



Board of Directors Meeting (PUBLIC SESSION)

Location: Room A, West Middlesex Hospital
Date: Thursday, 7 January 2016 Time: 14.00 – 16.00

Agenda

		GENERAL BUSINESS		
14.00	1.	Welcome & Apologies for Absence Apologies received from Elizabeth McManus	Verbal	Chairman
14.02	2.	Declarations of Interest	Verbal	Chairman
14.05	3.	Minutes of the Previous Meeting held on 26 November 2015	Report	Chairman
14.10	4.	Matters Arising & Board Action Log	Report	Chairman
14.15	5.	Chairman's Report	Verbal	Chairman
14.30	6.	Chief Executive's Report	Report	Chief Executive Officer
14.45	7.	Patient Experience Case Study	Verbal	Director of Nursing WM site
		QUALITY & TRUST PERFORMANCE		
15.05	8.	Integrated Performance Report	Report	Executive Directors
		ITEMS FOR INFORMATION		
15.30	9.	Questions from Members of the Public	Verbal	Chairman
15.45	10.	Board Meeting Evaluation & Planning for Next Board Meeting	Verbal	Chairman
15.55	11.	Any Other Business		
16.00	12.	Date of Next Meeting – 4 February 2016		

Minutes of the Board of Directors (Public Session)

Held at 14.00 on 26 November 2015 in The Boardroom, Chelsea & Westminster Hospital

Present:	Sir Thomas Hughes-Hallett	Trust Chairman	(Chair)
	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)
	Elizabeth McManus	Chief Nurse	(EM)
	Peta Haywood	Chief People Officer	(PH)
	Thomas Lafferty	Company Secretary	(TL)
	Karl Munslow-Ong	Chief Operating Officer	(KMO)
	Nick Gash	Non-Executive Director	(NG)
	Nilkunj Dodhia	Non-Executive Director	(ND)
	Sandra Easton	Director of Finance	(SE)
	Roger Chinn	Site Medical Director – West Middlesex	(RC)
In Attendance:	Jane Lewis	Deputy Director of Corporate Affairs	(JL)
Apologies:	Lorraine Bewes	Chief Financial Officer	(LB)
	Zoe Penn	Medical Director	(ZP)

1.	Welcome and Apologies for Absence	
a.	The Chair welcomed all present to the meeting. Following the Board development day in November, a number of changes to the format of the meeting have been agreed. The meeting in public will now be held in advance of a meeting held in private to ensure that all business is discussed with the exception of issues of a confidential nature.	
b.	The apologies for absence were noted.	
2.	Declarations of interest	
a.	The Chair reported that he has made an investment into a company who have designed an App which matches care professionals to patients. The investment has been made from the Chairs charitable trust.	
3.	Minutes of Previous Meeting: 29th October 2015	
a.	The minutes of the previous meeting were confirmed as a true and accurate record.	

4. a. b. c. d. e. f. g. h.	Matters arising and Board action log The Board considered the matters arising from the last set of minutes and the corresponding Board action log. In relation to action 4.f, PH reported that the People and Organisational Development Committee have discussed the recruitment and retention plan. The Board endorsed the proposal that a draft plan will be circulated to Board members for comment in advance of formal presentation to the Board in February 2016. EH added that the Finance & Investment Committee have also had robust discussions with regard to the recruitment and retention challenges and have emphasised the imperative to implement a plan at the earliest opportunity. An update report will be presented to the Board of Governors on 3rd December 2015. THH asked PH to reflect of the recent Comprehensive Spending Review announcement that nursing bursaries will be removed and to assess what impact this will have on the Trust's future recruitment and retention plan. In relation to action 7.b, JLo asked for details of the review of patient appointment times. EM explained that the main areas where patients are given the same appointment time are departments where patients have interventional procedures, such as the Treatment Centre. KMO added that the theatre utilisation project has identified differential practices across a number of departments. Processes are currently being tested but the imperative will be to ensure that agreed outcome ensures both a positive patient experience and operational efficiency. In relation to action 8.f, RC apologised that the paediatric data was incorrect in the last Integrated Performance Report due to a coding/reporting issue. A significant amount of work has been undertaken to improve the quality of the data. RC confirmed that the correct number for September was 1 child death and 2 neonatal deaths. All deaths are subject to a comprehensive internal review, in addition to Child Death Reviews undertaken by the Local Authority. TL added the operational team is meeting on a regular basis to improve the governance arrangements around the Integrated Performance Report. In response to AJ, RC advised the Board that he chairs a monthly Mortality and Morbidity Committee which is a synthesis of divisional Mortality and Morbidity Review Groups. All deaths are graded and subject to peer review. In response to NG, RC explained that of particular focus is to establish if there have been any lapses in care which impacted on the outcome. LW added that there is also external scrutiny on mortality which is overseen by the Quality Committee. EM added that Mortality and Morbidity reviews are also undertaken at the Chelsea & Westminster site but work is underway to replicate the West Middlesex best practice review model over the coming months.	PH PH
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i.	In relation to action 8.g, the Board noted the report on the proposals for cross-site medication safety monitoring. RC noted that following the issue raised at the last Board meeting that there was a discrepancy in the numbers of reported incidents at both hospital sites, a review has highlighted a variance in reporting but action is being taken to streamline processes.	
j.	In relation to action 8.j, KMO confirmed that work is in progress to refine the complaints metric with the on-going development of the performance report.	
k.	In relation to action 8.k, the Board noted that a review of the fracture neck of femur indicator will be presented to the Quality Committee in January 2016.	
l.	In relation to action 8.n, it was noted that work to refine the patient experience metric is underway.	
5.	Chairman's Report	
a.	The Chairman advised the Board that he will be meeting with Sir Simon Steven, CEO, NHS England to discuss two issues relating to the current regulatory framework and volunteering in the NHS. In respect of the latter, the Alzheimer's Society has expressed an interest in working in partnership with the Trust which presents an exciting opportunity. Further details will be reported at the next Board meeting.	THH
b.	The Chairman added his thanks to the staff on his wife's behalf who reported an excellent experience when she attended a recent outpatient appointment.	
6.	Chief Executive's Report	
a.	In addition to the CEO report, PH provided an overview of the preparations that are being made for the forthcoming industrial action by junior doctors on 1 st , 8 th & 16 th December 2015. There has been a significant amount of internal planning and communications have been sent to all staff setting out expectations to maintain patient safety. In addition, the operational team have been linking in with the Trust's community partners to ensure they are aware of the potential service impact.	
b.	KMO assured the Board that he is confident that the plans for emergency care for the first day of industrial action are robust. Approximately 350 planned outpatient appointments and 50 elective appointments have been cancelled. Work to confirm the impact on paediatrics is on-going.	
c.	A gold command centre will be in place on each day of industrial action, led by KMO and staff will be deployed appropriately across both sites to support areas of most need. In response to EH & AJ, KMO anticipates that 75% of the 350 junior doctors will be taking part in the industrial action. RC added that the consultant body have been very supportive and will be providing cover to ensure patient safety is maintained and to ensure that the patients who have been cancelled are re-booked in a timely manner.	

d.	KMO added that the operational team will review the impact of the first day of industrial action immediately afterwards to ensure any learning is taken forward to the subsequent days of planned industrial action.	
e.	In response to JLo, KMO confirmed that there will be a negative cost to the industrial action but as yet, this has not been quantified.	
f.	LW reported that there had been an extended outbreak of diarrhoea and vomiting on Edgar Horne ward which has resulted in a number of bed closures. 25 patients and 7 staff have been affected but there is a robust infection prevention and control plan in place led by the Director of Infection Prevention & Control.	
g.	KMO advised the Board that on 23 rd November, the Trust called an internal major incident following a water leak in the data centre at the Fulham Road site. This impacted on some of the clinical systems causing a delay in results reporting. The off-site back up system was successfully utilised during the early hours of 24 th November and KMO thanked the ICT staff for their support and hard work to restore the systems within a short period of time. A full investigation is underway and will report in due course to the Audit Committee.	
h.	In response to EH, KMO confirmed that the main impact was felt at satellite services and although no patients were cancelled there was a delay in patients being seen.	
i.	In response to THH, KMO confirmed that in line with other NHS organisations the Trust has a robust major incident plan in place but in light of the recent heightened security alerts and advice, further work is being undertaken across the sector to test these arrangements. A communication has been sent out to all staff to remind them of the importance of increased vigilance.	
j.	JLo advised the Board that following Government advice regarding potential cyber attacks, the Trust's external auditors have been invited to the next Audit Committee for a review of the latest guidance. LW added that the IT incident this week will also afford a timely opportunity to review the Trust's IT resilience.	
k.	In response to THH, LW undertook to include in her January report an update on the Hammersmith Sexual Health clinic.	LW/KMO
l.	In response to NG, LW confirmed that she will provide a more detailed report in January in respect of the 'host provider' evaluation for the Richmond Accountable Care Organisation.	LW/KMO
m.	LW highlighted that the Trust's positive performance across all indicators is out performing most Trust's across the sector and she thanked the staff for all their hard work.	
n.	The Board noted the report.	

7. a. b. c.	Patient Experience Case Study Miss Charlotte Deans, Consultant Obstetrician, Ms Gubby Ayida, Clinical Director, and Vivien Bell, Head of Midwifery joined the meeting to present a patient experience case study 'Maternal Sepsis – A Great Save'. The case study centred on a woman in her early 30's who was 27 weeks pregnant and presented at A&E unwell with a temperature, abdominal pain, headache and abnormal observations. Following transfer to the maternity unit the multi-disciplinary team underwent an assessment using the Sepsis protocol which was completed within the good practice guidance of one hour and broad spectrum antibiotics commenced. There was great concern about the deteriorating condition of the patient and the impact this was having on the unborn child. Following consultant discussion the decision was to deliver the baby via emergency caesarean as the source of the mother's problems was unknown at that stage. Both mother and baby were transferred to intensive care where the mother's severe sepsis was diagnosed. The mother was in a critical condition and she remained on ITU for 24 days and was discharged home two days later. The baby remained on the neonatal unit for 79 days but now both mother and baby are at home together doing well and continue to be followed up by a number of specialists. The team are extremely proud of the care that was given to both mother and baby and it highlights the effectiveness of the Sepsis 6 care protocol which is being used throughout the organisation. The Board thanked the team for their presentation and congratulated them on the outstanding care that was afforded to the patients on this occasion.	
8. a. b. c. d.	Trust Performance Report – October 2015 In presenting the Performance Report, KMO noted that the report had been scrutinised in detail at both the Quality and Finance & Investment Committee's. At month two of the combined organisation, all regulatory compliance indicators were achieved. KMO was pleased to report that the Chelsea & Westminster site is now compliant with the national recommendations for enhancing access to healthcare for people with learning disabilities. The action plan for the West Middlesex site will achieve compliance with the standards by the end of March 2016. Emergency performance remains challenging due to high demand particularly on the West Middlesex site. Winter resilience plans are in place with on-going work to ensure capacity and staffing support the plan. In response to THH, EM acknowledged the importance of ensuring that overseas recruits have strong communications skills and to this end additional support is being given to the most recent cohort of overseas nursing staff. Any future overseas recruitment has been postponed until the Trust has assurance that the agencies that the Trust works with improve the overall standard of English of recruits they put forward for interview.	

e.	In response to JLo who queried the differential number of reported hospital deaths between West Middlesex & Chelsea & Westminster, RC explained that this is due to the different case mix of patients. As previously discussed, all deaths are subject to review by the clinical teams. EH added that the Quality Committee are cited on mortality and she was able to provide assurance to the Board that the mortality rates on both sites are well below the national average. NG added that a compounding factor for the West Middlesex site is the lack of local hospice care which means that the number of patients who die in hospital is higher than in other areas.	
f.	In presenting the finance report, SE highlighted that in October, the Trust reported a £0.45m surplus bringing the year to date deficit to £2.7m. The year to date favourable variance of £0.1m was driven mainly by over-performance of £0.4m on clinical income, underspends on pay for Chelsea & Westminster, however, there was an adverse variance against the West Middlesex plan of £0.3m driven by underperformance against clinical income.	
9.	Questions from members of the public	
a.	In response to Governor Susan Maxwell, LW explained that the Trust receives a proportion of the cost when patients are re-admitted within 30 days of discharge. EH added that the Quality Committee at its meeting last week asked for 'deep dive' review of hospital re-admissions at the January meeting to answer the question; 'are patients are being discharged too early?'. KMO added that the Trust's performance is reasonable when compared to other Trust's but it is important that further work is undertaken in this regard. RC added that the clinical team is having on-going discussion with commissioners in respect of re-admission rates.	
10.	Board Meeting Evaluation & Planning for Next Board Meeting	
a.	In reviewing the effectiveness of the Board meeting, members made the following comments.	
b.	AJ felt that the patient experience case study presented by the Obstetric team provided assurance about the quality of care. Examples of learning from positive events should be replicated at future meetings using examples from other specialities.	
c.	The Board concurred that the change in emphasis to maximise the benefit of the sub-committee's by avoiding a repeat of business that had already be scrutinised in detail was a welcome initiative.	
d.	In response to EH, the Board agreed that a standing agenda item on the integration of the West Middlesex and Chelsea & Westminster should be on each future Board agenda, to which the integration director will be invited to attend.	TL

11.	Any other business	
a.	In response to the Chair, the Board APPROVED the proposal that all 7 Non-Executive Director should become voting members of the Board and this will be matched with 7 voting Executive Directors.	

The meeting closed at 15.45 hours.



Board of Directors PUBLIC SESSION – 26 November 2015 Action Log

Meeting	Minute Number	Agreed Action	Current Status	Lead
Nov 2015	4.b	Circulate the draft recruitment & retention plan in advance of formal presentation to the Board in February 2016.	On schedule for February.	PH
	4.c	Reflect the impact of the removal of the nursing bursaries on the Trust's future recruitment and retention plan.	On schedule for February.	PH
	5.a	Provide an update on discussions with Simon Steven regarding regulatory framework and volunteering.	To be covered under Chairman's Report.	THH
	6.k	Include an update on the Hammersmith Sexual Health clinic in the next CEO report in January.	An update was provided at the December Finance and Investment Committee meeting. The service remains on track for open in time for the new financial year.	KMO/LW
	6.l	Provide update report on the Richmond Accountable Care Organisation at the January Board.	To be covered under Chief Executive Officer's Report.	LW
	10.d	Add a standing item on the Integration to the Trust Board agenda.	This will ordinarily be incorporated into the CEO's Report (unless there is a specific paper which needs to be sent).	TL



Board of Directors Meeting, 7 January 2016

PUBLIC

AGENDA ITEM NO.	6/Jan/16
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
January 2016

1.0 STRATEGIC DEVELOPMENTS

1.1 Business Planning Cycle & the Development of the Trust's Strategy

On 22 December 2015, the NHS Shared Planning Guidance 2016/17 - 2020/21 was published by NHS England and other national regulators. The guidance aims to establish a national framework within which a sustainable, transformed health service will be delivered over the years ahead. It includes the national priorities for 2016/17, agreed by all national health and care bodies, plus the business rules that will support delivery.

The Trust is required to design its own business plans in this context and is specifically asked to develop:

1. A local health and care system 'Sustainability and Transformation Plan', which will cover the period October 2016 to March 2021; and
2. A plan by organisation for 2016/17. This will need to reflect the emerging Sustainability and Transformation Plan.

Linked to the business planning cycle, the Trust is in the process of progressing its business plans locally. Following the Board approval of the Clinical Services Strategy, a significant amount of work is underway to align our other service strategies. The Estate Strategy will be presented to our January private Board meeting. We will then subsequently have our People & OD Strategy at our February Board and finally both our IM&T and Private Patient Strategies at our March Board meetings.

These corporate strategy documents will support the development of our divisional, directorate and service line plans for 2016-17 which will ultimately form part of our Monitor business plan submission. Divisional business plans will be continually monitored throughout the financial year as part of the new integrated performance management framework.

1.2 Shaping a Healthier Future (SAHF)

The Trust continues to engage in North West London Collaboration of Clinical Commissioning Groups' (NWL CCG) system wide transformation programme, Shaping a Healthier Future (SAHF). The SAHF programme's ambition is to update and revise the Implementation Business Case (ImBC), with submission to NHS England due by Summer 2016. The business case will restate the case for change, the plan to achieve improved quality standards and support financial sustainability and, therefore, present a compelling case for capital investment as one of the key enablers.

The Trust will support this approach by:

- Developing an updated Outline Business Case (OBC) including costed estates solution and revised financial modelling by 3 June 2016;
- Aligning the Trust's 5 year plan assumptions on integration, quality and productivity (as per Monitor approved LTFM);
- Engaging in NWL wide productivity workstreams as best mitigation to both individual and pan-provider positions.

To support the detail of the revised OBC and to ensure commissioner insight and understanding of how the proposed capital development supports both SAHF quality and the Trust's 5 year plan, the Trust hosted NWL CCG GP leads and Managing Directors at a 'developing strategy' session. This allowed the Trust to break down our emerging OBC outline to a number of specific areas and to begin the process of developing a phased series of developments consistent with SAHF objectives. This approach was very well received by commissioners and has allowed a more consistent and streamlined process for gaining commissioner approval for individual developments.

1.3 Richmond Accountable Care Organisation (ACO)

In line with the Trust's plans to develop an Accountable Care Framework and to pursue the national agenda on New Models of Care, the Trust has signed a Memorandum of Understanding with the Richmond Federation of GPs, Hounslow & Richmond Healthcare Community NHS Trust and Kingston Hospital NHS Foundation Trust in order to respond to Richmond CCG's commissioning intentions to:

- 1) Assess the partnership against the DH's 'Most Capable Provider' guidance
- 2) Consider the issue of a long term Outcomes Based Contract

A 'consensus framework' has now been developed which underpins the Partnership and clarifies a series of financial, legal and operational issues. We have taken a collaborative but cautious approach to the partnership to ensure patient best interests and Trust financial sustainability are both protected.

I will continue to keep the Board updated as to progress made in this area.

2.0 **PERFORMANCE**

2.1 Financial Performance

At Month 8, the Trust saw a favourable variance of £0.04m versus plan, comprising:

- CW Site: £0.08m adverse variance driven from over-performance in clinical income/offset against non-pay overspend;
- WMUH Site: £0.13m favourable variance driven mainly through overachievement of clinical income/offset against pay and non-pay overspend

Year to date, the Trust has achieved a favourable variance of £0.18m against plan. The projected year-end forecast remains a £11.2m deficit. This will meet the control total set by Monitor. Our long term financial model will be refreshed quarterly allowing us to adjust expenditure to support our ability to deliver a break even position at the end of the financial year 2016/17.

2.2 Operational Performance

The Trust continues to be one of the best performing Trusts in London, however, there is no doubt that levels of demand and public expectation continue to increase the challenges faced by our staff. The Trust failed to meet the 4-hour A&E waiting time target in November after experiencing unprecedented levels of non-elective demand at WMUH, combined with capacity challenges in WMUH Paediatrics. Actions have been taken to bolster paediatric staffing and capacity and discussions have been progressed with Hounslow CCG about potential improvements to the urgent care pathway.

The Referral-to-Treatment (RTT) incomplete target was achieved for the overall Trust in November. It is anticipated that December may see a downturn in performance (due to patient choice over the Christmas period and fewer clock starts and clock stops due to fewer working days) with improvement again in the New Year.

November's validated performance for Cancer will not be reported until January for both sites. It is anticipated that the 62 day target will be met in November; this is an improvement on the October position for CW.

WMUH had one C. difficile infection in November bringing the total for the site to 6 year to date. Actions are in place to mitigate further cases.

Both sites have achieved all other regulatory performance indicators, with the exception of access to patients with learning difficulties. CW continues to be fully compliant with all of the learning disabilities indicators. WMUH is working to achieve compliance by the end of 2015/16, in line with the CQC Action Plan.

3.0 PEOPLE

3.1 Organisational Restructure

It is now over 100 days since the Trust acquired WMUH. Over recent weeks, the Trust has looked to move towards single departmental and team structures for operational and nursing staff through a process of formal consultation. Board members will recall that the collective consultation was launched on 9 October 2015 in accordance with the Trust's Managing Organisational Change Policy and the Collective Redundancies and Transfer of Undertakings (Protection of Employment) 2006 (amendment) Regulations 2014.

The consultation process has now concluded and a final structure for nursing and operational teams has been established. I would like to praise the staff who engaged in the structure discussions and consultation process whilst continuing to deliver high quality care and experience to their patients. Following on from this, the placement of staff in posts within these structures has now been finalised following a rigorous interview and selection process. The Trust will publish its full management structure once all other Departmental consultation processes have concluded.

The Trust will transition into the new structures from January 2016. These new structures and the increased focus on responsibility and empowerment at divisional, directorate, specialty and department level underpin our ability to deliver our operational performance and clinical strategy.

3.2 Leadership and Development

A development programme has been designed, funded and procured for all Divisional Medical and Associate Medical Directors, this to support them in their new managerial roles. A further programme is in design for nursing and operational leaders.

The HR and Nursing Directorates are currently reshaping the Trust's 'People and OD Strategy' which, as referenced above, will be presented at the Board in early 2016. As part of this, the Trust's Chief Nurse is progressing an approach which will describe our intention to recruit, develop and retain more of our nurses and allied health professionals.

In the meantime, the Trust has continued with a vigorous recruitment campaign (we have had a net increase of circa 100 staff) and we will ensure continued progress is made to ensure we have a sustainable workforce.

3.3 'Intrapreneurship Programme'

The Trust has recently engaged in an 'Intrapreneurship' Programme hosted by Imperial Health Partners. The programme, which has been developed with Institute of Global Health Innovation/Helix, WhatIf! and Buckinghamshire New University, aims to enable organisations to become more expert at achieving transformational change through the identification and adoption of innovation.

The Trust has involved four clinical fellows (clinicians) and four Directors enrolled in the programme.

The programme will be interwoven with a live innovation project in the Trust, run by a team participating in the Fellows programme. I will keep Board members updated as the Programme progresses.

4.0 GOVERNANCE & REGULATION

4.1 Monitor

On 1 December 2015, the Trust received a letter from Monitor confirming the Regulator's assessment of the organisation's current 'risk ratings' at the end of Quarter 2 2015/16:

- Financial sustainability risk rating: 2
- Governance Risk rating: Green

These ratings have been published on Monitor's website and are primarily derived from the Trust's financial (the Trust is projecting a deficit) and operational performance, detailed elsewhere within this report.

In addition, the letter confirms that, following the Trust's acquisition of West Middlesex University Hospital NHS Trust, the Trust remained subject to Monitor's 'enhanced reporting' arrangements, comprising monthly 'Progress Review Meetings' (PRMs) in addition to a bimonthly Progress Overview Group (POG) which will be attended by a broader range of key stakeholders (including local and specialist commissioners).

The first PRM meeting took place on 22 December 2015 which was mostly focused upon the Trust's financial, operational and clinical performance as at Month 7, based upon information reported to the Board at its November 2015 Board meeting. PRM meeting dates have now been scheduled throughout 2016. It is anticipated that the first POG meeting will take place in February 2016.

Monitor's regulatory guidance includes a requirement for Foundation Trusts to complete an external review of their governance every three years. The comprehensive due diligence process that took place as part of the WMUH acquisition means that this is not immediately necessary but, as agreed as part of the its transaction application, the Trust will undertake a further Corporate Governance Self-Certification exercise in March 2016 which will align with the drafting of the 2015/16 Annual Governance Statement.

4.2 CQC

On 11 January 2016, the Care Quality Commission (CQC) will also commence a series of monthly progress review meetings with the Trust; these will be led by the Trust's local CQC Inspector and attended by the Trust Medical Director, Chief Nurse and Director of Corporate & Legal Affairs. I will make the Board aware of any key issues that arise from the meetings with the Trust's regulators over the months ahead.

The CQC action plan for the Chelsea and Westminster site is now closed with three exceptions:

- Emergency Department- this relies on the completion of phase 2 of the new build;
- IT- the integrated care record will be delivered as part of the IT strategy;
- Care of Mental Health patients- work is continuing with partners to ensure that our patients are looked after in an appropriate setting.

The Chief Nurse and Directors of Nursing and Midwifery are developing a new tool to assist the assessment of our wards and departments against the CQC domains. This tool will allow both internal and external assessments to take place on a regular basis and we will use the tool to continuously assess our compliance.

5.0 **PATIENT EXPERIENCE**

5.1 Patient Feedback

Patient comments, complaints, and compliments continue to provide information which enables us to improve patient care.

The Board has already seen through patient presentations at Board meetings how 'lessons learnt' are used to inform the training of our staff and enhance of our services. In the Integrated Performance Report, we now routinely identify the themes which cause most concern to our patients and we will look to systematically address these.

However, I thought that I would use this report to mention some of the letters I have received over the past month, which articulates some outstanding care in our services and by individual members of staff. Each month one of these will be anonymised and presented to the Board. This month I have had particularly positive feedback in respect of our Emergency Department, the Acute Assessment Unit, Outpatients Department, Gynaecology services, our Phlebotomy administrators and ward staff. One such example is detailed below:

"For the third time in the 18 years I have lived in London, a health incident has brought me under the care of your hospital. I just want to congratulate and thank you for the excellence of not only the medical treatment I am getting, but also the calm atmosphere in which it is delivered.

In many visits in the last few weeks from the AAU to the outpatient clinic #4 to the blood labs to the x-ray facilities, I have been treated in the utmost professional manner and kindness by all the staff, from professionals to receptionists. At no time I have felt as merely a number to be processed nor have I experienced an unsmiling or unhelpful member of

staff. Waits in the blood or x-ray departments have never been more than 10 minutes. And the physical environment seems exceptionally clean and tidy.

One hears so much about the sorry state of the NHS. Certainly this is not the situation at Chelsea & Westminster in my current experience and I am indeed fortunate to be a patient in it. Keep up the great work! (Now if they can just get me a better...)"

There have been particular commendations for individual staff members who have received a personal note of thanks. In future, we will seek to name and commend those staff in the Public Board.

6.0 COMMUNICATIONS

6.1 Internal

Over the past month, my executive colleagues and I have met with staff in addition to attending regularly held meetings:

- Departmental meetings
- Consultant breakfast
- Team briefings at Chelsea and Westminster Hospital, West Middlesex University Hospital and Harbour Yard
- Walkarounds at every site of the Trust to informally meet with staff and wish them all a Happy Christmas
- Christmas Cheer awards at both main hospital sites (with 20 winners per site, kindly sponsored by the Friends of Chelsea and Westminster)
- Carol singing services at both main hospital sites
- Christmas Events at both main hospital sites
- Light up a Life remembrance events at both main hospital sites

On Christmas Eve and Christmas Day, I visited both main hospital sites to meet with staff, patients, carers and volunteers at hospital over the Christmas period.

6.2 External

Over the past month, together with executive colleagues I have met with many external stakeholders including:

- Paul Martin- CEO: Wandsworth Borough Council
- Ruth Owen- CEO: Whizz Kidz
- NHS Leadership Forum
- Ann Radmore – CEO: NHS South West London
- Richmond CCG
- All NWL Acute Chief Executives
- Hosted a CCG Board events which included representatives from all NWL CCGs
- Monitor
- Three visits by the Mayor and Mayoress of the Royal Borough of Kensington to the Trust:

- o To celebrate Worlds Aids Day and support our HIV testing drive with staff and volunteers from St Stephen's AIDS Trust
 - o To officially open the Changing Places facility for disabled patients and visitors, which is on the Ground Floor and the first such facility in an acute hospital in London, as well as meeting with representatives from Chelsea Children's Hospital Charity
 - o Attending the Chelsea and Westminster Christmas event (the Mayor of Hounslow was in attendance at the West Middlesex Christmas event)
- Parliamentary Carol Service
 - Christmas reception of the Mayor of the Royal Borough of Kensington and Chelsea
 - Representatives from the Chelsea Football Club Foundation, as well as the Chelsea Football Club first team

You will have seen from all of my CEO Reports to Board that I have invested a significant amount of my time during my first three months at the Trust to engage with internal and external stakeholders. Based on feedback from our patients, staff and partners, I have approved an interim stakeholder engagement plan in place from January-March 2016 to ensure that my corporate Director colleagues and I continue to drive the engagement agenda.

Findings from this plan will be reflected in the development of our longer term Communications and Engagement Strategy which will be brought to the May Board and which will bring a wider remit to the engagement function so that our divisional teams, through their implementation of the Clinical Services Strategy, are fully engaged with and involved (at every level) in our commitment to be transparent and inclusive in the work to build on and improve our services.

Lesley Watts

Chief Executive Officer

December 2015



Board of Directors Meeting, 7 January 2016

PUBLIC

AGENDA ITEM NO.	8/Jan/16
REPORT NAME	Integrated Performance Report – November 2015
AUTHOR	Sam Harmer, Head of Information
LEAD	Karl Munslow-Ong, Chief Operating Officer
PURPOSE	To report the combined Trust's performance for November 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 November. Regulatory performance – overall the Trust A&E waiting time target for November was not achieved. This was due to unprecedented demand levels at WMUH, combined with capacity challenges in WMUH Paediatrics. Actions have been taken to bolster paediatric staffing and capacity, and discussions have been progressed with Hounslow CCG about potential improvements to the urgent care pathway. The RTT incomplete target was achieved for the overall Trust in November; however the CW site did not achieve the target, although showing improvement over the last two months. It is anticipated that December may see a downturn in performance (due to patient choice over the Christmas period and fewer clock starts and clock stops due to fewer working days) with improvement again from January (cautious) and February (confident). November's validated performance for Cancer will not be reported until January for both sites, it is anticipated that the 62 day target will be met in November; this is an improvement on the October position for CW. WMUH had one C. difficile infection in November bringing the total for the site to 6 year to date. Actions are in place to mitigate further cases. Both sites have achieved all other regulatory performance indicators, with the exception of access to patients with learning difficulties. CWH continues to be fully compliant with all of the learning disabilities indicators in November. WMUH is not yet fully compliant with all 6 of the learning disabilities indicators, but is working to achieve compliance in 2015/16, in line with the CQC Action Plan.

	Quality and Patient Experience: Focus continues on reporting incidents and the new system is being introduced across both sites in January will help increase the incident reporting rate. Both sites continue to focus on improving response rates for the Friends and Family Test (FFT), targeting specific areas with low response rates. Picker have recently completed a piece of work gathering together the findings from FFT and other areas identifying 7 key areas for the Trust to focus on in the next 6 months. 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 have been working through capacity and demand modelling to help inform long term solutions; additional clinics and new consultants are in place to start in January. There was an increase in the % of delayed transfers of care at the WMUH site in November, due to an increase in patients requiring nursing home placements which can manage complex behavioural issues. A weekly, multi-agency escalation process has been established to support the management of difficult cases. Workforce: Unplanned staff turnover and vacancy rates remain high. In late November the National Staff Survey closed with the Trust achieving a response rate of 51% - an improvement of 2% on the previous year.
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. The A&E waiting time target is also likely to be challenged during the winter pressures as November's non-achievement of target has shown. 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 Trust reported a favourable variance £0.04m in November and £3.12m deficit for the year to date, which was £0.18m 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 Board is asked to note the performance for November 2015.



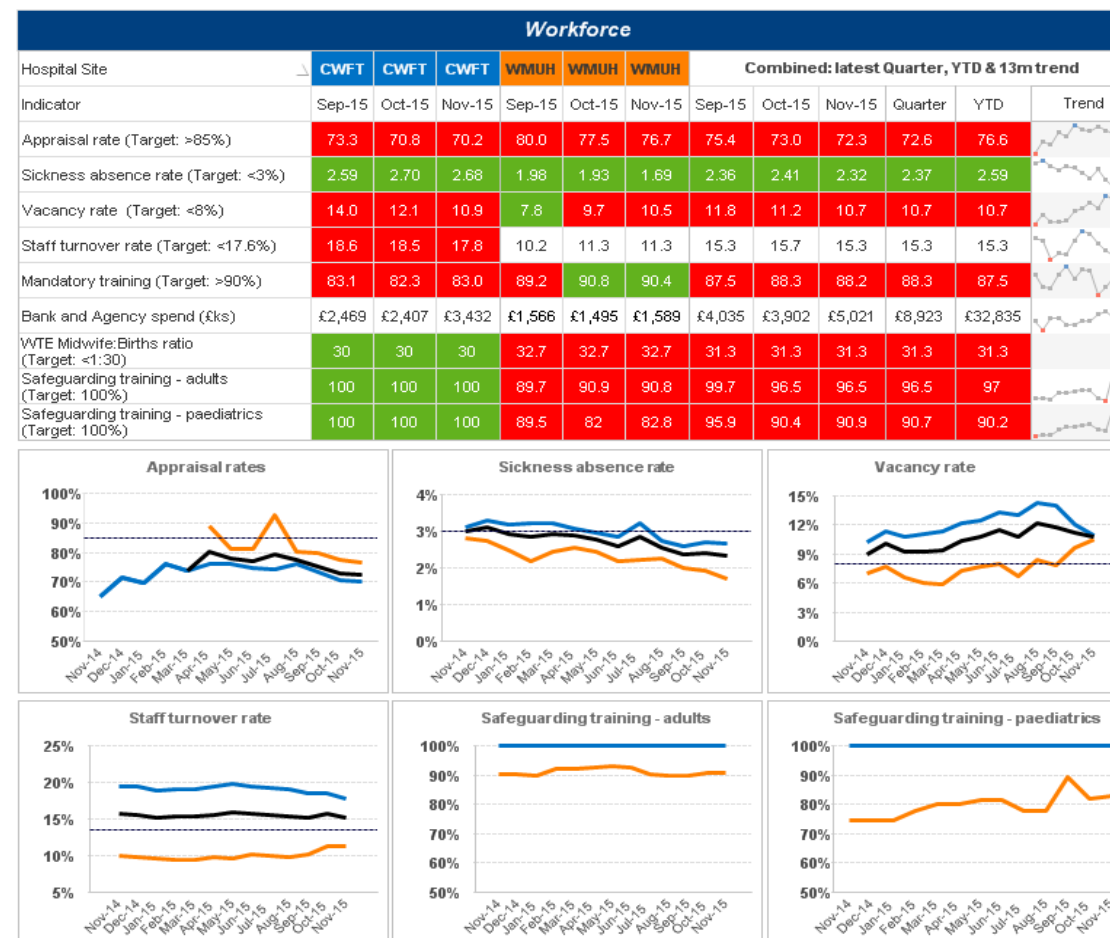
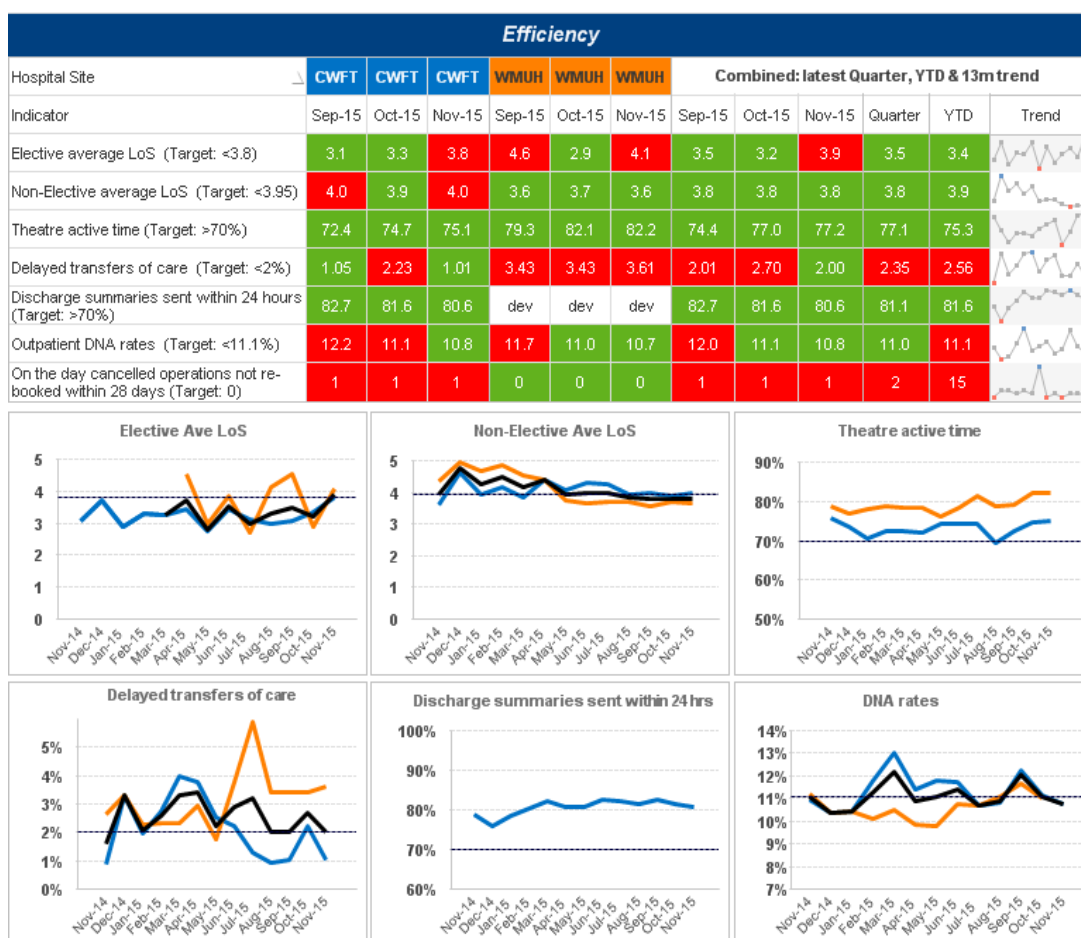
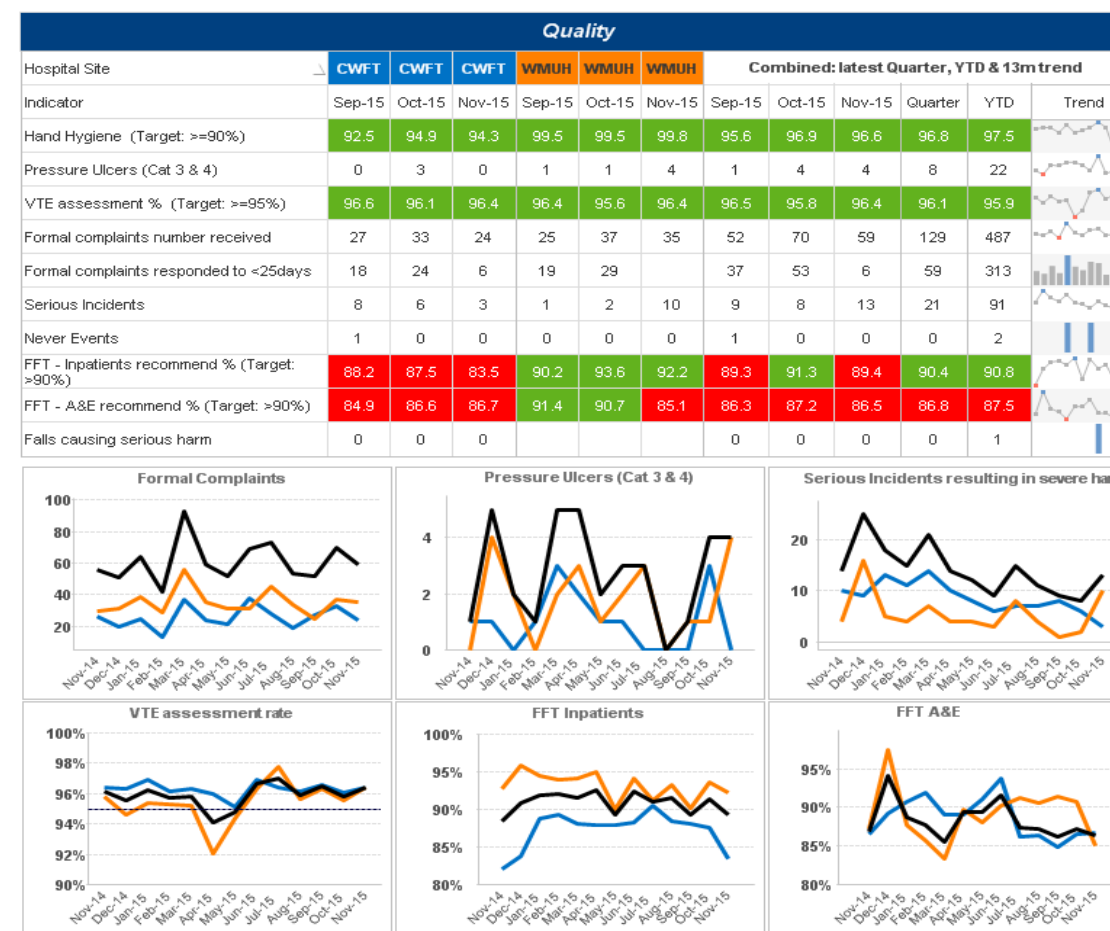
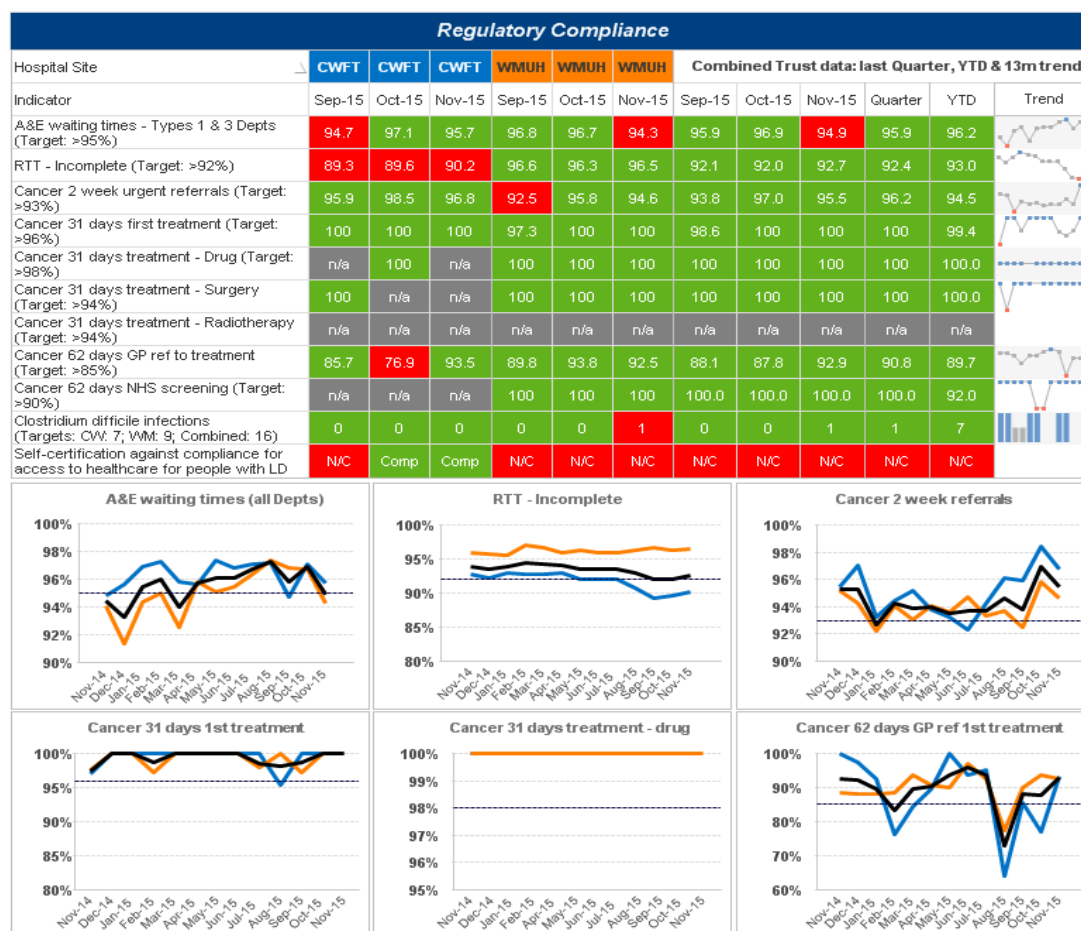
TRUST PERFORMANCE REPORT

November 2015

Incorporating West Middlesex University Hospital data



November 2015 Performance Dashboard



Note: Full page versions of the above Performance Dashboards are available on Pages 17-20



Monitor Dashboard

Domain	Indicator	Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
		Sep-15	Oct-15	Nov-15	2015-2016	Sep-15	Oct-15	Nov-15	2015-2016	Sep-15	Oct-15	Nov-15	2015-2016 Q3	2015-2016	Trend charts
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	94.7%	97.1%	95.7%	96.4%	96.8%	96.7%	94.3%	96.0%	95.9%	96.9%	94.9%	95.9%	96.2%	
RTT	18 weeks RTT - Admitted (Target: >90%)	85.7%	82.8%	80.4%	87.6%	95.0%	94.5%	94.8%	94.9%	90.5%	89.0%	87.8%	88.4%	91.3%	
	18 weeks RTT - Non-Admitted (Target: >95%)	93.2%	91.9%	91.5%	94.0%	96.3%	96.9%	96.5%	96.8%	94.4%	93.8%	93.5%	93.6%	95.0%	
	18 weeks RTT - Incomplete (Target: >92%)	89.3%	89.6%	90.2%	91.1%	96.6%	96.3%	96.5%	96.2%	92.1%	92.0%	92.7%	92.4%	93.0%	
Cancer	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	95.9%	98.5%	96.8%	95.1%	92.5%	95.8%	94.6%	94.0%	93.8%	97.0%	95.5%	96.2%	94.5%	
	31 days diagnosis to first treatment (Target: >96%)	100%	100%	100%	99.5%	97.3%	100%	100%	99.3%	98.6%	100%	100%	100%	99.4%	
	31 days subsequent cancer treatment - Drug (Target: >98%)	n/a	100%	n/a	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	31 days subsequent cancer treatment - Surgery (Target: >94%)	100%	n/a	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%)	85.7%	76.9%	93.5%	88.0%	89.8%	93.8%	92.5%	90.7%	88.1%	87.8%	92.9%	90.8%	89.7%	
Patient Safety	62 days NHS screening service referral to first treatment (Target: >90%)	n/a	n/a	n/a	n/a	100%	100%	100%	92.0%	100%	100%	100%	100%	92.0%	
	Clostridium difficile infections (Year End Targets: CW: 7; WM: 9; Combined: 16)	0	0	0	1	0	0	1	6	0	0	1	1	7	
Learning difficulties Access & Governance	Self-certification against compliance for access to healthcare for people with Learning Disability	Non-compliant	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 two items

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

Chelsea & Westminster commentary

RTT

November's RTT Incompletes performance slightly improved on the previous months' positions and WMUH continues to compensate for the CW site underperformance. It is anticipated that December may see a downturn in performance (due to patient choice over the Christmas period and fewer clock starts and clock stops due to fewer working days) with improvement again from January (cautious) and February (confident).

Note: The latest month for Cancer data is not fully validated so any comments will refer to the month before

Cancer – 62 days GP referral to first treatment

The standard was not achieved in October due to four patients breaching this target. All breaches have been reviewed and found to have been unavoidable:

- Haematology – patient referred on day 97 of the pathway;
- Lower GI – de-functioning of their tumour before chemotherapy could begin;
- Lower GI – patient went on a 3 week holiday against medical advice during diagnostic tests;
- Urology – patient had complex co-morbidities and was not fit for diagnostics in 62 day timeframe.

It is anticipated that the 62 day target will be met for November with 1.5 breaches:

- Gynaecology - unavoidable delay due to a complex diagnostic pathway;
- Urology - avoidable breach due to an IT failure

West Middlesex commentary

Note: The latest month for Cancer data is not fully validated so any comments will refer to the month before

A&E waiting times – Types 1 & 3 Depts

Unprecedented Type 1 attendance demand levels, combined with capacity challenges in Paediatrics throughout November resulted in a significant deterioration in 4 hour performance. A range of actions have been taken to bolster paediatric staffing and capacity in order to recover performance, and urgent discussions progressed with Hounslow CCG about potential improvements to the urgent care pathway.

Clostridium Difficile infections

There was one C. difficile infection in November 2015, bringing the total to six cases, within the trajectory of six set to the end of December.

The target for the year to 31 March 2016 is a maximum of nine cases. All six cases have occurred on different wards. Two cases were of the same ribotype, the first seen in July and the second in November. There were lapses in care contributing to the latest case (this has yet to be agreed with the commissioners). Actions are in place to mitigate against further cases.

Compliance for access to healthcare for people with Learning Disability

Work is in progress to achieve compliance by April 2016; the main issue being the ability to flag patients on our 3 different clinical systems. A review is underway to see if the April deadline can be brought forward.



Safety Dashboard

Domain	Indicator	Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
		Sep-15	Oct-15	Nov-15	2015-2016	Sep-15	Oct-15	Nov-15	2015-2016	Sep-15	Oct-15	Nov-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%)	92.5%	94.9%	94.3%	96.1%	99.5%	99.5%	99.8%	99.3%	95.6%	96.9%	96.6%	96.8%	97.5%	
Incidents	Number of serious incidents	8	6	3	55	1	2	10	36	9	8	13	21	91	
	Incident reporting rate per 100 admissions (Target: >8.5)	6.9	7.3	6.6	7.5	6.5	6.0	6.2	7.2	6.7	6.7	6.4	6.6	7.4	
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions (Target: 0)	0.00	0.00	0.00	0.04	0.11	0.19	0.14	0.08	0.05	0.09	0.06	0.07	0.04	
	Number of medication-related safety incidents	39	49	41	367	71	30	23	281	110	79	64	143	648	
	Never Events (Target: 0)	1	0	0	2	0	0	0	0	1	0	0	0	2	
Harm	Safety Thermometer - Harm Score (Target: >90%)	94.5%	94.2%	93.2%	93.8%	97.3%	97.3%	101.6%	98.7%	95.2%	96.0%	98.0%	97.0%	95.4%	
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	0	3	0	7	1	1	4	15	1	4	4	8	22	
	NEWS compliance %	100.0%	100.0%		75.7%					100.0%	100.0%	n/a	100.0%	75.7%	
	Safeguarding adults - number of referrals	19	18	24	139	5	6	10	41	24	24	34	58	180	
	Safeguarding children - number of referrals	33	19	18	171	38	32	54	269	71	51	72	123	440	
Mortality	Number of hospital deaths - Adult	35	24	42	275	47	61	54	453	82	85	96	181	728	
	Number of hospital deaths - Paediatric	0	0	0	1	0	0	0	0	0	0	0	0	1	
	Number of hospital deaths - Neonatal	3	0	1	18	2	0	2	8	5	0	3	3	26	
	Number of deaths in A&E - Adult	1	3	3	21	5	4	8	45	6	7	11	18	66	
	Number of deaths in A&E - Paediatric	0	0	0	2	1	2	1	4	1	2	1	3	6	
	Number of deaths in A&E - Neonatal	0	0	0	0	0	0	0	0	0	0	0	0	0	

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

Despite a slight increase in the total number of patient safety incidents reported by staff members in November 2015, this 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.

West Middlesex commentary

Serious Incidents

There has been a significant increase in the number of serious incidents reported this month. With only 1 month at this level it is too soon to say that this is a trend. Of the 10 reported 4 are hospital acquired pressure ulcers. Details of all the Serious Incidents (SIs) reported in November are included in the SI Board report.

Incidence of newly acquired category 3 & 4 pressure ulcers

The 4 Pressure Ulcers (PUs) reported in November are being investigated as serious incidents. All 4 have been reported by different wards or departments.

Incident reporting rate per 100 admissions

Please note that 43% of these incidents have not yet been 'finally approved' (e.g. fully investigated and closed by the area involved / affected) this may lead to categorisation or grade of harm / severity amendments following investigation completion.



Patient Experience Dashboard

Domain	Indicator	Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
		Sep-15	Oct-15	Nov-15	2015-2016	Sep-15	Oct-15	Nov-15	2015-2016	Sep-15	Oct-15	Nov-15	2015-2016 Q3	2015-2016	Trend charts
Friends and Family	FFT: Inpatient recommend % (Target: >90%)	88.2%	87.5%	83.5%	87.7%	90.2%	93.6%	92.2%	92.4%	89.3%	91.3%	89.4%	90.4%	90.8%	
	FFT: Inpatient not recommend % (Target: <10%)	7.0%	7.1%	9.1%	6.5%	6.0%	2.8%	4.0%	3.8%	6.4%	4.4%	5.7%	5.0%	4.7%	
	FFT: Inpatient response rate (Target: >30%)	39.5%	37.8%	30.6%	36.0%	25.7%	28.3%	27.9%	27.1%	30.1%	31.3%	28.7%	30.0%	29.6%	
	FFT: A&E recommend % (Target: >90%)	84.9%	86.6%	86.7%	86.7%	91.4%	90.7%	85.1%	89.8%	86.3%	87.2%	86.5%	86.8%	87.5%	
	FFT: A&E not recommend % (Target: <10%)	7.7%	7.2%	6.8%	7.0%	5.0%	6.3%	8.0%	5.9%	7.2%	7.1%	7.0%	7.0%	6.7%	
	FFT: A&E response rate (Target: >30%)	21.3%	21.1%	19.9%	20.9%	22.2%	18.2%	16.1%	22.4%	21.5%	20.7%	19.3%	19.9%	21.3%	
	FFT: Maternity recommend % (Target: >90%)	90.4%	88.8%	92.9%	91.4%	91.0%	95.7%	97.4%	90.9%	90.6%	90.7%	94.0%	92.3%	91.2%	
	FFT: Maternity not recommend % (Target: <10%)	5.8%	7.8%	4.0%	5.0%	5.4%	2.2%	2.6%	3.9%	5.7%	6.2%	3.6%	5.0%	4.5%	
	FFT: Maternity response rate (Target: >30%)	27.0%	37.6%	28.0%	27.4%	22.9%	19.1%	16.6%	23.1%	25.7%	29.5%	23.8%	26.4%	26.0%	
	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	27	33	24	214	25	37	35	273	52	70	59	129	487	
	Complaints formal: Number responded to < 25 days	18	24	6	143	19	29		170	37	53	6	59	313	
	Complaints (informal) through PALS	107	102	95	777	39	75	67	272	146	177	162	339	1049	
	Complaints sent through to the Ombudsman	0	0	0	1	2	1	1	7	2	1	1	2	8	
	Complaints upheld by the Ombudsman (Target: 0)	0	0	0	2	0	1	0	4	0	1	0	1	6	

Please note the following

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An empty cell denotes those indicators currently under development

Chelsea & Westminster commentary

Complaints performance commentary October 2015

This month the performance of type two complaints should receive a response within 25 working days has improved on last month 72% (24 of 33) in October compared to 67% (18 of 27) in September. The overall performance for the year to date is 72% (137 of 190).

In October 33 complaints were received which were logged as type two.

Surgery received 6 complaints, three of these breached [performance 50%].

Women, Children, Sexual Health, HIV and Dermatology received 16 complaints, 4 of these breached of which three related to Gynaecology [performance 75 %]

Friends and Family

There has been a refocus on FFT over the last six months but Chelsea & Westminster site figures (responses and recommends) still fall below the London average. November saw a drop in reporting and this has been linked to a much lower return of paper copies. The wards need to refocus on asking patients to complete these forms.

The patient experience team have been working with the divisions to make FFT and findings a core part of improving the patient experience and will continue this work.

Picker have recently completed a piece of work gathering together the findings from FFT, PALS, complaints and surveys identifying 7 key areas to focus on for the next 6 months. The patient experience team are working with the divisions to develop a plan to address these areas.

West Middlesex commentary

Friends and Family Test - Inpatient and Maternity response rate

Work is underway with the FFT supplier (Healthcare Communications) for both CW and WMUH sites to ensure that texts are sent to all patients who are discharged with reminder text to follow.

Friends and Family Test - A&E response rate

The return to work of the A&E FFT volunteer after a period of sick leave gives confidence that there will be an increase in our A&E FFT response rate in the coming months now that the telephone FFT feedback is being resumed. The telephone approach will also help us to drive up the recommended % as feedback received via this route is historically more positive.

Complaints upheld by the Ombudsman

The Upheld complaint relates to Orthopaedic care provided at WMUH in 2012. The case has already been discussed at the Orthopaedic Clinicians meeting and an action plan is being developed. Many of the actions have already been introduced, eg improved NEWS systems have been introduced since 2012.



Efficiency & Productivity Dashboard

Domain	Indicator	Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
		Sep-15	Oct-15	Nov-15	2015-2016	Sep-15	Oct-15	Nov-15	2015-2016	Sep-15	Oct-15	Nov-15	2015-2016 Q3	2015-2016	Trend charts
Admitted Patient Care	Average length of stay - elective (Target: <3.7)	3.1	3.3	3.8	3.2	4.6	2.9	4.1	3.7	3.5	3.2	3.9	3.5	3.4	
	Average length of stay - non-elective (Target: <3.9)	4.0	3.9	4.0	4.1	3.6	3.7	3.6	3.8	3.8	3.8	3.8	3.8	3.9	
	Emergency care pathway - average LoS (Target: <4.5)	4.7	5.1	4.9	4.9	4.0	4.1	4.1	4.2	4.3	4.5	4.4	4.4	4.5	
	Emergency care pathway - discharges	187	206	193	1556	199	208	203	1658	387	414	396	810	3214	
	Emergency re-admissions within 30 days of discharge (Target: <2.8%)	3.13%	3.29%	3.24%	3.23%	7.78%	6.30%	7.50%	7.45%	5.23%	4.63%	5.04%	4.83%	5.08%	
	Delayed transfer of care - % relevant NHS patients affected (Target: <2%)	1.0%	2.2%	1.0%	1.9%	3.4%	3.4%	3.6%	3.5%	2.0%	2.7%	2.0%	2.4%	2.6%	
	Non-elective long-stayers	391	397	387	3210										
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	86.0%	82.9%	86.2%	83.6%	84.8%	84.3%	85.7%	85.1%	85.0%	84.0%	86.0%	84.5%	84.8%	
	Operations cancelled on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.41%	0.50%	0.47%	0.41%					0.41%	0.50%	0.47%	0.49%	0.41%	
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	1	1	1	15	0	0	0	0	1	1	1	2	15	
	Theatre active time (C&W Target: >70%; WMM Target: >78%)	72.4%	74.7%	75.1%	73.4%	79.3%	82.1%	82.2%	79.6%	74.4%	77.0%	77.2%	77.1%	75.3%	
	Theatre booking conversion rates (Target: >80%)	87.9%	88.3%	88.1%	87.9%										
Outpatients	First to follow-up ratio (Target: <1.5)	1.66	1.62	1.55	1.60	1.73	1.63	1.67	1.69	1.71	1.63	1.63	1.63	1.66	
	Average wait to first outpatient attendance (Target: <6 wks)	7.7	9.6	13.4	7.4	5.2	5.1	4.7	6.8	6.4	6.9	6.8	6.9	7.0	
	DNA rate: first appointment	13.9%	11.7%	11.9%	12.0%	13.1%	12.5%	12.1%	12.0%	13.6%	12.1%	12.0%	12.0%	12.0%	
	DNA rate: follow-up appointment	11.6%	10.9%	10.3%	11.1%	10.8%	10.0%	9.8%	10.0%	11.4%	10.6%	10.2%	10.4%	10.7%	
Please note the following		blank cell	An empty cell denotes those indicators currently under development												

Chelsea & Westminster commentary

Emergency care pathway – average LoS

Work is continuing via the Urgent Care Transformation Programme to reduce non elective lengths of stay and an update report was sent to the Finance & Investment Committee in December.

Emergency re-admissions:

The target of <2.8% was not achieved in November with a performance of 3.24%. The Clinical Director for Emergency Care has been asked to examine this and has raised some concerns about how these readmissions have been coded. An audit will verify the Trust position and whether any changes need to be made in terms of coding but also for improve performance. A review will be brought back to the Quality Committee in January.

First-to-follow-up ratio:

This continues to reduce month-on-month and is now within reach of the target of 1.5.

Average wait to first outpatient attendance

Since September a steady increase has been seen due to a focus on clearing long waiters as part of the RTT recovery plan. Areas with a capacity shortfall are being addressed by the demand and capacity plan that the Trust has carried out with additional capacity coming on line in January.

DNA rates

The text message reminder service is back up and running following technical issues with it in September. This had led to a higher rate of patient DNA's. The system and process within it has been addressed and retraining given to users. The DNA rate has since fallen by over 1.3% and is continuing to improve.

West Middlesex commentary

Average length of stay - elective

The increase at both West Middlesex and Chelsea & Westminster in November was due to a high number of complex cases discharged in the month compared to the previous month.

Emergency re-admissions:

Currently a review is in progress to ensure that the methodology for calculating the performance is the same across the two hospital sites.

Delayed transfer of care - % relevant NHS patients affected:

A rising number of patients requiring nursing home placements which can manage complex behavioural issues is driving delays. A weekly, multi-agency escalation process has been established to support the management of difficult cases.

Theatre booking conversion rates

November activity has not been reported as previous reported activity is under review to ensure the criteria used for CW and WMMUH match – this is under review with a resolution due in January



Clinical Effectiveness Dashboard

Domain	Indicator	Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
		Sep-15	Oct-15	Nov-15	2015-2016	Sep-15	Oct-15	Nov-15	2015-2016	Sep-15	Oct-15	Nov-15	2015-2016 Q3	2015-2016	Trend charts
Best Practice	Dementia screening diagnostic assessment (Target: >90%)	100.0%	100.0%	100.0%	100.0%	94.0%	94.3%	91.6%	93.3%	97.8%	98.0%	97.2%	97.6%	97.7%	
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	52.9%	100.0%	91.7%	88.5%	40.0%	66.7%	44.4%	51.4%	45.9%	77.8%	71.4%	75.0%	67.4%	
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	100.0%	100.0%	100.0%	100.0%	100.0%	95.2%	100.0%	96.3%	100.0%	96.4%	100.0%	98.0%	98.0%	
VTE	VTE: Hospital-acquired (Target: tbc)	0	0	0	0	1	0	1	3	1	0	1	1	3	
	VTE risk assessment (Target: >95%)	96.6%	96.1%	96.4%	96.2%	96.4%	95.6%	96.4%	95.5%	96.5%	95.8%	96.4%	96.1%	95.9%	
TB	TB: Number of active cases identified and notified	4	4	5	38	3	5	6	65	7	9	11	20	103	
	TB: % of treatments completed within 12 months (Target: >85%)	75.6%	80.0%	78.0%	78.0%	76.1%	76.4%	76.7%	76.7%	76.0%	77.2%	77.0%	77.0%	77.0%	
Please note the following		blank cell	An empty cell denotes those indicators currently under development												

Chelsea and Westminster commentary

TB % of treatments completed within 12 months

The figures are presented on a rolling 12 month basis i.e. November month reflects cases due to complete within the period December 2014 and November 2015 inclusive.

Therefore the Year-to-Date figures are the same as the latest month's figure (78%)

The reasons for patients not completing treatment in the 12 months to November (22%) were:

12% died

5% transferred overseas

5% still on treatment (this latter figure was due to drug intolerance and/or drug resistance).

Fractured neck of femur (#NoF) Time to Theatre <36 hours for medically fit patients

The single breach in November concerned a patient who had a prior procedure already booked on to a trauma list, necessitating the neck of femur procedure to be put back 24 hours

West Middlesex commentary

Fractured neck of femur (#NoF) Time to Theatre <36hrs for medically fit patients

Actions plans are being developed in response to the recently received Royal College of Surgeons report into emergency activity at the West Middlesex University Hospital site, including specific focus on improving performance against standard.

Reported data currently includes all patients not just medically fit patients – this is under review with a resolution due in January for December activity.

VTE Risk assessments completed

October results were validated and corrected for this report. The performance remains on trajectory for the quarter with the November figures.



Access Dashboard

Domain	Indicator	Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
		Sep-15	Oct-15	Nov-15	2015-2016	Sep-15	Oct-15	Nov-15	2015-2016	Sep-15	Oct-15	Nov-15	2015-2016 Q3	2015-2016	Trend charts
RTT waits	RTT Incomplete 52 week Patients at month end	13	4	1	22	0	0	0	0	13	4	1	5	22	
	Diagnostic waiting times <6 weeks: % (Target: >99%)	100%	99.96%	100%	99.98%	100%	99.96%	100%	99.87%	100%	99.96%	100%	99.98%	99.93%	
	Diagnostic waiting times >6 weeks: breach actuals	0	1	0	4	0	1	0	25	0	2	0	2	29	
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	6.9%	7.1%	7.4%	7.0%	7.9%	8.6%	8.8%	8.4%	7.2%	7.6%	7.9%	7.7%	7.5%	
	A&E time to treatment - Median (Target: <60')	01:06	01:05	01:06	01:03	00:38	00:42	00:45	00:42	00:57	00:58	01:00	00:59	00:57	
	London Ambulance Service - patient handover 30' breaches	80	64	73	380	26	42	61	285	106	106	134	240	665	
	London Ambulance Service - patient handover 60' breaches	11	0	0	12	0	1	0	1	11	1	0	1	13	
Choose and Book (unavailable until Oct-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
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Chelsea & Westminster commentary

A&E Unplanned re-attendances:

Unplanned re-attendance remains above the trust target of 5% and has increased slightly by 0.25% from the previous month. Although it is within the broad trend for Chelsea & Westminster (CW) site at around 7% a clinical audit of all unplanned re-attendances to CW Emergency Department (ED) in November is being completed (results to be shared at next board).

A&E Time to Treatment:

Time to Treatment continues to be just above the 1 hour target. Paediatric A&E and Urgent Care Centre (UCC) and Adult A&E are below the 1 hour, but the poor performance in Adult UCC (01:23) against this metric brings down the performance for the department overall.

London Ambulance Service (LAS) – patient handover 30' (30 minutes) breaches:

Internal validation has shown 20 of the 67 30' breaches were not true breaches. A further 20 were within 3 minutes of breach time so had potential to be prevented from breaching. This along with all LAS KPI's is monitored jointly with WMUH site.

RTT Incomplete 52 week Patients at month end

The single breach surrounded the need to raise a PPWT (Planned Procedure with Threshold) form required after a review of notes necessitated a change in procedure for the patient.

Given a positive response, the patient will be treated in early January

West Middlesex commentary

A&E Unplanned re-attendances:

Work is being scoped to target A&E re-attendance as part of the 2016/17 Cost Improvement Programme (CIP). Discussions continue with Commissioners regarding support for the West Middlesex University Hospital Frequent Attenders Programme which has been closed due to loss of funding.

London Ambulance Service (LAS) – patient handover 30' (30 minutes) breaches:

The number of 30 minutes breaches has risen during November due to activity volume pressures in A&E at WMUH, and lack of physical capacity to off-load ambulances during peaks of demand



Maternity Dashboard

Domain	Indicator	Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
		Sep-15	Oct-15	Nov-15	2015-2016	Sep-15	Oct-15	Nov-15	2015-2016	Sep-15	Oct-15	Nov-15	2015-2016 Q3	2015-2016	Trend charts
Birth indicators	Total number of NHS births	461	471	425	3559	446	443	431	3697	907	914	856	1995	7256	
	Total caesarean section rate (C&W Target: <27%; WM Target: <29%)	35.9%	33.0%	32.7%	35.6%	29.2%	27.9%	27.1%	29.0%	32.6%	30.5%	29.9%	30.2%	32.3%	
	Midwife to birth ratio (Target: 1:30)	1:30	1:30	1:30	1:30	1:32.7	1:32.7	1:32.7	1:32.7	1:31.3	1:31.3	1:31.3	1:31.3	1:31.3	
	Maternity 1:1 care in established labour (Target: >95%)	98.6%	97.7%	99.1%	95.7%	94.4%	93.1%	92.6%	94.0%	96.4%	95.4%	95.7%	95.6%	94.8%	
Safety	Admissions of full-term babies to NICU	14	25	17	168	n/a	n/a	n/a	n/a	14	25	17	42	168	
Please note the following		blank cell	An empty cell denotes those indicators currently under development												

Chelsea & Westminster commentary

Total caesarean section rate

November saw a decline in the total overall caesarean section rate achieving the second lowest overall Caesarean Section (CS) rate YTD.

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 a review of the pathways of care from booking through to delivery providing an external overview and analysis.

Maternity 1:1 care in established labour

The ongoing recruitment drive to achieve and maintain establishment in the midwifery workforce has led to improved rate for one to one care, now at its highest reported rate YTD.

Admissions of full-term babies to NICU

Chelsea and Westminster remain below the National average (as a proportion of births). We have commenced an improvement project in line with our Quality Aim to reduce these avoidable term admissions to NICU

West Middlesex commentary

Maternity 1:1 care in established labour

West Middlesex continue to maintain a ratio of just below the National Target of 95%

NHS Births

NHS deliveries are back on track to reach the 5000 target at Year-End.



Workforce Dashboard

Domain	Indicator	Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
		Sep-15	Oct-15	Nov-15	2015-2016	Sep-15	Oct-15	Nov-15	2015-2016	Sep-15	Oct-15	Nov-15	2015-2016 Q3	2015-2016	Trend charts
Staffing	Vacancy rate (Target: <8%)	14.0%	12.1%	10.9%	10.9%	7.8%	9.7%	10.5%	10.5%	11.8%	11.2%	10.7%	10.7%	10.7%	
	Staff turnover rate (CW Target: <17.6%)	18.6%	18.5%	17.8%	17.8%	10.2%	11.3%	11.3%	11.3%	15.3%	15.7%	15.3%	15.3%	15.3%	
	Sickness absence (Target: <3%)	2.6%	2.7%	2.7%	2.8%	2.0%	1.9%	1.7%	2.2%	2.4%	2.4%	2.3%	2.4%	2.6%	
	Bank and Agency spend (£k)	£2,469	£2,407	£3,432	£19,895	£1,566	£1,495	£1,589	£12,940	£4,035	£3,902	£5,021	£8,923	£32,835	
	Nurse:Bed ratio	1.36	1.43	1.46	1.39	1.65	1.65	1.63	1.61	1.50	1.53	1.54	1.54	1.50	
Appraisal rates	% of appraisals completed - medical staff (Target: >85%)	82.0%	80.7%	82.4%	85.4%	34.4%	36.0%	52.2%	37.8%	62.0%	62.0%	69.9%	65.9%	66.3%	
	% of appraisals completed - non-medical staff (Target: >85%)	72.2%	69.5%	68.7%	72.5%	89.6%	86.3%	81.8%	89.1%	77.5%	74.7%	72.6%	73.7%	77.6%	
Training	Mandatory training compliance (Target: >90%)	83.1%	82.3%	83.0%	80.0%	89.2%	90.8%	90.4%	90.6%	87.5%	88.3%	88.2%	88.3%	87.5%	
	Health and Safety training (Target: >90%)	86.8%	85.5%	85.8%	85.8%	87.2%	89.0%	88.6%	89.0%	86.9%	86.9%	86.9%	86.9%	87.1%	
	Safeguarding training - adults (Target: 100%)	100.0%	100.0%	100.0%	100.0%	89.7%	90.9%	90.8%	91.4%	99.7%	96.5%	96.5%	96.5%	97.0%	
	Safeguarding training - children (Target: 100%)	100.0%	100.0%	100.0%	100.0%	89.5%	82.0%	82.8%	81.2%	95.9%	90.4%	90.9%	90.7%	90.2%	

Please note the following

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An empty cell denotes those indicators currently under development

Chelsea & Westminster commentary

Bank and Agency spend

November included £1.1m for agency costs related to the transaction integration. This was due to substantive posts being clarified and fully agreed as part of Trust integration and thus recoded from external consultancy.

Staff in post

In November 2015 the Trust substantive staff in post rose to 3172.70 WTE (whole time equivalents), an increase of 105.20 (3%+) since Nov 2014 and is the highest WTE the Trust has recorded. There were 41 voluntary leavers and 69 joiners (excluding Jnr Docs) over the month. The largest annual increases were in the Emergency & Integrated Care Division (71.54 WTE), and the Nursing & Midwifery staff group (77.94 WTE).

Staff Turnover

Unplanned staff turnover is 1.40% lower than one year ago, dropping from 19.23% (Dec 13 - Nov 14) to 17.83% (Dec 14 - Nov 15). 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 145 voluntary leavers over the last 3 months.

The main leaving reasons provided in November were 'Other/Not Known' and 'Work Life Balance'.

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).

Vacancy rate

The vacancy rate for November 15 was 10.87%, the lowest rate since January. This is a small increase of 0.46% on last year, and 1.4% above the monthly target, but it should be noted that the budget has increased by almost 6% over the year. The current vacancy rate reflects the considerable effort that has been put in to recruitment in recent months.

West Middlesex commentary

Staff in post

In November 2015 the substantive staff in post headcount was 2002 and 1826.41 WTE (whole time equivalents), an increase of 34.92 WTE (2%+) since November 2014.

This increase has mainly be seen in within the Qualified Nursing staff, which is up by 19.18WTE (3%+) and also Unqualified Nursing 37.60WTE (19%+).

In recent months, there has been the successful international recruitment campaign from Spain and Italy, which saw the appointments of 14 qualified nurses in August and 23 in September 2015. We are continuing with our local recruitment campaigns and reviewing skill mix across key areas to further improve recruitment %.

Staff Turnover Rate

The turnover figure for the last 12 months (December 2014 to November 2015), was 11.3%. The total number of unplanned staff leavers seen in this period was 226.

This is an increase of 31 staff leavers, when compared with the pervious same time period. The highest turnover percentage was seen in the Corporate Service areas with a total 14.53%, whilst the total turnover for the Clinical Divisions was 10.97%.

The HR team continues to work with the Divisions to develop retention plans and ensure the on-going strategy for recruitment.

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



Chelsea & Westminster commentary continued

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 (4.41% i.e. 157.10 WTE in November 15). November 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 56 days, slightly above the Trust target of <55days.

In the last two months there have been 207 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 12.3% of the overall workforce in November 15 compared to 11.10% in November 2014. Agency WTE as a % of workforce rose from 3.3% to 3.9% over this period, while Bank increased from 7.8% to 8.3%.

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 and govern the 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 Staff Survey 2015

The National Staff Survey closed in late November, with the Trust achieving a final response rate of 51% which was an improvement of 2% on last year. The results from the survey will be made available by Capita (our external survey contractor) in the spring and will be analysed and distributed to service leads around the Trust. Action plans will be developed by picking up key themes from the results and will be used to help inform Trust wide and Divisional actions to improve staff experience, and in turn patient experience.

West Middlesex commentary continued

Vacancy rate

The vacancy factor rate for WMUH in November was 10.5%. Within the qualified nursing it was 8.95%, a slight increase of 0.26% when compared with the previous month. Whilst unqualified nursing saw a positive decrease from 7.19% to 1.78% (5.41%-), this staff group saw an increase of 13.3WTE.

In the past 3 months there has been an increase of 32.36WTE within the overall budgeted finance establishment, which has created additional vacancies. This was mainly due to business cases seen in Medicine Division, A&E Nursing (9.66WTE+) and A&E Medical Staff (2.5WTE+). Also Surgical Division, Operating Theatres (4.6WTE+), Anaesthetics Medical Staff (2.5WTE+) and Syon 1&2 Wards (6.97WTE+).

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

Sickness absence

The total sickness absence rate for November 2015 was 1.63%, which was an improvement of 0.24% when compared with the previous month. We may see a further slight increase, due to delays with paper returns sent to payroll for inputting.

Typically previous monthly averages have been around 2%. The total cumulative sickness rate between the periods April to November 2015 was 2.21%. Both these figures continue to 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

Bank and Agency usage

Nursing, including HCAs has seen an increase in temporary staff usage, mainly due to cover for unfunded beds in Marble Hill, additional clinics and theatre sessions and sickness across the Trust.

There has been higher than planned spend on 1:1 care which has been funded at 2014-15 outturn.

The Nursing Temporary Staffing Challenge Board is chaired by the Directors of Nursing at each site. The Challenge Board has replaced the weekly Temporary Staffing meetings and will scrutinise requests for nursing and Admin agency staff.

Appraisals and Training

Recording of completed Medical staff appraisals has shown a positive improvement over Q3, due in some part to improved processes.

However, the reduction in Non-Medical staff completion rates follows a similar trend to previous years, and is therefore expected to show improvement in Q4.

Mandatory Training shows a year-to-date figure of 90.6% whilst showing a steady & small improvement each month, is based solely on 4 mandatory topics.

The wider mandatory training compliance reporting requirement is a minimum of the ten topics which form the NHS Core Skills Training Framework (CSTF), and which is currently provides an overall compliance figure of 83% (a 2% improvement since April 2015).



62 day Cancer referrals by tumour site Dashboard

Target of 85%

			Chelsea & Westminster NHS Foundation Trust					West Middlesex University Hospital					Combined Trust Performance							Trust data 13 months
Domain	Tumour site		Sep-15	Oct-15	Nov-15	2015-2016	YTD breaches	Sep-15	Oct-15	Nov-15	2015-2016	YTD breaches	Sep-15	Oct-15	Nov-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		90.0%	100%	100%	96.2%	2	90.0%	100%	100%	100%	96.2%	2		
	Colorectal / Lower GI		66.7%	0.0%	100%	80.8%	2.5	100%	50.0%	100%	83.8%	3	80.0%	28.6%	100%	54.5%	82.5%	5.5		
	Gynaecological		81.8%	100%	0.0%	70.8%	3.5	66.7%	80.0%	66.7%	83.3%	2	76.5%	88.9%	50.0%	76.9%	77.1%	5.5		
	Haematological		100%	n/a	n/a	100%	0	100%	100%	100%	85.3%	2.5	100%	100%	100%	100%	89.1%	2.5		
	Head and neck		n/a	n/a	n/a	100%	0	66.7%	100%	100%	89.5%	1	66.7%	100%	100%	100%	90.5%	1		
	Lung		100%	n/a	100%	100%	0	100%	100%	0.0%	82.4%	1.5	100%	100%	66.7%	80.0%	92.7%	1.5		
	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%	80.0%	97.8%	1	100%	100%	88.9%	96.6%	98.9%	1		
	Upper gastrointestinal		100%	n/a	100%	90.9%	0.5	50.0%	100%	100%	89.5%	1	66.7%	100%	100%	100%	90.0%	1.5		
	Urological		75.0%	71.4%	100%	59.5%	7.5	85.7%	100%	100%	85.3%	5.5	80.0%	77.8%	100%	90.0%	76.8%	13		
	Urological (Testicular)		n/a	n/a	n/a	n/a		100%	n/a	n/a	81.8%	1	100%	n/a	n/a	n/a	81.8%	1		
	Site not stated		n/a	77.8%	100%	84.6%	1	n/a	n/a	n/a	n/a		n/a	77.8%	100%	84.6%	84.6%	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.

Chelsea & 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.

West Middlesex commentary

Note: The latest month for Cancer data is not fully validated so any comments will refer to the month before



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	78.3%	80.7%	69.4%	72.9%
Annie Zunz	76.8%	89.2%	100.0%	100.0%
Apollo	81.7%	87.1%	99.4%	130.0%
Jupiter	71.2%	143.8%	107.5%	
Mercury	86.1%	65.5%	92.2%	100.0%
Neptune	113.2%	72.2%	84.1%	66.7%
NICU	90.4%		91.4%	
AAU	98.2%	83.4%	128.0%	106.7%
Nell Gwynne	153.5%	68.9%	251.1%	103.3%
David Erskine	96.3%	157.4%	103.2%	106.5%
Edgar Horne	108.6%	97.9%	100.9%	105.8%
Lord Wigram	100.6%	106.9%	135.6%	127.5%
St Mary Abbotts	112.1%	100.9%	141.2%	117.0%
David Evans	77.3%	78.8%	97.5%	97.4%
Chelsea Wing	88.7%	90.6%	100.0%	103.3%
Burns Unit	100.7%	94.6%	99.0%	136.7%
Ron Johnson	91.2%	147.4%	98.8%	104.9%
ICU	93.0%		111.1%	-

Summary for November 2015

We have moved from manual data collection to generation of this return from the roster system. Data is currently being verified as there is a view that there are some roster template inaccuracies.

For the West Middlesex site the excess fill rates for HCA's is due to a combination of one to one care for vulnerable patients and a number of newly recruited RN's awaiting PIN numbers (therefore counted within the HCA numbers). MH2 opened at times during November and where possible staff were deployed from other ward areas.

Within paediatrics on the Chelsea site staff were moved between the paediatric wards to enable a better level of cover, but these moves were not reflected on the roster. Medicine (CWM) awaiting divisional feedback at time of reporting.

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	99.4%	87.3%	100.4%	84.7%
Lampton	123.2%	90.7%	100.0%	99.8%
Richmond	89.8%	115.4%	100.1%	105.9%
Syon 1	115.9%	143.5%	100.8%	161.7%
Syon 2	95.7%	166.0%	94.4%	165.0%
Starlight	117.5%	-	124.4%	-
Kew	107.5%	99.4%	106.7%	105.9%
Crane	115.8%	100.3%	98.9%	137.0%
Osterley 1	109.2%	149.8%	106.6%	147.2%
Osterley 2	102.3%	102.5%	101.6%	99.7%
MAU	98.6%	136.7%	108.0%	102.2%
CCU	107.0%	110.0%	99.3%	100.0%
Special Care Baby Unit	102.8%	100.0%	105.7%	100.0%
Marble Hill	128.5%	119.5%	141.3%	107.1%
ITU	95.9%	96.5%	96.4%	-



Finance Dashboard

Month 8 (November) 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	309,907	312,450	2,543	265,693	267,632	1,939	44,214	44,817	603
Expenditure	(293,281)	(295,885)	(2,604)	(250,731)	(252,400)	(1,669)	(42,550)	(43,485)	(935)
EDITDA	16,626	16,565	(61)	14,962	15,232	270	1,664	1,332	(332)
EBITDA %	5.365%	5.302%	-0.06%	5.6%	5.7%	-0.1%	3.8%	3.0%	-0.8%
Interest/Other Non OPEX	(1,858)	(1,591)	267	(540)	(514)	26	(1,317)	(1,076)	241
Depreciation	(9,925)	(9,950)	(25)	(8,634)	(8,601)	33	(1,291)	(1,349)	(58)
PDC Dividends	(8,148)	(8,148)	0	(7,614)	(7,614)	0	(535)	(534)	1
Surplus/(Deficit)	(3,305)	(3,124)	181	(1,826)	(1,497)	329	(1,479)	(1,627)	(148)

Comments RAG rating

In Month - there is a favourable variance of £0.04m

- CW Site - £0.08m adverse variance driven from over-performance in clinical income/offset against non-pay overspend.
- WM - £0.13m favourable variance driven mainly through overachievement of clinical income /offset against pay and non-pay overspend

Year to date there is a favourable variance of £0.18m

- CW - £0.33m 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 -£0.15m adverse variance is driven by underperformance against clinical income.

Forecast

The combined forecast is £11.2m deficit.

Risk rating (year to date) C&W only

FSRR	M8 Plan	M8 Actual
FSRR Rating	2	2

Comments RAG rating
The Overall FSRR rating for month 8 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.

Cost Improvement Programme (CIPs)

Site	In Month			Year to Date		
	Plan £'000	Actual £'000	Var £'000	Plan £'000	Actual £'000	Var £'000
CWFT	920	318	(602)	5,573	5,924	351
WMUH	674	759	85	4,442	3,517	(925)
Merger synergies	84	84	0	150	150	0
Trust Total	1,678	1,161	(517)	10,165	9,591	(574)

Comments RAG rating

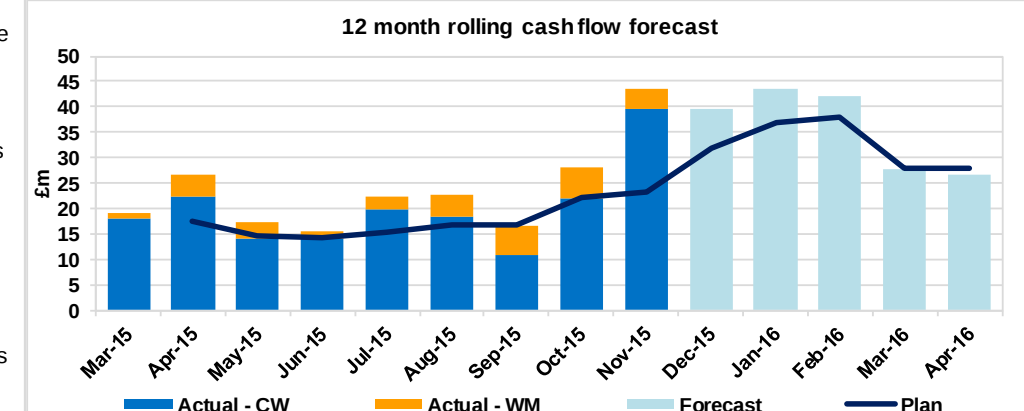
CW – The CIP delivery for November was adverse against the plan by £0.6m due to shortfalls/slippage within the outpatients CIP, LOS, theatre productivity, temporary staffing and pay controls. The YTD CIP performance was £0.35m favourable against plan due to over-achievement of pharmacy CIP, pay controls and divisional savings (due to mercury closure) which have offset against slippage in other schemes.
WM - The CIP delivery for November was favourable against the plan by £0.1m due to over-performance in diagnostic demand management. The YTD CIP performance was £0.9m adverse against the plan mainly due to shortfalls within temporary staffing, bed management and divisional CIP schemes.
Merger Synergies - There is £1.3m of merger synergies planned for 2015/16. In month 8 £0.08m and YTD £0.15m were delivered.

Cash Flow

Comments RAG rating

CW Site – The cash position for November was £39.7m. **WM Site**- The cash position for November was £3.8m. **Trust**: The combined cash position for November was £43.5m, compared to a plan of £23.4m. This is due to receipt of transaction funding and lower than expected creditor payments.

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





CQC Action Plan Dashboard

Chelsea and Westminster NHS Foundation Trust

Area	Total	Green (Fully complete)	Amber	Red
Trust-wide actions: Risk / Governance	17	17	-	-
Trust-wide actions: Learning disability	4	4	-	-
Trust-wide actions: Learning and development	14	14	-	-
Trust-wide actions: Medicines management	5	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	170	14	5

Chelsea and Westminster Commentary

All Learning Disability actions are now closed.

Emergency Integrated Care (EIC) has remaining red risks regarding the environment; completion for whole rebuild is Summer 2016.

The main improvements in November being in EIC 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	18	14	0	1
Children & Young Peoples	32	22	9	1	0
Corporate	2	2	0	0	0
Critical Care	27	20	4	3	0
Urgent and Emergency Services	17	16	0	1	0
End of life care	32	9	19	4	0
Maternity & Gynaecology	23	9	13	1	0
Medical are (including older people)	19	12	4	3	0
Surgery	26	15	9	2	0
Theatres	15	7	8	0	0
Outpatients Department & Diagnostic Imaging	14	6	7	1	0
Total	240	136	87	16	1

West Middlesex Commentary

The focus for November 2015 has been for service areas to provide evidence for the 87 green actions to confirm if these can be closed off and be monitored through routine monitoring.

We are also in the process of concluding a deep dive into the should and must do's action plan and will be commencing a detailed review of end of life care. The CQG have asked for us to provide an update in January on the outstanding red action. This relates to the provision of information in alternative formats, particularly alternative languages.

We are currently in the process of scoping what we have, or have access to already and what neighbouring Trusts with similarly diverse populations have done in this area.



CQUIN Dashboard

West Middlesex University Hospital

National CQUINs

No.	Description of goal	Responsible Executive (role)	Forecast			
			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	n/a	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	n/a	n/a	R	G

Regional CQUINs

No.	Description of goal	Responsible Executive (role)	Forecast			
			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	n/a	G	n/a	G
R2.1	OP referrals: reducing inappropriate referrals & face to face appts	Director of Operations	n/a	G	G	G
R3.1	7 day multi-disciplinary assessment (Acute)	Director of Operations	n/a	G	n/a	G
R3.2	7 day multi-disciplinary shift handover (Acute)	Director of Operations	n/a	G	n/a	G
R3.3	7 day diagnostics (Acute)	Director of Operations	n/a	G	n/a	G

Local CQUINs

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

The West Middlesex site specific CQUIN schemes have made further progress at the start of the third quarter and remain on track overall.

N1 & N2 The A&E department use of the standardised Sepsis screening tool has been embedded and accompanied by improved timeliness of antibiotic administration. IT development is in place to support the clinically led Acute Kidney Injury action plan at ward level.

N3 Medicine division have maintained the screening, response and referral protocols. Although West London Mental Health NHS Trust are no longer able to provide Dementia and Delirium training to our staff, internal training is being used, including on a 1:1 basis, to ensure that the required levels of staff are trained by the end of the quarter and the Site Medical Director has championed this within the clinical teams.

N4 Urgent Care – The proportion of North West London patients staying over 21 days reduced in October and November to 2.34%, compared to 3.01% in the third quarter last year and the quarterly threshold for the CQUIN scheme of 2.60%. A&E all types performance has on average exceeded 95% for both Saturdays and Sundays so far this quarter (Saturday 96.7%, Sunday 95.9%). Monday 9th November saw 502 emergency attendances between the A&E department and the Urgent Care Centre, compared to an average of 417 for Mondays in the prior two months. This peak level of activity led to 96 patients remaining in within the departments beyond the four hour operating standard on that day. As a result, the aggregate performance across all Mondays in October and November was 93.7% and a significant improvement would be required to reach the 95% threshold for Mondays in aggregate. Despite this, there has still been a 2.6% improvement against this standard compared to 2014. Full performance of this scheme remains a risk as seasonal non-elective demand grows.

Note £39k is at risk on this CQUIN, which is well within the £500k assumed

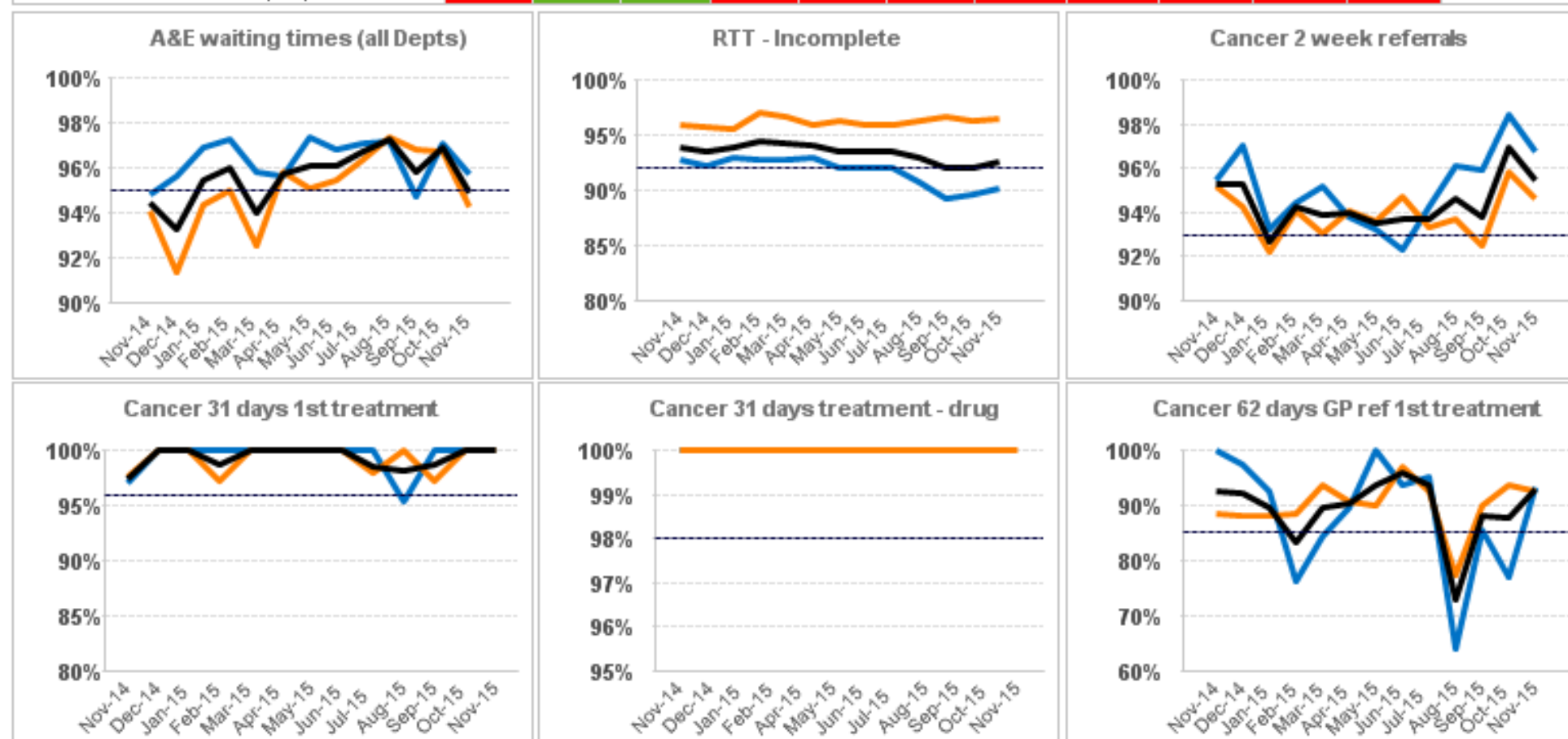
R1 IT Schemes – design and implementation of each of these schemes is following or ahead of the timescale agreed with commissioners. These schemes have already achieved electronic communication with Social Care, reporting for the Ambulatory Emergency Care service and the extension of the Diagnostic Cloud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

R2 Gastroenterology, Gynaecology, T&O and Paediatrics have all maintained the required levels of referral triaging; Urology need to catch up during December. 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 Although the trust were unable to appoint fixed term contract therapy or pharmacy staff to support the weekend working within this CQUIN, actions are in place to deliver this scheme in each of the required wards using bank resource. Given the sample based approach to measurement, there will be some risk to delivery in the coming months and this is being monitored.

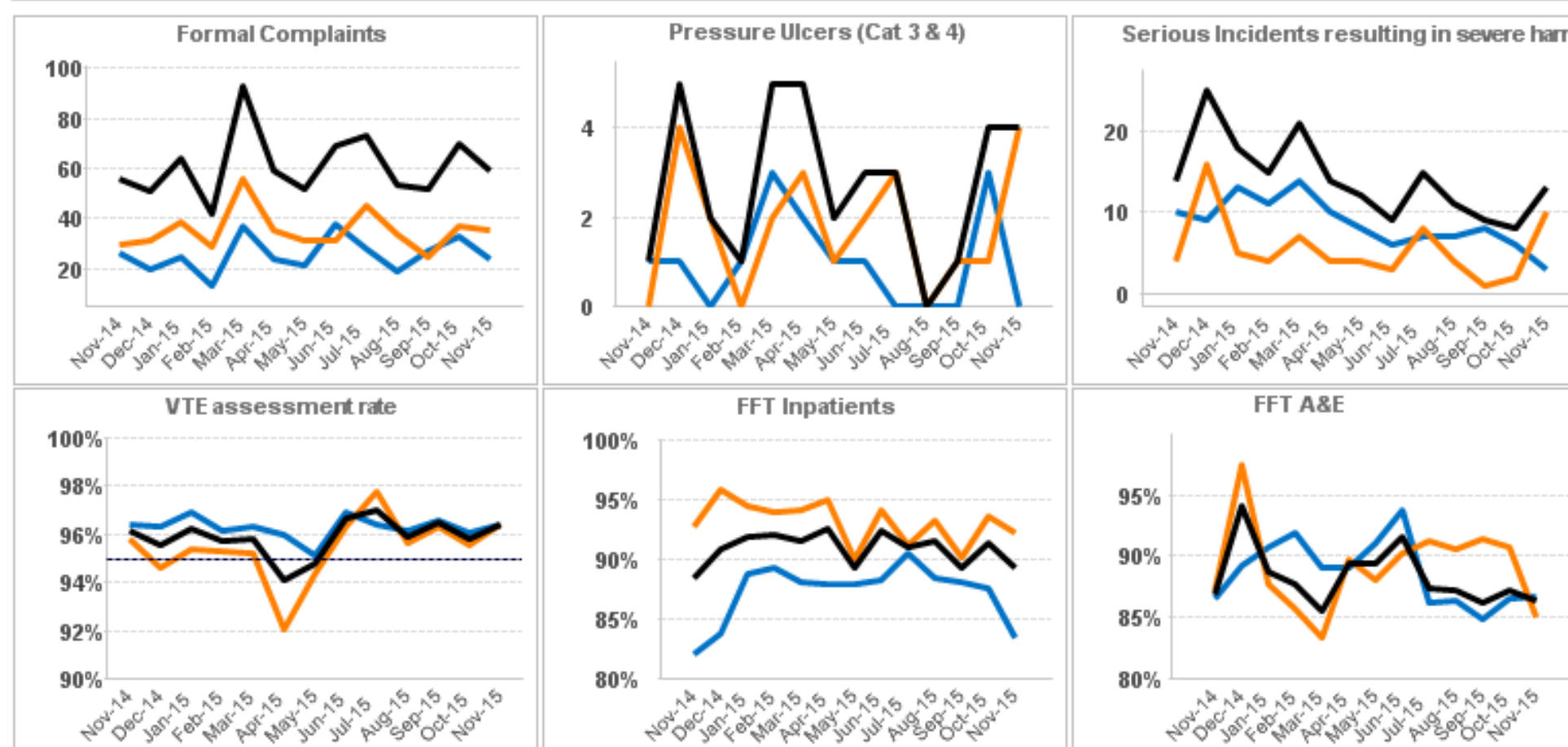


Regulatory Compliance												
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined Trust data: last Quarter, YTD & 13m trend					
Indicator	Sep-15	Oct-15	Nov-15	Sep-15	Oct-15	Nov-15	Sep-15	Oct-15	Nov-15	Quarter	YTD	Trend
A&E waiting times - Types 1 & 3 Depts (Target: >95%)	94.7	97.1	95.7	96.8	96.7	94.3	95.9	96.9	94.9	95.9	96.2	
RTT - Incomplete (Target: >92%)	89.3	89.6	90.2	96.6	96.3	96.5	92.1	92.0	92.7	92.4	93.0	
Cancer 2 week urgent referrals (Target: >93%)	95.9	98.5	96.8	92.5	95.8	94.6	93.8	97.0	95.5	96.2	94.5	
Cancer 31 days first treatment (Target: >96%)	100	100	100	97.3	100	100	98.6	100	100	100	99.4	
Cancer 31 days treatment - Drug (Target: >98%)	n/a	100	n/a	100	100	100	100	100	100	100	100.0	
Cancer 31 days treatment - Surgery (Target: >94%)	100	n/a	n/a	100	100	100	100	100	100	100	100.0	
Cancer 31 days 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	
Cancer 62 days GP ref to treatment (Target: >85%)	85.7	76.9	93.5	89.8	93.8	92.5	88.1	87.8	92.9	90.8	89.7	
Cancer 62 days NHS screening (Target: >90%)	n/a	n/a	n/a	100	100	100	100.0	100.0	100.0	100.0	92.0	
Clostridium difficile infections (Targets: CW: 7; WM: 9; Combined: 16)	0	0	0	0	0	1	0	0	1	1	7	
Self-certification against compliance for access to healthcare for people with LD	N/C	Comp	Comp	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	



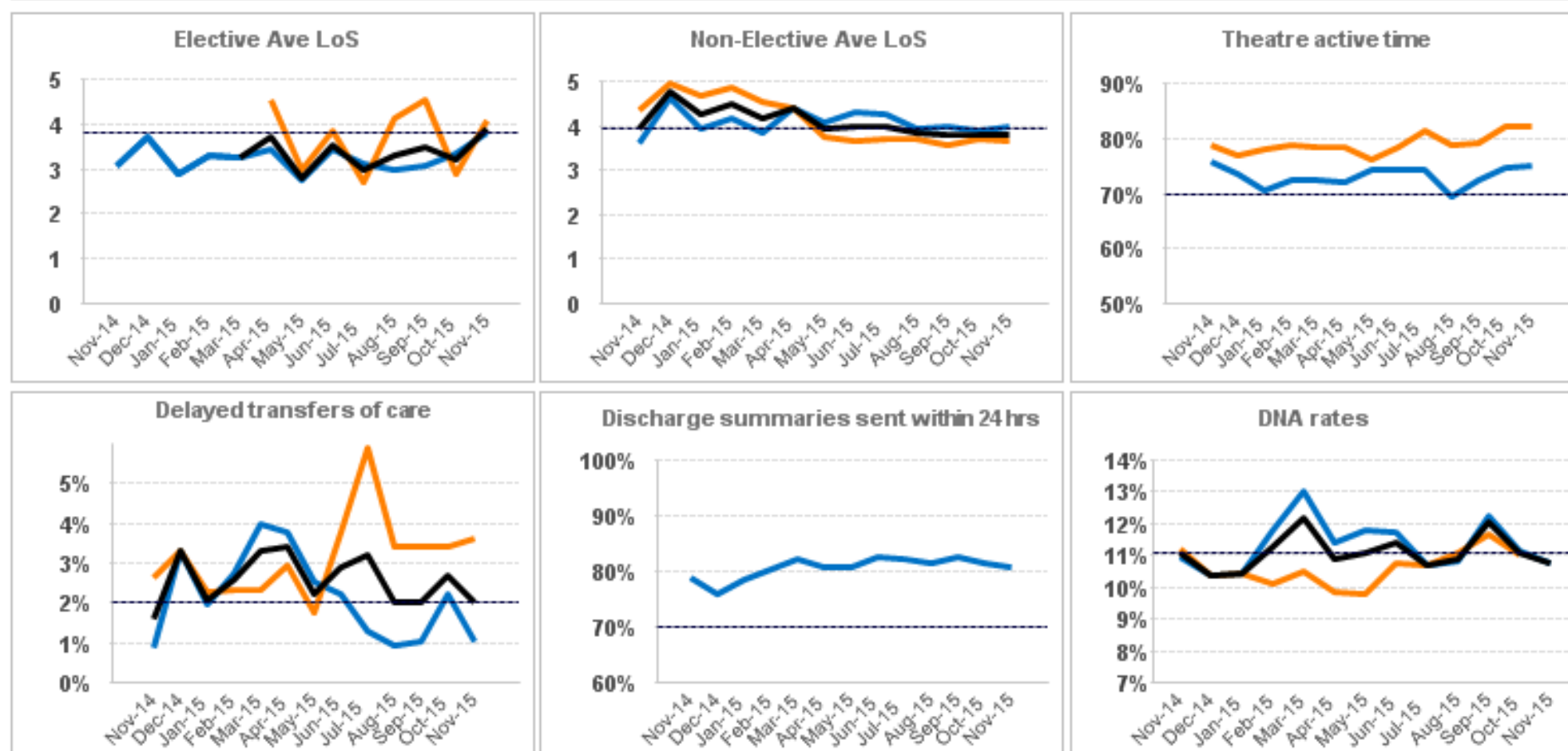


Quality												
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Sep-15	Oct-15	Nov-15	Sep-15	Oct-15	Nov-15	Sep-15	Oct-15	Nov-15	Quarter	YTD	Trend
Hand Hygiene (Target: >=90%)	92.5	94.9	94.3	99.5	99.5	99.8	95.6	96.9	96.6	96.8	97.5	
Pressure Ulcers (Cat 3 & 4)	0	3	0	1	1	4	1	4	4	8	22	
VTE assessment % (Target: >=95%)	96.6	96.1	96.4	96.4	95.6	96.4	96.5	95.8	96.4	96.1	95.9	
Formal complaints number received	27	33	24	25	37	35	52	70	59	129	487	
Formal complaints responded to <25days	18	24	6	19	29		37	53	6	59	313	
Serious Incidents	8	6	3	1	2	10	9	8	13	21	91	
Never Events	1	0	0	0	0	0	1	0	0	0	2	
FFT - Inpatients recommend % (Target: >90%)	88.2	87.5	83.5	90.2	93.6	92.2	89.3	91.3	89.4	90.4	90.8	
FFT - A&E recommend % (Target: >90%)	84.9	86.6	86.7	91.4	90.7	85.1	86.3	87.2	86.5	86.8	87.5	
Falls causing serious harm	0	0	0				0	0	0	0	1	





Efficiency												
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Sep-15	Oct-15	Nov-15	Sep-15	Oct-15	Nov-15	Sep-15	Oct-15	Nov-15	Quarter	YTD	Trend
Elective average LoS (Target: <3.8)	3.1	3.3	3.8	4.6	2.9	4.1	3.5	3.2	3.9	3.5	3.4	
Non-Elective average LoS (Target: <3.95)	4.0	3.9	4.0	3.6	3.7	3.6	3.8	3.8	3.8	3.8	3.9	
Theatre active time (Target: >70%)	72.4	74.7	75.1	79.3	82.1	82.2	74.4	77.0	77.2	77.1	75.3	
Delayed transfers of care (Target: <2%)	1.05	2.23	1.01	3.43	3.43	3.61	2.01	2.70	2.00	2.35	2.56	
Discharge summaries sent within 24 hours (Target: >70%)	82.7	81.6	80.6	dev	dev	dev	82.7	81.6	80.6	81.1	81.6	
Outpatient DNA rates (Target: <11.1%)	12.2	11.1	10.8	11.7	11.0	10.7	12.0	11.1	10.8	11.0	11.1	
On the day cancelled operations not re-booked within 28 days (Target: 0)	1	1	1	0	0	0	1	1	1	2	15	





Workforce												
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Sep-15	Oct-15	Nov-15	Sep-15	Oct-15	Nov-15	Sep-15	Oct-15	Nov-15	Quarter	YTD	Trend
Appraisal rate (Target: >85%)	73.3	70.8	70.2	80.0	77.5	76.7	75.4	73.0	72.3	72.6	76.6	
Sickness absence rate (Target: <3%)	2.59	2.70	2.68	1.98	1.93	1.69	2.36	2.41	2.32	2.37	2.59	
Vacancy rate (Target: <8%)	14.0	12.1	10.9	7.8	9.7	10.5	11.8	11.2	10.7	10.7	10.7	
Staff turnover rate (Target: <17.6%)	18.6	18.5	17.8	10.2	11.3	11.3	15.3	15.7	15.3	15.3	15.3	
Mandatory training (Target: >90%)	83.1	82.3	83.0	89.2	90.8	90.4	87.5	88.3	88.2	88.3	87.5	
Bank and Agency spend (£ks)	£2,469	£2,407	£3,432	£1,566	£1,495	£1,589	£4,035	£3,902	£5,021	£8,923	£32,835	
WTE Midwife:Births ratio (Target: <1:30)	30	30	30	32.7	32.7	32.7	31.3	31.3	31.3	31.3	31.3	
Safeguarding training - adults (Target: 100%)	100	100	100	89.7	90.9	90.8	99.7	96.5	96.5	96.5	97	
Safeguarding training - paediatrics (Target: 100%)	100	100	100	89.5	82	82.8	95.9	90.4	90.9	90.7	90.2	

