

Chelsea & Westminster Hospital NHS Foundation Trust
Board of Directors
Board of Directors Meeting (PUBLIC SESSION)
Hospital Boardroom
26 November 2015 14:00



Board of Directors Meeting (PUBLIC SESSION)

Location: Hospital Boardroom

Date: Thursday, 26 November 2015 Time: 14.00 – 16.00

Agenda

		GENERAL BUSINESS		
14.00	1.	Welcome & Apologies for Absence Apologies received from Zoe Penn.	Verbal	Chairman
14.02	2.	Declarations of Interest	Verbal	Chairman
14.03	3.	Minutes of the Previous Meeting held on 29 October 2015	Report	Chairman
14.05	4.	Matters Arising & Board Action Log	Report	Chairman
14.10	5.	Chairman's Report	Verbal	Chairman
14.20	6.	Chief Executive's Report	Report	Chief Executive Officer
14.30	7.	Patient Experience Case Study	Verbal	Chief Nurse
		QUALITY & TRUST PERFORMANCE		
14.50	8.	Integrated Performance Report	Report	Executive Directors
		ITEMS FOR INFORMATION		
15.10	9.	Questions from Members of the Public	Verbal	Chairman/ Executive Directors
15.20	10.	Board Meeting Evaluation & Planning for Next Board Meeting	Verbal	Chairman
15.35	11.	Any Other Business		
15.45	12.	Date of Next Meeting – 7 January 2016		

Minutes of the Board of Directors (Public Session)
Held at 16.00 on 29 October 2015 in the Boardroom, Chelsea & Westminster Hospital

Present:	Sir Thomas Hughes-Hallett	Trust Chairman	(Chair)
	Sir John Baker	Non-Executive Director	(JB)
	Jeremy Loyd	Non-Executive Director	(JLo)
	Andrew Jones	Non-Executive Director	(AJ)
	Eliza Hermann	Non-Executive Director	(EH)
	Liz Shanahan	Non-Executive Director	(LS)
	Lesley Watts	Chief Executive	(LW)
	Lorraine Bewes	Chief Financial Officer	(LB)
	Zoe Penn	Medical Director	(ZP)
	Elizabeth McManus	Chief Nurse	(EM)
	Peta Haywood	Chief People Officer	(PH)
	Thomas Lafferty	Company Secretary	(TL)
In Attendance:	Nick Gash	Former Chair, West Middlesex	(NG)
	Jane Lewis	Deputy Director of Corporate Affairs	(JL)
	Robert Hodgkiss	Chief Operating Officer, WMUH	(RH)
Apologies:	Karl Munslow-Ong	Chief Operating Officer	(KMO)
	Nilkunj Dodhia	Non-Executive Director	(ND)

1.	Welcome and Apologies for Absence	
a.	The Chair welcomed all present to the meeting in particular Nick Gash who has been appointed as a new Non-Executive Director and will formally join the Trust on 1 st November 2015. Nick was the former Chairman of West Middlesex University Hospital and brings with him a wealth of experience from this role, his previous role as the Chairman of the National Union of Students and his more recent public affairs consultancy.	
b.	The apologies for absence were noted.	
c.	The Chairman noted that Sir John Baker will be standing down from his position as Non-Executive Director on 31 st October. He has made an extraordinary contribution to the Trust and the Board had benefitted from his experience and determination to influence improved governance and proportionate risk management. On behalf of the Board, THH thanked Sir John for his service and expressed enormous gratitude for everything he has done for the organisation.	
2.	Declarations of interest	
a.	Nil.	
3.	Minutes of Previous Meeting: 24th September 2015	

	The minutes of the previous meeting were confirmed as a true and accurate record.	
4.	Matters arising and Board action log	
a.	The Board considered the matters arising from the last set of minutes and the corresponding Board action log.	
b.	In relation to action 4.f, LW noted that the Estates Strategy will be presented to the Board in November 2015 which will review the space requirements across the whole organisation including the post office.	
c.	In relation to action 4.f, THH reported that the first meeting of the West Middlesex Charitable Funds Committee had been held prior to this meeting. Following the transfer of funds as part of the Acquisition, the members of the Trust Board have assumed the role of corporate trustee for the funds. A sub-committee of the Trust Board will oversee the management of funds on behalf of the Trustees and will be chaired by NG supported by JLo and two executive directors.	
d.	In relation to action 8.f, RH noted that the Integrated Performance Report now reports performance separately for both Chelsea & Westminster and West Middlesex Hospitals.	
e.	In relation to action 8.g, LW reported that a review of volunteering across the organisation is being undertaken.	
f.	In relation to action 8.i, JJ emphasised the imperative for the Board to have early sight of the recruitment and retention plan. Following discussion it was agreed that PH and LS will discuss and agree appropriate dates for the plan to be reviewed by the People and Organisational Development Committee in advance of presentation to the Trust Board.	PH
5.	Chairman's Report	
a.	The Chairman advised the Board that now the CEO is in post he will be focusing more of his time as an ambassador for the Trust. He has a number of cross party meetings arranged over the coming weeks to explore a range of issues including volunteering in the NHS.	
b.	The Chairman advised the Board that he has been appointed to the Advisory Board of the newly formed NHS Improvement Authority which will act as the new regulator combining the separate roles of Monitor and the NHS Trust Development Authority.	
6.	Chief Executive's Report	
a.	In presenting her report, LW reported that she is continuing with her induction programme, meeting with staff and teams across the organisation who have all made her very welcome.	
b.	In highlighting the Trust's positive performance during September, LW paid tribute to the	

	permanent staff who have managed to deliver excellent results despite the challenging staffing situation they have faced with high levels of bank and agency staff. The intensive care and neo-natal intensive care units have experienced increased activity and staff have been extremely flexible working across site which highlights the benefits of the combined organisation. c. The Annual Members Meeting held on 22nd October 2015 was well attended by a cross section of the communities that the Trust serves including the newly acquired Boroughs of Hounslow, Richmond and Ealing. LW paid tribute to the Council of Governors who have been working extremely hard to build links with the local communities and to encourage new membership. THH added his gratitude to Governor Melvyn Jeremiah for his presentation at the meeting. d. The first consultation on the new structures for the integrated organisation has commenced which will inevitably be unsettling for those involved but the Executive are ensuring that staff and staff side partners are fully engaged in the process and staff are supported. e. In response to EH, ZP confirmed that the HEADS-UP programme at West Middlesex will be rolled out across the whole organisation in due course. f. The Board noted the report.	
7.	Patient Experience Case Study a. EM advised the Board that she is developing a programme of patient experience case studies for presentation at Board meetings, which will comprise of different approaches including patient video stories & patient stories in person. In response to THH, EM agreed that whilst many of the past case studies have demonstrated good practice and that the focus of the patient experience agenda item in future will be on what lessons have been learnt from patient feedback. Whilst much of the patient feedback received by the Trust confirms that in general patients do feel cared for, there is still a significant amount of work to undertake to eliminate the variation experienced by some patients. In the past, there has been a tendency to focus on the 'touch point' that adds the most value rather than looking at the total patient experience. b. In response to JLo, EM acknowledged the research that identifies the stress that individuals experience from waiting and undertook to investigate if there are clinics or services that are still inviting all the patients to attend at the same time which is an obvious area that the Trust could improve the patient experience. c. In response to JLo, RH confirmed that work is underway at West Middlesex to improve the visibility of the PALS service which will mirror the set up at Chelsea & Westminster.	EM
8.	Trust Performance Report – September 2015 a. In presenting the Performance Report, RH drew the Board's attention to the new format which reports a combined Trust position as well as individual site performance. The	

	Information Team are working from separate information systems which will integrate in due course.	
b.	The performance dashboard provided the Board with an overview of regulatory compliance, quality, efficiency and workforce indicators. Performance of the two sites was variable but overall the position was good with all but the 62 day cancer screening target being met. However, RH noted that the 62 day cancer figures have not yet been validated and the position may well improve.	
c.	RH noted that waiting times at Chelsea & Westminster were impacted in September by an increase in attendances as well as the acuity of patients. In response to JLo, ZP explained that despite a review of activity and comparisons with predicted activity levels it has not been possible to identify the root cause. Following discussion it was noted that both Public Health and North West London Academic Science Network could be possible sources of support to the Trust to better understand what is causing the variations in activity against plan and therefore assist with improved planning.	
d.	In response to JB, RH explained that the rate limiting factor to improve Chelsea & Westminster's RTT performance is the Patient Administration system Lastword but there are plans to address this as reported at the last Board meeting.	
e.	In response to NG, ZP explained that although NEWS compliance is not currently reported for West Middlesex, a new reporting process is under development which will be implemented within 6 months.	
f.	THH expressed his concern about the number of paediatric hospital deaths. ZP reassured the Board that each child death is subject to a comprehensive case review but RH undertook to confirm the reported number of paediatric deaths, review the details of each case and report back to the next meeting.	RH
g.	In response to JB, ZP undertook to review the discrepancy of reported medication-related safety incidents between West Middlesex & Chelsea & Westminster. ZP will report back to the next Board meeting.	ZP
h.	In response to Governor Kathryn Mangold, ZP explained that the Preventing Harm Group at Chelsea & Westminster have been instrumental in reducing the number of falls and pressure ulcer incidents. There are plans to replicate this good practice on the West Middlesex site.	
i.	EM drew the Board's attention to the Friends & Family Test results. Further work to improve response rates is on-going and the patient experience team will be looking to other high performing organisations to improve the Trust's performance. One of the key priorities going forward will be to ensure we learn from the themes that patients are raising in their responses.	
j.	JJ asked if the number of outstanding complaints could be reported within the performance report? In response, RH explained that at West Middlesex the operational team review this indicator as part of the 'That was the week that was' initiative which	

	reviews a wide range of performance indicators from the previous week. This initiative will be replicated on the Chelsea site in due course but RH undertook to investigate if outstanding complaints data could be included in the Performance Report. JB added that the internal auditors are due to report the finding of their complaints and patient feedback review which may provide further suggestions to improve complaints management.	RH
k.	The Board discussed the fracture neck of femur time to theatre < 36 hours for medically fit patient indicator and noted the commitment to improve performance against this indicator. It was agreed that the Quality Committee should review this indicator in more detail as a matter of priority and report back in due course in order to provide assurance to the Board that the emergency theatre capacity review, increased number of orthopaedic and geriatric ward rounds and weekend trauma lists at West Middlesex are delivering the required improvement.	EH/ZP
l.	RH noted that following a review of operational systems and processes, a number of referrals to the Community Dermatology Service at CWH via Choose and Book may not have been appropriately monitored resulting in a number of 52+ week waits for 29 patients. All patients have now received an appointment and action has been taken to ensure there is no recurrence of this error.	
m.	In response to EH, RH agreed there is further work the Trust could do in conjunction with the CCG's to reduce the number of unplanned re-attendances and this will be addressed as part of the regular quality meetings held with CCG's.	
n.	The Board discussed the challenges in meeting the London Ambulance Service patient handover indicators. In response to JLo who expressed concern about the patient experience of handover delays, ZP assured the Board that patient safety is paramount and if necessary the senior A&E nurse will triage the patient on the ambulance. RH agreed with JLo that further work is required on the indicators within the performance report so that the patient experience issues are more visible.	RH
o.	In response to THH, ZP confirmed that midwifery staffing levels are safe on both sites. Further work is underway to report on outcomes rather than the current indicators which focus on process.	
p.	In response to AJ, PH explained that the Trust is focusing on reducing the level of temporary staff spend but acknowledged that further work is required in this area particularly around planning.	
q.	PH noted that the learning and development team are undertaking a review of mandatory and statutory training to better understand if compliance rates are affected by the availability of rooms, trainers or access issues. The People & Organisational Development Committee will be considering a report in this regard at its next meeting.	
r.	THH noted that the Board will be holding an awayday during the following week where members will have an opportunity to debate the effectiveness of the Board and sub-committee meetings with a view to ensuring time is well spent and duplication is avoided.	

s.	The Board reviewed and noted the Referral to Treatment performance delivery risks updated paper.	
9.	Monitor In-Year Reporting & Monitoring Report Month 6 and updated 2015/16 Plan a. In presenting the report, LB provided an overview of the financial plan which had been revised following the acquisition of West Middlesex University Hospital on 1st September 2015. The financial plan showed a £11.2m deficit and a financial sustainability risk rating of 2. This is made up of; • Capital service metric of 1 • Liquidity metric of 4 • Income and expenditure margin of 1 • Variance from plan rating of 4. b. The cash balance for the combined organisation improved from £7.5m to £27.8m at 31st March 2016. This improved deficit position is a result of the acquisition, refinancing of existing loans and an additional £15m loan for capital expenditure. c. Month 6 Cost Improvement Programme performance was on plan for the Chelsea & Westminster site and £0.3m adverse against plan for the West Middlesex site. This was mainly due to shortfalls within the bed management, temporary staff and recruitment and income opportunity schemes. d. Following discussion the Board; • Delegated authority to the Chief Financial Officer to approve submission of the quarter 2, 2015/16 in-year financial reporting return to Monitor. • Approved the commentary for the submission to Monitor. • Approved the forecast and revised plan at £11.2m deficit for 2015/16. • Approved the in-year Governance Statement which included 'unconfirmed' statements in respect of finance and governance.	
10.	Register of Seals – Quarter 2 a. The Board noted that the Trust's seal had been used on 3 occasions during September 2015.	
11.	Questions from members of the public a. Tom Pollock, Public Governor asked if the Trust's projected deficit position at year end of £11.2m is optimistic in light of the financial challenges being reported at many other Trusts. In response, LW acknowledged that the financial position is no doubt challenging but there is an absolute focus on financial management across all divisions and the teams are looking critically at what is being spent and finding creative solutions to the staffing shortages some specialities are facing. EH added assurance that the Finance & Investment Committee spend a significant amount of scrutinising the financial plans and they have been reassured that the plans are realistic. b. Tom Pollock, Public Governor asked if the Trust was planning to reduce the number of	

	medical posts. LW reassured him that there are no plans to remove posts but there is a commitment to reducing the use of agency staff. JJ added the imperative to improve productivity and whilst he is assured that the financial plan for 2015/16 is realistic, the Trust will be faced with greater challenges in 2016/17 and beyond.	
c.	Melvyn Jeremiah, Public Governor noted that the Trust seal had been used on lease documents relating to 10 Broadway, Hammersmith and he asked what the plans are to transfer sexual health services from Charing Cross to these new premises as details had not been shared with the Council of Governors. In response, LW confirmed that the transfer is planned for Spring 2016 and that she will ensure full details are presented to a future Council of Governors meeting. EH added that the Finance & Investment Committee have asked that all approved investment cases are tracked, which will enable decisions to be communicated more effectively.	LB/KMO
d.	In response to Martin Lewis, Public Governor, LW agreed that further work needs to be undertaken to improve customer care across the organisation, details of which will be shared with the Council in due course.	
e.	In response to Phillip Owen, Public Governor, PH explained that the Trust is working collaboratively across North West London to ensure parity of bank pay. In addition the national cap on agency costs will help the organisation to reduce spending in this regard.	
f.	In response to Kathryn Mangold, Staff Governor, EM acknowledged the disparity in the numbers of PALS enquiries recorded at both sites and reassured her that there are plans to address this.	

The meeting closed at 18.10 hours



Board of Directors PUBLIC SESSION Action Log – 29 October 2015

Meeting	Minute Number	Agreed Action	Current Status	Lead
Oct 2015	4.f	Discuss and agree appropriate dates for the recruitment and retention plan to be reviewed by the People and Organisational Development Committee in advance of presentation to the Trust Board.	Verbal update at meeting.	PH
	7.b	Investigate if there are clinics or services that are still inviting all the patients to attend at the same time.	Complete.	EM
	8.f	Confirm that the reported number of paediatric deaths is correct and review the details of each case and report back to the next meeting.	The number of paediatric deaths was incorrect, due to a coding and/or reporting issue. Via the mortality review group Dr Hulse consultant paediatrician has confirmed that there have been 5 neonatal deaths and 3 paediatric deaths (all 3 via A&E) up to end of October 2015. In future this data will be quality assured by the paediatricians.	RH
	8.g	Review the discrepancy of reported medication-related safety incidents between West Middlesex & Chelsea & Westminster. ZP will report back to the next Board meeting.	A copy of report attached.	ZP
	8.j	Investigate if outstanding complaints data could be included in the Performance Report.	Work in progress to refine this metric with the on-going development of the performance report.	RH
	8.k	The Quality Committee to review the fracture neck of femur indicator in more detail as a matter of priority and report back in due course in order to provide assurance to the Board that the emergency theatre capacity review, increased number of orthopaedic and geriatric ward rounds and weekend trauma lists at West Middlesex are delivering the required improvement.	Review underway. Report planned for January 2016 Quality Committee.	EH/ZP
	8.n	Further work is required on the indicators within the performance report so that the patient experience issues are more visible.	Work in progress to refine this metric with the on-going development of the performance report.	RH

	11.c	Provide a report to the Council of Governors on the transfer arrangements of the sexual health service from Charing Cross to 10 Broadway.	Update will be provided at 3 December Council of Governors meeting.	LB/KMO
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Proposals for Cross-site Trust Medication Safety Monitoring - Reporting to the Trust Board

Current Medication Safety monitoring by Trust Board:

Variance has been noted between the medication related incidents reported at the two main hospital sites of the Trust. Reasons for this have been explored and the following has been found to relate to different reporting processes.

- Chelsea and Westminster report the number of Medication related safety incidents per 1000 admissions (current target <6.8).
- WMUH - report the number of incidents by 'adverse event / subcategory' through the Quarterly Integrated Governance Report to support Clinical quality group requirements of the commissioners.

These data may vary dependent on number of incidents reported or changes in activity. The current data indicators used by both sites is not ideal data for meaningful analysis of harm related safety indicators nor does it allow for benchmarking against national data and across our own sites.

The NHS England directive is to increase medication error reporting to promote learning. Numbers of incidents for Trusts can be compared against national figures taken from organisations' incident reports submitted to the National Reporting Learning Scheme (NRLS). The NHS England 'Medicines Optimisation Dashboard' publishes annual NRLS Incident reporting data for all NHS England Trusts. This uses the number of episodes of care known as finished consultant episodes (FCE) as a denominator to make meaningful comparisons of medication safety between Trusts.

- **Presenting monthly medication reporting data using a denominator of FCE days of hospital care would be useful indicate whether the Trust is improving its patient safety culture through an increase in medication incident reporting and allow for benchmarking against other Trusts.**

The NHS England directive is also to increase reporting of the total number of medication incidents that do not result in patient harm as a proportion of all incidents. A positive reporting culture increase learning and should diminish the risk of harm from medication errors. Currently the Trust only report the number of reported medication incidents. A more meaningful incident rate to analyse is the proportion of No Harm incidents compared to incidents which resulted in harm.

- **Presenting monthly (and 6 month aggregate) 'underlying rate of harm' data to the Trust board would be a better indicator of whether any increasing or decreasing incident reporting rate is a safety concern and allow for benchmarking against other Trusts.**

Both Trust sites have a Medication Safety Officer (MSO) as recommended by NHS England Patient safety alert 'Improving medication error incident reporting and learning. The MSO harness differing processes and groups for monitoring Medication Safety.

- **A unified mechanism for medication incident reporting, analysis and reporting is required across both sites to ensure medication safety improvements.**

Proposals:

- To establish a cross site 'Trust Medication Safety Group'. Membership and TOR to be reviewed in line with the NHS England Patient Safety alert 'Improving medication error incident reporting and learning'. A cross site quarterly Medication Safety Governance report would include detailed quantitative and qualitative analysis of medication incident data based on all Medication Incidents reported to the NRLS to allow for national benchmarking. The Group will report to the Trust 'Safety Group'.
- To request that the information team change the monthly Trust performance indicators used to report Medication Safety to the Trust Board to:
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 - Total medication incidents per 100,000 FCE days of hospital care- *Monthly data*. (Numerator = Total number of medication related incidents reported as 'incident affecting patient' and, denominator = 100,000 FCE days of hospital care).
 - Percentage of medication incidents that are harmful - *Monthly data and aggregate 6 months*. (Numerator = number of reported incidents of harm involving medicines and, denominator = total number of incidents involving medicines reported as 'incident affecting patient').
 - To agree target performance indicator levels for both sites and Trustwide through the Trust Medication Safety Group. This would be recommended by the Medication Safety Group and ratified by the Trust Safety Group.

Anna Bischler, Lead Clinical Governance Pharmacist,
Roger Chinn, Medical Director WMUH
November 2015



Board of Directors Meeting, 26 November 2015

PUBLIC

AGENDA ITEM NO.	6/Nov/15
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 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
November 2015

1.0 STRATEGIC DEVELOPMENTS

1.1 Shaping a Healthier Future (SAHF)

At the October Board meeting, the Board noted that the revised financial case in SAHF's Implementation Business Case (ImBC) was, as it stands, unlikely to meet a number of Department of Health / HM Treasury milestones. A revised approach to the programme will be presented at the next meeting of NHS England's Regional Oversight Group (ROG) on 24 November. Key aspects of this approach are:

- A continued focus on moving care closer to home, in particular supporting the development of Accountable Care Partnerships (ACPs) as a mechanism to redistribute acute 'in-hospital' spend to earlier in the urgent care pathway
- A system-wide approach to the reforming the urgent care pathway, with a particular focus on the 'tail' in length of stay for non-elective admissions
- Work Stream that particularly focuses on best practice across the Health System for:

End of life care
Use of Agency and Bank staff
Orthopaedics

This approach aligns with the Trust's current work to support ACP development and we will triangulate any approaches to reduce length of stay with our Electronic Patient Record (EPR) assumptions and the five year plan.

The Trust also intends to discuss the principles of our local approach to develop a lower cost estates solution to respond to the SAHF activity changes with commissioners at our meeting with them on 3 December.

1.2 Richmond Accountable Care Organisation (ACO)

In recent months, the Trust has been considering the impact of the national policy direction of *New Models of Care* and NHS England's *5 Year Forward View*. In North West London, the Whole Systems Pioneer is developing an approach to ACPs and it is likely that the post-SaHF provider landscape for delivery of 'out of Hospital' services will be dominated by these new ventures. This represents a considerable opportunity for the Trust to provide genuinely integrated care for its patients.

In accordance with this, Richmond CCG has invited CWFT (alongside Kingston Hospital FT, Hounslow & Richmond Community Trust and the Richmond Federation of GPs) to consider a partnership to provide a series of identified services. The CCG has issued a specification and the providers have signed an MOU to this end.

Legal and contracting advice has been sought to agree appropriate criteria through which to establish a 'host' provider for the contractual Joint Venture. The selection of a 'host' provider is on track to be completed in November 2015, following an assessment of all submissions.

Five clinical sub-groups have been established for different clinical pathways, involving clinical specialists from across partner organisations. Clinical engagement to date has been positive and productive within these sub-groups. Clinical sub-groups have been supported by project management resource from partner organisations with an initial focus on Chronic Disease management:

- Frail Elderly
- Diabetes
- Cardiology
- Respiratory

- End of Life

The partners will continue to work through key dependencies, risks and mitigations that are critical to both the new programme of care but also to maintaining business as usual.

2.0 PERFORMANCE

2.1 Financial Performance

In October (Month 7), the Trust is reporting a £0.45m surplus, a favourable variance of £0.1m against plan. The Trust's year to date (YTD) position is a £2.67m deficit. This position includes £1.2m of WM deficit funding.

With regard to site-specific performance:

- CW Site - £0.4m favourable variance in month 7 is driven mainly through over-performance in clinical income;
- WM Site - £0.3m adverse variance against the month 7 plan, driven mainly through the underachievement against clinical income and non-delivery of CIPs.

Below, I have made reference to the new Executive governance arrangements that will come into effect from January 2016. The new framework will emphasise the need for organisational 'grip' on financial control to ensure the Trust continues to deliver against the financial plan agreed with Monitor.

2.2 Operational Performance

The Trust's integrated performance report illustrates that both Trust sites delivered the 4-hour A&E target in October, with a combined site performance of 96.9%; although it is important to note that maintaining performance in this area continues to provide a challenge given the volume and acuity of patients presenting at A&E. Performance will be monitored on daily basis to ensure that the Trust remains on track to achieve the target for Quarter 3 2015/16.

The Trust remains non-compliant with both Referral-to-Treatment (RTT) indicators. It was anticipated that RTT data validation and implementation of improvements around the operational processes would negatively impact the performance position and last month it was stated that the likely position for the forthcoming months is that performance will further deteriorate before improving again to a compliant position. With regard to the validation exercise itself, demand and capacity modelling with the support of the NHS IMAS Intensive Support Team (IST) is now complete and the CW site RTT recovery trajectory is being developed based on the outputs of the modelling and the individual service plans.

With regard to the Cancer - 62 days GP referral to first treatment target, the Trust position as of 19 November is non-compliant with 2.5 patients breaching the target. Following low performance against the 62 day standard in August, it was identified that there had been a number of pathway delays for Urology patients. Although this has improved, a plan for improving performance has been developed and is being implemented. Actions include:

- Increased senior management monitoring of these standards via weekly Cancer meetings on both sites;
- Demand and Capacity modelling for surgical capacity is in progress on both sites;
- Focus on reducing delays in the pre-operative assessment service on the CW site by locating additional clinic space and recruiting additional staff;
- An increased and early escalation of pre-assessment delays on the CW site through the MDT Coordinator team and Cancer Services Manager;
- A cross site prostate pathway management review has been undertaken to determine how best practice can be implemented across the whole Trust.

The Chelsea and Westminster site is now compliant with the national recommendations for enhancing access to healthcare for people with learning disabilities (LD), following the implementation of the newly-designed 'easy-read'

appointment letter. The West Middlesex site remains non-compliant with the standards, but has an action plan in place to reach compliance with the remaining five standards by the end of 2015/16. The focus is on improving communication with patients with a learning disability about their appointments, training staff and undertaking regular audits.

Further detail on all aspects of performance, including with regard to clinical quality and the Trust's workforce, is contained within the Integrated Performance Report.

3.0 GOVERNANCE

3.1 Board Development

On 4 November, the Board participated in an externally facilitated 'away day' as part of the commencement of a Board Development Programme. The away day provided a valuable opportunity for Board members to work together in a more informal setting, discussing strategic initiatives and proposals for enhancing Board governance. Whilst there were several specific 'actions' arising from the away day, I am clear that this is only the start of a longer-term development programme that will aim to ensure that we are operating as a unitary Board and maximising the value brought by each individual Board member to Board business. Over the months ahead, several Board strategy sessions will be planned to continue the work.

Now that the Board Development Programme has commenced, it is important to review the developmental requirements of our Council of Governors, particularly given the fact that the Trust will be welcoming several new Governors as of 1 December. Again, the Trust will be diarising informal sessions between the Council and the Board that allow for key Trust issues to be debated and discussed in an informal setting; strengthening the relationship between the two and ensuring that Governor views (and the views of the Trust members whom they represent) are incorporated into the Trust's strategic planning.

3.2 Executive Governance

As of January 2016, the Trust will have, for the most part, embedded its divisional management structure following a comprehensive consultation process post-acquisition. This provides a vital opportunity for the Executive Team to consider improvements to Executive governance. In particular, it is important that the Executive Board (which meets on a twice monthly basis) is able to fulfil its stated objectives of being:

- The senior-most operational decision-making body within the Trust;
- An opportunity for the Executive team to discuss strategic initiatives before discussion at the full Board;
- A fundamental part of the Trust's core performance management arrangements.

On the latter point, under the new structure, each of the 'Divisional Bilateral' (performance) meetings will report into the Executive Board to enable a shared understanding of key risks, shortfalls and any aspects of under-performance; in addition to allowing the Executive to support key clinical service developments and initiatives.

From the perspective of the wider Board, I would expect the reworking of the Executive Board meetings to enable the Trust Board to have more focused and informed discussions on key issues, with a greater level of assurance being provided by Executive colleagues.

The first meeting of the newly-formed Executive Board will take place on 27 January.

4.0 Communications

4.1 Internal and External Engagements

There are a range of external facing events taking place in December in addition to our schedule of festivities taking place at both our hospital sites. These include visits from the Mayor of the Royal Borough of Kensington and Chelsea to support our testing programme on World AIDS day as well doing his annual visit to the wards and services to help showcase the investments that Chelsea Children's Charity have made to our paediatric services.

All of the Executive have been taking part in leading Big Conversation staff engagement events which give all the opportunity to engage in dialogue, and question, our strategic aspirations and future plans for the Trust. In addition to regular information for our staff via our publication, Going Beyond, we have also been holding our Team Briefing sessions for all staff on both hospital sites as well as separate briefings and meetings at Harbour Yard and Consultant breakfasts.

During November we have had visits, events and meetings with:

Professor Jane Dacre – President of the Royal College of Physicians
Kensington and Chelsea Adult and Social Care Committee
Tri Borough Partnership Board
SaHF
Mayors Winter Warmth Campaign
Richmond OBC
Imperial College Healthcare Partners
Paul Martin – CEO Wandsworth Council
Ruth Owen OBE CEO Whizz Kids
Ruth Cadbury MP Brentford and Isleworth
Hounslow Health and Well Being Board
CCG
Magill Symposium - Anaesthesia and the Brain
Research, Audit and Service Improvement

Christmas

We are planning a range of events to celebrate the festive season across our main hospital sites, thanks to funding provided by the Council of Governors. The full range of events is detailed below and I hope you will all be able to attend to celebrate this important season with our staff, patients and stakeholders.

Christmas Carol service:

- West Middlesex University Hospital on Thursday 10 December 2:00pm
- Chelsea and Westminster Hospital on Thursday 10 December 3:00pm

Cheer Awards and best decorated ward presentation:

- West Middlesex University Hospital on Wednesday 16 December 3:30pm-4:00pm
- Chelsea and Westminster Hospital on Thursday 17 December 3:30pm-4:00pm

Main Christmas event:

- West Middlesex University Hospital on Wednesday 16 December 4:00pm-6:00pm
- Chelsea and Westminster Hospital on Thursday 17 December 4:00pm-6:00pm

Light up a Life service:

- Chelsea and Westminster Hospital on Monday 21 December 5:30pm-6:00pm
- West Middlesex University Hospital on Tuesday 22 December 5:30pm-6:00pm

Lesley Watts

Chief Executive Officer

November 2015



Board of Directors Meeting, 26 November 2015

PUBLIC

AGENDA ITEM NO.	8/Nov/15
REPORT NAME	Integrated Performance Report – October 2015
AUTHOR	Sam Harmer, Head of Information
LEAD	Karl Munslow-Ong, Chief Operating Officer
PURPOSE	To report the combined Trust's performance for October 2015 for both Chelsea and Westminster and West Middlesex, highlight risk issues and identify key actions going forward.
SUMMARY OF REPORT	The integrated performance report shows the West Middlesex and Chelsea and Westminster performance for October. Regulatory performance – the RTT incomplete target was achieved for the overall Trust in October; however the CW site continued to not achieve the target, due to anomalies around data quality, information reporting and operational processes, which was identified in July 2015. There is an RTT remedial action plan in place which includes a data validation/cleansing programme, training, demand and capacity modelling and focus on long waiters. There was an improvement in A&E waiting times performance in October, following the challenges in September, and the target was achieved at both sites in the month. Although October's validated performance for Cancer will not be reported until December for both sites, it is anticipated that the 62 day target will not be met for the CW site in October; however the combined Trust is expected to be compliant. This is primarily driven by urological and lower gastrointestinal tumour sites. Work is underway to streamline pathways across sites to remove avoidable delays in patient pathways. Both sites have achieved all other regulatory performance indicators, with the exception of access to patients with learning difficulties. CWH is now fully compliant with all of the learning disabilities indicators in October, following the implementation of the newly-designed 'easy-read' appointment letter. WMUH is not yet 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. Quality and Patient Experience: Both sites continue to focus on improving response rates for the Friends and Family test, targeting specific areas with low response rates. The friends and family test

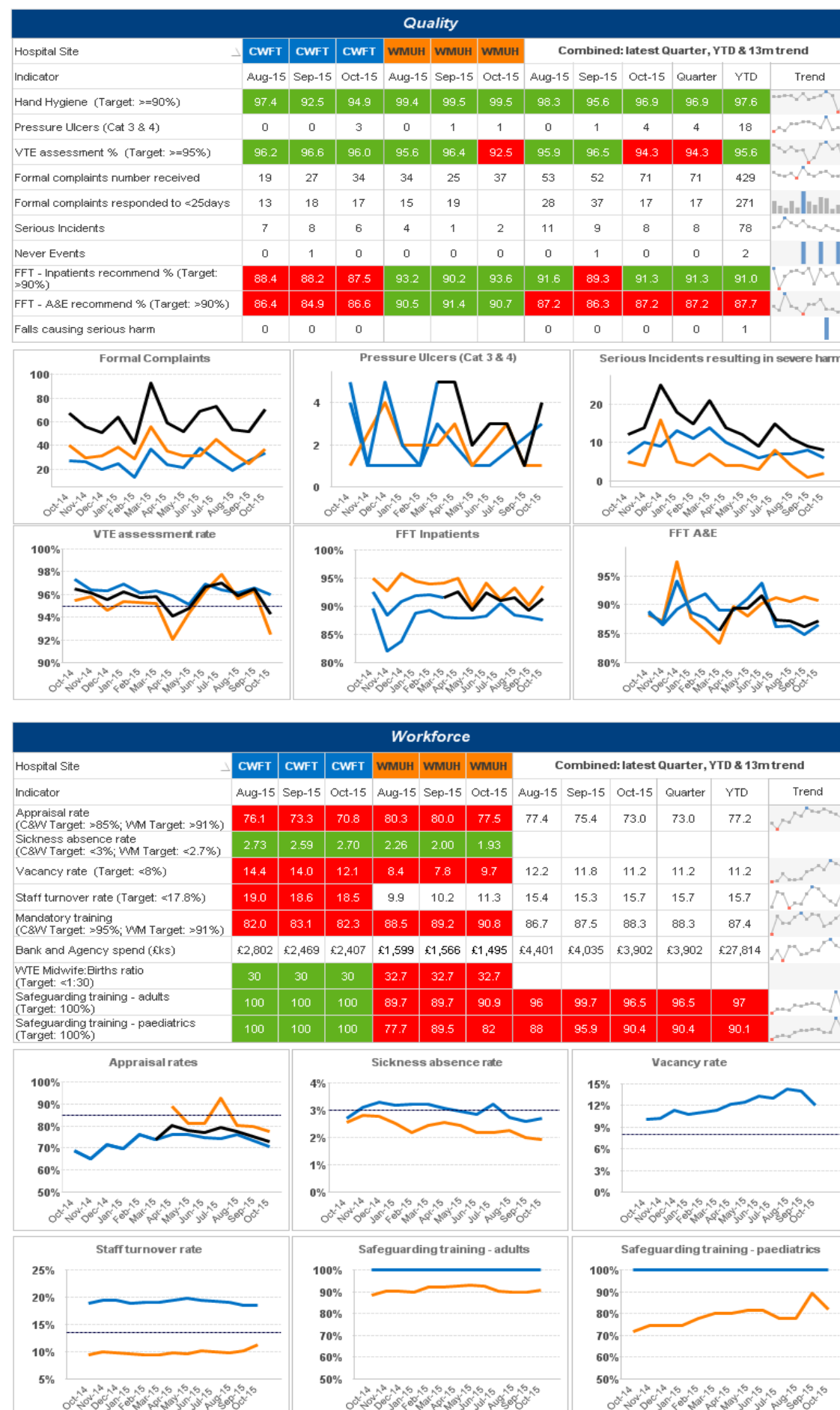
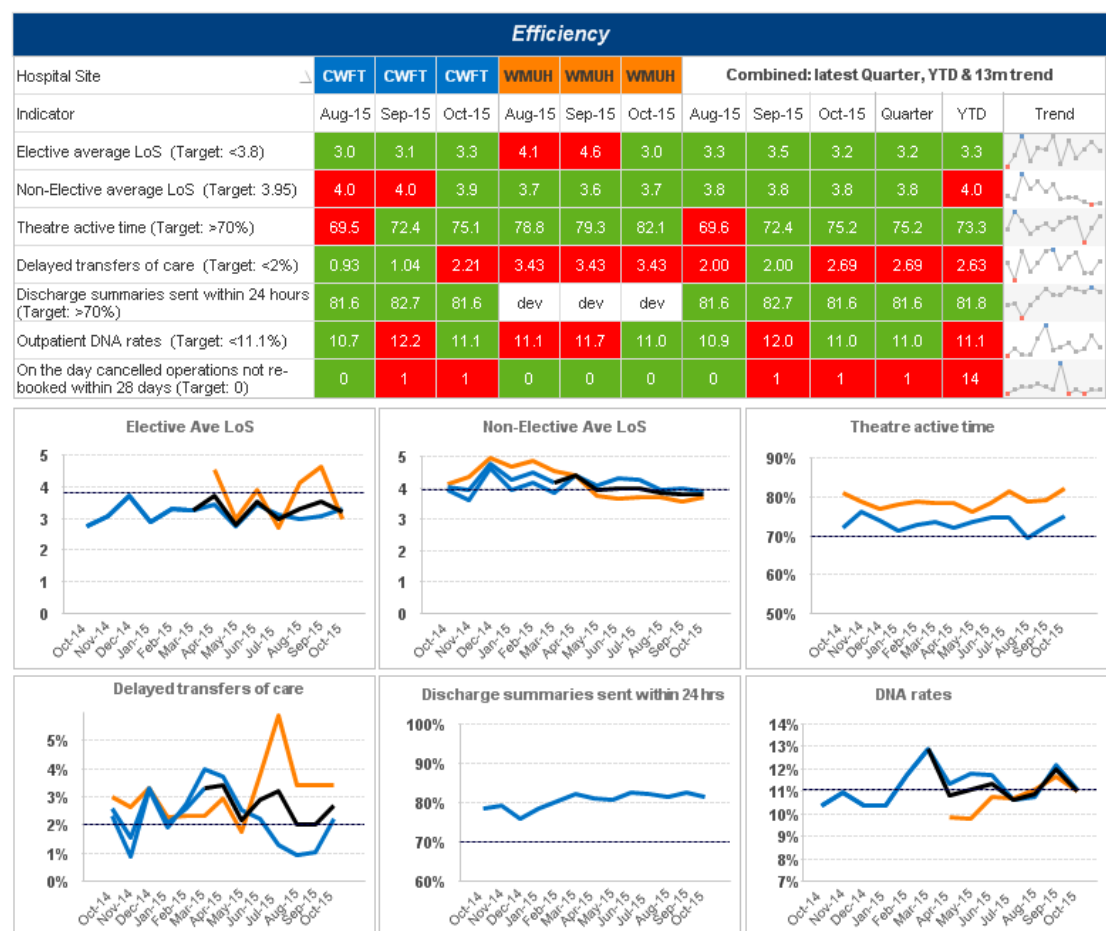
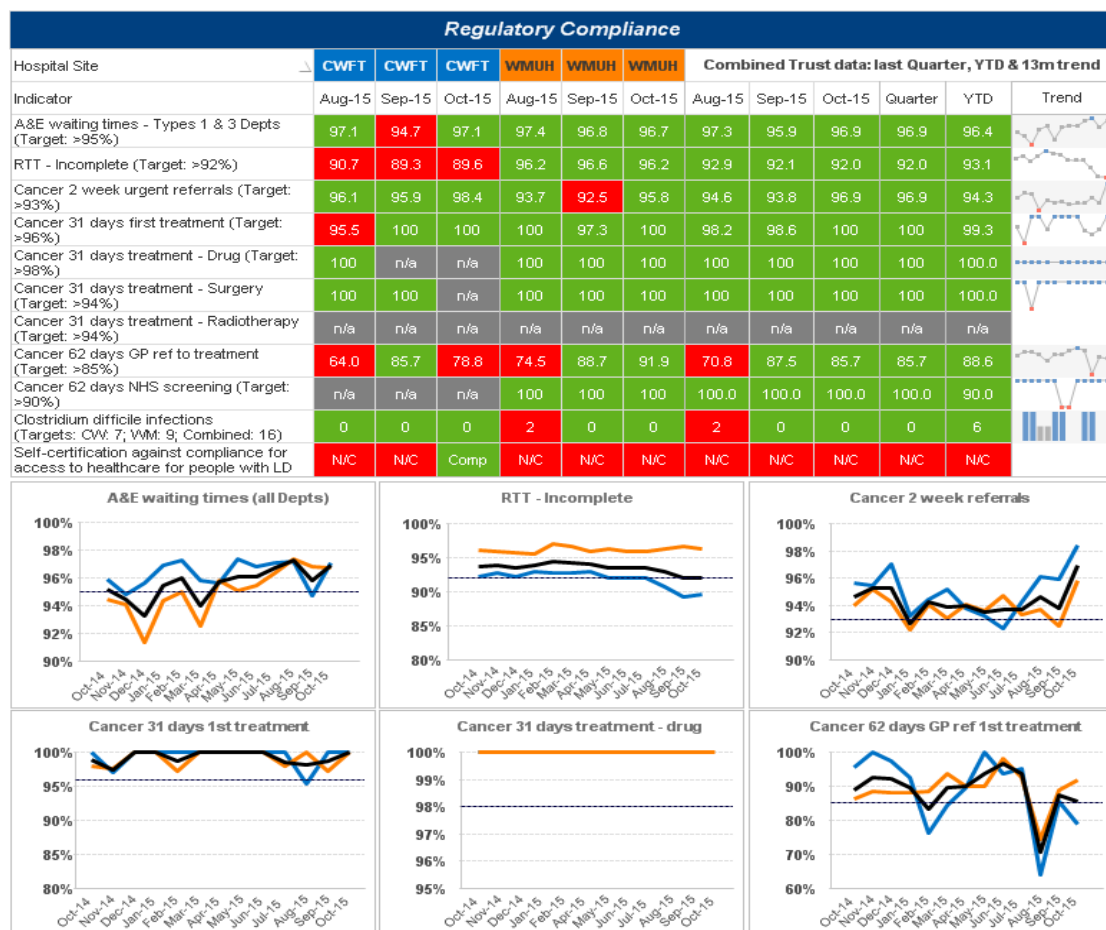
	feedback continues to be shared with the clinical teams on a regular basis to review their performance and a review of maternity patient feedback is underway by the Director of Midwifery. There continues to be focus on reporting incidents and a new system is being introduced across site in January, which will help to raise awareness. Efficiency and Clinical Effectiveness: An increase was seen in the average wait time for first OP appointments at the CW site, this is due to ongoing issues with capacity. Divisions are working through capacity and demand modelling to help inform long term solutions, as well as resolving specific issues regarding Community Dermatology. There was an increase in the % of delayed transfers of care at the CW site in October, due to an increase in patients requiring complex discharge assessments. Additional resource has been put in place to address this. There has been an improvement in the % of patients with fractured neck of femur seen in theatre within 36 hours at both sites The caesarean section rate has significantly reduced at both sites in October. There is an ongoing clinical analysis of the caesarean section data to understand variation and benchmarking across site. Workforce: Unplanned staff turnover rates and vacancy rates remain high, particularly at CWH and a senior nurse has been employed full time to focus on recruitment and retention issues for nursing staff. The number of voluntary leavers has reduced over the last 2 months at CWH.
KEY RISKS ASSOCIATED:	There is a risk to achievement of the challenging C. Diff target in 2015/16 for the combined Trust, due to the tough targets, however the combined Trust is compliant for the year to date. There are also continued risks to the achievement of a number of compliance indicators, including RTT incomplete waiting times, cancer 62 days waits and compliance with access to learning disabilities.
FINANCIAL IMPLICATIONS	The combined Trusts reported a £0.45m surplus in October and £2.7m deficit for the year to date, which was £0.1m favourable against plan for the year to date.
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 Quality Committee is asked to note the performance for October 2015.



TRUST PERFORMANCE REPORT

October 2015

Incorporating West Middlesex University Hospital data





Monitor Dashboard

Domain	Indicator	Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
		Aug-15	Sep-15	Oct-15	2015-2016	Aug-15	Sep-15	Oct-15	2015-2016	Aug-15	Sep-15	Oct-15	2015-2016 Q3	2015-2016	Trend charts
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	97.1%	94.7%	97.1%	96.6%	97.4%	96.8%	96.7%	96.2%	97.3%	95.9%	96.9%	96.9%	96.4%	
RTT	18 weeks RTT - Admitted (Target: >90%)	90.0%	85.7%	82.8%	88.6%	93.3%	95.0%	94.5%	95.0%	91.8%	90.5%	89.0%	89.0%	91.8%	
	18 weeks RTT - Non-Admitted (Target: >95%)	95.0%	93.2%	91.9%	94.4%	96.5%	96.3%	96.9%	96.9%	95.6%	94.4%	93.8%	93.8%	95.3%	
	18 weeks RTT - Incomplete (Target: >92%)	90.7%	89.3%	89.6%	91.2%	96.2%	96.6%	96.2%	96.2%	92.9%	92.1%	92.0%	92.0%	93.1%	
Cancer	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	96.1%	95.9%	98.4%	94.8%	93.7%	92.5%	95.8%	94.0%	94.6%	93.8%	96.9%	96.9%	94.3%	
	31 days diagnosis to first treatment (Target: >96%)	95.5%	100%	100%	99.4%	100%	97.3%	100%	99.2%	98.2%	98.6%	100%	100%	99.3%	
	31 days subsequent cancer treatment - Drug (Target: >98%)	100%	n/a	n/a	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	31 days subsequent cancer treatment - Surgery (Target: >94%)	100%	100%	n/a	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	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	
	62 days GP referral to first treatment (Target: >85%)	64.0%	85.7%	78.8%	86.8%	74.5%	88.7%	91.9%	89.8%	70.8%	87.5%	85.7%	85.7%	88.6%	
Patient Safety	62 days NHS screening service referral to first treatment (Target: 90%)	n/a	n/a	n/a	n/a	100%	100%	100%	90.0%	100%	100%	100%	100%	90.0%	
	Clostridium difficile infections (Year End Targets: CW: 7; WM: 9; Combined: 16)	0	0	0	1	2	0	0	5	2	0	0	0	6	
Learning difficulties Access & Governance	Self-certification against compliance for access to healthcare for people with Learning Disability	Non-compliant	Non-compliant	compliant	Non-compliant	Non-compliant	Non-compliant	Non-compliant	Non-compliant	Non-compliant	Non-compliant	Non-compliant	Non-compliant	Non-compliant	
	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:

n/a Can refer to those indicators not applicable (eg Radiotherapy) or indicators where there is no available data. Such months will not appear in the trend graphs.

RTT Admitted and RTT Non-Admitted are no longer Monitor Compliance Indicators

Cancer Indicators Cancer reporting for the latest month (Oct-15) are provisional figures, with final reporting being 6 weeks after month end

Chelsea & Westminster commentary

A&E waiting times:

Chelsea & Westminster site reported performance of 97.1% for October. This was a significant improvement on the previous month and although attendance numbers were maintained, the acuity of patients presenting in the Emergency Department was reduced.

Cancer - 62 days GP referral to first treatment:

The un-validated position for this target is not a compliant position.

2.5 patients breached the 62 day target in October, 2 Lower GI patients (1 complex diagnostics, 1 patient choice) and 1 Urology (patient unfit during work up). There are a number of patients sent to other Trusts or with histologies still pending who may increase the denominator on this measure

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

Compliance with LD: The Chelsea and Westminster site is now compliant with the national recommendations for enhancing access to healthcare for people with learning disabilities (LD) from October, following the implementation of the newly-designed 'easy-read' appointment letter. The overall Trust is now compliant with one of Monitor's performance standards, having made significant progress on Chelsea & Westminster site over the first 2 quarters of 2015/16.

West Middlesex commentary

A&E waiting times:

Sustained achievement of Type 1 target remains challenging due to high demand and capacity constraints within the A&E Department

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

The West Middlesex site remains non-compliant with the standards, but has an action plan in place to reach compliance with the remaining 5 standards by the end of 2015/16. The focus is on improving communication with patients with a learning disability about their appointments, training staff, and undertaking regular audits.



Safety Dashboard

Domain	Indicator	Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
		Aug-15	Sep-15	Oct-15	2015-2016	Aug-15	Sep-15	Oct-15	2015-2016	Aug-15	Sep-15	Oct-15	2015-2016 Q3	2015-2016	Trend charts
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Hand hygiene compliance (Target: >90%)	97.4%	92.5%	94.9%	96.3%	99.4%	99.5%	99.5%	99.2%	98.3%	95.6%	96.9%	96.9%	97.6%	
Incidents	Number of serious incidents	7	8	6	52	4	1	2	26	11	9	8	8	78	
	Incident reporting rate per 100 admissions (Target: >8.5)	7.4	6.7	6.1	7.5	8.0	6.5	6.0	7.4	7.7	6.6	6.1	6.1	7.4	
	Rate of patient safety incidents resulting in severe harm/death per 100 admissions (Target: 0)	0.00	0.00	0.00	0.033	0.02	0.11	0.19	0.07	0.01	0.05	0.09	0.09	0.033	
	Number of medication-related safety incidents	27	39	43	320	26	71	30	258	53	110	73	73	578	
	Never Events (Target: 0)	0	1	0	2	0	0	0	0	0	1	0	0	2	
Harm	Safety Thermometer - Harm Score (Target: >90%)	94.6%	94.5%	94.2%	93.9%	96.9%	97.3%	97.3%	97.6%	95.2%	95.2%	96.0%	96.0%	95.0%	
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	0	0	3	7	0	1	1	11	0	1	4	4	18	
	NEWS compliance %	100.0%	100.0%	100.0%	75.7%					100.0%	100.0%	100.0%	100.0%	75.7%	
	Safeguarding adults - number of referrals	20	20	21	122	3	5	6	31	23	25	27	27	153	
	Safeguarding children - number of referrals	15	33	13	147	27	38	32	215	42	71	45	45	362	
Mortality	Number of hospital deaths - Adult	44	35	24	233	61	52	65	436	105	87	89	89	669	
	Number of hospital deaths - Paediatric	0	0	0	1	0	1	2	3	0	1	2	2	4	
	Number of hospital deaths - Neonatal	3	3	0	17	1	1	0	4	4	4	0	0	21	

Please note the following

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An empty cell denotes those indicators currently under development

Chelsea & Westminster commentary

Incident Reporting rate per 100 admissions:

Marginal increases in the total number of incidents reported by staff members is not aligned proportionately with admission rates. It is envisaged that the planned introduction of the online incident reporting system early 2016 will lead to a positive increase in the incident reporting rate.

Incidence of newly acquired category 3 & 4 pressure ulcers

It should be noted that, whilst there were 3 hospital acquired Grades 3 and 4 pressure ulcer incidents in October 2015, a further 1 incident was reported as an 'unstageable' pressure ulcer. CWH are currently reporting these externally via the STEIS and therefore will be referred to within the Serious Incident report for the Board.

Safeguarding adults – number of referrals

The dynamics of integration of adult safeguarding procedures with WMUH is perhaps indicated by the contrasting number of escalations from that site. Work to harmonise safeguarding across the Trust has been planned with support of the adult safeguarding committee and summarised in a safeguarding integration plan.

West Middlesex commentary

Incident Reporting rate per 100 admissions:

There were 2 serious incidents reported in October 2015. A Grade 3 hospital acquired pressure ulcer and treatment delay. Both are being investigated currently and will be reported in the Serious Incident report.

There continues to be a focus on increasing the number of incidents reported. The new DATIX web being introduced in January cross site provides an opportunity for raising awareness of the importance of reporting.

NEWS compliance

West Middlesex will be working towards the implementation of NEWS auditing (National Early Warning Score) in the coming weeks.

Number of hospital deaths – Paediatric

There were two paediatric deaths in month which are subject to internal and borough panel review for learning opportunities.



Patient Experience Dashboard

Domain	Indicator	Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
		Aug-15	Sep-15	Oct-15	2015-2016	Aug-15	Sep-15	Oct-15	2015-2016	Aug-15	Sep-15	Oct-15	2015-2016 Q3	2015-2016	Trend charts
Friends and Family	FFT: Inpatient recommend % (Target: 90%)	88.4%	88.2%	87.5%	88.3%	93.2%	90.2%	93.6%	92.5%	91.6%	89.3%	91.3%	91.3%	91.0%	
	FFT: Inpatient not recommend % (Target: <10%)	5.8%	7.0%	7.1%	6.1%	3.5%	6.0%	2.8%	3.7%	4.3%	6.4%	4.4%	4.4%	4.6%	
	FFT: Inpatient response rate (Target: 30%)	34.8%	39.5%	37.8%	36.9%	26.8%	25.7%	28.3%	27.0%	29.1%	30.1%	31.3%	31.3%	29.7%	
	FFT: A&E recommend % (Target: 90%)	86.4%	84.9%	86.6%	86.7%	90.5%	91.4%	90.7%	90.2%	87.2%	86.3%	87.2%	87.2%	87.7%	
	FFT: A&E not recommend % (Target: <10%)	7.2%	7.7%	7.2%	7.0%	6.4%	5.0%	6.3%	5.7%	7.0%	7.2%	7.1%	7.1%	6.6%	
	FFT: A&E response rate (Target: 30%)	20.2%	21.3%	21.1%	21.2%	23.0%	22.2%	18.2%	23.4%	20.7%	21.5%	20.7%	20.7%	21.8%	
	FFT: Maternity recommend % (Target: 90%)	91.3%	90.4%	88.8%	91.2%	95.8%	91.0%	95.7%	90.5%	92.5%	90.6%	90.7%	90.7%	90.9%	
	FFT: Maternity not recommend % (Target: <10%)	4.3%	5.8%	7.8%	5.1%	4.2%	5.4%	2.2%	4.0%	4.3%	5.7%	6.2%	6.2%	4.6%	
	FFT: Maternity response rate (Target: 30%)	24.7%	27.0%	37.6%	27.3%	21.8%	22.9%	19.1%	24.0%	23.9%	25.7%	29.5%	29.5%	26.3%	
	Breach of same sex accommodation (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Complaints	Complaints formal: Number of complaints received	19	27	34	191	34	25	37	238	53	52	71	71	429	
	Complaints formal: Number responded to < 25 days	68.4%	66.7%	50.0%	68.1%	75.0%	76.0%		75.0%	71.8%	71.2%	50.0%	50.0%	71.5%	
	Complaints (informal) through PALS	86	107	102	682	13	39	75	205	99	146	177	177	887	
	Complaints sent through to the Ombudsman	0	0	0	1	0	2	1	6	0	2	1	1	7	
	Complaints upheld by the Ombudsman (Target: 0)	1	0	0	2	0	0	0	0	1	0	0	0	2	

Please note the following

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An empty cell denotes those indicators currently under development

Chelsea & Westminster commentary

Complaints performance

(Please note the commentary is a month behind and therefore reflects September data and that the latest month for 25 day responses shows current data which, because of the nature of the indicator, will always show a relatively poor performance)

Performance against the Trust target that 90% of type two complaints should receive a response within 25 working days remained disappointing at below 70%. Of the 27 complaints received which were logged as type two (formal); 9 complaints breached this target.

Emergency and Integrated Medical Care received 9 complaints, four of these breached [performance 56%]; Women, Children, Sexual Health, HIV and Dermatology received 9 complaints, 4 of these breached [performance 56 %].

Systems are being put in place to track and monitor response compliance within 25 days at divisional level and this will have additional focus as part of our Divisional performance management meetings

FFT

Inpatient recommend %: This target was not achieved, & has dropped in October. Work is being targeted with areas not achieving, with local actions taken from the comments received.

A&E recommend %: The target was not achieved. However the rate has improved from Sept. Local work is being undertaken led by a senior nurse in ED. The move to the new department 4th Nov should help with the environmental issues/ space.

A&E response rate: The target was not met for October and response rate has remained steady for a few months. Now the new department is open there will be a concerted push on responses.

Maternity recommend %: The figure has dropped for October & has not met the target for the first time this quarter. The Director of Midwifery is reviewing patient feedback across maternity.

West Middlesex commentary

Complaints

Note that the Complaints responded to within 25 days indicator is reported a month in arrears.

The response rate within 25 days remains over 70% and work continues with the divisions to improve the quality and timeliness of responses. In month training has taken place in CSSD/Surgery Division.

Complaints through PALS

The increase in PALS complaints can be accounted for by the fact that the team are logging more PALS queries, for example historically they were not logging issues relating to signage, issues relating to outpatient appointments etc and only logging the more involved queries. This now gives a more accurate count of the PALS queries as well as the type of queries they are having to deal with.

FFT Inpatient response rate

Of the responses received all areas had an above 90% recommend response. However the response rates remain low. Reminders have been sent to the ward managers to push the hard copy questionnaires.



Efficiency & Productivity Dashboard

Domain	Indicator	Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
		Aug-15	Sep-15	Oct-15	2015-2016	Aug-15	Sep-15	Oct-15	2015-2016	Aug-15	Sep-15	Oct-15	2015-2016 Q3	2015-2016	Trend charts
Admitted Patient Care	Average length of stay - elective (Target: <3.7)	3.0	3.1	3.3	3.2	4.1	4.6	3.0	3.7	3.3	3.5	3.2	3.2	3.3	
	Average length of stay - non-elective (Target: <3.9)	4.0	4.0	3.9	4.1	3.7	3.6	3.7	3.8	3.8	3.8	3.8	3.8	4.0	
	Emergency care pathway - average LoS (Target: <4.5)	4.5	4.7	5.1	4.9	4.2	4.0	4.2	4.4	4.3	4.3	4.5	4.5	4.6	
	Emergency care pathway - discharges	194	187	206	1363	300	295	318	1991	494	483	525	525	3355	
	Emergency re-admissions within 30 days of discharge (Target: <2.8%)	4.31%	3.13%	3.29%	3.23%	6.76%	6.36%	6.70%	7.30%	5.46%	4.59%	4.81%	4.81%	5.02%	
	Delayed transfer of care - % relevant NHS patients affected (Target: <2%)	0.93%	1.04%	2.21%	2.00%	3.4%	3.4%	3.4%	3.51%	2.00%	2.00%	2.69%	2.69%	2.63%	
	Non-elective long-stayers	376	391	394	2820										
Theatres	Daycase rate (basket of 25 procedures) (Target: 85%)	80.2%	86.0%	83.0%	83.2%	85.6%	84.8%	84.3%	85.1%	84.7%	85.0%	84.0%	84.0%	84.7%	
	Operations cancelled on the day for non-clinical reasons: % of total elective admissions (Target: 0.8%)	0.23%	0.41%	0.64%	0.42%					0.23%	0.41%	0.64%	0.64%	0.42%	
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	0	1	1	14	0	0	0	0	0	1	1	1	14	
	Theatre active time (Target: >70%)	69.5%	72.4%	75.1%	73.3%	78.8%	79.3%	82.1%	79.3%	69.6%	72.4%	75.2%	75.2%	73.3%	
	Theatre booking conversion rates	89.2%	87.9%	88.3%	87.9%										
Outpatients	First to follow-up ratio (Target: <1.5)	1.60	1.66	1.62	1.61	1.67	1.73	1.63	1.70	1.64	1.71	1.63	1.63	1.67	
	Average wait to first outpatient attendance (Target: <6 wks)	6.6	7.7	9.6	7.0	4.9	5.2	5.1	7.1	5.6	6.4	6.9	6.9	7.1	
	DNA rate: first appointment	11.7%	13.9%	11.6%	11.9%	12.8%	13.1%	12.5%	12.0%	12.2%	13.5%	12.0%	12.0%	11.9%	
	DNA rate: follow-up appointment	10.4%	11.6%	10.9%	11.1%	10.1%	10.8%	10.0%	10.0%	10.3%	11.3%	10.6%	10.6%	10.8%	

Please note the following

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An empty cell denotes those indicators currently under development

Chelsea & Westminster commentary

Emergency care pathway - average LoS

The acuity of the adult admissions in medicine has been examined and this was higher than for previous months. This in turn led to longer than usual lengths of stay for some patients and these patients were mostly discharged in October, thus adversely affecting this indicator for the month.

Emergency re-admissions within 30 days of discharge

There is a slight deterioration in performance in October with 3.31% compared with September which reported 3.15%. Particular areas are elderly care and respiratory medicine and audit work has been undertaken to establish the reasons for re-admissions.

Delayed transfers of care - % relevant NHS patients affected

The target was missed due to a slight increase (2.21%) in patients requiring Complex Discharge Assessments, although extra resources have been put in place to address this. Strong partnership working with providers continues to expedite Delayed Transfers of Care in a timely manner for complex arrangements.

Average wait to first outpatient attendance

The Chelsea site saw an increase in average waits for first outpatient appointments due to 1) community dermatology ASI long waiters (some 52+ week waiters) being seen in October which pushed out the average waiting time and 2) insufficient capacity in some specialties to see patients within the 6-8 week window. The community dermatology issue was an isolated/time limited issue. Divisions have completed demand and capacity modelling to understand what additional capacity may be required to reduce waiting times, and have already started to implement additional capacity within the system. It is expected that waits will reduce back to pre-October levels by December's submission.

West Middlesex commentary

Average length of stay - elective

An improvement in elective LOS as a result of changes in the pre-op assessment process can be seen in October

Theatre active time

Continued improvement in theatre utilisation, due to actions taken through the Steering Group to reduce late starts, increase cases per list and improve scheduling

DNA rate: follow-up appointment

Improvement in Follow Up DNA rate due to the introduction of partial booking in ENT (Ear, Nose and Throat).



Clinical Effectiveness Dashboard

Domain	Indicator	Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
		Aug-15	Sep-15	Oct-15	2015-2016	Aug-15	Sep-15	Oct-15	2015-2016	Aug-15	Sep-15	Oct-15	2015-2016 Q3	2015-2016	Trend charts
Best Practice	Dementia screening diagnostic assessment (Target: >90%)	100.0%	100.0%	100.0%	100.0%	93.2%	94.0%	94.3%	93.6%	97.4%	97.8%	98.0%	98.0%	97.8%	
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	87.5%	52.9%	100.0%	88.0%	82.4%	40.0%	66.7%	51.9%	84.0%	45.9%	77.8%	77.8%	67.0%	
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	100.0%	100.0%	100.0%	100.0%	91.7%	100.0%	95.2%	95.7%	96.2%	100.0%	96.4%	96.4%	97.7%	
VTE	VTE: Hospital-acquired (Target: tbc)	0	0	0	0	0	1	0	2	0	1	0	0	2	
	VTE risk assessment (Target: >95%)	96.2%	96.6%	96.0%	96.2%	95.6%	96.4%	92.5%	95.0%	95.9%	96.5%	94.3%	94.3%	95.6%	
TB	TB: Number of active cases identified and notified	3	4	4	33	17	3	5	59	20	7	9	9	92	
	TB: % of treatments completed within 12 months (Target: 85%)	72.2%	75.6%	80.0%	74.7%	76.9%	76.1%	75.5%	76.7%	76.0%	76.0%	76.5%	76.5%	76.3%	
Please note the following		blank cell	An empty cell denotes those indicators currently under development												

Chelsea & Westminster commentary

TB: % of treatments completed

To summarise this new methodology:

The figures are presented on a rolling 12 monthly basis eg:

Aug-15 (TB cases due to complete within 01/09/2014 – 31/08/2015)

Sep-15 (TB cases due to complete within 01/10/2014 – 30/09/2015)

Oct-15 (TB cases due to complete within 01/11/2014 – 31/10/2015)

Consequently there will be a crossover of cases

i.e. An individual patient outcomes will appear in more than one month.

The 85% target was not met as out of the % of TB cases due to complete within 12 months in:

Aug-15: 11.1% Died, 2.8% lost to follow up, 5.6% transferred overseas, 8.3% still on TB treatment.

Sep-15: 12.2% Died, 2.4% lost to follow up, 4.9% transferred overseas, 4.9% still on TB treatment.

Oct-15: 12.5% Died, 5% transferred overseas, 2.5% still on TB treatment.

Patients were still on treatment for over 1 year due to drug resistance and/or drug intolerance.

West Middlesex commentary

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

Fracture Neck of Femur time to theatre shows improvement against last month's performance. However a more detailed review of how we provide weekend trauma capacity is required.

TB: % of treatments completed

Note that the newly worked-up methodology is the same as that for Chelsea and Westminster

VTE risk assessment

There has been a fall in performance in Month 7 which requires divisional recovery plans to achieve the target in Q3. Work is underway to improve the manual data capture at WMUH to align to C&W's electronic system.



Access Dashboard

Domain	Indicator	Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
		Aug-15	Sep-15	Oct-15	2015-2016	Aug-15	Sep-15	Oct-15	2015-2016	Aug-15	Sep-15	Oct-15	2015-2016 Q3	2015-2016	Trend charts
RTT waits	RTT Incompletes 52 week patients at month end	1	13	4	21	0	0	0	0	1	13	4	4	21	
	Diagnostic waiting times <6 weeks: % (Target: >99%)	99.97%	100%	99.96%	99.98%	99.96%	100%	99.96%	99.85%	99.96%	100%	99.96%	99.96%	99.93%	
	Diagnostic waiting times >6 weeks: breach actuals	1	0	1	4	1	0	1	25	2	0	2	2	29	
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	7.7%	6.9%	7.1%	7.0%	8.5%	7.9%	8.6%	8.3%	8.0%	7.2%	7.6%	7.6%	7.4%	
	A&E time to treatment - Median (Target: <60')	00:59	01:06	01:05	01:02	00:49	00:38	00:42	00:41	00:56	00:57	00:58	00:58	00:56	
	London Ambulance Service - patient handover 30' breaches	37	80	64	307	19	26	42	224	56	106	106	106	531	
	London Ambulance Service - patient handover 60' breaches	0	11	0	12	0	0	1	1	0	11	1	1	13	
Choose and Book (unavailable until Nov-15 at the earliest)	Choose and book: appointment availability														
	Choose and book: capacity issue rate														
	Choose and book: system issue rate														

Please note the following

blank cell

An empty cell denotes those indicators currently under development

Chelsea & Westminster commentary

RTT Incompletes 52 week patients at month end

RTT Incompletes 52 week patients at month end: As part of the Trust's RTT Improvement Plan, it was identified in September 2015 that a number of referrals to the Community Dermatology Service via Choose and Book may not have been appropriately monitored, resulting in a number of patients still requiring a first outpatient appointment that were unknown to C&W. C&W have launched a Serious Incident (SI) investigation into this issue. The Trust has implemented a clinical assessment process where each patient will be specifically assessed for harm caused as a result of the delay. To date, none of the patients seen in clinic have been assessed as having come to any harm.

Diagnostic waiting times <6 weeks: %

The Trust consistently achieves a 99.9% standard. However, waiting times for some high volume or complex procedures continue to approach the 6 week limit; specifically MRI scanning & non-obstetric ultrasound in Radiology.

- the Trust is currently working on reducing the DNA rate of direct access patients for non-obstetric ultrasound which is approximately twice the rate of OPD patients.
- In the short term we are continuing to use Waiting List Initiative sessions.
- In the longer term we are looking to ensure all job plans of newly appointed medical staff include an element of out-of-hours' work so that evenings and weekends are covered but not at a premium rate.

A&E unplanned re-attendances

Whilst the Chelsea & Westminster continue to not meet the target of 5% the Trust remains below the national average for this target.

London Ambulance Service - patient handover 30' breaches

The indicator for 30 min breaches continues to be challenging although there has been some improvement since the previous month. Of the 64 reported in October, 9 are to be challenged subsequent to validation.

West Middlesex commentary

A&E unplanned re-attendances

Work to reduce frequent A&E attenders continues, despite lack of Commissioner support

London Ambulance Service – patient handover 60' breaches

One 1 hour breach occurred during October due to high volume of demand in Emergency Department concentrated over a short time period. Delay was escalated appropriately but mitigating actions taken were unsuccessful. No harm was experienced by the patient.



Maternity Dashboard

Domain	Indicator	Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
		Aug-15	Sep-15	Oct-15	2015-2016	Aug-15	Sep-15	Oct-15	2015-2016	Aug-15	Sep-15	Oct-15	2015-2016 Q3	2015-2016	Trend charts
Birth indicators	Total number of NHS births	427	461	471	3134	434	446	443	3266	862	907	914	1139	6400	
	Total caesarean section rate (C&W Target: <27%; WVM Target: <29%)	35.8%	35.9%	33.0%	36.0%	29.8%	29.2%	27.9%	29.2%	32.7%	32.6%	30.5%	30.5%	32.6%	
	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						
	Maternity 1:1 care in established labour	96.0%	98.6%	97.7%	95.3%	95.7%	94.4%	93.1%	94.2%	95.9%	96.4%	95.4%	95.4%	94.7%	
Safety	Admissions of full-term babies to NICU	22	14	25	151	n/a	n/a	n/a	n/a	22	14	25	25	151	
Please note the following		blank cell	An empty cell denotes those indicators currently under development												

Chelsea & Westminster commentary

Total caesarean section rate

October achieved the second lowest overall CS rate year-to-date.

There is an ongoing consultant led analysis of the CS data to understand variation.

Through the Maternity board meeting and WMUH clinical meetings we have asked senior clinicians from WMUH to carry out an review of the pathways of care from booking through to delivery providing an external overview and analysis.

West Middlesex commentary

Total caesarean section rate

The overall caesarean section (CS) rate has reduced compared with last month, through a small increase in Elective CS's and a reduction in Emergency CS's. Each case is considered and agreed by the consultant on-call.



Workforce Dashboard

Domain	Indicator	Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
		Aug-15	Sep-15	Oct-15	2015-2016	Aug-15	Sep-15	Oct-15	2015-2016	Aug-15	Sep-15	Oct-15	2015-2016 Q3	2015-2016	Trend charts
Staffing	Vacancy rate (Target: <8%)	14.4%	14.0%	12.1%	12.1%	8.4%	7.8%	9.7%	9.7%	12.2%	11.8%	11.2%	11.2%	11.2%	
	Staff turnover rate (CW Target: <17.8%)	19.0%	18.6%	18.5%	18.5%	9.9%	10.2%	11.3%	11.3%	15.4%	15.3%	15.7%	15.7%	15.7%	
	Sickness absence (C&W Target: 3%; WMM Target: 2.7%)	2.7%	2.6%	2.7%	2.9%	2.3%	2.0%	1.9%	2.2%						
	Bank and Agency spend (£ks)	£2,802	£2,469	£2,407	£16,463	£1,599	£1,566	£1,495	£11,351	£4,401	£4,035	£3,902	£3,902	£27,814	
	Nurse:Bed ratio	1.36	1.36	1.43	1.38										
Appraisal rates	% of appraisals completed - medical staff (C&W Target: 85%; WMM Target: 90%)	88.2%	82.0%	80.7%	85.8%	32.6%	34.4%	36.0%	35.5%	66.5%	62.0%	62.0%	62.0%	65.7%	
	% of appraisals completed - non-medical staff (C&W Target: 85%; WMM Target: 90%)	74.5%	72.2%	69.5%	73.1%	89.2%	89.6%	86.3%	90.1%	79.1%	77.5%	74.7%	74.7%	78.3%	
Training	Mandatory training compliance (C&W Target: 95%; WMM Target: 91%)	82.0%	83.1%	82.3%	79.5%	88.5%	89.2%	90.8%	90.6%	86.7%	87.5%	88.3%	88.3%	87.4%	
	Health and Safety training	86.6%	86.8%	85.5%	85.8%	86.9%	87.2%	89.0%	89.1%	86.7%	86.9%	86.9%	86.9%	87.1%	
	Safeguarding training - adults (Target: 100%)	100.0%	100.0%	100.0%	100.0%	89.7%	89.7%	90.9%	91.5%	96.0%	99.7%	96.5%	96.5%	97.0%	
	Safeguarding training - children (Target: 100%)	100.0%	100.0%	100.0%	100.0%	77.7%	89.5%	82.0%	80.9%	88.0%	95.9%	90.4%	90.4%	90.1%	
Please note the following		blank cell	An empty cell denotes those indicators currently under development												

Chelsea & Westminster commentary

Staff in post

In October 2015 the substantive staff in post was 3128.45 WTE (whole time equivalents), an increase of 72.09 (2%+) since Oct 2014.

There were 42 voluntary leavers and 116 joiners (excluding Junior Doctors) over the month. The largest annual increases were in the Emergency & Integrated Care Division (58.64 WTE) and the Nursing & Midwifery staff group (76.16 WTE).

Staff turnover rate

Unplanned staff turnover is 0.30% lower than one year ago, dropping from 18.82% (Nov 13 - Oct 14) to 18.52% (Nov 14 - Oct 15).

Although the number of voluntary leavers over the past 2 months has been relatively high, that number is lower than the corresponding months last year. Cumulative turnover cannot reduce significantly in a short space of time due to the nature in which it is calculated, but the general trend since May 2015 has been downwards.

There have been 160 voluntary leavers over the last 3 months.

The main leaving reasons provided in October were 'Other/Not Known' and 'Relocation'.

Average across LATTIN Trusts = 15.56% May 15 (latest data available)

LATTIN = London Acute Training Trusts (Imperial College, King's College, Chelsea & Westminster and Guy's).

West Middlesex commentary

Staff turnover rate

The turnover figure for the last 12 months (November 2014 to October 2015), was 11.3%. The total number of unplanned staff leavers seen in this period was 225.

Vacancy rate

The vacancy factor rate for WMMUH in October was 9.7%, which was a deterioration of 1.9% when compared with the previous month. This is mainly due to an increase of 29.4WTE in the overall budgeted finance establishment.

Significant recruitment has taken place overseas to support our plan to reduce nurse vacancies, alongside local recruitment campaigns.

Sickness absence

The total sickness absence rate for October 2015 was 1.9%, which was an improvement of 0.1% when compared with the previous month. This figure continues sit under the trust target of 2.7%. HR and Occupational Health actively review absence % at departmental and individual level, and this is also monitored through divisional meetings.

Mandatory training:

The total mandatory training percentage rate was 90.8% at the end of October 2015, which was an increase of 1.6% when compared with the previous month. This figure is currently marginally below the target rate 91%.



Chelsea & Westminster commentary continued

Vacancy rate

The vacancy rate for October 15 was 12.02%. This is an increase of 1.73% on last year and 2.2% above the monthly target, but it is the lowest rate for this financial year. It is worth noting that whilst the overall vacancy rate has increased by 1.73% since last year, the budgeted establishment has increased by 4.37% over the same period

The budgeted WTE increases are primarily in nursing, some of which were to meet staffing level requirements identified by the last CQC report and others around service developments such as the Supported Discharge Suite. It is also important to recognise that not all vacancies are being actively recruited to, and a proportion of them are held on the establishment to support the Cost Improvement Programme (CIP) and future service reviews.

A truer measure of vacancies is the number of posts being actively recruited to, based on the WTE of posts advertised on NHS jobs (4.93% i.e. 175.30 WTE in October 15). October saw bulk recruitment for Band 5 nurses, and Paediatric Healthcare Assistants.

The average time to recruit (from the authorisation date to the date all pre-employment checks were completed) for October 15 starters was 57 days which is above the Trust target of <55days.

In the last two months there have been 221 joiners (excluding junior docs) which is over double the average seen over the year.

Bank and Agency usage

As a proportion to substantive WTE, the highest agency use was in Medicine, ITU and the nursing & midwifery staff group. Recruitment drives continue in these areas and others with increased establishments, to reduce the reliance on agency staff.

Temporary staffing made up 12.6% of the overall workforce in October 15 compared to 12.40% in October 2014. Agency WTE as a % of workforce was 3.8% in both periods, while Bank increased from 8.6% to 8.8%.

The need to reduce agency spend is recognised as a priority for the Trust, and the newly formed Temporary Staffing Steering Group aims to increase establishment controls on temporary staffing usage, including the governance and use of rostering systems and procurement to ensure best clinical and financial performance and practice.

The Nursing Temporary Staffing Challenge Board will now be chaired by the Directors of Nursing at each site. The Challenge Board will scrutinise requests for nursing and Admin agency staff. A further Medical Temporary Staffing Challenge Board is in place to scrutinise medical requests.

Appraisals and 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

Mandatory training compliance increased to 82% in October 15. This is an improvement of 7% since April 15 and brings us above the average for London Acute Teaching Trusts but is below the monthly target set in-line with a trajectory to achieve an ambitious target of 95% overall compliance by the close of the financial year.

The Assistant Director (Learning & Organisational Development) will be presenting a paper to the People & OD Committee in November; on the challenges that are currently being faced in achieving the 95% target by the end of the financial year. The report will provide information and options to help the Trust make informed choices on next steps.

Health & Safety training compliance stands at 87% (ratio of staff trained within the two year refresher period across all staff groups), equal to last month.

National NHS Staff Survey 2015

The current response rate for Chelsea and Westminster is 35% which is 3% lower than at the same time last year (week 8). Reminders were sent in early November and second surveys for those that are yet to complete and return their survey will be distributed via the post room mid-November. The deadline for completed surveys to be received by Capita, the independent organisation that coordinates the survey on behalf of the Trust is 27th November 2015

West Middlesex commentary continued

Health and Safety training

Health & Safety/Risk Management is measured by the number of staff undertaking an e-Learning module, which is available for existing staff for updates/refresher training. All new starters from September 2015 are now receiving face to face training, during their 1 day corporate induction.

Appraisal rates

Continued work has been put in place to help boost the compliance rate for Medical staff, which in turn will see an improvement in the overall Trust compliance rate.

Non-medical staff appraisal compliance rate was 86.3%. The overall total rate was 74.7%, which was a deterioration of 2.8%, when compared with the previous month. Both these figures are currently below the Trust target rate 90%.

Safeguarding training – adults

Safeguarding Adults Level 1 is currently delivered via e-Learning, although this has changed for all new starters from September, who will now receive face to face training, during their 1 day corporate induction.

Safeguarding training – children

Compliance for level 1 is achieved by undertaking the e-Learning package. Levels 2 & 3 training are delivered through face to face training. All levels require updates every 3 years. Level 2 is the area that Managers need to focus on.



62 day Cancer referrals by tumour site Dashboard

Target of 85%

Domain	Tumour site	Chelsea & Westminster NHS Foundation Trust					West Middlesex University Hospital					Combined Trust Performance						Trust data 13 months
		Aug-15	Sep-15	Oct-15	2015-2016	YTD breaches	Aug-15	Sep-15	Oct-15	2015-2016	YTD breaches	Aug-15	Sep-15	Oct-15	2015-2016 Q3	2015-2016	YTD breaches	Trend charts
62 day Cancer referrals by site of tumour	Breast	n/a	n/a	n/a	n/a		100%	90.0%	100%	95.1%	2	100%	90.0%	100%	100%	95.1%	2	
	Colorectal	n/a	n/a	n/a	n/a		85.7%	100%	50.0%	82.9%	3	85.7%	100%	50.0%	50.0%	82.9%	3	
	Gynaecological	60.0%	81.8%	100%	73.9%	3	100%	66.7%	80.0%	85.7%	1.5	75.0%	76.5%	88.9%	88.9%	79.5%	4.5	
	Haematological	100%	100%	n/a	100%	0	66.7%	100%	100%	82.8%	2.5	75.0%	100%	100%	100%	87.8%	2.5	
	Head and neck	n/a	n/a	n/a	100%	0	100%	66.7%	100%	86.7%	1	100%	66.7%	100%	100%	88.2%	1	
	Lower gastrointestinal	n/a	66.7%	0.0%	79.2%	2.5	n/a	n/a	n/a	n/a		n/a	66.7%	0.0%	0.0%	79.2%	2.5	
	Lung	100%	100%	n/a	100%	0	0.0%	100%	100%	93.3%	0.5	66.7%	100%	100%	100%	97.1%	0.5	
	Sarcoma	n/a	n/a	n/a	n/a		n/a	n/a	n/a	0.0%	0.5	n/a	n/a	n/a	n/a	0.0%	0.5	
	Skin	100%	100%	100%	100%	0	100%	100%	100%	98.7%	0.5	100%	100%	100%	100%	99.4%	0.5	
	Upper gastrointestinal	n/a	100%	n/a	88.9%	0.5	100%	50.0%	100%	88.9%	1	100%	66.7%	100%	100%	88.9%	1.5	
	Urological	0.0%	75.0%	71.4%	58.3%	7.5	55.6%	85.7%	100%	83.1%	5.5	40.0%	80.0%	77.8%	77.8%	74.3%	13	
	Urological (Testicular)	n/a	n/a	n/a	n/a		0.0%	100%	n/a	81.8%	1	0.0%	100%	n/a	n/a	81.8%	1	
	Site not stated	n/a	n/a	77.8%	77.8%	1	n/a	n/a	n/a	n/a		n/a	n/a	77.8%	77.8%	77.8%	1	

Please note the following
n/a
Will refer to those indicators where there is no data to report. Such months will not appear in the trend graphs. A blank in a breach cell indicates no activity year to date.

Cancer Indicators
Cancer reporting for the latest month (Oct-15) are provisional figures, with final reporting being 6 weeks after month end

Chelsea and Westminster commentary

A review of avoidable breaches across the tumour sites has identified need to streamline pathways for patients with suspected prostate cancer, particularly on the Chelsea and Westminster site.

A comparison of the pathway across the two sites has been completed and an action plan developed to remove avoidable delays in patient pathways, including access to the theatres and preoperative assessment.

Improvement of performance in Urology will create a tolerance for unavoidable breaches as a result of complex diagnostic work ups or patient choice seen in the other tumour sites.

West Middlesex commentary

Colorectal:

This was a hundred day+ breach. The patient delayed his pathway, through numerous cancellations and DNA's. Also this was a complex pathway as the patient has numerous comorbidities. We are working closely with the colorectal team, we have put in place tight escalations with the endoscopy department following discussions with the service managers. The CNS is also heavily involved with the pathway.

Gynaecological:

This was a shared breach with Imperial. The patient was offered the treatment of chemotherapy however the patient needed thinking time. We have in place a weekly conference call with Imperial to discuss patients who have been referred over on a cancer pathway, this allows us to get up-to-date information on the patient's progress and escalate any delays.



Nursing Metrics Dashboard

Safe Nursing and Midwifery Staffing

Chelsea and Westminster NHS Foundation Trust

Ward Name	Day		Night	
	Average fill rate Registered Nurses	Average fill rate care staff	Average fill rate Registered Nurses	Average fill rate care staff
Maternity	78.4%	71.3%	69.2%	65.7%
Annie Zunz	114.1%	135.0%	123.3%	150.0%
Apollo	78.5%	93.5%	101.4%	100.0%
Jupiter	-	-	-	-
Mercury	-	-	-	-
Neptune	87.1%	49.1%	86.1%	103.2%
NICU	88.1%	-	91.8%	-
AAU	100.4%	99.3%	125.0%	116.1%
Nell Gwynne	222.8%	93.1%	291.7%	94.6%
David Erskine	92.2%	160.5%	91.4%	129.0%
Edgar Home	93.3%	90.7%	93.5%	96.8%
Lord Wigram	87.4%	91.9%	93.5%	112.9%
St Mary Abbots	84.9%	95.7%	94.6%	101.6%
David Evans	87.7%	87.1%	91.7%	100.0%
Chelsea Wing	98.1%	95.8%	95.8%	102.0%
Burns Unit	109.6%	88.7%	116.1%	100.0%
Ron Johnson	94.8%	98.4%	89.2%	100.0%
ICU	103.1%	-	102.8%	-

Summary for October 2015

The fill rates on Annie Zunz, AAU and Starlight are due to additional beds being open. Within paediatrics Apollo and Neptune the lower fill rates do not represent a patient safety issue; these related to reduced capacity and resources being shared during the closure of mercury and Jupiter. SCBU and Maternity represent data capture that is inaccurate. MAU and CCU are currently over established on care assistants due to new recruits not having their registration confirmed by the NMC. The new challenge boards will ensure that where this is the case the additional establishment is used for specials across the wards rather than over staffing. The fill rates for David Erskine and the Osterley Wards are due to vulnerable patients requiring one to one care. Nell Gwynn Ward are currently running with an additional 5 registered nurses each shift, 3 providing tracheostomy care and 2 providing RMN input.

Due to the high usage of RMN's and heavy reliance on specials these policies and our approach are currently under review. Delays in registration have been picked up directly with the NMC. Templates on the roster system are currently being reviewed to rectify discrepancies and prevent data capture errors. A new approach to nursing and midwifery workforce review, will commence during week commencing 16th November so that greater scrutiny of safe, effective and resourceful staffing takes place on a weekly basis.

West Middlesex University Hospital

Ward Name	Day		Night	
	Average fill rate Registered Nurses	Average fill rate care staff	Average fill rate Registered Nurses	Average fill rate care staff
Maternity	99.0%	92.4%	99.4%	88.1%
Lampton	112.0%	96.2%	99.3%	100.0%
Richmond	95.2%	101.8%	100.3%	100.0%
Syon 1	96.4%	101.0%	98.4%	104.8%
Syon 2	96.5%	105.6%	97.8%	106.5%
Starlight	115.0%	100.0%	115.3%	100.0%
Kew	106.7%	98.1%	106.3%	106.0%
Crane	112.4%	100.0%	101.1%	87.9%
Osterley 1	106.9%	128.4%	106.5%	150.3%
Osterley 2	108.3%	104.5%	97.6%	127.7%
MAU	93.1%	143.7%	105.0%	102.3%
CCU	97.6%	120.1%	98.4%	100.0%
Special Care Baby Unit	98.0%	100.0%	92.8%	126.7%
Marble Hill	104.9%	108.3%	105.3%	103.2%
ITU	94.8%	100.0%	93.3%	-



Finance Dashboard
Month 7 (October) Integrated Position

Financial Position (£000's)									
	Combined Trust			CW			WM		
	Plan to Date	Actual to Date	Var to Date	Plan to Date	Actual to Date	Var to Date	Plan to Date	Actual to Date	Var to Date
Income	259,937	260,783	846	230,621	231,937	1,316	29,316	28,846	(470)
Expenditure	(245,955)	(246,805)	(850)	(217,220)	(218,146)	(926)	(28,735)	(28,659)	76
EDITDA	13,982	13,978	(4)	13,401	13,792	391	581	187	(395)
EBITDA %	5.379%	5.360%	-0.02%	5.8%	5.9%	-0.1%	2.0%	0.6%	-1.3%
Interest/Other Non OPEX	(1,324)	(1,184)	140	(473)	(460)	13	(851)	(724)	127
Depreciation	(8,448)	(8,448)	1	(7,555)	(7,544)	11	(893)	(904)	(10)
PDC Dividends	(7,018)	(7,018)	1	(6,662)	(6,662)	0	(356)	(356)	1
Surplus/(Deficit)	(2,808)	(2,671)	137	(1,289)	(875)	415	(1,519)	(1,797)	(278)

Comments RAG rating

In October CWFT (CW site and WM site) reported a £0.45m surplus, bringing the year to date deficit to £2.7m.

In Month - there is a favourable variance of £0.1m

- CW Site - £0.4m favourable variance driven from over-performance in clinical income.
- WM - £0.3m adverse variance against the month 7 plan, driven mainly through the underachievement against clinical income.

Year to date there is a favourable variance of £0.1m

- CW - £0.4m favourable against the plan, over-performance on clinical income and underspends in pay offsetting overspends in non-pay and shortfalls in private patient income
- WM - £0.3m adverse variance is driven by underperformance against clinical income.

Forecast

The combined forecast is £11.2m deficit. This assumes that the £1.3m of merger synergies is fully achieved.

Risk rating (year to date) C&W only

FSRR	M7 Plan	M7 Actual
FSRR Rating	2	2
Comments	RAG rating	

The Overall FSRR rating for month 7 is 2 (against a plan of 2).

This is mainly due to the I&E margin which is a deficit, and therefore the maximum that the Trust can achieve is a 2.

Cash Flow

Comments RAG rating

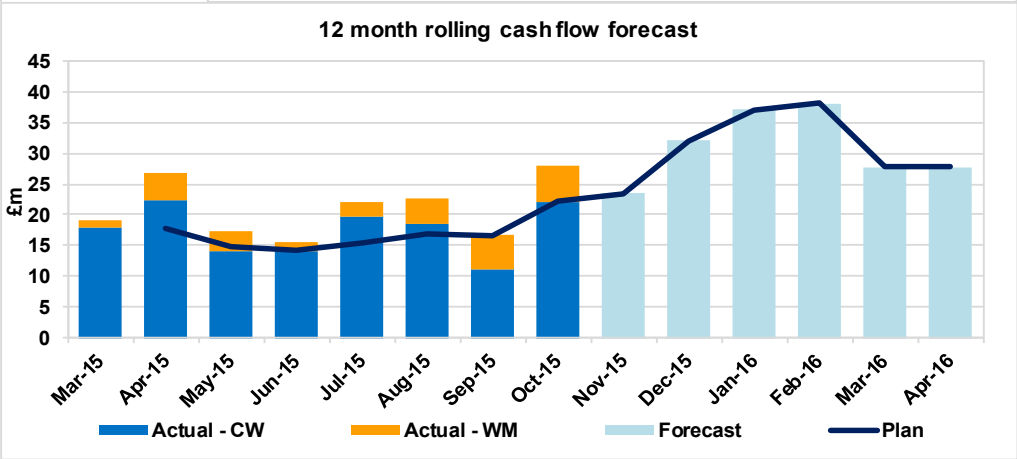
CW Site – The cash position for October was £22.1m.

WM Site- The cash position for October was £5.8m.

Trust: The combined cash position for October was £28.0m, compared to a plan of £22.3m.

The forecast cash position is £27.8m due to the transaction adjustments, including additional funding and loans for capital expenditure.

Cost Improvement Programme (CIPs)						
Site	In Month			Year to Date		
	Plan £'000	Actual £'000	Var £'000	Plan £'000	Actual £'000	Var £'000
CWFT	921	1,153	232	4,653	5,631	978
WMUH	669	828	159	3,768	2,758	(1,010)
Merger synergies	39	39	0	66	66	0
Trust Total	1,629	2,020	391	8,487	8,455	(33)
Comments	RAG rating					
CW – The CIP deliver for October was favourable against the plan by £0.2m and £1.0m YTD. The YTD CIP performance was £5.6m of which £1.5m is non-recurrent. The YTD over-performance mainly relates to £0.9m for pharmacy drugs CIP, and £0.6m for pay controls. These have offset against under-performance in temporary staffing and theatre productivity.						
WM - At the end of October the CIP programme was behind plan by £1.0m. The YTD CIP performance was £2.8m of which £0.2m is non recurrent. The YTD shortfall relates to bed management and temporary staffing and recruitment. It is anticipated that these action plans will result in the recovery and full delivery of the £7.2m target.						
Merger Synergies - There is £1.3m of merger synergies planned, which is forecast for delivery. In month 7 £0.04m and YTD £0.06m were delivered. Forecast - CW Site £10.6m, WM Site £7.2m and Merger Synergies £1.3m						





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	3	1	-
Trust-wide actions: Learning and development	14	14	-	-
Trust-wide actions: Medicines management	5	3	2	-
Trust-wide actions: End of life care	26	24	2	-
Emergency and Integrated Care	33	24	4	5
Planned Care	55	50	5	-
Women & Children, HIV & GUM	35	34	1	-
Total	189	169	15	5

Chelsea and Westminster Commentary

The main improvements in October being in Emergency Integrated Care consultant cover and consultant checks on discharge and related data capture on LastWord.

West Middlesex University Hospital

Area	Total	Complete	Green	Amber	Red
Must have, should dos	33	14	17	1	1
Children & Young Peoples	32	22	6	4	-
Corporate	2	2	-	-	-
Critical Care	27	16	6	5	-
Urgent and Emergency Services	17	12	3	2	-
End of life care	32	8	20	4	-
Maternity & Gynaecology	23	7	15	1	-
Medical are (including older people)	19	10	6	3	-
Surgery	26	12	10	4	-
Theatres	15	2	13	-	-
Outpatients Department & Diagnostic Imaging	14	4	9	1	-
Total	240	109	105	25	1

West Middlesex Commentary

October has seen good progress against all 240 actions.

There are several areas e.g. the Emergency Department (resus and observation bay), Paediatric ED (visibility) and the Intensive Care Unit (storage and sluice) that have provided solutions to issues such as space and storage, yet resolving the issue fully would require refurbishment or significant capital works.

Documentation for ICU, management of policies overall and provision of information for patients in alternative formats have now become much wider pieces of work within the integrated organisation. There are 3 specific areas; the impact of SaHF for ICU, lack of hospice beds and the community infrastructure for stroke patients which are dependent on the wider health community. A recent repeat day of care audit has been undertaken and the findings have been presented to the commissioners.

The lack of Mental capacity act and learning disability training was a common theme throughout the inspection, training sessions are now available for these important areas. In order to seek further assurance a deep dive into End of Life Care and all should and must do actions should be considered as the focus for November.



CQUIN Dashboard

West Middlesex University Hospital

Note: The table below refers to West Middlesex Hospital only. Chelsea and Westminster will remain on a separate contract until the end of the 2015/2016 financial year which does not include such a requirement.

National CQUINs

			Forecast			
No.	Description of goal	Responsible Executive (role)	Q1	Q2	Q3	Q4
N1	Acute kidney infection	Medical Director	G	G	G	G
N2	Sepsis (screening)	Medical Director	G	G	G	G
N2	Sepsis (antibiotic administration)	Medical Director	G	G	G	G
N3.1	Dementia & delirium: find, assess, investigate, refer & inform	Director of Nursing	G	G	G	G
N3.2	Dementia & delirium: staff training	Director of Nursing	G	G	G	G
N3.3	Dementia & delirium: improving discharge timeliness & process	Director of Nursing	G	G	G	G
N4	UEC: improving discharge timeliness & process	Director of Operations	G	G	G	G

Regional CQUINs

			Forecast			
No.	Description of goal	Responsible Executive (role)	Q1	Q2	Q3	Q4
R1.1	IT: shared patient records & real time information systems	Finance Director	G	G	G	G
R1.2	IT: diagnostic cloud across the NW London health economy	Finance Director	G	G	G	G
R1.3	IT: diagnostic cloud link to Ashford & St. Peter's	Finance Director	G	G	G	G
R2.1	OP referrals: reducing inappropriate referrals & face to face appts	Director of Operations	G	G	G	G
R3.1	7 day multi-disciplinary assessment (Acute)	Director of Operations	G	G	G	G
R3.2	7 day multi-disciplinary shift handover (Acute)	Director of Operations	G	G	G	G
R3.3	7 day diagnostics (Acute)	Director of Operations	G	G	G	G

Local CQUINs

			Forecast			
No.	Description of goal	Responsible Executive (role)	Q1	Q2	Q3	Q4
L1	Catheter care	Director of Nursing	G	G	G	G

West Middlesex commentary

the third quarter and remain on track overall.

N1 & N2 The A&E department use of the standardised Sepsis screening tool continues with an increased focus on the timeliness of antibiotic administration both to maximise patient care and to reach the quarterly CQUIN threshold. The required audit sampling for the Acute Kidney Injury scheme has identified an improvement over the baseline achieved in September and IT system development work is now agreed to automate this monitoring.

N3 Medicine division have maintained the screening and response protocols and reporting shows 100% referral for specialist opinion when required. 80.6% of appropriate staff have received Dementia training and two additional training sessions have been arranged to meet the thresholds agreed with the commissioners, including ensuring that a further four consultants receive the required training by the end of December.

L3 Urgent Care – A&E all types performance has on average exceeded 95% for each measured day during October (Saturday 97.8%, Sunday 98.0%, Monday 96.8%), representing a 3.1% improvement on 2014. The proportion of North West London patients staying over 21 days reduced in October to 2.40% from 2.69% in the same month last year. Full performance of this scheme remains a risk as seasonal non-elective demand grows

R1 IT Schemes – design and implementation of each of these schemes is following or ahead of the timescale agreed with commissioners. These schemes have already achieved electronic communication with Social Care, reporting for the Ambulatory Emergency Care service and the extension of the Diagnostic Cloud to Ashford & St Peters Hospitals NHS Foundation Trust.

R2 Gastroenterology, Gynaecology, Urology and Paediatrics have all maintained the required levels of referral triaging; T&O need to catch up during November. Non-face to face activity is also at the required levels although Urology are rebalancing between telephone and notes review channels during this quarter and work continues to ensure all activity is being captured, particularly for the new Paediatric telephone channel outpatients activity.

R3 • Seven Day Working – Actions are in place to deliver this scheme in each of the required wards, including additional Pharmacy resource and IT system access to enable timely medicines reconciliation for patients admitted at the weekends. Given the sample based approach to measurement, there will be some risk to delivery in the coming months and this is being monitored.

Regulatory Compliance									
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined Trust data: last Quarter, YTD & 13m trend		

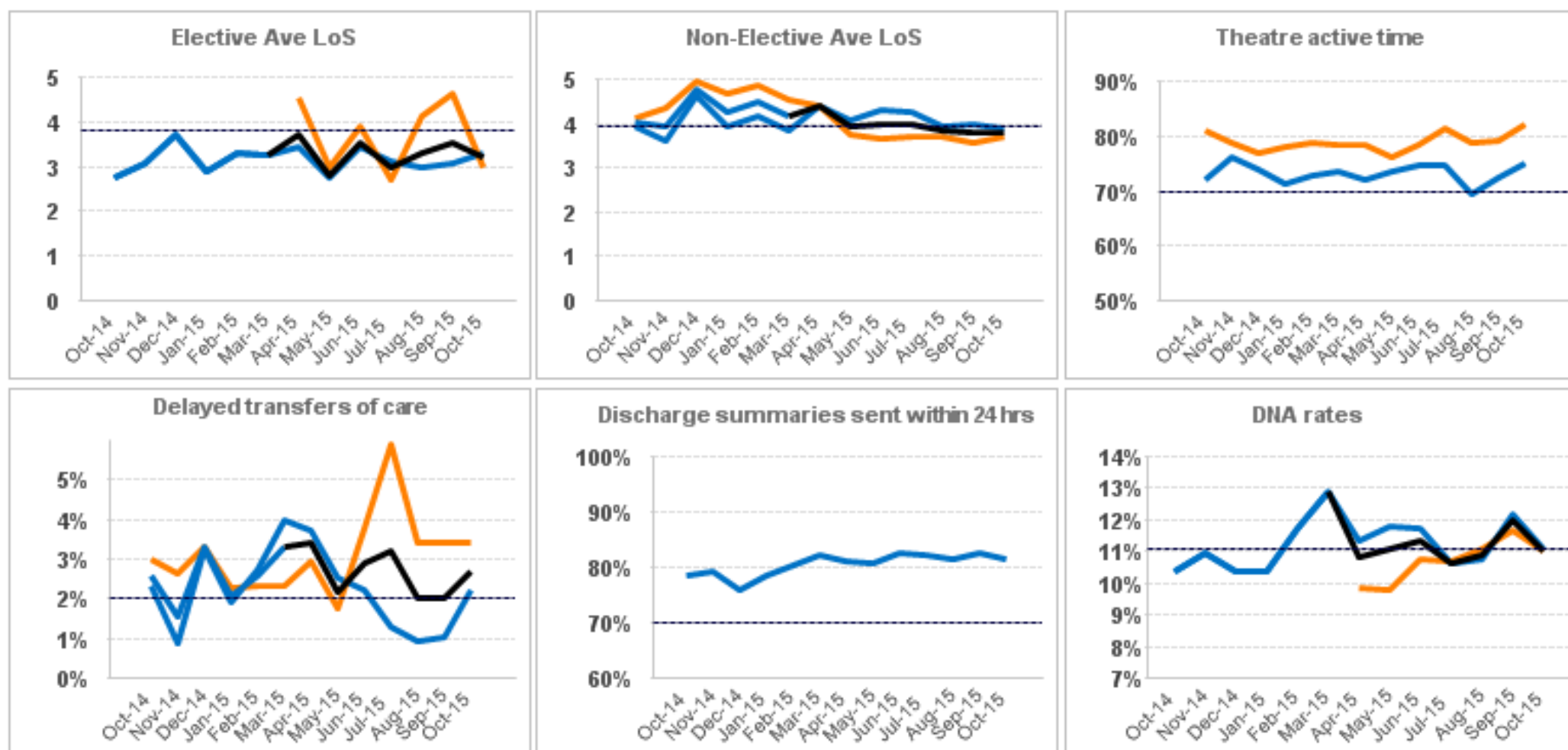


Quality						
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH
Combined: latest Quarter, YTD & 13m trend						





Efficiency												
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Aug-15	Sep-15	Oct-15	Aug-15	Sep-15	Oct-15	Aug-15	Sep-15	Oct-15	Quarter	YTD	Trend
Elective average LoS (Target: <3.8)	3.0	3.1	3.3	4.1	4.6	3.0	3.3	3.5	3.2	3.2	3.3	
Non-Elective average LoS (Target: 3.95)	4.0	4.0	3.9	3.7	3.6	3.7	3.8	3.8	3.8	3.8	4.0	
Theatre active time (Target: >70%)	69.5	72.4	75.1	78.8	79.3	82.1	69.6	72.4	75.2	75.2	73.3	
Delayed transfers of care (Target: <2%)	0.93	1.04	2.21	3.43	3.43	3.43	2.00	2.00	2.69	2.69	2.63	
Discharge summaries sent within 24 hours (Target: >70%)	81.6	82.7	81.6	dev	dev	dev	81.6	82.7	81.6	81.6	81.8	
Outpatient DNA rates (Target: <11.1%)	10.7	12.2	11.1	11.1	11.7	11.0	10.9	12.0	11.0	11.0	11.1	
On the day cancelled operations not re-booked within 28 days (Target: 0)	0	1	1	0	0	0	0	1	1	1	14	



Workforce												
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					





Cancer 62 days wait - Action Plan update November 2015

Action Plan Site specific, CWH – Urology (Prostate) Pathway			
Action	Responsible person	Timescale	Complete
Introduce a dedicated 2WW appointments clerk to manage two week wait referrals, who will alert the urology CNS of new referrals for triaging and organising MRIs scans pre-first outpatient appointment	General Manager, Surgery	End of September	Complete
Extend pilot of dedicated MRI slots (1 per day) for 2WW prostate patients	General Manager, Surgery and Head of Diagnostics	End of January	On track
Review effectiveness of dedicated MRI pilot	Cancer Manager	End of November	On track
BK to discuss and agree antibiotic prescribing protocol for patients with raised PSA with colleagues with a view to discharging patients back to primary in a more timely manner, as appropriate	Urology MDT Lead and General Manager, Surgery	End of September	Complete
Raise the pathology delays at Pathology Steering Group, enforcing agreed SLA re: turnaround times	Cancer Manager	Mid-September	Complete – monitor improvement
Increase capacity in pre-operative assessment service – including recruitment to vacant Band 6 staff post, identification of additional clinics space and re-establish escalation process for pre-assessment delays	General Manager, Surgery and Head of Outpatients & Medical Records	Early November	On track
Undertake demand and capacity modelling using NHS IMAS tools to understand additional capacity required to reduce first OP waits to 7 days	General Manager, Surgery	Mid-September	Complete
Increase two week wait capacity to achieve the <7 day wait in line with the demand and capacity modelling	General Manager, Surgery	Mid October	On track
Implement escalation process for pathway delays to CNS	General Manager, Surgery	Mid-September	Complete
Actively explore implementation of post MDT clinic or virtual clinic (consultant or CNS delivered) with a view to book arrange diagnostic investigations straight from this clinic e.g. biopsies, and reduce face-to-face follow-ups as appropriate. Pilot in place since end of Oct.	General Manager, Surgery, BK, Urology MDT Lead	End of October	Complete



Action Plan Site specific, WMUH			
Action	Responsible person	Timescale	Complete
Urology: Breaches reviewed with Service Manager and MDT Lead	Deputy General Manager, Surgery	Mid-September	Complete
Urology: Timed pathway reiterated	Deputy General Manager, Surgery	Mid-September	Complete
Urology CNS cover to be clarified.	Deputy General Manager, Surgery	End-October	Complete
Haematology Case: discussed with clinical team and team to ensure all diagnostics are completed promptly in relation to the 62 day pathway even if low suspicion of a malignant condition. On-going monitoring via weekly PTL meeting.	Service Manager, Haematology	Mid-September	Complete
Colorectal: Discussed with MDT team and clearer communication re expectation to return patient to WMUH to be used in future.	Deputy General Manager, Surgery	Mid-September	Complete
Action Plan Urology (Prostate) Overarching			
Undertake cross site prostate pathway management review to determine how best practice will be implemented across the whole Trust.	Cancer Manager (WM)	Mid October	Completed
Draft business case for a second Urology Clinical Nurse Specialist (joint site)	General Manager, Surgery (CWH)	Mid October	On track
Undertake demand and capacity modelling using NHS IMAS tools to understand additional capacity required to reduce first OP waits to 7 days and extend to WM site	General Manager, Surgery (CWH) Deputy General Manager, Surgery (WM)	End of September(CW) and end of October(WM)	Complete (CW) and underway (WM)

Chelsea and Westminster NHS Foundation Trust
RTT Action Plan
Version 1.8 (updated 18/11/2015)

Item No.	Improvement area	Recommendation / Action	Measurable Deliverable of Recommendation / Action	Resources required	Risks / mitigation	Priority 1 (higher) 3 (lower)	Managerial Lead	Agreed Date of Completion	Progress Report	RAG Status	Final Status of Item
1	Compliance with national RTT rules	Enforcing consistency around chronological booking order with schedulers and clinicians who book their own diaries	Patients booked in chronological order unless documented exception	Guidelines, accurate waiting lists information in chronological order, line management support for schedulers	Non-compliance in RTT performance/ performance manage process	1	GMs	20/05/2015	Training session carried out on 28/05/15. Schedulers now have awareness of rules. Next step to ensure policies and procedures are followed.		Complete
2	Demand and capacity	Increasing admitted activity in June/July which will focus largely on reducing the backlog	Activity booked meets or exceeds planned activity levels required to meet RTT targets	increased scheduler availability, theatre templates, availability of theatre slots, line management support for schedulers	Backlog increases due to poor scheduling capacity, unavailability of lists/ close management of situation	2	SMs/GMs	05/06/2015	Above-plan activity scheduled in June and 2/3rds booked in July. More detailed modelling scheduled in July/August.		Complete
3	Demand and capacity	Identify areas of concern in non-admitted areas where a backlog reduction is required	All specialties to have a plan to meet optimum first available appointment times (i.e. 6 weeks)	Validated PTL/ capacity	Insufficient capacity/ tip overs from non-admitted to admitted may cause deterioration in performance which will need to be	1	GMs	30/09/2015	Key areas identified: Pain Management, Foot and Ankle and Ophthalmology. Further work now required around implementing capacity alongside agreed pathway milestones. Additional capacity being profiled for August and IST support in place for D&C review at end-September in collaboration with all divisions.		Complete
4	Demand and capacity	Increasing non-admitted activity (as appropriate)	Activity booked meets or exceeds planned activity levels required to meet RTT targets	Clinic rooms, OP staffing, medical staffing, diagnostics, clinic template	lack of capacity/increased cost/	2	Information Team/Schedulers	19/06/2015	Ophthalmology have agreed to extra lists (Saturdays) August/September and service review in August. Foot and Ankle and pain on target.		complete
5	Demand and capacity	Demand and capacity modelling in services of concern (foot and ankle, hands, vascular, cataract, plastics as priorities) and then across the remaining services	Services identified where a capacity shortfall/surplus exists	Analysts time to create	No model available due to time needed to undertake work / escalate as a priority	1	Information Team	30/09/2015	This action has been reviewed and deadline now extended from 17/07/15 to end of August for phase 1. IST support in place for D&C review at end-September in collaboration with all divisions.		complete
6	Communication	Re-establish Weekly RTT meetings within services	Meetings set up	Availability of team	Lack of communication of objectives/instructions	1	GMS	20/05/2015	Completed and set up		Complete
7	Good practice waiting list management	Refocusing attention to the non-admitted PTL not just on the admitted PTL	Management team has equal focus on non-admitted KPIs	Management time	Insufficient information available/ escalate as a priority	1	GMs	05/06/2015	Completed		Complete
8	Good practice waiting list management	Addressing long delays of up to four weeks in referral triaging	Ensure all triage is completed in line with the trust Access policy	Consultant time to increase turnaround to 24 hour target	Insufficient resource available/ present case to increase resource	2	SMs	19/06/2015	Areas of concern have been identified; communication went out to clinical teams w/c 06/07/15. Re-audit mid August.		complete
9	Good practice waiting list management	Increasing focus on limiting any "no future appointments" at source rather than purely retrospective validation	Ensure reasons for NFAs are identified and communicated to responsible officers for action.	Time commitment from OP Performance Officer	Conflicting priorities will need to be addressed	3	SMs	03/07/2015	Work to establish useable report to manage NFAs is complete, available on Qlikview and being used to drive validation focus. (See action 20 re: training)		complete
10	Good practice waiting list management	Undertaking a full administrative/data flow diagnostic from receipt of referral to outpatients, diagnostics and admission/clock stop which will feed into a wider elective access policy	Process map complete	Management time	Re-prioritise workload	3	GMs	05/06/2015	Added to reports required from Information team. Additional time required to complete task. Referral management, appointment booking processes and scheduling process walked through - outstanding review of outpatient to be completed w/c 03/08/15		Complete
11	Good practice waiting list management	Snapshot audit of consultants who manage their own diaries versus size/features of backlog	Complete audit	Management time	Re-prioritise workload	3	Scheduling Manager	09/10/2015	Not complete - revised deadline w/c 09/10/15. Update: action suspended		
12	Good practice waiting list management	Introduce SOPs for TCI scheduling	Access policy exists. Summarise into booking rules that can be communicated to IP scheduling team and theatre staff.	Management time	Re-prioritise workload	2	Sarah Hicks	09/10/2015	Sarah Hicks to update Trust Access policy in collaboration with Service Improvement. SOPs to be added as appendices to policy		
13	Good practice waiting list management	Introduce SOPs for POA scheduling	Access policy exists. Summarise into booking rules that can be communicated to POA team.	Management time	Re-prioritise workload	2	Sarah Hicks	09/10/2015	Sarah Hicks to update Trust Access policy in collaboration with POA / Scheduling Manager. SOPs to be added as appendices to policy. Update: SOPs complete - awaiting sign off from relevant consultants.		

Chelsea and Westminster NHS Foundation Trust
RTT Action Plan
Version 1.8 (updated 18/11/2015)

Item No.	Improvement area	Recommendation / Action	Measurable Deliverable of Recommendation / Action	Resources required	Risks / mitigation	Priority 1 (higher) 3 (lower)	Managerial Lead	Agreed Date of Completion	Progress Report	RAG Status	Final Status of Item
14	Good practice waiting list management	Introduce SOPs for outpatient scheduling	Access policy exists. Summarise into booking rules that can be communicated to OP scheduling team.	Management time	Re-prioritise workload	2	Sarah Hicks	09/10/2015	Sarah Hicks to update Trust Access policy in collaboration with Service Improvement. SOPs to be added as appendices to policy. Update: SOPs complete.		complete
15	Good practice waiting list management	Introduce SOPs for E-Referrals	SOPs available to relevant staff	Management time	Re-prioritise workload	2	Sarah Hicks	31/10/2015	In progress. Joint work underway with West Middx. Update: Main SOP complete. Further development as part of the e-Referral improvement programme of work		
16	Good practice waiting list management	Clarify roles and responsibilities for E-Referral processes	Named individual responsible for coordinating DOS and publishing.	Management time	Re-prioritise workload	3	Sarah Hicks	09/10/2015	Update: roles clarified and re-mapping to key functions and live services complete		complete
17	Good practice waiting list management	Clarify processes around E-Referral ASIs	Identified ASI lists and booking rules and responsibilities for escalation.	Management time	Re-prioritise workload	3	Sarah Hicks	09/10/2015	Update: roles and processes clarified and communicated.		complete
18	Good practice waiting list management	Mapping our current pathways/ introducing national pathways	All relevant services following appropriate pathway.	management and clinical staff time	Re-prioritise workload	3	SMs/GMs	03/07/2015	Pathway milestones being agreed for all key pathways with specialty level risk assessments/ RAG against key milestone (1st OP, diagnostics, decision to admit).		Complete
19	Staffing resource	Recruitment to scheduler posts to increase staff resource capacity / identify total resource required	Existing establishment recruited to/recruit to further posts	Budgeted establishment/time to recruit and train new staff	Delay in recruitment/ consider bank/agency staff	1	Paul Attwal	17/07/2015	2 additional posts recruited to 9.1 WTEs. 2 posts have started training. Trust has agreed 3 additional posts - due to go out to advert w/c 29/06/15. Update: recruitment complete and ongoing for future vacancies. Role and further staffing resource to be agreed as part of Trust Clinical Admin Review in Q4 15/16		complete
20	Theatre list productivity	Recruitment of scheduling team leader/list broker to provide additional leadership and accelerate improvements	Supporting earlier booking of lists as part of the 6-4-2 process	Recruitment of scheduling team leader/list broker	Delay in recruitment/ consider bank/agency staff	1	Paul Attwal	17/07/2015	Meetings now taking place - will take time to embed. New list broker in post.		Complete
21	Staffing resource	Review of Trust validation resource and appropriate recruitment to additional validator posts	Reduction in data quality issues and acceleration of data quality clean up	Financial commitment above establishment	Delay in recruitment/ consider bank/agency staff	1	Paul Attwal	31/07/2015	Trust has agreed to fund 4x Band 4 additional validators (3-6 months). Advert due out 29/06/15. Update - August 15, 2 WTE's in place, awaiting start		Complete
22	Staff training	Development of Lastword RTT training package and agreement of training implementation plan	Staff confidence and consistency in using the PAS system.	EPR Team resource and staff release for training	Availability of training rooms/ seek support from COO re: prioritisation of training space	2	Shola Adegrooye	17/07/2015	EPR team developing training package for RTTP module. Update: Limited progress made here. To be picked up again in November with a view to January roll out of training. External resource being explored to deliver RTT training.		

LEARNING DISABILITY COMPLIANCE ACTION PLAN NOVEMBER 2015

Standard Number	Standard	Action	Lead	Completion Date
1	Does the Trust have a mechanism in place to identify and flag patients with learning disabilities* and protocols that ensure that pathways of care are reasonably adjusted to meet the health needs of these patients?	Compliant CW WMUH – working with 3 different IT & paper systems. Patients are flagged on 1 system by wards, but not consistent across site.	Karin Burke	March 2016
2	In accordance with the Disability Equality Duty of the Disability Discrimination Act (2005), does the Trust provide readily available and comprehensible information ** (jointly designed and agreed with people with learning disabilities, representative local bodies and/or local advocacy organisations) to patients with learning disability about the following criteria: • Treatment options (including health promotion) • Complaints procedures • Appointments	Compliant CW Both sites need to make appointment letters available in easy read, noting that these will only be available to patients already identified (through the hospital or via GP) as having a learning disability	CW – Kathryn Mangold & Sarah Hicks WMUH – Karin Burke	End Dec 2015 March 2016
3	Does the Trust have protocols in place to provide suitable support for family carers who support patients with learning disabilities, including the provision of information regarding learning disabilities, relevant legislation and carers' rights?	Compliant CW WMUH – Annual Getting to Know Your Hospital day. Carers group will be joint across both sites, to ensure increased engagement and protocols in place across whole Trust	Kathryn Mangold/ Karin Burke	End Dec 2015
4	Does the trust have protocols in place to routinely include training on learning disability awareness, relevant legislation, human rights, communication techniques for working with people with learning disabilities and person centred approaches in their staff development and/or induction programmes for all staff?	Compliant CW WMUH – to participate in CW training. Staff for priority training to be identified.	Karin Burke/ Joe Johnson/ Kathryn Mangold	End Mar 2016

6	Does the Trust have protocols in place to regularly audit its practices for patients with learning disabilities and to demonstrate the findings in routine public reports?	CW – compliant WMUH – clear flagging required (standard 1) to enable auditing of practices.	Karin Burke/ Joe Johnson	End Mar 2016
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