

Chelsea & Westminster Hospital NHS Foundation Trust
Board of Directors Meeting 7 July 2016 PUBLIC

Hospital Boardroom

07 July 2016 14:00 - 07 July 2016 16:00



Board of Directors Meeting (PUBLIC SESSION)

Location: Hospital Boardroom, Chelsea & Westminster

Date: Thursday, 7 July 2016 Time: 14.00 – 16.00

Agenda

		GENERAL BUSINESS		
14.00	1.	Welcome & Apologies for Absence Apologies received from Sir Thomas Hughes-Hallett, Sandra Easton and Martin Lupton.	Verbal	Deputy Chairman
14.03	2.	Declarations of Interest	Verbal	Deputy Chairman
14.05	3.	Minutes of the Previous Meeting held on 5 May 2016	Report	Deputy Chairman
14.10	4.	Matters Arising & Board Action Log	Report	Deputy Chairman
14.15	5.	Chief Executive's Report	Report	Chief Executive
14.25	6.	Resetting Organisational Values	Verbal	Chief Executive
14.40	7.	HIV Awareness	Video Pres.	Chief Operating Officer / Leigh Chislett
		QUALITY & TRUST PERFORMANCE		
15.10	8.	Serious Incidents Report	Report	Director of Midwifery
15.25	9.	Integrated Performance Report, including: - Matters arising from Quality Committee	Report Verbal	Chief Operating Officer Eliza Hermann
		ITEMS FOR INFORMATION		
15.45	10.	Questions from Members of the Public	Verbal	Deputy Chairman
15.55	11.	Any Other Business	Verbal	Deputy Chairman
16.00	12.	Date of Next Meeting – 1 September 2016		



Minutes of the Board of Directors (Public Session)
Held at 14.00 on 5th May 2016 in Room A, West Middlesex Hospital

Present:	Sir Thomas Hughes-Hallett	Trust Chairman	(Chair)
	Sandra Easton	Acting Chief Financial Officer	(SE)
	Richard Collins	Interim Chief Information Officer	(RC)
	Nilkunj Dodhia	Non-Executive Director	(ND)
	Nick Gash	Non-Executive Director	(NG)
	Eliza Hermann	Non-Executive Director	(EH)
	Rob Hodgkiss	Acting Chief Operating Officer	(RH)
	Jeremy Jensen	Non-Executive Director	(JJ)
	Andrew Jones	Non-Executive Director	(AJ)
	Thomas Lafferty	Company Secretary	(TL)
	Jeremy Loyd	Non-Executive Director	(JLo)
	Elizabeth McManus	Chief Nurse	(EM)
	Karl Munslow-Ong	Deputy Chief Executive Officer	(KMO)
	Zoe Penn	Medical Director	(ZP)
	Liz Shanahan	Non-Executive Director	(LS)
In Attendance:	Roger Chinn	Deputy Medical Director	(RCh)
	Jane Lewis	Deputy Director of Corporate Affairs	(JL)
	Martin Lupton	Ex-officio member, Imperial College representative	(ML)
Apologies:	Lesley Watts	Chief Executive	(LW)

1.	Welcome and Apologies for Absence
a.	The Chair welcomed the Board and the members of the public in attendance to the meeting.
b.	The apologies for absence were noted.
c.	THH reported that Adrian Kerr, Deputy Director of Human Resources will attend future Board meetings until a replacement for Peta Hayward, Director of Human Resources is appointed.
2.	Declarations of interest
a.	None.
3.	Minutes of Previous Meeting: 3 March 2016
a.	The minutes of the previous meeting were confirmed as a true and accurate record.
4.	Matters arising and Board action log

a.	The Board considered the matters arising from the last set of minutes and the corresponding Board action log.
b.	In relation to action 5.d, the Chairman provided an update on the discussions with CW+ in his report.
c.	In relation to action 9.b, EM reported that safeguarding children level 1 training compliance is on track to deliver 85% by the end of May and 95% by the end of June. THH expressed his disappointment that the 100% target had not been achieved despite the assurances given at the last Board meeting. A further update would be provided at the July Board meeting. ACTION: KMO
5.	Chairman's Report a. THH advised the Board that he has completed the Non-Executive Director appraisals having met with all Executive Directors as well. This had been an interesting and valuable process and a number of themes have emerged to improve the effectiveness of the Board and sub-committees. There is a consensus that the Board is a cohesive body with very positive but challenging relationships. THH will provide a full report at the next meeting which he will also share with the Council of Governors. b. Positive discussions are on-going with CW+ to consider options for the future structure of charities at the Trust. THH has also met with the Chair of St. Stephen's Charity and he is keen to work in close concert with the Trust. The general consensus is that by working together we can make more efficient use of charitable funds across all related hospital charities. c. The lease on Verney House will expire at the end of the month and all departments currently occupying the building will move to new accommodation. THH will be based at the WMUH for the next 6 weeks.
6.	Chief Executive's Report a. KMO advised the Board that the Information Commissioner's Office have concluded their investigation into the information governance breach of the Data Protection Act at 56 Dean Street on 1st September 2015. The Commissioner will be issuing the Trust with a monetary penalty notice in the sum of £180k because of a serious contravention of the seventh data protection principle. The Trust fully accepts the finding. The amount of the fine will reduce to £144k if the Trust pays it by 3 June 2016. The penalty notice will be published on the ICO's website on Monday 9 June. A press statement has been prepared and a full briefing will be sent to the Board and Council of Governors in advance of the publication date. b. KMO advised the Board that the CEO is a member of the newly formed Strategic Planning Group for the Sustainability & Transformation Plans (STPs) for the North West London health community. Tracey Batton, CEO, Imperial is the CEO of this group. In response to THH, KMO undertook to provide a short presentation to the Board on the STPs. ACTION: KMO c. JJ asked what level of influence the Trust will have on the STPs, particularly if the Trust was concerned about the funding allocations. KMO explained that the principle of STPs is nationally mandated but the specific plans are developed locally to meet the needs of the population base and include other sectors such as education, housing and social care. The CEOs from all the partnership organisations are part of the Planning Group which should ensure appropriate decision making THH added that he will be meeting with other Trust Chairs to consider the governance arrangements so that they safeguard the Trust. d. Whilst the A&E waiting time standard was not achieved on either hospital site in March due to increased

	demand, the Trust remains the best performing hospital in London. In response to THH, KMO noted the significant investment in the A&E Department on the C&W site and the expansion plans for the WMUH site. The planned increased staffing levels and expansion plans are very much appreciated by the staff and acknowledges their hard work and the challenges of the working environment.
e.	JJ asked why the waiting time standard was not achieved during March despite a significant investment in the A&E Department at the C&W site. In response KMO, explained that the refurbishment work is on-going and it has to be recognised that this has been undertaken whilst the department has been open which has constrained capacity. RH added the by way of example, that 220 patients were seen in the UCC on the previous day and there were only 6 rooms available. Once the department is complete this will increase to 10 rooms. In addition to the building work, there have been an unprecedented levels of ambulance arrivals and the acuity of these patients continues to be high.
f.	In light of the increased acuity of patients, JLo expressed his concern that he had always understood the increasing demand to be related to patients with ailments that should or could be treated elsewhere. He would therefore like the Board to undertake a 'deep dive' of the demand curve so that there is a clear understanding about what this means for the investment strategy. ZP added that the risks relating to demand as a result of the ageing population and the reconfiguration of services is on the Board Assurance Framework and the Executive team are actively engaged in considering how services should be configured in the future.
g.	In response to JJ, RCh explained that part of the consideration of how services will be configured in the future is to analyse the changing patient demographic and to design services around the patient e.g. it may be appropriate to consider a dedicated area in A&E for older patients.
h.	KMo advised the Board that contract negotiations for 2016/17 have not yet been concluded but the aim is to sign contracts by 13 May. Despite the considerable financial gap, dialogue remains positive. There is an expectation from NHS Improvement that Trusts only sign contracts that are deliverable within the control total.
i.	The first Trust wide 'Perfect Day' was held of 19th April and due to its success there will be one event held each month. The aim is both to provide an opportunity for non-clinical staff to work on the 'shop floor' and to reduce the amount of temporary staff used thereby supporting the Cost Improvement Programme. In response to THH, EM confirmed that Non-Executive Directors and Governors will have an opportunity to participate in future events.
j.	The 4 days of junior doctors industrial action during April were well managed and internal discussions with clinical staff remain positive as the implications of the proposed new contract are explored KMO noted that a piece of work is underway to evaluate the impact of the contract and a detailed paper will be presented to the Board in due course.
k.	The paediatric service at Ealing Hospital is planned for closure at the end of June. The Trust has developed robust plans to cope with the additional demand and there is a good infrastructure across organisation. All the additional staff have been recruited and the only outstanding issue with regards to the paediatric tariff is under negotiation with the CCG.
l.	JJ advised the Board that the Finance & Investment Committee have discussed the timing of the Ealing A&E closure and noted their concern about the appropriate level of funding being received by the Trust to manage the additional demand.
m.	In response to JL, ZP provided assurance that she is confident that the new paediatric pathways are robust from a patient experience and safety perspective.
n.	ND highlighted that experience within South West London when one of the A&E departments was downgraded. Despite the changes parents continued to take their children to the nearest hospital which

o.	only had a minor injuries unit. ZP agreed that it can be a challenge to change patient behaviour but learning from other areas where A&E services have changed has been built into the extensive education and publicity campaign that will support the changes within North West London. The Board noted the report.
7.	Patient Experience Case Study a. Annette Lloyd, Matron, Surgery, WMUH and Karin Burke, Deputy Director of Patient Experience joined the meeting to present an overview of how the Friends & Family Test is used positively to change the way services are provided. b. The presentation covered the following; • The scope of the FFT. • The value of feedback from the FFT. • How FFT feedback is shared with staff and patients. • How feedback was used to improve the meal service at WMUH. c. The key issues that were identified with the meal service were patients receiving the incorrect meal order, the quality and quantity of food and staff engagement with the meal service. As a result the matron identified a gap in meeting the nutritional needs of some patients and she implemented a new initiative to release Healthcare Assistants from their daily duties to provide additional support to the hostesses during mealtimes. d. Patient menus were changed in August 2015 in conjunction with the dietetic and catering teams with the aim of improving the quality of food and options available to patients. As a result, the FFT feedback has demonstrated a positive response from patients and the ward hostesses now feel supported to deliver a high quality service. e. Overall the FFT feedback is overwhelmingly positive and this is shared across the organisation. Although in its infancy, the teams are triangulating data from other sources of patient feedback alongside FFT feedback which will inform the improvement plans going forward. The mealtime project has been published in a national journal and it was also shortlisted for a national FFT award. f. In response to JLo, THH agreed that it would be a good for the Board to test the patient food for themselves. To this end, this will be arranged for later in the year. ACTION: JL g. In response to AJ, Annette Lloyd felt that the main learning point from undertaking the mealtime service project was the importance of team working – everyone now feels part of a wider team as the hostesses are employed by ISS and in the past they did not feel part of the ward team. h. In concluding, Karin Burke advised the Board that a number of workshops to develop action plans from the national patient survey and the FFT data have been arranged and will form the basis of the Trust’s priorities for the coming year.
8.	Serious Incident Report

a.	EM presented the report which provided the Board with an overview of all serious incidents including Never Events which have been reported since 1 April 2015. The report is reviewed in detail at the Quality Committee.
b.	In response to THH, EM stated that there were 4 reported never events during 2015/16 compared to zero the previous year. In common with the national themes, retained swabs and incorrect prosthesis/implant were the subject of the never events. The Trust is feeding back learning from these events so that it can be incorporated into the national learning system.
c.	The governance processes are now robust and the additional clinical governance staff are now in post. Further work to develop a systematic process for learning from serious incidents across the organisation is making progress but there is still more work to be done. KMO suggested that it would be helpful to look at other Trusts where learning processes are embedded to see if this could be helpful in designing a more robust process for this Trust. ACTION: Exec
d.	At the last Quality Committee, concern was noted that the number of outstanding actions from serious incidents has remained static for 4 months. In response to THH, EH confirmed that the Quality Committee have stipulated that by the next meeting in a month's time, the expectation is that the number of outstanding actions will have reduced.
e.	TL advised the Board that internal audit have completed a review of governance arrangements in the Women & Children's division which has resulted in a 'significant assurance' rating. The Executive have agreed that the governance arrangements should be replicated across all divisions.
f.	JL expressed his unease about the perceived lack of importance that staff who are involved in retained swab incidents give to such incidents, as they continue to occur. ML explained that never events happen when there are multiple tasks being undertaken by a team. There are safety procedures that are designed to prevent them happening, however, a solution needs to be found to make it impossible for never events to occur. ZP added that the Quality Committee have been discussing this very issue and have taken up the challenge to work with other organisations to find an innovative solution.
9.	Trust Performance Report – March 2016
a.	RH presented the integrated performance report highlighting that the Trust was the only Trust in London to deliver the A&E, 18 week Referral To Treatment (admitted) and cancer standards (with the exception of the 62 day NHS screening service referral to first treatment), for the year.
b.	In relation to the 18 week Referral To Treatment for non-admitted (outpatients) standard, this will continue to be a challenge for the Trust as there are 3,500 appointments to be rescheduled following the junior doctor strikes. April continued to be a challenging month as demand continued to be high. In addition, to the outpatient appointments, 250 elective cases needed also need to be rescheduled.
c.	In relation to the 62 day NHS screening service referrals to first treatment breaches these were down to patient choice but weekly discussions are on-going with Imperial College NHS Trust to ensure the patient pathway is more robustly managed at the front end.
d.	Both hospital sites are now compliant with the Learning Disabilities standard. The Board paid tribute to the

	hard work and dedication of Kathryn Mangold, Specialist Nurse for Learning Disability whose efforts have also been recognised nationally by NHS Employers who awarded her a 'leader of the year' award.
e.	RH drew that Board attention to the retained swab never event in March on the C&W site which is under investigation and will be reported to the Quality Committee in due course.
f.	EM highlighted that the patient experience team are working with divisions to address the backlog of complaints at WMUH. In response to THH, it was agreed that an update would be provided at the next meeting in relation to complaint wait times and key themes arising. ACTION: EM
g.	RH noted the bed productivity worksteam which is seeking to address the current non-compliance of the non-elective length of stay standards.
h.	EH expressed her continuing concern about the non-compliance of statutory and mandatory training compliance standards. In response, RH acknowledged that this area that needs to be improved. A number of incentives have been introduced including a ban on 'other training' until staff are compliant. In addition staff will not be awarded pay increments if they are non-compliant.
i.	In response to JJ, EH confirmed that the Quality Committee review themes from complaints but in light of JJ's comments it would be helpful for the Board to have a high level overview of within the Board report. EM undertook to ask Karin Burke to submit this information for inclusion in the CEO report. ACTION: EM
j.	KMO noted that some of the Governors are supporting the Administration Improvement Programme.
10.	Questions from members of the public
a.	Governor Wendy Micklewright asked whether the Learning Disabilities compliance was accurate or whether the figures have been 'fudged'. In response, EM explained that there are numerous IT systems which has made the system for recording a patients disability status more complex than it would have been with one system. However she assured the Board that although there are different recording systems across the Trust there are robust systems in place at both hospital sites.
b.	Governor Lynne McEvoy, reported that her daughter has recently had a really positive experience when she took her autistic son to A&E at WMUH. The doctor interacted with the patient with sensitivity and she was extremely impressed by his bedside manner.
c.	Governor Susan Maxwell welcomed The Perfect Day initiative and noted that many staff had been really impressed of the senior management teams leadership of such events.
d.	In response to Governor David Phillips, RCh explained that there was a significant national publicity campaign in advance of the last junior doctor strike which the public took heed of as we saw reduced numbers of patients attending the A&E Department on the day of the last strike.
e.	Governor Tom Pollock asked if the Trust had seen any impact of the local Sustainability & Transformation Plan on demand within the A&E Department particularly the 7 day GP opening pilot. KMO responded that the STP is in its infancy and it is not possible to evaluate its impact at this stage. There are a number of

	examples of out of hospital schemes which aim to re-divert activity away from hospitals but despite this, demand continues to rise. The Trust is actively working with the CCGs to explore this area of work further.
f.	Governor Kush Kanodia asked if a review of HRG codes could be used to inform the local S&TP. In response, RH explained that the Trust is undertaking a comprehensive review of its bed base and using activity data to inform this work. He reassured the Board that our activity data also forms the basis of the on-going dialogue with Commissioners.
g.	Governor Tom Pollock noted that only 2 of the hand sanitizer machines were working in the Atrium today. In response, RH undertook to ensure this issue is addressed immediately. ACTION: RH
h.	THH noted the new welcome team in the main reception at WMUH which has transformed the area and made it more welcoming to patients and visitors.
11.	Board Meeting Evaluation & Planning for Next Board Meeting
a.	The Board noted the forward plan and due to time constraints undertook to evaluate the meeting as part of the meeting held in private.
12.	Any other business
a.	None.
13.	Date of Next Meeting – 7 July 2016

The meeting closed at 15.45 hours



Trust Board Action Log 5 May 2016 Public

Minute number	Agreed Action	Current Status	Lead
4.c	Update to be provided on compliance rate for mandatory & statutory training.	This is included within the CEO Report.	KMO
6.b	Provide a short presentation to the Board on the STPs.	A full presentation was provided at the 2 June Board Strategy session. A further update is included within the CEO Report.	KMO
7.F	Arrange a patient menu testing session for the Trust Board.	The Director of Estates & Facilities will arrange this to run after a suitable Council of Governors' meeting.	KMO
8.c	Review best practice at other Trusts in relation to learning from incidents.	The Trust is taking steps to engage with high-performing Trusts in terms of the quality agenda: The Deputy Chief Executive is in the process of arranging a visit to Frimley Health NHS Foundation Trust to this end. Eliza Hermann has recently visited Western Sussex Hospitals NHS Foundation Trust and will provide a verbal report on this at the meeting.	EXEC
9.f	To provide an update on complaint wait times and key themes arising.	This is included within the CEO Report.	EM
10.g	Ensure the hand sanitizers are full at all times.	This has been dealt with. Firstly we have removed the unnecessary dispensers that were positioned in the Atrium leaving them only at the entrance and where they are not attached to the walls to clinical areas. In addition there was a shortage of gel in the area, this is currently ordered by the departments – it differs from C&W where it is an ISS responsibility, at WM it is a Trust responsibility. To make sure this does not happen again Gel is being ordered and will be stored in the E&F office to make sure we can act quickly if there is an issue in the	RH

		future with a shortage. Cleaners have been asked to check the dispensers in the atrium regularly.	
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Board of Directors Meeting, 7 July 2016

PUBLIC

AGENDA ITEM NO.	5/Jul/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 July 2016

1.0 STRATEGIC DEVELOPMENTS

1.1 Imperial College Healthcare NHS Trust

The Trust is currently working with colleagues at Imperial College Healthcare NHS Trust in forming a Partnership Board.

The Partnership Board will focus on the following core areas where working together:

- Can enhance value through better collaboration on support services;
- Can deliver better value and outcomes through clinical service alignment and potential redesign;
- Can lead to the development of a joint vision and strategy for the delivery of accountable care networks;
- Can support the delivery of the challenges set out as part of the Sustainability and Transformation Plans for North West London.

The work plan of the Partnership Board will be developed under the following programmes:

- Local Hospital and Integrated Care Services
- Specialist Services
- Corporate and Clinical Support Services (including IM&T and Estates)
- Education and Training
- Research and Innovation

1.2 Sustainability & Transformation (STP)

The STP looks to describe the shared ambition across health and local government to create an integrated health and care system that enables people to live well and be well: addressing the wider determinants of health; enabling people to make healthy choices; proactively identifying people at risk of becoming unwell and treating them in the most appropriate, least acute setting possible; and re-abling people to regain independence whenever possible. When people do need more specialist care, this needs to be available when needed and to be of consistently high quality with access to senior doctors 7 days a week. In April, the STP planning group for North West London agreed the following aims and priorities:

The following priorities are a consolidation of local place based planning, sub-regional strategies and plans, and the views of the sub-regional health and local government Strategic Planning Group.

They seek to address the challenges of the Triple Gap.

The 9 Priorities have been agreed by our SPG.

Triple Aim	Our priorities
Improving health & wellbeing	1 Support people who are mainly healthy to stay mentally and physically well, enabling and empowering them to make healthy choices and look after themselves
	2 Improve children's mental and physical health and well-being
	3 Reduce health inequalities and disparity in outcomes for the top 3 killers: cancer, heart diseases and respiratory illness
Improving care & quality	4 Reduce social isolation
	5 Reducing unwarranted variation in the management of long term conditions – diabetes, cardio vascular disease and respiratory disease
Improving productivity & closing the financial gap	6 Ensure people access the right care in the right place at the right time
	7 Improve the overall quality of care for people in their last phase of life and enabling them to die in their place of choice
	8 Reduce the gap in life expectancy between adults with serious and long term mental health needs and the rest of the population
	9 Improve consistency in patient outcomes and experience regardless of the day of the week that services are accessed

The focus of the STP for the first two years is to develop the new proactive model of care across North West London and to address the immediate demand and financial challenges. This will include the development and implementation of the new local hospital model at Ealing and Charing Cross alongside the existing acute services.

The system's next checkpoint is the 30 June 2016 submission which sets out the STPs emerging plan that will be used to support the July discussion with Simon Stevens. Submissions remain a work in progress and therefore provider Boards have not been asked to formally sign off any plans.

2.0 PERFORMANCE

2.1 Operational Performance

The Trust continued to perform well against the 4-hour Emergency Access target in May and was the 6th best performing NHS Trust within the UK in respect of this standard. The Trust also delivered the Referral-to-Treatment (RTT) incomplete standard.

However, there are ongoing issues associated with meeting the 62-day Cancer standard due to a patient backlog that had arisen within Urology- this will be the subject to an Executive-led 'deep dive' assessment in the coming weeks.

Further detail on performance can be seen in the Integrated Performance Report.

2.2 Perfect Day

We held our third 'Perfect Day' event on 21 June across both hospitals, with senior managers taking a shift on the wards and in departments and clinics as porters, receptionists, healthcare assistants and other roles. Feedback from those who took part has been really positive, as it was an opportunity to get back to the floor and gain an insight into ideas from the front line around innovation, improvement and efficiency. It meant patients were cared for by our own staff, rather than agency staff and means we have saved a significant amount on agency costs.

We plan to continue holding more Perfect Days over the coming months.

3.0 PEOPLE

3.1 Elizabeth McManus

Libby McManus has been offered an exciting secondment at the Royal Free London NHS Foundation Trust and will be departing the Trust in early July. Whilst this is a fantastic opportunity for Libby, we will be sad to see her go as she has served the Trust well both as Chief Nurse and as Interim Chief Executive when she steered us through the acquisition process.

I would like to thank Libby for her ongoing support since I became Chief Executive last September and know that she will be missed by colleagues inside and outside of the organisation.

For the immediate period, the senior nursing leadership team will be jointly led by Vanessa Sloane and Pippa Nightingale. I will keep you updated on our longer term nursing management plans as they develop and for now know you will join me in both thanking Libby and wishing her every success and happiness in the future.

3.2 Keith Loveridge

I am delighted to be able to advise as to the appointment of Keith Loveridge as Director of Human Resources and Organisational Development at the Trust.

Keith is currently the Deputy Director of HR at Imperial College Healthcare NHS Trust and will commence in post with us on 1 August 2016.

3.3 Statutory & Mandatory Training

All staff are expected to undertake core mandatory and statutory training. This month, we have initiated two new steps:

1. All staff were required to have completed their safeguarding training by a set date. Within the past month, we have increased Trust-wide compliance with the mandatory/statutory training package rise from 83% to 95%;
2. Increments for staff who are non-compliant with mandatory and statutory training and appraisals have been 'frozen' subject to management confirmation of their compliance which has resulted in an increased attendance at various sessions face to face sessions and on e-learning.

Whilst the new measures introduce a tougher approach to training compliance, this is justified by the importance of the training covered under the mandatory/statutory training programme, covering the fundamentals of safe care and complying with legislative requirements (e.g. Health & Safety, Fire, Safeguarding, Information Governance).

3.4 Equality & Diversity

The Trust has now published its Annual Equality & Diversity Report on its website; the full report can be found here:

<http://www.chelwest.nhs.uk/about-us/organisation/links/Annual-Equality-Diversity-Report-2015-16.pdf>

An earlier iteration of the report was reviewed by the People & OD Committee.

I am pleased to note that the Trust met its statutory obligations with regard to equality and diversity issues in 2015/16. Given the current political context, it is vitally important that our multinational and multicultural workforce feel supported in their work at the Trust and that all staff are treated fairly and with respect. Over the weeks' ahead, I will be using Team Brief and other communication channels to emphasise the message that our diversity is a key asset of the organisation that enhances the quality of care that we are able to provide to our patients.

4.0 **PATIENT EXPERIENCE**

4.1 Patient Feedback

At our Public Board meetings, we continue to hear the stories of patients who have recent experience of our services where the emphasis is on learning lessons for overall service improvement.

In the meantime, on a monthly basis, I continue to receive extremely positive feedback from patients directly and I have provided two examples of recent correspondence below:

"I am comforted that everyone that met us in the hospital, from A&E, through the wards where (my mother) received expert care and support from the respiratory specialists, and finally in ITU, tried so hard to provide top quality care and a personalised approach."

"The culture within the ITU team is exactly what it should be and I realise that this requires strong and effective leadership which I saw demonstrated on the unit every day by the Consultants, the nursing team and all the staff working there."

5.0 **COMMUNICATIONS AND ENGAGEMENT**

5.1 Team Brief

I have appended the July Team Brief document to this report. The document contains the key messages which we will be cascading to staff throughout the month.

Lesley Watts
Chief Executive Officer
July 2016



July 2016

All managers should brief their team(s) on the key issues highlighted in this document within a week using the slide set template. Email communications@chelwest.nhs.uk

HERE AND NOW

Financial performance headlines

In May we reported an in-month deficit reducing our year-to-date surplus to £0.28m against a plan of £0.32m. There has been a significant increase in pay costs in all areas, both compared to the previous month and the final quarter of 2015/16. This means we have had to delay planned investment

We have fallen behind plan on our quarter one savings target, achieving 53% when we had hoped to have achieved 59% by the end of May. We all need to save on discretionary spend so we achieve our savings target of £27.6m in 2016/17.

Operational performance headlines

The A&E waiting time target for May was achieved, a good recovery after three consecutive months of under performance. The RTT incomplete target was also achieved with the backlog of patients waiting >18 weeks reduced. The Trust reported six patients who were waiting >52 weeks from referral at the end of May. While all these patients have treatment plans and none have come to any harm as a result, no one should wait this long, and resolving these cases is an absolute priority. Validated performance for the 62 Day GP Referral Cancer standard in April was achieved, representing an improvement to the unvalidated performance. Both sites have achieved all other regulatory performance indicators.

Perfect Day and developing an agency free culture

We held our third 'Perfect Day' on 21 June with our staff covering shifts that would otherwise have been filled by costly agency staffing. The next planned Perfect Day will be on Thursday 28 July. We expect managers to plan now how they can release team members to support on the day. Perfect Days are a priority and will continue through the year as we aim to set a date when we declare the Trust agency free in all non-essential cases.

AIP consultation update

Administration lies at the heart of everything that we do – this is why we have launched an 'Administration Improvement Programme' to help us to reflect on what we do well now and what we can do better. We held staff engagement sessions and the feedback has been used to inform our formal Consultation Paper, which proposes a new operating model to deliver a strong administrative service to patients and colleagues.

This consultation paper will be issued to all staff in affected roles on Tuesday 5 July. We encourage all staff to make sure they feedback in order to give their views and insight on the proposed model.

Training and appraisal update

Following previous general communications, letters have been sent to staff due a pay increment who have had a recent appraisal but are not compliant with their statutory

and mandatory training advising that their increment will be held. Letters were also issued to staff non-compliant with their Safeguarding Children training level 1 advising of disciplinary action if they failed to complete it. Staff have responded and we have seen an increase in the number of staff completing their training – with 98% of WMUH staff and 93% of CW staff having completed level 1 safeguarding training. For those that remain non-compliant in this area, disciplinary proceedings will begin this week. The HR team will now begin the same process for non-compliance in equality and diversity and fire training.

WMUH cardiology service developments

The development of the Cardiology Catheter Lab at WMUH continues, with works well underway. The first phase, due to be completed by the end of the summer, will see a new on-site cardiac diagnostic service. The second phase will be for cardiac interventional procedures and is expected to be up and running by early 2017. This investment in cardiac services helps meet a key health need within the local population and will provide better outcomes and experience for patients, as they will receive expert treatment quickly and closer to home. If you are interested in joining the new team please contact: chris.kelly@wmuh.nhs.uk or lorna.gibson@chelwest.nhs.uk

Established leaders programme update

We are investing in leaders with several leadership programmes: Clinical Leaders induction programmes for Service Directors, Clinical Directors and Divisional Medical Directors; also the Emerging Leaders, Established Leaders and Executive Leaders programmes. These are designed to help staff develop their personal leadership by improving self-awareness, how they interact with others and addressing the challenges for leadership in the NHS. There are currently two cohorts of Emerging Leaders underway, along with the first cohort of Established Leaders. Further cohorts of both programmes will begin in the autumn. For more information contact

Maggie.Flanagan@chelwest.nhs.uk / or Harpreet.Aulakh1@chelwest.nhs.uk

New joint formulary

The new joint formulary is available via www.chelwestformulary.nhs.uk and is to be used across both sites. This is the amalgamation of existing CW and WM formularies. The formulary is the list of medicines approved for use within the Trust and that are routinely stocked by Pharmacy.

Structured, timely and accessible data

Investment is being made in an Integrated Data Repository (IDR). The IDR will hold data from both hospital sites in one place and enable Information Services to develop and enhance business intelligence available to staff. The initial focus is automation of the Integrated Board Performance & Quality Report performance indicators and Qlikview allowing reporting at Divisional, Departmental and individual patient level. Work is underway to refresh and rollout the desktop Qlikview Business Intelligence tool at the WMUH site.

Electronic staff record (ESR)

ESR is a fully electronic HR and payroll system which aims

to make it easier for managers and staff to keep their information up-to-date and accurate. With direct access to the data, the overall processes are much faster and more efficient than traditional working methods and people have real ownership over the data. Implementation of ESR Self Service is now underway with further information available on the Trust's [intranet](#).

Complaint themes

The Patient Experience Team support patient concerns and resolution of these with the Divisions. Across both sites during the year 2015/16 there was a total of 763 formal complaints and 1,304 informal concerns. Overall the majority of complaints were themed as: Clinical Care, Communication, Staff Behaviours and Appointments (Delays or cancellations). It is important that concerns are responded to in a timely manner but also with a good quality response of honesty and transparency. The new DATIX module for complaints is in use which streamlines the complaints process. Please seek advice from the team should you need training. We will be working with ward sisters and departmental managers to develop the vision of 'my ward'. This means that the standard of care and behaviour are set at ward level.

Ward authority

Patients and visitors tell us that they want to know who is in charge of the ward or service they are using. The Executive Board want to emphasise that this authority lies with our ward sisters our matrons and departmental managers. With this ownership comes responsibility. Ward sisters and matrons are expected to uphold high standards of clinical care and experience, manage finances and budgets, ensure staff are up-to-date with training, and inform their teams about key Trust issues. We will be working with ward sisters and department managers to develop the vision of 'my ward'.

NOW AND IN THE FUTURE

Changes to children's services at Ealing Hospital

To improve children's care across north west London, on 30 June the children's ward at Ealing Hospital will close and, from that date, ambulances will no longer take children to Ealing's accident and emergency department (though there remains an Urgent Care Centre).

FlexiStaff+

FlexiStaff+ is our new temporary staffing community for doctors. Work is underway to allow staff to electronically book shifts, sign timesheets and receive payment without the need for any paper forms.

Productivity update

In clinical areas, we have a clear opportunity to improve both our productivity and patient experience – for example, ensuring we roster properly before using agency staff; working collaboratively to help patients get discharged in a timely way; or ensuring our theatres start and finish on time. Over the coming weeks, the transformation team will be meeting with you to discuss how the efficiency programme fits together and how all staff, particularly those at the front line, can support improvements. Your engagement in this will be key, as the continued delivery of our savings will get harder as the year progresses.

Electronic Patient Record (EPR) update

The procurement for our replacement EPR is well underway with the supplier demonstration phase completing during week commencing 20 June. There was widespread

engagement at the demonstrations from a range of clinical, operational and technical colleagues representing both hospitals. Staff will be scoring the demonstrations against criteria such as core system functionality, usability and innovation to ensure that the chosen solution fully meets our requirements both in terms of replacing some of our existing clinical systems and meeting the more complex demands of 'digital' healthcare provision over the next 5 to 10 years.

Open Day

Our Open Day at CWH was another extremely successful and popular event and we recruited a number of band 5 nurses on the day. Thank you to everyone who took part. We are now counting down to the WMUH Open Day on 24 September which will also have a recruitment theme as well as stands showcasing our services, tours, live music and entertainment for all the family. If you would like a stand please contact: communications@wmuh.nhs.uk

Role of the deteriorating patient

As part of our routine review of all incidents we consider themes which warrant a specific focus. One such issue, common to most healthcare providers, is that we fail to detect or respond to a patient who has deteriorating health whilst in our care. We have adopted a variety of processes and procedures to help mitigate the risk of this occurring but even these processes can fail. We have asked each division to make the recognition and response to the deteriorating patient a focus of their quality meetings in the next month. All staff should consider how they may act differently to improve our record in this area and share any ideas with their team to help inform the divisional meeting.

Staff survey action plan

In response to the staff surveys we have identified five key areas that as a combined organisation we wish to address: career progression; discrimination; bullying and harassment; stress; and physical violence experienced by staff. Work is underway to support staff including performance under pressure workshops, development of a bank of internal coaches to support staff in their development, provision of counselling for staff who require this support, promoting mindfulness sessions to help staff deal with daily work issues. On-going work will happen during the year and we will keep you updated through the usual staff communication bulletins.

Ways of working

As we near our first anniversary as an organisation we are reflecting on what has worked and what could improve to make us a truly cross site organisation. The Executive Board will initially focus on supporting divisions and departments to be able to work effectively cross site through meetings management and IT. We will also develop one set of values and behaviours that we will expect all staff to work to as part of our organisation.

Annual Members' Meeting

All are welcome to the 2016 Annual Members' Meeting at Chelsea and Westminster Hospital on Thursday 21 July between 5 - 6pm in the restaurant, Lower Ground Floor. This is our first Annual Members' Meeting since we became one organisation so please come along and hear about our achievements in this past year and our plans for 2016/17.

August Team Briefings

- 2 August 3.30-4.30pm WMUH, Meeting Room A
- 4 August 9-10am Harbour Yard G2 offices
- 5 August 3.30-4.30pm CW, MediCinema



Board of Directors Meeting, 7 July 2016

PUBLIC

AGENDA ITEM NO.	8/Jul/16
REPORT NAME	Serious Incident Report
AUTHOR	Shân Jones – Director Quality Improvement
LEAD	Pippa Nightingale – Director of Midwifery
PURPOSE	The purpose of this report is to provide the Trust Board with assurance that serious incidents are being reported and investigated in a timely manner and that lessons learned are shared.
SUMMARY OF REPORT	This report provides the organisation with an update of all Serious Incidents (SIs) including Never Events reported by Chelsea and Westminster Hospital NHS Foundation Trust (CWFT) since 1st April 2016. From this report comparable data is included for both sites.
KEY RISKS ASSOCIATED	• Pressure Ulcers remain the highest reported incident • Lack of documentation features in a number of investigations
FINANCIAL IMPLICATIONS	N/A
QUALITY IMPLICATIONS	• Despite good care, assessment and intervention incidents can still occur
EQUALITY & DIVERSITY IMPLICATIONS	N/A
LINK TO OBJECTIVES	• Excel in providing high quality, efficient clinical services • Create an environment for learning, discovery and innovation
DECISION/ ACTION	The Committee is asked to note and discuss the content of the report.

SERIOUS INCIDENTS REPORT

Trust Board – July 7th 2016

1.0 Introduction

This report provides the organisation with an update of all Serious Incidents (SIs) including Never Events reported by Chelsea and Westminster Hospital NHS Foundation Trust (CWFT) since 1st April 2016. For ease of reference, and because the information relates to the 2 acute hospital sites, the graphs have been split to be site specific. Reporting of serious incidents follows the guidance provided by the framework for SI and Never Events reporting that came into force from April 1st 2015. All incidents are reviewed daily by the Quality and Clinical Governance Team, across both sites, to ensure possible SIs are identified, discussed, escalated and reported as required.

2.0 Never Events

Never Events are defined as *'serious largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers'*. No 'Never Events' were reported in May 2016.

The Trust (CWFT) reported 4 'Never Events' in 2015/16 all on the C&W site. 2 wrong prosthesis, and 2 retained swabs following vaginal delivery. There is an open action relating to 'National Safety Standards for Invasive Procedures' where the nationally stipulated deadline is September 2016. The action plan for the first retained swab following vaginal delivery is being reviewed as part of the current investigation.

3.0 SIs submitted to CWHHE and reported on STEIS

Table 1 outlines the SI reports that have been investigated and submitted to the CWHHE Collaborative (Commissioners) in May 2016. There were 11 reports submitted across the 2 sites. A précis of the incidents can be found in Section 6.

Table 1

STEIS No.	Date reported	Date of incident	Incident Type (STEIS Category)	External Deadline	Date SI report submitted	Site
2016/3253	04/02/2016	28/01/2016	Pressure ulcer meeting SI criteria	03/05/2016	03/05/2016	WM
2016/3610	08/02/2016	02/02/2016	Diagnostic incident (including	05/05/2016	05/05/2016	WM
2016/3796	10/02/2016	31/01/2016	Pressure ulcer meeting SI criteria	09/05/2016	09/05/2016	WM
2016/4782	19/02/2016	12/02/2016	Slips/trips/falls meeting SI criteria	18/05/2016	18/05/2016	WM
2016/5368	25/02/2016	19/02/2016	Maternity/Obstetric incident	24/05/2016	24/05/2016	WM
2016/5487	26/02/2016	26/02/2016	Maternity/Obstetric incident	25/05/2016	23/05/2016	WM
2016/7452	16/03/2016	12/03/2016	Maternity/Obstetric incident	14/06/2016	23/05/2016	WM
2016/3996	11/02/2016	09/02/2016	Pressure ulcer meeting SI criteria	10/05/2016	11/05/2016	CW
2016/5065	23/02/2016	11/02/2016	Pressure ulcer meeting SI criteria	20/05/2016	19/05/2016	CW
2016/5081	08/02/2016	08/02/2016	Slips/trips/falls meeting SI criteria	20/05/2016	13/05/2016	CW
2016/9119	04/04/2016	04/03/2016	Pressure ulcer meeting SI criteria	29/06/2016	27/05/2016	CW

Table 2 shows the number of incidents reported on StEIS (Strategic Executive Information System), on both sites, in May 2016. The Trust reported 7 SIs. Chelsea & Westminster reported 4 SIs and West Middlesex reported 3.

Table 2

Details of incidents reported	WM	C&W	Total
Maternity/Obstetric incident meeting SI criteria mother only		1	1
Pressure ulcer meeting SI criteria		2	2
Slips/trips/falls meeting SI criteria	1		1
Treatment delay meeting SI criteria	1		1
Diagnostic incident including delay meeting SI criteria (including failure to act		1	1
Abuse/alleged abuse of adult patient by staff	1		1
Grand Total	3	4	7

Charts 1 and 2 show the number of incidents, by category reported on each site during this financial year 2016/17.

Chart 1 Incidents reported at WM YTD 2016/17

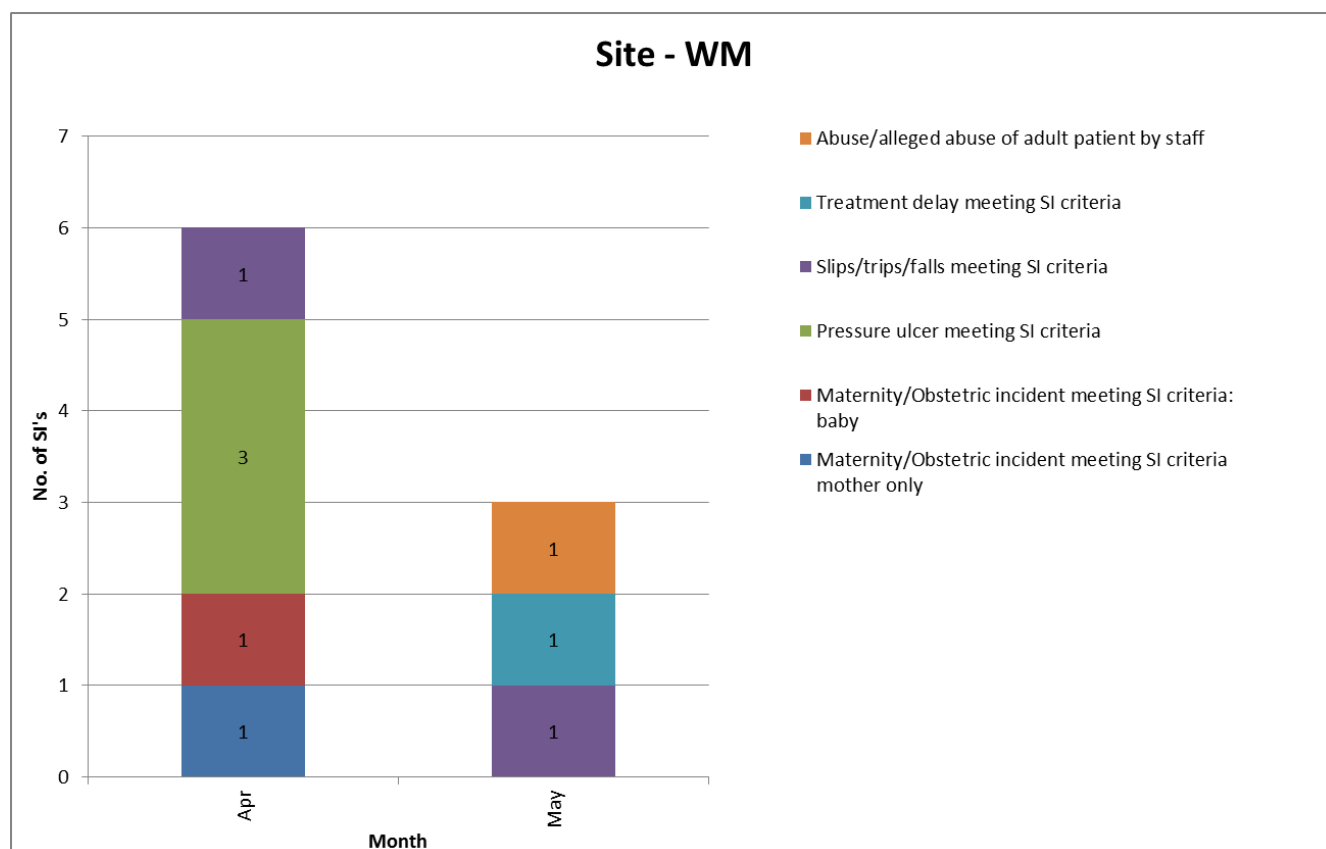
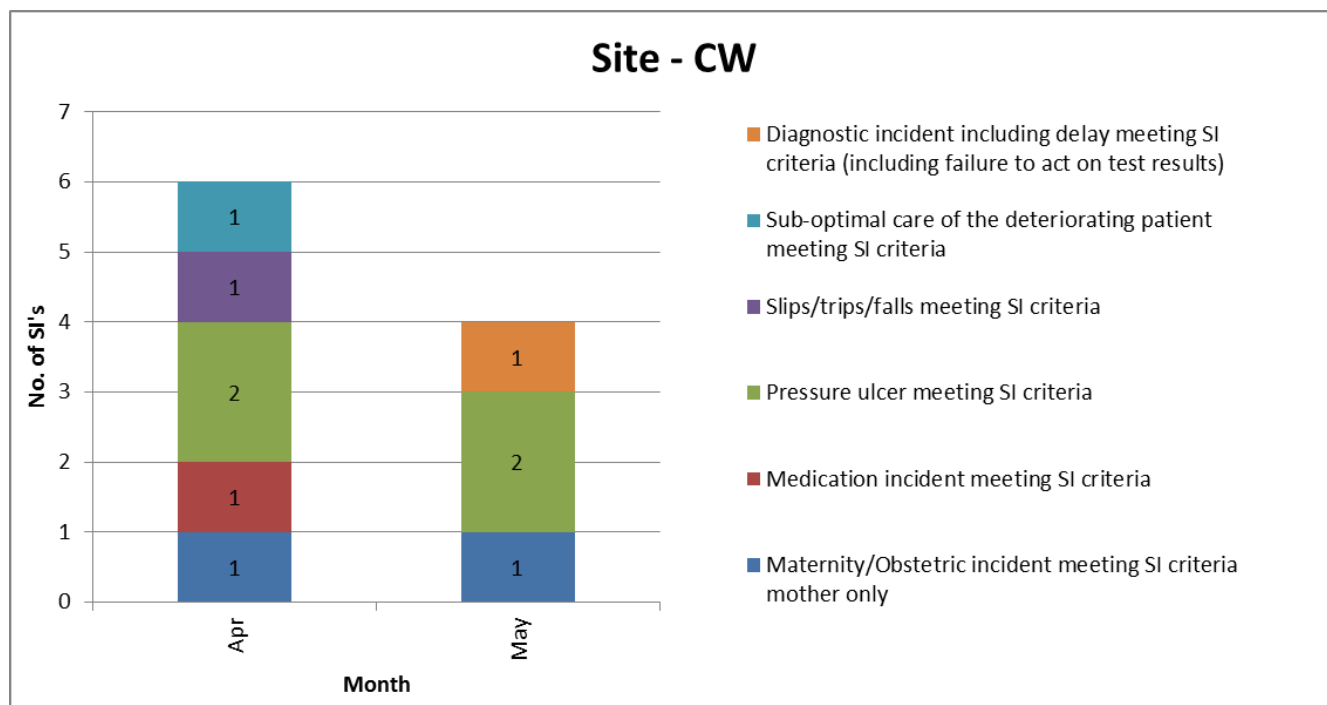


Chart 2 Incidents reported at CW YTD 2016/17



There is a decrease in the number of SIs reported in May 2016 (7) compared to the number reported in May 2015 (12). 50% (6) of the incidents reported in May 2015 were Pressure ulcers. During May 2016 2 pressure ulcer incident were reported.

There is also a decrease in the number of SIs reported in May 2016 (7) compared to April 2016 (12). The decrease is attributed to the number of reported pressure ulcers (PU). During April 2016 five PU's were reported and in May 2016 two PU's were reported.

The successful implementation of DATIX web on February 8th 2016 is helping to ensure the right focus on reporting and learning. An increase in incident reporting in general should be expected throughout the Trust. There is a daily review of all incidents to ensure that any potential SIs are reviewed within 24 hours.

Chart 3 Incidents reported 2015/16 & 2016/17 – WM

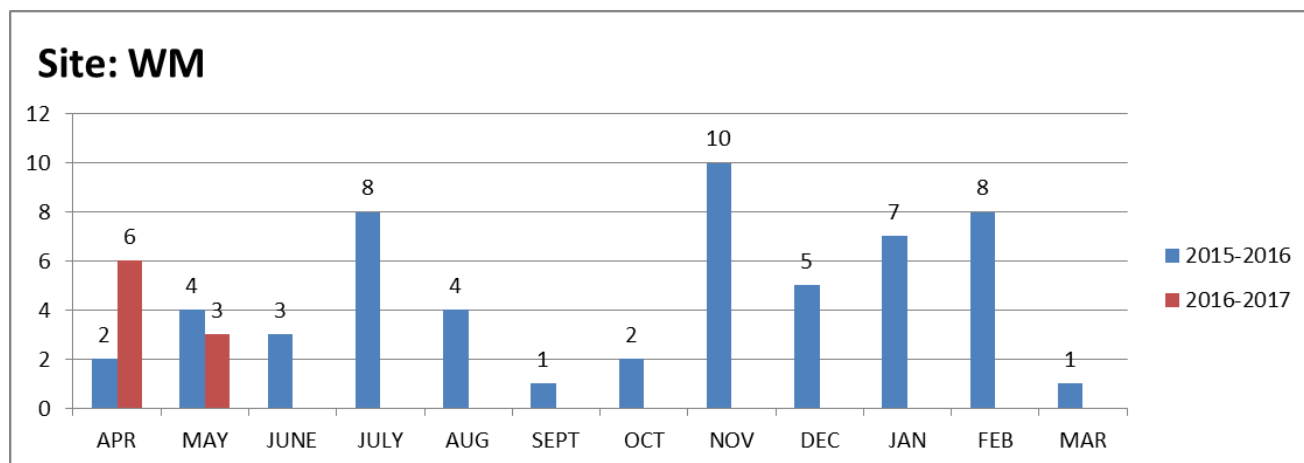
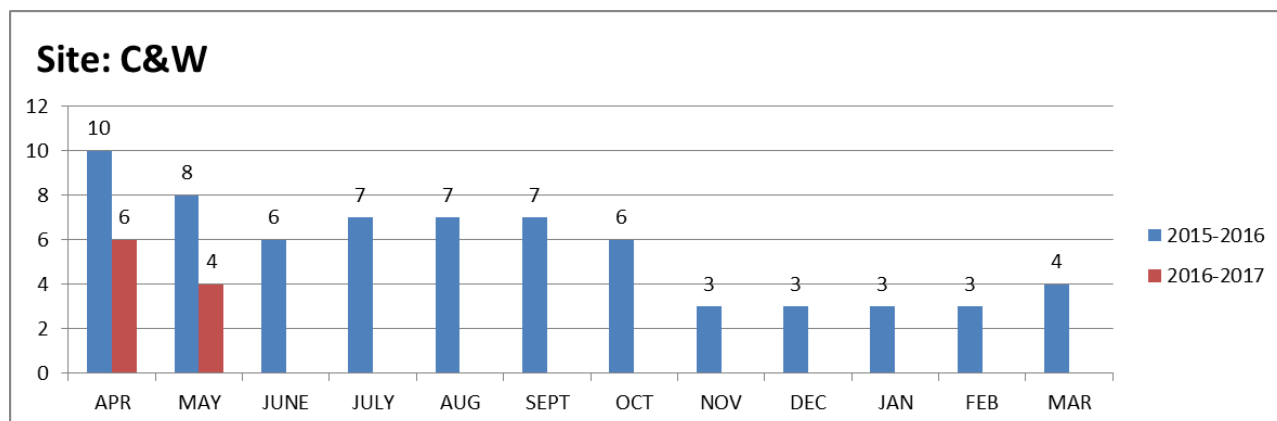


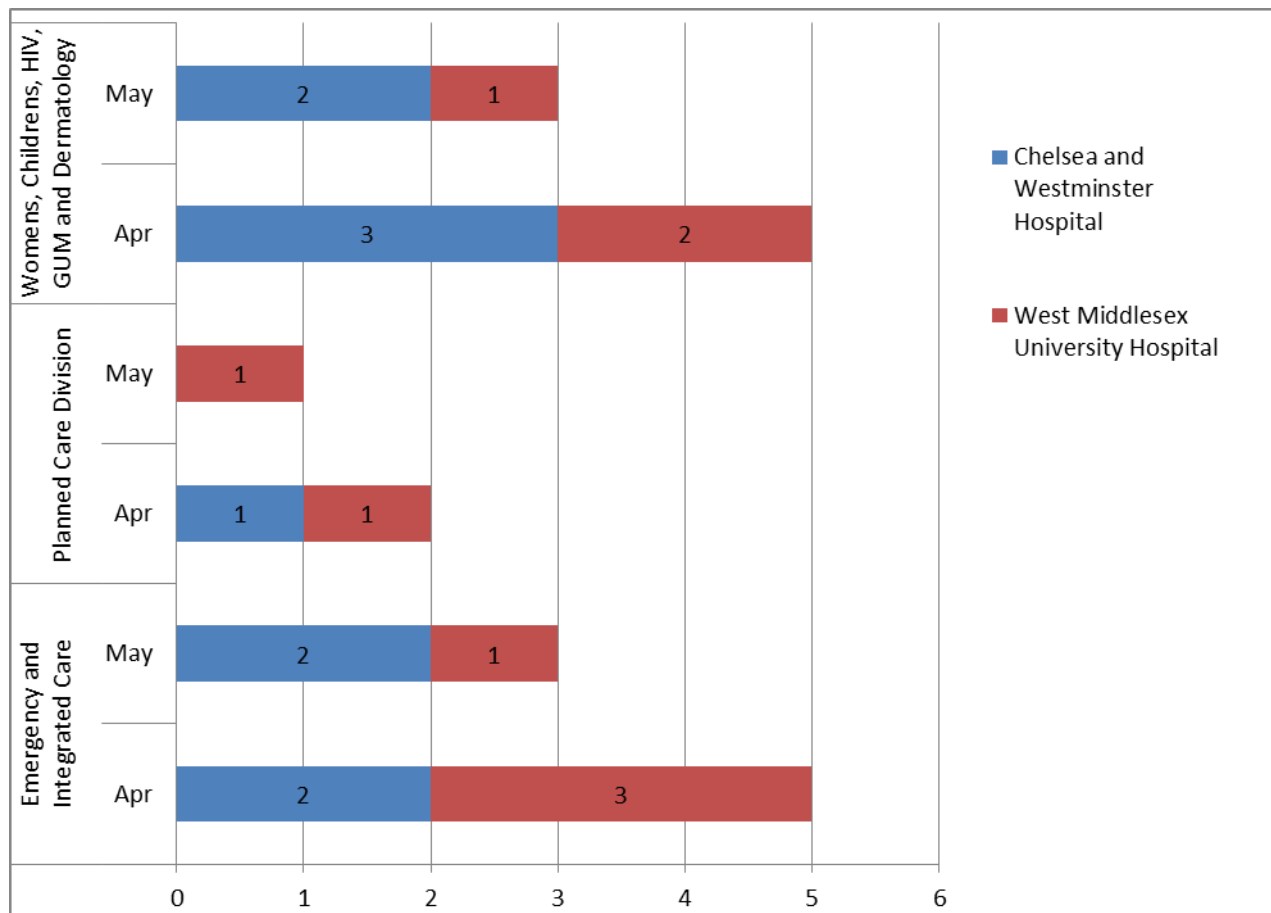
Chart 4 Incidents reported 2015/16 & 2016/17 – C&W



3.1 SIs by Clinical Division and Ward

Chart 5 displays the number of SIs reported by each division, split by site, since 1st April 2016. The number of incidents reported by each site is very similar. As the year progresses trends with divisional reporting of SIs will be analysed.

Chart 5



Charts 6 & 7 display the total number of SIs reported by each ward/department. All themes are reviewed at divisional governance meetings.

Chart 6 - WM 2016/2017

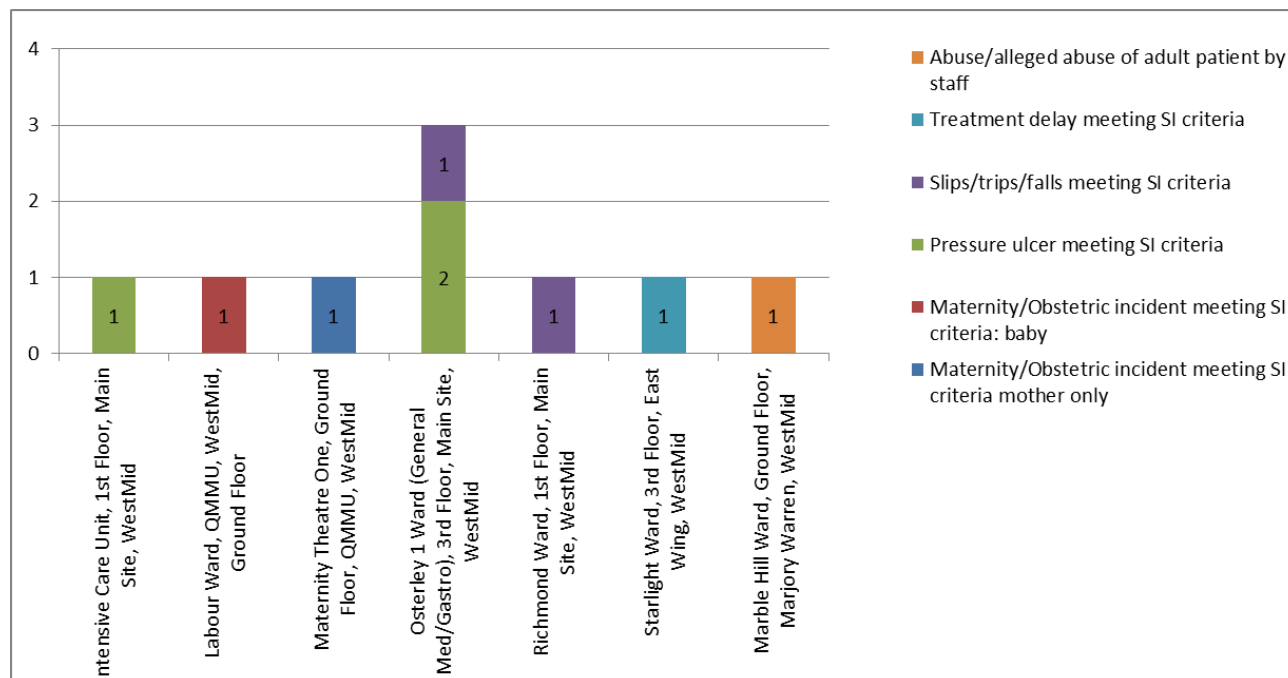
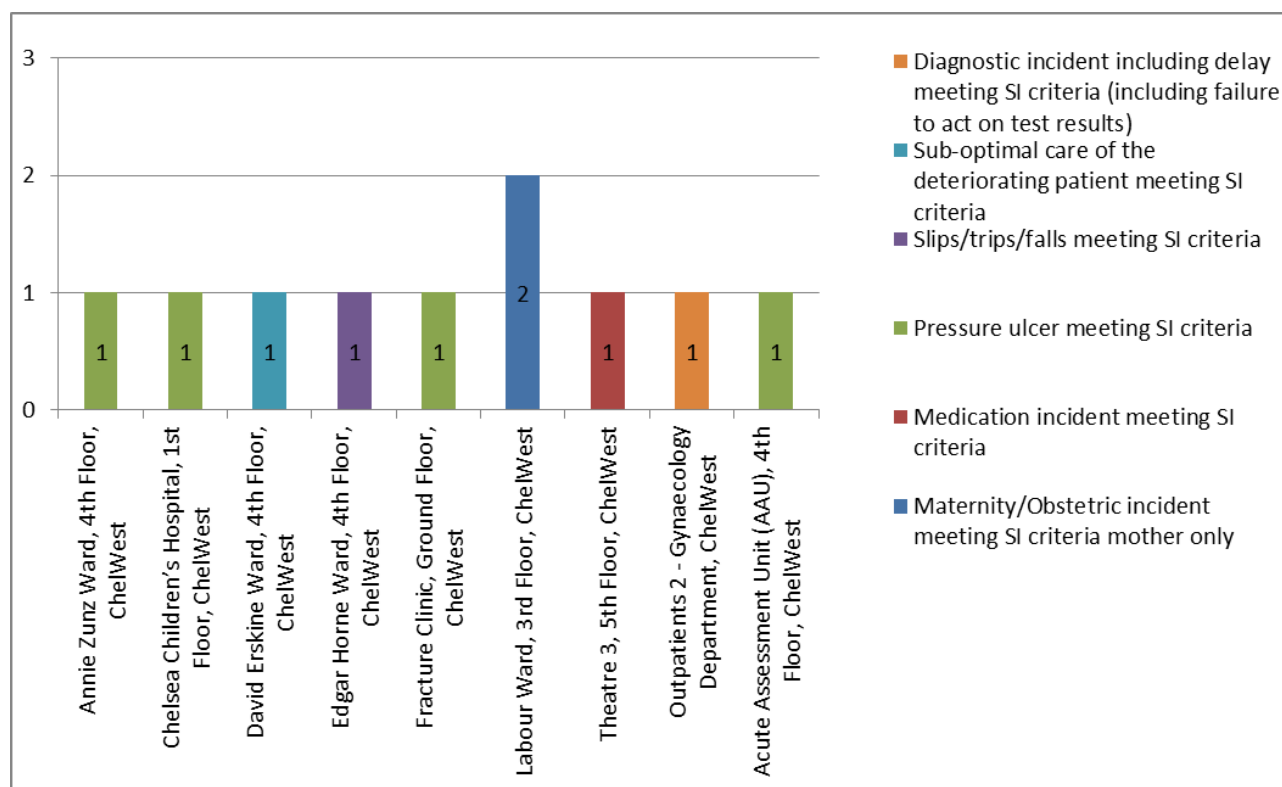


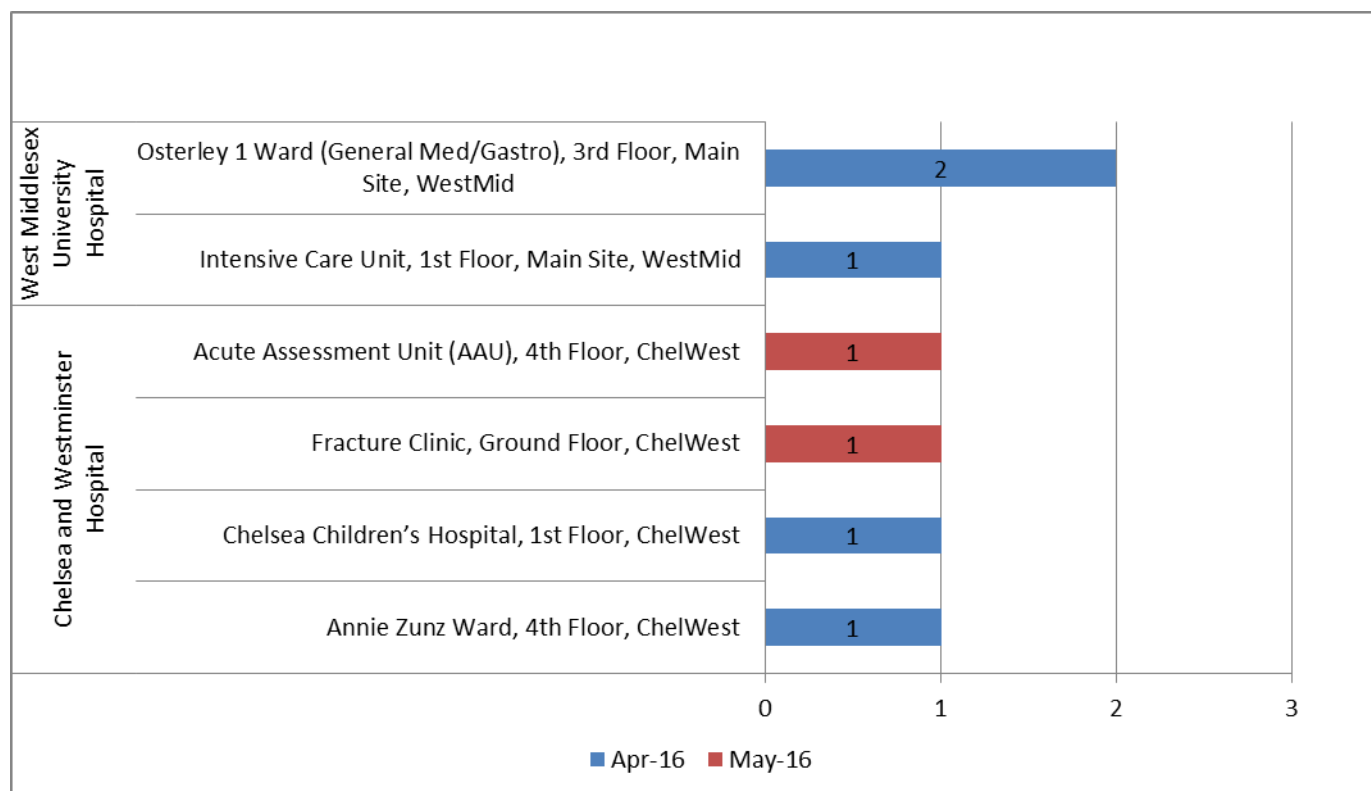
Chart 7 – CW 2016/2017



3.2 SI themes

Hospital Acquired Pressure Ulcers (HAPUs) remain high profile for both C&W and WM sites. The following graphs provide visibility of the volume and areas where pressure ulcers classified as serious incidents are being reported. In May 2016 C&W reported 2 pressure ulcers and WM reported no pressure ulcers. No one ward is showing a trend higher than another, on either site. Reduction in HAPU remains a priority for both sites for 2016/17.

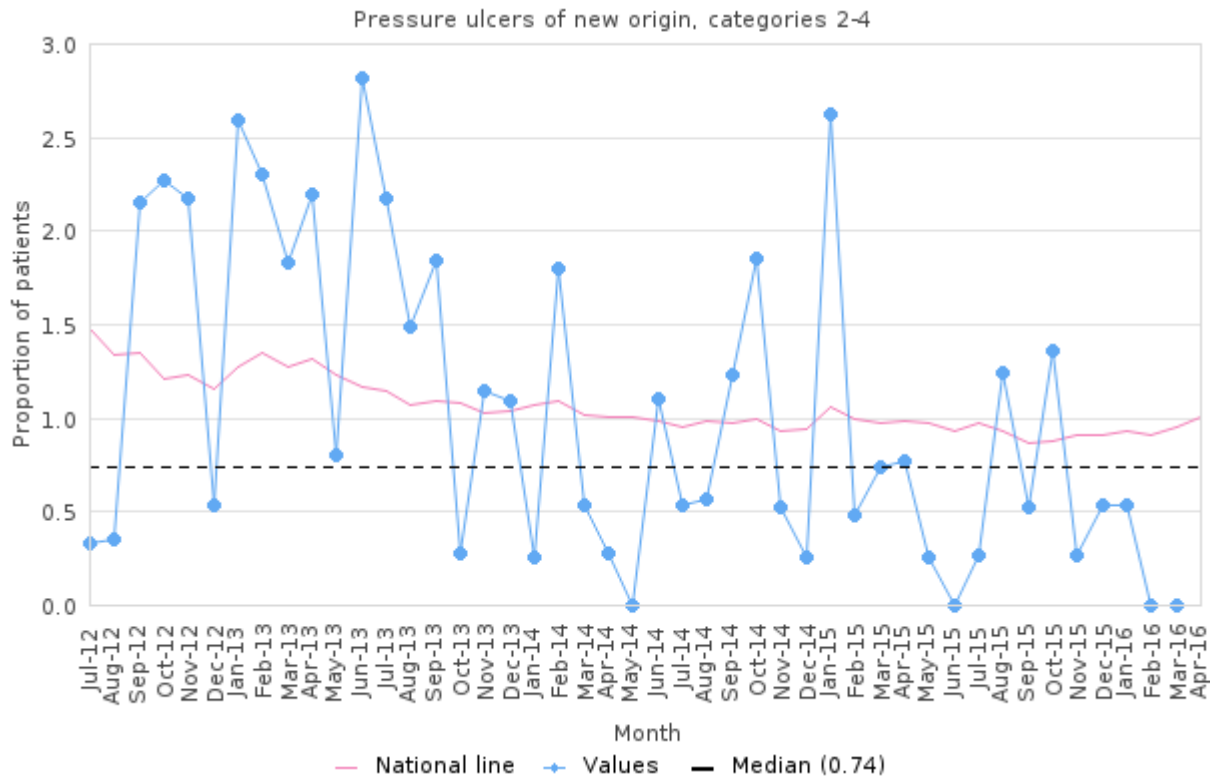
Chart 8 - Pressure Ulcers reported compared to previous months (Apr 2016–March 2017) Total= 7



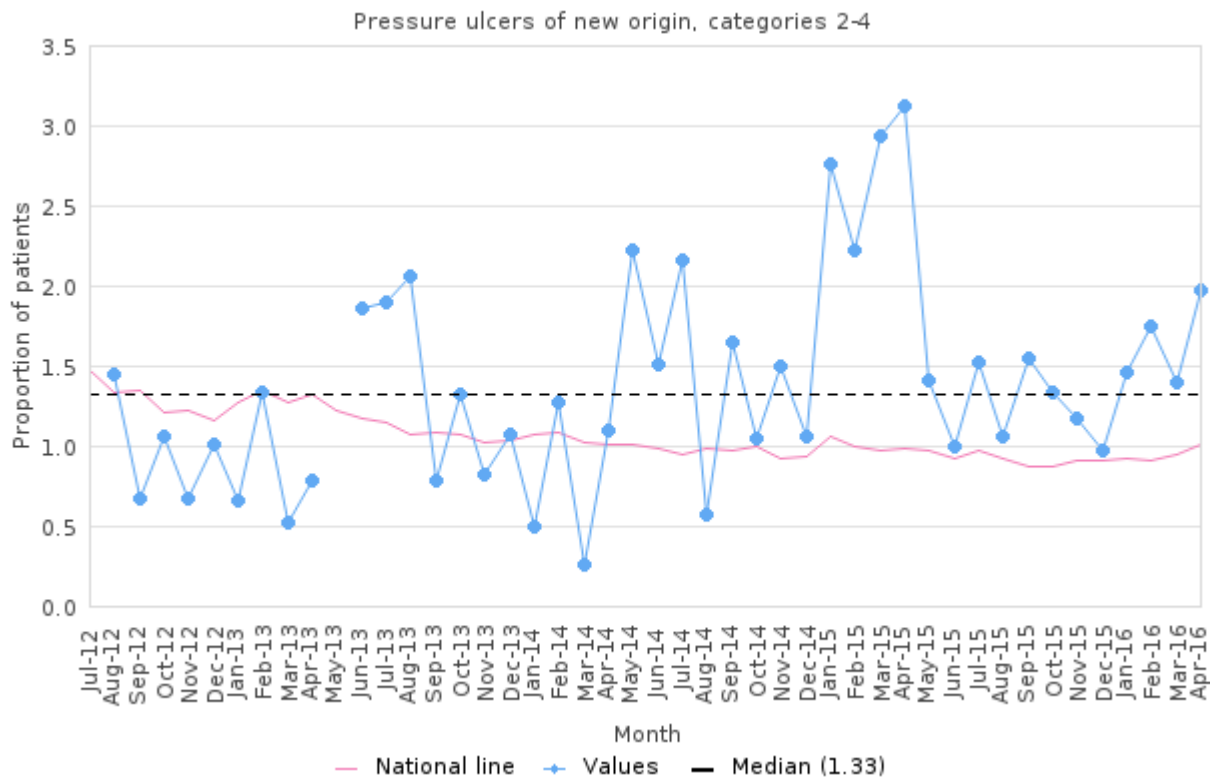
3.2.1 Safety Thermometer Data

The national safety thermometer data provides a benchmark for hospital acquired grade 2, 3 and 4 pressure ulcers. This is prevalence data and relates to pressure ulcers acquired whilst in hospital. The red line denotes the national position and the blue line the position for each site. This data is not currently amalgamated. The charts show that the national average is currently just under 1%, WM site median is below the national average and C&W site is above. The data for May is not yet published and April is currently missing for the WM site due to a submission problem, this has now been rectified and will be corrected with the next published data set.

Graph 1 ST data WM site



Graph 2 ST data C&W site

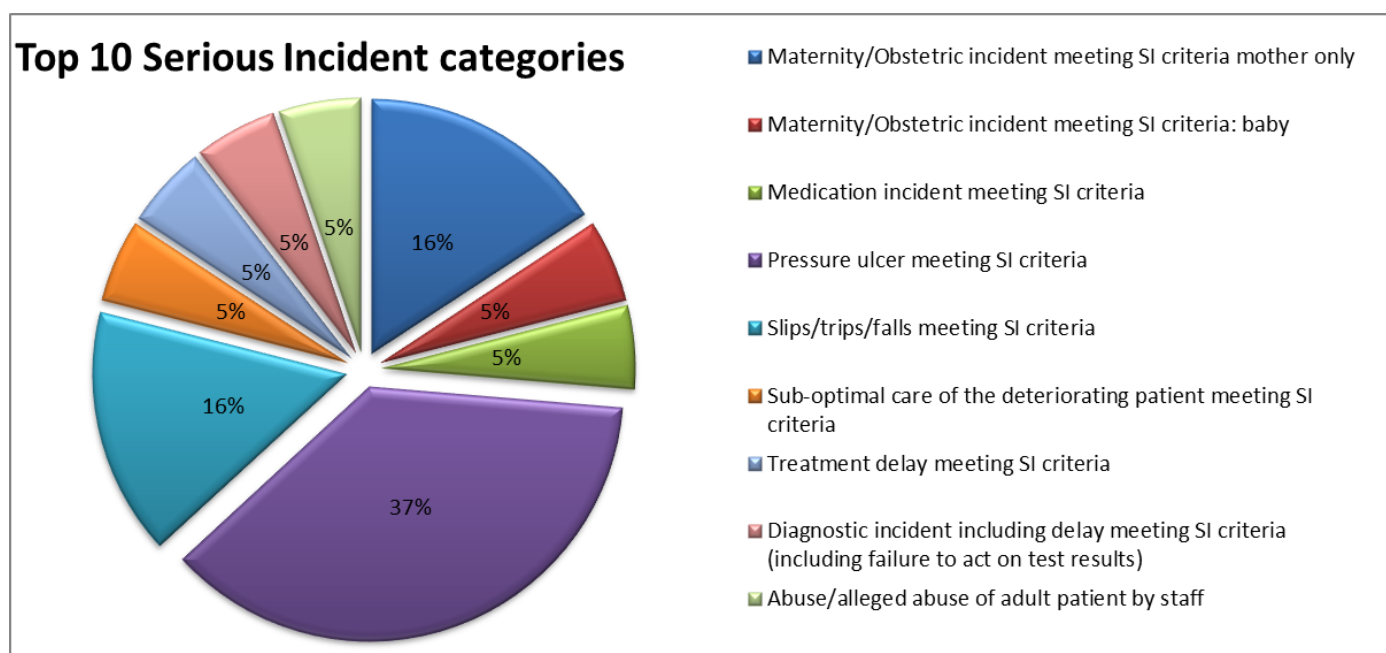


3.2.2. Top 10 reported SI themes

This section provides an overview of the top 10 serious incident themes reported by the Trust. These themes are based on the externally reported category. This will build over the coming months and quarterly comparative analysis will be provided. This data will inform the categories required for periodic deep dive and thematic review of the most frequently reported SIs. The chart below demonstrates for this month that pressure ulcers continue to be the highest percentage of reported incidents for May. Pressure Ulcers were the subject of a Deep Dive at the Quality Committee in May 2016.

To date we have reported against nine of the SI categories. Pressure ulcers are the most commonly reported and this is followed by patient falls and maternity incidents relating to the mothers care.

Chart 9 – Top 10 incidents (Apr 2016–March 2017)



3.3 SI Status Update

Table 3 provides an overview of the SIs currently under investigation by site (29).

Disappointingly there is 1 that remains very overdue the Divisional and Lead Nurse for Emergency and Integrated Care have now committed to completing the investigation. The delay has been compounded by the fact that the patient's notes are now missing. The commissioners have been kept informed.

Table 3

STEIS No.	Date of incident	Clinical Division	Incident Type (STEIS Category)	Site	External Deadline
2015/14807	10/04/2015	Emergency and Integrated Care	Pressure ulcer meeting SI criteria	WM	29/06/2015
2015/26208	30/07/2015	Emergency and Integrated Care	Pressure ulcer meeting SI criteria	WM	05/08/2015
2015/29046	02/09/2015	Emergency and Integrated Care	Commissioning incident meeting SI criteria	CW	27/11/2015
2015/37483	10/10/2015	Emergency and Integrated Care	Pressure ulcer meeting SI criteria	CW	02/03/2016
2016/10288	19/03/2016	Emergency and Integrated Care	Pressure ulcer meeting SI criteria	WM	12/07/2016
2016/10800	13/04/2016	Women's, Children's, HIV, GUM	Maternity/Obstetric incident meeting SI	CW	18/07/2016
2016/10964	21/04/2016	Emergency and Integrated Care	Pressure ulcer meeting SI criteria	WM	19/07/2016
2016/10970	07/04/2016	Emergency and Integrated Care	Slips/trips/falls meeting SI criteria	WM	19/07/2016
2016/11048	20/04/2016	Planned Care Division	Medication incident meeting SI criteria	CW	19/07/2016
2016/11170	11/04/2016	Emergency and Integrated Care	Sub-optimal care of the deteriorating	CW	20/07/2016
2016/11174	20/04/2016	Women's, Children's, HIV, GUM	Maternity/Obstetric incident meeting SI	WM	20/07/2016
2016/11668	27/04/2016	Women's, Children's, HIV, GUM	Maternity/Obstetric incident meeting SI	WM	26/07/2016
2016/12278	29/04/2016	Emergency and Integrated Care	Pressure ulcer meeting SI criteria	CW	29/07/2016
2016/6624	07/03/2016	Women's, Children's, HIV, GUM	Maternity/Obstetric incident meeting SI	CW	07/06/2016
2016/6874	03/02/2016	Emergency and Integrated Care	Treatment delay meeting SI criteria	CW	14/06/2016
2016/7762	10/03/2016	Planned Care Division	Pressure ulcer meeting SI criteria	CW	16/06/2016
2016/8672	09/03/2016	Emergency and Integrated Care	Slips/trips/falls meeting SI criteria	CW	27/06/2016
2016/9030	18/03/2016	Emergency and Integrated Care	Slips/trips/falls meeting SI criteria	CW	29/06/2016
2016/9116	12/02/2016	Women's, Children's, HIV, GUM	Pressure ulcer meeting SI criteria	CW	29/06/2016
2016/9177	04/04/2016	Planned Care Division	Pressure ulcer meeting SI criteria	WM	30/06/2016
2016/14877	25/05/2016	Emergency and Integrated Care	Abuse/alleged abuse of adult patient by	CW	24/08/2016
2016/12931	10/05/2016	Planned Care Division	Slips/trips/falls meeting SI criteria	WM	05/08/2016
2016/15145	29/05/2016	Planned Care Division	HCAI/Infection control incident meeting SI	WM	26/08/2016
302614428	05/01/2016	Women's, Children's, HIV, GUM	Diagnostic incident including delay	CW	19/08/2016
2016/13206	13/05/2016	Women's, Children's, HIV, GUM	Maternity/Obstetric incident meeting SI	CW	09/08/2016
2016/13029	08/05/2016	Emergency and Integrated Care	Pressure ulcer meeting SI criteria	CW	08/08/2016
2016/14992	27/05/2016	Emergency and Integrated Care	Pressure ulcer meeting SI criteria	WM	25/08/2016
2016/13086	09/05/2016	Women's, Children's, HIV, GUM	Treatment delay meeting SI criteria	WM	08/08/2016
2016/13414	03/02/2016	Emergency and Integrated Care	Abuse/alleged abuse of adult patient by	WM	10/08/2016

4.0 SI Action Plans

Following the successful introduction of DATIX web the Quality and Clinical Governance Team are working on merging the legacy SI action trackers with the aim of having one tracker covering both sites. The Quality and Clinical Governance Managers are working with the divisions to close those that are outstanding. The intention was that of the 10th May 2016, any new actions resulting from a serious incident will be added to DATIX to allow greater visibility by division. There has been a delay with this process and verbal update will be given at the meeting. It is not possible to add legacy actions to DATIX as the incidents they relate to are on the legacy DATIX systems not the new version.

5.0 Analysis of themes

Table 4 shows the total number of Serious Incidents for 2015/2016 and the year to date position for 2016/17. Tables 5 and 6 provide a breakdown of themes for the Trust during 2015/16 and 2016/17.

Table 4 – Total Incidents

Year	Site	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
2015-2016	WM	2	4	3	8	4	1	2	10	5	7	8	1	55
	CW	10	8	6	7	7	7	6	3	3	3	3	4	67
		12	12	9	15	11	8	8	13	8	10	11	5	122
2016-2017	WM	6	3											9
	CW	6	4											10
		12	7											19

Table 5 - Themes 2015/16

Incident details	Apr	Ma	Ju	Jul	Aug	S	Oct	No	D	Jan	Fe	M	YTD
Abuse/alleged abuse by adult patient by staff			2	1									3
Accident e.g. collision/scald (not slip/trip/fall)							1	1					2
Ambulance delay	1												1
Communicable disease and infection issue	5												5
Confidential information leak/information			1			1							2
Diagnostic incident (including failure to act on				2	1			1			1		5
HAI/infection control incident meeting SI			1										1
Maternity/Obstetric incident: baby only		2		1	3	1		2	1			1	11
Maternity/Obstetric incident: mother only						1		1		1	2	1	6
Medication incident				1	1				1				3
Other		1											1
Pressure ulcer meeting SI criteria	5	6	3	8		1	5	5	5	5	5	1	49
Radiation incident (including exposure when			1										1
Safeguarding vulnerable adults	1	1											2
Slips/trips/falls meeting SI criteria				1	2	4		1		2	2	1	13
Sub-optimal care of the deteriorating patient				1	2			1		2			6
Surgical/invasive procedure meeting SI criteria			1		1								2
Treatment delay meeting SI criteria		1			1		2	1			1	1	7
VTE meeting SI criteria									1				1
Ward/unit closure		1											1
Grand Total	12	12	9	15	11	8	8	13	8	10	11	5	122

Table 6 - Themes 2016/17

Incident details	Apr	Ma	Ju	Jul	Aug	S	Oct	No	D	Jan	Fe	M	YTD
Maternity/Obstetric incident -mother only	2	1											3
Maternity/Obstetric incident - baby	1												1
Medication incident meeting SI criteria	1												1
Pressure ulcer meeting SI criteria	5	2											7
Slips/trips/falls meeting SI criteria	2	1											3
Sub-optimal care of the deteriorating patient	1												1
Treatment delay meeting SI criteria		1											1
Diagnostic incident including delay meeting SI criteria (including failure to act on test results)		1											1
Abuse/alleged abuse of adult patient by staff		1											1
Grand Total	12	7											19

The quality and clinical governance team continues to scrutinise all reported incidents to ensure that SI reporting is not compromised.



Board of Directors Meeting, 7 July 2016

PUBLIC

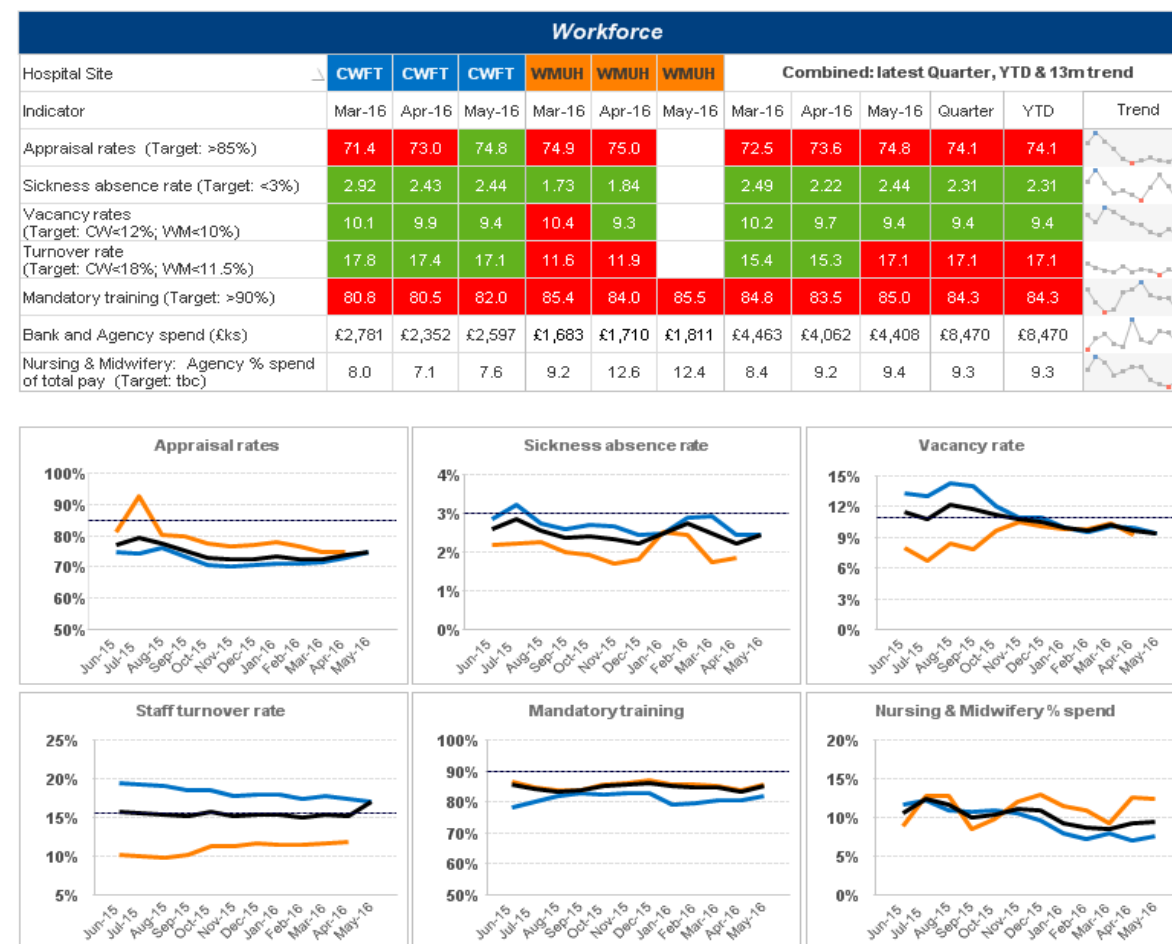
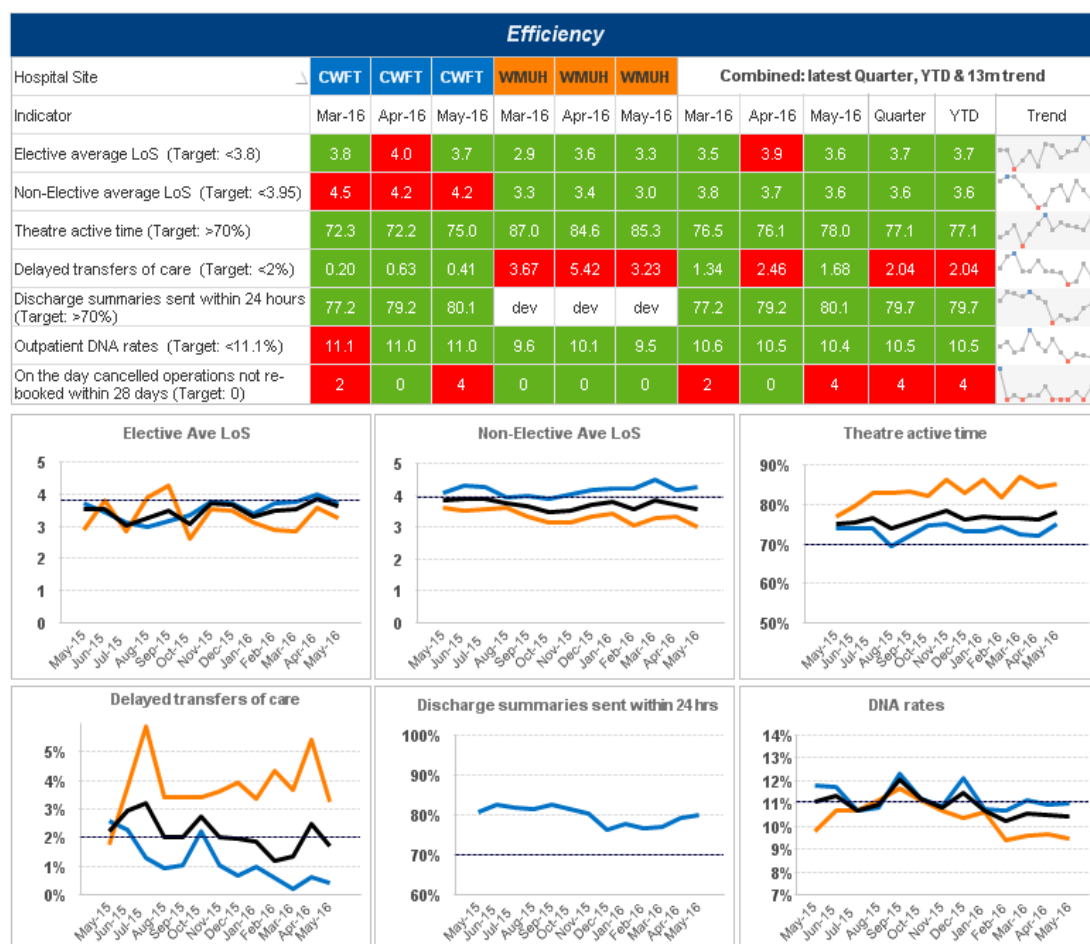
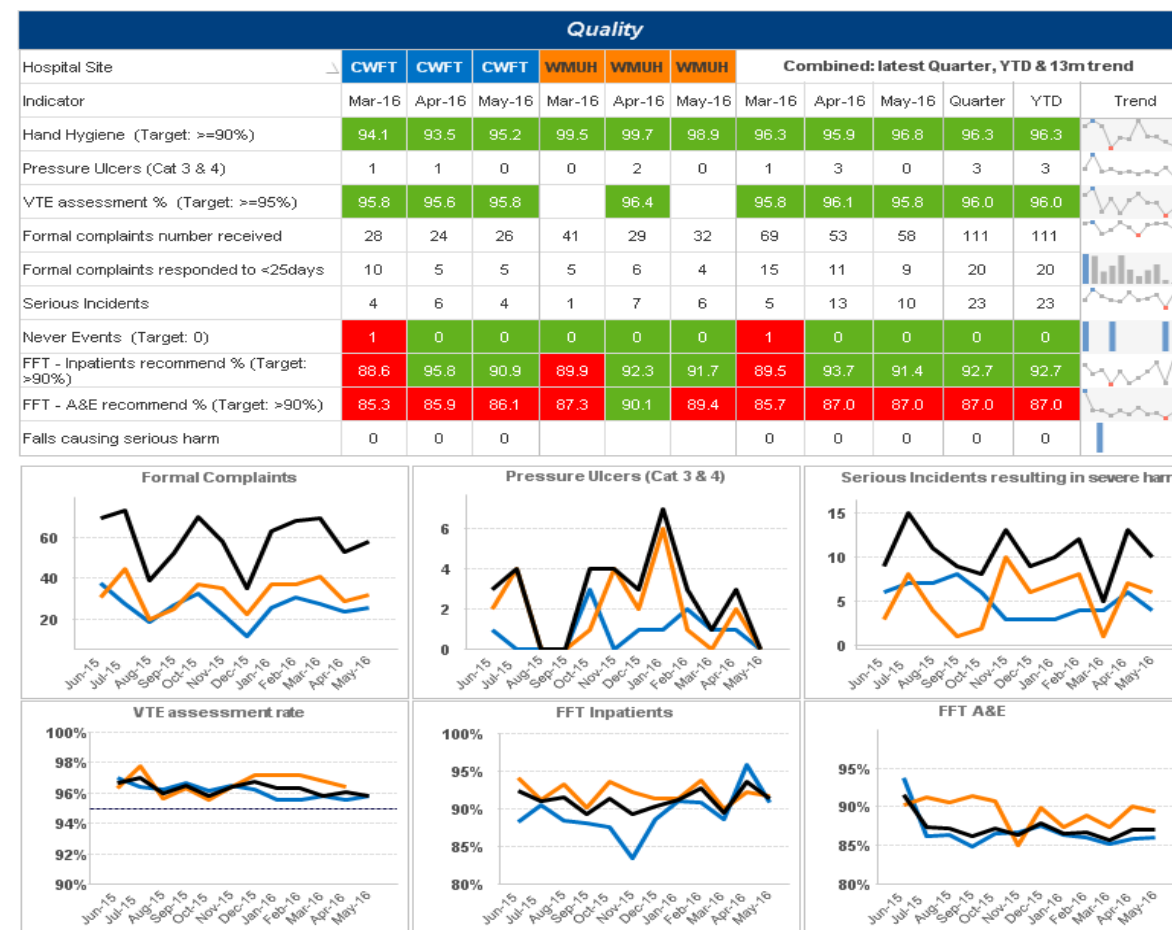
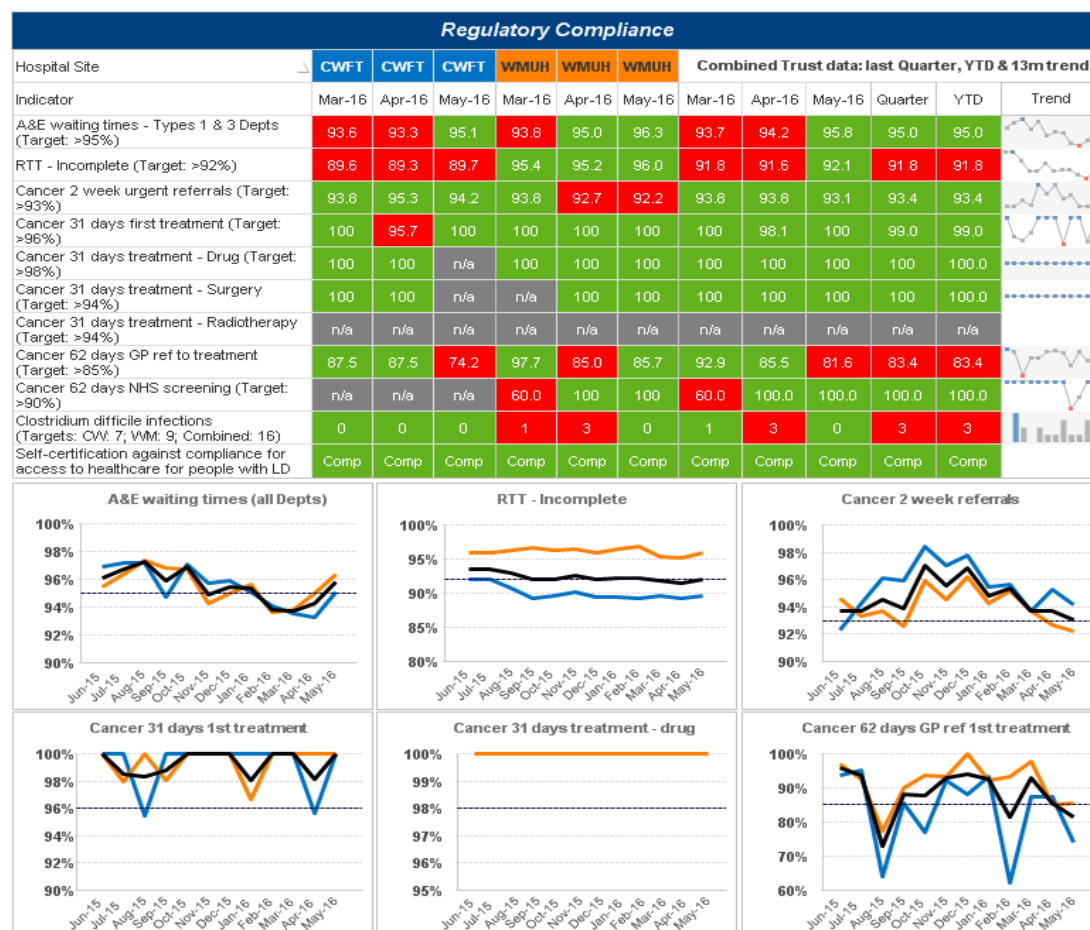
AGENDA ITEM NO.	9/Jul/16
REPORT NAME	Integrated Performance Report – May 2016
AUTHOR	Andy Howlett, Deputy Director of Performance, Information & Contracting
LEAD	Robert Hodgkiss, Chief Operating Officer
PURPOSE	To report the combined Trust's performance for May 2016 for both Chelsea and Westminster and West Middlesex sites, highlighting risk issues and identifying key actions going forward.
SUMMARY OF REPORT	The integrated performance report shows the Trust performance for May 2016. Regulatory performance – The A&E waiting time target for May was achieved on both sites of the Trust. This is a welcome recovery following three consecutive months of under target performance. The RTT incomplete target was also achieved for the overall Trust in May. The backlog of patients waiting >18 weeks reduced in May. The Trust reported six patients who were waiting >52 weeks from referral at the end of May. All patients have treatment plans and none have come to any harm as a result of the delay in treating them. Validated performance for the 62 Day GP Referral Cancer standard in April was achieved on both sites, which represents an improvement to the unvalidated performance reported last month. May's unvalidated performance is forecasting non-compliance on the Chelsea site and for the Trust as a whole. All breaches have been reviewed. Whilst most were unavoidable due to either clinical complexity of patient choice related delays, three patients experienced avoidable delays due to surgical capacity (2 Urology patients) and the junior doctor strike (1 – surgery delayed at another Trust). An action plan is in place to address the issues impacting on the Urology pathway. Both sites have achieved all other regulatory performance indicators. Safety and Patient Experience: Incident reporting rates have now stabilised following implementation of the new Datix-web incident reporting system but remain below the target level, with Medication safety incidents on Chelsea site dropping below target in May. FFT response rates and % of patients who would recommend the Trust have declined across all areas.

	Quality, Efficiency and Clinical Effectiveness: Average length of stay on the C&W site and readmissions across both sites remain below target and of concern. Work is in progress to understand and address the underlying causes. Workforce: Appraisal and Mandatory Training compliance remain areas for improvement despite a concerted drive to improve completeness levels.
KEY RISKS ASSOCIATED:	There are continued risks to the achievement of a number of compliance indicators, including A&E performance, RTT incomplete waiting times, and cancer 62 days waits.
FINANCIAL IMPLICATIONS	The combined Trust reported a year to date surplus of £281k, which is an adverse variance of £43k against the 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 May 2016 and to note that whilst a number of indicators were not delivered in the month, the overall YTD compliance was excellent, placing C&W as one of the few Trusts in London to deliver the standards.



TRUST PERFORMANCE & QUALITY REPORT

May 2016



Note: Full page versions of the above Performance Dashboards are available on Pages 16-19



Monitor Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Mar-16	Apr-16	May-16	2016-2017	Mar-16	Apr-16	May-16	2016-2017	Mar-16	Apr-16	May-16	2016-2017 Q1	2016-2017	Trend charts
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	93.6%	93.3%	95.1%	94.2%	93.8%	95.0%	96.3%	95.7%	93.7%	94.2%	95.8%	95.0%	95.0%	
RTT	18 weeks RTT - Admitted (Target: >90%)	76.4%	70.5%	73.2%	72.0%	93.8%	86.7%	88.4%	87.9%	85.7%	79.6%	83.6%	82.1%	82.1%	
	18 weeks RTT - Non-Admitted (Target: >95%)	92.5%	92.5%	93.3%	92.9%	96.5%	95.4%	94.2%	94.6%	94.0%	93.6%	93.8%	93.7%	93.7%	
	18 weeks RTT - Incomplete (Target: >92%)	89.6%	89.3%	89.7%	89.5%	95.4%	95.2%	96.0%	95.6%	91.8%	91.6%	92.1%	91.8%	91.8%	
Cancer	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	93.8%	95.3%	94.2%	94.7%	93.8%	92.7%	92.2%	92.4%	93.8%	93.8%	93.1%	93.4%	93.4%	
	31 days diagnosis to first treatment (Target: >96%)	100%	95.7%	100%	96.8%	100%	100%	100%	100%	100%	98.1%	100%	99.0%	99.0%	
	31 days subsequent cancer treatment - Drug (Target: >98%)	100%	100%	n/a	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	31 days subsequent cancer treatment - Surgery (Target: >94%)	100%	100%	n/a	100%	n/a	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%)	87.5%	87.5%	74.2%	78.7%	97.7%	85.0%	85.7%	85.3%	92.9%	85.5%	81.6%	83.4%	83.4%	
	62 days NHS screening service referral to first treatment (Target: >90%)	n/a	n/a	n/a	n/a	60.0%	100%	100%	100%	60.0%	100%	100%	100%	100%	
Patient Safety	Clostridium difficile infections (Year End Targets: CW: 7; WM: 9; Combined: 16)	0	0	0	0	1	3	0	3	1	3	0	3	3	
Learning difficulties Access & Governance	Self-certification against compliance for access to healthcare for people with Learning Disability	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	
	Governance 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

18 weeks RTT – Incomplete

The trust incomplete reportable May position was 92.1% against a target of 92%. The compliant position is an improvement over April and March failing position. However it remains the WMUH site that overachieves to improve the failing CW site.

Demand and capacity reviews and additional resource work continues with the particular specialties contributing to the CW position and in June the trust have appointed a RTT programme manager to manage the cross site delivery of this target. The performance officer resource to validate RTT pathways on the CW site have been allocated to the specialties across the site needing RTT support. This is to be embedded through a new governance structure that will allow daily focus on RTT and long waiting patients whilst providing assurance up through the trust of the position.

Cancer - 62 days GP referral to first treatment

Although cross-site May performance is not yet confirmed, it is anticipated that the 62 day target will not be achieved in May. 9 breaches have been reported for the month (4 urology, 1 lower GI, 0.5 Gynaecology, 1 skin, 2 head & neck).

An action plan is in place to reduce avoidable breaches in Urology, with actions including increasing surgical and diagnostic capacity, and better use of 1 stop clinics to reduce the number of steps in the diagnostic pathway.

West Middlesex commentary

A&E waiting times

A&E maintained the good performance. Attendances, admissions and bed occupancy where marginally lower than previous months allowing the closure of escalation capacity.

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

The 2 week wait target continues to be a challenge on the West Middlesex site, although this was achieved at a Trust level. This is a particular issue for Breast and Skin, with additional capacity in both tumour sites being explored to improve performance in June.

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

West Middlesex are waiting a National solution to electronic flag/alert on eCamis. Staff are being trained to place LD stickers on patients' medical records for outpatients and to use alert available on 'Realtime' system for in- patients.



Safety Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Mar-16	Apr-16	May-16	2016-2017	Mar-16	Apr-16	May-16	2016-2017	Mar-16	Apr-16	May-16	2016-2017 Q1	2016-2017	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%)	94.1%	93.5%	95.2%	94.3%	99.5%	99.7%	98.9%	99.3%	96.3%	95.9%	96.8%	96.3%	96.3%	
Incidents	Number of serious incidents	4	6	4	10	1	7	6	13	5	13	10	23	23	
	Incident reporting rate per 100 admissions (Target: >8.5)	6.9	6.9	6.5	6.7	6.7	6.8	6.9	6.8	6.8	6.8	6.7	6.8	6.8	
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions (Target: 0)	0.00	0.03	0.05	0.03	0.00	0.02	0.00	0.01	0.00	0.03	0.03	0.03	0.03	
	Medication-related (NRLS reported) safety incidents per 100,000 FCE bed days (Target: >=280)	289.50	405.89	162.46	277.54	646.52	432.47	494.54	463.00	447.15	418.75	311.55	364.00	364.00	
	Medication-related (NRLS reported) safety incidents % with harm (Target: <=12%)	8.5%	8.9%	12.0%	9.9%	2.5%	0.0%	4.8%	2.5%	4.7%	4.5%	6.9%	5.5%	5.5%	
	Never Events (Target: 0)	1	0	0	0	0	0	0	0	1	0	0	0	0	
Harm	Safety Thermometer - Harm Score (Target: >90%)	95.3%	97.0%	94.4%	95.3%	98.2%	98.6%	93.6%	96.1%	96.8%	98.1%	94.0%	95.8%	95.8%	
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	1	1	0	1	0	2	0	2	1	3	0	3	3	
	NEWS compliance %	78.6%	100.0%	100.0%	100.0%					78.6%	100.0%	100.0%	100.0%	100.0%	
	Safeguarding adults - number of referrals	27	24	21	45	6	5	0	5	33	29	21	50	50	
	Safeguarding children - number of referrals	19	25	25	50	76	91	72	163	95	116	97	213	213	
Mortality	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	83.4	83.4	83.4	83.4	83.4	83.4	83.4	83.4	83.4	83.4	83.4	83.4	83.4	
	Number of hospital deaths - Adult	36	29	21	50	79	76	71	147	115	105	92	197	197	
	Number of hospital deaths - Paediatric	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Number of hospital deaths - Neonatal	0	4	1	5	1	1	0	1	1	5	1	6	6	
	Number of deaths in A&E - Adult	2	0	1	1	8	5	6	11	10	5	7	12	12	
	Number of deaths in A&E - Paediatric	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Number of deaths in A&E - Neonatal	0	0	0	0	0	0	0	0	0	0	0	0	0	

Chelsea & Westminster commentary

Patient safety incident resulting in severe harm or death

The incidence of any severe harm or death due to an incident initiates a formal analysis of the episode using the standard investigation procedures. The outcome and actions recommended from this process form a part of the monthly board report on incidents. There were 2 episodes in month 1 which meet this criterion. In month 2 we had 3 episodes and each will be investigated and reported accordingly.

Safeguarding adults - number of referrals

The level of reporting from the Chelsea Site presents a pattern similar to that reported previously. Disparities at West Middlesex are reported opposite.

Safeguarding children - number of referrals

Referrals within normal range for CW, consistent level of safeguarding activity for last month although period of increased activity on one ward with 8 out of 19 patients having safeguarding concern of involvement to some degree.

West Middlesex commentary

Incident reporting rate per 100 admissions

Gradually increasing which represents up take of the new electronic system across the whole trust.

Safeguarding adults - number of referrals

The current analysis of the disparity to the Chelsea Site is threefold as below:

Data capture / data quality - Discharge Admin staff are now the central point for onward referrals. Discussions are underway to capture those incidents that are being reviewed within safeguarding protocols that are currently missed by the former collection process. At Chelsea, the data is directly captured within the EPR system

Escalation procedure - Now resolved with the introduction of a West Middx Specific form including local referral numbers for the discharge team available on the Trust Intranet site

Training - all aspects of a review of training will take time and resource in the on-going challenges within developing a shared vision of adult safeguarding combined with robust processes with as few obstacles to escalation as possible. The vision is to have safeguarding integrated within EPR systems mirroring the Chelsea system and a sound way of capturing any hospital incident that is subject to a section 42 enquiry.



Patient Experience Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Mar-16	Apr-16	May-16	2016-2017	Mar-16	Apr-16	May-16	2016-2017	Mar-16	Apr-16	May-16	2016-2017 Q1	2016-2017	Trend charts
Friends and Family	FFT: Inpatient recommend % (Target: >90%)	88.6%	95.8%	90.9%	93.8%	89.9%	92.3%	91.7%	92.0%	89.5%	93.7%	91.4%	92.7%	92.7%	
	FFT: Inpatient not recommend % (Target: <10%)	6.4%	6.0%	4.4%	5.4%	6.0%	4.3%	3.4%	3.9%	6.1%	5.0%	3.8%	4.4%	4.4%	
	FFT: Inpatient response rate (Target: >30%)	40.5%	39.9%	28.7%	34.4%	27.8%	31.2%	29.6%	30.4%	32.0%	34.1%	29.3%	31.7%	31.7%	
	FFT: A&E recommend % (Target: >90%)	85.3%	85.9%	86.1%	86.0%	87.3%	90.1%	89.4%	89.7%	85.7%	87.0%	87.0%	87.0%	87.0%	
	FFT: A&E not recommend % (Target: <10%)	8.2%	9.0%	7.5%	8.3%	6.1%	6.1%	5.7%	5.9%	7.8%	8.3%	6.9%	7.6%	7.6%	
	FFT: A&E response rate (Target: >30%)	13.9%	15.0%	11.6%	13.2%	19.1%	25.9%	20.1%	22.7%	14.8%	16.9%	13.2%	15.0%	15.0%	
	FFT: Maternity recommend % (Target: >90%)	92.3%	93.6%	86.1%	89.9%	96.2%	87.4%	94.0%	90.6%	93.0%	92.0%	88.2%	90.1%	90.1%	
	FFT: Maternity not recommend % (Target: <10%)	4.5%	4.7%	8.0%	6.3%	3.8%	4.6%	3.6%	4.1%	4.3%	4.6%	6.9%	5.7%	5.7%	
	FFT: Maternity response rate (Target: >30%)	24.4%	24.0%	17.2%	20.1%	12.7%	18.6%	18.8%	18.7%	21.0%	22.3%	17.6%	19.7%	19.7%	
Experience	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	28	24	26	50	41	29	32	61	69	53	58	111	111	
	Complaints formal: Number responded to < 25 days	10	5	5	10	5	6	4	10	15	11	9	20	20	
	Complaints (informal) through PALS	98	87	80	167	200	187	186	373	298	274	266	540	540	
	Complaints sent through to the Ombudsman	0	0	0	0	1	3	3	6	1	3	3	6	6	
	Complaints upheld by the Ombudsman (Target: 0)	0	0	0	0	1	3	3	6	1	3	3	6	6	

Please note the following

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An empty cell denotes those indicators currently under development

Chelsea & Westminster commentary

Response Rate

The Response rate decreased during May. Chelsea & Westminster have experienced technical issues in sending and receiving files (eligible numbers) to the FFT survey provider, HCC. During May there was intensive work carried out to overcome these problems which resulted in the system being turned off to fix the issues. There was a delay with this process and therefore surveys were sent to patients at the end of the month, which is a likely reason for the lower response rate. The issues have been addressed which should prevent such future problems.

Recommendation Rate

The recommendation rates for A&E and Maternity are below the Target >90%. Patients' comments and themes are sent directly to the department for evaluation who have the ability to look in details at the comments raised and action plan.

Number of complaints responded to < 25 days across both sites

Performance remains poor. The new complaint procedure aims to streamline the process which should in turn increase performance.

Complaints (informal) through PALS

Similar themes and numbers have emerged this month which include communication, staff behaviour and appointments as the subjects most complained about.

West Middlesex commentary

Response rate Response rate for the West Middlesex is below the target >90% for the three areas measured. Methods for collections are being addressed in the current procurement process.

Recommendation Rate

It is promising to see the recommendation rate is scoring above average (A&E scores just 0.6% below target).

Note on all Friends and Family Test indicators across both sites

A cross-site review and procurement process has commenced which aims to improve the methods of survey collections and better engagement for FFT.

Performance of complaints that were responded to <25 working days remains low. A new complaint handling process is currently being implemented to streamline the process and promote better response

Complaints (informal) through PALS

There are similar numbers coming through PALS as with previous months with similar themes: clinical treatment, communication and appointments being the subjects with most complaints.



Efficiency & Productivity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Mar-16	Apr-16	May-16	2016-2017	Mar-16	Apr-16	May-16	2016-2017	Mar-16	Apr-16	May-16	2016-2017 Q1	2016-2017	Trend charts
Admitted Patient Care	Average length of stay - elective (Target: <3.7)	3.76	3.98	3.74	3.85	2.86	3.59	3.27	3.43	3.52	3.87	3.61	3.73	3.73	
	Average length of stay - non-elective (Target: <3.9)	4.50	4.16	4.25	4.21	3.31	3.35	3.03	3.19	3.84	3.71	3.59	3.65	3.65	
	Emergency care pathway - average LoS (Target: <4.5)	5.63	5.35	5.33	5.34	3.48	3.57	3.20	3.38	4.19	4.16	3.93	4.04	4.04	
	Emergency care pathway - discharges	207	192	208	401	415	388	395	783	623	580	603	1184	1184	
	Emergency re-admissions within 30 days of discharge (Target: <2.8%)	3.58%	3.38%	3.15%	3.26%	11.52%	10.45%	10.35%	10.40%	6.35%	5.95%	5.62%	5.78%	5.78%	
	Delayed transfer of care - % relevant NHS patients affected (Target: <2%)	0.2%	0.6%	0.4%	0.5%	3.7%	5.4%	3.2%	4.2%	1.3%	2.5%	1.7%	2.0%	2.0%	
	Non-elective long-stayers	460	408	402	810										
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	86.8%	81.8%	85.9%	84.1%	86.8%	84.0%	84.2%	84.1%	86.8%	82.8%	85.2%	84.1%	84.1%	
	Operations cancelled on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.32%	0.21%	0.21%	0.21%					0.32%	0.21%	0.21%	0.21%	0.21%	
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	2	0	4	4	0	0	0	0	2	0	4	4	4	
	Theatre active time (C&W Target: >70%; VMM Target: >78%)	72.3%	72.2%	75.0%	73.7%	87.0%	84.6%	85.3%	84.9%	76.5%	76.1%	78.0%	77.1%	77.1%	
	Theatre booking conversion rates (Target: >80%)	88.6%	90.8%	90.2%	90.5%										
Outpatients	First to follow-up ratio (Target: <1.5)	1.65	1.67	1.64	1.66	1.67	1.68	1.52	1.59	1.67	1.68	1.56	1.61	1.61	
	Average wait to first outpatient attendance (Target: <6 wks)	7.1	7.3	7.3	7.3	5.9	6.4	6.0	6.2	6.6	6.8	6.7	6.7	6.7	
	DNA rate: first appointment	11.7%	12.0%	11.1%	11.5%	11.1%	11.7%	10.3%	11.0%	11.4%	11.9%	10.7%	11.3%	11.3%	
	DNA rate: follow-up appointment	11.0%	10.6%	11.0%	10.8%	8.7%	9.1%	8.9%	9.0%	10.2%	10.1%	10.3%	10.2%	10.2%	

Please note the following

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An empty cell denotes those indicators currently under development

Chelsea & Westminster commentary

Average length of stay - non-elective

May shows a similar length of stay to April, which remains insufficient to achieve the required standard.

A fundamental review of non-elective LoS is part of bed productivity and other schemes and this must be scheduled and achieved during the next six months ahead of winter 2016/17.

Emergency care pathway - average LoS

Again, May showed little difference to April suggesting little progress at present with achieving an sustainable improvement. This will need to be wrapped into a wider package of work for the Emergency care pathway

Emergency care pathway – discharges

A further improvement was shown in May but yet achieving the <2.8% standard for the month. Work on this will be linked to non-elective LoS improvement plan to be delivered ahead of next winter.

West Middlesex commentary

Non-Elective and Emergency Care average LoS

LoS reduced from the previous month and this is likely to reflect the marginal reduction in acuity noted clinically.

Emergency care pathways – discharges

These were marginally lower as a daily average due to reduced occupancy and overall bed numbers

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

Analysis has been undertaken and is now complete. The actions to address are from partner organisations and are part of a wider piece of work over the next 4 months

Delayed transfers of care affected patients

Delayed transfers of care have been high for Richmond and this is expected not to improve until September 2016 due to a staffing challenge for social worker



Clinical Effectiveness Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Mar-16	Apr-16	May-16	2016-2017	Mar-16	Apr-16	May-16	2016-2017	Mar-16	Apr-16	May-16	2016-2017 Q1	2016-2017	Trend charts
Best Practice	Dementia screening diagnostic assessment (Target: >90%)	100.0%	100.0%	100.0%	100.0%	91.5%	91.9%	80.3%	86.4%	97.0%	97.0%	93.8%	95.4%	95.4%	
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	92.3%	88.9%	66.7%	76.2%	71.4%	80.0%		80.0%	81.5%	85.7%	66.7%	76.9%	76.9%	
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	100.0%	100.0%	100.0%	100.0%	93.8%	85.7%	90.9%	88.0%	95.7%	90.5%	95.0%	92.7%	92.7%	
VTE	VTE: Hospital-acquired (Target: tbc)	0	0	0	0	2	1	0	1	2	1	0	1	1	
	VTE risk assessment (Target: >95%)	95.8%	95.6%	95.8%	95.7%		96.4%		96.4%	95.8%	96.1%	95.8%	96.0%	96.0%	
TB	TB: Number of active cases identified and notified	4	3	2	5	5	9	11	20	9	12	13	25	25	
	TB: % of treatments completed within 12 months (Target: >85%)														

Please note the following

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An empty cell denotes those indicators currently under development

Chelsea & Westminster commentary

#NoF Time to Theatre for medically fit patients

4 patients failed the 36 hour target in May.

For three patients, the Trauma lists had pre-booked sub-Specialty cases or complex cases. This, in addition to one of the patients requiring a 'THR' prosthesis to be ordered, led to the delays.

The fourth breach was due to the patient's complex cardiac history needing an ECHO and a subsequent Cardiology review. Patient also required HDU post-operatively.

VTE Hospital-acquired

VTE data requires analysis to identify potentially preventable hospital associated VTE events

VTE risk assessment

Trust achieving target with educational support to clinical areas not meeting target

TB: Number of active cases identified and notified

There were 2 TB cases notified. These cases are for C&W only as per the London TB Register. C&W TB Service also manages TB cases for the Royal Brompton and the Royal Marsden.

West Middlesex commentary

#NoF Time to Theatre for medically fit patients

Further analysis to be presented at Quality Committee

VTE Hospital-acquired

Hospital acquired VTE data is captured for root cause analysis to identify potentially preventable hospital associated VTE events

VTE risk assessment

Not published as there is an issue with the date feed which is being resolved. The figures will be updated next month.



Access Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Mar-16	Apr-16	May-16	2016-2017	Mar-16	Apr-16	May-16	2016-2017	Mar-16	Apr-16	May-16	2016-2017 Q1	2016-2017	Trend charts
RTT waits	RTT Incompletes 52 week Patients at month end	3	4	6	10	0	0	0	0	3	4	6	10	10	
	Diagnostic waiting times <6 weeks: % (Target: >99%)	99.87%	99.57%	99.21%	99.39%	99.97%	99.39%	99.45%	99.42%	99.92%	99.46%	99.35%	99.40%	99.40%	
	Diagnostic waiting times >6 weeks: breach actuals	3	10	19	29	1	20	18	38	4	30	37	67	67	
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	7.1%	7.4%	7.1%	7.3%	8.5%	8.3%	7.4%	7.9%	7.6%	7.7%	7.2%	7.5%	7.5%	
	A&E time to treatment - Median (Target: <60')	01:16	01:08	01:10	01:09	01:03	00:47		00:47	01:12	01:03	01:10	01:06	01:06	
	London Ambulance Service - patient handover 30' breaches	45	49	28	77	115	73	53	126	160	122	81	203	203	
	London Ambulance Service - patient handover 60' breaches	4	4	0	4	0	0	0	0	4	4	0	4	4	
Choose and Book (available to Mar-16 only for issues) and from Apr-16 for availability	Choose and book: appointment availability (average of daily harvest of unused slots)		2306	2542	2424		0	1	1		2306	2542	2424	2424	
	Choose and book: capacity issue rate (ASI)	18.9%				33.0%				27.8%					
	Choose and book: system issue rate	0.4%				0.3%				0.3%					
Please note the following		blank cell	An empty cell denotes those indicators currently under development												

Chelsea & Westminster commentary

Diagnostic Waiting Times

Satisfactory performance across the board for the range of Radiology diagnostic procedures continues.

Within Radiology, MRI and non-obstetric ultrasound continue to be the most challenging areas. The use of 'waiting list initiative' sessions keeps waits below 6 weeks for diagnostic procedures; this information for ultrasound applies to both sites.

The compliance rate for each site is above the target of >99.0%

Diagnostic Waiting Times breach actuals

10 of the breach actuals at the Chelsea site were for Cystoscopy due to capacity issues. This was also the reason given for 4 breaches in Respiratory.

A&E unplanned re-attendances

A very difficult standard to achieve nationally, this figure remains stubbornly above 5% for the Chelsea site recognising the known safety factor of returning to A&E following appropriate discharge.

A&E time to treatment – Median

Closely linked to the challenging A&E performance, this showed a very similar position to April to just 10 mins over the standard.

London Ambulance Service - patient handover 60' breaches

A better performance eliminated all 60 min LAS handover breaches in May

West Middlesex commentary

Diagnostic Waiting Times breach actuals

2 of the 18 diagnostic breaches at WMUH relate to MRI scans. Both of these patients were referred from Teddington Memorial Hospital where a paper based, manual referral system is in place.

There are inherent delays in this process as it relies on posting, scanning and subsequent electronic referring in order to get the request on the Alliance (MRI provider) system. The Head of Imaging at WMUH and the Unit Manager for Alliance Medical are meeting to review the process.

A&E Unplanned re-attendances

Work will start on a deep dive into the reason for the high re-attendance rate in July 2016.

A&E LAS 30 min handover breaches

These are being monitored daily and are reducing.



Maternity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Mar-16	Apr-16	May-16	2016-2017	Mar-16	Apr-16	May-16	2016-2017	Mar-16	Apr-16	May-16	2016-2017 Q1	2016-2017	Trend charts
Birth indicators	Total number of NHS births	471	439	517	956	416	476	454	930	887	915	971	1886	1886	
	Total caesarean section rate (C&W Target: <27%; WM Target: <29%)	36.4%	32.6%	32.8%	32.7%	28.4%	27.6%	27.3%	27.5%	32.7%	30.0%	30.2%	30.1%	30.1%	
	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%)	98.1%	98.9%	96.9%	97.8%	97.2%	94.0%	95.2%	94.6%	97.6%	96.2%	96.1%	96.2%	96.2%	
Safety	Admissions of full-term babies to NICU	18	17	21	38	n/a	n/a	n/a	n/a	18	17	21	38	38	
Please note the following		blank cell	An empty cell denotes those indicators currently under development												

Cross-site commentary

Total number of NHS births

(971) births currently above plan but both sites on trajectory to meet end of year assumptions: an increase of 300 births and 100 births at WMUH and Chelsea respectively.

Total caesarean section rate

Monthly combined rate remains above National and Network agreed averages although cumulatively are just 0.1% above target. Work continues with the Obstetric teams to look at case mix and clinical outcomes. Consultant Midwife posts appointed to with start dates of September 2016 with a remit to promote normality across both sites by increasing numbers of midwife led births and reducing number of caesarean sections.

Midwife to birth ratio

Remains above recommended standard at 1:31.3. Funding agreed for 16 additional midwives at WMUH site to address higher ratio.

Maternity 1:1 care in established labour

The 95% target has been generally met. A slight dip in performance at WMUH has been rectified bringing the quarter 1 position to 96.2%.



Workforce Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
Domain	Indicator	Mar-16	Apr-16	May-16	2016-2017	Mar-16	Apr-16	May-16	2016-2017	Mar-16	Apr-16	May-16	2016-2017 Q1	2016-2017	Trend charts
Staffing	Vacancy rate (Target: CW <12%; WM <10%)	10.1%	9.9%	9.4%	9.4%	10.4%	9.3%			10.2%	9.7%	9.4%	9.4%	9.4%	
	Staff Turnover rate (Target: CW <18%; WM <11.5%)	17.8%	17.4%	17.1%	17.1%	11.6%	11.9%			15.4%	15.3%	17.1%	17.1%	17.1%	
	Sickness absence (Target: <3%)	2.9%	2.4%	2.4%	2.4%	1.7%	1.8%		1.8%	2.5%	2.2%	2.4%	2.3%	2.3%	
	Bank and Agency spend (£ks)	£2,781	£2,352	£2,597	£4,949	£1,683	£1,710	£1,811	£3,521	£4,463	£4,062	£4,408	£8,470	£8,470	
	Nursing & Midwifery Agency: % spend of total pay (Target: tbc)	8.0%	7.1%	7.6%	7.3%	9.2%	12.6%	12.4%	12.5%	8.4%	9.2%	9.4%	9.3%	9.3%	
Appraisal rates	% of appraisals completed - medical staff (Target: >85%)	79.2%	79.1%	85.1%	82.1%	90.9%	87.3%	91.5%	89.4%	84.2%	82.7%	87.9%	85.3%	85.3%	
	% of appraisals completed - non-medical staff (Target: >85%)	70.6%	72.4%	73.7%	73.0%	71.9%	72.6%	74.0%	73.3%	71.0%	72.4%	73.8%	73.1%	73.1%	
Training	Mandatory training compliance (Target: >90%)	80.8%	80.5%	82.0%	81.3%	85.4%	84.0%	85.5%	84.8%	84.8%	83.5%	85.0%	84.3%	84.3%	
	Health and Safety training (Target: >90%)	86.8%	86.8%	86.3%	86.6%	80.7%	90.4%	81.0%	85.7%	84.5%	88.2%	84.4%	86.3%	86.3%	
	Safeguarding training - adults (Target: 100%)	86.2%	87.4%	87.8%	87.6%	93.2%	91.8%	93.3%	92.5%	88.8%	89.0%	89.8%	89.4%	89.4%	
	Safeguarding training - children (Target: 100%)	74.6%	78.5%	84.4%	81.5%	89.5%	82.5%	83.2%	82.9%	80.2%	80.6%	83.8%	82.2%	82.2%	
Please note the following		blank cell	An empty cell denotes those indicators currently under development												

Chelsea & Westminster commentary

Staff in Post

In May the number of substantive staff in post was 3287.40 WTE (whole time equivalents), 234.69 (5%+) higher than a year ago. The largest annual increases were in the Medicine directorate (86.08), and the Nursing & Midwifery staff group (104.59). There were 41 voluntary leavers and 57 joiners (excluding Junior Doctors) over the month.

Staff Turnover

Unplanned staff turnover is 2.36% lower than one year ago, dropping from 19.48% (Jun 14 – May 15) to 17.12% (Jun 15 – May 16). 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 remains downwards

Vacancy rate

The Trust vacancy rate for May-16 was 9.45%. This is 2.77% lower than last year, and remains below the annual target rate of 12%. This is within the context of a budget increase of 4% in one year. The Trust currently has the lowest overall vacancy rate across all LATTIN Trusts.

The Trust aims to reduce the Nursing and Midwifery vacancy rate (currently 13.32%) to 5%, with timescales and trajectory to be agreed at the Nursing & Midwifery Workforce Group over coming months.

A truer measure of vacancies is the number of posts being actively recruited to, based on the WTE of posts advertised on NHS jobs (2.79%, i.e. 159 WTE across both sites).

West Middlesex commentary

Staff turnover rate

The turnover figure for the last 12 months (June 2015 to May 2016), was 12.20%.

The total number of unplanned staff leavers seen in this period was 243.

WMUH has seen its turnover rate increase since June 2015, month by month when compared with the previous year.

The highest turnover percentages, was seen within the Corporate Service areas with a total 16.56%, whilst the total turnover for the Clinical Divisions was 11.83%.

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

The top 3 leaving reasons provided in this period were (1) 'Voluntary Resignation – Relocation', (2) 'Voluntary Resignation - Other/Not Known', (3) 'Voluntary Resignation - Work Life Balance'.

Vacancy rate

Month 2 saw budget increases being applied particularly in the Nursing & Midwifery staffgroup, resulting in increased vacancy rates this month.

The vacancy factor rate for WMUH in May was 12.3%,

For qualified nursing the rate was 11.47%,

For unqualified nursing the rate was 11.77%.



Chelsea & Westminster commentary continued

The average time to recruit (from authorisation date to the date all pre-employment checks are complete) for May 16 starters was 62 days, below the Trust target of <55days which is primarily due to continued high volumes through mass recruitment drives.

Average vacancies across LATTIN Trusts = 11.85% March 2016 (latest data available).

Bank and Agency usage

Temporary staffing made up 12.2% of the total workforce, a slight drop from 12.5% a year ago. Agency WTE as a % of workforce dropped from 3.8% to 3.6%, and Bank from 8.7% to 8.6%.

Relative to substantive WTE, the highest agency use was in NICU, Intensive Care and the nursing & midwifery staff group. The highest bank usage (relative to substantive wte) was in Adult Outpatients, and the Additional Clinical Service staff group.

The Nursing Temporary Staffing Challenge Board continues to scrutinise requests for nursing and Admin agency staff. A further Medical Temporary Staffing Challenge Board is in place to scrutinise medical requests.

Appraisals

The non-medical appraisal rate rose 2% to 74%, below the monthly target of 80%. Key areas have been identified where appraisal rates are low and action plans instigated by the DDO's.

The medical appraisal rate increased to 85%, above the target set for the month

West Middlesex commentary continued

Mandatory Training compliance

Current reporting is based on the 10 Pan-London Streamlining topics which now provide a consistent comparison with other Trusts. West Middlesex are currently 4% below 90% target.

Health and Safety training

Overall H&S compliance has dropped, mainly due to WMUH refresh periods being realigned with CW from 3 to 2 years. Email reminders were send out to WMUH staff who are lapsed at the moment to complete the eLearning module via Training Tracker

Safeguarding training – adults

Figures include those staff who have completed Levels 2 & 3 as this training also gives compliance at L1. Compliance continues to improve at CW month-on-month since the Leaflet was replaced by an eLearning requirement at the end of 2015.

Due to TNA change for level 2 at WMUH, the compliance dropped to 18% but with monthly f2f sessions and e-Learning modules steady improvement is anticipated. Work is on-going to define requirements at L3 (WMUH) which is likely to have a negative impact on compliance figures in the first months of reporting until designated staff complete their necessary training.

Safeguarding training – Children

Compliance continues to improve at CW month on month since the Leaflet was replaced by an eLearning requirement at the end of 2015. Targeted action and reminders by L&D and Trust senior managers has also contributed to a compliance increase of 6% in the last month.

Figures include those staff who have completed Levels 2 & 3 as this training also gives compliance at L1. There remains approximately 600 staff across the Trust who have yet to update their training / compliance each of whom will receive a letter during June to advise the matter will be escalated if they have not completed the necessary training.

**62 day Cancer referrals by tumour site Dashboard****Target of 85%**

		Chelsea & Westminster Hospital Site					West Middlesex University Hospital Site					Combined Trust Performance						Trust data 13 months
Domain	Tumour site	Mar-16	Apr-16	May-16	2016-2017	YTD breaches	Mar-16	Apr-16	May-16	2016-2017	YTD breaches	Mar-16	Apr-16	May-16	2016-2017 Q1	2016-2017	YTD breaches	Trend charts
62 day Cancer referrals by site of tumour	Brain	n/a	n/a	n/a	n/a		100%	100%	n/a	100%	0	100%	100%	n/a	100%	100%	0	
	Breast	n/a	n/a	n/a	n/a		100%	100%	100%	100%	0	100%	100%	100%	100%	100%	0	
	Colorectal / Lower GI	100%	100%	50.0%	75.0%	1	50.0%	100%	100%	100%	0	75.0%	100%	83.3%	90.0%	90.0%	1	
	Gynaecological	0.0%	100%	100%	100%	0	100%	90.0%	83.3%	87.5%	1	75.0%	90.9%	85.7%	88.9%	88.9%	1	
	Haematological	n/a	n/a	100%	100%	0	100%	n/a	100%	100%	0	100%	n/a	100%	100%	100%	0	
	Head and neck	0.0%	n/a	n/a	n/a		100%	50.0%	50.0%	50.0%	1	50.0%	50.0%	50.0%	50.0%	50.0%	1	
	Lung	100%	100%	85.7%	90.0%	0.5	100%	n/a	100%	100%	0	100%	100%	87.5%	90.9%	90.9%	0.5	
	Sarcoma	n/a	100%	n/a	100%	0	n/a	0.0%	n/a	0.0%	0.5	n/a	66.7%	n/a	66.7%	66.7%	0.5	
	Skin	100%	50.0%	80.0%	71.4%	1	100%	92.9%	50.0%	83.3%	1.5	100%	87.5%	66.7%	80.0%	80.0%	2.5	
	Upper gastrointestinal	100%	100%	100%	100%	0	100%	100%	100%	100%	0	100%	100%	100%	100%	100%	0	
	Urological	82.4%	66.7%	85.7%	80.0%	1	100%	64.3%	62.5%	63.3%	5.5	88.9%	64.7%	69.6%	67.5%	67.5%	6.5	
	Urological (Testicular)	100%	n/a	n/a	n/a		n/a	100%	n/a	100%	0	100%	100%	n/a	100%	100%	0	
	Site not stated	n/a	n/a	50.0%	50.0%	0.5	n/a	n/a	n/a	n/a		n/a	n/a	50.0%	50.0%	50.0%	0.5	
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 and Westminster commentary**Breaches are as follows:**

2 x 0.5 Urology – avoidable (delays due to surgical capacity)

0.5 x Lung – unavoidable (patient diagnosed by day 33 but treated through clinical trial which involved a 4 week work up)

0.5 x Skin - unavoidable (incidental finding of melanoma following patient choice delays in investigations. Shared with West Middlesex)

1 x Head & Neck – unavoidable (patient medically unfit for treatment for 6 weeks following diagnosis)

1 x Lower GI – unavoidable (patient choice delays in outpatient appointments)

West Middlesex commentary**Breaches are as follows:**

0.5 x Skin, shared with Chelsea as above

3 x Urology - unavoidable (patient choice delays)

0.5 x Gynaecology - avoidable (delay at Hillingdon Hospital in surgery due to Junior Doctors strikes)

2 x 0.5 Head & Neck - unavoidable (patients referred to Imperial requiring complex diagnostics)



Nursing Metrics Dashboard

Safe Nursing and Midwifery Staffing

Chelsea and Westminster Hospital Site

Ward Name	Average fill rate				CHPD		
	Day		Night				
	Registered Nurses	Care staff	Registered Nurses	Care staff	Reg	HCA	Total
Maternity	77.4%	74.2%	75.3%	80.3%	9.0	2.7	11.7
Annie Zunz	83.3%	96.3%	108.1%	96.8%	3.5	1.3	4.7
Apollo	89.0%	58.1%	89.6%	-	18.1	1.2	19.4
Jupiter	68.1%	30.4%	89.3%	12.9%	8.1	1.1	9.2
Mercury	72.5%	93.5%	94.8%	93.5%	7.0	1.3	8.3
Neptune	72.9%	71.0%	97.6%	74.2%	8.2	1.4	9.6
NICU	96.8%	-	98.5%	-	13.5	0.0	13.5
AAU	107.0%	82.1%	127.1%	106.5%	7.4	1.5	8.9
Nell Gwynn	99.5%	91.7%	149.5%	125.8%	5.0	4.2	9.3
David Erskine	128.7%	110.3%	168.0%	110.2%	4.8	2.8	7.6
Edgar Horne	92.9%	100.7%	105.5%	102.4%	3.2	3.3	6.5
Lord Wigram	95.0%	118.3%	100.0%	140.3%	3.3	2.2	5.4
St Mary Abbots	90.3%	101.0%	101.0%	112.6%	3.4	2.3	5.7
David Evans	82.3%	66.8%	95.2%	84.9%	5.7	2.1	7.8
Chelsea Wing	81.4%	71.5%	100.0%	46.8%	10.2	6.4	16.6
Burns Unit	95.5%	92.2%	102.2%	106.5%	10.8	3.6	14.4
Ron Johnson	89.4%	112.3%	88.2%	112.9%	4.4	2.8	7.2
ICU	93.6%	45.3%	112.4%	-	30.7	0.5	31.1

Summary for May 2016

This months report includes the new measure of Care Hours Per Patient Day (CHPPD), this measure is calculated by looking at beds occupied at midnight and comparing to actual staffing levels (aggregated for the month). It is envisaged that this measure will enable better benchmarking of staffing levels.

There are still some minor data accuracy problems which will be fully resolved when the new templates are created on the roster systems.

West Middlesex University Hospital Site

Ward Name	Average fill rate				CHPD		
	Day		Night				
	Registered Nurses	Care staff	Registered Nurses	Care staff	Reg	HCA	Total
Maternity	101.5%	73.0%	101.7%	100.9%	11.3	2.6	13.9
Lampton	105.6%	87.5%	98.9%	101.6%	3.0	1.8	4.8
Richmond	92.1%	103.7%	93.6%	116.1%	10.2	5.3	15.5
Syon 1	98.1%	121.0%	97.6%	121.0%	3.9	2.0	5.9
Syon 2	93.5%	145.8%	98.9%	161.3%	3.1	3.1	6.2
Starlight	79.7%	63.2%	95.5%	109.7%	13.7	3.1	16.9
Kew	78.1%	126.5%	98.9%	187.1%	2.9	3.5	6.4
Crane	76.3%	76.0%	60.0%	67.7%	4.1	3.6	7.7
Osterley 1	81.1%	174.1%	75.0%	184.1%	2.6	3.2	5.9
Osterley 2	90.5%	119.1%	89.3%	137.1%	3.6	2.7	6.3
MAU	80.8%	145.8%	85.7%	104.1%	5.2	2.4	7.7
CCU	105.2%	98.8%	101.6%	-	5.3	0.6	6.0
Special Care Baby Unit	49.3%	-	43.7%	-	8.2	0.8	9.0
Marble Hill	61.3%	84.8%	60.9%	87.1%	2.8	2.5	5.3
ITU	66.4%	114.8%	65.1%	-	23.9	0.8	24.7



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	4	1	-
Trust-wide actions: End of life care	26	26		-
Emergency and Integrated Care	33	32		1
Planned Care	55	53	2	-
Women & Children, HIV & GUM	35	35	-	-
Total	189	185	3	1
April 2016 position for comparison	189	184	4	1

Chelsea and Westminster Commentary

Medicines management: Safe medication storage remains an issue. This is being addressed through training and the use of the senior nursing team Back to Floor Fridays in auditing practice.

End of life care: The End of Life Care team is being reviewed across both sites with recruitment planned to increase cover.

Emergency and Integrated Care: The outstanding action relates to carrying for mental health patients in an appropriate place, reducing waits for mental health placements. This remains a priority and we are working with local Mental Health providers and NHS England to this end.

Planned Care: ICU transfers overnight remain an issue due to capacity issues within ICU, a new build is planned to address capacity. The use of choose & book for booking appointments remains low, the new access team will address this.

The use of Choose & Book for booking appointments remains low. The new Access Team will be

West Middlesex University Hospital

Area	Total	Complete	Green	Amber	Red
Must Have Should Do's	33	30	3	0	0
Children's & Young Peoples	32	32	0	0	0
Corporate	2	2	0	0	0
Critical Care	27	27	0	0	0
ED- Urgent & Emergency Services	17	16	0	1	0
End of Life Care	32	10	18	4	0
Maternity & Gynae	22	22	0	0	0
Medical Care (inc Older People)	19	18	0	1	0
Surgery	26	26	0	0	0
Theatres	15	15	0	0	0
OPD & Diagnostic Imaging	14	14	0	0	0
Total	239	212	21	6	0
April 2016 position for comparison	239	209	24	6	0

West Middlesex Commentary

With the exception of End of Life Care there are only 5 outstanding actions from the CQC inspection. Where possible work is progressing; 2 are dependent on recruitment processes (Palliative Care and the Emergency Department), 1 is part of a long term piece of work (information).

1 will remain outstanding until such time that Emergency Department is rebuilt or reconfigured (resus space) and 1 relates to the community infrastructure and other health partners supporting earlier discharge. End of Life Care is subject to on-going review through the End of Life Strategy Group



Finance Dashboard

Month 2 (May) Integrated Position

Financial Position (£000's)									
£'000	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	100,386	101,869	1,483	99,127	100,508	1,381	1,259	1,361	102
Expenditure	(94,249)	(96,173)	(1,923)	(66,074)	(67,838)	(1,764)	(28,175)	(28,334)	(159)
EDITDA	6,137	5,697	(440)	33,052	32,670	(383)	(26,916)	(26,973)	(57)
EBITDA %	6.113%	5.592%	-0.52%	33.3%	32.5%	0.8%	-2137.1%	-1981.3%	155.8%
Interest/Other	(992)	(953)	39	(248)	(239)	9	(744)	(713)	30
Depreciation	(3,287)	(2,929)	359	(2,423)	(2,157)	266	(864)	(772)	92
PDC Dividend	(1,534)	(1,534)	(0)	(1,534)	(1,534)	(0)	0	0	0
Surplus/(Deficit)	324	281	(43)	28,847	28,739	(108)	(28,523)	(28,458)	65

Comments RAG rating

The Year to date position at May (Month 2) is £281k surplus which is adverse against the plan by £43k.

Income is favourable against the plan by £1,483k, this mainly relates to over-performance in clinical income. At the CW site this relates to over-performance in antenatal pathways, non-elective XBDS for elderly medicine, orthodontics outpatients procedures and local authority income. At the WM site non-elective general surgery and paediatrics continue to over perform against plan.

Pay is adverse by £777k year to date. The main reason for the overspend relates to CIP allocations, medical and nursing cost pressures. Non-pay was adverse by £1146k year to date mainly within clinical supplies (due to activity) and non-clinical supplies.

Non-operating expenditure is favourable by £398k year to date mainly due to depreciation.

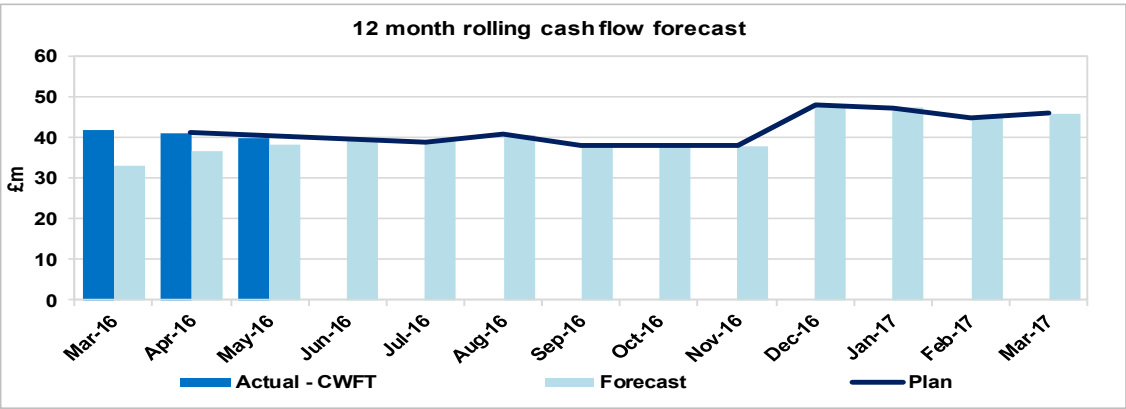
Risk rating (year to date) C&W only		
FSRR	M2 Plan	M2 Actual
FSRR Rating	3	4
Comments	RAG rating	
The Overall FSRR rating for month 2 is 4 (against a plan of 3).		

Cash Flow

Comments RAG rating

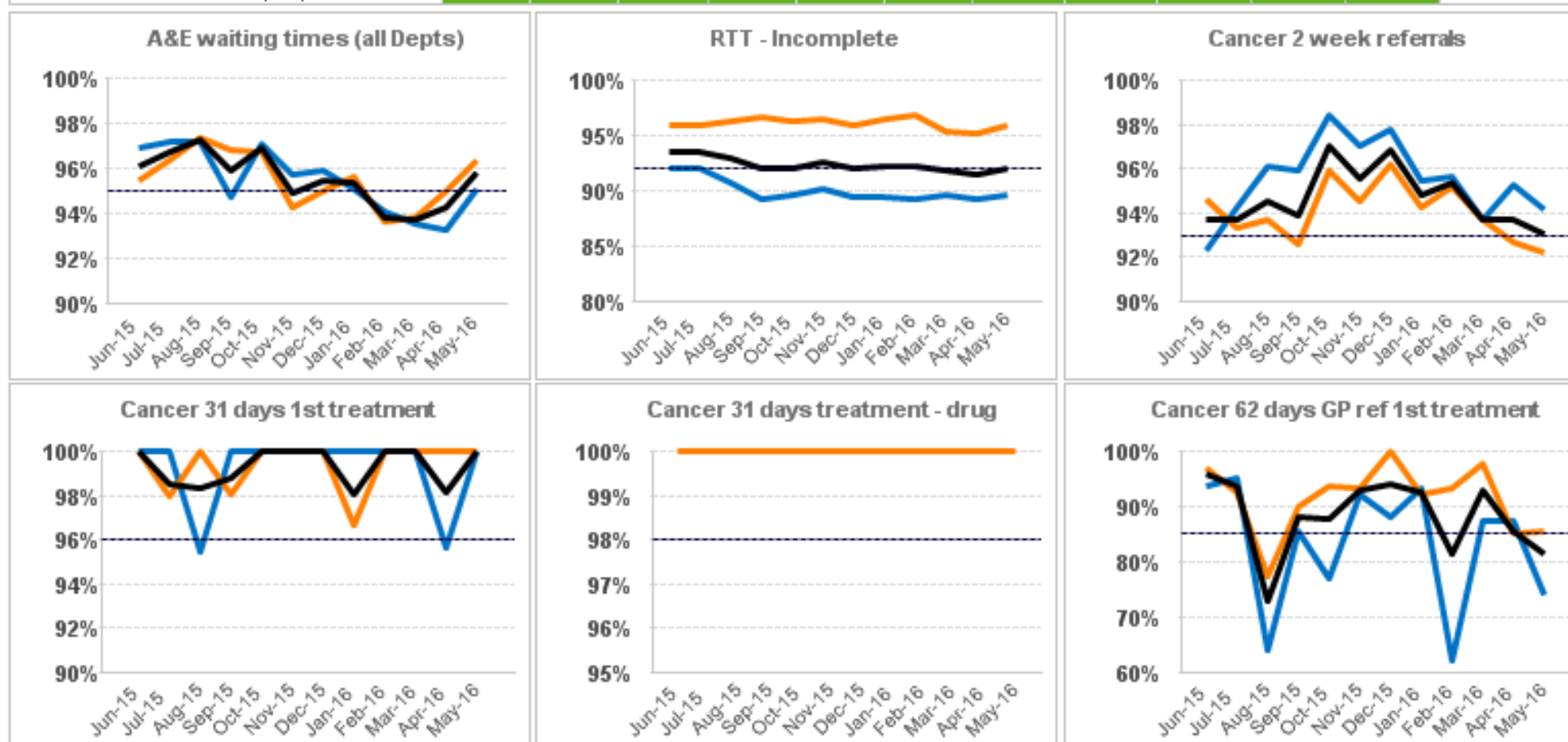
The closing cash was £39,674k at the end of May. Cash has reduced by £1.16m against April.

Cost Improvement Programme (CIPs)						
Site	In Month			Year to Date		
	Plan £'000	Actual £'000	Var £'000	Plan £'000	Actual £'000	Var £'000
Service Improvement and Efficiency Workstream	1,012	931	(80)	1,930	1,826	(105)
Integration Workstream/Transformation	169	172	3	338	342	4
Q1 Quotas	384	233	(151)	769	565	(204)
Trust Total	1,565	1,336	(229)	3,038	2,733	(305)
Comments	RAG rating					
85% of planned savings have been delivered in month, delivery of £1,336k against a plan of £1,565k.						
The areas of slippage were: Q1 Quotas (£151k), Temporary Staffing (£88k) Outpatients productivity (£20k) and Clinical Admin schemes (£22k)						



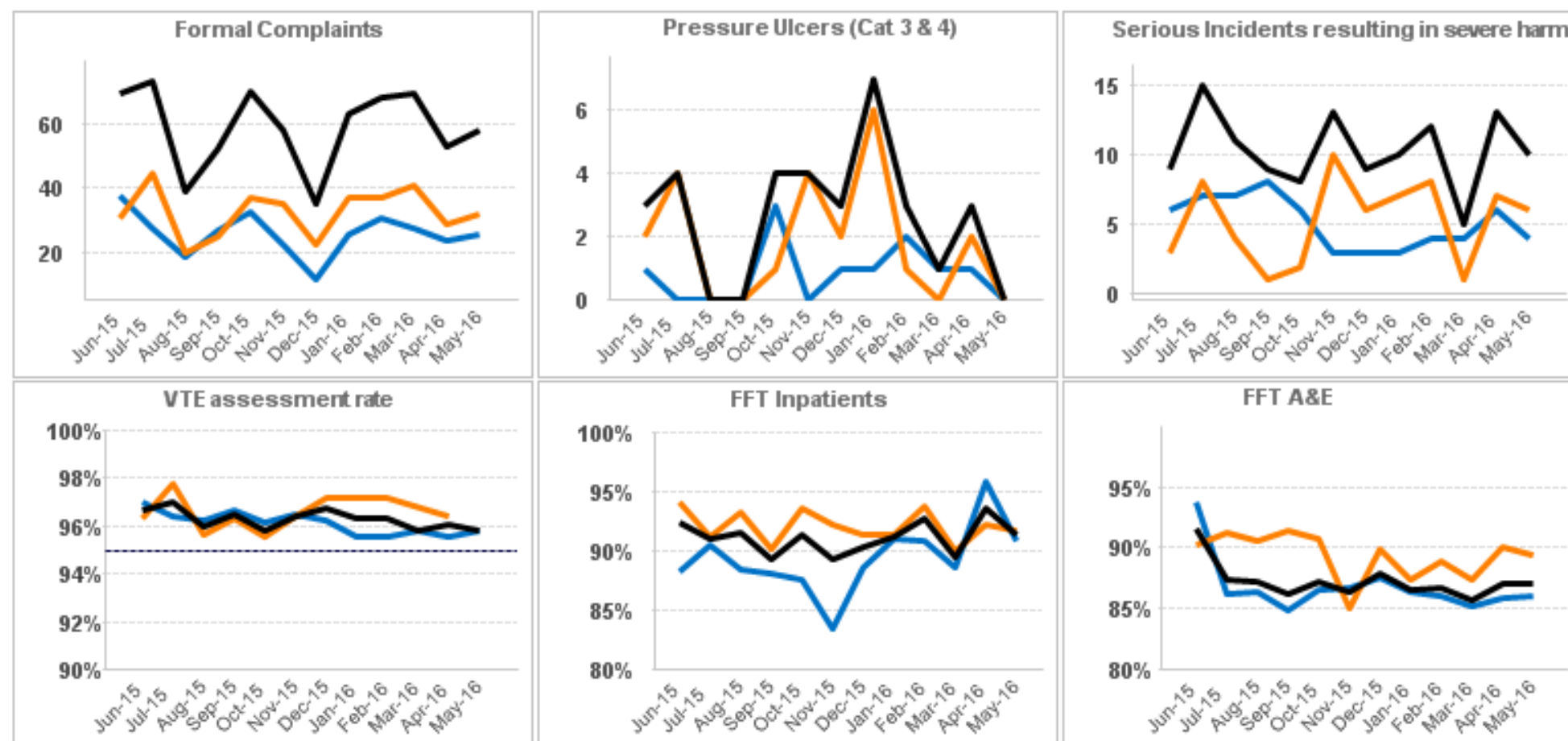


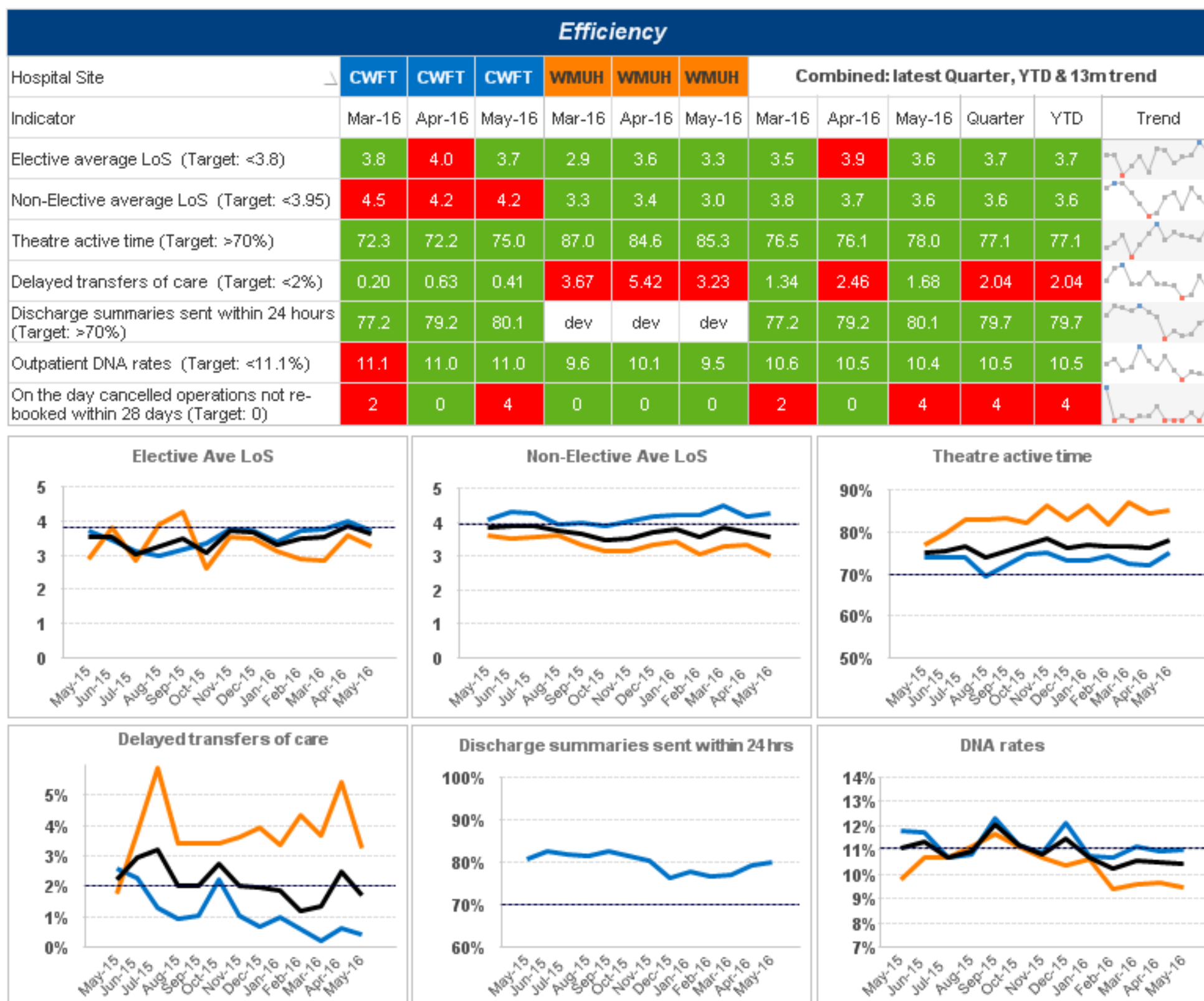
Regulatory Compliance												
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined Trust data: last Quarter, YTD & 13m trend					
Indicator	Mar-16	Apr-16	May-16	Mar-16	Apr-16	May-16	Mar-16	Apr-16	May-16	Quarter	YTD	Trend
A&E waiting times - Types 1 & 3 Depts (Target: >95%)	93.6	93.3	95.1	93.8	95.0	96.3	93.7	94.2	95.8	95.0	95.0	
RTT - Incomplete (Target: >92%)	89.6	89.3	89.7	95.4	95.2	96.0	91.8	91.6	92.1	91.8	91.8	
Cancer 2 week urgent referrals (Target: >93%)	93.8	95.3	94.2	93.8	92.7	92.2	93.8	93.8	93.1	93.4	93.4	
Cancer 31 days first treatment (Target: >96%)	100	95.7	100	100	100	100	100	98.1	100	99.0	99.0	
Cancer 31 days treatment - Drug (Target: >98%)	100	100	n/a	100	100	100	100	100	100	100	100.0	
Cancer 31 days treatment - Surgery (Target: >94%)	100	100	n/a	n/a	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%)	87.5	87.5	74.2	97.7	85.0	85.7	92.9	85.5	81.6	83.4	83.4	
Cancer 62 days NHS screening (Target: >90%)	n/a	n/a	n/a	60.0	100	100	60.0	100.0	100.0	100.0	100.0	
Clostridium difficile infections (Targets: CVV: 7; WM: 9; Combined: 16)	0	0	0	1	3	0	1	3	0	3	3	
Self-certification against compliance for access to healthcare for people with LD	Comp	Comp	Comp	Comp	Comp	Comp	Comp	Comp	Comp	Comp	Comp	





Quality												
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Mar-16	Apr-16	May-16	Mar-16	Apr-16	May-16	Mar-16	Apr-16	May-16	Quarter	YTD	Trend
Hand Hygiene (Target: >=90%)	94.1	93.5	95.2	99.5	99.7	98.9	96.3	95.9	96.8	96.3	96.3	
Pressure Ulcers (Cat 3 & 4)	1	1	0	0	2	0	1	3	0	3	3	
VTE assessment % (Target: >=95%)	95.8	95.6	95.8		96.4		95.8	96.1	95.8	96.0	96.0	
Formal complaints number received	28	24	26	41	29	32	69	53	58	111	111	
Formal complaints responded to <25days	10	5	5	5	6	4	15	11	9	20	20	
Serious Incidents	4	6	4	1	7	6	5	13	10	23	23	
Never Events (Target: 0)	1	0	0	0	0	0	1	0	0	0	0	
FFT - Inpatients recommend % (Target: >90%)	88.6	95.8	90.9	89.9	92.3	91.7	89.5	93.7	91.4	92.7	92.7	
FFT - A&E recommend % (Target: >90%)	85.3	85.9	86.1	87.3	90.1	89.4	85.7	87.0	87.0	87.0	87.0	
Falls causing serious harm	0	0	0				0	0	0	0	0	







Workforce												
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Mar-16	Apr-16	May-16	Mar-16	Apr-16	May-16	Mar-16	Apr-16	May-16	Quarter	YTD	Trend
Appraisal rates (Target: >85%)	71.4	73.0	74.8	74.9	75.0		72.5	73.6	74.8	74.1	74.1	
Sickness absence rate (Target: <3%)	2.92	2.43	2.44	1.73	1.84		2.49	2.22	2.44	2.31	2.31	
Vacancy rates (Target: CW<12%; WM<10%)	10.1	9.9	9.4	10.4	9.3		10.2	9.7	9.4	9.4	9.4	
Turnover rate (Target: CW<18%; WM<11.5%)	17.8	17.4	17.1	11.6	11.9		15.4	15.3	17.1	17.1	17.1	
Mandatory training (Target: >90%)	80.8	80.5	82.0	85.4	84.0	85.5	84.8	83.5	85.0	84.3	84.3	
Bank and Agency spend (£ks)	£2,781	£2,352	£2,597	£1,683	£1,710	£1,811	£4,463	£4,062	£4,408	£8,470	£8,470	
Nursing & Midwifery: Agency % spend of total pay (Target: tbc)	8.0	7.1	7.6	9.2	12.6	12.4	8.4	9.2	9.4	9.3	9.3	

