaction Revenue Funding	£15,895	(£480)	(£1,264)	£14,152
Internal investment in IT			(£5,783)	(£5,783)
Other non-recurrent items			£1,700	£1,700
Loss of CQUIN income for risk element	(£1,400)		•	(£1,400)
Contingency	, , ,		(£3,000)	(£3,000)
Donated Income for Capital Programme	£4,161		(),,,,,,	£4,161
2018/19 Final Plan	£597,099	(£316,286)	(£281,147)	(£334)
Evior in maritian	1337,033	(1310,200)	(1201,147)	(1334)

The adjustments to the 2016/17 forecast outturn to 2017/18 and 2018/19 plan are as follows:

- Forecast outturn The 2016/17 forecast outturn is based on the month 6 Trust forecast.
- Non-recurrent items Adjustment for non-recurrent items. In 2017/18 this includes STF funding (£14.8m), transaction funding and costs (£17.2m) and other non-recurrent items (£2.3m), including CIPs and non-recurrent expenditure.
- Full Year Effects Adjustment for the full year effect of items in 2016/17, including quality investments (£0.8m) and CIPs (£1.0m).
- Tariff and Cost Inflation £6.3m in 2017/18 and £0.6m in 2018/19 for tariff inflation and -£8.8m in 2017/18 and £8.6m in 2018/19 for cost inflation. Expenditure inflation is based on the 2017-2019 planning guidance from NHS Improvement and income inflation is based on the Trust assessment of the tariff impact, plus non-tariff price uplift of 0.1% each year. There is also an expected reduction in GUM tariffs as a result of a local tendering process by Local Authorities of £1.9m in 2017/18 and a further £0.3m in 2018/19.
- NHS demographic growth 1.34% demographic growth, based on ONS population growth figures, with associated marginal costs for both 2017/18 and 2018/19.
- **Non-demographic growth** Trust assumption of 0.5% growth for elective pathways and 4.7% growth for non-elective pathways based on historic trends, with associated marginal costs for both

2017/18 and 2018/19. There is also an assumption regarding growth on excluded drugs, based on a pharmacy-led assessment of changes in NICE guidance and horizon scanning. The growth rates and assumptions have been discussed and agreed with commissioners (both local CCGs and NHS England) as part of the contract agreements. The elective growth is linked to capacity shortfalls identified to support delivery of RTT trajectories. Demand and capacity reviews are being undertaken, targeted at areas in which performance against waiting time standards is at risk as part of the RTT recovery plans. The Trust is working with local commissioners to better understand and control the very high level of growth seen in non-elective pathways, which is causing significant pressures on the Trust's expenditure and agency usage.

- Commissioner QIPP Commissioner QIPP of £17.2m for 2017/18 and £12.5m for 2018/19 is assumed in the plan, which is based on final contract agreements with CCGs and NHS England. There is an associated marginal reduction in costs. There is also a phased change in a gain share agreement with NHS England across the 2 years.
- Service developments This includes a new HIV service in Surrey and the loss of the community
 MSK contract. There is also a small planned growth in private income.
- Loss of education & training income Planned loss of education and training income of (£1.4m) in 2017/18 and £1.0m in 2018/19 as part of the transition to new SIFT tariffs and other education income changes as notified by Health Education England.
- Cost pressures Cost pressures of £6.0m are planned for 2017/18 and £0.1m for 2018/19. The cost pressures include unavoidable cost pressures (including CNST uplift of £4.7m in 2017/18, and loss of local income with no associated reduction in costs).
- Quality Investments include local quality investments required to improve services and patient experience and address any shortfalls against national standards, as well as costs associated with delivery of CQUIN schemes. Quality investments will be prioritised and assessed by the Executive Team, as part of the business planning process.
- Non-operating expenditure increase in non-operating expenditure due to depreciation for increased capital programme and financing costs for additional loans and PDC funding.
- CIPs and synergies Plan of £24.9m in 2017/18 and £25.1m in 2018/19, see section 4.6.
- Contingency non-recurrent contingency of 0.5% (£3m) is planned in both years.
- Transaction funding and costs The revenue funding agreed as part of the transaction is £10.6m deficit support funding and £7.1m funding for integration and transformation costs in 2017/18 and £14.2m deficit support funding and £1.7m funding for integration and transformation costs in 2018/19.
- Internal Investment in IT Non-recurrent investment in the IT transformation programme and EPR business case, agreed as part of the acquisition of West Middlesex (£3.9m in 2017/18 and £5.8m in 2018/19).
- Donated Income £9.8m across the 2 years towards the Trust capital programme, see section 4.7.
- **CQUIN funding** As the Trust has not accepted the NHSI control totals; it is assumed that the Trust doesn't receive any of the 0.5% of local CQUIN relating to the risk reserve.
- Sustainability & transformation funding as the Trust has not accepted the control totals for 2017/18 and 2018/19, the plans assume that the Trust does not receive any of the funding.

4.5. Contracting and CQUINs

The Trust has concluded contract negotiations with its main commissioners, North West London CCGs and NHS England for 2017-2019. The assumptions included in the final plan have been updated to reflect these agreements. There have been extensive discussions locally within the North West London STP area to

increase alignment across the sector, which has been achieved for the two year contracts. This includes aligning contract baseline methodology, information and quality schedules and risk share agreements across the sector. The local risk share arrangement is a marginal rate cost and volume on over and underperformance against an agreed threshold (at the 2016/17 forecast outturn, adjusted for the impact of the specialised commissioning identification rules and 2017/18 tariff impact), which will apply to NWL CCGs only. All other contracts, including the NHS England specialised commissioning contracts, will be on a cost and volume basis.

The approach to CQUIN for 2017/19 is to be more prescriptive about the quality improvements that will be incentivised, and to reduce the scope for local customisation. The national CQUIN schemes to be included in the contract are set out in Table 3 below. For NWL CCGs, 0.5% of the contract value is available for local CQUINs that are linked to STP delivery.

Table 3 - 2017-19 CQUIN Schemes

CCG Contract CQUINs	NHS England Contract CQUINs
Staff Health & Wellbeing	Medicines optimisation
Sepsis	 Enhanced supportive care
Anti-microbial Resistance	 Chemotherapy dose banding
 Reducing frequent attenders to A&E 	 Optimising palliative chemotherapy decision-
Electronic pre-referral advice & guidance	making
services for GPs	 Neonatal community outreach
 Increasing utilisation of e-referral 	

4.6. Efficiency savings for 2017/18 and 2018/19

The Trust has used a number of benchmarks to identify CIP opportunities within both corporate and clinical services, and is developing a challenging CIP programme of £24.9m for 2017/18 and £25.1m for 2018/19.

The Trust is working in partnership with Imperial College Health Trust, and the wider North West London STP, to identify savings and opportunities across back office and support service. This is being pursued as an NHS Improvement 'pathfinder'. This work builds on existing partnership arrangement within North West London, such as the Fulham Road Collaborative for soft services, and the new delivery model for pathology services. Work is being informed by Carter benchmarks, supplemented by data from CIPFA and AUKUH, which provide a rich picture of different delivery models and potential efficiencies. A cross-Trust working group is in place, and expects to identify target operating models for shared services before the end of this financial year. It is envisaged that this work will complement the work at an STP level focusing on the delivery of significant procurement savings.

For clinical services, the Trust has used a combination of Carter benchmarking and data from Better Care Better Value, Dr Foster, Service Line Reporting and Albatross (PLICS platform) in order to focus on the most significant opportunities. These data sources consistently identify significant opportunity in care of the elderly, general surgery, trauma & orthopaedics, obstetrics & gynaecology and paediatrics. These will be the focus of service specific efficiencies, complementing a broad 4% efficiency requirement applied to the remaining frontline clinical services and clinical support services, and a 10% target for corporate areas.

As part of the CIP programme for clinical service, the Trust is also undertaking a full review of loss making services, with a plan to disinvest of any loss making services that are not part of the Trust's core service provision, including a full assessment of any potential clinical or quality impact on patients.

The Trust has a mature approach to managing the financial efficiency agenda, with weekly / bi-weekly efficiency boards, chaired by the CEO, which review progress on CIP delivery, and mitigating actions / recovery plans where these are needed. All CIP plans are subject to a quality impact assessment, and the Medical Director and Director of Nursing hold quarterly quality impact panels to review any adverse impact on quality as a result of specific CIP schemes.

A clear focus for the Trust will be the reduction in agency spend, and work is already underway in Q4 2016/17 to enhance significantly the level of grip and challenge around agency spend. New controls have been put in place, such as weekly medical and nursing challenge boards, and CEO review of all admin and clerical temporary staffing spend. Work is also underway to ramp up recruitment to the Trust bank, for all staff groups, and collaborate with other local Trusts, particularly around preferred suppliers, master vendor lists and overall rates of pay.

4.7. Capital planning

The capital plan for 2017/18 is £44.6m and for 2018/19 is £26.9m, with the breakdown by asset category and funding source in the tables below. The funding sources (loan and PDC) are all agreed and in place following the acquisition of WMUH NHS Trust. External donated income of £9.8m has also been agreed with the Trust's charity CW+ to fund capital developments relating to the NICU and ITU capital scheme.

Table 4 - 2017-19 Capital Programme by Asset Category

Asset Category	Plan 2017/18	Plan 2018/19
	£'000	£'000
Buildings	17,517	12,045
IT	22,141	12,330
Medical Equipment	3,768	1,407
Non Medical Equipment	150	150
Contingency	1,000	1,000
Grand Total	44,576	26,933

Table 5 - 2017-19 Capital Programme by Asset Category

Financing Arrangements	2017/18	2018/19
	£'000	£'000
Trust funded projects	17,720	18,030
Donated Funds	5,669	4,161
DH Capital Loan	3,244	0
PDC (Transactional		
Funding) - agreed with DH	17,943	4,742
Total Funding	44,576	26,933

The capital programme has been developed with the key executive leads and a process is being undertaken to prioritise bids and business cases submitted by the clinical and corporate areas, to ensure they are in line with the Trust's objectives, acquisition plans and clinical and quality priorities.

Schemes are linked to replacement of medical equipment (including a Gamma camera and ultrasound and surgical instruments replacement programme) and buildings maintenance, as well as supporting strategic developments, (e.g. NICU and ITU redevelopment) and roll out of the IT strategy and system enablers for the new EPR system, agreed as part of the transaction.

The Trust's revised estates strategy was approved by the Board in January 2016. The strategy sets out approaches for key strategic developments, including the redevelopment of our critical care service and

options to respond to *Shaping a Healthier Future* developments. The implementation business case of the outer North West London SAHF developments has been submitted to NHS England and is aligned to the Trust's estates strategy and capital plans.

In terms of operational facilities and estates developments, service contracts totalling c£18M for hard/soft facilities management and non-emergency transport are currently being tendered and will be commissioned and mobilised during 2017/18. Facilities management tender are being tendered jointly with the Royal Marsden and the Royal Brompton NHS foundation trusts in order to maximise efficiencies.

Capital development schemes including Critical Care at Chelsea and Westminster Hospital, a new fire detection system and other essential infrastructure replacements including lift refurbishments will have commenced and continue through 2017/18. At the West Middlesex University Hospital, the first phase of the Emergency Department will be complete, and plans for further expansion and improvement will commence.

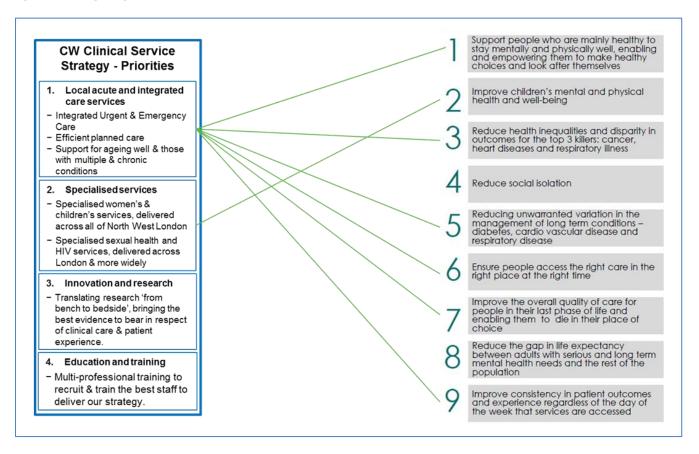
5. Link to the local sustainability and transformation plan

The Trust's Clinical Services Strategy provides the framework for the operating plan. The strategy identifies 7 strategic priorities:

- Integrated Urgent & Emergency Care
- Efficient planned care
- Support for ageing well & those with multiple & chronic conditions
- Specialised women's & children's services, delivered across all of North West London
- Specialised sexual health and HIV services, delivered across London & more widely
- Translating research 'from bench to bedside', bringing the best evidence to bear in respect of clinical care & patient experience.
- Multi-professional training to recruit & train the best staff to deliver our strategy.

Figure 4 below shows how the Trust's strategic priorities are aligned to the priorities identified in the North West London STP. The STP, in turn, is aligned to the developments set out in *Shaping a Healthier Future*:

Figure 4 - Strategic Alignment with NWL STP



The STP further breaks down into 5 Delivery Areas into which transformation programmes are grouped. Through its operational plan, the Trust is taking forward a range of key work streams that are linked to these delivery areas. Figure 5 below shows how these work streams align with the STP deliver areas.

Key Workstreams

Shaping a Healthier Future

The Trust is playing an active role in delivering the long-term strategic vision of services across North West London, supporting the first stage of reconfiguration of paediatric and A&E services.

West London CCG over 65s hubs

The Trust is actively involved in developing a new model of care for the proactive management of older patients, to improve their health and reduce unwarranted hospital stays.

Hammersmith & Fulham - Regular attenders and the under 5s

The Trust is working closely with Imperial College Hospitals NHS Trust and local GPs to collectively identify and manage regular attenders at A&E, and on a programme to improve health and social outcomes for the under 5s.

Richmond - Outcomes-based commissioning

The Trust is working with commissioners and other providers to move towards an outcomes-based contract for 5 service lines in the first instance.

Shared pathology services

The Trust has entered a joint venture with Imperial College Hospitals and The Hillingdon Hospital for the shared provision of pathology services across North West London

Consolidation of corporate services

Working with Imperial College Hospitals NHS Trust, the Trust is exploring the opportunities that consolidating corporate services across our organisations offers. The trust already collaborate in areas such as CSSD and IM&T.

Links to STP Delivery Areas

Delivery Area 5 – Ensuring we have safe, high quality, sustainable acute services.

Delivery Area 1 – Radically upgrading prevention and wellbeing

Delivery Area 3 – Achieving better outcomes and experiences for older people.

Delivery Area 1 – Radically upgrading prevention and wellbeing.

Delivery Area 2 – Eliminating unwarranted variation and improving LTC management

Delivery Area 1 – Radically upgrading prevention and

Delivery Area 3 – Achieving better outcomes and experiences for older people.

Delivery Area 5 – Ensuring we have safe, high quality, sustainable acute services.

Delivery Area 5 – Ensuring we have safe, high quality, sustainable acute services.

Health partners in NW London are committed to ensuring clinical and financial sustainability of health and care services in NW London and support the Sustainability and Transformation Plan that has been developed for the NW London footprint. The ambition is for all NW London organisations to sign up to a shared responsibility to achieve the sector control total and to deliver the STP, with the appropriate supporting contractual mechanisms to make this happen. Through contracting discussions we will seek to bridge the gap between control total and the current sector financial position for acute, mental health and community providers. We intend to develop contractual incentives through a sector wide approach that will be more effective in delivering the agreed transformation and clinical outcomes than a traditional PbR contract.

From our sector work so far it is clear that all organisations have a gap between their current financial position and their notified control total, including our organisation, and the scale of that gap means that we do not currently have robust plans for how that gap can be addressed. In line with our sector colleagues, we are not therefore able to accept our notified control total at this point because we cannot give assurance that it can be delivered. We will seek to bridge this gap as far as possible through our STP transformation plans and will respond further as a sector when we have a clearer idea of our plans.

6. Membership and elections

6.1. Governor elections

The Trust held an election in November 2016 to fill vacancies on the Council of Governors. There were 5 public governor vacancies in the London Borough of Westminster (2 seats), London Borough of Kensington and Chelsea (1 seat), London Borough of Wandsworth (1 seat), London Borough of Hammersmith & Fulham (1 seat) and 2 staff governor vacancies, all of which are due to be filled in the November 2016 election. Newly elected governors started their term on 1 December 2016.

A further election will be held in November 2017.

6.2. Governor induction

New Governors who joined the Trust in December 2016 attended an introductory meeting with the Chair & CEO in December 2016 and will receive their induction on 28 January 2017, with invites extended to all current and new governors. All governors are offered the opportunity to attend 'GovernWell' training courses run by NHS Providers. Courses available include Core Skills, Member and Public Engagement, NHS Finances & Business skills. A number of our governors attended the training courses during 2015/16 and courses will continue to be offered opportunities to governors during 2017/18.

6.3. Governor engagement

There were various opportunities for governors to engage with members and the general public in 2016/17, including Open Days held at both sites, Annual Members' Meeting, annual Christmas events, 'Your Health' (previously known as 'Medicine for Members') events and regular 'Meet a Governor' sessions.

Meet a Governor sessions are held at both hospital sites and afford governors an opportunity to have direct contact with patients and members of the community gaining invaluable feedback on their experiences of services provided by the Trust. During 2016/17 the Membership & Engagement Committee have been spearheading outreach 'Meet a Governor' sessions in the local community and will continue a programme of outreach during 2017/18 focusing on community events with a high footfall of visitors such as shopping centres and community fairs.

Membership recruitment continued during 2016/17 via 'Meet a Governor' sessions and at engagement events such as the Open Days. The plan for 2017/18 will be to continue to recruit members focusing on areas where our membership does not reflect the makeup of the local constituency population.

There are two Council of Governors Sub-committees, namely Membership and Engagement and Quality which have enabled governors to contribute to the operational and strategic discussions in these two important areas.

One of the objectives for Membership & Engagement sub-committee during 2016/17 was to improve communication with our membership and focus engagement events towards topics of interest. To this end a comprehensive membership survey was undertaken during 2016, the results of which were used to inform the engagement strategy for 2017/18. The membership strategy was approved in August 2015 and will be updated in January 2017 following the membership survey results. Whilst the total number of members is important to the Trust our objective for the coming year will be to increase the level of active membership participation through a series of targeted engagement events which reflect the areas of interest identified by the membership survey results.

A successful governor away-day was held in September 2016 which provided an opportunity for the Executive team to update them on the trust's strategy and the wider strategic context for the NHS and in particular for North West London. In addition, the governors contributed to discussions on the implementation of the clinical strategy and the trust values. A further away-day will be planned during 2017/18.





Progress Report

Title/subject matter: Ward Accreditation - quarterly update

Date: December 2016

Lead: Pippa Nightingale, Director of Midwifery

Report author: Melanie van Limborgh, Acting Assistant Director of Nursing

Current position	R/A/G rating
Background: The ward accreditation process was launched in July 2016 as a quality assurance and improvement process with the aim to understand and assure that quality standards are being met in all clinical areas. The accreditation is rated from 'white' to 'gold' (gold being the highest rating). The process seeks to identify good practice in the clinical areas and those areas that needed to make improvement to meet the standards expected. The accreditation tool used is a recognised format and template in line with the Care Quality Commission's (CQC's) key lines of enquiry. This approach was approved by the trust board in July 2016 with the plan that all inpatient wards would have their first assessment completed by the end of November. Key leads in the nursing and midwifery teams completed training to become assessors in August and September. Progress: To provide an external perspective to that of the nursing and midwifery team, non-executive quality leads have also undertaken inspections with the accreditation teams and other key managers have joined accreditation teams on the Senior Nursing and Midwifery Quality Rounds and Perfect Days. Additional senior nurses and midwives have received training in the accreditation process since the last quarter.	Green
There are 29 inpatient wards to be asses these assessments have all been completed as well as 3 departments therefore 31 assessments in total. The plan is now to continue the assessments into all departments and clinics with a total of 59 identified areas. There was 1 area rated as white, 7 areas bronze, 22 areas silver and 1 area rated gold.	
28 areas are to be accredited in the next stage; these are in the specialist areas of the trust. There is also 1 white rated ward that requires repeat assessment. (Refer to Appendices 1&2.) It is planned that the future teams assessing the specialist areas will include peer representatives from the alternative trust sites, and/or external assessors to provide specific expertise on quality standards in these discrete areas.	
The Corporate Nursing Team is currently completing a business case with the trust charity CW+ to secure funding to become a part of the London Digital Health Accelerator initiative for using information technology in clinical areas. If this case is secured, it would result in the use of an on line tool via an App to be piloted for one year in the trust. It is understood this tool will reduce the administration time spent on the ward accreditation work and maximise the accreditation teams' work integrating with staff and patients during an assessment. If successful, the trust would be 1 of only 5 trusts nationally using this application.	
Predicted end of year position	R/A/G rating
The year-end position (noted as end March 2017), is scheduled as when all of the clinical areas (wards and specialist areas), would have received an accreditation visit and been awarded a relevant rating.	Currently amber - predicted green by



end March 2017.

Koy achievements to date	Objectives to be achieved before year and
Key achievements to date	Objectives to be achieved before year end
 Recognised assessment tool in place All inpatient wards have been assessed within the agreed timeframe on both trust sites A recognised team of multidisciplinary assessors in place and the schedule of the planned initial ward assessments have been completed. Senior nurse in place to support the ward managers to implement the identified improvements 	 Any ward or department areas awarded a 'white' rating will be reviewed between January and March 2016. This is to ensure the recommended actions have been completed and that these areas have made improvements and could no longer be accredited as 'white'. One ward area that was initially closed in the first group of visits to be included in the new year's assessments (Marble Hill (Medical Ward)) The specialist areas to have received an accreditation visit and been awarded a rating.
	 Business case to be completed for charity funding for an electronic tablet based App to use clinical time more effectively during accreditation visits. Accreditation tool to be reviewed for the 2nd year of assessments.
Risks to delivery	Mitigation
Sufficient specialist nursing and midwifery and nursing staff availability to complete the specialist accreditation visits.	Plans in place to include specialist nurses and midwives from other trust sites and for specialist assessors in relevant cases to be sourced externally to the trust

Noted main positive themes identified since last report:

- Staff welcoming, generally highly engaged and positive about the assessments
- Positive patient feedback reported
- Senior staff reported as supportive to their teams
- Compliance to good quality mealtimes services noted
- Mandatory training and appraisal generally improved
- Staff report they feel comfortable at reporting concern and risk
- Nursing students reporting effective placements

Noted main areas for improvement:

- Staff report staffing queries/concerns in some areas generally regarding temporary staff
- Medicines management requires attention in some areas
- More focus required for Infection prevention and control in some areas
- Omissions in documentation in some areas
- Attention required to complete fabric and maintenance in some areas
- Noticeboards in some areas not consistently reporting quality measures





Key messages for Clinical Effectiveness Group

- Progress for the first cohort of ward accreditation visits has been completed as planned.
- The next steps include completing accreditation for the specialist areas and re-visiting 'white' graded area and working to secure success for funding to pilot a table based App.
- The current accreditation template will be reviewed for adding in further detail for the speciality areas and for refresh against CQC key lines of enquiry.



Appendix 1 - Chelsea and Westminster site (35 areas)

Assessment Date	Inspection Date	Result of inspection
Neptune	29/11/2016	GOLD
Nell Gwynne	07/07/2016	BRONZE
David Erskine	09/08/2016	BRONZE
Lord Wigram	26/11/2016	BRONZE
Rainsford Mowlem	29/11/2016	BRONZE
Annie Zunz	05/07/2016	SILVER
David Evans	15/07/2016	SILVER
AAU	16/12/2016	SILVER
Edgar Horne	25/11/2016	SILVER
Mercury	26/07/2016	SILVER
Saint Mary Abbots	29/11/2016	SILVER
Emergency Department	05/08/2016	SILVER
Paediatric Emergency Department	05/08/2016	SILVER
Fracture/orthopaedic OPD	05/08/2016	SILVER
Paediatric HDU Apollo	07/10/2016	SILVER
Ron Johnson/Kobler	05/08/2016	SILVER
Jupiter	29/11/2016	SILVER
Saturn	29/11/2016	SILVER
Paediatric OPD	January - March 2017 audit	_
NICU	January - March 2017 audit	SILVER
ITU	January - March 2017 audit	_
Burns Unit	January - March 2017 audit	_
Theatres (Paediatrics, Burns and Main Theatres)	January - March 2017 audit	_
Treatment Centre	January - March 2017 audit	_
Endoscopy	January - March 2017 audit	_
Main OPD Lower Ground Floor	January - March 2017 audit	_
6 Hammersmith Broadway	January - March 2017 audit	_
St Stephens' Centre HIV clinic	January - March 2017 audit	_
Dean Street Clinic	January - March 2017 audit	_
Chelsea Wing and Westminster Wing	January - March 2017 audit	BRONZE
Labour ward and Birth Centre	January - March 2017 audit	SILVER
Simpson Suite and theatres	January - March 2017 audit	_
Kensington Wing	January - March 2017 audit	BRONZE
Ante and post natal	January - March 2017 audit	_
Maternity & Gynaecology Outpatients	January - March 2017 audit	





Appendix 2 - West Middlesex site (24 areas)

Assessment Date	Inspection Date	Result of inspection
Marble Hill 2	06/10/2016	WHITE (re-review early
		2017)
Kew Stroke	25/11/2016	BRONZE
Crane	05/08/2016	BRONZE
Osterley 1	16/12/2016	BRONZE
AMU 1&2	25/11/2016	SILVER
Cardiology /CCU	25/11/2016	SILVER
Lampton	08/09/2016	SILVER
Osterley 2	05/08/2016	SILVER
Syon 1	16/12/2016	SILVER
Syon 2	29/11/2016	SILVER
Richmond	17/11/2016	SILVER
SDU	17/11/2016	SILVER
Starlight/Sunshine	16/12/2016	SILVER
Marble Hill 1 (ward formerly closed)	January - March 2017 audit	WHITE-Bonze
Labour Ward/Theatres/Ground Floor	January - March 2017 audit	_
Maternity top floor	January - March 2017 audit	_
Maternity Outpatients	January - March 2017 audit	_
SCBU	January - March 2017 audit	_
Emergency Department (ED)	January - March 2017 audit	_
Paediatric ED	January - March 2017 audit	_
ITU/HDU	January - March 2017 audit	_
Theatres	January - March 2017 audit	_
Endoscopy	January - March 2017 audit	_
Outpatients	January - March 2017 audit	_





Council of Governors Meeting, 16 March 2017

AGENDA ITEM NO.	3.1/Mar/17
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.



Chelsea and Westminster Hospital WHS

NHS Foundation Trust

Chairman's Report March 2016

1.0 Governor Updates

I have very much enjoyed getting to know our new Governors and our current ones over the last couple of months at a series of lunches which I have hosted at both sites. The first being at the West Middlesex site which was had a good turnout and the second at Chelsea and Westminster. I will continue to host these throughout the year and encourage as many Governors as possible to attend. The Governors enjoy these lunches as it gives them a forum to discuss issues and concerns privately and it's also a good chance for me to get to know them better and also for them to get to know each other better.

We have also started inducting our new Governors which has been successful and I will continue to ensure all new Governors and current Governors feel supported in their roles.

2.0 Priority setting

We had an excellent discussion at our February Board strategy day about the strategic priorities to be set for the Board for the year2017/2018. The Chief Executive and team will be bringing these back to the Board and once agreed they will form the basis of the targets to be set for both the CEO and the Chair for the coming year. These priorities will come to the next Council of Governors meeting under the Chairs report.

3.0 HelpForce

Since my last update, HelpForce has made significant progress. I am delighted to say that CWFT is one of our twelve major pilot sites and we are engaging with the team on a daily basis to roll out our plans. I have attached to this report, a 1-page narrative on HelpForce which helps to explain it, in a more concise fashion and I would welcome any feedback you have on this.

Our official launch event will be held in London in June where we will be announcing HelpForce to various media channels and engaging further with our pilot sites. Jim Mackey is confirmed as a keynote speaker and we hope to bring together all of our pilot sites and partners to officially kick-start the programmes at each site

4.0 CW+ Update

As of January 1, 2017, CW+ became a newly constituted charity, independent from the Department of Health. To support this, the charity now has a new and revised memorandum and articles of association and has also worked with the FT to draft a new trust deed and a new memorandum of understanding between the trust and the new charity.

As part of this, a new group of trustees has been convened including from the FT Lesley Watts and Nick Gash. The new trustee board remains under the chairmanship of Tony Bourne (sitting CW+ chair at time of independence) and is in the process of recruiting further trustees, including an additional two FT members to be confirmed in February 2017.

The make up and governance of the new CW+ is designed to ensure clear alignment between the strategic priorities of the charity and the FT. The memorandum of understanding between the two organisations names CW+ as the official charity partner of the Trust and commits the Trust to actively promoting and supporting the new charity. The launch of the new fundraising campaign in February 2017 to expand and

renovate ICU / NICU is the first example of both parties working jointly under this new arrangement to help address the FT's current greatest area of need and one of the core strategic priority areas on the CW site.

Sir Thomas Hughes-Hallett **Chairman**

February 2017

HelpForce

We are HelpForce

- A collaboration between the health and voluntary sectors to improve patient care
- We aggregate proven practice to advance innovation and improvement around volunteering
- And enable volunteers and the voluntary sector to have a greater impact in health and social care

The Need

- · Unprecedented demand on hospital trusts and GPs
- · Delayed transfers of care into social care and community settings
- · NHS staff under immense pressure
- · Greater integration required with community settings
- Untapped potential of volunteers & voluntary sector within health settings - could be more valued and involved

What HelpForce offers

- 1. How to **improve the patient journey** through the use of new volunteer roles and volunteer-centred innovations
- 2. How organisations can **increase the value of their volunteers** to complement staff and improve patient care
- How volunteers, and voluntary and charity organisations, can strengthen links between NHS organisations and their local community

The Difference we could make

- Raise awareness of the value and potential of volunteers within health and social care
- · Improve patients' wellbeing and experience on their health journey
- · Improved involvement, value and satisfaction from volunteers
- · Higher NHS staff satisfaction
- · Reduce unnecessary admissions for hospitals & GPs
- · Improve flow of patients through hospital and their transfer on
- Increased coordination and mobilisation of community assets

Our Approach

CONVFNF

- Form a knowledge sharing & improvement network with organisations from across our pilot sites
- Bring together evidence of volunteering in health and care, home & abroad, including roles & standards

AGGREGATE

- Identify and highlight proven volunteer-centred innovations, both NHS and VCSE, that are succeeding in some regions
- Showcase and spread them to more NHS and social care organisations

DESTGN

- Assist pilot sites with mapping new volunteer roles and volunteer-centred improvements onto their patient pathway
- Co-design small-scale, high-impact interventions with staff, patients, volunteers & partners

TEST & LEARN

- Test interventions and measure impact using independent evaluation and based upon existing measures and data where possible
- Share results and learnings across the HelpForce network

SCALE

 As interventions become more established and proven, deploy at greater scale: more patients, more sites

DIGITAL

- Employ existing digital solutions throughout to enhance, share, measure and scale our work
- Assess in the future if a brokerage platform could automate some of the work of HelpForce





Council of Governors Meeting, 16 March 2017

AGENDA ITEM NO.	3.2/Mar/17
REPORT NAME	*Chief Executive's Report
AUTHOR	Lesley Watts, Chief Executive Officer
LEAD	Lesley Watts, Chief Executive Officer
PURPOSE	To provide an update to the Council of Governors on high-level Trust affairs.
SUMMARY OF REPORT	As described within the appended paper.
	Governors are invited to ask questions on the content of the report.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	For information.



Chelsea and Westminster Hospital WHS

NHS Foundation Trust

Chief Executive's Report

March 2017

1.0 OBJECTIVES FOR 2017

The Board is in the process of finalising its key objectives for 2017/18. The key themes reflect much of the discussion that has taken place over recent months; Firstly, to deliver high quality patient centre care, ensuring that we remain unfailingly kind; secondly, to be the employer of choice and ensure we recruit and retain the brightest and best staff; and finally, that we deliver better care at lower cost, ensuring we use the resources we have available in the most efficient and effective way.

2.0 STRATEGIC DEVELOPMENTS

2.1 <u>Sustainability and Transformation Plans (STPs)</u>

The FT remains fully engaged in the forward planning of both NWL and SWL STP's. A pan provider board has been established to ensure consistency of approach and best fit with trusts' Operating Plans and this is supported by bespoke CFO and COO groups.

An example of where a more consciously collaborative approach is being taken is in HIV where a proposal to create one inpatient unit supported by agreed pathways and specialist nursing support is under consideration. CWFT is leading this work.

2.1 <u>Accountable Care</u>

In line with our longer term objective to engage in Population Health we are continuing with existing small scale and evaluatory steps. These include:

Richmond Outcomes Based Contract: where our clinicians have led work on establishing community cardiology and support for frail elderly patients.

Hammersmith & Fulham Accountable Care Board: where Professor Barton and Dr Lai have led on an evaluation of very frequent attenders of A&E. This has led to bespoke work in ambulatory care and mental health in A&E being launched across the borough.

These are small scale developments and the FT is evaluating where these can be extended to wider patient populations and where they would have a more material impact on changes to pathways and outcomes.

3.0 PERFORMANCE

The significant levels of non-elective demand, previously reported to the Board, continued throughout January (This month has seen a 9% increase compared to the equivalent month last year) with the A&E waiting time not achieved on either site with combined Trust performance of 86.6%; this was a deterioration for both sites from the previous month. Despite this staff continue to work tirelessly to deliver good quality care and experience to patients across all of our services.

Last month's update reported that our aggregate performance for Quarter 3 was below the Sustainability and Transformation Fund (STF) trajectory by more than the allowed 0.5% tolerance, and that we would be applying to NHSI to adjust the trajectory in light of unprecedented and unplanned levels of demand. This application has now been made.

The RTT incomplete target was achieved in January for the Trust overall with performance of 92.04% which was an improvement from the previous month. The Trust continued to have no patients waiting >52 weeks.

The Cancer 62 target (85%) was achieved in December at 91.4%, which is above the STF trajectory of 86.3%. Q3 was also achieved at 85.5%. Unvalidated performance for January shows a compliant position at 87%.

The 2WW Urgent Cancer Target (93%) continues to be challenging, with unvalidated performance for January showing the standard was not achieved. This is a particular issue on the Chelsea site, with referral numbers continuing to increase on a monthly basis.

The 31 day First Treatment target (96%) was achieved at 96.3%. There were 2 breaches of the target on Chelsea site, with both patients requiring plastic surgery for excision of skin cancers. Both breaches are being investigated by the Skin MDT to ensure there are no avoidable delays in the pathway when patients are referred from Dermatology to the Plastics team.

There were 3 reported C.Diff infections in January at WMUH. The Trust ytd figure of 12 is within the trajectory of 16 for the full year.

Both sites have achieved all other regulatory performance indicators.

4.0 PERFECT DAY

The Trust's Perfect Day initiative started in April 2016. A substantial part of the programme was focused on reduction of temporary staffing usage with the twin aim of improving the quality of care and reducing costs. This was to be achieved by permanent staff in professional or managerial roles being deployed one day a month to clinical areas to cover shifts that would otherwise be covered by costly agency staff. There have been supplementary benefits to this initiative with staff in different parts of our organisation working alongside each other which has allowed colleagues to better understand the positive things that happen every day, but also the frustrations and problems we face in front line service delivery. Initially, we planned to organise Perfect Days for the first three months of the financial year, but with the positive response from staff throughout the Trust, a commitment was made to continue with the initiative on monthly basis.

During the perfect days the Trust has so far covered approx. 200 agency shifts and avoided approx. £102,000 costs. Over 500 staff have taken part. We will soon commence the second year cycle of the Perfect Days, we plan to continue to concentrate on quality improvement, exchanging ideas and experience and shared learning. The initiative proved to be a medium to boost a shared sense of purpose and improve staff relations and morale. What's more, it demonstrated the passion for providing excellent patient care. Patients also enjoy the opportunity to meet and speak with senior staff.

Our last Perfect Day on 15th Feb saw 40 people taking part -

- 5 people helped on ante and post natal ward to get feedback from soon-to-be and new mums a project that Sunita Sharma leads on how to improve patient pathway and experience;
- 23 people were involved in the ward accreditations across sites- 5 areas were visited. A trial of the 'Perfect Ward' - ward accreditation app took place at WM and well-we are considering using it over the next year;
- 4 people helped with clearing the patient letters backlog;
- 2 people helped in PALS and Complaints office;
- 1 spent a day on NICU, helping with the admin work;
- 1 spent a day in Cath lab;
- 1 covered matron role for Emergency in CW;
- Our CEO worked as an HCA on Marble Hill 2;
- A number of senior nursing staff covered clinical shifts in essential areas.

5.0 CONTRACT NEGOTIATIONS

The Trust successfully completed contract negotiations for 2017-19 in line with the nationally prescribed timetable with all major contracts signed on 23rd December 2016. All contracts have been agreed for 2 years, but year 2 (18/19) values remain to be finalised in some instances.

- NHSE contract agreed on a cost and volume basis with no marginal rates for over-performance.
- Contract agreed with NWL CCGs is on a cost and volume basis with a marginal rate on over and underperformance against the 2016/17 outturn. This risk share excludes non-elective and maternity services and is standardised across all acute providers in the STP.
- South West London contract has been agreed on a cost and volume basis with no marginal rates for over or under-performance.
- Commissioner QIPP schemes of £17.3m have been included in the contracts for both NHSE and CCGs.
- CQUIN schemes are agreed for the main contracts.

6.0 ESTATES

I am delighted to be able to report that we have continued to invest in our estate to ensure we provide the best possible environment for patients, visitors and staff. We have two two new developments to report on which is testament to the hard work and endeavours of estates, clinical and operational colleagues who have worked incredibly hard to deliver these projects on time and within budget. Also we have just heard that the redevelopment of the NICU & ICU at the Chelsea and Westminster site has now been granted planning permission.

6.1 West Mid ED (c£3.2M)

Phases 1, 2 & 3 are now complete; this work includes relocating the Urgent Care Centre to enable the creation of a new Paediatric Emergency Department and improved waiting areas for adults and children. In addition, there are now a further 9 majors cubicles to increase capacity. Phase 4 is underway and will be provide a new ambulance entrance, triage facility and 3 rapid assessment rooms including an isolation room. This phase is due for completion in early April.

6.2 Gynae Ward & EPAU (c£1.5M)

Work commenced in November to establish 12 new in-patient beds and to relocate the EPAU facility into what was formally known as Management 3. The staff have been re-housed to the old patients' hotel, the sanctuary and various other non-clinical locations within the hospital. Work was completed at the end of February and the ward will become operational on 6th March when 12 patients will relocate from Annie Zunz Ward to enable an increase of 16 escalation beds.

7.0 PEOPLE

7.1 <u>Appointments</u>

The Trust has appointed Don Neame as interim Director of Communications. He started on 20 February 1017. A process to recruit a permanent Director of Communications is underway.

7.2 <u>Performance Reviews</u>

In April we will launch a new performance and development review process for non-medical staff to replace the current appraisal process. Under the new process managers will award performance ratings which for the first time and will be linked to pay progression. The other key change is the introduction of set time periods for PDRs which will enable us to better monitor take up.

7.3 Flu immunisation

I am very pleased to inform you that he Trust has immunised 68% of front line health care workers. It expects to achieve an immunisation rate of 70% which is one of the highest in London. This compares with 60% in 2015/16 and a target of 65% and will help ensure we keep more of both our staff and patients safe and well.

8.0 PATIENT EXPERIENCE

The patient experience team have been working hard on improving the patient complaint process. The process states that all complainants will receive a phone call acknowledging the complaint and explaining the process within 48 hours. Our compliance on this has improved from 62% to 96% compliance. We then have 25 days to investigate and respond to the complaint, we previously had a backlog of 152 complaints that had not been responded to within this timeline, this has been reduced to 42 backlogged complaints which is on target to clear all the backlog complaints by the end of March 2017.

We have previously struggled meeting the 30% response rate to our FFT data, we are in the process of implementing a ward based hand held solution for collecting FFT data which will ensure we achieve this response rate.

9.0 COMMUNICATIONS AND ENGAGEMENT

This month we are endeavouring to make greater efforts to engage with our staff in a way that suits their needs whilst ensuring that they take responsibility for keeping abreast of key organisational priorities. We continue to embed our integrated values in order to drive high quality care and experience for the patients we serve. Over the past month, my executive colleagues and I have engaged with staff on key Trust issues through departmental meetings, informal walkabouts and team briefings at Chelsea and Westminster Hospital, West Middlesex University Hospital, Harbour Yard and offsite clinics.

To ensure that the monthly team briefing is appropriately cascaded to staff at all levels of the organisation, Keith Loveridge, our Director of HR and OD, is tasking members of the Executive Board to align their meetings schedule to be within one week of the Team Briefing sessions taking place so that the key issues from my briefing are discussed in a timely manner for those unable to attend. To support this, I will circulate a weekly email to all staff on key organisational issues, as well as producing blogs which can be viewed from the staff intranet. By utilising these communications and engagement channels we can foster a continuous dialogue with our teams in order to celebrate best practice and provide timely support to our teams when it is needed. The latest Team Brief follows this report.

I'm delighted to announce that this month we have launched our new staff award recognition scheme. This monthly awards process, which will recognise individuals and teams that demonstrate their pride in caring for patients, will feed into the annual staff awards ceremony in the autumn.

We have issued media releases on: two staff announced as finalists in the 2017 NHS Digital Pioneer Awards; Shivon Thompson's donation of 'angel baby gowns' for bereaved parents; new apprentices starting; recognition at an international conference for Shreena Tailor, and embryologist in our Assisted Conception Unit; a health and wellbeing event for cancer patients; pioneering wireless monitoring of patients' vital signs at West Middlesex; and an education award for Betty Ouma, laboratory manager at St Stephen's Centre Research Laboratory.

Lesley Watts

Chief Executive Officer February 2017

Team briefing

 $\Diamond \Diamond \Diamond \Diamond$

February 2017

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



Tell us why you are #PROUDtocare on Facebook or Tweet @ChelwestFT or @WestMidHospital

HERE AND NOW

Performance update

Despite such hard work and commitment shown by colleagues in caring for an all-time record number of A&E attendances, like many other NHS Trusts we didn't achieve the A&E target for December. This has had an impact on associated funding but we are working with NHS Improvement on reviewing this in light of the unprecedented levels of demand. Well done to WMUH for sustaining their RTT performance. We are pleased to say that we have no patients waiting longer than 52 weeks so thanks to all colleagues for their efforts - we need to continue our focus on RTT as well as our cancer targets in order to provide patients with the timely care they deserve.

Financial update

At the end of December our year to date is slightly ahead of plan. Pay costs in month are under plan by £0.24m but continue to be over plan year to date. Although this is a slight improvement, medical pay continues to be over plan both in month and year to date. We need to continue to work hard to improve our CIP delivery in the remaining months to ensure we reach our target figure.

Health Education England and GMC Inspection

We take patient safety and the teaching of our medical professionals extremely seriously and welcome the findings of the joint Health Education England and GMC inspection that took place last year as an opportunity for us to improve our education offer as part of a culture of continuous improvement. All concerns raised during this two day inspection have been addressed and immediate actions implemented. Well done to teams for their focus in this area. We will continue to monitor our progress at to ensure further improvement.

Flu immunisation

Our Trust target is to immunise 75% of frontline staff — between 1 October and 3 February we have vaccinated 2,782 frontline staff - a 65% uptake. Recently Addenbrooke's Hospital had to close several of its wards and delay a number of urgent operations due to a serious flu outbreak. We don't want this to happen to us so make sure you get the flu jab. Look out for clinic details on the Daily Noticeboard or contact Occupational Health to arrange a vaccination in your area.

Annual information governance training completion

All staff are required to complete their mandatory annual Information Governance training by Friday 24 March 2017. Facilitated sessions are held at the Hub on specific dates which have been published on the daily noticeboard. Managers need to ensure that their teams are compliant with their training requirements.

Fire Training

It is a statutory responsibility of all staff to ensure that they are up-to-date with fire safety general awareness, for which weekly drop-in sessions are scheduled on both main hospital sites. Fire marshal training is also held monthly across both main sites (counts towards general awareness training) and each department/ward should ensure that they have sufficient staff trained, to be adequately covered for annual leave, sickness etc. Contact Sean Bennett (CW) 58656 or Martin Green (WM) 6452 for bookings and dates.

NOW AND IN THE FUTURE

Performance and development review (PDR)

From 1 April the Trust and its trade union partners have agreed a new performance and development review (PDR) for non-medical staff to ensure all staff have a good quality annual performance review and an opportunity to discuss career options. Performance and development reviews are a key part of staff engagement and retention. Key changes:

- Performance ratings linked to pay progression
- An annual PDR cycle:
 Bands 2–6: April to December
 Bands 7–8b: April to September
 Bands 8c–9 and directors: April to June
- Comprehensive mandatory training on carrying out PDRs for all managers—to access courses, email <u>learninganddevelopmentadmin@chelwest.nhs.uk</u>
- Clear link between performance and pay progression
- A framework supporting career management discussions

Transition process new annual leave year

From 1 April 2017, with the exception of junior doctors, the annual leave year will run from 1 April. For people whose leave years run from different dates, managers must ensure that their team members are clear about their leave entitlement before the new leave year begins. In order to calculate the amount of leave people will accrue up to 31 March 2018, use the annual leave calculator connect/departments-and-mini-sites/human-resources/other-hr-information. Managers and staff must agree the combined 2016/17 and 2017/18 leave entitlement and can get advice from the HR service desk: HRadmin@chelwest.nhs.uk

Merging Healthroster

We are merging our Healthroster for all nurses and midwives. A single Healthroster means rotas are aligned, bank staff can access shifts at all sites and we can create a single temporary staffing office for the Trust. Four week rotas for everyone will begin on 13 February and this work is complemented by the simultaneous harmonisation of nursing and midwifery bank pay rates. From 20–27 February we will have no electronic Healthroster while the two separate systems are merged. Please see the intranet and Daily Noticeboard for managers' urgent actions.

Retirement and return guidance

New retirement and return guidance, developed in partnership with the Local Negotiation Committee, is available on the intranet. The Policy sets out the Trust's approach to all retirement and return requests and replaces all previous guidance issued.

Red to Green - rolling out to your ward soon!

Following the pilot of Red to Green days on David Erskine ward, we are now starting to roll out the approach to all adult wards across both sites. Red to Green days helps ward teams ensure that their patients are actively receiving the care they need each day to progress their discharge. If teams identify that this isn't happening – a Red day – they find ways of turning it into a green day. Feedback on why patients are having Red days means we can make changes to the things that are preventing our patients from receiving timely care. For further information please contact Natalie Silvey or Jenny Platt by email.

NIHR CLAHRC NWL Learning and Development Opportunities

NIHR CLAHRC NWL have a range of learning opportunities in quality improvement open to all staff. For more information please visit http://clahrc-northwestlondon.nihr.ac.uk/what-we-do/learning-and-development

Two before Twelve (2B412)

Discharging our patients home as soon as it is safe for them to leave hospital is vital. 2B412 is a Trust-wide initiative to discharge at least 2 patients from each ward before midday (with Neil Gwynne and Kew ward aiming to discharge at least 1 patient by midday). We hope that by discharging our patients earlier in the day when they are ready to go home we can help relieve some of the pressure on beds we are all facing as well as most improve the patient experience. For further information please contact Natalie Silvey or Jenny Platt by email.

Electronic patient record (EPR) update

We are launching four intensive days of workshops to help shape our EPR solution on 23, 24 and 28 February and 1 March. After introductory presentations, workshops will run in parallel so that the elective and non-elective pathways can be explored in detail. At the end of each day, attendees will come back together to highlight opportunities for transformation and areas where decisions made about one part of a process may affect others. Attendance is being coordinated by the Divisional Directors of Operations and the Clinical Innovations Council. It is a joint event with Imperial College Healthcare and will be held at the Cerner offices in Paddington. You can see the current version of the schedule on the EPR page in the Integration and Transformation section of the intranet.

Purchase order compliance

With very few exceptions orders for services and goods must be raised via e-procurement and a purchase order generated before an order is placed with a supplier. Areas of spend that are excluded from this requirement can be found on the procurement section of the intranet, but must still be obtained through approved supply chains and contracts and budget holders must be able to evidence their decision making and authorisation when committing expenditure. Invoices received without a purchase order will be returned unpaid to the company. For more information please read the new Purchase Order Compliance Policy.

Carter review

The Carter review aims to support the NHS in reducing unwarranted variation and drive out savings of up to £5bn, while maintaining or improving quality. The review found:

 Prices paid by different hospitals for hip replacements range from £788 to £1,590

- Infection rates for hip and knee replacements vary from 0.5% to 4%
- Average hospital running costs (per square metre) vary from £105 at one trust to as high as £970 for another
- The use of floor space one trust uses 12% for nonclinical purposes and another uses as much as 69%

As a Trust, we know that we benchmark well overall, being more efficient than the average, and we have made good progress in areas such as our Hospital Pharmacy Transformation Plan. But we also know there are areas we can improve upon. The findings of the review have underpinned our savings plans for 2017/18.

2017/18 Cost Improvement Plans

The NHS as a whole is facing a demanding financial challenge and we have a Trust savings target of £24.9m. We have looked at a range of benchmarking data to ensure we are looking in the right places to deliver savings safely and sustainably. In corporate areas, we are looking to deliver a saving of 10%. Detailed plans in this area are still being scoped, but will be informed by some early work we have been doing with partners across the sustainability and transformation plan area. All of our plans will be subject to senior clinical review through a Quality Impact Panel. You can send your own ideas to efficiency@chelwest.nhs.uk

Open Days

Make a note in your calendars for our popular open days:

- Saturday 20 May 11am-3pm at CWH
- Saturday 16 September 11am-3pm at WMUH

If you are interested in taking part please contact Katie Allen for CWH or Richard Elliott for WMUH.

Essential power supply work WMUH

On the weekend of 18 and 19 March between 8am and 8pm each day it will be necessary to isolate the mains power to the East Wing and Marjory Warren buildings at WMUH. At these times only equipment plugged into the essential power sockets will work. The onsite accommodation at Helix and Galloway will also be affected. We are working with all the affected areas to ensure that disruption will be minimised. Full command and control will be set up to ensure that patient care will not be affected. Please email Catherine Sands if this is something you can help support.

London Gas Mains Replacement, Fulham Road

From May to September National Grid will be replacing gas mains from Gunter Grove, along Fulham Road, past the hospital, to the junction with Beaufort Street. This will necessitate the closure of the westbound lane of Fulham Road between Beaufort Street and Gunter Grove during certain periods of the work together with temporary traffic signals to minimise the time and extent of the road closure. It is likely there will be significant disruption in the area. We will be encouraging everyone to keep up to date with live travel updates and our regular communications at each stage. For any queries email Catherine Sands.

February 2017 team briefing dates

- 6 March 9-10am, HY G2 Offices
- 6 March, 1-2pm CW+ MediCinema
- 8 March, 11.30 12.30 Meeting Room A, WMUH



Council of Governors Meeting, 16 March 2017

AGENDA ITEM NO.	3.3/Mar/17
REPORT NAME	*Governance - Committees of the Board
AUTHOR	Sir Tom Hughes-Hallett, Chairman
LEAD	Sir Tom Hughes-Hallett, Chairman
PURPOSE	To keep the Trust's governance processes re committee of Board aligned with the function of unity board.
SUMMARY OF REPORT	As attached.
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.



NHS Foundation Trust

Governance - Committees of the Board

Introduction

In 2014 we carried out a review of governance and concluded that we would adopt the model and processes of a unitary board which would manage the day to day operations of the Trust and set / execute on strategy.

Recently a small number of you have expressed the desire to attend some of the committees of the board either as observers or to participate in the deliberations of the committee. This in addition to attending board public meetings and having Non-Executive Directors and Executive Directors attend the Council of Governors and private sessions with the Non-Executive Directors twice a year.

I have discussed this with the board and their view is that governors attending board committee meetings is not compatible with the model of the unitary board and the separate role of a hospital governor.

The board nevertheless recognises the governors responsibility to hold the directors to account and to assure themselves that the board is operating effectively.

I have considered this matter carefully and discussed with the Vice Chair, the Chief Executive and the Company Secretary. I have also tested my recommendation with the Lead Governor as well as four others who joined me for lunch this week.

I propose that in future each committee chair will report in writing a summary of the deliberations of their committee and attend the Council of Governors to deliver their paper and take any questions governors may have.

Twice a year for Audit, Quality, People & OD and Finance. Once a year for IT, Charity and Estates. Making total of 11 short reports across the year.

The agenda of the Council of Governors meetings will continue to be set by the Agenda sub-committee of the Council of Governors - but with the above addition together with the Chairman's and Chief Executive reports and a summarised performance report.

This will give governors as a whole a detailed overview of the work of the board committees and allow them to question the directors on their committee work as they see fit.

In view of these changes there will no longer be Governor representation or attendance at any committees of the Board.

Sir Thomas Hughes-Hallett Chairman



Council of Governors Meeting, 16 March 2017

AGENDA ITEM NO.	3.4/Mar/17			
REPORT NAME	*Integrated Perforr	nance Report – Jar	nuary 2017	
AUTHOR	Robert Hodgkiss, Ch	nief Operating Offi	cer	
LEAD	Robert Hodgkiss, Ch	nief Operating Offi	cer	
PURPOSE	To report the comb Chelsea and Westm identifying key action	inster and West M	1iddlesex sites, high	2017 for both the lighting risk issues and
SUMMARY OF REPORT	The Integrated Per 2017.	formance Report	shows the Trust p	erformance for January
	January with the A Trust performance previous month. La for Quarter 3 was trajectory by more seeking clarity from	&E waiting time roof 86.6%; this wast month's updates below the Sustantian the allowed NHSI on the producted and unplanned	not achieved on eit was deterioration for the reported that our ainability and Trand 0.5% tolerance, tess for applying to levels of deman	continued throughout ther site with combined or both sites from the aggregate performance asformation Fund (STF) and that we would be adjust the trajectory in d. The appeal has now
	Attendances	Type 1	Type 3	Total
	Q3 15/16	46,574	20,513	67,087
	Q3 16/17	49,973	22,904	72,877
	% Increase	7.3%	11.7%	8.6%
	Ambulances	CW	WM	Total
	Q3 15/16	4,585	5,975	10,560
	Q3 16/17	4,933	6,666	11,599
	% Increase	7.6%	11.6%	9.8%
	1	.04% which was a	n improvement fro	r the Trust overall with om the previous month. ks.

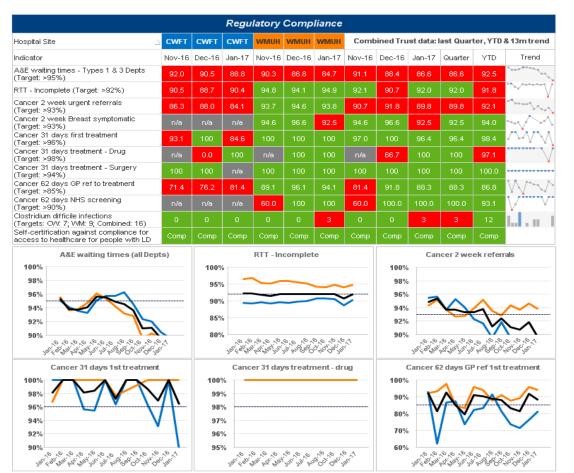
The Cancer 62 target (85%) was achieved in December at 91.4%, which is above the STF trajectory of 86.3%. Q3 was also achieved at 85.5%. Unvalidated performance for January shows a compliant position at 87%, with 46.5 total treatment and 6 breaches. The 2WW Urgent Cancer Target (93%) continues to be challenged, with unvalidated performance for January showing the standard was not achieved. This is a particular issue on the Chelsea site, with referral numbers continuing to increase on a monthly basis. Improvement has been seen in a number of tumour sites including Skin following implementation of the 2WW action plan, however Colorectal continues to struggle with demand. Additional capacity in the service has been put in place during the month in line with the 2WW action plan and improvement trajectory, and it is expected that the Trust will return to compliance in March and Q4. The 2WW Breast Symptomatic target (93%) was not achieved in January at 92.45%. 12 patients breached the target, however all patients were offered appointments within 2 weeks of referral. In February the service have put on additional capacity to ensure patients are being offered appointments in both the first and second week following referral, with current performance showing a compliant position of 98%. The 31 day First Treatment target (96%) was achieved at 96.3%. There were 2 breaches of the target on Chelsea site, with both patients requiring plastic surgery for excision of skin cancers. Both breaches are being investigated by the Skin MDT to ensure there are no avoidable delays in the pathway when patients are referred from Dermatology to the Plastics team. There were 3 reported CDiff infections in January at WMUH. The Trust ytd figure of 12 is within the trajectory of 16 for the full year. Both sites have achieved all other regulatory performance indicators. Safety and Patient Experience: Incident reporting rates on both sites increased substantially in January and aggregate Trust performance is now approaching the target level. WMUH Incident Reporting increased further. There was a 1point drop to 6.9 at Chelsea. This was covered by an increase of 1.6 points at WMUH. (Incident reporting per 100 admissions). The Trust sustained its diagnostic waiting time performance, achieving 99.07%. The January ytd performance is 99.17%. **KEY RISKS** There are continued risks to the achievement of a number of compliance ASSOCIATED: indicators, including A&E performance, RTT incomplete waiting times, and cancer 62 days waits. The Trust reported a year to date underlying surplus of £5.42m, which is a **FINANCIAL** favourable variance of £0.86m against the plan for the year to date. Two **IMPLICATIONS** technical accounting adjustments made in month 9 relating to impairments and a loss on disposal of assets have increased the Trust's reported surplus to £10.03m for the year to date. QUALITY As outlined above. **IMPLICATIONS**

EQUALITY & DIVERSITY IMPLICATIONS	None
LINK TO OBJECTIVES	Improve patient safety and clinical effectiveness Improve the patient experience Ensure financial and environmental sustainability
DECISION/ ACTION	For information.

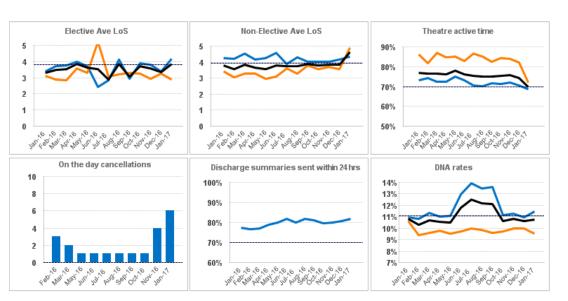


TRUST PERFORMANCE & QUALITY REPORT January 2017



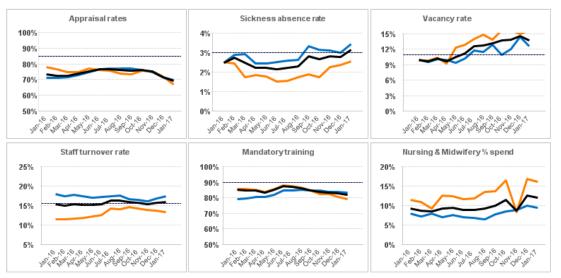


				Effic	iency							
Hospital Site	CWFT	CWFT	CWFT	wмин	www	WMUH	Co	mbined	latest Q	uarter, Y	TD & 13r	ntrend
Indicator	Nov-16	Dec-16	Jan-17	Nov-16	Dec-16	Jan-17	Nov-16	Dec-16	Jan-17	Quarter	YTD	Trend
Elective average LoS (Target: <3.8)	3.8	3.4	4.2	2.9	3.3	2.9	3.6	3.4	3.9	3.9	3.5	~~\\\
Non-Elective average LoS (Target: <3.95)	4.0	4.2	4.3	3.7	3.6	4.9	3.9	3.9	4.6	4.6	3.8	والمراجع
Theatre active time (Target: >70%)	72.0	70.7	68.7	84.1	82.0	72.0	75.7	74.2	69.7	69.7	75.1	Para Assessing
Discharge summaries sent within 24 hours (Target: >70%)	80.0	80.7	81.8	dev	dev	dev	80.0	80.7	81.8	81.8	80.6	, //_
Outpatient DNA rates (Target: <11.1%)	11.3	11.0	11.5	10.0	10.0	9.5	10.8	10.6	10.8	10.8	11.3	
On the day cancelled operations not re- booked within 28 days (Target: 0)	4	0	6	0	0	0	4	0	6	6	16	<u>.</u>





				Wo	rkforc	е						
Hospital Site	CWFT	CWFT	CWFT	wмин	WMUH	WMUH	(Combine	d: latest	Quarter,	YTD & 13n	trend
Indicator	Nov-16	Dec-16	Jan-17	Nov-16	Dec-16	Jan-17	Nov-16	Dec-16	Jan-17	Quarter	YTD	Trend
Appraisal rates (Target: >85%)	75.0	71.5	69.9	75.3	72.0	67.1	75.1	71.7	69.1	69.1	74.6	and the same
Sickness absence rate (Target: <3%)	3.10	3.00	3.46	2.27	2.39	2.57	2.82	2.79	3.16	3.16	2.54	~ <i>/</i> ~
Vacancy rates (Target: CW<12%; WM<10%)	12.0	14.4	12.7	17.4	15.1	15.5	13.9	14.6	13.7	13.7	13.7	and the same
Turnover rate (Target: CW<18%; WM<11.5%)	16.1	16.8	17.4	13.9	13.8	13.4	15.3	15.7	16.0	16.0	16.0	
Mandatory training (Target: >90%)	83.9	84.0	83.4	82.2	80.4	79.0	83.3	82.8	81.9	81.9	84.1	
Bank and Agency spend (£ks)	£2,772	£2,438	£2,546	£1,798	£2,220	£2,291	£4,570	£4,658	£4,836	£4,836	£43,693	/\\
Nursing & Midwifery: Agency % spend of total pay (Target: tbc)	8.9	10.0	9.4	8.3	16.9	16.0	8.7	12.6	12.0	12.0	10.0	







		Cł		Nestmins tal Site	ter	U		liddlesex Hospital S	ite		Combine	ed Trust P	erformanc	e	Trust data 13 months
Domain	Indicator \(\triangle \)	Nov-16	Dec-16	Jan-17	2016- 2017	Nov-16	Dec-16	Jan-17	2016- 2017	Nov-16	Dec-16	Jan-17	2016- 2017 Q4	2016- 2017	Trend charts
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	92.0%	90.5%	88.8%	93.4%	90.3%	86.8%	84.7%	91.7%	91.1%	88.4%	86.6%	86.6%	92.5%	grand of
	18 weeks RTT - Admitted (Target: >90%)	72.0%	77.6%	69.1%	73.2%	86.6%	85.0%	82.0%	85.9%	79.8%	81.8%	75.7%	75.7%	80.1%	Andrew Land
RTT	18 weeks RTT - Non-Admitted (Target: >95%)	91.8%	94.2%	91.9%	92.8%	93.2%	92.6%	93.1%	94.0%	92.3%	93.6%	92.3%	92.3%	93.3%	~~~\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	18 weeks RTT - Incomplete (Target: >92%)	90.5%	88.7%	90.4%	89.9%	94.8%	94.1%	94.9%	95.0%	92.1%	90.7%	92.0%	92.0%	91.8%	***************************************
	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	86.3%	88.0%	84.1%	89.7%	93.7%	94.6%	93.8%	93.8%	90.7%	91.8%	89.8%	89.8%	92.1%	Land And
Cancer	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	n/a	94.6%	96.6%	92.5%	94.0%	94.6%	96.6%	92.5%	92.5%	94.0%	mad al.
	31 days diagnosis to first treatment (Target: >96%)	93.1%	100%	84.6%	96.3%	100%	100%	100%	99.7%	97.0%	100%	96.4%	96.4%	98.4%	$\Delta\Delta\Delta$
Please note that all Cancer	31 days subsequent cancer treatment - Drug (Target: >98%)	n/a	0.0%	100%	92.9%	n/a	100%	100%	100%	n/a	66.7%	100%	100%	97.1%	
indicators show interim, unvalidated	31 days subsequent cancer treatment - Surgery (Target: >94%)	100%	100%	n/a	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
positions for the latest month in	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	
this report)	62 days GP referral to first treatment (Target: >85%)	71.4%	76.2%	81.4%	79.3%	89.1%	96.1%	94.1%	90.5%	81.4%	91.8%	88.3%	88.3%	86.8%	M.
	62 days NHS screening service referral to first treatment (Target: >90%)	n/a	n/a	n/a	n/a	60.0%	100%	100%	93.1%	60.0%	100%	100%	100%	93.1%	$V_{1}V_{n}$
Patient Safety	Clostridium difficile infections (Year End Targets: CW: 7; WM: 9; Combined: 16)	0	0	0	1	0	0	3	11	0	0	3	3	12	L. L. II. I
Learning	Self-certification against compliance for access to healthcare for people with Learning Disability	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	
fficulties Access & Governance	Governance Rating	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
	Please note the following three items	n/a	Can refer	to those inc	dicators not	applicable (e	g Radiothe	rapy) or ind	dicators whe	re there is п	o available	e data. Such	n months will	not appear i	n the trend graph:
			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 r

Trust commentary

A&E 4 Hours waiting time

Both hospitals had their most challenging month to date with overall ED attendances 9% above the previous year and LAS attendances up10%. This resulted in performance of 86.6%. The activity levels were 13% above planned levels with the key actions to recover performance being: "See and Treat" ED pathway used during increased pressure, a Surgical Assessment Unit has opened on Chelsea site and multiple actions on both to reduce length of stay now implemented (Red/Green days, and Frailty pathways).

Cancer - 2 Weeks from referral to first appointment all urgent referrals

The 2WW target continues to be significantly challenged on the Chelsea site, with unvalidated performance showing that this standard was not achieved in January. This is a particular issue on the Chelsea site, with colorectal 2WW breaches accounting for more than half of the total breaches for the Trust. Additional capacity has been created to respond to the increased referrals and is available from the 3rd week in February. Compliance with the standard is expected in Q4.

2 weeks from referral to first appointment all Breast symptomatic referral

The 2WW Breast Symptomatic target was narrowly missed in January at 92.5%. 12 patients breached the target, with 4 of these patients declining appointments in the first and second week following referral (patient choice breaches) and 8 patients declining appointments within the second week (avoidable breaches). In February the service have put on additional capacity to ensure patients are being offered appointments in both the first and second week, with the target currently being achieved at 98%.

Cancer - 31 days diagnosis to first treatment

The 31day DTT to treatment target was achieved at a Trust level at 96.3% against a target of 96%. There were 2 breaches of the target on Chelsea site, with both patients requiring plastic surgery for excision of skin cancers. Both breaches are being investigated by the Skin MDT to ensure there are no avoidable delays in the pathway when patients are referred from Dermatology to the Plastics team

Cancer - 62 days GP referral to first treatment

Unvalidated performance for January shows achievement of the 62 day standard and STF trajectory at 88.3%. A total of 46.5 patients were treated with 6 breaches of the target. Details of breaches can be found beneath the Tumour by Site Dashboard

Clostridium Difficile infections

There were three reported CDiff infections at West Middlesex in January. The Trust year-to-date figure of 12 is within the trajectory of 16 for the full year

Date & time of production: 23/02/2017 09:38

Overall Page 81 of 106





Safety Dashboard

		CI		Westmins ital Site	ter	U		liddlesex Hospital S	iite		Combine	ed Trust P	erformanc	e	Trust data 13 months
Domain	Indicator	Nov-16	Dec-16	Jan-17	2016- 2017	Nov-16	Dec-16	Jan-17	2016- 2017	Nov-16	Dec-16	Jan-17	2016- 2017 Q4	2016- 2017	Trend charts
lospital-acquired	MRSA Bacteraemia (Target: 0)	0	0	0	1	0	1	0	1	0	1	0	0	2	Λ
infections	Hand hygiene compliance (Target: >90%)	95.7%	95.6%	95.7%	95.3%	98.1%	88.0%	91.0%	96.0%	96.5%	92.8%	94.1%	94.1%	95.5%	Hilill.
	Number of serious incidents	5	2	4	45	4	2	4	38	9	4	8	8	83	11.1111.1.1
	Incident reporting rate per 100 admissions (Target: >8.5)	6.5	7.9	6.9	6.9	8.3	8.7	10.3	8.1	7.3	8.3	8.2	8.2	7.4	Liabili
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions (Target: 0)	0.03	0.05	0.02	0.03	0.04	0.02	0.10	0.03	0.03	0.04	0.05	0.05	0.03	~\\\\
Incidents	Medication-related (NRLS reportable) safety incidents per 100,000 FCE bed days (Target: >=280)	472.85	348.29	238.08	409.62	128.99	296.24	151.57	278.30	311.05	324.15	195.71	195.71	348.00	Total and the
	Medication-related (NRLS reportable) safety incidents % with harm (Target: <=12%)	10.6%	13.2%	13.9%	11.9%	0.0%	10.3%	13.6%	6.0%	8.5%	12.0%	13.8%	13.8%	9.7%	
	Never Events (Target: 0)	0	0	0	1	0	0	0	0	0	0	0	0	1	$\Lambda\Lambda$
	Safety Thermometer - Harm Score (Target: >90%)	93.3%	95.6%	95.6%	95.7%	95.6%	90.8%	96.0%	94.5%	95.0%	93.1%	95.8%	95.8%	94.9%	~\V
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	1	0	1	8	0	0	0	10	1	0	1	1	18	le italia de
Harm	NEWS compliance %	92.1%	91.3%	93.2%	91.5%	94.8%	98.9%	97.7%	95.0%	92.9%	93.1%	94.7%	94.7%	92.6%	V
	Safeguarding adults - number of referrals	19	17	33	204	37	15	20	209	56	32	53	53	413	الطالايين
	Safeguarding children - number of referrals	20	24	33	232	84	82	85	779	104	106	118	118	1011	
	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	86.4	86.4	86.4	86.4	86.4	86.4	86.4	86.4	86.4	86.4	86.4	86.4	86.4	
	Number of hospital deaths - Adult	32	35	50	313	57	78	100	689	89	113	150	150	1002	
	Number of hospital deaths - Paediatric	0	1	0	7	0	0	0	0	0	1	0	0	7	r ii lii r
Mortality	Number of hospital deaths - Neonatal	2	1	2	12	0	1	1	7	2	2	3	3	19	n na hil
	Number of deaths in A&E - Adult	0	1	0	9	1	6	18	64	1	7	18	18	73	Halma
	Number of deaths in A&E - Paediatric	0	0	0	1	1	0	0	2	1	0	0	0	3	
	Number of deaths in A&E - Neonatal	0	0	0	0	0	0	0	0	0	0	0	0	0	

Trust commentary

Number of serious incidents

There was an increase in the number of SIs reported in January 2017 (8) compared to December 2016 (4). 50% (4) of the incidents reported in January 2017 were patient falls. There was only one fall reported in December 2016. The YTD total for patient falls is 11

Incident reporting rate per 100 admissions

There is a continued increase in the proportion of incidents reported in January 2016.

Medication-related safety incidents

A total of 57 medication related patient safety incidents were reported in January 2017; 23 relate to WMUH site, and 34 to CWH site





Trust commentary continued

Rate of patient safety incidents resulting in severe harm or death

5 incidents resulted in Severe Harm in January 2017, of which two related to patient falls and were reported as SI's, a further two incidents related to a failure to recognise/respond to deteriorating patients, and one incident related to a failure to act on test results (Bilirubin).

2 incidents were reported to have led to a patient death in January; one related to a failure to recognise and escalate deteriorating patient, the other related to a patient who suffered a cardiac arrest in the ED waiting room. Both of these incidents were reported as Serious Incidents, and are reflected in the January 2I report to the Board.

Incidence of newly acquired category 3 & 4 pressure ulcers

One hospital acquired grade 3 pressure ulcer was reported and confirmed in January. This incident was reported externally on 3rd February, therefore will not feature in the January SI Report prepared for the Board.

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

Reporting rates for medication related safety incidents are below target during January for both sites. However the combined Trust reporting rate year to date of 348/100,000 FCE is better than the latest benchmarks published on the Carter dashboard. The National Median is 286 and the Peer Median is 279 (March 2016 data)

Medication-related (reported) safety incidents % with harm

The % of medication related safety incidents with-harm during January was higher than the target for both sites; this is mainly due to lower reporting rates of medication incidents with no-harm. The combined Trust performance of 9.7% year to date is the same as the latest National Benchmark data (9.7%) but worse than the Peer Median (8.2% March 2016 data). The Medication Safety Group continues to monitor and act upon incident trends and to promote reporting of no - harm and near - miss incidents, to further reduce the %.

NEWS compliance

Weekly audits continue to be carried out by senior nurses & the Trust has seen a steady improvement in compliance. Those areas which are not completing or non-compliant in any aspects have plans to support improvements

The Summary Hospital-level Mortality Indicator (SHMI)

SHMI reports on mortality at trust level across the NHS in England. This indicator is produced and published quarterly as a National Statistic by NHS Digital.

Mortality - in hospital Adult deaths

The crude mortality rate for January has seen an increase on both sites.

An initial review has been carried out and there have been no significant issues identified and none have an adverse CESDI grading. The first look strongly suggests that we are seeing a national trend rather than an issue with care delivery on either site with a significantly increased death rate in January – predominantly in elderly frail patients presenting with respiratory disease – this would triangulate with our attendance data, increased admissions and the anecdotal feedback from clinicians across both sites during January.

It is recognised that the vast majority of deaths were non elective admissions aged over 80 with respiratory conditions. Full mortality reviews will be carried out in line with the mortality surveillance process. Of note provisional office of national statistics (ONS) data for January suggests an excess of 6,000 deaths nationally in comparison to the previous 5 year January data. Thus we would expect 30-40 'excess' deaths in Jan in line with national stats and the size of our trust with 2 busy acute sites.

Page 5 of 16 Date & time of production: 23/02/2017 09:38





Either Site or Trust overall performance red in each of the past three months

Patient Experience Dashboard

		Cł		Nestmins tal Site	ter	U		liddlesex Hospital Si	ite		Combine	d Trust P	erformanc	e	Trust data 13 months
Domain	Indicator	Nov-16	Dec-16	Jan-17	2016- 2017	Nov-16	Dec-16	Jan-17	2016- 2017	Nov-16	Dec-16	Jan-17	2016- 2017 Q4	2016- 2017	Trend charts
	FFT: Inpatient recommend % (Target: >90%)	85.2%	86.5%	84.6%	88.8%	87.7%	89.6%	87.8%	90.4%	86.6%	88.3%	86.4%	86.4%	89.8%	
	FFT: Inpatient not recommend % (Target: <10%)	6.0%	6.2%	8.6%	6.1%	5.7%	4.4%	6.7%	4.4%	5.8%	5.1%	7.5%	7.5%	5.1%	VVV****/
	FFT: Inpatient response rate (Target: >30%)	31.8%	32.8%	31.5%	34.0%	26.1%	26.5%	21.6%	26.6%	28.2%	28.8%	25.1%	25.1%	29.0%	and the same
	FFT: A&E recommend % (Target: >90%)	86.6%	89.4%	91.0%	87.9%	82.9%	77.9%	78.6%	86.9%	85.9%	87.3%	88.9%	88.9%	87.7%	
Friends and Family	FFT: A&E not recommend % (Target: <10%)	7.5%	6.2%	5.0%	7.0%	11.2%	14.1%	13.0%	8.1%	8.2%	7.6%	6.4%	6.4%	7.3%	#*\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	FFT: A&E response rate (Target: >30%)	14.3%	12.7%	14.5%	14.2%	12.7%	12.5%	14.1%	18.9%	14.0%	12.6%	14.5%	14.5%	15.0%	A hand
	FFT: Maternity recommend % (Target: >90%)	90.3%	92.8%	93.8%	90.8%	96.7%	89.4%	100.0%	93.2%	91.5%	92.2%	95.0%	95.0%	91.3%	tdt .lmt
	FFT: Maternity not recommend % (Target: <10%)	6.7%	4.5%	4.1%	5.5%	3.3%	6.1%	0.0%	4.1%	6.1%	4.8%	3.3%	3.3%	5.2%	dal atd
	FFT: Maternity response rate (Target: >30%)	20.3%	21.8%	19.7%	21.7%	16.8%	15.5%	16.7%	17.6%	19.5%	20.3%	19.0%	19.0%	20.7%	Jan
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	24	28	47	299	31	27	32	295	55	55	79	79	594	
	Complaints formal: Number responded to < 25 days	4	8	9	90	4	12	8	82	8	20	17	17	172	Harlantan
Complaints	Complaints (informal) through PALS	133	97	113	929	54	21	57	328	187	118	170	170	1257	11111.1
	Complaints sent through to the Ombudsman	0	0	0	0	1	1	1	11	1	1	1	1	11	
	Complaints upheld by the Ombudsman (Target: 0)	0	0	0	0	0	1	0	8	0	1	0	0	8	

Friends and Family Test - Inpatient recommend %

Please note the following

The recommendation rate is just below target of 90%. There are many high performing areas which achieve >90%. However some key areas are reducing the overall rate.

Friends and Family Test - Inpatient response rate

Some areas return 0% and this has been queried as a data issue. There are ward areas with extremely low response rate at the West Middlesex Hospital but other areas with the extreme high.

Paediatrics Inpatients highlight data issues. There appears to be a low amount of registered telephone numbers which the Information Team are investigating.

blank

Friends and Family Test - A&E recommend %

The performance at Chelsea has improved however the performance at the West Middlesex has decreased. This may be due to the building works in progress at the West Middlesex

Friends and Family Test - A&E response rate

The response rate needs improvement. Electronic/on-line surveys will be implemented February/March to help increase access to the survey. Poor data quality has been identified which shows that a third of patients do not have valid telephone numbers, impacting the amount of patients we can reach.

An empty cell denotes those indicators currently under development

Friends and Family Test - Maternity response rate

The response rate is a challenge within the Maternity pathway however electronic devices are to be installed in Chelsea February/March with future plans for the West Middlesex.

Complaints (formal) Total

There was a spike of increased complaints at both sites during January with 'Clinical Treatment', 'Communication', 'Values and Behaviours' being the predominant theme across all Divisions. This is possibly linked to the winter pressures across the areas.

Complaints (formal) responded to within 25 working days

Overall there is a 30% compliance with the 25 days investigation timeframe: 30% Chelsea, 28% West Middlesex Hospital. There is work in place to clear the back log of complaints to free time for Divisions to concentrate on current and incoming complaints.

Complaints sent through to the Ombudsman

A case has been sent through to the Ombudsman involving complex care issues and involving the community agencies as well as the Trust.

Page 6 of 16 Date & time of production: 23/02/2017 09:38





Efficiency & Productivity Dashboard

		CI		Westmins ital Site	ster	U		liddlesex Hospital S	ite		Combine	d Trust P	erformanc	e	Trust data 13 months
Domain	Indicator \(\triangle \)	Nov-16	Dec-16	Jan-17	2016- 2017	Nov-16	Dec-16	Jan-17	2016- 2017	Nov-16	Dec-16	Jan-17	2016- 2017 Q4	2016- 2017	Trend charts
	Average length of stay - elective (Target: <3.7)	3.81	3.39	4.18	3.53	2.95	3.27	2.90	3.52	3.57	3.36	3.86	3.86	3.53	~~\\\\
	Average length of stay - non-elective (Target: <3.9)	4.04	4.15	4.34	4.18	3.21	3.22	4.84	3.23	3.57	3.63	4.59	4.59	3.64	V
Admitted Patient	Emergency care pathway - average LoS (Target: <4.5)	4.90	4.82	5.25	5.11	4.09	3.99	6.12	4.09	4.41	4.32	5.72	5.72	4.49	marie
Care	Emergency care pathway - discharges	202	218	216	2065	310	332	252	3097	512	550	469	469	5162	
	Emergency re-admissions within 30 days of discharge (Target: <2.8%)	2.62%	4.05%	3.43%	3.29%	9.08%	9.50%	9.04%	9.24%	5.48%	6.54%	5.60%	5.60%	5.96%	~^~~\\
	Non-elective long-stayers	431	470	471	4371	572	572	548	4553	1003	1042	1019	1019	8924	
	Daycase rate (basket of 25 procedures) (Target: >85%)	78.9%	85.2%	84.7%	82.8%	78.9%	81.5%	86.3%	83.2%	78.9%	83.7%	85.3%	85.3%	82.9%	Wwy.
	Operations canc on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.29%	0.04%	0.60%	0.23%	0.22%	0.27%	0.85%	0.52%	0.27%	0.11%	0.67%	0.67%	0.32%	1-2-
Theatres	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	4	0	6	16	0	0	0	0	4	0	6	6	16	
	Theatre active time (C&W Target: >70%; WM Target: >78%)	72.0%	70.7%	68.7%	71.6%	84.1%	82.0%	72.0%	83.0%	75.7%	74.2%	69.7%	69.7%	75.1%	Para Carreta
	Theatre booking conversion rates (Target: >80%)	87.6%	88.5%	87.1%	88.6%	52.4%	48.5%	43.9%	51.8%	76.9%	77.2%	73.3%	73.3%	76.4%	V~\~~
	First to follow-up ratio (Target: <1.5)	1.67	1.73	1.63	1.70	1.26	1.30	1.28	1.16	1.36	1.40	1.37	1.37	1.35	
Outpatients	Average wait to first outpatient attendance (Target: <6 wks)	7.8	7.3	7.9	7.5	6.2	6.0	6.7	6.0	7.0	6.6	7.3	7.3	6.8	V/W
Outpatients	DNA rate: first appointment	12.5%	12.5%	13.2%	13.3%	10.5%	10.8%	10.4%	10.3%	11.6%	11.7%	11.8%	11.8%	11.8%	Van Variant
	DNA rate: follow-up appointment	10.9%	10.4%	10.9%	11.7%	8.9%	8.8%	8.3%	8.8%	10.3%	9.9%	10.1%	10.1%	10.8%	1, 14 A A A A A A A A A A A A A A A A A A
	Please note the following	s those indic	ators currer	ntly under c	levelopmen	1	Either	Site or Tr	ıst overall p	performance	red in each	of the past three π			

Trust commentary

Elective average LoS

Overall elective LoS performance has declined in January but continues to improve at West Middlesex despite emergency bed pressures in January.

Non-Elective and Emergency Pathway LoS

Both sites have increased in January, with West Mid showing a very marked jump which is under investigation given the 'outlier' nature of the data. This work forms part of the 'deep dive' and planning for 2017/18 and is key to the bed productivity work.

Emergency re-admissions within 30 days (Adult & Paediatric)

This has improved on both sites but the differential between CW and WM is now the focus of the on-going divisional improvement work stream in March and April 2017

Procedures carried out as Daycases - basket of 25 procedures

West Middlesex had a higher than average day case rate due to the restrictions on beds in January due to winter bed pressures. Chelsea performance is in line with previous months.

On the day non-clinical cancellations as a % of Elective admissions

There were increased cancellations on the day across both sites due to bed pressures. This meant on both sites that elective bed capacity was used for Non-Elective patients.

On the day cancellations not re-booked within 28 days

Chelsea site was affected this month due to administrative process changes, and retraining has taken place with the new POD structures

Theatre Active Time - % of staffed time

Theatre capacity was reduced in line with NHSE directives to support winter bed pressures. The impact of this was felt at WM site in particular due to the high number of cancellations as a result of pressure surge policy. Chelsea site was additionally challenged as a result of the implementation of the Administrative Improvement Programme which has an action plan put in place to improve admissions processes.

Page 7 of 16

Theatre booking conversion rates

West Middx had over 100 cancellations the day before surgery resulting in a deteriorated conversion performance.

Date & time of production: 23/02/2017 09:38





Clinical Effectiveness Dashboard

		Cl		Westmins ital Site	ter	U		liddlesex Hospital S	ite		Combine	ed Trust P	erformanc	е	Trust data 13 months
Domain	Indicator	Nov-16	Dec-16	Jan-17	2016- 2017	Nov-16	Dec-16	Jan-17	2016- 2017	Nov-16	Dec-16	Jan-17	2016- 2017 Q4	2016- 2017	Trend charts
	Dementia screening case finding (Target: >90%)	84.5%	79.6%	85.2%	91.0%	90.8%	86.0%	83.2%	90.3%	88.0%	83.2%	84.1%	84.1%	90.7%	244 4444
Best Practice	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	90.5%	94.1%		88.0%	55.0%	87.5%	85.7%	74.6%	73.2%	90.9%	85.7%	85.7%	81.3%	~~~~~
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	100.0%	100.0%	100.0%	100.0%	100.0%	90.9%		94.2%	100.0%	95.2%	100.0%	100.0%	96.7%	A.M.
VTE	VTE: Hospital-acquired (Target: tbc)	0	0	0	0	1	1	3	10	1	1	3	3	10	Λ
VIL	VTE risk assessment (Target: >95%)	95.8%	96.2%	95.8%	95.6%	83.4%	75.4%		84.3%	90.3%	86.8%	95.8%	95.8%	90.9%	***************************************
	TB: Number of active cases identified and notified	1	4	5	23	6	2	0	77	7	6	5	5	100	dillullo
TB	TB: % of treatments completed within 12 months (Target: >85%)														
	Please note the following	blank cell	An empty	cell denote	s those indic	ators currer	ntly under d	levelopment	•	Either Site	or Trust o	/erall perfo	rmance red i	n each of the	e past three months

Trust commentary

Fractured Neck of Femur

There was an issue at the Chelsea Site gleaning data for January for #NoF Time to Theatre.

VTE Hospital-acquired

C&W Site: A Root cause analysis required on hospital associated VTE events. Backlog of data requires screening.

VTE Risk assessments completed

C&W site: Target achieved. Clinical areas requiring improvement highlighted to teams.

WMUH site: WMUH IT steering group exploring technical options to improve the access and function of the electronic VTE risk assessment to allow completion

Notifications of TB cases

There were five cases notified. This is for C&W only as per London TB Register. C&W TB Service also manage TB cases at the Royal Brompton and the Royal Marsden





Access Dashboard

		Cł		Westmins ital Site	ter	U		liddlesex Hospital S	ite		Combine	ed Trust P	erformanc	e	Trust data 13 months	
Domain	Indicator \(\triangle \)	Nov-16	Dec-16	Jan-17	2016- 2017	Nov-16	Dec-16	Jan-17	2016- 2017	Nov-16	Dec-16	Jan-17	2016- 2017 Q4	2016- 2017	Trend charts	
	RTT Incompletes 52 week Patients at month end	0	0	0	19	0	0	0	0	0	0	0	0	19	dall.	
RTT waits	Diagnostic waiting times <6 weeks: % (Target: >99%)	99.59%	99.45%	99.06%	99.43%	99.51%	99.40%	99.08%	98.98%	99.54%	99.43%	99.07%	99.07%	99.17%	Tarket Comments	
	Diagnostic waiting times >6 weeks: breach actuals	9	14	20	129	16	18	30	321	25	32	50	50	450	and the same	
	A&E unplanned re-attendances (Target: <5%)	7.8%	8.1%	7.1%	7.4%	7.8%	7.9%	8.8%	8.5%	7.8%	8.1%	7.7%	7.7%	7.8%	_\^\	
A&E and LAS	A&E time to treatment - Median (Target: <60')	01:17	01:11	01:12	01:10	00:35	00:47	00:41	00:44	01:05	01:05	01:04	01:04	01:03	A	
AGE BITULAS	London Ambulance Service - patient handover 30' breaches	42	76	84	391	84	0	0	544	126	76	84	84	935	llmll.hr	
	London Ambulance Service - patient handover 60' breaches	0	6	15	26	0	0	0	0	0	6	15	15	26	1	
Choose and Book	Choose and book: appointment availability (average of daily harvest of unused slots)	1512	1701	1778	2220	0	0	0	1	1512	1701	1778	1778	2220	ulllim	
available to Dec- S only for issues)	Choose and book: capacity issue rate (ASI)	32.8%	28.0%		27.4%				35.0%	32.8%	28.0%			31.1%		
o only for issues)	Choose and book: system issue rate															
	Please note the following	blank cell	An empty	cell denote:	s those indic	ators currer	ntly under d	levelopment	•	Either Site	or Trust o	verall perfo	rmance red i	n each of the	past three months	s

Trust commentary

Diagnostic waits under 6 weeks

The diagnostic waiting time standard of 99% tests completed within 6 weeks of referral was achieved on both hospital sites in January 2017. The Chelsea site reported 99.06% with the WM site reporting 99.08%. Whilst maintaining compliance these 2 returns represent a small drop in performance across the diagnostic departments in the Trust.

The combined Trust performance for January is reported as 99.07%; the fifth consecutive compliant month. The combined YTD position remains compliant.

Diagnostic waits over 6 weeks

Across the combined site 50 diagnostic breaches are reported for January. The CW site was responsible for 20 breaches; 10 of them related to capacity issues in paediatric specialties. The remainder were mainly in adult Urology. The 30 West Middlesex breaches are broken down as follows:

- 18 Endoscopy
- 12 Clinical measurement (Neurophysiology, Cardiology etc)

The WM breaches were due to lack of capacity in these specialties which may have been lag from Christmas.

A&E Unplanned Re-attendances

CW site has seen a decrease and WM site a rise, although the overall figure remains stable. Given the pressure on both sites, keeping re attendances steady reflects the on-going care and focus on avoiding readmissions within both hospitals.

A&E Time to Treatment

Overall a slowly improving reduction in A&E time to treatment giving a Trust wide performance which is now just 4 mins outside the 60 min target.

A&E LAS 30 min handover breaches

Data quality issues to be resolved for WM site, but the growth to 84 breaches on the CW site are only partly attributable to the conveyances increases. As stated below the ambulance offload process has also been reviewed within the department to attempt to provide a better "cohorting' arrangement during periods of multiple arrivals.

Page 9 of 16 Date & time of production: 23/02/2017 09:38





Maternity Dashboard

		C		Westmins ital Site	ter	U		liddlesex Hospital S	ite		Combine	ed Trust P	erformanc	е	Trust data 13 months
Domain	Indicator	△ Nov-16	Dec-16	Jan-17	2016- 2017	Nov-16	Dec-16	Jan-17	2016- 2017	Nov-16	Dec-16	Jan-17	2016- 2017 Q4	2016- 2017	Trend charts
	Total number of NHS births	434	499	478	4685	375	434	366	4286	809	933	844	844	8971	
Birth indicators	Total caesarean section rate (C&W Target: <27%; WM Target: <29%)	31.7%	35.1%	34.6%	33.3%	27.5%	28.8%	25.4%	26.9%	29.7%	32.1%	30.5%	30.5%	30.2%	
Direct in tallocator o	Midwife to birth ratio (Target: 1:30)	1:30	1:30	1:30	1:30	1:32.7	1:32.7	1:32.7	1:32.7	1:31.3	1:31.3	1:31.3	1:31.3	1:31.3	
	Maternity 1:1 care in established labour (Target: >95%)	96.9%	96.7%	97.6%	96.8%	98.1%	94.1%	94.9%	93.9%	97.5%	95.4%	96.3%	96.3%	95.3%	
Safety	Admissions of full-term babies to NICU	17	25	15	180	n/a	n/a	n/a	n/a	17	25	15	15	180	diddini
	Please note the following	blank cell	An empty	cell denote:	s those indic	ators currer	ntly under c	levelopment	•	Either Site	or Trust o	verall perfo	rmance red in	n each of the	past three month:

Trust commentary

Total number of NHS births

Chelsea site continues to over perform against plan with West Middlesex continuing to perform under plan. Cross site we are on target to achieve plan. Staffing / budgets being reviewed to realign with activity

Total C-Section rate

Work continues to reduce C-section rate. Introduction of cross site pathway to manage maternal requests for caesarean due to be implemented in April

Midwife to birth ratio - births per WTE

Work being undertaken to review the accuracy of ratio in light of births being achieved on both sites and expected to be in place for the new financial year

Maternity 1:1 care in established labour

Despite increased activity Chelsea has maintained its high rate of 1 to 1 care in labour. West Mid data being reviewed as does not reflect the reduced activity but average staffing levels.





Workforce Dashboard

		Cł	helsea & Westminster Hospital Site		U		liddlesex Hospital S	ite		Combine	ed Trust P	erformanc	е	Trust data 13 months	
Domain	Indicator	Nov-16	Dec-16	Jan-17	2016- 2017	Nov-16	Dec-16	Jan-17	2016- 2017	Nov-16	Dec-16	Jan-17	2016- 2017 Q4	2016- 2017	Trend charts
	Vacancy rate (Target: CW <12%; WM <10%)	12.0%	14.4%	12.7%	12.7%	17.4%	15.1%	15.5%	15.5%	13.9%	14.6%	13.7%	13.7%	13.7%	and a second
Staffing	Staff Turnover rate (Target: CW <18%; WM <11.5%)	16.1%	16.8%	17.4%	17.4%	13.9%	13.8%	13.4%	13.4%	15.3%	15.7%	16.0%	16.0%	16.0%	V
	Sickness absence (Target: <3%)	3.1%	3.0%	3.5%	2.9%	2.3%	2.4%	2.6%	1.9%	2.8%	2.8%	3.2%	3.2%	2.5%	1
	Bank and Agency spend (£ks)	£2,772	£2,438	£2,546	£24,471	£1,798	£2,220	£2,291	£19,223	£4,570	£4,658	£4,836	£4,836	£43,693	
	Nursing & Midwifery Agency: % spend of total pay (Target: tbc)	8.9%	10.0%	9.4%	8.0%	8.3%	16.9%	16.0%	13.4%	8.7%	12.6%	12.0%	12.0%	10.0%	
Appraisal	% of appraisals completed - medical staff (Target: >85%)	82.6%	82.7%	80.5%	83.3%	88.6%	93.2%	92.0%	89.5%	85.1%	87.1%	85.4%	85.4%	86.0%	A Park Sandy
rates	% of appraisals completed - non-medical staff (Target: >85%)	74.1%	70.3%	68.7%	73.8%	72.7%	67.5%	61.9%	71.0%	73.7%	69.5%	66.8%	66.8%	73.0%	-
	Mandatory training compliance (Target: >90%)	83.9%	84.0%	83.4%	84.0%	82.2%	80.4%	79.0%	84.1%	83.3%	82.8%	81.9%	81.9%	84.1%	Total Control
Ti	Health and Safety training (Target: >90%)	85.0%	84.0%	83.1%	85.5%	82.9%	80.9%	80.9%	82.7%	84.3%	83.0%	82.3%	82.3%	84.5%	Mryan.
Training	Safeguarding training - adults (Target: 90%)	89.2%	88.6%	87.8%	88.7%	82.1%	80.8%	81.5%	85.3%	86.7%	85.9%	85.7%	85.7%	87.5%	and the same of th
	Safeguarding training - children (Target: 90%)	91.1%	91.0%	90.6%	90.0%	90.1%	88.3%	87.8%	92.8%	90.8%	90.1%	89.6%	89.6%	91.0%	and a second
	Diagon pote the following	blank	0 n ownstu	coll depote	o thoose indic	otovo ouvvo	thu undor o	louglopmon		Ethar Sta	or Truct o	iorall parfa	venonoo vod ir	anala of the	wast three months
	Please note the following	cell	An empty	cell denote	s those indic	ators curre	ntiy under d	ievelopmeni	•	Enther Site	or Trust o	verali perto	rmance red ir	n each of the	past three months

Trust commentary

Vacancy rate

The Trust's general vacancy rate for January was 14.79%, up from 14.1% last month and up from 10.8% since April 2016. We are seeking to address this deteriorating picture through the development of our attraction strategy and streamlining of our recruitment processes. As part of this streamlining exercise our time to recruit was 65 working days in January, down 2 days from December's figure but above our 50 day target.

Staff turnover rate

The Trust's unplanned turnover rate was 16.2%, which is 0.2% higher than last month. Unplanned turnover is 17.2% at Chelsea and 14.5% at West Middlesex.

Appraisal rates

The appraisal rate for non-medical staff was 66.8% in January, 2.7% down on last month and below the 85% target. The appraisal rate for medical staff was 85%, down 4% from last month but achieving our 85% target. A new approach to performance and development reviews will be adopted in FY17/18 which will increase both quality and uptake.

Core training (statutory and mandatory training) compliance

The Trust reports core training compliance based on the 10 Core Skills Training Framework (CSTF) topics to provide a consistent comparison with other London trusts. Our compliance rate stands at 82% against its target of

Page 11 of 16

Date & time of production: 23/02/2017 09:38





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	∆ Nov-16	Dec-16	Jan-17	2016- 2017	YTD breaches	Nov-16	Dec-16	Jan-17	2016- 2017	YTD breaches	Nov-16	Dec-16	Jan-17	2016- 2017 Q4	2016- 2017	YTD breaches	Trend charts
	Brain	n/a	n/a	n/a	n/a		100%	n/a	n/a	100%	0	100%	n/a	n/a	n/a	100%	0	1.1
	Breast	n/a	n/a	n/a	n/a		100%	100%	100%	97.5%	2	100%	100%	100%	100%	97.5%	2	
	Colorectal / Lower GI	100%	0.0%	66.7%	78.6%	4.5	100%	66.7%	100%	90.9%	2.5	100%	40.0%	81.8%	81.8%	85.6%	7	
62 day	Gynaecological	50.0%	n/a	100%	68.0%	4	75.0%	100%	100%	92.7%	1.5	66.7%	100%	100%	100%	83.3%	5.5	WW.
	Haematological	80.0%	100%	100%	78.6%	1.5	66.7%	100%	100%	88.9%	2	75.0%	100%	100%	100%	86.0%	3.5	
	Head and neck	n/a	n/a	n/a	0.0%	1	50.0%	100%	n/a	65.0%	3.5	50.0%	100%	n/a	n/a	59.1%	4.5	$\sim\sim$
Cancer referrals	Lung	100%	n/a	100%	97.5%	0.5	0.0%	100%	n/a	95.8%	0.5	87.5%	100%	100%	100%	96.9%	1	
by site of turnour	Sarcoma	n/a	n/a	n/a	100%	0	n/a	n/a	n/a	0.0%	0.5	n/a	n/a	n/a	n/a	66.7%	0.5	
	Skin	100%	100%	100%	91.7%	2.5	100%	100%	100%	94.8%	2	100%	100%	100%	100%	93.4%	4.5	VVVV.
	Upper gastrointestinal	100%	n/a	100%	83.3%	1.5	100%	100%	100%	96.3%	0.5	100%	100%	100%	100%	91.1%	2	$\Lambda_{n}\Lambda_{n}$
	Urological	28.6%	75.0%	50.0%	63.0%	15	86.7%	92.9%	87.5%	82.4%	13	58.6%	88.9%	71.4%	71.4%	75.5%	28	VV-
	Urological (Testicular)	n/a	n/a	n/a	100%	0	100%	n/a	n/a	100%	0	100%	n/a	n/a	n/a	100%	0	
	Site not stated	n/a	75.0%	100%	84.6%	1	n/a	100%	66.7%	90.9%	0.5	n/a	83.3%	90.9%	90.9%	87.5%	1.5	

Page 12 of 16

Trust commentary

Chelsea and Westminster Site

Colorectal: 1.0 avoidable breach - delays to completing all investigations

Urology: 3.5 breaches in total of which:

0.5 unavoidable breach - patient did not attend multiple appointments

0.5 avoidable breach - delays in diagnostics and investigations

1.0 avoidable breach - delay in outpatient appointments contributed to by both capacity issues and patient choice

0.5 avoidable breach - delays in diagnostics and investigations

1.0 avoidable breach - delay in diagnosis at CW and surgery at Imperial

West Middlesex Site

Head and Neck: 0.5 unavoidable breach – patient required additional staging prior to treatment. This is currently showing as Site Not Stated.

Urology 1.0 unavoidable breach – patient delayed diagnostics





CQUIN Dashboard

January 2017

Nation	al CQUINs		Fore	cast		
No.	Description of goal	Responsible Executive (role)	Q1	Q2	Q3	Q4
N1.1	Provision of Staff Wellbeing Initiatives	Director of HR & OD	G			G
N1.2	Promotion of Healthy Eating to staff, patients and visitors	Deputy Chief Executive	G			G
N1.3	Staff Influenza Vaccination	Director of HR & OD			G	G
N2.1	Sepsis (screening)	Medical Director	Α	Α	Α	Α
N2.2	Sepsis (antibiotic administration and review)	Medical Director	G	G	G	G
N5.1	Anti-microbial Resistance - reduction in antibiotic usage	Medical Director				G
N3.2	Anti-microbial Resistance - empiric review of prescribing	Medical Director	G	G	G	G
GE1	Implementation of Clinical Utilisation Review systems	Chief Operating Officer	R	R	R	R
CA1	Enhanced Supportive Care for Care Patients	Chief Operating Officer	G	G	G	G
CA2	Chemotherapy Dose Banding	Chief Operating Officer	G	G	G	G

Region	Forecast					
No.	Description of goal	Responsible Executive (role)	Q1	Q2	Q3	Q4
R1.1	NW London IT & IG Strategy & Governance	Chief Information Officer	G	G	G	G
R2.2	Sharing of Integrated Care Plans	Chief Information Officer	G	G	G	G
R2.4	Improve Communication method for GP follow-ups to Trust Clinical Services	Chief Information Officer	n/a	G	n/a	G
R3.2	Electronic Clinical Correspondence	Chief Information Officer	G	G	G	G
R3.4	NW London Data Quality	Chief Information Officer	G	G	G	G

Local CQUINs						Forecast					
No.	Description of goal	Responsible Executive (role)	Q1	Q2	Q3	Q4					
L1.1	Blueteq Implementation for High Cost Drugs Approvals	Chief Operating Officer	n/a	n/a	G	G					
L1.2	Engagement with Richmond Outcome Based Commissioning Project	Deputy Chief Executive	G	G	n/a	n/a					
L1.3	Timely Discharge Communication with Wandsworth CAHS	Chief Operating Officer	G	G	G	G					
L1.4	Developing Telemedicine	Chief Information Officer	G	G	G	G					
L1.5	ARV Switch for HIV patients	Chief Operating Officer	G	G	G	G					
L1.6	Reducing Ventilator Associated Pneumonia	Chief Operating Officer	G	G	G	G					

Commentary

A total of £8.3m of income is available in 2016/17 through 21 separate CQUIN schemes negotiated with the Trust's Commissioners. Senior Responsible Officers have been established for each of the 21 projects, and operational leads identified who will supported with performance monitoring information to support successful delivery.

NWL CCGs have now ratified the Q2 16/17 position at 97.5%. This combined with the Q1 position and the forecast achievement for NHSE represents an overall achievement of 92% for Q1 and Q2. The Trust has forecast 100% achievement of available NHSE CQUIN income for Q1 and Q2, excluding the CUR CQUIN with which the Trust declined to participate, and formal confirmation of assessment of Q2 evidence from NHSE is awaited.

All evidence for the Q3 milestones has been submitted to commissioners and the Trust is forecasting continued achievement of all schemes with the exception of partial achievement on Sepsis and non-achievement of CUR CQUIN, which the Trust has chosed not to pursue.

NHS England have verbally notified the Trust of an internal review of CQUIN evidence, which may be a risk for the Trust's reported achievement and further information is expected from the commissioners regarding any impact of this process.

National CQUINs

The majority of projects met their Q3 milestones with a high level of confidence on recovery of the available income, with the exception of partial achievement forecast for the Sepsis CQUIN project.

Regional CQUINs

The Trust achieved 100% compliance against Q2 milestones. Quarter 3 milestones were achieved early with e-consult for Cardiology, Paediatrics and Acute Medicine at WMUH site going live in November. There remains a high level of confidence in delivery of the remaining CQUIN project milestones and income within the agreed timetable.

Local CQUINs

All Q3 & Q4 milestones remain on track for achievement in full. Formal confirmation of assessment of Q2 evidence from NHSE is awaited but expected to be 100%

Page 13 of 16 Date & time of production: 23/02/2017 09:38





Nursing Metrics Dashboard

Safe Nursing and Midwifery Staffing

Chelsea and Westminster Hospital Site

		Average	fill rate			CHPD			
	D	ay	Ni	ght		National			
Ward Name	Reg Nurses	Care staff	Reg Nurses	Care staff	Reg	НСА	Total	bench mark	
Maternity	77.6%	59.5%	78.1%	67.7%	10.0	2.5	12.4	7–17.5	
Annie Zunz	93.6%	92.5%	101.6%	100.0%	2.4	1.1	3.4	6.5-8	
Apollo	92.4%	45.2%	101.3%	77.8%	19.0	1.3	20.3		
Jupiter	74.2%	16.4%	71.3%	0.0%	10.6	0.5	11.1	8.5–13.5	
Mercury	67.0%	83.9%	84.4%	22.6%	7.1	0.7	7.8	8.5–13.5	
Neptune	74.3%	87.1%	97.6%	67.7%	8.2	1.5	9.7	8.5–13.5	
NICU	90.8%	-	91.8%	-	13.1	0.0	13.1		
AAU	103.5%	70.9%	112.2%	104.9%	9.6	1.6	11.2		
Nell Gwynn	114.2%	70.4%	167.7%	105.3%	5.7	3.4	9.0	6–8	
David Erskine	110.3%	123.7%	131.2%	179.0%	3.9	3.2	7.1	6-7.5	
Edgar Horne	94.7%	90.2%	117.2%	94.4%	4.7	4.3	9.0	6-7.5	
Lord Wigram	100.8%	91.4%	110.8%	101.8%	3.5	2.4	5.9	6-7.5	
St Mary Abbots	106.9%	105.6%	110.8%	133.9%	3.6	2.5	6.0	6-7.5	
David Evans	81.7%	72.3%	85.9%	112.4%	5.1	2.1	7.2	6-7.5	
Chelsea Wing	82.1%	58.7%	101.6%	96.8%	7.4	4.0	11.4		
Burns Unit	107.1%	49.0%	105.4%	100.0%	12.6	2.7	15.3		
Ron Johnson	88.3%	98.4%	105.4%	100.3%	4.7	2.5	7.2	6 – 7.5	
ICU	87.5%	44.0%	96.2%	-	29.9	0.5	30.4	17.5-25	

West Middlesex University Hospital Site

		Average	fill rate			OUDD		
	D	ay	Ni	ght		CHPD		National
Ward Name	Reg Nurses	Care staff	Reg Nurses	Care staff	Reg	НСА	Total	bench mark
Maternity	96.4%	-	98.2%	-	6.6	0.0	6.6	7–17.5
Lampton	96.7%	102.9%	91.3%	104.7%	2.7	2.0	4.7	6-7.5
Richmond	88.9%	91.2%	99.9%	100.0%	7.7	3.6	11.3	6-7.5
Syon 1	74.1%	170.4%	94.2%	145.2%	3.1	2.4	5.5	6-7.5
Syon 2	87.6%	155.9%	98.9%	174.0%	2.8	3.0	5.8	6-7.5
Starlight	125.5%	100.0%	159.8%	89.1%	8.6	1.4	10.0	8.5–13.5
Kew	95.5%	171.0%	93.4%	170.8%	2.8	3.6	6.4	6-8
Crane	88.2%	113.7%	94.4%	121.6%	3.0	2.5	5.4	6-7.5
Osterley 1	105.3%	190.8%	111.3%	180.2%	2.9	3.2	6.2	6-7.5
Osterley 2	95.1%	139.1%	115.8%	170.7%	3.6	3.3	6.9	6-7.5
MAU	93.2%	175.3%	114.7%	105.3%	4.7	2.4	7.1	
CCU	91.3%	100.0%	97.3%	-	4.8	0.8	5.6	6.5-10
Special Care Baby Unit	39.0%	-	38.1%	-	7.1	1.5	8.6	
Marble Hill	112.7%	105.4%	126.5%	73.7%	3.4	2.5	6.0	
ITU	97.7%	90.8%	110.9%	-	21.4	0.5	22.0	17.5-25

Summary for January 2017

The trust has just received a rough approximation of what the national benchmark is in relation to Care Hours Per Patient Day (CHPPD) for different specialties – please see final column for each hospital site. There are a number of anomalies. Annie Zunz is showing a low CHPPD because the total patient count is recorded including escalation beds but escalation staffing is not included. David Evans and Richmond ward both have in-patient beds and day surgery beds. However, because the patient census count is taken at midnight at West Mid the day surgery patients are not included showing an overly generous amount of CHPPD per in patient bed. Chelsea's census it taken at 8am so will include the day surgery patients on David Evans. Work will be undertaken to improve the accuracy of these reports and also the national team will be contacted to obtain a benchmark for AAUs.

Fill rates are high on Starlight this month due to additional beds being open. Increased fill rates of HCAs across the patch is due to increasing numbers of confused patients being admitted needing enhanced care. There is now a cross site assessment tool in place to evaluate the needs for enhanced care for these patients and the Apprenticeship pool for dementia patients is due to commence in March.

Page 14 of 16

Overall Page 92 of 106





CQC Action Plan Dashboard

Chelsea and Westminster NHS Foundation Trust

Area	Total	Green (Fully complete)	Amber	Red
Trust-wide actions: Risk / Governance	17	17	-	-
Trust-wide actions: Learning disability	4	4	-	-
Trust-wide actions: Learning and development	14	14	-	-
Trust-wide actions: Medicines management	5	5		-
Trust-wide actions: End of life care	26	26		-
Emergency and Integrated Care	33	32		1
Planned Care	55	54	1	-
Women & Children, HIV & GUM	35	35	-	-
Total	189	187	1	1
December position for comparison	189	185	3	1

Chelsea and Westminster commentary

The outstanding action relates to caring for mental health patients in an appropriate place; we are working with NHSE and partners. to address this

ICU transfers overnight remain an issue due to capacity issues within ICU, a new build is planned to address capacity.

West Middlesex University Hospital

Area	Total	Complete	Green	Amber	Red
Must Have Should Do's	33	30	3	0	0
Children's & Young Peoples	32	32	0	0	0
Corporate	2	2	0	0	0
Critical Care	27	27	0	0	0
ED- Urgent & Emergency Services	17	16	0	1	0
End of Life Care	32	10	20	2	0
Maternity & Gynae	22	22	0	0	0
Medical Care (inc Older People)	19	18	0	1	0
Surgery	26	26	0	0	0
Theatres	15	15	0	0	0
OPD & Diagnostic Imaging	14	14	0	0	0
Total	239	212	23	4	0
December position for comparison	239	212	21	6	0

West Middlesex Commentary

Following successful recruitment into the end of life and palliative care team 2 actions have moved from amber to green

1 action will soon be closed with the reconfiguration/rebuild of the Emergency Department and 1 outstanding for medical care relates to the community infrastructure and other health partners supporting earlier discharge.

Page 15 of 16 Date & time of production: 23/02/2017 09:38





Finance Dashboard

Month 10 (January) Integrated Position

Financial Position (£000's)

		Combined Trust							
£0	Plan to Date	Actual to Date	Variance to Date						
Income	498,037	511,315	13,278						
Expenditure	(464,292)	(478,967)	(14,675)						
EDITDA	33,745	32,348	(1,397)						
	· · · · · · · · · · · · · · · · · · ·								
Adjusted EBITDA %	6.776%	6.326%	-0.45%						
Interest/Other	(4,943)	(4,405)	538						
Depreciation	(16,574)	(14,856)	1,718						
PDC Dividends	(7,669)	(7,670)	(1)						
Other			0						
Adjusted Surplus	4,559	5,417	858						

Comments

RAG rating

The year to date adjusted position at Month 10 is a £5,417k surplus, a favourable variance of £858k.

There are a number of non-operational adjustments to expenditure which are not included in the adjusted figures above. These include the net reversal of prior year impairments on property revaluation £7,166k, loss on disposal of assets £801k and the impairment of the investment in the joint venture (Sphere) £1,599k. These non-operational items do not form part of the financial control total agreed with NHSI but are reflected in the Trust's non-adjusted I&E position.

Income is favourable against plan by £13,278k year to date mainly relating to over-performance in clinical income. The over-performance is within elective, non-elective and outpatient activity across various specialities on both sites.

Pay is adverse by £3,432k year to date, predominantly due to the use of temporary staffing to cover vacancies, sickness and additional clinics and theatre sessions.

Non-pay is £11,243k adverse year to date mainly due contractual provisions and activity related costs.

Risk rating (year to date)

Use of Resource Rating (UOR)	M10 Actual
Use of Resource Rating	2

Comments

RAG rating



NHSI have introduced the UOR as the new measure of financial performance replacing the FSRR. There are 5 areas of perfomance which are measured to produce an overall rating. Under this measure 1 is the highest score and 4 the lowest. For January, the Trust is performing in line with plan except for agency spend which is over plan and I&E margin rating which is better than plan. There is no plan rating for I&E margin variance as control totals were not in place prior to 2016/17.

Cost Improvement Programme (CIPs)

		In Month		Year to Date				
Heading	Plan £'000	Actual £'000	Var £'000	Plan £'000	Actual £'000	Var £'000		
Service Improvement and Efficiency Workstream	1,517	1,510	(7)	14,369	13,020	(1,349)		
Integration Workstream/Transformation	273	295	22	2,536	2,306	(230)		
Q1 Quotas	0	0	0	1,153	1,157	4		
Trust Total	1,790	1,805	15	18,058	16,483	(1,575)		

Comments

RAG rating



The main areas of year to date slippage were:

Temporary Staffing (£471k)
Diagnostic Demand Management (£248k)
Outpatient productivity (£315k)
Bed Productivity (£123k)
Clinical Admin(£87k)

Commissioner Fines and Credits (£292k).

The Trust is forecasting an adverse variance of £815k against a plan of £21,622k

Cash Flow

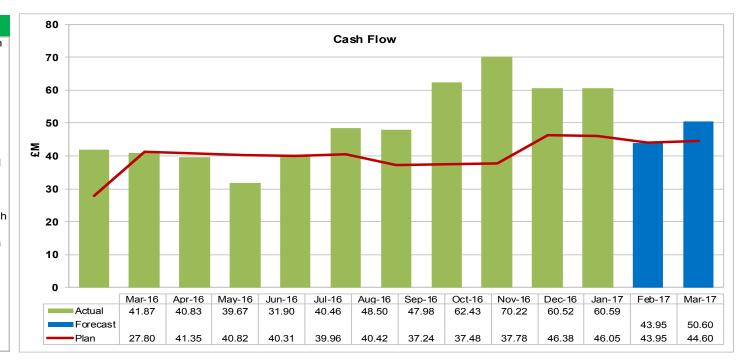
Comments RAG rating

Cash at the end of January is £60.59m which is £14.54m more than plan of £46.05m.

This is mainly due to capital programme slippage on a cash basis of £8.7m and higher trade payables (mainly due to accruals and deferred income) which are offset by an increase in trade receivables, planned borrowing not drawn down and stock higher than plan.

The Trust has revised its year end cash FOT by £6m to £50.6m (previously £44.6m). Of this increase £4m is as a result of agreement to defer £10m of 2016/17 capital expenditure of which £6m was PDC funded.

The remaining £2m relates to additional STF funding under the incentive scheme.



Page 16 of 16 Date & time of production: 23/02/2017 09:38



NHS Foundation Trust

Council of Governors Meeting, 16 March 2017

AGENDA ITEM NO.	3.5/Mar/17
REPORT NAME	*Governors' Questions
AUTHOR	Various
LEAD	Lesley Watts, Chief Executive Officer
PURPOSE	To note.
SUMMARY OF REPORT	1. The question raised by Governor Paul Harrington: Can I have an update on the development of the passenger transport lounge at WMUH?
	Response from Rochelle Gee, Site Manager - Estates and Facilities: Three proposals are being drawn following the original plan that was not suitable. I have also collated the wish list from all areas to make sure we include all the requirements that have been identified.
	The 3 areas are: The original planned area to extend Marjory Warren (further than before) A new building by the MRI area East Wing Basement to take part of the kitchen and storage
	I hope to present high level costs for all three options. As soon as I have plans these will be taken to Tina Benson, Hospital Director- West Middlesex site to discuss the preferred option. A working group would be formed which would include Governor Paul Harrington.
	All areas have been briefly looked at by the fire officer to make sure they are viable.
	2. The question raised by Governor David Philips: Some senior nurses who are not far from retirement have expressed concerns about lack of successor training. Are the NEDs aware of these concerns, and are they assured that HR have a programme for this for all senior staffing positions?
	Response from Keith Loveridge, Director of HR & OD: The Trust has developed a new Performance Development Review process that is being rolled out across the organisation from April 2017. As part of this process there is a heavy emphasis on the career development of staff to support talent management and succession planning. We are also investing in leadership development programmes for staff in different levels of responsibility, i.e. those new to leadership and management through to those who are experienced. The vision of this is to support the development of staff and grow our own new leaders of the future. So far from 80 staff who have been through these programmes we have only

	seen two leave the Trust and others have progressed to other roles within the organisation. Specific development programmes are being developed to support the nurses we recruit to progress from band 5, to 6 and on to ward management responsibility, (if they wish) giving them development in the areas of specialism they are interested in. This programme will be discussed with the People & OD Committee (a Board Committee) in March and will also be discussed at that Board Strategy meeting in April.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	For information.



Council of Governors Meeting, 16 March 2017

AGENDA ITEM NO.	3.6/Mar/17
REPORT NAME	*Draft Minutes of the Council of Governors Quality Sub-Committee meeting held on 23 February 2017
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Nigel Davies, Chairman
PURPOSE	To provide a record of any actions and decisions made at the meeting.
SUMMARY OF REPORT	This paper outlines a record of the proceedings of the Council of Governors Quality Sub-Committee meetings held on 23 February 2017.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	For information.





NHS Foundation Trust

Minutes of a meeting of the Council of Governors Quality Sub-Committee Held at 10am on 23 February 2017 Room A, West Middlesex Hospital

Attendees	Nigel Davies	ND	Chair (Public Governor – Ealing)
	Simon Dyer	SD	Patient Governor
	Paul Harrington	PH	Public Governor - London Borough of
			Richmond upon Thames
	Laura Wareing	LW	Public Governor – London Borough of
			Hounslow
In attendance	Shan Jones	SJ	Director of Quality Improvement
	Vida Djelic	VD	Board Governance Manager
	Sian Nelson	SN	Patient Experience Manager

		1
1.	Welcome and Apologies	
a.	The sub-committee noted apologies received from Sonia Richardson, Susan Maxwell and Pippa Nightingale.	
b.	The Chair welcomed Shan Jones to the meeting, who was deputising for Pippa.	
c.	SJ noted that she would advise VD of a contact at CWHHE. Action: SJ	SJ
2.	Minutes of previous meeting held on 11 November 2016	
a.	The minutes of the previous meeting were approved as a true and accurate record of the meeting subject to the following change: - 7b on page 4 of 5 replace word 'reasons' with 'the number of readmissions for the same illness/problem for which the Trust could not claim back the cost of the treatment'.	
b.	The Chair suggested that the newly elected governors should be encouraged to join the sub-committee. Action: VD to invite and encourage newly elected governors to join the sub-committee.	VD
3.	Matters Arising	
a.	The sub-committee noted that an update on actions was circulated earlier in the week.	
b.	SJ acknowledged the comment in relation to a number of readmissions and undertook to check with the Chief Operating Officer whether it would be possible to include this information in the Performance Report on a regular basis. Action: SJ to check with the Chief Operating Officer and to report back to the subcommittee.	SJ
3.1	Catheter associated urinary tract infection (CAUTI) audit	
	SJ noted that 9% of patients admitted to Chelsea and Westminster Hospital are brought	

	with catheter. In contrast 22% of patients admitted to West Middlesex Hospital are brought with catheter. A lot of educational work has been undertaken around catheter and urinary infection including working with the community to develop a catheter passport. Some further work will be undertaken to ensure that ward nurses keep safety thermometer data up to date. She said that catheter associated urinary tract infection could be included as a Trust Quality Priority and that she will discuss this with Pippa Nightingale.	
4.	Agree the TOR and COG quality approach	
a.	A proposal was made to hold quarterly the sub-committee meetings and the Chair of the Quality Committee (a Board Committee) Eliza Hermann would present a 6 monthly committee report to the sub-committee so that they get a greater understanding of quality agenda. The sub-committee meetings would then align with the Patient Experience Group meetings and enable timely reports from this group. SJ said that the template used by groups reporting to the Quality Committee will be used for Quality Committee report to the sub-committee. Action: SJ to circulate the reporting template to the sub-committee.	SJ
b.	SJ added that there would also be an opportunity for governor involvement in task and finish groups addressing quality improvements.	
C.	The sub-committee agreed with the proposal in principle and suggested that a recommendation paper is brought back to the 28 April sub-committee meeting for agreement. Action: PN	PN
d.	The Chair recognised that the proposal would provide a more formal way of quality assurance and was content with the opportunity for governor involvement in task and finish groups.	
5.	Quality Priorities 2017/18	
a.	SJ presented the paper which recommended 7 priorities for 2017/18. The same paper was presented to the January Quality Committee.	
b.	In relation to progress on the five 2016/17 priorities, SJ highlighted the improvements in preventing pressure ulcers. However, both Friends and Family Test response rates and recommended rates were below target and the plan is that these would improve over the remaining months of the year.	
C.	It was highlighted that the quality priorities are linked to the Quality Strategy and Plan and aligned to Clinical Effectiveness, Patient Safety or Patient Experience	
d.	The sub-committee discussed the priorities and expressed their support for the recommended 7 priorities for 2017/18. The sub-committee agreed that embedding of the WHO surgical checklist should be a governor chosen quality priority.	
6.	Patient Experience Report, including Datix demo	
a.	Sian Nelson, Patient Experience Manager presented the report.	
b.	It was noted that there is similar number of complaints across the two sites and the top	

three themes of complaints include:

- Clinical treatment surgical
- Communication
- Values and behaviours of staff
- c. A new process of complaints handling has been established which has created streamlining of the methods of communication to Divisions; the aim is to increase better performance of complaint response turnaround. Access to Datix (enhanced complaints database) is given to key senior leaders who are responsible for ensuring the concerns are assigned to the relevant investigator and tracks the complaints investigation until it is fit for response to the complainant. This ensures better accountability through Divisions.
- d. SN provided a demo of Datix complaints dashboard; it enables the Trust to respond promptly and effectively to complaints, generating correspondence and identifying areas where the quality of service could be improved. It triggers an alert when to reply to a patient, making sure that patients are always kept informed and helps the Trust meets the targets for response times.
- e. It identifies areas that are frequently the subject of complaints and categorises complaints. It can also record positive feedback from patients, service users and staff and can be used effectively in training, induction seminars and staff appraisals.
- f. In response to a question from the Chair what is included under the category of values and behaviours that is not communication related, SN responded that it is staff attitude. SN added that organising a compassionate care course has been taken forward by the Patient Experience Group. The Trust is a member of the compassionate care network which includes the CLCH and Royal Free Hospital and it can deliver the training.
- SN noted that the data the Trust collects from patient experience is now reported in the monthly Divisional Quality Report which includes the metrics Friends and Family Test (FFT), Complaints and Concerns performance. In relation to the FFT the Trust is scoping to expand volunteering service which would help collate feedback for the FFT. She invited the sub-committee's view on a proposal to involve governors in helping with FFT. The sub-committee agreed.

Action: SN to invite expression of interest from the Council of Governors.

SN

7. Integrated Performance Report

- a. SJ noted that the December Integrated Performance Report was considered by the Quality Committee at its January's meeting.
- b. The sub-committee acknowledged that the Integrated Performance Report is scrutinised by the Quality Committee and the Board and it is also presented at Council of Governors meeting.
- c. The sub-committee agreed that in future it will receive the Integrated Performance Report for information; there is no need for a discussion to take place; it will only be discussed is there are any specific quality issues to be raised.

8. Quality Awards Spring Schedule

a. PH noted that feedback/issues collated from patients are in some instances shared with the Council of Governors via email and where necessary a prompt action taken. He suggested that making a complaint proforma available on PALS desk for governors to collect before their meet a governor session would be useful so that they can return proforma with comments back to PALS desk. b. LW reported back on her patient experience of antenatal care which overall was excellent; the following points for improvement were noted: • Care and staff knowledge can be improved upon; • Oversubscription to antenatal services is causing knock-on problems in all areas of antenatal care; • Food and its availability could to be bettered. C. SJ asked LW to forward her written notes to herself so that she can forward it to the relevant staff to learn from it and where necessary an appropriate training to be organised. Action: LW 10. Forward Plan The following updates were noted: • Add draft Quality Report to the 28 April meeting • Remove funding report from the forward plan Action: VD to update the forward plan. b. It was noted that the Chairman and VD will be meeting to agree future dates and agenda items.			
28 April. 9. Governor feedback on patient contacts a. PH noted that feedback/issues collated from patients are in some instances shared with the Council of Governors via email and where necessary a prompt action taken. He suggested that making a complaint proforma available on PALS desk for governors to collect before their meet a governor session would be useful so that they can return proforma with comments back to PALS desk. b. LW reported back on her patient experience of antenatal care which overall was excellent; the following points for improvement were noted: • Care and staff knowledge can be improved upon; • Oversubscription to antenatal services is causing knock-on problems in all areas of antenatal care; • Food and its availability could to be bettered. C. SJ asked LW to forward her written notes to herself so that she can forward it to the relevant staff to learn from it and where necessary an appropriate training to be organised. Action: LW 10. Forward Plan a. The following updates were noted: • Add draft Quality Report to the 28 April meeting • Remove funding report from the forward plan Action: VD to update the forward plan. b. It was noted that the Chairman and VD will be meeting to agree future dates and agenda items. 11. Any other business a. None.	a.	, , , , , , , , , , , , , , , , , , , ,	
a. PH noted that feedback/issues collated from patients are in some instances shared with the Council of Governors via email and where necessary a prompt action taken. He suggested that making a complaint proforma available on PALS desk for governors to collect before their meet a governor session would be useful so that they can return proforma with comments back to PALS desk. b. LW reported back on her patient experience of antenatal care which overall was excellent; the following points for improvement were noted: • Care and staff knowledge can be improved upon; • Oversubscription to antenatal services is causing knock-on problems in all areas of antenatal care; • Food and its availability could to be bettered. C. SJ asked LW to forward her written notes to herself so that she can forward it to the relevant staff to learn from it and where necessary an appropriate training to be organised. Action: LW 10. Forward Plan a. The following updates were noted: • Add draft Quality Report to the 28 April meeting • Remove funding report from the forward plan Action: VD to update the forward plan. b. It was noted that the Chairman and VD will be meeting to agree future dates and agenda items. 11. Any other business a. None.			SM
the Council of Governors via email and where necessary a prompt action taken. He suggested that making a complaint proforma available on PALS desk for governors to collect before their meet a governor session would be useful so that they can return proforma with comments back to PALS desk. b. LW reported back on her patient experience of antenatal care which overall was excellent; the following points for improvement were noted: • Care and staff knowledge can be improved upon; • Oversubscription to antenatal services is causing knock-on problems in all areas of antenatal care; • Food and its availability could to be bettered. C. SJ asked LW to forward her written notes to herself so that she can forward it to the relevant staff to learn from it and where necessary an appropriate training to be organised. Action: LW 10. Forward Plan a. The following updates were noted: • Add draft Quality Report to the 28 April meeting • Remove funding report from the forward plan Action: VD to update the forward plan. b. It was noted that the Chairman and VD will be meeting to agree future dates and agenda items. 11. Any other business a. None.	9.	Governor feedback on patient contacts	
excellent; the following points for improvement were noted: Care and staff knowledge can be improved upon; Oversubscription to antenatal services is causing knock-on problems in all areas of antenatal care; Food and its availability could to be bettered. C. SJ asked LW to forward her written notes to herself so that she can forward it to the relevant staff to learn from it and where necessary an appropriate training to be organised. Action: LW 10. Forward Plan a. The following updates were noted: Add draft Quality Report to the 28 April meeting Remove funding report from the forward plan Action: VD to update the forward plan. VD b. It was noted that the Chairman and VD will be meeting to agree future dates and agenda items. 11. Any other business a. None.	a.	the Council of Governors via email and where necessary a prompt action taken. He suggested that making a complaint proforma available on PALS desk for governors to collect before their meet a governor session would be useful so that they can return	
Oversubscription to antenatal services is causing knock-on problems in all areas of antenatal care; Food and its availability could to be bettered. SJ asked LW to forward her written notes to herself so that she can forward it to the relevant staff to learn from it and where necessary an appropriate training to be organised. Action: LW The following updates were noted: Add draft Quality Report to the 28 April meeting Remove funding report from the forward plan Action: VD to update the forward plan. VD It was noted that the Chairman and VD will be meeting to agree future dates and agenda items. Any other business None.	b.		
relevant staff to learn from it and where necessary an appropriate training to be organised. Action: LW 10. Forward Plan a. The following updates were noted: • Add draft Quality Report to the 28 April meeting • Remove funding report from the forward plan Action: VD to update the forward plan. b. It was noted that the Chairman and VD will be meeting to agree future dates and agenda items. 11. Any other business a. None.		 Oversubscription to antenatal services is causing knock-on problems in all areas of antenatal care; 	
a. The following updates were noted: • Add draft Quality Report to the 28 April meeting • Remove funding report from the forward plan Action: VD to update the forward plan. b. It was noted that the Chairman and VD will be meeting to agree future dates and agenda items. 11. Any other business a. None.	C.	relevant staff to learn from it and where necessary an appropriate training to be	LW
 Add draft Quality Report to the 28 April meeting Remove funding report from the forward plan Action: VD to update the forward plan. It was noted that the Chairman and VD will be meeting to agree future dates and agenda items. Any other business None. 	10.	Forward Plan	
Action: VD to update the forward plan. b. It was noted that the Chairman and VD will be meeting to agree future dates and agenda items. 11. Any other business a. None.	a.	Add draft Quality Report to the 28 April meeting	
b. It was noted that the Chairman and VD will be meeting to agree future dates and agenda items. 11. Any other business a. None.			VD
items. 11. Any other business a. None.		Action. VD to update the forward plan.	V D
a. None.	b.		
	11.	Any other business	
12. Date of next meeting – 28 April 2017, 10.00-12.00, Boardroom, Chelsea & Westminster	a.	None.	
	12.	Date of next meeting – 28 April 2017, 10.00-12.00, Boardroom, Chelsea & Westminster	

The meeting closed at 12.00



Council of Governors Meeting, 16 March 2017

AGENDA ITEM NO.	3.7/Mar/17
REPORT NAME	*Draft Minutes of the Council of Governors Membership Sub-Committee meeting held on 9 February 2017
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Phillip Owen, Chair
PURPOSE	To provide a record of any actions and decisions made at the meeting.
SUMMARY OF REPORT	This paper outlines a record of the proceedings of the Council of Governors Membership Sub-Committee meeting held on 9 February 2017.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	For information.





Minutes of Council of Governors Membership & Engagement Sub-Committee Held at 10.00am on 9 February 2017 in UMO Meeting Room (Chelsea & Westminster)

Attendees	Philip Owen	Chair	РО
	Paul Harrington	Public Governor – Richmond	PH
	David Phillips	Patient Governor	DP
	Nowell Anderson	Public Governor – Hounslow	NA
	Matthew Shotliff	Staff Governor	MS
	Susan Maxwell	Lead Governor	SM
	Tom Pollak	Public Governor – Wandsworth	TP
	Anna Hodson-Pressinger	Patient Governor	AHP
In attendance	Layla Hawkins	Head of Communications & Marketing	LH
	Robert Humm	Company Secretary	RH
	Vida Djelic	Board Governance Manager	VD
Apologies /absence	Kush Kanodia	Patient Governor	KK
	Sonia Samuels	Public Governor – Westminster	SS
	lan Bryant	Staff Governor	IB
	Chisha McDonald	Staff Governor	CM

1.	Welcome & Apologies	
a.	The Chair welcomed all to the meeting. In particular, he welcomed Matthew Shotliff (newly elected staff governor) and Susan Maxwell (Lead Governor) to the meeting.	
b.	Apologies for absence were noted.	
2.	Minutes of previous meeting held on 9 November 2016	
a.	Minutes of the previous meeting were approved as a true and accurate record of meeting.	
3.	Matters Arising & Action Log	
a.	The sub-committee reviewed a list of actions and the following points were noted:	
	The 10.00-12.00 timing of the sub-committee meetings has been agreed as suitable;	
	 Individual governors to find out about public events on health related matters taking place in their relevant public areas and to advise TP. Action: All to advise TP. 	ТР
	 The outcome of action 4.b to be circulated to the sub-committee outside the meeting; 	
	• it would be useful for the sub-committee to learn about the admin improvement	

	programme and how far it is in the process as well as how many patients are seeing by the planned care team; CW Outpatient screens would be updated by George Vasilopoulos; Action: LH to confirm with George who will be feeding data; Action: LH to confirm with George who will be feeding data to appear on screens; Membership Manager (MM) to coordinate information. West Midd hospital screens are updated by the communication manager who is based on that site; VD reminded the sub-committee that the updated Membership Strategy was presented by the Chair and Jane Lewis which encompassed feedback arising from membership survey undertaken earlier in 2016 and she took care of the action 5.b arising from the last meeting; VD confirmed that the Strategy is annually reviewed and approved by the Council of Governors and presented to members at the Annual Members' Meeting; VD confirmed that benefits of being a member will be widely publicised to members in the next edition of the Members' News; The Chair raised the ongoing cost which incur from posting Members' News publication to members who either do not have an email or have not registered their email address with the Trust; a proposition of asking a member to supply the Trust with a family member or neighbour as a proxy for receiving communication from the Trust and passing to a non-email member was discussed. Action: RH to check implications and to advise the sub-committee, if there are any. It was agreed that the membership officer will work with the Chair, the Lead Governor and VD on ensuring that events for members including Board/Council of Governors and Annual Members' Meeting dates are visible and published widely; Action: VD/Membership Manager/SM to discuss publicising dates. An option of advertising benefits of becoming a member of the Trust by displaying a poster by Costa coffee on the ground floor of CW was agreed. It was also agreed that all hospital sites should be considered when publicising membership benefits; Action: VD/Membership Manager and Chair	LH RH VD/MM VD/MM
4.	Chairman's remarks	
a.	The following points were noted under the Chairman's remark:	
	 The sub-committee should consider increasing the number of members in West Middlesex public consistencies for 2017/18 and come up with some ideas as to how to achieve it; he suggested the following: 	
	Holding regular Meet a Governor sessions;	
	Consider use of local libraries	
	DP asked Char and PH that each hold a session in their local libraries in order to test Description: Desc	

	how successful these sessions are in terms of number of visitors turning up and number of members recruited; Action: Chair and PH to hold a session in their local libraries in order to test how successful these sessions are in terms of number of visitors turning up and number of members recruited and to report back to the sub-committee.	РО/РН
	 Some governors felt that the Meet a Governor session should be held in hospital as it presents best environment to meet a considerable number of patients, patient family members, visitors etc. 	
	The Chair noted that he had postponed his planned visit to Polish church in Hounslow.	
	RH suggested that a membership leaflet is distributed to various GP patient groups;	
	PH noted that he had been to two health centres in Richmond;	
	 TP suggested that an open members meetings to non-members is organised; and in order to be successful it should be advertised to both members and non-members of the Trust and held in hospital; it could later be open and held in community. 	
	In relation to community events to target the following were suggested:	RH
	 Clinical Commissioning Groups annual public meetings attract people attending and there are opportunities to display literature; Action: RH to find out dates of Clinical Commissioning Groups annual public meetings and to share with the sub-committee. 	
	Healthwatch AGM	
	 The importance of assessing the success the above suggested events/venues before formally rolling out was highlighted; 	
	 Engaging and exchanging experience and good practice with membership leads of other London Trusts was emphasised; 	MS PH
b.	 The Chair suggested more frequent Year Health Matter events (5 events a year on each of hospital sites) and asked MS if he would be able to organise the next event; MS agreed. Action: MS to organise the next 3 Your Health Matter events at CW. 	
	Action: PH to organise the next 2 events at WM.	
	RH advised the sub-committee that the Trust will shortly commence the recruitment process for a substantive role of part time Membership Officer. The sub-committee expressed their delight and thanked RH for highlighting to the Executive colleagues the importance of filling the post and looked forward to the appointment being made soon.	
5.	Membership Report	
a.	In reviewing the report the sub-committee noted that the overall membership numbers have marginally decreased.	
b.	MS commented on the staff numbers which have considerable decreased which was due to data cleansing which was undertaken during the year.	

c.	It was suggested that it would be useful to make available membership leaflets on premises of Trust's satellite clinics. Action: VD to ensure that the Trust's satellite clinics are supplied with membership leaflets.	VD
6.	Membership Engagement & Communications Calendar of events	
a.	The sub-committee noted that a calendar of events will be devised by a new Membership Officer in liaison with the Char and that it will be shared with the sub-committee at the next meeting.	
7.	Council of Governors funding report	
a.	 The sub-committee discussed the funding report and the following points were noted: The funding report needs to contain an additional column detailing how much money has been spent to date against each project; Action: VD to add this Each project should be assigned a sub-code in order for the finance team to be able to allocate invoices to the correct budget code; Action: RH/VD to discuss this with the finance team and to request a sub-code to be set up. It was suggested that in the budget there should be some contingency funding; Action: VD/RH to check this with the finance team. Open day budget to be increased for £4,000 in order to fund the music performance, if the internal funding cannot be sourced. 	RH/VD VD/RH
8.	Feedback from members	
a.	None noted.	
9.	Any other business	
a.	None.	

The meeting closed at 12.45.