

Chelsea & Westminster Hospital NHS Foundation Trust
Board of Directors
Board of Directors Meeting 26 May 2015 PUBLIC
Hospital Boardroom
26 May 2015 16:00

Board of Directors Meeting (PUBLIC SESSION)

Location: Hospital Boardroom, Lower Ground Floor, Lift Bank C
Date: Tuesday, 26 May 2015 Time: 16.00 – 18.00

Agenda

		GENERAL BUSINESS		
16.00	1.	Welcome & Apologies for Absence	Verbal	Chairman
16.03	2.	Declarations of Interest	Verbal	Chairman
16.07	3.	Minutes of the Previous Meeting held on 30 April 2015	Report	Chairman
16.10	4.	Matters Arising & Board Action Log	Report	Chairman
16.15	5.	Chairman's Report	Verbal	Chairman
16.30	6.	Chief Executive's Report	Report	Chief Executive Officer
16.45	7.	Patient Experience Case Study	Verbal	Director of Nursing
		STRATEGY		
17.00	8.	Shaping a Healthier Future Update	Report	Chief Operating Officer
		QUALITY & TRUST PERFORMANCE		
17.10	9.	Performance & Quality Report, <i>including Financial Performance Summary</i>	Report	Executive Directors
17.20	10.	CQC Update, <i>including CQC Peer Review Outcomes</i>	Report	Director of Nursing
		ITEMS FOR INFORMATION		
17.30	11.	Questions from Members of the Public	Verbal	Chairman/ Executive Directors
17.45	12.	Any Other Business		
18.00	13.	Date of Next Meeting – 25 June 2015		

Board of Directors Meeting, 26 May 2015

PUBLIC

AGENDA ITEM NO.	3/May/15
REPORT NAME	Draft Minutes of the Board of Directors meeting held on 30 April 2015
AUTHOR	Thomas Lafferty, Foundation Trust Secretary
LEAD	Sir Thomas Hughes-Hallett, 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 Board of Directors meeting held on 30 April 2015
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	For approval.

Minutes of the Board of Directors (Public Session)
Held at 16.00 on 30 April 2015 in the Boardroom, Chelsea & Westminster Hospital

Present:	Sir Thomas Hughes-Hallett	Trust Chairman	(Chair)
	Nilkunj Dodhia	Non-Executive Director	(ND)
	Liz Shanahan	Non-Executive Director	(LS)
	Jeremy Loyd	Non-Executive Director	(JL)
	Eliza Hermann	Non-Executive Director	(EH)
	Andrew Jones	Non-Executive Director	(AJ)
	Elizabeth McManus	Chief Executive	(EM)
	Lorraine Bewes	Chief Financial Officer	(LB)
	Zoe Penn	Medical Director	(ZP)
	Dominic Conlin	Director of Strategy & Integration	(DC)
	Susan Young	Chief People Officer & Director of Corporate Affairs	(SY)
	Vanessa Sloane	Director of Nursing	(VS)
	Karl Munslow-Ong	Chief Operating Officer	(KMO)
	Thomas Lafferty	Company Secretary	(TL)
In Attendance:	Nathan Askew	Divisional Nurse	(NA)

1.	Welcome and Apologies for Absence	
a.	The Chair welcomed all present to the meeting.	
b.	It was noted that Sir John Baker (JB) and Jeremy Jensen (JJ), Non-Executive Directors, had given their apologies for the meeting.	
2.	Declarations of Interest	
a.	VS declared that she had been appointed as a Trustee of the Children's Hospital Trust Fund.	
3.	Minutes & Actions from Previous Meeting: 26 March 2015	
a.	The minutes from the previous meeting were agreed as a true and accurate record.	
4.	Matters Arising & Board Action Log	
a.	The Board Action Log was reviewed and noted.	
b.	In relation to action 5g, the Chairman advised he had, through the King's Fund, arranged a session with key national leaders within the NHS to discuss 'The Right Touch' approach to the regulation of NHS organisations. He noted that, during the previous week, Maidstone & Tunbridge Wells NHS Trust had been convicted of Corporate Manslaughter, the first NHS organisation to have been sanctioned in this way.	
5.	Chairman's Report	
a.	The Chair verbally reported on a number of key issues. Firstly, he noted the challenging	

	financial position which all NHS organisations continued to face. Given the challenging context, he stressed the importance of CWFT being able to focus upon delivering the elements of its organisational performance that were within its control. b. Secondly, the Chairman advised that he was in the process of arranging a 'Board-to-Board' meeting with the Royal Free London NHS Foundation Trust ('the Royal Free'), an organisation that had recently achieved the merger of two pre-existing Hospital Trusts. He emphasised the need for CWFT to 'learn lessons' from Trusts which had previously gone through the process which the Trust was now going through in respect of the proposed acquisition of West Middlesex University Hospital NHS Trust (WMUH). c. Thirdly, the Chairman advised that the Trust had recently held 'constituency meetings' for its Kensington & Chelsea and Westminster constituency members, noting that the Public Governors for Westminster had chaired the latter of these events. Two further constituency events were planned for the Wandsworth and Hammersmith & Fulham constituency areas in the following months. d. Fourthly, the Chairman advised that he, JL and TL had attended a meeting with the Chairman and Chief Executive of CW+ to discuss how the Trust could best make use of its charitable funds to support key clinical service developments. As a result of the meeting, the Trust seek to review the ways in which it was currently attempting to encourage donations and JL would be visiting the Royal Free to see how they currently achieved this.	
6.	Chief Executive's Report a. EM noted that the annual 'Star Awards' would take place later in the day and this represented a key opportunity for the senior management team of the Trust to demonstrate the extent to which the day-to-day commitment and effort of all staff was appreciated by the Board. She noted that the awards would be presented by the Executive Team rather than celebrities to ensure greater connectivity with the staff base and to reemphasise the behaviours and values that underpinned the Trust's activities. b. In summarising the Trust's financial performance, EM noted that the Trust had achieved a £2.4m end of year financial position for 2014/15, delivering a COSRR of '3'. This was a better position than the majority of Acute Trusts across the country had been able to achieve and represented the steps that the Trust had taken in year to truly 'grip' the issue. She noted that, like most other Trusts, the Trust was planning to achieve a deficit position in 2015/16 due to the impact of a change in funding arrangements for NHS services. She stressed the importance of completing the WMUH acquisition in ensuring the long-term financial viability of the Trust. c. EM advised that the Trust continued to perform well against the majority of national KPIs relating to service quality, particularly with regard to mortality and infection control rates. However, over the preceding months, the Trust had also taken a number of steps to ensure that it addressed the areas of non-compliance identified within the 2014 CQC Inspection Report. A recent 'CQC Peer Review' had highlighted that the Trust had successfully made improvements in these areas and the outcomes of the Review would be brought to the following Board meeting. d. EM noted that, since the last Board meeting, it had been agreed that, due to external factors, the projected date of the acquisition would now be 1 September 2015. She and Jacqueline Totterdell, Chief Executive at WMUH, had engaged with staff at both Trusts to ensure these 'external factors' were clearly understood and that both organisations were otherwise making good progress towards transaction completion. A key objective for the Trust was to ensure that the Trust continued to have the management capacity and capability to deliver the transaction (and integration post-transaction) whilst maintaining a 'grip' on organisational performance.	VS

7.	Patient Experience Case Study a. The Board received a presentation from Gillian Blackburn with regard to the end of life care which her late husband had received at the Trust prior to his passing in 2013. She noted that her family had been visiting Chelsea and Westminster Hospital since 1960; however the care provided during the latter years of her husband's life had been substandard in a number of areas. In particular, she drew the Board's attention to a lack of communication and of co-ordinated care, key staff training shortfalls and the overall failure to treat her husband with dignity and respect. b. On behalf of the Board, the Chairman apologised for the standard of care that had been provided with regard to the case and thanked Mrs Blackburn for her moving and affecting description of her husband's care. The Chairman emphasised that improving the quality of care provided by the Trust remained the Board's first priority and it was vital that the Trust was able to learn from such adverse experiences.	
8.	Children's Inpatient Survey Results & Action Plan a. In presenting the report, NA summarised the key outcomes of the Survey which had been undertaken by the Picker Institute on the Trust's behalf. He noted that the overall response rate for the Survey was 27% which was consistent with the national average. b. NA noted that the Trust had performed well in a number of categories within the Survey, including: parents feeling that their child was safe on the ward, children being afforded adequate privacy, children being given sufficient information about their care and parents being given information with regard to the administration of medicines for their children. c. However, the Survey indicated that the Trust performed worse than the national average with regard to the changing of planned admission dates, access to hot drinks and the provision of a key contact point for parents with regard to their child's care. NA advised that the key learning points arising from the Survey would be addressed through an action plan, the implementation of which would be monitored by the newly formed Paediatric Patient Experience Group. d. The Chairman noted that one of the rooms allocated as a 'Family Room' within the paediatric service required refurbishment . He asked KMO to address this with support from CW+. e. The Chairman thanked NA for presenting the report and advised that the Trust would see whether some of the more advanced service strategies relating to paediatric care within the Trust could be supported by charitable fundraising.	KMO
9.	Performance & Quality Report a. In introducing the report, EM advised that KMO was currently reviewing the format of the report, drawing on best practice elsewhere and preparing for the integration of CWFT performance data with that of WMUH. b. With regard to workforce performance, SY noted that previous concerns had been raised by the Board in respect of the Trust's performance with regard to its mandatory and statutory training compliance rates. She had subsequently commissioned an externally-led training review and the outcomes of this would be presented at the May meeting of the People & Organisational Development Committee. SY also noted that the Trust had improved its turnover performance within the month of March, securing a 'net increase' of permanent	

	staff through its ongoing recruitment campaign.	
c.	Turning to operational performance, KMO advised that the Trust had been able to continue to deliver the national A&E and 18 weeks targets despite high levels of demand and the fact that some wards had been affected by Norovirus. However, the Trust had not met the 62-day cancer wait indicator and he was working with local commissioners to ensure that the Trust was able to improve its cancer pathways for patients.	
d.	In terms of quality performance, ZP advised that the Trust's 'safety thermometer' had highlighted a concern with regard to patients sustaining pressure ulcers within the Trust and this had prompted the inclusion of a 'frailty special project' within the Quality Strategy that had been presented at the April Quality Committee meeting. She noted that reducing the number of pressure ulcers was also a clinical priority for 2015/16 within the Quality Accounts. The Trust continued to out-perform its peers in terms of its mortality and infection control rates and was also improving its performance metric relating to 12 hour Consultant assessments of emergency admission patients.	
e.	VS advised that the Trust had appointed a Lead Nurse for Learning Disabilities (LD) and that she was working with LD patients and carers in designing a range of events which aimed to raise the importance and profile of LD issues within the Trust. A key quality priority for the Trust in the months ahead was to improve its Friends & Family Test scores.	
f.	With regard to financial performance, LB confirmed that the Trust had achieved a £2.4m surplus at the end of 2014/15 and had maintained a COSRR of '3'. The Chairman congratulated the Executive Team on delivering the surplus in what was a financially challenging year.	
10.	CQC Update	
a.	This item was deferred in view of the fact that the CQC Peer Review outcomes would be presented to the next Public Board meeting.	
11.	Monitor In-Year Reporting & Monitoring Report	
a.	In presenting the report, LB confirmed that the Trust had achieved a £2.4m surplus at the end of 2014/15 and had, in Q4, delivered all national performance indicators within Monitor's Compliance Framework with the exception of 62-day waiting times for cancer and compliance with requirements regarding access to healthcare for people with learning disabilities. As had been noted earlier in the meeting, the Trust was taking steps to address both areas of non-compliance.	
b.	The Board APPROVED the submission of the Q4 position to Monitor.	
12.	Register of Seals Report Q4	
a.	The Register of Seals Report was noted by the Board.	
13.	Questions from Members of the Public	
a.	No questions were received.	
14.	Any Other Business	

a.	Nil.	
15.	Date of Next Meeting: 26 May 2015	

The meeting was closed at 17.22.

Board of Directors Meeting, 26 May 2015

PUBLIC

AGENDA ITEM NO.	4/May/15
REPORT NAME	Matters Arising & Action Log
AUTHOR	Thomas Lafferty, Foundation Trust Secretary
LEAD	Sir Thomas Hughes-Hallett, Chairman
PURPOSE	To provide a record of actions raised and any subsequent outcomes from the April Board of Directors meeting.
SUMMARY OF REPORT	This paper outlines matters arising from the Board of Directors meeting held on 30 April 2015.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	The Board is asked to note the actions or outcomes reported by the respective leads.

Board of Directors PUBLIC SESSION – 30 April 2015

Meeting	Minute Number	Agreed Action	Current Status	Lead
Apr 2015	6.c	VS to bring back to the improvements in the areas of non-compliance identified within the 2014 CQC Inspection Report and the outcomes of a recent 'CQC Peer Review' to the May Board meeting.	On current meeting agenda.	VS
	8.d	KMO to address the issue of the room allocated as a 'Family Room' within the paediatric service which requires refurbishment or relocation.	The Jupiter room in terms of ensuring the space is as good as we can get it and the tea and coffee are free – seems to have been addressed The NICU room is in desperate need of a face lift – which I hope will be addressed through any redevelopment plans. The main issue with the room is the oversized furniture and no waiting area for visitors. We will need to look at this as part of the rebuild, and if this is delayed may need to do something in the meantime.	KMO

Board of Directors Meeting, 26 May 2015

PUBLIC

AGENDA ITEM NO.	6/May/15
REPORT NAME	Chief Executive's Report
AUTHOR	Elizabeth McManus, Chief Executive Officer
LEAD	Elizabeth McManus, Chief Executive Officer
PURPOSE	To provide an update to the Public Board on high-level Trust affairs.
SUMMARY OF REPORT	As described within the appended paper. Board members are invited to ask questions on the content of the report.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	This paper is submitted for the Board's information.

Chief Executive's Report May 2015

1.0 Staff

1.1 NHS Employment Check Standards

The recent conviction of the Stepping Hill Hospital nurse, Victorino Chua, is a timely reminder for all NHS organisations to ensure that there are robust and comprehensive NHS employment checks in place with regard to the all healthcare professionals, particularly those who are entrusted with regular access to patients.

The Trust's employment check procedures were recently audited by KPMG and the resultant report highlights that the Trust is able to demonstrate a good degree of compliance with the national standards in this area. However, there is always room for improvement and the Trust will now ensure that the two key recommendations arising from the audit are implemented:

- Ensuring in all cases that evidence is retained on file of the interview process relating to each appointment and the respective employment contract;
- The tightening up of the Trust's processes relating to the checking of qualifications.

Of course, there is likely to be other 'learning' that arisen from the Nurse Chua case and the Chief People Officer & Director of Corporate Affairs will be ensuring that the Trust develops a comprehensive action plan to take forward these learning points in addition to our own audit recommendations.

The progression of this work will be reviewed by the Board People & Organisational Development Committee.

2.0 Grip

2.1 Performance

As detailed within the Performance & Quality Report, the Trust continues to achieve all Monitor compliance indicators, with the exception of compliance with requirements for access to healthcare for patients with learning disabilities. Particular highlights include:

- The Trust was able to further improve its response rates for the Friends and Family Test in April;
- The Trust achieved all RTT 18 week indicators in April;
- The financial position in April was achieved, with CIPs delivery ahead of target;
- There were no on the day cancellations that were not rebooked within 28 days in April, an improvement on previous months.

As is always the case, the Trust continues to have areas in which performance needs to improve, falling both within and outside of Monitor's Compliance Framework:

- The Trust is not fully compliant with the learning disabilities (LD) indicators within the Compliance Framework. The main actions to achieve compliance are: the launch of a new LD flag in May 2015, the development of easy read information for patients, the rollout of an LD training program for staff is in place and the improvement of protocols to regularly audit its practices for patients with learning disabilities;
- Staff turnover remains high at 19.4% for the rolling 12 months. Work continues to address the high turnover levels, particularly focussing on recruitment and retention issues for nursing;

- The Caesarean section rate was high in April and was the highest it has been for 12 months. Work is ongoing to understand the in-month increase in the rate.

3.0 Growth

3.1 Proposed Acquisition of West Middlesex University Hospital NHS Foundation Trust (WMUH)

The Trust continues to make good progress with regard to the transaction pathway relating to the potential acquisition of WMUH.

The ongoing Monitor assessment process will conclude with a 'Board-to-Board' meeting which is currently scheduled to take place on 25 June 2015. Following the Board-to-Board meeting, Monitor now expects to issue its Transaction Risk Rating on 15 July 2015. Only once this has been received will the Board and the Council of Governors be asked to make their respective formal decisions on the acquisition. Provided both sets of approvals are given, the Trust will then need to formally submit its application to acquire to Monitor. This will, in turn, trigger a series of regulatory steps external to the Trust, including the sign-off by the Secretary of State as to the dissolution of WMUH and the transfer of all of its assets and liabilities to CWFT. This final 'Gateway 4' process is anticipated to last 2-3 weeks. To this end, the acquisition remains on track to occur as of 1 September 2015.

Engagement with members of the public and with staff in relation to the proposed acquisition also continues at pace. On 19 May 2015, the Trust held its third 'constituency event', this time within the Wandsworth constituency area. The constituency events continue to provide an opportunity for the Trust's officers and Governors to engage with the Trust's FT membership base on both current performance and, in particular, the organisation's strategic plans; ensuring that the clear clinical and operational rationale for the WMUH transaction is understood by the people who will depend upon the services provided by the enlarged organisation in the years to come.

Furthermore, on 20 May 2015, a Clinical Summit was held in Brentford which brought together approximately 100 clinicians from both Hospital Trusts; focusing upon clinical innovation to support patient care. The event was well received by all.

3.2 Shaping a Healthier Future: Changes to Maternity and Interdependent Services at Ealing Hospital

In 2013, as part of the "Shaping a Healthier Future" programme, it was decided to improve maternity services in North West London by consolidating them onto six hospital sites. This will mean moving maternity deliveries from Ealing Hospital. The changes are necessary in order to provide high-quality, safe care, in line with new guidelines, for all women across North West London. It will improve maternity services by:

- Having more senior consultant cover in maternity units and moving towards 24/7 consultant cover on the labour ward;
- Improving the midwife-to-birth ratio;
- Upgrading facilities at all six hospital sites – Northwick Park, Hillingdon, West Middlesex, St Mary's, Queen Charlottes and CWFT;
- Continuing to deliver antenatal and postnatal care locally in Ealing;
- Ensuring that for most women the care they receive before and after the birth is provided by a midwife from the same hospital as where they give birth;
- Expanding the number of community midwives and investing in the home birth team;
- Providing a midwife-led unit alongside every maternity unit in North West London

Under the plans, most women from the borough of Ealing will still be able to have the majority of their antenatal and postnatal appointments at Ealing Hospital.

At its next meeting on 20 May 2015, Ealing CCG will discuss the timing of the transition of maternity services from Ealing Hospital to other sites.

The CWFT Board confirmed at its April 2015 meeting that the Trust remains 'ready' to respond to any increase in activity caused by the stated changes to maternity services provision at Ealing Hospital. A further paper is included within today's Board agenda.

Elizabeth McManus
Chief Executive Officer
May 2015

Board of Directors Meeting, 26 May 2015

PUBLIC

AGENDA ITEM NO.	8/May/15
REPORT NAME	Shaping a Healthier Future – Operational preparedness for closure of Ealing Hospital's maternity and neonatal unit
AUTHOR	Caroline Windsor, Head of Strategy
LEAD	Karl Munslow-Ong, Chief Operating Officer
PURPOSE	To provide an update on operational preparedness for changes to maternity and neonatal services as a result of the proposed closure of Ealing Hospital's maternity and neonatal unit.
SUMMARY OF REPORT	At its meeting on 20 May, Ealing CCG confirmed that Ealing Hospital's maternity and neonatal unit will close with effect from 1 July 2015. We expect the transfer of 350 births per year to CWFT following the closure of the maternity and neonatal unit at Ealing Hospital. We have already funded and delivered our new Midwifery Led Unit (MLU) - which has capacity for an additional 1,000 births. We remain confident that we can continue to operate a safe service following transition based on expected staffing levels.
KEY RISKS ASSOCIATED	Ensuring sufficient staffing levels to maintain a safe maternity and neonatal service following closure of Ealing Hospital's maternity and neonatal unit on 1 July 2015.
FINANCIAL IMPLICATIONS	N/A
QUALITY IMPLICATIONS	See summary above.
EQUALITY & DIVERSITY IMPLICATIONS	N/A
LINK TO OBJECTIVES	Excel in providing high quality clinical services Deliver financial sustainability
DECISION/ ACTION	Provide assurance over our operational preparedness for maternity and neonatal services following closure of Ealing Hospital's maternity and neonatal unit on 1 July 2015.

1.0 Introduction

- 1.1 At its meeting on 20 May, Ealing CCG confirmed that Ealing Hospital's maternity and neonatal unit will close with effect from 1 July 2015. We expect the transfer of 350 births per year to CWFT following the closure of the maternity and neonatal unit at Ealing Hospital.

2.0 Decision/action required

- 2.1 Provide assurance over our operational preparedness for maternity and neonatal services following closure of Ealing Hospital's maternity and neonatal unit on 1 July 2015.

3.0 Operational preparedness for changes to maternity and neonatal services as a result of the proposed closure of Ealing Hospital's maternity and neonatal unit

- 3.1 CWFT expects 350 births per annum to transfer to us following closure of Ealing Hospital's maternity and neonatal unit with effect from 1 July 2015. We have already funded and delivered our new Midwifery Led Unit (MLU) - which has capacity for an additional 1,000 births. Outside of the SAHF programme, we have secured funding to redevelop our neonatal services which could potentially provide additional cots if required. This will be part of a piece of work to consider capacity, refurbish and right-size our units following acquisition of WMUH.
- 3.2 We remain confident that we can continue to operate a safe service following transition based on expected staffing levels. Our expected midwife vacancy rate following transition is 5.6 (3.6% of our total midwife establishment), which includes the transfer of 7 midwives from Ealing Hospital. We are used to operating with varying vacancy rates and we have already recruited a further 15 midwives, due to start in September and October 2015. We expect to improve our midwifery to birth ratio from 1:32 in 2014/15 to 1:30 in 2015 following transition.
- 3.3 We are in the process of recruiting a minimum of 16 neonatal nurses to maintain a clinically safe service without reliance on bank and agency staff. This is an existing challenge, reflecting the national shortage of neonatal nurses, that we continue to manage and which the transfer of one neonatal nurse from Ealing Hospital goes some way to address. In addition to our rolling recruitment process we intend to go out to recruitment overseas by July 2015.
- 3.4 We have also recruited an additional three consultant posts in 2015 and we expect to provide 115 hours of consultant coverage in 2015 following the transition as part of the trajectory towards 168 hours coverage.

4.0 Summary

- 4.1 We are confident that we have achieved the level of operational readiness required to implement the changes to maternity and neonatal services from 1 July 2015.

Caroline Windsor
Head of Strategy
21 May 2015

Board of Directors Meeting, 26 May 2015

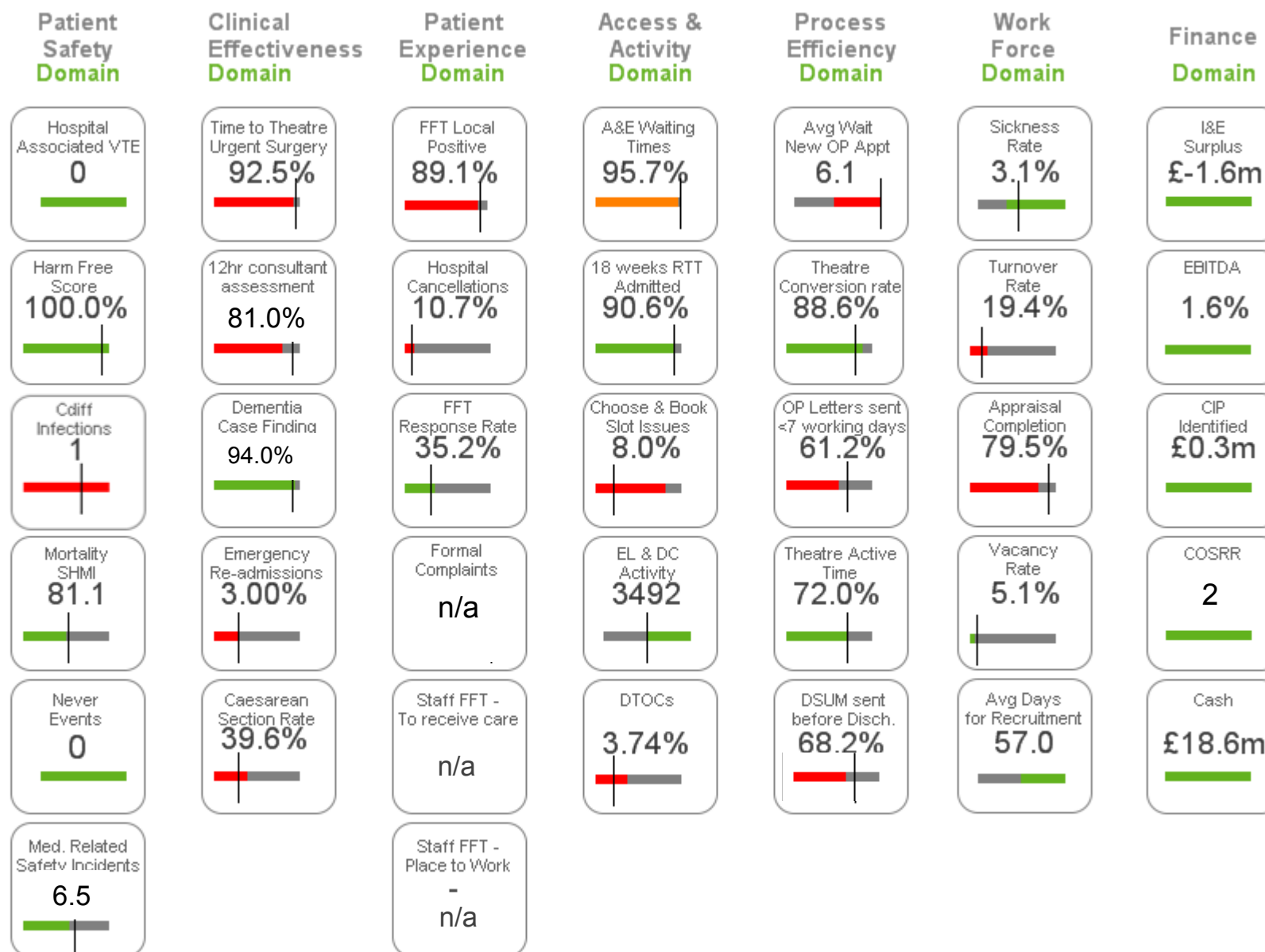
PUBLIC

AGENDA ITEM NO.	9/May/15
REPORT NAME	Performance and Quality Report – April 2015
AUTHOR	Virginia Massaro, Assistant of Finance
LEAD	Karl Munslow-Ong, Chief Operating Officer
PURPOSE	To report the Trust's performance for April 2015, highlight risk issues and identify key actions going forward.
SUMMARY OF REPORT	The Trust met all key performance indicators for Monitor in April with the exception of the compliance with requirements regarding access to healthcare for people with learning disabilities. - The Trust is currently not fully compliant with all 6 of the learning disabilities indicators, but working to achieve compliance in 2015/16, in line with our CQC Action Plan. - Patient Safety: There was 1 c. difficile case in April. The Trust has continued to achieve the elective and emergency MRSA screening targets in April. - Clinical Effectiveness: Maternity caesarean section rates continue to be above target in April. There is a focused consultant analysis underway into the high rate this month. - Patient experience: Response rates have continued to improve for the Friends and Family Test in the month. Work continues to analyse feedback to improve patient experience based on the responses for individual areas. - Access and Efficiency: The Trust continued to achieve the A&E and RTT waiting targets in April. - Workforce: Staff turnover remains high at 19.4% for the rolling 12 months. Work continues to address the high turnover levels, particularly in recruitment and retention of nursing staff.
KEY RISKS ASSOCIATED:	There was 1 C.Diff case in April. The Monitor compliance target is 7, so there is a risk to achievement of the challenging target.

FINANCIAL IMPLICATIONS	The Trust achieved the planned deficit position of £1.6m in April and CIP delivery was on target.
QUALITY IMPLICATIONS	As outlined above.
EQUALITY & DIVERSITY IMPLICATIONS	None
LINK TO OBJECTIVES	Improve patient safety and clinical effectiveness Improve the patient experience Ensure Financial and Environmental Sustainability
DECISION/ ACTION	The Trust Board is asked to note the performance for April 2015.

Performance and Quality Report

Performance to 30th Apr 2015



Monitor Compliance – Apr 2015

Sub Domain	Trust Level Monthly Data @ 14/05/2015				YTD
	MonthYear	Feb 2015	Mar 2015	Apr 2015	YTD
Harm	Clostridium difficile infections (Target: < 0.67)	0	1	1	1
	MRSA Bacteraemia (Target: < 0)	0	0	0	0
Cancer	Cancer diagnosis to treatment waiting times - 31 Days (Target: > 96%)	100.0%	100.0%	N/A	N/A
	Cancer diagnosis to treatment waiting times - Subsequent Surgery (Target: > 94%)	100.0%	100.0%	N/A	N/A
	Cancer diagnosis to treatment waiting times - Subsequent Medicine (Target: > 98%)	100.0%	N/A	N/A	N/A
	Cancer urgent referral GP to treatment waiting times (62 Days) (Target: > 85%)	76.5%	84.6%	N/A	N/A
	Cancer urgent referral Consultant to treatment waiting times (62 Days) (Target: > 90%)	100.0%	N/A	N/A	N/A
	Cancer urgent referral to first outpatient appointment waiting times (2WW) (Target: > 93%)	94.3%	96.1%	N/A	N/A
	18 week referral to treatment times Admitted Patients (Target: > 90%)	90.8%	92.8%	90.6%	90.6%
RTT	18 week referral to treatment times Non Admitted Patients (Target: > 95%)	95.0%	95.8%	96.8%	96.8%
	18 week RTT incomplete pathways (Target: > 92%)	92.9%	92.7%	N/A	N/A
A&E	A&E waiting times (Target: > 98%)	97.2%	95.8%	95.7%	95.7%
LD	Self-certification against compliance with requirements regarding access to healthcare for pe...	Non-Compliant	Non-Compliant	Non-Compliant	Non-Compliant

Self certification against compliance with requirements regarding access to healthcare for people with learning difficulties:

The Trust is currently not fully compliant with all 6 of the learning disabilities indicators, but working to achieve compliance in 2015/16. This is also part of our CQC Action Plan. The main actions to achieve compliance are:

- Launch of a new LD flag in May 2015. Until then, the CSI log is being used.
- Development of easy read information for patients
- LD training program for staff is in place. To be expanded to include obstetric staff and improve training at Clinical Trust Induction
- Improvement of protocols to regularly audit its practices for patients with learning disabilities and to demonstrate the findings, as currently our only audits are of the use of CSI log for LD. Plan to report bi-annually to the Quality committee/CQG.

*The Monitor MRSA de minimus target is 6 cases, however we measure against a stretch target of 0

*The Monitor A&E target is 95% under 4hr wait, however we measure against an internal stretch target of 98%

Performance Headlines

Improvements

- The Trust has achieved all Monitor compliance indicators in April, with the exception of compliance with requirements for access to healthcare for patients with learning disabilities.
- Achievement of all RTT 18 week indicators in April
- There was a further improvement in the response rates for the Friends and Family test in April.
- The financial position in April was achieved, with CIPs delivery ahead of target.
- No on the day cancellations not rebooked within 28 days in April, with an improvement on previous months.

Challenges

- The Trust continues to be partially compliant with all 6 indicators of the learning disabilities indicators, but continues to work towards compliance in 2015/16.
- The Caesarean section rate was high in April and was the highest it has been for 12 months. There is now a focused consultant analysis of the data to understand why this peak has been seen in this month.
- Despite an improvement in the choose and book slot issues rate, the Trust remains above target, due to capacity issues in a number of key specialties.
- Staff turnover remains high at 19.4% for the rolling 12 months. Work continues to address the high turnover levels, particularly focussing on recruitment and retention issues for nursing.

Sub Domain	Trust Level Monthly Data @ 18/05/2015				YTD
	Month Year ▼	Feb 2015	Mar 2015	Apr 2015	YTD
Harm	Incidence of newly acquired category 3 and 4 pressure ulcers (Target: < 3.6)	1	3	3	3
	Safety Thermometer - Harm score (Target: > 90%)	95.1%	91.4%	100.0%	100.0%
	Safety Thermometer - Prevalence of Pressure Ulcers (Rate) (Target: < 3.45%)	5.2%	7.4%	N/A	0.0%
HCAI	C Diff rate per 100k bed days pts aged >=2 (Target: < 14.7)	0.0	8.6	8.8	8.8
	Clostridium difficile infections (Target: < 0.67)	0	1	1	1
	Hand Hygiene Compliance (trajectory) (Target: > 90%)	97.2%	97.6%	97.0%	97.0%
	Methicillin Sensitive Staphylococcus Aureus Target < 4.2)	1	0	2	2
	E.Coli bloodstream infections Target < 12.5)	1	0	9	9
	MRSA Bacteraemia (Target: = 0)	0	0	0	0
	Screening all elective in-patients for MRSA (Target: > 95%)	96.9%	97.9%	96.3%	96.3%
	Screening Emergency patients for MRSA (Target: > 95%)	97.8%	97.0%	96.1%	96.1%
Incidents	Incident reporting rate per 100 admissions (Target: > 8.50)	7.51	7.32	7.22	7.22
	Inpatient falls per 1000 Inpatient bed-days (Target: < 3.00)	3.73	2.89	3.10	3.10
	Never Events (Target: = 0)	0	0	0	0
	Medication related safety incidents per 1000 admissions Target < 6.8)	8.4	5.7	6.5	6.5
	Rate of patient safety incidents per 100 admissions (Target: < 2.9)	6.94	6.99	6.77	6.77
	Rate of pt. safety incidents resulting in severe harm - death per 100 admissions (Target: = 0.00)	0.02	0.00	0.00	0.00
Mortality	Mortality (HSMR) (2 months in arrears) (trajectory) (Target: < 104)	N/A	N/A	N/A	N/A
	Mortality SHMI *TRUST ONLY* (Target: < 82)	79.5	79.5	81.1	81.1
	Number of In-hospital Deaths (Adults)	30	35	34	34
	Number of in-hospital deaths (Paeds)	0	0	0	0
	Number of in-hospital deaths (Neonatal)	4	4	7	7

C Diff rate & Infections: In April an elderly gentleman who presented with confusion and Urosepsis. At the time of his symptoms on Edgar Horne there were a cluster of other patients with similar symptoms, and therefore he was cohorted until a positive C.diff result was received and thereafter he was isolated into a single room.

This was a complex patient with multiple co-morbidities, and throughout his stay, he received the appropriate care and antibiotic therapy.

A lesson identified in the RCA investigation was that clinical staff will in future follow up on investigation sent to the laboratory, to reduce the risk of missed opportunities to treat in a more timely way, which in turn would prompt speedy isolation of the patient. No other patients in the cohort were affected.

Note: The SHMI figure of 81.08 refers to Oct 2013 to Sept 2014 as the most up to date SHMI available. This is in the Lower than expected band meaning it is statistically significantly lower than expected and hence Green. The HSMR position is representative of the Jan – Dec 14 and is the latest provided by Dr. Foster Tools.

Ward Name	Average fill rate registered nurses/midwives (%) day shift	Average fill rate care staff (%) day shift	Average fill rate registered nurses/midwives (%) night shift	Average fill rate care staff (%) night shift
Maternity	76.8%	75.5%	65.2%	53.0%
Annie Zunz	108.6%	191.7%	143.3%	196.7%
Apollo	100.0%	56.7%	100.7%	-
Jupiter	116.7%		120.0%	
Mercury	107.8%	63.3%	102.0%	89.7%
Neptune	100.9%	93.3%	105.6%	76.7%
NICU	91.1%		92.3%	
AAU	93.2%	105.6%	125.4%	146.1%
Nell Gwynne	94.3%	95.0%	98.9%	100.0%
David Erskine	92.0%	130.0%	88.9%	108.3%
Edgar Horne	94.9%	100.0%	75.6%	100.0%
Lord Wigram	93.1%	141.7%	92.2%	138.3%
Rainsford Mowlem	94.7%	100.0%	98.9%	100.0%
David Evans	90.3%	89.2%	85.4%	97.9%
Chelsea Wing	87.8%	81.7%	100.0%	86.7%
Burns Unit	103.0%	50.0%	106.7%	96.4%
Ron Johnson	90.3%	99.2%	98.4%	96.8%
ICU	106.1%	105.0%	104.5%	

National Quality Board Report – Hard Truths expectations

The April fill rate data (table 1) is presented in the format as required by NHS England.

Definition – Fill rate

The fill rate percentage is measured by collating the planned staffing levels for each ward for each day and night shift and comparing these to the actual staff on duty on a day by day basis. The fill rate percentages presented are aggregate data for the month and it is this information that is published by NHS England via NHS Choices each month.

Trusts are also required to publish this information on their own web sites, a recent survey has revealed that very few Trusts receive enquiries on the back of their fill rate data. The concern from the outset is that data aggregated at this level provides little or no meaning to the public.

Summary for April

Maternity - fill rates have remained at this level for the last 3 months, a focussed effort on recruitment is currently underway, there are 32 new midwives commencing employment over the coming months and the vacancy factor is anticipated to reduce, one to one care in labour is covered elsewhere in the performance report.

Paediatrics - a specific recruitment drive for HCA's is being undertaken in paediatrics with positive results so far, this position should therefore improve over the coming months.

Annie Zunz and AAU - these high fill rates in the main relate to additional capacity and some specialising and RMN requirements on AAU.

David Erskine and Lord Wigram - have an agreement to have additional HCA's (day time) where they are unable to fulfil their RN requirement hence a higher fill rate, in context one would expect to see a lower RN fill rate, this is masked on Lord Wigram by a daily requirement for a RMN each shift, it would appear that David Erskine are achieving RN levels AND booking HCA's this is being looked into.

Edgar Horne – 75% fill at night is due to the fact that the ward is struggling to cover up to 3 RN's following the investment in April, recruitment is ongoing.

Burns Unit – low HCA day time fill rate is being looked into, although the lower fill rates do correlate with reduced ward occupancy.

Sub Domain	Trust Level Monthly Data @ 13/05/2015				YTD
	MonthYear ▾	Feb 2015	Mar 2015	Apr 2015	YTD
Admitted Care	Elective LoS - Long Stayers (Target: < 46)	52	67	51	51
	Elective Length of Stay (Target: < 3.7)	3.3	3.3	3.4	3.4
	Emergency Care Pathway - Discharges (Target: N/A)	174.1	199.3	186.7	186.7
	Emergency Care Pathway - Length of Stay (Target: < 4.5)	5.09	4.60	5.03	5.03
	Emergency Re-Admissions within 30 days (adult and paed) (Target: < 2.8%)	2.88%	3.30%	3.00%	3.00%
	Non-Elective Long Stayers (Target: < 522)	416	402	397	397
	Non-Elective Length of Stay (Target: < 3.9)	4.2	3.9	4.4	4.4
	VTE Assessment (Target: > 95%)	96.0%	96.2%	95.9%	95.9%
Best Practice	% Patients Nutritionally screened on admission *TRUST ONLY* (Target: > 90%)	75.3%	89.4%	77.7%	77.7%
	% Patients in longer than a week who are nutritionally re-screened *TRUST ONLY* (Target: > 90%)	59.8%	62.5%	67.6%	67.6%
	12 Hour consultant assessment - AAU Admissions (Target: > 90%)	76.0%	77.2%	81.0%	81.0%
	Central line continuing care—compliance with Care bundles (Target: > 90%)	100.0%	100.0%	94.7%	94.7%
	Peripheral line continuing care—compliance with Care bundles (Target: > 90%)	93.0%	82.0%	N/A	N/A
	Urinary catheters continuing care—compliance with Care bundles (Target: > 90%)	100.0%	100.0%	92.6%	92.6%
	Fractured Neck of Femur - Time to Theatre < 36 hrs for Medically Fit Patients (Target: = 100%)	86.7%	80.0%	N/A	N/A
	Safeguarding adults - Training Rates (Target: >)	tba	tba	tba	tba
	Safeguarding children - Training rates (Target: >)	tba	tba	tba	tba
	Stroke: Time spent on a stroke unit *TRUST ONLY* (Target: > 80%)	100.0%	100.0%	100.0%	100.0%
Best Practice	Dementia Screening Case Finding (Target: > 90%)	95.1%	93.9%	94.0%	94.0%
	Appropriate referral Dementia specialist diagnosis *TRUST ONLY* (Target: > 90%)	100.0%	100.0%	N/A	N/A
	Dementia Screening Diagnostic Assessment (Target: > 90%)	100.0%	100.0%	100.0%	100.0%
Theatres	Procedures carried out as day cases (basket of 25 procedures) (Target: > 85%)	81.4%	86.9%	79.9%	79.9%
	Theatre Active Time - % Total of Staffed Time (Target: > 70%)	73.8%	74.3%	72.1%	72.1%
	Time to theatre for urgent surgery (NCEPOD recommendations) (Target: > 95%)	94.8%	96.1%	92.5%	92.5%

Elective LoS – Long stayers: The number of elective patients staying longer than their expected length of stay has improved from 67 in March to 51 in April which is in line with performance from January and February. Patients are being reviewed regularly on an individual basis.

Emergency Care Pathway LoS: This target measures the average length of stay for all non-elective (emergency) admissions, excluding Obstetric and babies. The performance has drifted recently on this data but it should be noted that the Trust is currently housing 25 step down beds which look after patients who are medically fit but cannot yet be discharged for various, non medical reasons. These beds have been in place since Q3 and will affect the performance against this target.

Emergency Re-Admissions within 30 days: This target, which is applied to both adults and paediatrics, has slightly improved in April. In order to establish more detail, both adult and paediatric areas need to audit these re-admissions to establish if there are any cause for concern.

Non-Elective Long Stayers: This has increased in April to 4.4. There have been a higher than usual number of patients with complex discharge needs / requiring continuing care assessments. This patient group are examined on a case by case basis on a very regular basis. This measure is closely monitored however although the average (mean) can be skewed by the increase in the number of short stay patients who are now being ambulated (not admitted at all) for their emergency care needs.

Nutritional Screening: Results for April; Both initial and rescreening remain below target of 90%. Initial screening has decreased from 89% to 78%, rescreening has increased from 63% to 68% but remains below target. The Chief Nurse cabinet are reviewing ward trends and focusing on those areas where improvement is required.

Procedures carried out as Daycases: Performance has dipped from 86.9% in March to 79.9% in April. There is an ongoing project to improve performance in lap cholecystectomies, hernias and Paediatric ENT.

12 hour consultant Assessment: Performance has improved in month. There is a cohort of patients who are short stay on AAU overnight (after 8pm) and are all seen by a middle grade.

Clinical Effectiveness – Maternity

Indicator	Measure	Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	YTD Total
NHS Deliveries	Benchmarked to 5042 per annum	416	417	405	422	412	433	462	464	427	432	463	398	416	412	5,563
Private Deliveries	Benchmarked to 840 per annum	72 per month	62	76	71	73	63	70	71	53	60	85	50	69	69	872
Trust Deliveries	Total Maternities (Mother)		479	481	493	485	496	532	535	480	492	548	448	485	481	6,435
Total NHS Births	(infants)		424	417	428	424	443	471	474	445	442	478	406	431	421	5,704
Activity in Month	Births	No. of patients	83	67	79	65	65	65	59	64	48	66	47	45	38	791
	Birth Centre (excludes transfers)															
	BC maternities rate of Trust total SVD	%	37.4%	31.6%	36.1%	30.2%	30.5%	28.3%	28.8%	28.2%	24.7%	28.1%	25.1%	22.0%	20.8%	
	Home births - rate of NHS maternities	% NHS Dels	1.2%	1.2%	1.2%	0.7%	0.5%	0.9%	0.6%	0.2%	1.6%	0.6%	1.3%	0.5%	1.0%	
Activity in Month	Norm. Vaginal Deliveries	No. of patients	222	212	219	215	213	230	205	227	194	235	187	205	183	2,747
	SVD (Normal Vaginal Delivery)															
	Maintain normal SVD rate	52%	53.2%	52.3%	51.9%	52.2%	49.2%	49.8%	44.2%	53.2%	44.9%	50.8%	47.0%	49.3%	44.4%	
	Total C/S rate overall	<27%	29.3%	32.3%	28.4%	28.9%	31.6%	30.1%	33.2%	27.9%	35.0%	31.5%	30.4%	30.5%	39.6%	
C- Section	Emergency C Sections	No. of patients	59	66	66	64	85	77	69	58	77	84	64	56	84	909
		<12%	14.1%	16.3%	15.6%	15.5%	19.6%	16.7%	14.9%	13.6%	17.8%	18.1%	16.1%	13.5%	20.4%	
	Elective C Sections	No. of patients	63	65	54	55	52	62	85	61	74	62	59	71	77	840
		<15%	15.1%	16.0%	12.8%	13.3%	12.0%	13.4%	18.3%	14.3%	17.1%	13.4%	14.8%	17.1%	18.7%	
Assisted Deliveries	Ventouse, Forceps Kiwi	No. of patients	73	62	83	78	83	93	105	81	87	82	88	84	68	1,067
		10-15% (SD)	17.5%	15.3%	19.7%	18.9%	19.2%	20.1%	22.6%	19.0%	20.1%	17.7%	22.1%	20.2%	16.5%	
	Total CS Rate Based on Coded Spells	<27%	29.0%	32.5%	29.2%	29.2%	31.9%	31.2%	32.7%	27.9%	34.2%	31.5%	30.7%	30.5%	39.6%	
Clinical Indicators	PP Heamorrhage	Blood loss >2000mls	11	3	5	11	7	8	9	4	6	8	4	7	8	91
		Blood loss >4000mls	1	0	0	1	0	0	2	0	0	1	1	1	1	
	Perineum	3rd/4th degree tears	7	10	9	6	8	8	18	12	13	14	10	10	4	129
		(RCOG)	2.4%	3.6%	3.0%	2.0%	2.7%	2.5%	5.8%	3.9%	4.6%	4.4%	3.6%	3.5%	1.6%	
Stillbirths	Number of Stillbirths		3	2	4	1	4	3	3	2	1	3	2	3	4	35
	GBS - NHS maternities		32	31	35	30	23	33	27	26	36	32	27	17	26	375
	Pyrexia in labour	≥38°C	8	16	12	4	13	16	12	9	5	11	13	12	26	157
	Readmissions	Neonatal < 28 days of Birth (Feeding)	4	5	2	7	7	2	3	8	1	5	n/a	8	10	62
PbR	Of which were born at C&W		2	5	4	7	6	2	3	6	1	3	n/a	6	10	55
	Antenatal Bookings completed	509	463	539	492	524	476	471	498	495	430	465	431	486	494	6,264
	Ref by 11w		351	377	383	406	356	341	354	361	306	327	321	356	329	4,568
	% Ref by 11w		76%	70%	78%	77%	75%	72%	71%	73%	71%	70%	75%	73%	67%	
Pathways	KPI: % Ref by 11w and seen by 12+6w	95%	92.9%	91.8%	95.8%	97.3%	95.8%	96.8%	95.2%	96.4%	95.4%	91.1%	90.3%	94.1%	90.9%	
	Breaches (11w ref and booked > 12+6w		25	31	16	11	15	11	17	13	14	29	31	21	30	264
	Postnatal discharges	221	222	214	238	228	249	223	235	254	242	236	255	204	236	3,036
Risk	Maternal Death	Incident Form	0	0	0	0	0	0	0	1	0	0	0	0	0	1
	ITU Admissions in Obstetrics	In 2 mths < 6	1	1	0	1	1	0	1	1	1	0		1	0	8
	1 Performance and Quality Report Apr 2015 - Final.pptx		3	3	2	3	1	4	3	3	4	3	3	4	1	17
	VTE Assessments	95%	97.2%	98.0%	97.6%	96.5%	97.2%	96.3%	98.6%	97.2%	96.3%	97.2%	94.7%	96.1%	95.1%	
O. 1	NBBS - offered and discussed	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Deliveries: The outturn position for 2014/15 was above plan and 6% higher than 2013/14 outturn. Births for April were slightly below plan but are forecast to be on target going forward.

Caesarean section rate : April has seen a high overall caesarean section rate at 39%. There is now a focused consultant analysis of the data to understand why this peak has been seen in this month.

Midwifery Led Unit: the unit has now had over 1,000 births since opening
Normal birth rate: 85%
Transfer rate: 38%

12+6: Extensive work is ongoing around women breeching this target with additional booking lists and pathways for highlighting this early to the Antenatal teams.

Breastfeeding initiation rate: there is a rolling audit, in line with UNICEF Baby Friendly standards. In addition ongoing work is looking to improve data quality.

SUI: There was 1 unexpected admission to NICU. All learning is now disseminated to all staff through group email.

Maternal Morbidity: April has seen low reported numbers of third degree tears and significant haemorrhage remains below target.
There is a campaign on sepsis management which may account for more identified cases.

Sub Domain	Trust Level Monthly Data @ 14/05/2015				YTD
	MonthYear ▼	Feb 2015	Mar 2015	Apr 2015	YTD
Complaints	Breach of Same Sex Accommodation *TRUST ONLY* (Target: = 0)	0	0	0	0
	Complaints (Type 1 and 2) - Communication (Target: < 13)	10	24	24	34
	Complaints (Type 1 and 2) - Discharge (Target: < 2)	0	4	3	4
	Complaints (Type 1 and 2) - Attitude / Behaviour (Target: < 16)	15	15	18	30
	Complaints Re-opened (Target: < 5%)	0.00%	2.70%	N/A	2.04%
	Complaints upheld by the Ombudsman *TRUST ONLY* (Target: = 0)	2	0	0	2
	Formal complaints responded in 25 working days (Target: = 100%)	75.00%	81.08%	N/A	79.59%
	Total Formal Complaints	12	37	24	49
Friends & Family	Friends & Family Test - A&E response rate (Target: > 20%)	21.3%	27.6%	35.2%	24.6%
	Friends & Family Test - Inpatients response rate (Target: > 30%)	30.8%	40.2%	N/A	35.8%
	Friends & Family Test - Local +ve score (Trust) (Target: > 90%)	90.1%	89.4%	89.1%	89.7%
	Friends & Family Test - Net promoter score (Target: > 62)	63.5	60.0	63.5	61.4
	Friends & Family Test - Total response rate (Target: > 30%)	22.2%	31.3%	35.2%	26.8%

Note: Formal complaints responded to within 25 days and Complaints reopened are reported a month in arrears due to their nature, commentary relates to previous month .

Complaints:

The Trust has a KPI to respond to formal complaints within 25 days, the target is set at 90%, in March the performance was 81%, which is an improvement on the February performance. Of the Type 2 concerns 69% were responded to and resolved by the Directorates within 25 days.

The performance for the individual areas for the year is as follows:

Central OP	90%
NCSS	88%
HIV/GUM/Dermatology	85%
Medicine	76%
Women's services	74%
Diagnostics	72%
Private Patients	67%
Children's services	57%
Surgery	56%
Therapies	50%

The complaints team continue to work closely with the Divisions to achieve the required turnaround time for responses. A summary of the breaches relating to each division is sent to the Trusts Executive Team every week for discussion with the Divisional Directors.

Sub Domain	Trust Level Monthly Data @ 14/05/2015				YTD
	MonthYear ▾	Feb 2015	Mar 2015	Apr 2015	YTD
A&E	A&E Time to Treatment (Target: < 60)	01:04	01:09	01:02	01:02
	A&E waiting times (Target: > 98%)	97.2%	95.8%	95.7%	95.7%
	A&E: Unplanned Re-attendances (Target: < 5%)	6.43%	6.81%	6.74%	6.74%
	LAS Patient Handover Times - 30 mins (KPI2) *TRUST ONLY* (Target: < 0)	41	56	50	50
	LAS arrival to handover more than 60mins (KPI 3) *TRUST ONLY* (Target: < 0)	2	5	1	1
OP	Average Wait – Referral to First Attendance (Weeks) (Target: < 6 weeks)	6.3	6.1	6.1	6.1
	Choose and Book slot issue % *TRUST ONLY* (Target: < 2.0%)	6.0%	14.1%	8.0%	8.0%
	Number of patients waiting longer than six weeks for a diagnostic test (Target: = 0)	0	0	0	0
	Rapid access chest pain clinic waiting times (Target: > 98%)	100.0%	100.0%	100.0%	100.0%
RTT	18 week referral to treatment times Admitted Patients (Target: > 90%)	90.8%	92.8%	90.6%	90.6%
	18 week referral to treatment times Non Admitted Patients (Target: > 95%)	95.0%	95.8%	96.8%	96.8%
	18 week RTT incomplete pathways (Target: > 92%)	92.9%	92.7%	92.9%	92.9%
	RTT Incomplete 52 Wk Patients @ Month End (Target: = 0)	3	2	1	1
IP	Average Wait – Decision to admit to Admission (Weeks) (Target: < 6 weeks)	7.3	8.6	7.8	7.8

A&E Performance: waiting times: The national ED waiting times standard of >95% has been maintained for Month 1. This performance was delivered whilst the Trust had some episodes of bays of beds being closed on adult wards, due to infection.

LAS Handovers: The Trust had 50 30mins LAS handover delays and 1 60min delay. It should be noted however that these delays only occurred at certain times on specific days when ED pressure was high, in terms of number of ambulance presentations and patient acuity.

Choose and Book slot issues / HiCs and PiCs: The slot issues are largely a result of insufficient published Choose and Book capacity. This is being reviewed and more Choose and Book appointment slots have now been made available in Gynaecology, Colorectal and Gastroenterology. Other specialties are in the process of review and any issues identified will be addressed as necessary. Choose and Book is to be rebranded as 'e-Referrals' in June 2015 which could result in more demand via Choose and Book. This will be picked up as part of the review.

RTT 52 wk Patients @ Month end: The 52 week breach in April related to a Gynaecology patient. The breach was identified in April following communication from the patient's GP that a date for surgery had not been made.

The patient breached their 52 week date in January 2015. The patient has been contacted and booked for attendance in the Gynaecology outpatient clinic for review. Theatre capacity had been identified in April and May, however the patient had indicated a preference for treatment in June.

Sub Domain	Trust Level Monthly Data @ 08/05/2015				YTD
	MonthYear ▾	Feb 2015	Mar 2015	Apr 2015	YTD
Cancer	Cancer Consultant Upgrade (Target: > 85%)	100.0%	N/A	N/A	N/A
	Cancer diagnosis to treatment waiting times - 31 Days (Target: > 96%)	100.0%	100.0%	N/A	N/A
	Cancer diagnosis to treatment waiting times - Subsequent Medicine (Target: > 98%)	100.0%	N/A	N/A	N/A
	Cancer diagnosis to treatment waiting times - Subsequent Surgery (Target: > 94%)	100.0%	100.0%	N/A	N/A
	Cancer urgent referral Consultant to treatment waiting times (62 Days) (Target: > 90%)	100.0%	N/A	N/A	N/A
	Cancer urgent referral GP to treatment waiting times (62 Days) (Target: > 85%)	76.5%	84.6%	N/A	N/A
	Cancer urgent referral to first outpatient appointment waiting times (2WW) (Target: > 93%)	94.31%	96.11%	N/A	N/A

Cancer Performance:

(Please note, Cancer Waits Performance is reported one month in arrears).

As reported to the Board last month, the Trust has reported a failure of one of the 8 national standards for Q4 of 2014/15.

The underachieved standard is the 62 day GP referral to initiation of treatment standard and the Trust will achieve 80% against a 85% standard. In March, there were 18.5 patients treated with 4 breaches. (In January and February there were 13 treatments and 2 breaches and 14.5 treatments and 4 breaches respectively.) The predominant reason for these breaches in the quarter was patient choice – i.e. patients wanting to take time to make decisions about their treatment and also re-scheduling their appointments due to other commitments. Other reasons include lack of surgical capacity at tertiary trusts, and one very complex diagnostic pathway.

In order to improve the pathway for cancer patients, work is underway to provide earlier notification to tertiary trusts of patients who are likely to require surgery. This is the case particularly for the lung pathway. In order to help patients make difficult decisions about cancer treatment, all patients are allocated a clinical nurse specialist to liaise with and discuss options. Additionally, the urology department are introducing one-stop clinics which means patients can have diagnostics at their first outpatient appointment to expedite the pathway.

The management of cancer waiting times within the Trust is also going to be reviewed to ensure that we have adopted best practice.

Sub Domain	Trust Level Monthly Data @ 14/05/2015				YTD
	MonthYear ▼	Feb 2015	Mar 2015	Apr 2015	YTD
Admitted	Delayed transfers - Patients affected *TRUST ONLY* (Target: < 2.00%)	2.73%	3.97%	3.74%	3.74%
	Delayed transfers of care days lost (Target: < 644)	367	461	451	451
DQ	Coding Levels complete - 7 days from month end (Target: > 95%)	98.8%	96.2%	98.6%	98.6%
	Total NHS Number compliance (Target: > 98%)	96.9%	96.8%	96.8%	96.8%
GP Real Time	Discharge Summaries Sent < 24 hours (Target: > 70%)	80.5%	82.6%	81.1%	81.1%
	Discharge Summaries Sent In Real Time (Target: > 80%)	70.1%	70.4%	68.2%	68.2%
	GP notification of an A&E-UCC attendance < 24 hours (Target: > 70%)	99.95%	97.24%	99.93%	99.93%
	GP notification of an emergency admission within 24 hours of admission (Target: >)	99.82%	98.32%	99.82%	99.82%
	GP Notification of discharge planning within 48 hours for patients >75 (Target: > 70%)	68.84%	64.02%	66.22%	66.22%
Outpatients	OP Letters Sent < 7 Working Days (Target: > 70%)	70.9%	64.8%	61.2%	61.2%
	Average PICs per patient (Target: < 0.64)	0.60	0.58	0.59	0.59
	DNA Rate (Target: <11.1%)	11.5%	12.7%	11.2%	11.2%
	First to Follow-up ratio (Target: < 1.5)	1.59	1.54	1.64	1.64
	Hospital cancellations \ reschedules of outpatient appointments % of total attendances (Target: < 8.00%)	10.9%	10.9%	10.7%	10.7%
	Hospital cancellations made with less than 6 Weeks Notice (Target: < 3%)	5.8%	5.8%	5.7%	5.7%
	Patient cancellations \ reschedules of outpatient appointments % of total attendances (Target: < 8%)	9.4%	8.9%	9.1%	9.1%
Theatres	No urgent op cancelled twice (Target: = 0)	0	0	0	0
	On the day cancellations not rebooked within 28 days (Target: = 0)	6	5	0	0
	On the day cancelled operations (non clinical) % total elective admissions (Target: < 0.80%)	0.62%	0.40%	0.40%	0.40%
	Theatre booking conversion rate (Target: > 80%)	88.5%	88.3%	88.6%	88.6%

Delayed Transfers – Patients Affected: There has been extra work undertaken on delayed transfer of care over the last quarter, extending into April, with additional weekly meetings with community and adult social care colleagues in attendance. There has been a significant increase in the number of patients requiring complex continuing care assessments however, which take several hours to complete per patient. Additionally, there have been a number of complex patients who have been difficult to place e.g. those with challenging behaviours. There are also several patients waiting for high intensity neuro-rehabilitation but there is a deficit of commissioned beds.

Discharge Summaries sent in real time: Since the push for the CQUIN at the end of the financial year Discharge summaries in real time (within 1 hour of discharge) performance has fallen from 70% to 68%. This is slightly above the sustained performance in the first six months of 14/15 which was 64%. The biggest contributor to the under performance is Medicine which is only at 48% year to date. Improving the rate of discharge summaries created in real time has a substantial effect on the overall discharge summary performance and therefore should continue to be promoted beyond the end of the CQUIN. The Emergency Observation Unit is an area of focus due to staffing constraints on the unit. Reminders will be sent out to consultants reminding them of the importance of completing timely discharge summaries.

GP Notification of Discharge planning within 48 Hours for patient >75: The Discharge Summaries sent in 'real time' target has been complicated by process issues regarding the actual dispatching of the DSUMs from the Trust PAS system. This is being addressed.

First to Follow-up Ratio: High levels of annual leave in April has contributed to a reduction in overall activity which has effected new attendances therefore increasing the overall ratio.

OP Letters Sent < 7 Working Days: There has been a significant backlog in relation to the typing and turnaround of outpatient letters with the highest volumes being within surgery. This has been caused by a reduction in the secretarial establishment which has been exacerbated by a recent increase in vacancies. Temporary secretarial resource has been brought in to assist in reducing this backlog which has caused a dip in performance and once this backlog has been removed, performance will improve. The secretarial establishment has now been increased and recruitment to these posts is underway.

Division	Total	Corporate Division	Emergency & Integrated Care Division	Planned Care Division	Womens, Childrens and Sexual Health Division
Fire	68%	79%	62%	70%	67%
Moving & Handling	73%	76%	70%	72%	75%
Safeguarding Adults Level 1	100%	100%	100%	100%	100%
Equality & Diversity	85%	82%	90%	87%	82%
Information Governance	71%	83%	68%	76%	65%
Hand Hygiene	74%	76%	73%	72%	74%
Health & Safety	86%	86%	83%	86%	87%
Child Protection Level 1	100%	100%	100%	100%	100%
Basic Life Support	70%	77%	68%	67%	74%
Safeguarding Children Level 2	81%	90%	82%	81%	79%
Safeguarding Children Level 3	73%	100%	83%	65%	72%
Conflict Resolution	23%	N/A	16%	29%	22%
Mandatory Training Compliance %	75%	86%	75%	76%	75%

Appraisals & Training: As agreed at the People and OD Committee, mandatory training compliance is now being reported against the 10 core topics identified in the UK Core Skills Training Framework. An ambitious target of 95% overall compliance has been set to be achieved by the close of 2015/16 which was discussed in depth at the People and OD Committee in May. Health & Safety training currently stands at 86% (compliance rate of staff trained within the two year refresher period across all staff groups) which is an increase of 2% on last month. A new approach to Fire Training is also being piloted to ensure increased compliance.

Workforce Metric	Apr-15	Monthly Target	2014/15 Outturn 10	2015/16 Annual Target 11	Average 12 Month Rolling YTD12
Turnover Rate ¹	19.39% (1.59%)	(1.38%)	19.12%	16.50%	-
Vacancies - Budgeted ²	12.17%	12%	10.94%	8%	11.14%
Vacancies - Active ³	5.14%	-	4.45%	-	4.55%
Time to Recruit ⁴	57 days	<55 days	54.5 days	<55 days	55 days
Sickness Rate ⁵	3.07%	3%	2.85%	3%	2.88%
Agency % of WTE ⁶	4.10%	3.15%	3.50%	3.15%	3.60%
Appraisals - Non M&D ⁷	75%	75%	72%	85%	72%
Appraisals - M&D ⁸	84%	84%	79%	85%	79%
Mandatory Training ⁹	75%	75%	78%	95%	78%

- 1. Turnover** Voluntary resignations over the most recent 12 months / average headcount over the most recent 12 months. The figure quoted in brackets relates to the number of voluntary resignations in month / headcount in month (excluding junior doctors)
 - 2. Vacancies – Budgeted** (Budget WTE - Inpost WTE) / Budget WTE
 - 3. Vacancies – Active** The WTE of posts actively recruited to on NHS Jobs in month / Budget WTE
 - 4. Time to Recruit** For new starters in month, the average amount of days between authorisation and pre-employment checks completed
 - 5. Sickness Rate** WTE days lost to sickness absence / Total WTE available days
 - 6. Agency % of WTE's** Agency WTE / (Substantive WTE + Bank WTE + Agency WTE)
 - 7. Appraisals – Non M&D** % of non M&D staff with an appraisal that is not overdue
 - 8. Appraisals – M&D** % of consultant and SAS grade Drs with an appraisal that is not overdue
 - 9. Mandatory Training** % of staff that have completed relevant mandatory training topics within the refresher period
 - 10. 2014/15 Outturn** The mean of the 12 months indicators of 2014/15
 - 11. 2015/16 Annual Target** Targets as agreed at the People and OD Committee to be achieved by the close of 2015/16 financial year
 - 12. Average 12 Month Rolling YTD** Average of the most recent 12 months data e.g. Jan-Dec
- Red** – below/worse than both monthly target and 2014/15 outturn
Amber – below/worse than either monthly target or 2014/15 outturn
Green – above/better than monthly target and 2014/15 outturn

Turnover: Unplanned staff turnover over the last 12 months (May 14 - April 15) has increased by 3.12% on the same period in the previous year, from 16.27% to 19.39%; this is largely due to a significant spike in voluntary resignations in Q2 of 2014/15 which means that the Trust's cumulative turnover rate will remain high until early Q3 of 2015/16 even if normal levels of leavers ensue in Q1 & Q2 of 2015/16. A more 'real-time' indicator of turnover is that of voluntary resignations within the most recent month as a % of total headcount for the month (excluding junior doctors.) In the month of April there were 48 voluntary resignations which equates to 1.59% of the total workforce (6 higher than the same period last year). For the Trust to achieve it's target of 16.5% turnover for the financial year there would need to be an average of 41 voluntary leavers per month (1.38% of the total workforce per month). Over the last three months the Trust has seen 142 voluntary leavers and 159 new starters (excluding jnr. docs). An update on Retention Plans was taken to the May People and OD Committee, detailing further analysis on turnover and key initiatives and proposals for improvement. A senior nurse has been employed full time to work on recruitment and retention issues for nursing.

Bank & Agency Usage: The temporary staffing WTEs for April 15 were 30.77 WTE higher than the same period last year, with Bank showing a decrease of 15.98 WTE and Agency showing an increase of 46.75 WTE. The highest increases in agency WTE's were seen in Therapy Services (10.79 WTE), Medicine (20.40 WTE) and Maternity (8.85 WTE) all of which had bulk recruitment in the month of April to fill gaps in their establishment to lessen their reliance on agency staffing. Increased temporary staffing usage was caused in part by the nursing establishments increasing and temporary staff being used to fill the additional posts while the Trust recruits substantively to them. Temporary staffing made Up 12.6% of the overall workforce in April 15 compared to 11.3% in 2014. Of this, agency WTE as a % of workforce has increased from 2.7% in Apr 14 to 4.1% in Apr 15. The need to reduce agency spend is recognised as a priority and there are CIP schemes in 2015/16 relating to temporary staffing to tackle this issue. The Nursing Temporary Staffing Challenge Board was set up in March 15 to scrutinise requests for nursing and Admin agency staff and a further Medical Temporary Staffing Challenge Board was set up in April to scrutinise medical requests.

Vacancies: The overall Trust vacancy rate for April 15 was 12.17%, which is an increase of 2.22% on last year and 0.17% above the monthly target set for April 15. It is important to recognise that not all vacancies are being actively recruited to, and a large proportion of these vacancies are held on the establishment to support the Cost Improvement Programme (CIP). A truer measure of vacancies is those posts being actively recruited to, based on the WTE of posts being advertised through NHS jobs throughout April 15. The active vacancy rate for April was 5.14%. This increase was largely caused by bulk Nursing, Midwifery and Support staff recruitment across Paediatrics, Medical Wards and A&E and bulk AHP recruitment in Therapies. 26 Healthcare assistants were offered posts as a result of a recruitment day held at the Trust's Open Day.

Staff in Post: In April 15 the Trust staff in post position stood at 3044 WTE (whole time equivalents) with the substantively employed workforce decreasing by 17.93 WTEs (0.59%) overall since April 14. In April 15 the Trust saw 48 voluntary leavers and 55 joiners (excluding jnr. Docs). The greatest increases on 2014/15 were seen in the Women, Children & HIV Division (27.63 WTE) and the Nursing, Midwifery and Support staffgroups (16.11 WTE).

The largest decreases were seen in Planned Care Division (12.57 WTE), Corporate Services Division (35.97 WTE), and the Admin and Clerical staffgroup (23.79 WTE). The reductions in Corporate Services and Admin and the Clerical staffgroup are largely related to the outsourcing of Finance transactional services in August and October 14. Reductions in Pharmacy (17.48 WTE) largely relate to the CNWL SLA ending in March 15 and staff that were on fixed term contracts leading up to the Pharmacy outsourcing coming to an end.

Finance Balanced Scorecard

Financial Performance

Financial Position (£000's)

	Full Year Plan	Plan to Date	Actual to Date	Mth 1 YTD Var
Income	(377,021)	(30,594)	(31,299)	705
Expenditure	359,336	30,171	30,808	(637)
EBITDA	(17,685)	(423)	(491)	68
EBITDA %	4.7%	1.4%	1.6%	0.2%
Surplus/(Deficit) from Operations before	17,585	423	491	68
Interest/Other Non OPEX	811	68	65	3
Depreciation	12,951	1,079	1,085	(6)
PDC Dividends	11,421	952	951	1
Surplus/(Deficit)	(7,498)	(1,676)	(1,610)	66

Comments

The month 1 position is a deficit of £1.6m (EBITDA of 1.6%), which is ahead of the plan of £1.7m. The £1.7m deficit plan in April is due to the overall deficit plan for 2015/16, as well as the phasing of CIP schemes towards the end of the financial year and profiling of the income plan, given the shorter month and bank holidays in April.

The Trust achieved the CIP target in month 1 and achieved a COSR rating of 2.

Risk Rating (year to date)

COSR Rating	Weighting	M1 Planned Rating	M1 Actual Rating
Capital Servicing Capacity	50%	1	1
Liquidity	50%	3	3
Total Rating		2	2

Comments

The Trust recorded a Continuity of Service Rating (COSR) of 2 in April compared to a plan of 2. The capital service cover rating is a 1 (against a planned 2) and the liquidity rating is a 3 (against a planned 3).

Cost Improvement Programme

Risk Rating	PID (£000)	Identified (£000)				Month 1 Performance		
		Year 1	Year 2	Add. Year 2	Total	Plan	Actual	Var
High	1 - Outpatient CIP	1,000	1,500	1,500	4,000	0	0	0
Medium	2 - LOS	250	250	0	500	0	0	0
High	3 - Theatre productivity	600	600	600	1,800	0	0	0
Low	4 - Diagnostic Services	50	50	0	100	3	1	(2)
Medium	5 - Clinical Admin	100	350	0	450	8	28	20
Medium	6 - Temporary Staffing	820	480	1,200	2,500	30	100	70
High	7 - Medical Staff Productivity (including specialist nurses)	0	0	400	400	0	0	0
Low	8 - Management Structure	100	300	0	400	0	0	0
Medium	9 - Corporate Services and Back Office	384	536	0	900	0	0	0
Medium	10 - Estates	1,000	1,596	0	2,596	83	83	0
Medium	11 - Procurement	1,546	2,040	0	3,586	22	27	5
Low	12 - Pharmacy Led Savings	3,662	130	0	3,792	12	12	0
High	13 - Divisional Savings	419	353	200	972	27	25	(2)
Low	14 - FYE	168	0	0	168	14	14	0
	Total	10,079	8,185	3,900	22,164	199	290	91

Comments

CIP schemes of £10.1m have been identified in 2015/16 and the Trust has a team of external consultants to assist with identifying and supporting the Trust to deliver CIP schemes. To support delivery of our CIP, we are also strengthening our governance and accountability arrangements over financial performance.

The year to date achievement is £0.3m, which is ahead of the year to date plan of £0.2m.

Key Financial Issues

Performance against plan

The Trust delivered a deficit of £1.6m in April, compared to a plan of £1.7m. The key drivers are:

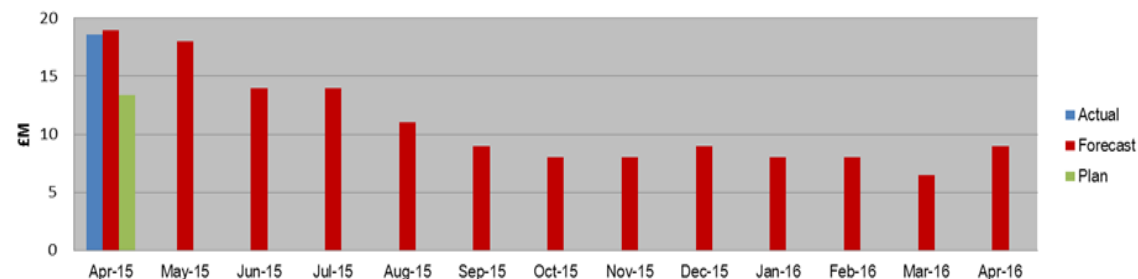
- Under-performance on private patient income by £0.2m, primarily relating to private maternity and HIV
- Favourable variance of £0.2m in pay costs, with nursing pay underspent by £0.3m, offset by an over-spend in medical pay (£0.1m)
- Over-spends in non-pay costs primarily relate to transaction and integration costs as part of the West Middlesex Hospital transaction, which are offset by income.
- Achievement of the NHS and local authority income plan for the month.

The key risks to delivery of the plan are:

- achievement of the CIP target
- delivery of the increased private patient income plan
- control of pay and non-pay expenditure

Cash Flow

12 Months Rolling Cash Flow Forecast as at 30 April 2015



Comments

The cash position at Month 1 was £18.6m compared to a plan of £13.4m, this represents a slight increase from March.

Board of Directors Meeting, 26 May 2015

PUBLIC

AGENDA ITEM NO.	10/May15
REPORT NAME	CQC Update: CQC Peer Review Outcomes
AUTHOR	Vanessa Sloane, Director of Nursing
LEAD	Vanessa Sloane, Director of Nursing
PURPOSE	To provide an update to the Public Board on the high-level outcomes of the recent CQC Peer Review/Desktop Review Outcomes.
SUMMARY OF REPORT	To provide internal assurance and demonstrate the progress that has been made since the CQC visit, the Nursing Directorate commissioned a peer review to be conducted in April 2015 by experts from Healthwatch, North West London CCG's, The Royal Marsden (RMH); West Middlesex University Hospital (WMUH); The Hillingdon Hospital (THH); St Georges University Foundation Trust Hospital and The Royal Brompton Hospital (RBHT). A summary of feedback is provided in the main body of this report. In addition, a desktop review was also undertaken by Ernst and Young to give assurance regarding progress against the CQC action plan, and a summary of their key feedback can be found in the Executive Summary. The high-level outcomes of both processes are detailed within this report, accompanied by an explanation of the next steps which the Trust will now take to address the recommendations arising from both assessments.
KEY RISKS ASSOCIATED	As detailed within the report.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	As detailed within the report.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	This paper is submitted for the Board's information.

CQC Independent and Peer Review

Overview Paper

26 May 2015



Background and Scope

To provide internal assurance and demonstrate the progress that has been made since the CQC visit, in July 2014 the Chief Nurses Team commissioned a peer review to be conducted in April 2015 by experts from Healthwatch, North West London CCG's, The Royal Marsden (RMH); West Middlesex University Hospital (WMUH); The Hillingdon Hospital (THH); St Georges University Foundation Trust Hospital and The Royal Brompton Hospital (RBHT).

The number of areas reviewed is a smaller but representative sample of the original CQC review, although Theatres and NICU were inspected by a separate team rather than part of Surgery and Children and Young People. The number of individuals seen as part of the 'patient perspective'; 'staff perspective' and 'clinical staff review' is corolatingly smaller. All areas were reviewed with 'worst case' scores recorded to give a consistent and prudent view. The review offers a snapshot in time assessment against the key CQC measures, but should be viewed in conjunction with other feedback and observations to mitigate any subjective views and the small sample of quantitative and qualitative data reviewed. The views recorded were those of the professional reviewers.

A desktop review was also undertaken by Ernst and Young to give assurance regarding progress against the CQC action plan, the governance arrangements for monitoring it and the evidence available to demonstrate progress against the action plan, this review was also a snapshot in time. A summary of their key feedback can be found on slide 9.

Areas covered by the peer review

The following areas were visited as part of the review.

Theatres • Main theatres • Paediatric theatres • Treatment Centre	Outpatients and Diagnostics • Plastics • Dermatology • Lower Ground Floor Outpatients Dept
Medicine (including Stroke and Older People) • Nell Gwynne • David Erskine • Edgar Horne	Surgery • St Mary Abbots • David Evans • Lord Wigram
End of Life Care • Ron Johnson • Bereavement Office • Palliative Care • David Erskine	Children and Young People • Jupiter • Saturn • Mercury • Apollo • Neptune
HIV and Sexual Health • Ron Johnson	Acute and Urgent Care ED • Adult ED • Paediatric ED
Maternity • Labour Ward • Postnatal area	Neonatal Intensive Care Unit (NICU)
ICU and Critical Care	

The peer review process

Each reviewer was provided with a copy of the relevant section of the July 2014 CQC Report findings and a list of specific areas to review based on the 'must do' and 'should do' recommendations made by the CQC. The reviewers were also provided with three audit tools, adapted from the Barts Health tool, with a specific tool from St Georges for neonates, to capture their observations. These tools are an 'abridged' version of the CQC's assessment documentation and were used to capture feedback for patients/carers, staff and patient records.

On the day of the Peer Review visit:-

- The Peer Review Team were met by a member of the Chief Nurse team for a briefing and to answer any queries with regards to paperwork.
- The team were taken to the area, if there were multiple wards/ clinical areas within the specialty it was the choice of the Peer Review Team which areas they wished to visit.
- Once within the area teams were introduced to the nurse in charge and then left to conduct the review.
- Peer Review is not about finding fault or proportioning blame.
- Staff, service users and carers were encouraged to share their experiences with the Peer Review Teams.
- Patient records were examined.
- Notes were taken during the visit to complete the audit tools.
- These notes were returned to the Director of Nursing or Deputy Chief Nurse who also gained verbal feedback.
- Teams were asked to 'score' each of the CQC five domains for the area visited as well as allocating an overall score.
- The score options were as per the CQC (special measures, requires improvement, good or outstanding)

Following the Peer Review visit:-

- Peer review teams were asked to email an overview of their visit to the Chief Nurse Team.
- The audit feedback was collated, along with email and verbal feedback collected, and written into a report by a member of the PMO team.

Overall rating from the peer review:

Are services at this trust safe?



Requires improvement (e.g. documentation, safe staffing)

Are services at this trust effective?



Good

Are services at this trust caring?



Good

Are services at this trust responsive?



Good

Are services at this trust well-led?



Good

Overall rating:



Good

Rating by area of the peer review

	SAFE	EFFECTIVE	CARING	RESPONSIVE	WELL LED	OVERALL
Medicine (inc Stroke and Older People)*	Good	Good	Good	Good	Good	Good
Surgery**	Requires Improvement	Not Inspected	Good	Good	Good	Good
Theatres	Requires Improvement	Requires Improvement	(Very) Good	(Very) Good	(Very) Good	Good
Acute and Urgent Care (ED)	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Good	Requires Improvement
End of Life Care	Good	Good	Good	Good	Good	Good
Outpatients	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement
Children and Young People**	Requires Improvement	Not Inspected	(Very) Good	Good	Requires Improvement	Good
Maternity	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
NICU	Good	Good	Good	Requires Improvement	Good	Good
ICU and Critical Care	Good	Good	Outstanding		Outstanding	Good
HIV and Sexual Health	Good	Outstanding	Outstanding	Good	Outstanding	Outstanding

*Medicine was the pilot group for the review to test the paperwork. All comments have been recorded as part of the transcript, however Nell Gwynne was the only ward that was scored and this has been used as a proxy for the Medicine overall score

10.1 *Both Surgery and Children and Young People overall are marked as 'requires improvement' for safety due to issues with documentation. 6

Rating by CQC – July 2015 (for comparison)

	SAFE	EFFECTIVE	CARING	RESPONSIVE	WELL LED	OVERALL
Medical Care	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement
Surgery	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Acute and Urgent Care (ED)	Requires Improvement	Not rated	Good	Requires Improvement	Good	Requires Improvement
End of Life Care	Requires Improvement	Good	Good	Requires Improvement	Good	Requires Improvement
Outpatients and Diagnostic	Requires Improvement	Not rated	Good	Requires Improvement	Requires Improvement	Requires Improvement
Children and Young People	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Maternity	Good	Good	Good	Good	Good	Good
Critical Care	Good	Good	Good	Good	Good	Good
HIV and Sexual Health	Good	Not rated	Outstanding	Outstanding	Outstanding	Outstanding
Overall	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement

Summary of key findings and themes: Peer Review

The reviewers found many examples of good practice, but also found that some improvements that had been made since the CQC Report were inconsistent across the Trust. Further work is needed to build on the progress that has been made. The peer review found outstanding practice in Critical Care and HIV and Sexual Health.

Theme	Summary
Documentation and Clinical Governance	Documentation standards are inconsistent across the Trust. There were some areas where documentation was reviewed as good, but staff recognised that standards were not as good as they could be. In some areas there were mixed ways of reporting with some assessments being available electronically and some paper based, which was confusing. There is no standardisation of documentation across the organisation.
Staffing and Leadership	Overall staff were friendly and welcoming, with all areas rated good / excellent for caring. There were a number of staff named for their leadership and excellence, and also areas which were not so well-led, particularly where there were staff shortages and less team working / MDT opportunities. Concerns were raised about staff shortages and retention.
Patient feedback	Patients were happy with their care, and although there were some issues reported they felt involved in their care, well cared for, and knew how to escalate issues.
Medicines	There were some examples of best practice, with keys being issued to staff at the beginning of shift, but also examples of poor practice with drugs cupboards / trolleys left unlocked or broken, controlled drugs left out, documentation unclear or incomplete.

Summary of findings: EY Independent Review

The Trust commissioned EY to undertake a rapid review of progress against the Trust’s CQC action plan. The review was structured like the original transaction plan review in the first phase of work EY completed for the Trust.

Theme	Summary
Governance Framework	CWFT has put in place a comprehensive process to understand the underlying causes of the issues highlighted in the CQC’s report. This process is underpinned by a robust governance framework.
Progress and good practice	The Trust has made particularly good/ significant progress in Risk/Governance, End of Life Care, Critical Care, and Outpatients. These areas have a thorough understanding of the underlying issues and can clearly articulate the next steps required. They have also communicated the required changes to the relevant staff.
Further work	Across the remaining workstream areas, actions plans are in place and progress is being made towards implementing and gathering evidence for the key changes required. There are a number of recommendations relating to how this process can be strengthened to ensure that there is appropriate evidence to support the actions taken, to ensure consistent and thorough updating of progress, and to ensure effective communications at all staff levels to support the key changes required

Overall ratings comparison Peer Review and CQC:

	Peer Review	CQC
Are services at this trust safe?		
Are services at this trust effective?		
Are services at this trust caring?		
Are services at this trust responsive?		
Are services at this trust well-led?		
Overall rating:		

Next Steps

Responding to the peer review findings:-

- A Task and Finish Group will be set up to review the Trusts approach to documentation to see how records can be better organised in the short term; the longer term solution will be the new EPR
- It is worth noting that since the review investment has been made in nurse staffing and that staffing levels in some areas have been increased, the Trust has also invested in a Lead Nurse for recruitment and retention
- Ensuring that medication is securely stored forms part of routine checks on 'back for the floor' leadership visits and by pharmacy staff

Core business:-

- The area specific feedback from the review will be considered alongside the CQC findings at divisional level and remedial action taken to address any new or outstanding concerns
- A final review of the 'must do's and any actions that are not concluded at divisional level will be undertaken to ensure these are either on the Trust Risk Register or local risk registers so that monitoring of these can become business as usual
- Monitoring will be embedded as part of business as usual, moving away from action plan monitoring into routine performance and quality intelligence monitoring
- Peer review will be a regular feature to assess performance against all CQC standards with the next review scheduled for later in the year