Chelsea & Westminster Hospital NHS Foundation Trust

Board of Directors

Board of Directors Meeting 3 March 2016 PUBLIC SESSION

Hospital Boardroom

03 March 2016 14:00

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting (PUBLIC SESSION)

Location: Boardroom, Chelsea & Westminster Hospital
Date: Thursday, 3 March 2016 Time: 14.00 – 16.00

Agenda

		GENERAL BUSINESS		
14.00	1.	Welcome & Apologies for Absence Apologies received from Elizabeth McManus and Liz Shanahan.	Verbal	Chairman
14.02	2.	Declarations of Interest	Verbal	Chairman
14.05	3.	Minutes of the Previous Meeting held on 7 January 2016	Report	Chairman
14.10	4.	Matters Arising & Board Action Log	Report	Chairman
14.15	5.	Chairman's Report	Verbal	Chairman
14.30	6.	Chief Executive's Report	Report	Chief Executive Officer
14.45	7.	Patient Experience Case Study	Verbal	Chief Nurse
		QUALITY & TRUST PERFORMANCE		
15.05	8.	Integrated Performance Report	Report	Executive Directors
		GOVERNANCE		
15.25	9.	Safeguarding Children Annual Declaration	Report	Chief Nurse
		ITEMS FOR INFORMATION		
15.35	10.	Questions from Members of the Public	Verbal	Chairman
15.45	11.	Board Meeting Evaluation & Planning for Next Board Meeting	Report	Chairman
15.55	12.	Any Other Business	Verbal	Chairman
16.00	13.	Date of Next Meeting – 5 May 2016		

Minutes of the Board of Directors (Public Session)
Held at 14.00 on 7th January 2016 in meeting room A, West Middlesex Hospital

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

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. The Chairman advised the Board that Martin Lupton was unfortunately unable to attend today but he has been appointed as an ex-officio member of the Trust Board representing Imperial College.	
2.	**Declarations of interest**	
a.	Andrew Jones advised the Board that he has been appointed as the Chief Operating Officer at Nuffield Health and a Director of Nuffield Health subsidiaries. AJ will provide details to the Director of Corporate Affairs for entry onto the Register of Interests.	**AJ**

3.	**Minutes of Previous Meeting: 26th November 2015**	
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 4.b, it was noted that the recruitment and retention plan will be presented to the Board in February 2016.	
c.	In relation to action 4.c, the issue regarding nursing bursaries will be covered by the recruitment and retention plan.	
d.	In relation to action 5.a, it was noted that work to develop volunteering across the Trust is ongoing.	
e.	In relation to action 6.k, a progress report on the Hammersmith sexual health clinic project was discussed at the December Finance & Investment Committee. In response to THH, KMO confirmed that he is working with the communications team to plan an official opening of the clinic, to which Board members will be invited.	
f.	In relation to action 6.l, an update on the Richmond Accountable Care organisation was provided in the CEO report.	
g.	In relation to action 10.d, issues relating to the integration will generally be covered within the CEO report unless a specific paper is required as a separate agenda item.	
5.	**Chairman's Report**	
a.	The Chairman advised the Board that Lord Prior, Health Minister visited the Chelsea & Westminster site on 6th January 2016 to learn more about the Trust and how it's positive work can be shared across the NHS.	
6.	**Chief Executive's Report**	
a.	LW reported that it was with great pleasure that we are able to announce that Lorraine Bewes, who has fulfilled the role of Chief Financial Officer at the Trust for over 12 years, was honoured with an OBE in the New Year's Honours list. This is a credit to Lorraine's commitment and achievements to the NHS and the Trust in particular. At the same time, Lorraine has also made the decision to take some time out from her career and turn her attentions over the coming months to a number of priorities in her home life, and will therefore shortly be leaving the Trust. Interim arrangements will be in place whilst a substantive appointment is made to the role. On behalf of the Board, LW thanked Lorraine for her hard work over the last 12 years and the support she has given her as the new CEO	

	and the Board. On behalf of all the staff the Board wishes her well in the future.	
b.	LW introduced her report which has been re-formatted to provide the Board with reports on strategic developments, performance, people, governance & regulation, patient experience and communications.	
c.	Business planning guidance has been received and the operational teams have commenced work to develop a Sustainability and Transformation Plan, which will cover the period October 2016 to March 2021 and plan for the organisation for 2016/17. Work is also on-going to align all the Trust's strategies to the Clinical Service Strategy.	
d.	The Trust continues to engage in the North West London Collaboration of Clinical Commissioning Groups' transformation programme, Shaping a Healthier Future. The Board met prior to this meeting to receive a detailed update on the current position in advance of work the Trust will be undertaking to update the Outline Business Case which will include a costed estates solution and revised financial modelling.	
e.	Full details of Trust performance was covered within the Integrated Performance Report, however, LW paid tribute to the staff across the organisation who worked extremely hard to recover from a particularly busy start to this week.	
f.	The consultation process for the single departmental and team structures for operations and nursing is nearing completion and full details of the new structures will be circulated in due course.	
g.	The Board noted Monitor's assessment of the organisation's 'risk rating' at the end of quarter 2, 2015/16 which was a risk rating of 2 for financial stability and a green risk rating for governance.	
h.	EH welcomed the new report format which provided the Board with an appropriate level of detail on key strategic and operational issues. EH commended LW for her attendance on both sites over the Christmas holiday period which was greatly appreciated by staff.	
i.	TL advised the Board that in addition to the 8 clinicians participating on the Intrapreneurship Programme hosted by Imperial Health Partners, both he and Dominic Conlin, Director of Strategy are also taking part to provide senior management support to the participants. A presentation of the outputs of the course will be presented to the Board later in the year.	
j.	LW advised the Board that the Trust is preparing for the planned junior doctor industrial action on 12th January 2016. KMO provided an overview of the Trust planning and preparation which has taken account of the lessons from the last planned industrial action. Planning is based on the industrial action going ahead but this time we are advising patients that we are standing them down from planned outpatient appointments and operations but should the day of action be cancelled at short notice, we will reinstate clinics and operating lists. Approximately 1,000 outpatients appointments and 100 elective procedures will be affected. Emergency services will continue to be provided throughout this period of industrial action.	

k.	In response to THH, ZP explained that there are a number of forums across the site to engage with junior doctors including a monthly junior medical cabinet to which senior clinicians are invited, the format of which reflects the senior medical cabinet meetings and divisional boards to which a junior doctor representative is invited and they are required to report back to colleagues. As this group of staff are difficult to engage with the Board asked the People & Organisational Development Committee to consider how engagement can be strengthened.	**PH/LS**
l.	In response to AJ, a junior doctor in attendance at the meeting said that junior doctors are loyal to the organisations where they are trained but stronger allegiances will be formed if they have positive training experiences.	
m.	In response to JLo, EH confirmed that the Quality Committee do review on a quarterly basis all patient feedback both positive and negative and she undertook to provide feedback to the Board at the March Board meeting. The Board agreed that the Patient Experience Case Studies that are presented to the Board should provide a balance of both positive and negative experiences.	**EH**
n.	THH noted that due to the size of the agenda the Board is required to oversee, sub-committees will be delegated by the Board to review topics in detail and report key findings to the Board through their Committee reports.	
o.	The Board noted the report.	
7.	**Patient Experience Case Study**	
a.	LF presented a patients story which detailed a very personal journey for a couple whose first daughter was sadly stillborn at 36 weeks. The patient had said that even in the most harrowing of experiences, the compassionate care delivered by staff made their experience bearable. The staff were extremely supportive of both the mother and her husband and paid particular attention to supporting them after the birth and beyond. The patient has subsequently given birth to their second daughter and she paid tribute to the care and support given to her by staff who were mindful of her previous experiences.	
b.	The Board noted the positive patient experiences from this case study.	
8.	**Trust Performance Report – November 2015**	
a.	In presenting the Performance Report, KMO drew the Board's attention to the performance dashboard. In common with many other Trusts in London and across the country, emergency activity continues to be high. The A&E waiting time target of 95% was marginally missed at 94.9% and whilst this was disappointing, the Trust remains one of the best performing Trusts in London.	
b.	In relation to the access to healthcare for people with learning disabilities, the Chelsea & Westminster site is compliant with the standard and work is on-going at West Middlesex to achieve compliance over the coming months.	

c.	KMO reported that despite the on-going pressure in A&E, the Trust achieved the 95% waiting time standard in December. The referral to treatment target continues to be a challenge on the Chelsea & Westminster site and this will be exacerbated should the junior doctor industrial action go ahead. However, the operational teams are continuing to improve administrative processes across the site and share good practice in order to deliver the improvement trajectory.	
d.	The operational team are working with primary and social care partners to improve the transition of patient care from hospital to the community. There are good lines of communication and working relationships in place but it has to be acknowledged that both these agencies are also working under pressure.	
e.	Inpatient and A&E Friends and Family Test (FFT) performance is not as consistent as it should be and low response rates are impacting on the non-achievement of the 90% standard. Work continues on both sites to improve performance.	
f.	In response to THH, ZP explained that she meets on a weekly basis with the Chief Nurse and Director of Operations to review a range of performance indicators and where necessary senior intervention is enacted to address any areas of concern. These are kept under close scrutiny until assurance has been received that issues have been resolved. Pressure ulcers and falls are areas of significant focus across the organisation and there is a robust work programme underway to ensure all patients are being appropriately assessed upon admission. LF added that there are no specific wards where there are any concerns in terms of pressure ulcer or falls prevalence and whilst there is still further work to undertake, the Trust performs well against national results reported via the Safety Thermometer.	
g.	There was 1 case of Clostridium difficile infection reported in November at the West Middlesex site bringing the year to date total to 7 against an upper limit for the year of 9 cases. It will be a significant challenge to achieve the year end position but the clinical teams remain committed to achieving the highest standards of infection prevention and control at all times.	
h.	In response to JJ, ZP explained that the poor performance on the Chelsea & Westminster site in relation to the A&E time to treatment standard was a result of the adult Urgent Care Centre performance which brought down the performance for the department as a whole.	
i.	In response to ND, LW confirmed that the divisions are exploring a range of efficiency and productivity indicators to see if care can be delivered differently whilst maintaining quality standards.	
j.	PH advised the Board that the People & Organisational Development Committee continue to develop the format of the workforce dashboard which will be included in the Integrated Performance Report over the coming months.	
k.	Work is on-going across both sites to reduce the vacancy rate with a significant number of	

l. m. n. o. p.	nursing appointments made to support the recruitment and retention plan. SE presented the finance report highlighting the in-month favourable variance of £0.4m and the year to date favourable variance of £0.18m. Whilst there has been slippage against the Cost Improvement Programme delivery, this is being off-set by over-performance in clinical income. Overall, the Trust is on track to deliver its forecast deficit of £11.2m. In response to NG, SE confirmed that discussions are on-going with commissioners regarding over performance and the impact this will have on the year-end position. In response to THH, KMO highlighted the challenges the Trust potentially faces during quarter 4 in relation to staff resilience particularly if there is a prolonged period of cold weather. However, the recruitment plans are well underway and positive progress is being made. LW added that the retention of staff is also being addressed and different strategies are being adopted for each group of staff. In response to JLo, ZP acknowledged that the identification of the deteriorating patient is a complex area but she was pleased to note that progress has been made as can be demonstrated by the safety dashboard but there is further work to do across the site. RC added that the introduction of the Electronic Patient Record (EPR) will enhance the manual processes that have been implemented. The Board noted the report.	
9. a. b. c. d. e.	**Questions from members of the public** Barbara Benedict, whose husband has dementia and is a regular inpatient asked what the Trust's position was with regards to John's campaign which aims to ensure that a patients carer is able to stay with the patient at all times. In response, LW explained that there is no reason why this should not be possible but she undertook to ensure that information is made visible to carers and that staff actively communicate with carers when a patient with dementia is admitted. LF added that a new Specialist Nurse has been appointed for Care of the Elderly and she will ensure that this is one of her key priorities. Governor Tom Pollock corrected the CEO report which should have recorded that Anne Radmore is the interim CEO at Kingston Hospital and not CEO at NHS South West London. In response to Governor Tom Pollock, KMO undertook to circulate to the Council of Governors the organisational structure at the end of January and he would be more than happy to talk through the various roles in due course. In response to Governor Noel Anderson, LW explained that the Trust has a robust public relations plan and function and provides appropriate responses to both positive and negative publicity. RC added that the Governors also play an integral role to improve public relations in their capacity of ambassadors of the Trust. In response to Governor, Juliet Bauer, RC explained that the priorities for the CIO will be	**KMO**

	presented to the Board in March.	
f.	In response to Governor Kush Kanodia, THH undertook to ensure that the Trust formally responds to the Cross Rail consultation regarding the siting of a new railway station in Chelsea.	**KMO**
g.	In response to Governor Wendy Micklewright, THH asked that the Membership Committee review how we can improve the engagement of the public at Board meetings.	**JL**
10.	**Board Meeting Evaluation & Planning for Next Board Meeting**	
a.	In response to THH, the Board were in agreement that the format of the Board meeting is improving and that there had been a good balance of information and debate at today's meeting.	
b.	In response to Governor Tom Pollock, THH undertook to investigate if the audio could be improved in the Board Room.	
11.	**Any other business**	
a.	None was discussed	

The meeting closed at 15.40 hours

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors PUBLIC – 7 January 2016 Action Log

Meeting	Minute Number	Agreed Action	Current Status	Lead
Jan 16	2.a	Provide details to the Director of Corporate Affairs of interests for entry onto the Register of Interests.	Complete.	**AJ**
	6.k	People & Organisational Development Committee to consider how engagement can be strengthened with junior doctors.	Going to the People and Organisational Development in March. Existing arrangements through: • Postgraduate Medical Education Departments (Directors of Medical Education on both sites and Fellows who support education and Welfare of junior doctors. • Junior Doctors Forum • Via Divisional Teams	**PH/LS**
	9.c	Circulate the organisation structure to the Council of Governors.	Complete.	**KMO**
	9.f	Formally respond to the Cross Rail consultation.	Complete.	**KMO**
	9.g	Membership Committee to review how the Trust can improve the engagement of the public at Board meetings.	The Membership Committee have commissioned a survey of all members to ascertain the appetite for attendance at events held by the Trust. The results will be available by early summer and will inform the programme of events going forward.	**JL**

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 3 March 2016

PUBLIC

AGENDA ITEM NO.	6/Mar/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
March 2016

1.0 STRATEGIC DEVELOPMENTS

1.1 NHS Planning Guidance: Developing Sustainability & Transformation Plans

The NHS Shared Planning Guidance (Delivering the Forward View 2017/17-2020/21) outlines the need for health economies to develop a clear, shared vision and strategy. This is expected to set out how services will be planned and delivered on behalf of the population while addressing three key challenges:

- Health and Wellbeing
- Quality and Care
- Efficiency and Financial Sustainability

NHS Improvement has issued separate guidance which emphasises that Provider Boards should align their organisational plans for getting the 'quality, access, finance' triangle right within their local Sustainability and Transformation Plans (STPs). The ambition is to ensure that the investment secured in the Spending Review is used to drive a genuine and sustainable transformation in patient experience and health outcomes. This investment is conditional on meeting agreed quarter-by-quarter financial trajectories and other performance-related conditions.

CWFT is engaged with both the North West and South West London collaboration of CCGs as they develop the first framework of their respective STPs. We are seeking to ensure that the Trust's 5 year plan (developed to deliver the benefits of the establishment of the enlarged organisation) is seen as a fixed point in planning assumptions.

1.2 Shaping a Healthier Future (SAHF)

Work to update the Trust's *Shaping a Healthier Future* (SaHF) Outline Business Case (OBC) is underway. This supports the refresh of the Programme's Implementation Business Case.

The main phases of work are:

(1) to confirm our capital requirements for both sites by 11 March;
(2) to refresh the financial position taking into account the revised capital requirements by 24 March; and
(3) to prepare an updated OBC (including financial and economic analysis, risks and mitigations) by 13 May.

Updates of the emerging business case will be taken to FIC over the period from March to May 2016, with a Board update provided in June 2016.

1.3 Accountable Care Programme

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

- Assess the partnership against the DH's 'Most Capable Provider' guidance;
- Consider the issue of a long term Outcomes Based Contract (OBC).

The partnership issued its final submission to the CCG in January. If this is approved by the CCG, we would expect to finalise arrangements with the partnership in respect of the commencement of a two year work programme focusing on the agreed clinical pathways and core enablers.

1.4 National strategic developments and news

Specialised services clinical commissioning policies and service specification - 5th wave

NHS England has this month launched a 30 day public consultation on a proposed number of new products for specialised services, (including service specifications and clinical commissioning policies). The Trust will examine the proposals, responding where relevant and within the context of our Clinical Services Strategy.

Cancer Drugs Fund

Cancer patients have been promised faster access to innovative medicines by NHS England. The new system, which will now be managed by NICE, will start in July 2016 and have a fixed budget of £340m. The Trust will keep a watching brief on these developments.

Proposed industrial action

Last week saw the announcement by the British Medical Association of three further periods of proposed industrial action:

- 9 - 11 March 2016
  Emergency care only between 8am on Wednesday 9 March and 8am on Friday 11 March (48 hours)

- 6 - 8 April 2016
  Emergency care only between 8am on Wednesday 6 April and 8am on Friday 8 April (48 hours)

- 26 - 28 April 2016
  Emergency care only between 8am on Tuesday 26 April and 8am on Thursday 28 April (48 hours)

The nursing, medical and operational teams are working together to develop robust plans to ensure that we provide safe emergency care for each proposed period of industrial action.

2.0 PERFORMANCE

2.1 Financial Performance

At month 10, the Trust reported a £0.97m deficit position and a year-to-date deficit of £5.6m; a favourable variance of £0.26m against plan. The Trust remains on forecast to deliver a £11.2m deficit at year end.

However, it is important to emphasise that the Trust's *underlying* deficit at year end 2015/16 will be £21.7m (net of external funding associated with the WMUH acquisition). For 2016/17, the Trust is forecasting to achieve a surplus of £4.5m in 2016/17. However, this is, in itself, dependent upon the Trust's full delivery of its c.£28m CIP target for 2016/17 and delivery against a range of agreed performance standards (in order to receive further external support as referenced at section 1.1, above).

In recognition of the financial challenges that lie ahead, I am currently chairing a series of 'deep dive' meetings which look to scrutinise delivery of agreed financial plans/CIPs at service level.

2.2 Operational Performance

With one exception, the Trust achieved all of the nationally mandated operational performance targets in January, including the 4-hour A&E target, the referral-to-treatment (RTT) standard and all cancer targets. It is a credit to frontline staff that the organisation has been able to maintain such high levels of performance at a time of significant change and restructuring. However, in the context of an ever increasing rate of non-elective demand, it is important to acknowledge the ongoing challenge of adherence to these targets.

The West Middlesex site did not achieve the Learning Disabilities indicator in January but remains on track to do so by the end of March.

In addition, the West Middlesex site had two cases of *C. Difficile* cases in January and one case of MRSA bacteraemia. The circumstances of all these cases are currently being reviewed and the Medical Director will be in a position to provide a fuller update at the Board meeting.

Further detail as to the Trust's operational performance can be seen within the Integrated Performance & Quality Report.

3.0 PEOPLE

3.1 Staff Survey

The outcomes of the 2015 National NHS Staff Survey were published during w/c 22 February 2016. Chelsea and Westminster and West Middlesex sites undertook the NHS National Staff Survey 2015 as two separate organisations, between September and November 2015.

The outcomes overall for both sites were positive: the Chelsea & Westminster site receiving high scores in areas relating to support from managers, the quality of appraisals and management interest in staff health and wellbeing and the West Middlesex site received high scores in areas relating to staff motivation at work and staff satisfaction with the quality of care provided to patients. In addition, the Chelsea and Westminster and West Middlesex sites had improved against 21 and 32 of the questions respectively, when compared to the 2014 position.

Areas of concern across both sites included themes relating to violence and aggression against staff, discrimination, bullying and harassment and equality issues in the workplace (trends which are being noted nationally). The Trust is undertaking immediate action to address this:

– Freedom to Speak Guardians;
– Violence and Aggression training;
– Coaching and mentoring schemes;
– Resilience workshops;
– Promote Trust values once formally agreed.

A detailed 'next steps' paper will be presented at the People and OD Committee in March.

4.0 PATIENT EXPERIENCE

4.1 Patient Feedback

In the past month, I have continued to receive a number of written compliments from patients and visitors in respect of both Hospital sites which serve as an important reminder of the excellent quality of care that our staff provide on a day-to-day basis. This month, our A&E and Acute Assessment teams, in particular, have received very positive feedback.

Below I have included some specific examples of the feedback received:

"I felt I must write to commend you on your Hospital…..I came into A&E at the end of the night shift to be greeted with a cheerful and re-assuring team before being handed over to the day staff, where 'no stone of my injury' was left unturned….I cannot thank your hospital enough for all they did for me"

"As a doctor- indeed one who worked at Chelsea & Westminster for several years, I was very impressed to see the Trust 'from the patient perspective'. It was efficient, professional and I felt informed throughout….I am very grateful to all those concerned"

"I would like to take this opportunity to thank everyone who helped me at Chelsea and Westminster- I will be forever grateful to them…I was very impressed with all areas of care I received at the Hospital. The staff I came into contact with were all extremely professional and all aspects of the administration of my care were well executed. My overall experience was an excellent example of our NHS system. I hope you continue to be successful in providing excellent services such as those I have received and are able to retain the quality of individuals who treated me"

5.0 COMMUNICATIONS AND ENGAGEMENT

5.1 Internal

Over the past month, my executive colleagues and I have communicated and engaged with staff on key Trust issues in the following ways:

- Departmental meetings
- Team briefings at Chelsea and Westminster Hospital, West Middlesex University Hospital and Harbour Yard
- Informal walkarounds at Trust sites

We have implemented a new approach to the Team Briefing sessions in order to have a greater focus on strategic and clinical engagement by the way of team presentations. This has been received well by our staff and the February briefing sessions had nearly 150 people in attendance. As well as this, we have been providing a presentation pack to staff with managerial responsibility as a tool to help them discuss the key highlights from the briefing as a standing agenda item at their existing meetings. This process, being led by the Executive Board, will help us ensure that we meaningfully engage with our staff on key Trust issues at all levels of the organisation.

5.2 External

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

- Richmond CCG
- East and North Hertfordshire CCG
- Hounslow CCG
- Hillingdon CCG
- Hammersmith and Fulham CCG
- North West London CCG collaborative
- Cambridge Health Network
- Senior colleagues from neighbouring hospital trusts including Imperial and Royal Brompton
- Councillors from the London Borough of Hammersmith and Fulham and London Borough of Kensington and Chelsea
- Mayoral High Commission
- Monitor
- NHS England
- GP federation for integrated care

We also participated in several partnership meetings including:

- Tri-borough board on urgent care in North West London
- Tri-partite London region meeting for NHS Chief Executives and Chief Financial Officers

- North West London steering group on pathology
- North West London leadership summit on integrated care
- Acute frailty network meeting
- Whole systems and integrated care in West London

The Executive Team are capturing themes and feedback arising from stakeholder meetings and reviewing the forward calendar plan for the month ahead on a regular basis.

Lesley Watts
Chief Executive Officer
February 2016

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 3 March 2016

PUBLIC

AGENDA ITEM NO.	8/Mar/16
REPORT NAME	Integrated Performance Report – January 2016
AUTHOR	Andy Howlett, Deputy Director of Performance, Information & Contracting
LEAD	Karl Munslow-Ong, Chief Operating Officer
PURPOSE	To report the combined Trust's performance for January 2016 for both Chelsea and Westminster and West Middlesex, highlight risk issues and identify key actions going forward.
SUMMARY OF REPORT	The integrated performance report shows the Trust performance for January. **Regulatory performance** – overall the Trust A&E waiting time target for January was achieved on both sites. This was despite unprecedented demand levels. The Trust was the only acute provider in NW London to meet the target in January. The RTT incomplete target was achieved for the overall Trust in January, representing an improvement compared to forecast performance for the month. CW site continues to experience a significant challenge to its performance and did not achieve the target. Work continues in parallel to improve data quality, ensure sufficient capacity is in place to meet demand, and that operational teams are focussed on implementing the Trust Access Policy effectively. Validated performance for Cancer in December saw the standards achieved on both sites. January's unvalidated performance is also predicting achievement for both sites. WMUH site had two C. difficile infections in January bringing the total for the site to 9 year to date. Actions are in place to mitigate the risk of further cases. WMUH site had one MRSA bacteraemia in January. The source of infection has been difficult to identify. Work is in progress to ensure staff are aware of lessons learned from this case. Both sites have achieved all other regulatory performance indicators, with the exception of access to patients with learning difficulties. CW site continues to be fully compliant with all of the learning disabilities indicators in January. WMUH site is not yet fully compliant with all 6 of the learning disabilities indicators, but is on trajectory to achieve compliance by the end of March, in line with the CQC Action Plan. **Quality and Patient Experience**: As expected, incident reporting rates on CW site have dipped as the new Datix-web incident reporting system is rolled out.

	Improving response rates for FFT across all areas remains work in progress. **Efficiency and Clinical Effectiveness**: Improvements to performance against the time to theatre indicator for #NOF patients have been made on both sites. TB indicators remain under review and proposals for alternative measures will be progressed during March. Performance against non-elective length of stay was challenged on both sites due to seasonal demand pressures and patient acuity profile. **Workforce**: Following agreement at the People and OD Committee in January, changes have been made to some workforce metrics, and targets that are presented in the Integrated Performance Report. We have also moved to vacancy, turnover and mandatory training metric targets that are set incrementally, moving towards their ultimate goal at the close of the agreed timeline. Targets for turnover and vacancies have been brought in line with other London Trusts, and if achieved as a combined organisation, would place us among the top performers of our peers. The Nurse: Bed ratio, and WTE Midwife: Birth ratio metrics have been removed from the Board Report. The bed ratio will be replaced with better Safe Staff metrics that take account of patient acuity, and the birth ratio will be reported on the Maternity dashboard. N&M Agency spend as a % of total N&M spend has been introduced to the Board Report as we are measured against a Trust target set by Monitor as part of their annual ceiling for total nursing agency spending.
KEY RISKS ASSOCIATED:	There are continued risks to the achievement of a number of compliance indicators, including A&E performance, RTT incomplete waiting times, cancer 62 days waits and compliance with access to learning disabilities.
FINANCIAL IMPLICATIONS	The combined Trust reported a favourable variance £0.26m in January and £5.65m deficit for the year to date, which was £0.39m favourable against plan for the year to date.
QUALITY IMPLICATIONS	As outlined above.
EQUALITY & DIVERSITY IMPLICATIONS	None
LINK TO OBJECTIVES	Improve patient safety and clinical effectiveness Improve the patient experience Ensure financial and environmental sustainability
DECISION/ ACTION	The Board is asked to note the performance for January 2016.

TRUST PERFORMANCE & QUALITY REPORT

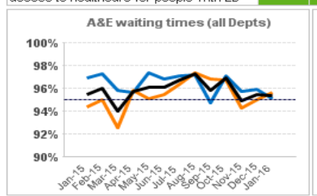
January 2016

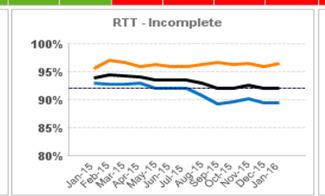
January 2016
Performance Dashboard

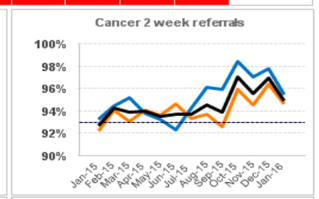
Chelsea and Westminster Hospital NHS
NHS Foundation Trust

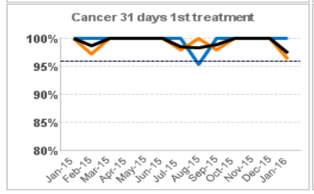
Regulatory Compliance

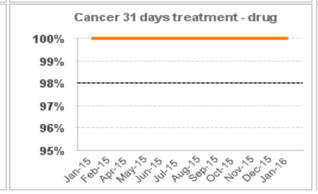
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined Trust data: last Quarter, YTD & 13m trend					
Indicator	Nov-15	Dec-15	Jan-16	Nov-15	Dec-15	Jan-16	Nov-15	Dec-15	Jan-16	Quarter	YTD	Trend
A&E waiting times - Types 1 & 3 Depts (Target: >95%)	95.7	95.9	95.1	94.3	95.0	95.6	94.9	95.4	95.4	95.4	96.0	
RTT - Incomplete (Target: >92%)	90.2	89.5	89.4	96.5	96.0	96.4	92.7	92.1	92.1	92.1	92.8	
Cancer 2 week urgent referrals (Target: >93%)	97.1	97.7	95.4	94.6	96.4	94.6	95.6	96.9	94.9	94.9	94.8	
Cancer 31 days first treatment (Target: >96%)	100	100	100	100	100	96.3	100	100	97.4	97.4	99.4	
Cancer 31 days treatment - Drug (Target: >98%)	n/a	100	n/a	100	n/a	100	100	100	100	100	100.0	
Cancer 31 days treatment - Surgery (Target: >94%)	n/a	n/a	n/a	100	100	100	100	100	100	100	100.0	
Cancer 31 days treatment - Radiotherapy (Target: >94%)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
Cancer 62 days GP ref to treatment (Target: >85%)	92.3	88.1	81.0	93.3	100	97.2	92.9	94.0	91.2	91.2	90.2	
Cancer 62 days NHS screening (Target: >90%)	n/a	n/a	n/a	100	100	100	100.0	100.0	100.0	100.0	94.1	
Clostridium difficile infections (Targets: CW: 7; WM: 9; Combined: 16)	0	0	0	1	0	2	1	0	2	2	9	
Self-certification against compliance for access to healthcare for people with LD	Comp	Comp	Comp	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	

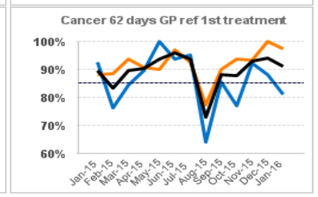






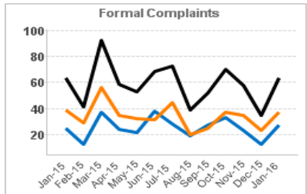


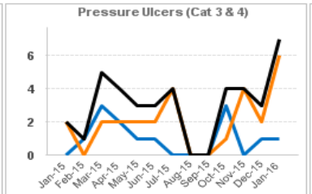


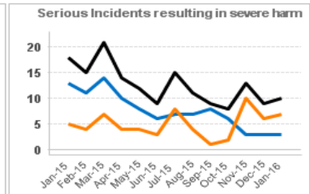


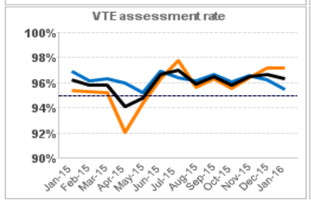
Quality

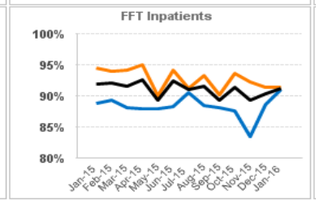
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Nov-15	Dec-15	Jan-16	Nov-15	Dec-15	Jan-16	Nov-15	Dec-15	Jan-16	Quarter	YTD	Trend
Hand Hygiene (Target: >=90%)	94.3	95.9	95.3	99.8	99.3	99.5	96.6	98.9	97.0	97.0	97.9	
Pressure Ulcers (Cat 3 & 4)	0	1	1	4	2	6	4	3	7	7	32	
VTE assessment % (Target: >=95%)	96.6	96.2	95.5	96.4	97.2	97.2	96.5	96.7	96.3	96.3	96.0	
Formal complaints number received	23	12	27	35	23	37	58	35	64	64	572	
Formal complaints responded to <25days	10	6	10	20	13		30	19	10	10	366	
Serious Incidents	3	3	3	10	6	7	13	9	10	10	110	
Never Events (Target: 0)	0	0	0	0	0	0	0	0	0	0	2	
FFT - Inpatients recommend % (Target: >90%)	83.5	88.6	91.1	92.2	91.4	91.3	89.4	90.3	91.2	91.2	90.8	
FFT - A&E recommend % (Target: >90%)	86.7	87.6	86.4	85.1	89.9	87.4	86.5	88.0	86.6	86.6	87.4	
Falls causing serious harm	0	0	0				0	0	0	0	1	

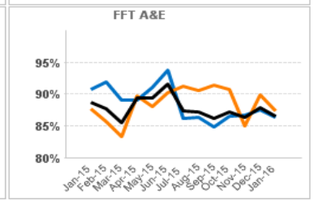






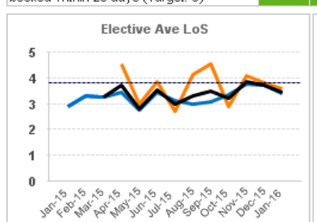


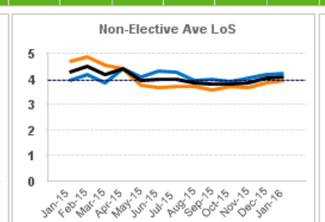


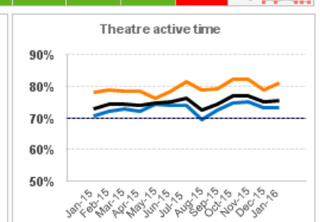


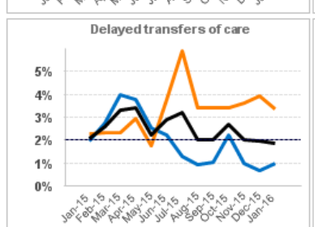
Efficiency

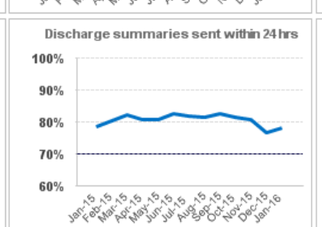
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Nov-15	Dec-15	Jan-16	Nov-15	Dec-15	Jan-16	Nov-15	Dec-15	Jan-16	Quarter	YTD	Trend
Elective average LoS (Target: <3.8)	3.8	3.7	3.4	4.1	3.8	3.6	3.9	3.7	3.4	3.4	3.4	
Non-Elective average LoS (Target: <3.95)	4.0	4.2	4.2	3.6	3.9	3.9	3.8	4.0	4.1	4.1	4.0	
Theatre active time (Target: >70%)	74.9	73.2	73.3	82.2	78.9	81.1	77.1	74.9	75.6	75.6	75.2	
Delayed transfers of care (Target: <2%)	1.01	0.68	0.98	3.61	3.96	3.34	2.00	1.94	1.85	1.85	2.43	
Discharge summaries sent within 24 hours (Target: >70%)	80.7	76.6	78.0	dev	dev	dev	80.7	76.6	78.0	78.0	80.7	
Outpatient DNA rates (Target: <11.1%)	10.8	12.0	10.6	10.7	10.4	10.6	10.8	11.4	10.6	10.6	11.1	
On the day cancelled operations not re-booked within 28 days (Target: 0)	0	0	0	0	0	0	0	0	0	0	14	

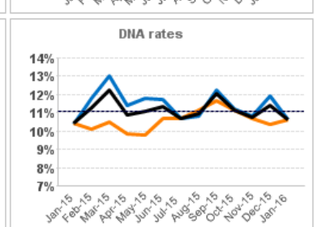






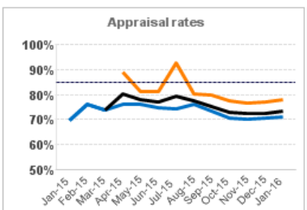


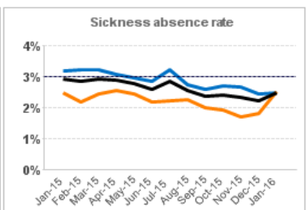


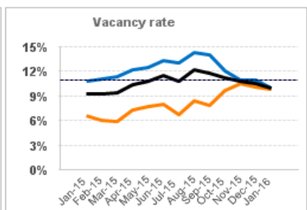


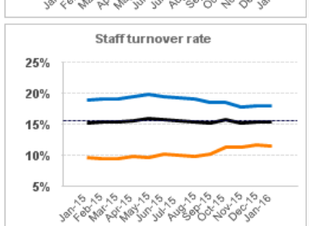
Workforce

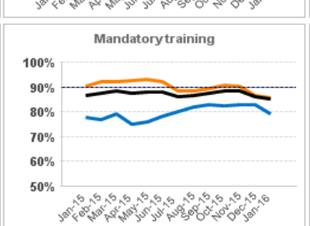
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Nov-15	Dec-15	Jan-16	Nov-15	Dec-15	Jan-16	Nov-15	Dec-15	Jan-16	Quarter	YTD	Trend
Appraisal rates (Target: >85%)	70.2	70.6	71.1	76.7	77.1	78.2	72.3	72.7	73.3	73.3	75.8	
Sickness absence rate (Target: <3%)	2.68	2.46	2.48	1.69	1.81	2.50	2.32	2.22	2.49	2.49	2.54	
Vacancy rates (Target: CW<12%; WM<10%)	10.9	10.9	10.0	10.5	10.1	9.7	10.7	10.6	9.9	9.9	9.9	
Turnover rate (Target: CW<18%; WM<11.5%)	17.8	17.9	17.9	11.3	11.6	11.5	15.3	15.5	15.4	15.4	15.4	
Mandatory training (Target: >90%)	83.0	82.8	79.2	90.4	86.8	85.9	88.2	86.3	85.0	85.0	86.8	
Bank and Agency spend (£ks)	£3,432	£2,501	£2,504	£1,588	£1,666	£1,542	£5,020	£4,167	£4,045	£4,045	£41,023	
Nursing & Midwifery: Agency % spend of total pay (Target: tbc)	10.5	9.7	7.9	12.1	13.0	11.5	11.1	11.0	9.3	9.3	10.6	

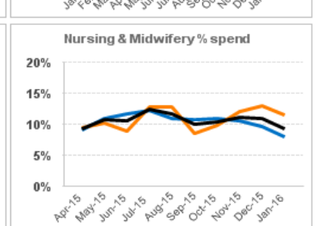












Note: Full page versions of the above Performance Dashboards are available on Pages 16-19

Date & time of production: 19/02/2016 15:10

Monitor Dashboard

		Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
Domain	Indicator	Nov-15	Dec-15	Jan-16	2015-2016	Nov-15	Dec-15	Jan-16	2015-2016	Nov-15	Dec-15	Jan-16	2015-2016 Q4	2015-2016	Trend charts
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	95.7%	95.9%	95.1%	96.2%	94.3%	95.0%	95.6%	95.8%	94.9%	95.4%	95.4%	95.4%	96.0%	
RTT	18 weeks RTT - Admitted (Target: >90%)	80.4%	82.4%	79.7%	86.4%	94.8%	96.5%	94.8%	95.1%	87.8%	90.3%	87.7%	87.7%	90.8%	
	18 weeks RTT - Non-Admitted (Target: >95%)	91.5%	93.2%	92.5%	93.8%	96.5%	96.9%	96.2%	96.7%	93.5%	94.7%	94.1%	94.1%	94.9%	
	18 weeks RTT - Incomplete (Target: >92%)	90.2%	89.5%	89.4%	90.8%	96.5%	96.0%	96.4%	96.2%	92.7%	92.1%	92.1%	92.1%	92.8%	
Cancer	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	97.1%	97.7%	95.4%	95.4%	94.6%	96.4%	94.6%	94.3%	95.6%	96.9%	94.9%	94.9%	94.8%	
	31 days diagnosis to first treatment (Target: >96%)	100%	100%	100%	99.6%	100%	100%	96.3%	99.3%	100%	100%	97.4%	97.4%	99.4%	
	31 days subsequent cancer treatment - Drug (Target: >98%)	n/a	100%	n/a	100%	100%	n/a	100%	100%	100%	100%	100%	100%	100%	
	31 days subsequent cancer treatment - Surgery (Target: >94%)	n/a	n/a	n/a	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	31 days subsequent cancer treatment - Radiotherapy (Target: >94%)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
	62 days GP referral to first treatment (Target: >85%)	92.3%	88.1%	81.0%	87.3%	93.3%	100.0%	97.2%	92.1%	92.9%	94.0%	91.2%	91.2%	90.2%	
	62 days NHS screening service referral to first treatment (Target: >90%)	n/a	n/a	n/a	n/a	100%	100%	100%	94.1%	100%	100%	100%	100%	94.1%	
Patient Safety	Clostridium difficile infections (Year End Targets: CW: 7; WM: 9; Combined: 16)	0	0	0	1	1	0	2	8	1	0	2	2	9	
Learning difficulties Access & Governance	Self-certification against compliance for access to healthcare for people with Learning Disability	compliant	compliant	compliant	Non-compliant	Non-compliant	Non-compliant	Non-compliant	Non-compliant	Non-compliant	Non-compliant	Non-compliant	Non-compliant	Non-compliant	
	Governance Rating	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	

Please note the following two items	n/a	Can refer to those indicators not applicable (eg Radiotherapy) or indicators where there is no available data. Such months will not appear in the trend graphs.
		RTT Admitted and RTT Non-Admitted are no longer Monitor Compliance Indicators

Chelsea & Westminster commentary

62 days GP referral to first treatment

The Chelsea site is not currently achieving the 62 day standard in January. This is due to 2 breaches in the colorectal pathway, with both patients being unfit to commence treatment within the 62 day target.

As the position is not yet validated and will not be reported until March, further cases are awaiting histology results and may add to the 'treated within breach date' figures so performance may improve.

RTT Incompletes

The aggregated position is compliant for the Trust and work continues on the Chelsea site to deliver the improvement trajectories for a range of specialities. A refreshed weekly Access meeting has been introduced by the new Deputy Director of Performance, Information & Contracting to monitor progress.

West Middlesex commentary

A&E Performance

Compliance was achieved in January across both sites despite increases in attendances and admissions. On the WMUH site, Type 1 ED activity has increased by 16% compared to the same month last year, with UCC activity having increased by 13%.

Clostridium Difficile infections

There were two Trust-attributed C. difficile cases in January. There were no lapses in care in the first (to be confirmed with the commissioners) and the second is under investigation.

This brings the total number year-to-date to 8, which exceeds the trajectory of 7 cases to the end of January, but the Trust remains within the target (limit) of 9 cases to the end of March 2016.

Safety Dashboard

		Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
Domain	Indicator	Nov-15	Dec-15	Jan-16	2015-2016	Nov-15	Dec-15	Jan-16	2015-2016	Nov-15	Dec-15	Jan-16	2015-2016 Q4	2015-2016	Trend charts
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	0	0	0	0	0	0	1	1	0	0	1	1	1	
	Hand hygiene compliance (Target: >90%)	94.3%	95.9%	95.3%	96.0%	99.8%	99.3%	99.5%	99.3%	96.6%	98.9%	97.0%	97.0%	97.9%	
Incidents	Number of serious incidents	3	3	3	61	10	6	7	49	13	9	10	10	110	
	Incident reporting rate per 100 admissions (Target: >8.5)	7.8	7.2	4.7	7.4	6.2	5.9	5.9	6.9	7.1	6.6	5.2	5.2	7.2	
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions (Target: 0)	0.00	0.00	0.00	0.04	0.14	0.10	0.04	0.08	0.06	0.05	0.02	0.02	0.04	
	Number of medication-related safety incidents	43	47	26	445	23	29	27	337	66	76	53	53	782	
	Never Events (Target: 0)	0	0	0	2	0	0	0	0	0	0	0	0	2	
Harm	Safety Thermometer - Harm Score (Target: >90%)	93.2%	96.4%	96.2%	94.3%	101.6%	96.9%	97.0%	98.1%	98.0%	96.7%	96.6%	96.6%	95.8%	
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	0	1	1	9	4	2	6	23	4	3	7	7	32	
	NEWS compliance %	100.0%	76.5%	62.5%	75.6%					100.0%	76.5%	62.5%	62.5%	75.6%	
	Safeguarding adults - number of referrals	21	18	23	172	10	5	0	46	31	23	23	23	218	
	Safeguarding children - number of referrals	18	30	18	220	54	40	34	343	72	70	52	52	563	
Mortality	Number of hospital deaths - Adult	42	46	42	363	54	63	66	582	96	109	108	108	945	
	Number of hospital deaths - Paediatric	0	1	0	2	0	0	0	0	0	1	0	0	2	
	Number of hospital deaths - Neonatal	1	1	3	22	2	1	0	9	3	2	3	3	31	
	Number of deaths in A&E - Adult	3	1	1	23	8	2	13	60	11	3	14	14	83	
	Number of deaths in A&E - Paediatric	0	0	0	2	1	0	0	4	1	0	0	0	6	
	Number of deaths in A&E - Neonatal	0	0	0	0	0	0	0	0	0	0	0	0	0	

Please note the following	blank cell	An empty cell denotes those indicators currently under development

Chelsea & Westminster commentary

Safeguarding children – number of referrals

It was identified at the last board meeting that WHM are reporting all of their notifications to social care as referrals. C&W made 310 notifications last quarter on top pf the 68 referrals but do not report these as referrals. This would explain difference in numbers. C&W have started recording the number of notifications in the narrative and have discussed with the designated nurse about reporting them for the next SHOF on a separate line.

The plan is for consensus across the 2 sites on reporting of referrals.

West Middlesex commentary

MRSA bacteraemia

There was one Trust-attributed case of MRSA bacteraemia in January, in the Planned Care and Clinical Support Services Division. The patient acquired infection in hospital, but the source was difficult to identify. Learning from the case is being disseminated to all clinical staff. The Trust target (limit) of zero cases to the end of March 2016 has been breached.

Number of deaths in A&E – Adult

A high number of out of hospital cardiac arrests presented this month. A review will be undertaken through the departmental Morbidity and Mortality meeting for any thematic component.

Patient Experience Dashboard

		Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
Domain	Indicator	Nov-15	Dec-15	Jan-16	2015-2016	Nov-15	Dec-15	Jan-16	2015-2016	Nov-15	Dec-15	Jan-16	2015-2016 Q4	2015-2016	Trend charts
Friends and Family	FFT: Inpatient recommend % (Target: >90%)	83.5%	88.6%	91.1%	88.3%	92.2%	91.4%	91.3%	92.2%	89.4%	90.3%	91.2%	91.2%	90.8%	
	FFT: Inpatient not recommend % (Target: <10%)	9.1%	5.4%	3.7%	6.0%	4.0%	4.9%	4.4%	4.0%	5.7%	5.1%	4.1%	4.1%	4.7%	
	FFT: Inpatient response rate (Target: >30%)	30.6%	36.8%	49.2%	37.4%	27.9%	28.4%	28.2%	27.3%	28.7%	31.2%	34.4%	34.4%	30.2%	
	FFT: A&E recommend % (Target: >90%)	86.7%	87.6%	86.4%	86.8%	85.1%	89.9%	87.4%	89.6%	86.5%	88.0%	86.6%	86.6%	87.4%	
	FFT: A&E not recommend % (Target: <10%)	6.8%	6.5%	7.5%	7.0%	8.0%	6.3%	6.7%	6.0%	7.0%	6.5%	7.4%	7.4%	6.8%	
	FFT: A&E response rate (Target: >30%)	19.9%	19.9%	16.9%	20.1%	16.1%	18.2%	19.8%	21.7%	19.3%	19.6%	17.4%	17.4%	20.5%	
	FFT: Maternity recommend % (Target: >90%)	92.9%	90.3%	91.4%	91.3%	97.4%	94.3%	95.1%	91.2%	94.0%	91.2%	92.1%	92.1%	91.3%	
	FFT: Maternity not recommend % (Target: <10%)	4.0%	6.8%	5.0%	5.2%	2.6%	2.3%	2.4%	3.8%	3.6%	5.8%	4.5%	4.5%	4.6%	
	FFT: Maternity response rate (Target: >30%)	28.0%	24.5%	28.3%	27.2%	16.6%	21.9%	21.2%	22.8%	23.8%	23.8%	26.6%	26.6%	25.9%	
	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	23	12	27	252	35	23	37	320	58	35	64	64	572	
	Complaints formal: Number responded to < 25 days	10	6	10	163	20	13		203	30	19	10	10	366	
	Complaints (informal) through PALS	93	80	83	938	67	72	80	424	160	152	163	163	1362	
	Complaints sent through to the Ombudsman	0	0	0	1	1	1	0	8	1	1	0	0	9	
	Complaints upheld by the Ombudsman (Target: 0)	0	0	0	2	0	0	0	4	0	0	0	0	6	

Please note the following	blank cell	An empty cell denotes those indicators currently under development

Chelsea & Westminster commentary

West Middlesex commentary

Friends and Family Test - Inpatient response rate

The WM site continues to perform above the national inpatient average of 24% and falls slightly short of achieving the 30% internal target. The wards will be reminded again to ensure patients are given the opportunity to complete the questionnaire.

Friends and Family Test - A&E response rate

The WM A&E continues to perform above the national average of 14%. However, the response rate falls short of the internal target. A&E is supported by a volunteer who returned for part of January which would have contributed to this slight increase in response rates compared with the previous months when he was not available.

Efficiency & Productivity Dashboard

		Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
Domain	Indicator	Nov-15	Dec-15	Jan-16	2015-2016	Nov-15	Dec-15	Jan-16	2015-2016	Nov-15	Dec-15	Jan-16	2015-2016 Q4	2015-2016	Trend charts
Admitted Patient Care	Average length of stay - elective (Target: <3.7)	3.78	3.71	3.39	3.30	4.09	3.79	3.56	3.69	3.87	3.73	3.44	3.44	3.40	
	Average length of stay - non-elective (Target: <3.9)	4.01	4.18	4.23	4.13	3.65	3.85	3.95	3.79	3.83	4.02	4.09	4.09	3.96	
	Emergency care pathway - average LoS (Target: <4.5)	4.91	4.97	5.25	4.95	4.12	4.35	4.39	4.27	4.43	4.59	4.71	4.71	4.53	
	Emergency care pathway - discharges	192	200	189	1946	203	211	231	2101	395	412	421	421	4048	
	Emergency re-admissions within 30 days of discharge (Target: <2.8%)	3.19%	3.62%	3.30%	3.27%	7.50%	8.06%	8.29%	7.61%	5.01%	5.76%	5.73%	5.73%	5.22%	
	Delayed transfer of care - % relevant NHS patients affected (Target: <2%)	1.0%	0.7%	1.0%	1.7%	3.6%	4.0%	3.3%	3.5%	2.0%	1.9%	1.9%	1.9%	2.4%	
	Non-elective long-stayers	390	421	382	4016										
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	86.4%	80.4%	85.9%	83.6%	85.7%	81.7%	88.2%	85.1%	86.1%	81.0%	86.8%	86.8%	84.8%	
	Operations canc on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.44%	0.13%	0.04%	0.35%					0.44%	0.13%	0.04%	0.04%	0.35%	
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	0	0	0	14	0	0	0	0	0	0	0	0	14	
	Theatre active time (C&W Target: >70%; WM Target: >78%)	74.9%	73.2%	73.3%	73.3%	82.2%	78.9%	81.1%	79.7%	77.1%	74.9%	75.6%	75.6%	75.2%	
	Theatre booking conversion rates (Target: >80%)	88.0%	89.6%	88.1%	88.0%										
Outpatients	First to follow-up ratio (Target: <1.5)	1.56	1.54	1.64	1.60	1.67	1.64	1.61	1.68	1.63	1.61	1.62	1.62	1.65	
	Average wait to first outpatient attendance (Target: <6 wks)	7.5	6.8	7.5	7.0	6.2	5.7	6.5	6.1	6.9	6.2	7.0	7.0	6.6	
	DNA rate: first appointment	12.0%	13.0%	12.7%	12.2%	12.1%	12.0%	12.3%	12.0%	12.1%	12.5%	12.5%	12.5%	12.1%	
	DNA rate: follow-up appointment	10.4%	11.6%	9.9%	11.0%	9.8%	9.4%	9.6%	9.9%	10.2%	10.9%	9.8%	9.8%	10.7%	

Please note the following	blank cell	An empty cell denotes those indicators currently under development

Chelsea & Westminster commentary

Non-Elective average LoS

The target was not met in January .For the C&W site, this was largely due to high numbers of Care of the Elderly patients across the wards, and some long stay Gastroenterology patients. Ward arrangements for both are being reviewed as part of new consultant arrangements.
This also affected the **Emergency Care pathway average LoS**

Emergency re-admissions within 30 days of discharge

An update paper was presented to the Executive Board following further analysis of emergency readmissions. Whilst data quality issues have been identified, which are being addressed, further auditing at HRG level is on-going by the clinical teams. Additionally, an IT solution is being commissioned to address the identification to ED and Acute teams of patients who have had Section 5s (referrals for packages of care). This will better enable turning these patients around in ED when presenting as readmissions within 30 days.

First to follow-up ratio

Work is ongoing to reduce wasted appointments, with initiatives such as virtual clinics, and open follow ups (time limited) where the patient only gets an appointment if they specifically request one.

West Middlesex commentary

Emergency Care Pathways – discharges

A significant increase in monthly discharges was experienced in January, consistent with significantly increased non-elective demand.

Emergency re-admissions within 30 days of discharge

A detailed case note audit of readmissions is in progress to identify root cause and support action planning for improvement

Delayed transfers of care of affected patients

Supported Discharge Unit, daily discharge meetings and regular escalation calls to external agencies is all in place. Escalation process is under review to ensure there is the correct senior focus on this issue

DNA rates: first and follow-up appointments

Increase in DNA rate compared to last month can be attributed due to the uncertainty caused by the junior doctor's strike.

Clinical Effectiveness Dashboard

		Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
Domain	Indicator	Nov-15	Dec-15	Jan-16	2015-2016	Nov-15	Dec-15	Jan-16	2015-2016	Nov-15	Dec-15	Jan-16	2015-2016 Q4	2015-2016	Trend charts
Best Practice	Dementia screening diagnostic assessment (Target: >90%)	100.0%	100.0%	100.0%	100.0%	91.6%	92.7%	90.1%	92.9%	97.3%	97.3%	96.1%	96.1%	97.5%	
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	91.7%	90.0%	100.0%	89.6%	62.5%	95.0%	100.0%	74.3%	80.0%	92.5%	100.0%	100.0%	81.7%	
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	92.9%	96.2%	100.0%	100.0%	95.5%	95.5%	97.9%	
VTE	VTE: Hospital-acquired (Target: tbc)	0	0	0	0	1	0	0	3	1	0	0	0	3	
	VTE risk assessment (Target: >95%)	96.6%	96.2%	95.5%	96.2%	96.4%	97.2%	97.2%	95.9%	96.5%	96.7%	96.3%	96.3%	96.0%	
TB	TB: Number of active cases identified and notified	5	2	1	41	6	7	6	83	11	9	7	7	124	
	TB: % of treatments completed within 12 months (Target: >85%)														

Please note the following	blank cell	An empty cell denotes those indicators currently under development

Chelsea & Westminster commentary

#NOF Time to Theatre

The Chelsea site has made significant improvements with compliance against the #NOF time to theatre indicator.

West Middlesex commentary

Access Dashboard

		Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
Domain	Indicator	Nov-15	Dec-15	Jan-16	2015-2016	Nov-15	Dec-15	Jan-16	2015-2016	Nov-15	Dec-15	Jan-16	2015-2016 Q4	2015-2016	Trend charts
RTT waits	RTT Incompletes 52 week Patients at month end	1	1	3	26	0	0	0	0	1	1	3	3	26	
	Diagnostic waiting times <6 weeks: % (Target: >99%)	100%	100%	100%	99.99%	100%	99.92%	99.93%	99.89%	100%	99.96%	99.96%	99.96%	99.94%	
	Diagnostic waiting times >6 weeks: breach actuals	0	0	0	4	0	2	2	29	0	2	2	2	33	
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	7.4%	7.0%	7.8%	7.1%	8.9%	8.7%	9.2%	8.5%	7.9%	7.6%	8.3%	8.3%	7.6%	
	A&E time to treatment - Median (Target: <60')	01:06	00:57	01:01	01:02	00:45	00:40	00:43	00:42	01:00	00:52	00:55	00:55	00:56	
	London Ambulance Service - patient handover 30' breaches	73	26	28	434	61	59	65	409	134	85	93	93	843	
	London Ambulance Service - patient handover 60' breaches	0	0	0	12	0	0	0	1	0	0	0	0	13	
Choose and Book (unavailable until Feb-16 at the earliest)	Choose and book: appointment availability														
	Choose and book: capacity issue rate														
	Choose and book: system issue rate														

Please note the following	blank cell	An empty cell denotes those indicators currently under development

Chelsea & Westminster commentary

RTT Incompletes 52 week patients at month end

3 patients breached over 52 weeks .These breaches were found as part of validating the inactive list. A root cause analysis has been completed for each of the breaches. The main reasons were the booking process and the access policy not been adhered to regarding patient cancellations. Further validation of the inactive list is ongoing: therefore there is a risk of more 52 week breaches being found.

A&E unplanned re-attendances

Performance for Month 10 was 7.8% against a very challenging target of 5%. Recent analysis has shown that circa 15% of this group are patients who are unregistered with a GP and this is now part of a work stream within the multi-partner West London Urgent Care Board.

A&E time to treatment

The target of 60 mins was just missed in Month 10, with a mean performance of 61 minutes. There were high attendance numbers in the Emergency Department in January however which will have contributed to the challenge of meeting this metric.

West Middlesex commentary

A&E LAS 30 min handover breaches

30 minute delays have increased in January due to a high number of ambulance arrivals, but remains within the level expected. Work is in progress to further reduce delays between 30-35 minutes

A&E unplanned re-attendances

Discussions have recommenced with the CCG in terms of the continuation of funding for the successful 'frequent attenders' project which was run in 14/15. Since the pilot stopped, unplanned re-attenders have continued to increase. This is being raised through the Hounslow Systems Resilience Group.

Maternity Dashboard

Domain	Indicator	Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
		Nov-15	Dec-15	Jan-16	2015-2016	Nov-15	Dec-15	Jan-16	2015-2016	Nov-15	Dec-15	Jan-16	2015-2016 Q4	2015-2016	Trend charts
Birth indicators	Total number of NHS births	425	465	460	4484	431	438	400	4310	856	903	860	1085	9019	
	Total caesarean section rate (C&W Target: <27%; WM Target: <29%)	32.7%	32.5%	31.8%	34.9%	27.1%	25.4%	27.9%	28.5%	29.9%	29.0%	30.0%	30.0%	31.7%	
	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%)	99.1%	100.0%	97.0%	96.3%	92.6%	94.3%	98.3%	94.4%	95.7%	97.1%	97.6%	97.6%	95.3%	
Safety	Admissions of full-term babies to NICU	17	21	14	203	n/a	n/a	n/a	n/a	17	21	14	14	203	

Please note the following	blank cell	An empty cell denotes those indicators currently under development

Chelsea & Westminster commentary

West Middlesex commentary

Workforce Dashboard

		Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
Domain	Indicator	Nov-15	Dec-15	Jan-16	2015-2016	Nov-15	Dec-15	Jan-16	2015-2016	Nov-15	Dec-15	Jan-16	2015-2016 Q4	2015-2016	Trend charts
Staffing	Vacancy rate (Target: CW <12%; WM <10%)	10.9%	10.9%	10.0%	10.0%	10.5%	10.1%	9.7%	9.7%	10.7%	10.6%	9.9%	9.9%	9.9%	
	Staff Turnover rate (Target: CW <18%; WM <11.5%)	17.8%	17.9%	17.9%	17.9%	11.3%	11.6%	11.5%	11.5%	15.3%	15.5%	15.4%	15.4%	15.4%	
	Sickness absence (Target: <3%)	2.7%	2.5%	2.5%	2.8%	1.7%	1.8%	2.5%	2.2%	2.3%	2.2%	2.5%	2.5%	2.5%	
	Bank and Agency spend (£ks)	£3,432	£2,501	£2,504	£24,899	£1,588	£1,666	£1,542	£16,123	£5,020	£4,167	£4,045	£4,045	£41,023	
	Nursing & Midwifery Agency: % spend of total pay (Target: tbc)	10.5%	9.7%	7.9%	10.4%	12.1%	13.0%	11.5%	10.9%	11.1%	11.0%	9.3%	9.3%	10.6%	
Appraisal rates	% of appraisals completed - medical staff (Target: >85%)	82.4%	81.7%	82.2%	84.7%	52.2%	56.5%	61.4%	42.0%	69.9%	71.6%	74.0%	74.0%	67.6%	
	% of appraisals completed - non-medical staff (Target: >85%)	68.7%	69.2%	69.6%	71.9%	81.8%	81.2%	81.3%	87.5%	72.6%	72.8%	73.2%	73.2%	76.7%	
Training	Mandatory training compliance (Target: >90%)	83.0%	82.8%	79.2%	80.2%	90.4%	86.8%	85.9%	88.9%	88.2%	86.3%	85.0%	85.0%	86.8%	
	Health and Safety training (Target: >90%)	85.8%	85.6%	87.4%	86.0%	88.6%	89.8%	89.3%	89.1%	86.9%	87.2%	88.1%	88.1%	87.2%	
	Safeguarding training - adults (Target: 100%)	100.0%	100.0%	82.0%	98.1%	90.8%	92.4%	91.6%	91.6%	96.5%	97.2%	85.6%	85.6%	95.8%	
	Safeguarding training - children (Target: 100%)	100.0%	100.0%	68.7%	96.7%	82.8%	90.7%	89.4%	82.3%	90.9%	96.6%	76.5%	76.5%	89.6%	

Please note the following	blank cell	An empty cell denotes those indicators currently under development

Chelsea & Westminster commentary

Staff in Post

In January the Trust substantive staff in post rose to 3211.52 WTE (whole time equivalents), an increase of 142.19 (+4%) since Jan 15 and is the highest WTE the Trust has recorded. There were 44 voluntary leavers and 89 joiners (excluding Junior Doctors) over the month. The largest annual increases were in the Emergency & Integrated Care Division (100.58 WTE), and the Nursing & Midwifery staff group (85.440 WTE).

Staff turnover

Unplanned staff turnover is 0.73% *lower* than one year ago, dropping from 18.61% (Feb 14 – Jan 15) to 17.88% (Feb 15 – Jan 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 has been downwards.

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

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

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

Vacancies

The Trust vacancy rate for January 2016 was 9.98%. That is 0.96% lower than last year, and below the annual target rate of 12%. This is within the context of a budget increase of 4% in one year.

The Trust aims to reduce the Nursing and Midwifery vacancy rate (currently 11.93%) to 5%, with timescales and trajectory to be agreed at the Nursing & Midwifery Workforce Group over the 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 (3.53%, i.e. 126 WTE in Jan 16). January saw bulk recruitment for band 5 nurses and HCAs in Paediatrics.

West Middlesex commentary

Vacancy rate

The vacancy factor rate for WMUH in January was 9.7%, which positive decrease of 0.32% when compared with the previous month. Within the qualified nursing it was 8.78%, which was a slight increase of 0.18% when compared with the previous month. Whilst unquailed nursing saw a positive decreased from 5.91% to 4.74% (-1.17%).

Staff turnover

The turnover figure for the last 12 months (February 2015 to January 2016), was 11.48%. The total number of unplanned staff leavers seen in this period was 231. This is an increase of 42 staff leavers, when compared with the pervious same time period (February 2014 to January 2015). The highest turnover percentages, was seen in the Corporate Service areas with a total 14.86%, whilst the total turnover for the Clinical Divisions was 11.15%. 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'.

Mandatory training compliance

There has been a minor (seasonal) drop during January; normal progress expected in February. This applies to **Health and Safety** and **Safeguarding Training** also**.**

Chelsea & Westminster commentary continued

Vacancies cont'

The average time to recruit (from the authorisation date to the date all pre-employment checks were completed) for January 16 starters was 51 days, below the Trust target of <55days. The purchase of TRAC Recruitment has been agreed, and should help the trust to significantly reduce time to recruit and improve the on-boarding experience for new starters and recruiting managers.

The Midwifery Open Day held on the 6th Feb was a huge success with 22 candidates offered posts across the two sites. Of the 22 appointed 7 were for West Mid, 14 for CW and 1 for PMU. Staff recruited represent a mixture of experienced Band 6s, experienced Band 5s and students qualifying this year.

Nursing and Midwifery vacancies for the Trust currently sit at 11.93%, an RCN London Safe Staffing Review (effective as of July 2015) stated that the average nursing and midwifery vacancy rate across London was 17%.

Bank & Agency Usage

Temporary staffing made up 11.8% of the total workforce in January 16, compared to 10.9% a year ago. Agency WTE as a % of workforce reduced from 3.3% to 2.9% over this period, while Bank increased from 7.6% to 8.9%. The increase in Bank and reduction in Agency usage has been helped by the positive uptake of the Bank Bonus Scheme which will be extended by two months to the end of April.

Relative to substantive WTE, the highest agency use was in Medicine, NICU 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 need to reduce agency spend is recognised as a priority for the Trust. The Temporary Staffing Steering Group aims to increase establishment controls on temporary staffing usage and govern the use of rostering systems and procurement to ensure best clinical and financial performance and practice.

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

National NHS Staff Survey 2015

The National Staff Survey closed in late November, with the Trust achieving a final response rate of 51% which was an improvement of 2% on last year.

Capita (our external survey contractor) have provided Initial Data Frequency Tables, and our Organisation Wide Report which detail and summarise the un-weighted results for the organisation. The initial trends were discussed at the People and OD Committee in January.

This is the second stage in the reporting process and in the coming weeks we will receive the more in depth analysis in the ''Technical Report', which includes Key Findings that will be used to inform and develop Trust wide and service level action plans.

West Middlesex commentary continued

62 day Cancer referrals by tumour site Dashboard

Target of 85%

		Chelsea & Westminster NHS Foundation Trust					West Middlesex University Hospital					Combined Trust Performance						Trust data 13 months
Domain	Tumour site	Nov-15	Dec-15	Jan-16	2015-2016	YTD breaches	Nov-15	Dec-15	Jan-16	2015-2016	YTD breaches	Nov-15	Dec-15	Jan-16	2015-2016 Q4	2015-2016	YTD breaches	Trend charts
62 day Cancer referrals by site of tumour	Breast	n/a	n/a	n/a	n/a		100%	100%	100%	97.0%	2	100%	100%	100%	100%	97.0%	2	
	Colorectal / Lower GI	100%	72.7%	33.3%	76.2%	5	100%	100%	100%	86.0%	3	100%	76.9%	60.0%	60.0%	81.2%	8	
	Gynaecological	0.0%	100%	n/a	73.1%	3.5	66.7%	85.7%	100%	87.5%	2.5	50.0%	90.0%	100%	100%	81.8%	6	
	Haematological	n/a	n/a	100%	93.3%	0.5	100%	100%	n/a	86.1%	2.5	100%	100%	100%	100%	88.2%	3	
	Head and neck	100%	n/a	n/a	100%	0	100%	100%	n/a	94.7%	0.5	100%	100%	n/a	n/a	95.7%	0.5	
	Lung	100%	100%	0.0%	93.3%	1	50.0%	n/a	100%	86.4%	1.5	75.0%	100%	60.0%	60.0%	90.4%	2.5	
	Sarcoma	n/a	n/a	n/a	n/a		n/a	n/a	n/a	0.0%	0.5	n/a	n/a	n/a	n/a	0.0%	0.5	
	Skin	100%	100%	100%	100%	0	85.7%	94.1%	n/a	97.3%	1.5	92.3%	96.7%	100%	100%	98.6%	1.5	
	Upper gastrointestinal	100%	100%	100%	96.0%	0.5	100%	100%	100%	93.3%	1	100%	100%	100%	100%	94.5%	1.5	
	Urological	85.7%	66.7%	100%	67.2%	9.5	100%	100%	85.7%	88.2%	6	92.0%	91.7%	88.9%	88.9%	80.6%	15.5	
	Urological (Testicular)	n/a	n/a	n/a	n/a		n/a	n/a	n/a	83.3%	1	n/a	n/a	n/a	n/a	83.3%	1	
	Site not stated	100%	100%	n/a	100%	0	n/a	n/a	n/a	n/a		100%	100%	n/a	n/a	100%	0	

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

West Middlesex commentary

Nursing Metrics Dashboard

Safe Nursing and Midwifery Staffing

Chelsea and Westminster NHS Foundation Trust

Ward Name	Day		Night	
	Average fill rate Registered Nurses	Average fill rate care staff	Average fill rate Registered Nurses	Average fill rate care staff
Maternity	79.6%	84.6%	72.9%	71.4%
Annie Zunz	79.6%	90.3%	103.2%	112.9%
Apollo	64.9%	83.9%	82.3%	54.2%
Jupiter	86.9%	43.2%	114.6%	48.4%
Mercury	74.6%	34.7%	73.8%	100.0%
Neptune	69.0%	80.4%	93.5%	80.6%
NICU	83.8%	-	83.8%	-
AAU	98.1%	95.0%	126.7%	106.5%
Nell Gwynne	101.7%	94.3%	153.8%	107.6%
David Erskine	89.2%	169.3%	97.8%	129.0%
Edgar Horne	98.4%	111.8%	108.6%	115.3%
Lord Wigram	116.3%	131.9%	134.4%	143.5%
St Mary Abbotts	97.5%	91.1%	109.7%	101.6%
David Evans	81.6%	79.2%	96.4%	90.4%
Chelsea Wing	85.8%	63.6%	100.0%	84.2%
Burns Unit	102.3%	66.3%	115.3%	103.2%
Ron Johnson	89.0%	155.2%	89.2%	122.6%
ICU	100.9%	62.1%	101.2%	-

West Middlesex University Hospital

Ward Name	Day		Night	
	Average fill rate Registered Nurses	Average fill rate care staff	Average fill rate Registered Nurses	Average fill rate care staff
Maternity	107.2%	94.2%	99.4%	98.1%
Lampton	116.1%	96.8%	98.9%	104.8%
Richmond	93.2%	106.6%	98.8%	120.0%
Syon 1	102.2%	114.6%	101.7%	117.7%
Syon 2	95.7%	129.7%	100.0%	127.4%
Starlight	110.6%	-	114.5%	-
Kew	111.0%	97.5%	97.8%	125.8%
Crane	121.4%	114.5%	113.9%	169.4%
Osterley 1	130.0%	105.4%	96.0%	198.6%
Osterley 2	119.0%	126.5%	101.6%	159.4%
MAU	94.4%	140.0%	108.7%	102.2%
CCU	99.2%	131.5%	100.1%	100.0%
Special Care Baby Unit	104.2%	100.0%	103.0%	100.0%
Marble Hill	111.2%	103.4%	111.7%	100.9%
ITU	94.4%	98.1%	95.0%	-

Summary for January 2016

The lower fill rates for paediatrics on the CWM site reflect reduced capacity during this period, all shifts were staffed safely. The lower fill rates on NICU represent the difficulties in staffing to the required level, all shifts were staffed safely and where this wasn't possible the unit was closed to admissions.

The high fill rates for care staff on both sites to some degree represent additional staff who were required to care for vulnerable, bariatric and mental health patients, although there are data capture issues which are yet to be resolved – these are currently being verified by the divisions

CQC Action Plan Dashboard

Chelsea and Westminster NHS Foundation Trust

Area	Total	Green (Fully complete)	Amber	Red
Trust-wide actions: Risk / Governance	17	17	-	-
Trust-wide actions: Learning disability	4	4	-	-
Trust-wide actions: Learning and development	14	14	-	-
Trust-wide actions: Medicines management	5	3	2	-
Trust-wide actions: End of life care	26	24	2	-
Emergency and Integrated Care	33	31	1	1
Planned Care	55	53	2	-
Women & Children, HIV & GUM	35	35	-	-
Total	189	181	7	1
December 2015 for comparison	189	178	10	1

Chelsea and Westminster commentary

Medicines: Regular medication audits & presentation to sisters & matrons

End if life care: C&W awaiting business case outcome re additional palliative care consultant. Local audit re care of the dying April 2016

Emergency Care: The outstanding amber rating relates to our inability to provide 16 hours consultant cover 7 days per week in EDept. The red rating relates to mental health patients being transferred to a mental health facility in a timely manner - we are in continuing discussions with our mental health partners.

Planned Care: The outstanding amber ratings relate to: discharges from ICU overnight and increasing the use of Choose and Book to national average or above

West Middlesex University Hospital

Area	Total	Complete	Green	Amber	Red
Must Have Should Do's	33	30	2	1	0
Children's & Young Peoples	32	26	5	1	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	9	19	4	0
Maternity & Gynae	22	16	6	0	0
Medical Care (inc Older People)	19	13	5	1	0
Surgery	26	25	1	0	0
Theatres	15	14	1	0	0
OPD & Diagnostic Imaging	14	6	8	0	0
Total	239	184	47	8	0
December position for comparison	239	181	49	8	1

West Middlesex Commentary

A Deep Dive into compliance with the must and should do actions has been completed during the last month with only 3 outstanding actions.
These outstanding actions include:

- consultant cover within the Emergency Department; the department now has 100 PA's of cover some of which is being provide through locum staff until substantive appointments are made
- consultant and senior nursing cover for end of life care, there are significant difficulties in recruiting to the additonal consultant and nursing posts
- Provision of information in alternative formats, we do have access to translation services but this is costly and not used as often as you would expect given local demographics, contact has been made with other Trusts to determine areas of good practice

Actions that are making slower progress than anticipated generally relate to either estate issues, wider health community provision (e.g. stroke beds) or are dependent on recruitment and job planning outcomes. The outstanding actions will be combined into one overall plan for on-going review.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Finance Dashboard

Month 10 (January) Integrated Position

Financial Position (£000's)

	Combined Trust			CW			WM		
	Plan to Date	Actual to Date	Var to Date	Plan to Date	Actual to Date	Var to Date	Plan to Date	Actual to Date	Var to Date
Income	404,787	411,129	6,342	332,955	336,642	3,687	71,833	74,487	2,654
Expenditure	(384,119)	(390,828)	(6,709)	(314,239)	(318,281)	(4,042)	(69,880)	(72,547)	(2,667)
EDITDA	20,668	20,301	(367)	18,716	18,361	(355)	1,953	1,940	(13)
EBITDA %	5.106%	4.938%	-0.17%	5.6%	5.5%	0.2%	2.7%	2.6%	-0.1%
Interest/Other Non OPEX	(2,969)	(2,443)	526	(757)	(631)	126	(2,212)	(1,811)	401
Depreciation	(13,323)	(12,948)	375	(11,172)	(10,708)	464	(2,151)	(2,240)	(89)
PDC Dividends	(10,408)	(10,557)	(149)	(9,517)	(9,666)	(149)	(891)	(891)	0
Surplus/(Deficit)	**(6,032)**	**(5,647)**	**385**	**(2,730)**	**(2,644)**	86	**(3,301)**	**(3,002)**	299

Comments RAG rating

In January CWFT (CW site and WM site) reported a £0.97m deficit, bringing the year to date deficit to £5.6m.

In Month - there is favourable variance of £0.26m

•CW Site - £0.4m adverse variance driven from high nursing costs and increased pressures related to bad debt provisions.

•WM - £0.7m favourable variance driven mainly related to over-performance in clinical income.

Year to date there is a favourable variance of £0.39m

•CW - £0.08m favourable against the plan, over-performance on clinical income and underspends in pay offsetting overspends in non-pay and shortfalls in private patient income

•WM -£0.3m favourable variance is mainly due to reduced non-operating costs

Forecast

The combined forecast is £11.2m deficit, in line with plan.

Risk rating (year to date) C&W only

FSRR	M9 Plan	M9 Actual
FSRR Rating	2	2

Comments RAG rating

The Overall FSRR rating for Month 10 is 2 (against a plan of 2).

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

Cost Improvement Programme (CIPs)

Site	In Month			Year to Date		
	Plan £'000	Actual £'000	Var £'000	Plan £'000	Actual £'000	Var £'000
CWFT	1,131	719	(413)	7,679	7,729	50
WMUH	687	1,446	759	5,811	5,315	(496)
Merger synergies	347	347	0	581	581	0
Trust Total	2,166	2,512	346	14,071	13,625	(446)

Comments RAG rating

CW Site - £0.41m adverse in Month 10 and YTD favourable £0.05m. This is mainly related to shortfalls in theatres, outpatients, pay controls, management structure, corporate back office and LOS.

WM Site - £0.76m favourable against the plan in month 10 and £0.5m adverse YTD. The YTD shortfall mainly relates to bed management, temporary staffing & recruitment, income opportunities and divisional CIPs. The current forecast expects that any under-performance is mitigated in the remaining months. This month the diagnostic demand scheme which was previously over-performing has worsened due to increased pathology costs, however the YTD continues to over-perform.

Merger synergies of £0.34m were achieved in month 10, and £0.58m YTD in line with the plan.

Cash Flow

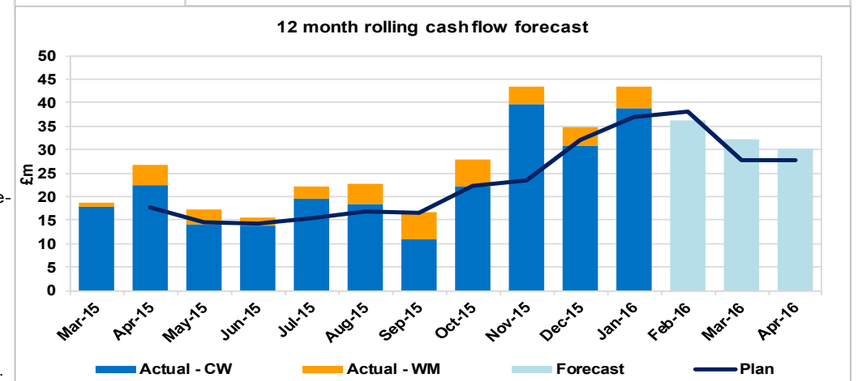
Comments RAG rating

CW site – The cash position for January was £38.88m.

WM site - The cash balance at January for WM was £4.65m.

Trust - The combined cash position for January was £43.53m, compared to plan of £37.05m. This is mainly due to re-phasing of capital projects into the final quarter of the financial year.

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



CQUIN Dashboard

West Middlesex University Hospital

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

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

National CQUINs

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

Regional CQUINs

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

Local CQUINs

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

West Middlesex commentary

The West Middlesex site specific CQUIN schemes continue to make progress. Evidence of achievement of Q3 milestones has been submitted and accepted by the CCG. Formal agreement regarding payment for performance is not yet concluded. The overall financial value of CQUIN projects remains on track to deliver within the forecast income target.

N1 & N2 The A&E department use of the standardised Sepsis screening tool is now embedded. Demonstrating improved timeliness of antibiotic administration at the more challenging standard of 95% in Q4 may prove difficult. Improvement in communication with GPs for patients with Acute Kidney Injury has been achieved ahead of the enabling IT development, and reached the required standard in December, although not for Q3 as a whole. Further improvement is expected when the IT system improvement is delivered during Q4.

N3 Medicine division have maintained the screening, response and referral protocols. Levels of Dementia and Delirium training were achieved to the required levels to all staff groups except doctors. External training support is being sourced to ensure that the required levels of staff are trained by the end of Q4.

N4 Urgent Care – The proportion of North West London patients staying over 21 days reduced in Q3 to 2.55%, compared to 3.01% in the third quarter last year and continued to fall in January. A&E all types performance has on average exceeded 95% for both Saturdays and Sundays in quarter 3 and continues to do so in Q4. A&E all types performance on Mondays remains challenged by unplanned increases in demand. Full performance of this scheme remains a risk.

R1 IT Schemes – design and implementation of each of these schemes is on or ahead of the timescale agreed with commissioners.

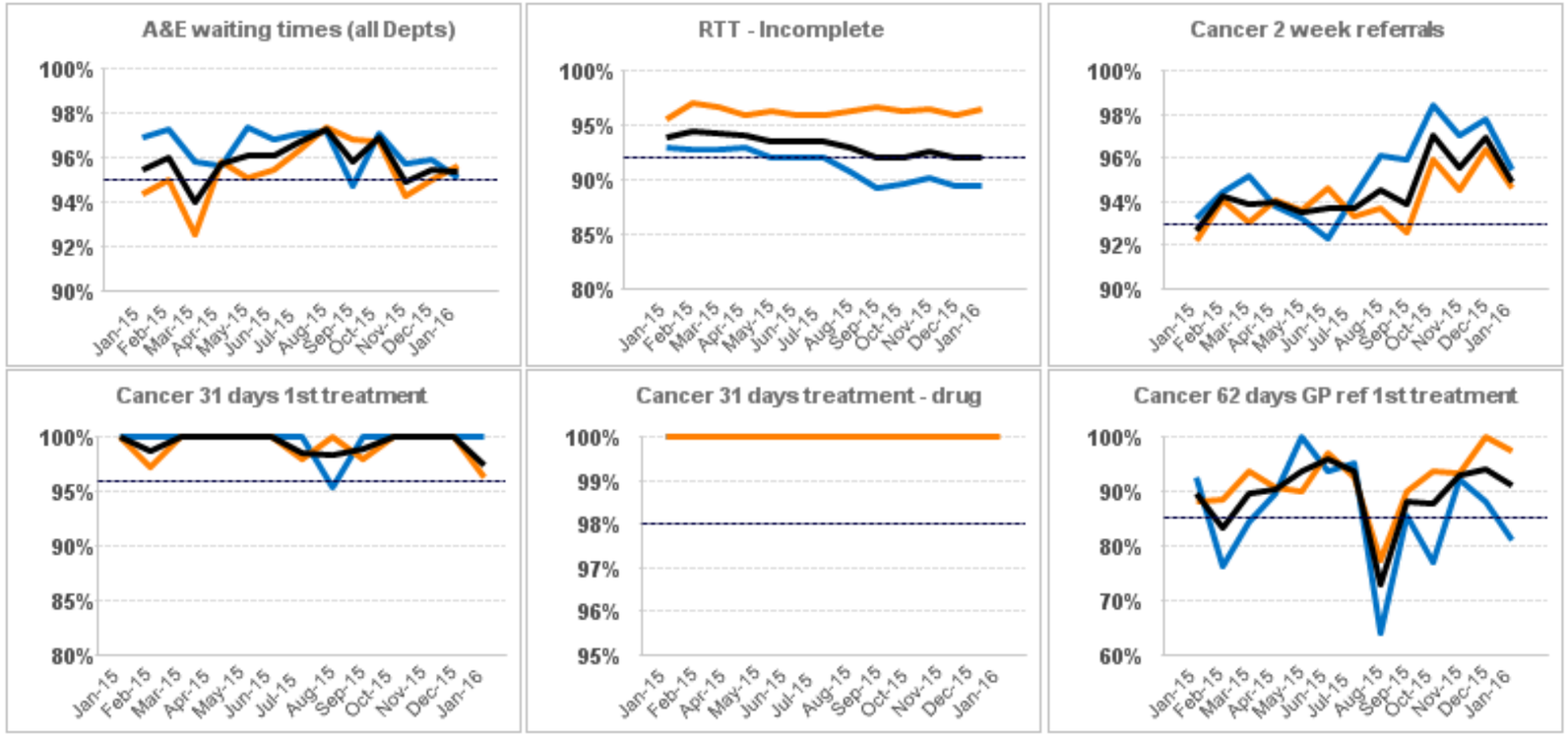
R2 The new Paediatric telephone clinic channel was successfully introduced in Q3 delivering the required volume of activity. Gastroenterology, T&O and Paediatrics have all maintained the required levels of referral triaging; Gynaecology and Urology failed to achieve the required volume in Q3. Non-face to face activity is also at the required levels in Gastroenterology, T&O and Paediatrics, and behind in Gynaecology and Urology. Remedial action is being taken in both specialties to recover Q4 performance.

R3 Therapy team working patterns have been altered to increase team presence on site and extend the working day, and additional Pharmacy resource has been appointed. Given the sample based approach to measurement, there will be some risk to delivery in the coming months and this is being carefully tracked in the relevant teams.

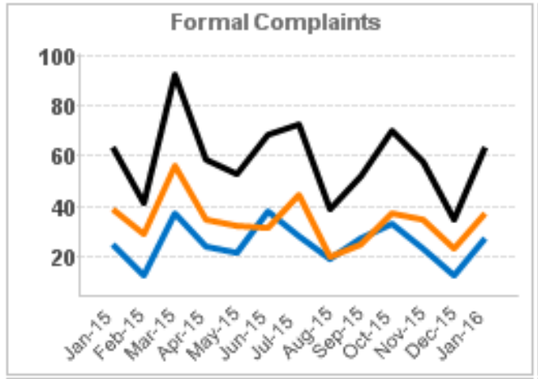
A total of £359k is at risk on CQUIN projects overall, which remains within the £500k assumed underperformance.

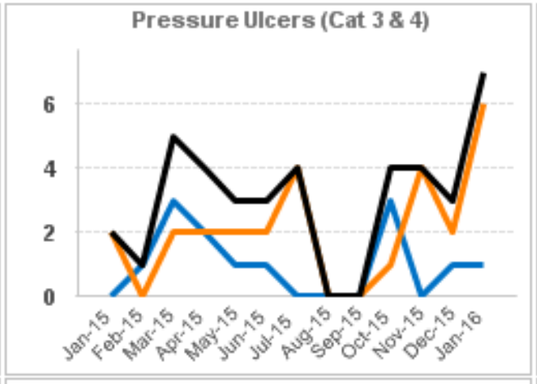
Regulatory Compliance

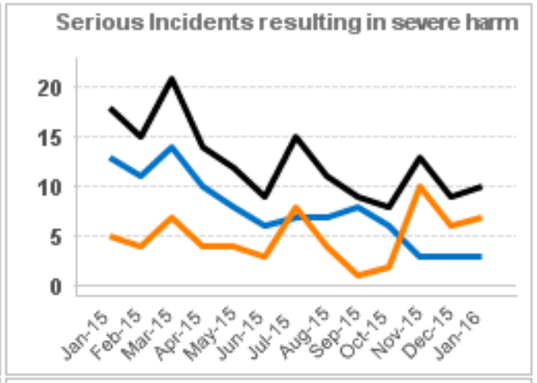
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined Trust data: last Quarter, YTD & 13m trend					
Indicator	Nov-15	Dec-15	Jan-16	Nov-15	Dec-15	Jan-16	Nov-15	Dec-15	Jan-16	Quarter	YTD	Trend
A&E waiting times - Types 1 & 3 Depts (Target: >95%)	95.7	95.9	95.1	94.3	95.0	95.6	94.9	95.4	95.4	95.4	96.0	
RTT - Incomplete (Target: >92%)	90.2	89.5	89.4	96.5	96.0	96.4	92.7	92.1	92.1	92.1	92.8	
Cancer 2 week urgent referrals (Target: >93%)	97.1	97.7	95.4	94.6	96.4	94.6	95.6	96.9	94.9	94.9	94.8	
Cancer 31 days first treatment (Target: >96%)	100	100	100	100	100	96.3	100	100	97.4	97.4	99.4	
Cancer 31 days treatment - Drug (Target: >98%)	n/a	100	n/a	100	n/a	100	100	100	100	100	100.0	
Cancer 31 days treatment - Surgery (Target: >94%)	n/a	n/a	n/a	100	100	100	100	100	100	100	100.0	
Cancer 31 days treatment - Radiotherapy (Target: >94%)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
Cancer 62 days GP ref to treatment (Target: >85%)	92.3	88.1	81.0	93.3	100	97.2	92.9	94.0	91.2	91.2	90.2	
Cancer 62 days NHS screening (Target: >90%)	n/a	n/a	n/a	100	100	100	100.0	100.0	100.0	100.0	94.1	
Clostridium difficile infections (Targets: CW: 7; WM: 9; Combined: 16)	0	0	0	1	0	2	1	0	2	2	9	
Self-certification against compliance for access to healthcare for people with LD	Comp	Comp	Comp	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	

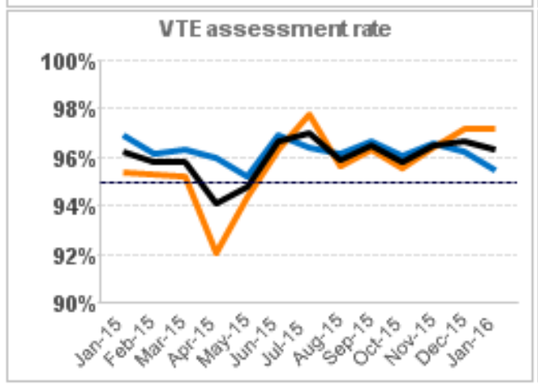


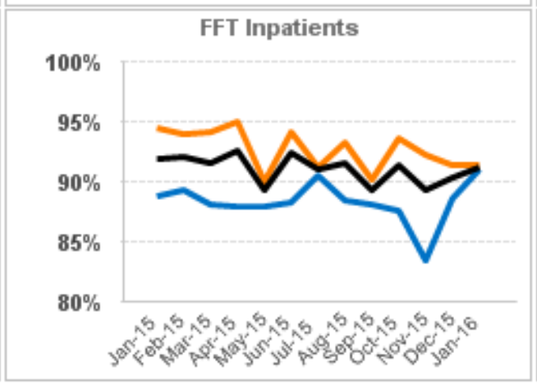
Quality												
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Nov-15	Dec-15	Jan-16	Nov-15	Dec-15	Jan-16	Nov-15	Dec-15	Jan-16	Quarter	YTD	Trend
Hand Hygiene (Target: >=90%)	94.3	95.9	95.3	99.8	99.3	99.5	96.6	98.9	97.0	97.0	97.9	
Pressure Ulcers (Cat 3 & 4)	0	1	1	4	2	6	4	3	7	7	32	
VTE assessment % (Target: >=95%)	96.6	96.2	95.5	96.4	97.2	97.2	96.5	96.7	96.3	96.3	96.0	
Formal complaints number received	23	12	27	35	23	37	58	35	64	64	572	
Formal complaints responded to <25days	10	6	10	20	13		30	19	10	10	366	
Serious Incidents	3	3	3	10	6	7	13	9	10	10	110	
Never Events (Target: 0)	0	0	0	0	0	0	0	0	0	0	2	
FFT - Inpatients recommend % (Target: >90%)	83.5	88.6	91.1	92.2	91.4	91.3	89.4	90.3	91.2	91.2	90.8	
FFT - A&E recommend % (Target: >90%)	86.7	87.6	86.4	85.1	89.9	87.4	86.5	88.0	86.6	86.6	87.4	
Falls causing serious harm	0	0	0				0	0	0	0	1	

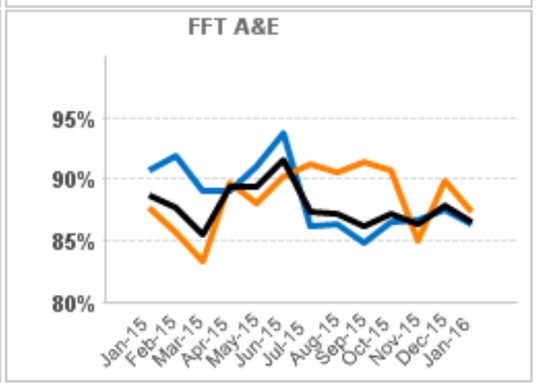






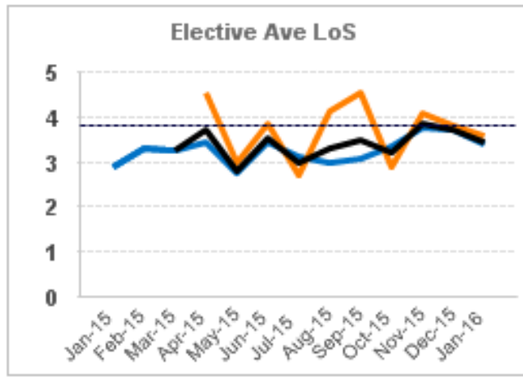


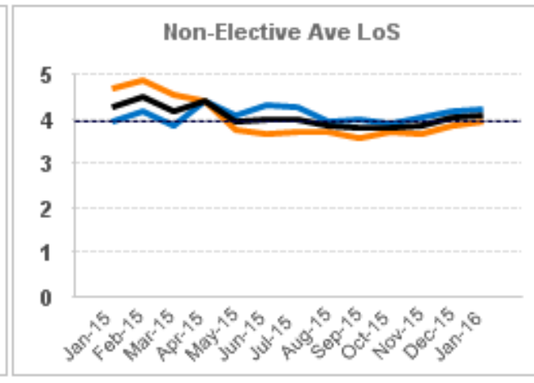


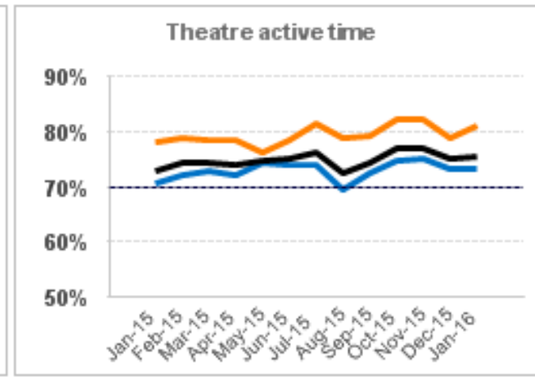


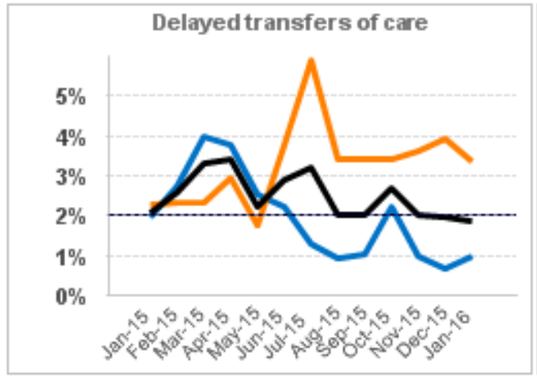
Efficiency

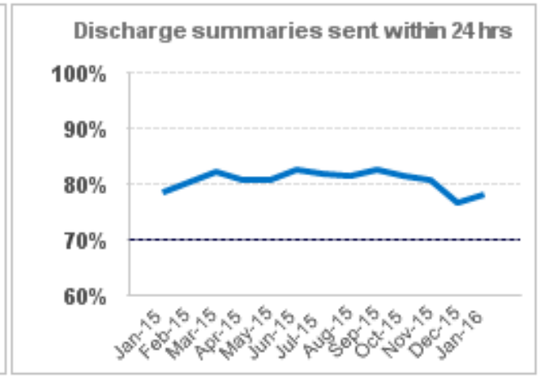
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Nov-15	Dec-15	Jan-16	Nov-15	Dec-15	Jan-16	Nov-15	Dec-15	Jan-16	Quarter	YTD	Trend
Elective average LoS (Target: <3.8)	3.8	3.7	3.4	4.1	3.8	3.6	3.9	3.7	3.4	3.4	3.4	
Non-Elective average LoS (Target: <3.95)	4.0	4.2	4.2	3.6	3.9	3.9	3.8	4.0	4.1	4.1	4.0	
Theatre active time (Target: >70%)	74.9	73.2	73.3	82.2	78.9	81.1	77.1	74.9	75.6	75.6	75.2	
Delayed transfers of care (Target: <2%)	1.01	0.68	0.98	3.61	3.96	3.34	2.00	1.94	1.85	1.85	2.43	
Discharge summaries sent within 24 hours (Target: >70%)	80.7	76.6	78.0	dev	dev	dev	80.7	76.6	78.0	78.0	80.7	
Outpatient DNA rates (Target: <11.1%)	10.8	12.0	10.6	10.7	10.4	10.6	10.8	11.4	10.6	10.6	11.1	
On the day cancelled operations not re-booked within 28 days (Target: 0)	0	0	0	0	0	0	0	0	0	0	14	

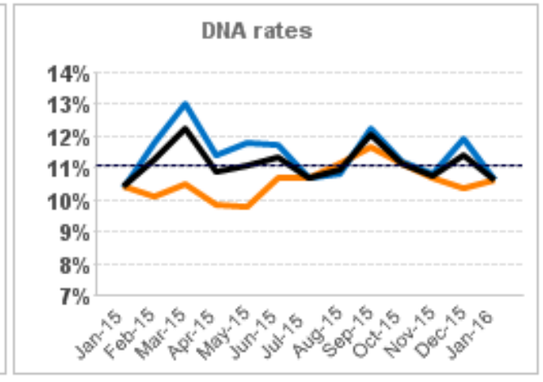






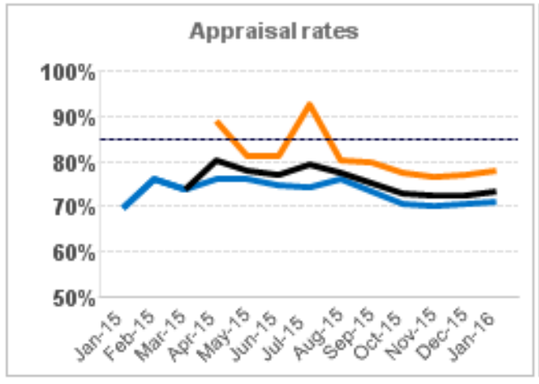


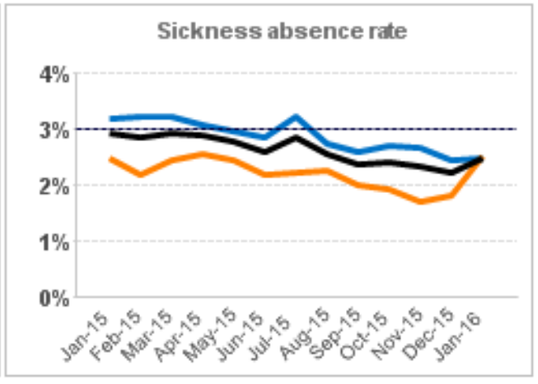


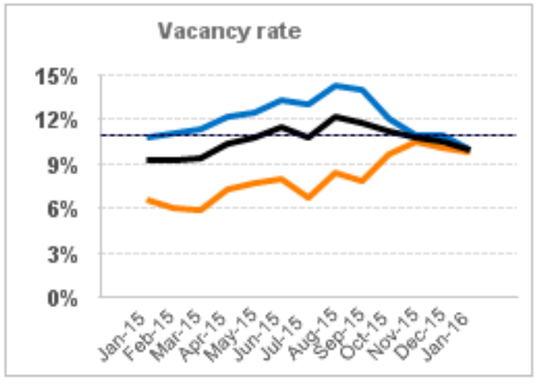


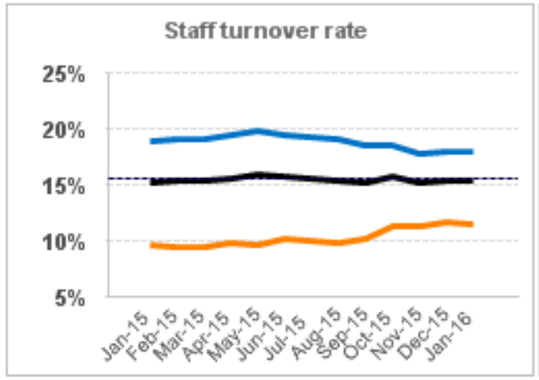
Workforce

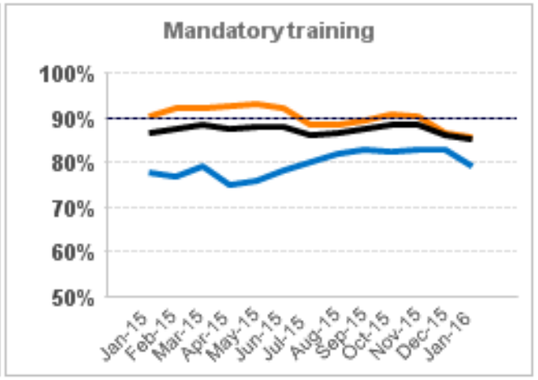
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Nov-15	Dec-15	Jan-16	Nov-15	Dec-15	Jan-16	Nov-15	Dec-15	Jan-16	Quarter	YTD	Trend
Appraisal rates (Target: >85%)	70.2	70.6	71.1	76.7	77.1	78.2	72.3	72.7	73.3	73.3	75.8	
Sickness absence rate (Target: <3%)	2.68	2.46	2.48	1.69	1.81	2.50	2.32	2.22	2.49	2.49	2.54	
Vacancy rates (Target: CW<12%; WM<10%)	10.9	10.9	10.0	10.5	10.1	9.7	10.7	10.6	9.9	9.9	9.9	
Turnover rate (Target: CW<18%; WM<11.5%)	17.8	17.9	17.9	11.3	11.6	11.5	15.3	15.5	15.4	15.4	15.4	
Mandatory training (Target: >90%)	83.0	82.8	79.2	90.4	86.8	85.9	88.2	86.3	85.0	85.0	86.8	
Bank and Agency spend (£ks)	£3,432	£2,501	£2,504	£1,588	£1,666	£1,542	£5,020	£4,167	£4,045	£4,045	£41,023	
Nursing & Midwifery: Agency % spend of total pay (Target: tbc)	10.5	9.7	7.9	12.1	13.0	11.5	11.1	11.0	9.3	9.3	10.6	

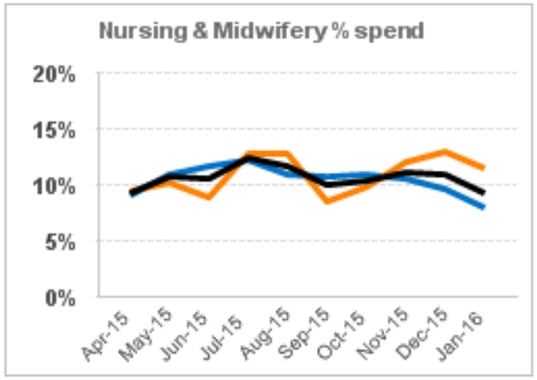












Board of Directors Meeting, 3 March 2016

PUBLIC

AGENDA ITEM NO.	9/Mar/16
REPORT NAME	Safeguarding Children Declaration
AUTHOR	Vanessa Sloane, Director of Nursing C&W site
LEAD	Elizabeth McManus, Chief Nurse
PURPOSE	CQC and Monitor requires NHS Trusts, FTs, and CCGs to publish a declaration on their websites on an annual basis to confirm they are satisfied appropriate safeguarding arrangements for children are in place.
SUMMARY OF REPORT	The annual declaration confirms that there are appropriate safeguarding arrangements for children at the Trust.
KEY RISKS ASSOCIATED:	N/A
FINANCIAL IMPLICATIONS	N/A
QUALITY IMPLICATIONS	N/A
EQUALITY & DIVERSITY IMPLICATIONS	N/A
LINK TO OBJECTIVES	Improve patient safety and clinical effectiveness Improve the patient experience
DECISION/ ACTION	For approval.

Safeguarding Children Declaration 2016
As Required by Care Quality Commission and Monitor

Chelsea and Westminster Hospital NHS Foundation Trust is fully committed to ensuring that all patients including children are cared for in a safe, secure and caring environment. As a result a number of safeguarding children arrangements are in place.

These include:

- Chelsea and Westminster Hospital NHS Foundation Trust meets statutory requirements with regard to the carrying out of Disclosure and Barring Service (DBS) checks – all staff employed at the Trust undergo a DBS check prior to employment and those working with children undergo an enhanced level of assessment.

- The Trust has a robust Training Strategy in place with regard to delivering safeguarding training to ensure that staff are trained to the appropriate level required for their role. The Trust reviews its training for safeguarding on an annual basis, including the review of training levels required for different staff groups.

- The Board of Directors receives an annual report on child safeguarding.

- The Trust has an audit plan for safeguarding for 2015/16 which is shared with the Local Safeguarding Children's Board (LSCB).

- The Trust's child safeguarding policies and systems are up-to-date and robust, including a process for following up children who miss outpatient appointments and a system for flagging children about whom there are safeguarding concerns.

- The Trust has named professionals who lead on issues in relation to safeguarding. They are clear about their roles, have sufficient time and receive relevant support and training to undertake their roles, which include close contact with other social care and healthcare organisations.

- The Trust has a named doctor, nurse, midwife and liaison health visitor on each site with responsibilities for child safeguarding:

Named Doctor:	Yannis Ioannou CW/ Anne Davies WM
Named Nurse:	Kathryn Moore CW/ Daisy Dholoo WM
Named Midwife:	Wendy Allen CW/ Tonie Neville WM
Named Liaison Health Visitor:	Kathryn Moore CW/ Kate Muggeridge WM

- The Chief Nurse is the Executive Director lead for safeguarding. The Director of Nursing Chelsea & Westminster Hospital chairs the Children's Safeguarding Board, as well as the annual joint Adult & Children's Safeguarding Board.

- The Trust is a member of the Tri-Borough Local Safeguarding Children's Board (LSCB), Richmond LSCB and Hounslow LSCB.

Board of Directors Meeting, 3 March 2016

PUBLIC

AGENDA ITEM NO.	11/Mar/16
REPORT NAME	Board of Directors Forward Plan – Public
AUTHOR	Thomas Lafferty, Director of Corporate & Legal Affairs
LEAD	Sir Thomas Hughes-Hallett, Chairman
PURPOSE	To maintain good governance.
SUMMARY OF REPORT	The forward plan lists all relevant meetings and refers to relevant documents expected to be submitted to the Board of Directors for their consideration.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	NA
LINK TO OBJECTIVES	All
DECISION/ ACTION	For information

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Forward Plan PUBLIC

	7 January 2016	3 March 2016	5 May 2016
Deep-Dive	Nil	Nil	Nil
Strategy	Nil	Nil	• Leadership Strategy
Performance	• Integrated Performance Report • E-Governance: Monitor In-Year Reporting & Monitoring Report Q3	• Integrated Performance Report	• Integrated Performance Report • Inpatient Survey Results • E-Governance: Monitor in Year Reporting & Monitoring Report Q4
Governance	• Register of Seals Report Q3	Nil	• Register of Seals Report Q4 • John's campaign
	7 July 2016	**1 September 2016**	**3 November 2016**
Deep-Dive	Nil	Nil	Nil
Strategy	Nil	Nil	Nil
Performance	• Integrated Performance Report • E – Governance: Monitor in Year Reporting & Monitoring report Q1	• Integrated Performance Report	• Integrated Performance Report • E – Governance: Monitor In-Year Reporting & Monitoring Report Q2
Governance	Nil	Nil	• Board future dates