Chelsea & Westminster Hospital NHS Foundation Trust

Board of Directors Meeting (PUBLIC SESSION) 01 September 2016

Room A, West Middlesex

01 September 2016 14:00 - 01 September 2016 16:00

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting (PUBLIC SESSION)
Location: Room A, West Middlesex
Date: Thursday, 1 September 2016
Time: 14.00 – 16.00

Agenda

		GENERAL BUSINESS		
14.00	1.	Welcome & Apologies for Absence Apologies received from Nilkunj Dodhia and Martin Lupton.	Verbal	Chairman
14.03	2.	Declarations of Interest	Verbal	Chairman
14.05	3.	Minutes of the Previous Meeting held on 7 July 2016	Report	Chairman
14.10	4.	Matters Arising & Board Action Log	Report	Chairman
14.15	5.	Chairman's Report	Verbal	Chairman
14.25	6.	Chief Executive's Report; *including a presentation marking the one year anniversary of the merger of Chelsea & Westminster and West Middlesex Hospitals*	Report/ Pres.	Chief Executive
14.45	7.	Patient Experience Case Study	Verbal	Director of Nursing
		QUALITY & TRUST PERFORMANCE		
15.15	8.	Serious Incidents Report	Report	Director of Nursing
15.25	9.	Integrated Performance Report	Report	Chief Operating Officer
		ITEMS FOR INFORMATION		
15.40	10.	Questions from Members of the Public	Verbal	Chairman
15.50	11.	Any Other Business	Verbal	Chairman
16.00	12.	Date of Next Meeting – 3 November 2016		

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Minutes of the Board of Directors (Public Session)
Held at 14.00 on 7 July 2016 in the Boardroom, Chelsea and Westminster Hospital

Present:	Jeremy Jensen	Non-Executive Director	(JJ)
	Nilkunj Dodhia	Non-Executive Director	(ND)
	Nick Gash	Non-Executive Director	(NG)
	Andrew Jones	Non-Executive Director	(AJ)
	Jeremy Loyd	Non-Executive Director	(JLo)
	Liz Shanahan	Non-Executive Director	(LS)
	Lesley Watts	Chief Executive	(LW)
	Karl Munslow-Ong	Deputy Chief Executive	(KMO)
	Zoe Penn	Medical Director	(ZP)
	Rob Hodgkiss	Chief Operating Officer	(RH)
	Richard Collins	Chief Information Officer	(RC)
	Thomas Lafferty	Director of Corporate & Legal Affairs	(TL)
	Pippa Nightingale	Director of Midwifery	(PN)
In Attendance:	Leigh Chislett	Clinic Manager, Dean Street	(LC)
	Virginia Massaro	Deputy Director of Finance	(VM)
	Adrian Kerr	Deputy Director of HR	(AK)
Apologies:	Sir Thomas Hughes-Hallett	Chairman	(THH)
	Eliza Hermann	Non-Executive Director	(EH)
	Sandra Easton	Chief Finance Officer	(SE)

1.	**Welcome and Apologies for Absence**
a.	JJ welcomed the Board and the members of the public in attendance to the meeting. He noted that he was chairing the meeting in the absence of the Chairman.
b.	The apologies for absence were noted.
2.	**Declarations of interest**
a.	AJ advised that he had recently been involved in Nuffield Health's purchasing of a number of Virgin Active gymnasiums within the locality.
3.	**Minutes of Previous Meeting: 5 May 2016**
a.	The minutes of the previous meeting were confirmed as a true and accurate record.
4.	**Matters arising and Board action log**
a.	The Board considered the matters arising from the last set of minutes and the corresponding Board action log.
b.	In relation to minute 6f, JJ noted the concern of the Finance & Investment Committee (FIC) as to the long-term sustainability of the Trust being able to respond to a steady increase in demand for A&E services. The Board

	noted that that this largely attributable to the ageing population and the associated increased acuity of patients at the time of presentation in A&E. JL said that there was a need for the Board to understand the Trust's demand and capacity modelling in greater detail and it was agreed that RH would produce the terms of reference for a 'Board deep dive' in this area. **ACTION: RH**
c.	In relation to minute 7f, KMO noted that 'patient menu tasting' had occurred at the recent Trust Open Day. After discussion, the Board agreed that it would seek the Council of Governors' view on whether further such tasting sessions would be beneficial. **ACTION: KMO**
d.	In relation to minute 8c, relating to the Trust being able to learn from best practice across the NHS, it was noted that LS and EH had recently met with their Non-Executive counterparts at Western Sussex Hospitals NHS Foundation Trust (WSFT) and that the Executive were planning to meet with colleagues at Frimley Health NHS Foundation Trust. Both Trusts had received 'Outstanding' assessments by the Care Quality Commission (CQC). LW advised that the learning from these engagements would be triangulated with the Trust's own internal learning systems in order to construct a Quality Improvement programme which would be brought to the Board in October. **ACTION: ZP/PN**
5.	**Chief Executive's Report**
a.	LW summarised the contents of her report, particularly focusing upon the following issues:
b.	LW noted that the Trust was continuing discussions with both Imperial College Healthcare NHS Trust (ICHT) and Kingston Hospital NHS Foundation Trust with regard to forming strategic partnerships which would look to share best practice, benchmarking information and also consider back-office synergies. This was in the context of the wider Sustainability & Transformation (STP) Plan for the region. In response to a question from NG, LW advised that the '30 June 2016 submission' of the emerging STP plan was not the final submission of the plan but a progress report. The final submission was due to be ready in September 2016.
c.	LW noted that, since the last Board meeting, Elizabeth McManus (EM) had left the Trust on secondment to act as the CEO of North Middlesex Hospital, part of the chain of Hospitals falling under the responsibility of the Royal Free London NHS Foundation Trust. The Board joined LW in congratulating EM on her achievements at the Trust, particularly her leadership of the Trust's acquisition of West Middlesex University Hospital NHS Trust. The Board wished EM well in her new role.
d.	LS noted that the report made reference to the Trust's statutory and mandatory training performance and advised as to the approach taken by WSFT to this area where compliance was now a 'formality', as opposed to a challenge. LW acknowledged this but said that it was necessary for the Trust to take firm action to recover its compliance position quickly and she was hopeful that, through doing so, this would also embed a positive and sustainable staff culture with regard to the importance of statutory and mandatory training.
e.	The Board welcomed the 'Team Brief' addendum to the report and asked that this be circulated to Board members on a monthly basis. **ACTION: LW**
6.	**Resetting Organisational Values**

a.	LW advised that the Trust was in the process of resetting its organisational values, considering the views held by staff, Governors and other stakeholders on the key behaviours that would help to define the Trust's identity. She noted that a Working Group had been established to progress this work and that a set of draft values would be circulated by September 2016.
b.	With regard to workforce behaviours, LW advised that the recent EU Referendum outcome had resulted in a small number of adverse incidents against non-UK nationals working within the Trust. LW emphasised the fact that this would not be accepted and that any staff member found engaging in such behaviour would be subject to a disciplinary process. Where patients conducted themselves in this way, the Trust would refer the patient back to their GP through its established processes.
c.	LW stressed the importance of any value-set being adopted at an 'individual level', with each member of staff taking pride in the care that they provided to patients. JL supported this approach and added that the set of values also needed to be unambiguous and clear so that all employees had clarity on their ethical responsibilities. NG noted that it was important for the Board itself to demonstrably exhibit the Trust's agreed value-set.
7.	**HIV Awareness**
a.	In presenting the item, LW said it was important that the Trust encouraged clinical staff to take accountability for the patient experience within their respective areas and to 'go the step further' in seeking to offer excellent patient care. The video presentation provided examples of how clinical staff dealing with the HIV/AIDS crisis in the 1980s had been able to this, despite the stigmatisation faced by AIDS sufferers at the time.
b.	The Board received the video presentation which had been compiled by LC. The Board noted that a significant proportion of the 'progressive thinking' relating to the treatment of HIV/AIDS was due to the efforts of previous members of Trust staff and that this association remained a proud part of the Trust's history. The Board endorsed the use of the patient-centric clinical ethos demonstrated within the video to inform the Trust's organisational values and identity.
8.	**Serious Incident Report**
a.	In presenting the report, PN summarised the trends and themes arising from recent Serious Incidents.
b.	PN advised that the incidence in pressure ulcers at the CW site remained higher than average and that reducing this remained a priority. NG noted that the Trust's Pressure Ulcer Action Plan had been scrutinised at the last Quality Committee meeting and that there was now assurance that performance in this regard was on an upwards trajectory. JJ asked whether the high number of pressure ulcer incidents was indicative of a care shortfall in the Trust's care of the elderly. PN explained that this was not the case as patients of any age could develop sores if appropriate preventative measures were not followed. In particular, she stressed the importance of patients at 'high risk' of developing pressure ulcers undergoing an objective and documented risk assessment at the time of admission onto a ward.
c.	PN stressed the importance of continuous clinical improvement, noting the two recent Trust developments that would facilitate this. Firstly, the Trust-wide rollout of the Datix system was allowing the improved triangulation of incidents, complaints and claims data which, in turn, clearly highlighted themes and trends which the Trust could take steps to address. Secondly, the Trust had now commenced its Ward Accreditation audit tool which sought to establish a 'quality baseline' for all ward areas and clinical departments

9.	**Integrated Performance Report**
a.	In presenting the report, RH advised that the Trust had achieved the 4-hour A&E target in May which was a considerable achievement given that no other London acute Trust had been able to accomplish this. He noted that the aggregate Referral-to-Treatment (RTT) standard had also been delivered by the Trust in the month and that he had recently appointed an RTT Project Manager to lead on the harmonisation of the patient waiting list process across both hospital sites. Whilst the Trust had achieved the 62-day cancer target in April, this was unlikely to be replicated in May due to problems in Urology associated with unanticipated staff sickness.
b.	JJ asked where the key inefficiencies were within the Trust with regard to patient pathways. RH said that Planned Care and, in particular, surgical services, was the key risk area due to a wide range of issues including data quality, HDU capacity and sickness absence. With regard to sickness absence within Urology, JL asked whether the Trust responded quickly enough to the absences. KMO confirmed that this was the case but that there was a national shortage of skilled Urologists which meant that 'covering' such absence was challenging.
c.	Moving forward, RH advised that he was keen to engage with senior clinicians with regard to performance outcomes, encouraging clinical ownership of performance. He cited the excellent work being led by Jason Smith, Consultant, with regard to the improvement of the Trust's fractured neck of femur patient pathway, as demonstrated at the last Quality Committee meeting.
d.	NG noted that the Trust's performance of emergency readmissions would be the subject to a 'deep dive review' at the next Quality Committee meeting and that the number of medication errors was the subject of a presentation from the Trust Chief Pharmacist at the last Committee meeting.
10.	**Questions from members of the public**
a.	Wendy Micklewright (WM), Governor, noted the discussion on Trust values and asked to the Board to ensure that these were focused on the delivery of patient-centred care. LW confirmed that the Trust would seek the input of patients and carers in formulating its values.
b.	Referencing the earlier video presentation, WM noted that the Trust had a considerable amount of clinical expertise in the treatment of HIV and asked whether Trust clinicians used this to benefit developing countries with a high rate of the virus. LW confirmed that the Trust's research into HIV/AIDS had helped to inform treatment and care for patients all over the world and that a number of the Trust's clinical leads in this area had delivered presentations internationally.
c.	Martin Lewis (ML), Governor, asked how the Trust would look to embed the authority of the Ward Sister. PN said that all ward sisters would be encouraged to take accountability for the standard of clinical care in their area and 'given permission' to delivery high quality care without being overly burdened by bureaucracy.
d.	Catherine Faulks (CF), Governor, asked what steps the Trust was taking to reassure its non-British EU staff in light of the EU Referendum outcome. LW said that, internally, the Trust was using various communication channels such as induction, Trust-wide CEO emails and Team Brief. However, the Trust would also be looking to recognise the achievements of EU staff through nominating them for awards. She added that NHS Providers was, on behalf of all provider organisations, currently liaising with central government in order to seek assurances with regard to the employment status of European NHS professionals amongst other issues of concern.
e.	Kush Kanodia (KK), Governor, asked whether there were any other risks to the Trust associated with the EU

	Referendum outcome, citing the example of their being a threat to EU funding for critical research projects. JJ noted that the true extent of post-Referendum risk to the NHS was currently unclear but that this was a national dilemma that the Trust Board would continue to monitor, taking all necessary action to address emerging risk. Julia Anderson (JA), Governor, confirmed that Imperial College was currently considering options relating to the diversification of its sources of research funding as a result of the Referendum.
11.	**Any other business**
a.	NG reported that he had recently attended a 'Freedom to Speak Up' event hosted by Sir Robert Francis that aimed to support Trusts in implementing the new Freedom to Speak Up guidelines, including the appointment of a Freedom to Speak Up Guardian. The Guardian role would act as an independent and objective recipient of staff concerns. He confirmed that, as the named Non-Executive for whistleblowing, he would be meeting with TL and Vanessa Sloane to progress the Trust's approach to this. JJ noted the importance of whistleblowing systems in providing 'early warning' to Boards of key risks and areas of concern.
b.	JJ urged RC to take steps to improve the reliability of WiFi internet connectivity within the Hospital. RC gave assurance that all clinical areas that were dependent upon WiFi had access to their own independent networks. He agreed to review the current arrangements in place for public WiFi service provision. **ACTION: RC**
12.	**Date of Next Meeting** – 1 September 2016

The meeting closed at 15.45 hours

Trust Board 7 July 2016 Public – Action Log

Minute number	Agreed Action	Current Status	Lead
4.b	Matters arising Produce the terms of reference for a 'Board deep dive' in the area of Trust's demand and capacity modelling for A&E services.	Verbal update at meeting.	**RH**
4.c	Seek the Council of Governors' view on whether in addition to 'patient menu tasting' that occurred at the June Trust Open Day further tasting sessions would be beneficial.	This will be covered under matters arising at the 22/9 Council of Governors' meeting.	**KMO**
4.d	Quality Improvement programme – incorporating learning best practice within the NHS	The Quality Committee has, to date, received a comprehensive report on learning from Western Sussex Hospitals NHS Foundation Trust (WSFT). The Executive Team will be visiting Frimley Health NHS Foundation Trust on 12/9. The learning from both sessions will be embedded within the Trust's quality plans.	**ZP/PN**
5.e	Chief Executive's Report Circulate the 'Team Brief' to Board members on a monthly basis.	Complete.	**LW**
11.b	Review the current arrangements in place for public WiFi service provision.	Verbal update at meeting.	**RC/KMO**

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 1 September

PUBLIC

AGENDA ITEM NO.	6/Sep/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	Appended to this paper is the following: • **Appendix 1:** Presentation slides marking the one year anniversary of the merger of Chelsea & Westminster and West Middlesex Hospitals; • **Appendix 2:** NHS Providers Circular; • **Appendix 3:** August Team Brief. Board members are invited to ask questions on the content of the report.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	This paper is submitted for the Board's information.

Chief Executive's Report
July 2016

1.0 STRATEGIC DEVELOPMENTS

1.1 Marking the One Year Anniversary of the Merged Organisation

On 1 September 2015, Chelsea and Westminster Hospital NHS Foundation Trust acquired West Middlesex University Hospital NHS Trust, creating a major, multi-site acute hospital provider and teaching organisation; providing care for almost one million people and generating in excess of £500m revenue.

Today's Board meeting occurs on the anniversary of this significant milestone in the Trust's history and, to this end, the Trust's Director of Strategy will deliver a presentation highlighting the key clinical, financial and operational achievements of the past 12 months, as well as reflecting on lessons learned and the impacts of the merger upon our patients and staff.

1.2 Sector-wide Developments and 'Brexit'

The Executive Team have been considering how best to ensure that the Trust is on the 'front foot' in responding to sector-wide national developments and an internal framework is being developed to this end. To this paper, I have attached the latest circular from NHS Providers which showcases the Department of Health's revised ministerial team.

In addition, another key issue which is continuing to dominate national discussions within the NHS is the impact of the EU Referendum outcome on the health service. Whilst the ultimate impact of 'Brexit' upon the NHS will remain uncertain for the foreseeable future, all NHS providers have been advised to commence discussions on how the specific nature of the risks posed are likely to affect services and what mitigation can be put into place to guard against this. Indeed, the uncertainty in itself presents a material source of risk.

The King's Fund issued a briefing paper in June 2016 that focused upon the five key areas of significance for the NHS in light of the 'Brexit' vote:

1. Staffing
2. Access to Services
3. Regulation
4. Cross-Border Competition
5. Funding & Finance

Over the weeks ahead, the Executive Team will be considering the extent to which any of the national risks associated with each of these areas may impact directly on the business operations of the Trust.

1.3 Sustainability & Transformation (STP)

On 30 June, the checkpoint plan of NW London's STP was submitted to NHS England. This plan is now available to view on the Healthier NW London website. The key messages included in the STP are:

- The vision for NW London involves 'flipping' the historic approach to managing care; turning a reactive, increasingly acute-based model on its head, to one where patients take more control, supported by an integrated system which proactively manages care with the default position being to provide this care in areas close to people's homes, wherever possible;
- The development of 9 Priorities for NW London which will transform our regional health system;
- From these priorities, the identification of 5 Delivery Areas that need to be delivered at scale and pace across NW London.

NHS NW London are in the process of developing a Joint Health and Care Transformation Group which will have representation from across local government and health, including commissioners, providers and patient

representatives. The purpose of this group will be to oversee the development of the STP and its delivery and its first meeting will take place in late September.

As part of its engagement activity, NHS WW London are planning to hold public meetings, co-hosted by NHS and local councils where possible, in each borough in September to discuss the STP and the latest dates are set out below:

Ealing	20 September
Hammersmith & Fulham	21 September (TBC)
Hounslow	27 September
Kensington & Chelsea	14 September

1.4 Charitable Funds: Moving Forward

At the Private Board session later today, the Board will be asked to approve an application to the Department of Health to create a new Hospital charity, independent from Secretary of State Oversight. The application will be jointly made with CW+ and will aim to consolidate all of the charitable assets held by CW+ and within the West Middlesex University Hospital Charitable Fund.

The new entity will be led by a Trustee Board comprising a number of CWFT Board members. As part of a reciprocal arrangement, the CW+ Chief Executive, Chris Cheney, will become a member of the CWFT Executive Team. Moving forward, the new governance arrangements for the charity will allow for close strategic alignment between the two organisations and provide the necessary freedoms for the new charity in supporting the delivery of excellent healthcare services for our patients.

1.5 Governor Away-Day & Trust Values

Throughout 2015-2016, the organisation has made substantial progress in defining its Quality Strategy, Clinical Services Strategy and supporting strategies relating to the Trust estate, IT and workforce.

The next key step is to consider and define the values that will underpin our approach to strategic implementation and I am delighted that we will have the opportunity to work this through with our Council of Governors at the forthcoming Governors-Board Away Day on 15 September 2016. This session will be informed by the outputs of an internal 'Ways of Working' group which has now been running for a number of weeks and by guest clinical presentations on the Trust's vision for the development of clinical services.

2.0 PERFORMANCE

2.1 Single Oversight Framework

NHS Improvement (NHSI) has recently concluded its consultation on the new 'Single Oversight Framework'. The Single Oversight Framework seeks to establish a unified approach to the regulatory oversight of Foundation Trusts and NHS Trusts in the context of the 5 Year Forward Plan. Notwithstanding this, the legal regulatory basis underpinning FTs (e.g. FT Licence requirements) and NHS Trusts will remain unchanged.

NHSI have emphasised their intended 'supportive' approach to future NHS regulation. The Framework proposes that NHSI oversee five distinct areas where providers may require support:

1. **Quality**- Using CQC inspection outcomes + a range of other quality indicators (very similar to those included in CQC's own *Intelligent Monitoring Report*);

2. **Use of Resources**- Uses a 1-4 scoring system for each one of seven distinct financial metrics:

- Capital service capacity
- Liquidity
- EBITDA
- Change in Cost per Weighted Activity Unit *(in shadow form only in 2016/17, not used in compiling performance score)*
- Capital controls *(in shadow form only in 2016/17, not used in compiling performance score)*
- Distance from Control Total/Financial Plan
- Agency Spend *(in shadow form only in 2016/17, not used in compiling performance score)*

Providers' average score will provide their overall score and will indicate whether concerns are triggered: Concerns will be triggered if a provider averages between 3-4 or if any of the metrics generate a 4 in their own right.

3. **Operational Performance**- Very similar to current targets embedded within Monitor's Risk Assurance Framework and the NHS Constitution (e.g. 4-Hour A&E, 18 weeks);

   A concern may be triggered if a provider fails to achieve a standard for two consecutive months.

4. **Strategic Change**- Considers extent to which providers are working with local partners in addressing local challenges, including contribution/delivery of STPs. There is separate guidance on the approach that NHSI expect providers to take to this.

5. **Leadership & Improvement Capability**- Focuses on Board Governance, the CQC's 'well-led' assessment and the use of data/data quality.

Based upon its oversight of the five areas listed above, NHSI will segment the provider sector into four categories:

4	3	2	1
Critical Issues	**Serious Issues**	**Emerging Concerns**	**No Evident Concerns**
- NHSI Support **mandated** **-** At least monthly reporting	- NHSI Support **mandated** **-** Monthly reporting	- NHSI targeted/universal support **optional** - Monthly reporting	- NHSI universal support **optional** **-** Less than monthly reporting

The Trust has provided its comments on the proposed framework as part of the consultation process and awaits formal confirmation from the Regulator as to how the organisation will be categorised under the new arrangements.

2.2 Operational Performance

I am delighted to be able to report that the Trust delivered all of the national operational performance targets embedded within the NHS Constitution (e.g. 4-hour A&E access target, 18 weeks Referral-to-Treatment target) in the month of July 2016.

In respect of financial performance, in July (Month 4) the Trust is reporting a £0.95m surplus which is adverse to the plan by £0.05m. The YTD position is a £2.87m surplus, which is favourable against the plan by £0.03m.

Expenditure with the month was higher than plan on both sites. This is driven by increased A&E activity leading to more emergency admissions and critical care. Despite the increase in emergency admissions, elective work has remained high, especially in day cases (Dermatology, Gastroenterology and Pain Management). Outpatient procedures in Cardiology, Dermatology and Gynaecology are key areas of income over performance.

A more detailed assessment of performance can be found within the Integrated Performance and Quality Report.

2.3 Closure of Church Street

Over the past few months, there has been a degree of local debate with regard to the London Borough of Hounslow's decision to close Church Street in Isleworth, Middlesex. The road has, in the past, been used as a secondary access

point for the West Middlesex University Hospital site. I recognise that local people have strong views on this issue, both for and against the closure.

The Trust's initial risk assessment was that the closure would cause minimal operational impact on account of the fact that primary access to the Hospital is via Twickenham Road. This has proved to be in the case in reality and, objectively assessed, there has been minimal operational impact to the site. In addition, there have only been a limited number of representations made to the Trust by members of staff and patients/visitors concerning the closure.

However, the Trust continues to keep the impact of the closure under review and will duly escalate any concerns that arise to the Council. To this end, the Trust has maintained a regular dialogue with the Head of Traffic and Transport at the Council. The Trust has also participated in the Local Government Ombudsman's independent review of the Council's decision.

The Trust will shortly be publishing a statement on its website to this extent.

3.0 PEOPLE

3.1 2016 Staff Awards

This year's annual staff awards programme – our first as an integrated organisation – has seen 700 nominations, double the number of nominations received in 2015. Judging has now taken place and all individuals and teams that have been shortlisted have now been invited to the awards ceremony which will be taking place on Wednesday 28 September at Chelsea Football Club. The shortlist is available from the website.

3.2 West Middlesex Open Day

The West Middlesex University Hospital Open Day will take place on 12 September, running from 11.00 – 15.00. Following our successful recruitment of 18 band 5 nurses at the Chelsea and Westminster Hospital Open Day, the theme of the day will continue to be 'recruitment' and will centre on activities to help attract more people to the organisation. We will also have stands showcasing our services, tours, live music and entertainment for all the family. So do encourage your friends, families and colleagues to come along on the day.

4.0 PATIENT EXPERIENCE

4.1 Positive Feedback

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

In the meantime, on a monthly basis, I continue to receive extremely positive feedback from patients directly and I have provided two examples of recent correspondence below, the first relating to the care provided at our satellite sexual health clinic in St. Helier, the other at the West Middlesex site:

"I wanted to tell you how much I appreciated a member of staff (working within Sexual Health Services)….She helped me navigate my way through the various tests and medication brilliantly and explained the process in a clear and understandable way…She is non-judgmental, caring and kind…She is extremely good at her job and is an asset to the team"

"I am writing a letter to commend your staff working at Syon 1 Ward and in the ITU Department…I wanted to say a huge thank you to everyone involved (in my brother's care). His management and care was exemplary…the people who cared for him made a difference and their treatment, kindness, care and support deserves to be recognised.

I wanted to thank the doctors whom we met along the way who played an integral part in my brother's care and were exceptional. They all demonstrated good knowledge, communication skills, safety and we trusted their care throughout my brother's admission.

The staff on Syon 1 Ward are the perfect example of a good multidisciplinary team. They listened, were efficient, escalate appropriately, were well organised, empathetic to us and had a good team spirit"

Lesley Watts
Chief Executive Officer
August 2016

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Our New Organisation: One Year On
Post-integration update for Board

Key achievements and progress update

Zoe Penn
Medical Director

Dominic Conlin
Director of Strategy and Business Development

One Year On: The post-integration picture

- On 1 September 2015, Chelsea and Westminster Hospital NHS Foundation Trust and West Middlesex University Hospital NHS Trust formally joined forces

- Together, the two comprise a major, multi-site north west London healthcare provider and teaching hospital of nearly 1,000 beds, providing care for almost one million people and generating in excess of £500m revenue:
  - We manage A&E services on both sites for approx 280,00 attendances a year which makes us one of the top 10 largest providers in the NHS
  - The expanded Trust has the second largest maternity unit in London, supporting approximately 11,000 births each year and is one of the largest paediatric centres, managing nearly 20,000 admissions annually

- The integration of the two standalone organisations has also meant that the Trust can continue to offer a depth and breadth of healthcare services that not only encompasses core acute provision but also:
  - Scale and expertise for patients requiring more complex or specialist treatment
  - Lays the foundations for integrated care for the population

Key achievements in our first 12 months

- **Patient experience:** In March the Trust was shortlisted by the national Friends and Family Test awards; emerging picture on the national survey shows an improved position against previous year
- **Staff engagement:** The results of the NHS staff survey were published in March. Staff engagement score at both sites had improved; in respect of the score at West Mid DH reported a statistically significant improvement
- **Developing culture, values and leadership:** Prior to integration, a huge effort was made to start building the clinical community and to embed clinical leadership. This was a key enabler to cementing the new clinical and operational structures which went live in January.

The evidence base demonstrates that these are key leading indicators to improved clinical outcomes

Key achievements

- **Finance:** Despite turbulence across the NHS the Trust met post-integration financial targets and met its 2015/16 financial plan

- **Performance:** The Trust met national operating standards for A&E four hour waits, 18 weeks Referral to Treatment (RTT) targets and cancer access standards – making it one of the best performers in London and across the NHS

- **Corporate synergies:** Corporate costs were reduced by moving to a single set of management arrangements, which achieved a planned saving of £1.3m

- **2016/17:** This excellent performance has continued. At the FT's Q1 review with NHS Improvement, our regulator told us that we were the only Trust in London with no STF (finance & performance) red flags

Benefits Delivery

- **Clinical developments:**
- A key principle of the integration was to develop services and improve access for local people. This is set out in the 5 year Integration Transformation Programme

- In year 1 the flagship development has been met with the approval and development of a new cardiac catheter laboratory due to open in September

- Other year 1 benefits of the scale and expertise of the new organisation include:
  - Surgical Assessment Unit at WMUH
  - FT wide rotas (eg NICU to better match patient need with staff expertise)
  - Provision of Fetal Medicine service at WMUH
  - New sexual health centre at 10 Hammersmith Broadway
  - Founding membership of Health of the Population partnerships to support integrated care in Richmond and in Hammersmith & Fulham

Clinical Benefits Next Steps

Benefit	How measured
Safer Care	Inpatient medication errors could be reduced by 1400 across the trust every year. Some of which are likely to have resulted in harm and additional bed days. Through significant technological advances, such as a new Electronic Patient Record system, support to both hospitals in implementing the latest guidelines on clinical care and safety will deliver safer care to our patients
Higher Quality Care through a larger clinical organisation	This scale is projected to improve clinical outcomes, with particular emphasis on surgical and procedural based specialties
Higher- quality care through shared best practices	Standardisation, using the best in clinical practices and high quality services from each site as a template, provides the opportunity to drive improvements in clinical outcomes and quality of patient care
Higher-quality care through the addition of new services	Adding new services will improve clinical outcomes in specific service lines and enable patients to receive best practice care.
More innovative care	Patients will have greater access to high-quality, leading research programmes within the organisation, which will encourage innovation and improved quality of care for patients both locally and at a global level. To achieve this the CWFT research and development strategy will: • Build on access to a wider populations base and emerging relationships with Accountable Care Groups. • Include a service line component for Research and Innovation in annual business planning.

Integration and Transformation programme – other benefits

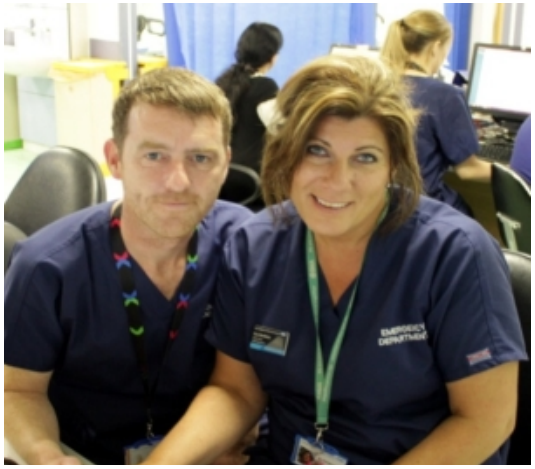
- **Patients** – improved access, experience and patient advocacy. We have significantly extended our membership and successfully appointed to all new Governor roles

- **Staff** – increasing retention and satisfaction; offering a career structure and the opportunities for development
- Emerging leadership and LD opportunities

- **Compliance** – meeting expectations for all mandatory indicators and targets

- **Financial** – delivery of £122.4m savings and contributing to a sustainable and effective provider landscape. In 2016/7 the FT is projecting a £3m surplus.

Lessons learnt



Our successes

- **Culture** – to date have seen the benefit of pre integration Clinical Summits and the development of a shared vision of the future in the speed of establishing new leadership and structures and the support of wider teams and staff in maintaining services to patients.

- **Perfect Day** has provided opportunity for leadership or FT to bette connect with the service

- **Operational efficiency and effectiveness** – continued delivery of national targets has been a major achievement but on which requires ongoing focus and effort

- **Regulator assurance** – NHS Improvement has reviewed the progress of the Post Transaction Integration Plan and has indicated approval and high levels of assurance. It has continued to triangulate our performance against its standard KPI's

Lessons learnt

Our challenges

- **Communications** – engaging with all of the necessary people during integration required significantly more resource than initially thought and is now under review

- **Information technology** – there has been some slippage with the challenge of establishing clinical engagement during the process of restructuring

- **Major projects** – these have not all progressed at the pace initially envisaged, however in most cases this has been due to displacement by more immediate priorities such as financial efficiencies

- **Impact on BAU –** the impact of Operational and support structures has been delivered but not always at pace and with risks of loss of focus

Closing comments and questions

- Overall the Trust has made excellent progress post-integration, including the delivery of early benefits around establishing cross-site teams, single governance structures and harnessing the enthusiasm and extraordinary efforts of our staff

- As we celebrate our first birthday there is recognition that we have only taken the first steps on this journey and executive support for the Integration and Transformation programme remains strong, with clear responsibilities and accountability, robust leadership, as well as the scrutiny provided by the Trust Board, commissioning partners and colleagues across the health and care landscape

Any questions?

CABINET AND MINISTERIAL APPOINTMENTS –JULY 2016

This briefing for NHS Providers' members sets out an overview of the cabinet appointed by the Prime Minister, Theresa May following her appointment on 13 July 2016. It also provides details of ministerial appointments in the Department of Health, the Treasury, the Department of Communities and Local Government and the Cabinet Office.

NHS Providers will be engaging with the new Department of Health ministerial team to ensure that they are aware of the most pressing issues for providers of NHS services. NHS Providers is an apolitical body and will continue to work with all of the main political parties to represent members' views.

1. CABINET APPOINTMENTS

Cabinet ministers	
Prime Minister	The Rt Hon. Theresa May MP
Chancellor of the Exchequer	The Rt Hon. Philip Hammond MP
Secretary of State for Foreign and Commonwealth Affairs	The Rt Hon. Boris Johnson MP
Secretary of State for the Home Department	The Rt Hon. Amber Rudd MP
Secretary of State for Exiting the European Union	The Rt Hon. David Davis MP
Secretary of State for Defence	The Rt Hon. Michael Fallon MP
Secretary of State for International Trade	The Rt Hon. Dr Liam Fox MP
Lord Chancellor, Secretary of State for Justice	The Rt Hon. Elizabeth Truss MP
Secretary of State for Education, Minister for Women and Equalities	The Rt Hon. Justine Greening MP
Secretary of State for Health	The Rt Hon. Jeremy Hunt MP
Secretary of State for Work and Pensions	The Rt Hon. Damian Green MP
Leader of the House of Commons, Lord President of the Council	The Rt Hon. David Lidington MP
Secretary of State for Business, Energy and Industrial Strategy	The Rt Hon. Greg Clark MP
Secretary of State for Environment, Food and Rural Affairs	The Rt Hon. Andrea Leadsom MP
Secretary of State for International Development	The Rt Hon. Priti Patel MP
Secretary of State for Scotland	The Rt Hon. David Mundell MP
Secretary of State for Wales	The Rt Hon. Alun Cairns MP
Secretary of State for Northern Ireland	The Rt Hon. James Brokenshire MP
Secretary of State for Communities and Local Government	The Rt Hon. Sajid Javid MP
Secretary of State for Transport	The Rt Hon. Chris Grayling MP
Secretary of State for Culture, Media and Sport	The Rt Hon. Karen Bradley MP
Chancellor of the Duchy of Lancaster, Minister of State for Government Policy	The Rt Hon. Patrick McLoughlin MP
Leader of the House of Lord and Lord Privy Seal	The Rt Hon. The Baroness Evans of Bowes Park PC

Also attending cabinet meetings	
Chief Whip in the House of Commons Parliamentary Secretary to the Treasury	The Rt Hon. Gavin Williamson MP
Chief Secretary to the Treasury	The Rt Hon. David Gauke MP
Attorney General	The Rt Hon. Jeremy Wright QC MP
Minister for the Cabinet Office Paymaster General	Ben Gummer MP
Minister of State at the Foreign and Commonwealth Office, PM's special representative on preventing sexual violence in conflict	The Rt Hon Baroness Anelay of St Johns DBE

2. DEPARTMENT OF HEALTH MINISTERIAL TEAM

Rt Hon Jeremy Hunt MP

Secretary of state for health

Philip Dunne MP

Minister of State for Health

Portfolio TBC

Lord Prior

Parliamentary Under Secretary of State for NHS Productivity

Nicola Blackwood MP

Parliamentary under secretary of state for health

Portfolio TBC

David Mowat MP

Parliamentary under secretary of state for health

Portfolio TBC

Departures from the Department of Health

- **Ben Gummer MP,** previously Parliamentary under secretary of state for care quality becomes **Minister for the Cabinet Office and Paymaster General**
- **Jane Ellison MP,** previously parliamentary under secretary of state for health becomes **Financial Secretary to the Treasury**
- **Rt Hon Alistair Burt MP, previously minister of state for community and social care,** returns to the backbenches following his announcement of his decision to step down in early July.
- **George Freeman MP,** previously parliamentary under secretary of state for life science and innovation becomes **Chair of the Prime Minister's policy board at Number 10.**

Biographies of incoming health ministers

Please note that specific portfolio responsibilities have not yet been assigned to new ministers at the Department of Health.

Contact: Amy McGregor, senior public affairs officer, amy.mcgregor@nhsproviders.org

Philip Dunne MP, minister of state for health

MP for Ludlow since 2005, 18,929 majority

Parliamentary career

- Minister of state for defence procurement, 2015-16.
- Parliamentary under-secretary of state for defence equipment, support and technology, 2012-15.
- Assistant government whip, 2010-12.
- Opposition whip, 2008-10.
- Former member of select committees on: work and pensions, public accounts, treasury.

Background

- Schooled at Eton before going on to study philosophy, politics and economics at Oxford.
- Mr Dunne went on to a career of merchant banking and established a chain of bookshops, Ottakar's and has held directorships in several companies, some of which he has retained while in parliament.
- Served on South Shropshire District Council between 2001and 2007 and led the minority Conservative group for two years. He worked for the Conservative Party during the 2001 campaign.
- Mr Dunne expressed Eurosceptic beliefs earlier in his parliamentary career, calling for the repatriation of powers from Brussels. In the campaign ahead of the June 2016 election, however, he supported Remain stating " While the EU is not perfect, I am convinced that Britain will be stronger, safer and better off by remaining".
- In the 2005 Conservative leadership contest Mr Dunne supported David Cameron. In the 2016 contest he supported Stephen Crabb.
- Mr Dunne describes himself as a "one-nation" Conservative, to the left of the party on social issues, to the right economically. He supports civil partnerships but opposes same-sex marriage. He voted against the smoking ban, and against reducing the time limit for abortion.
- Dunne has a strong interest in diabetes, having a daughter with the condition from early childhood, and was a director of the Junior Diabetes Research Foundation until 2005.

Secretary of State for Health, Jeremy Hunt, today tweeted to Mr Dunne: "*so pleased to have you with us. Big job to do supporting our hospitals to become the safest in the world.*"

Nicola Blackwood MP, Parliamentary under secretary of state for health

MP for Oxford West and Abingdon since 2010, majority of 9,582

Parliamentary career

- Chair, science and technology select committee, 2015-16.
- Parliamentary private secretary to Matthew Hancock as minister of state for: skills and enterprise (2013-14); business and enterprise and energy and climate change (2014-15).
- Past member of home affairs and liaison select committees.
- Chair of the women, peace and security all-party parliamentary group.

Background

- Ms Blackwood was born in South Africa. Her father, a doctor, and her mother, a nurse, moved to the UK when Ms Blackwood was a baby following her father's clashes with the apartheid regime over his support for the rights of black people.

Contact: Amy McGregor, senior public affairs officer, amy.mcgregor@nhsproviders.org

- Ms Blackwood was home schooled, due to suffering from severe ME. She went on to study music at Cambridge and subsequently to study for DPhil in musicology at Oxford. While studying she undertook voluntary projects in Rwanda, Mozambique and Bangladesh, before working as a parliamentary researcher to Rt Hon Andrew Mitchell MP and at the Conservative Campaign Headquarters during the 2005 election.
- Blackwood campaigned for Remain during the June 2016 referendum, based on arguments relating to jobs and security, particularly relating to "lifesaving research, key R&D jobs and science and tech start-ups".
- In 2015, Ms Blackwood increased her majority from just 176 to almost 10,000.
- Ms Blackwood has spoken in parliament on a number of occasions on the need for improved support for those with mental health problems in terms of health, policing and welfare services. She has also raised the issue of her local trust having to increase its spend on agency staff due to difficulties in recruiting permanent staff because of local housing affordability.
- Ms Blackwood supported Theresa May within the 2016 Conservative leadership contest.

Upon her appointment Ms Blackwood tweeted "*Delighted to be appointed as Minister in @DHgovuk. I'll miss superb @CommonsSTC team a lot but will keep fighting for science & innovation*" In response to her tweet, Jeremy Hunt tweeted: "*delighted to welcome you to @DHgovuk. Fantastic to have someone with your expertise in science & innovation on the team"*

David Mowat MP, Parliamentary under secretary of state for health

MP for Warrington South since 2010, majority of 2,750

Parliamentary career

- Member of public accounts select committee, 2015-16 and Scottish affairs select committee 2010-12.
- Parliamentary private secretary to Greg Clark as: financial secretary 2012-13; minister of state for cities and constitution, 2013-14; and, universities, science and cities, 2014-15.

Background

- Mr Mowat was born in the Midlands and attended Lawrence Sherriff Grammar School in Rugby before studying civil engineering at Imperial College.
- He went on to qualify as a chartered accountant, working for Accenture for 24 years before entering politics.
- Councillor, Macclesfield Borough Council 2007-8.
- Mr Mowat focused his maiden speech on measures to increase social mobility and has supported same-sex marriage.
- On health issues, Mr Mowat has been involved in a number of recent public accounts committee inquiries including on improving access to mental health services and supply of clinical workforce. In July 2015 ON NHS workforce, for the UK to train and recruit more doctors.
- Mr Mowat campaigned for the UK to remain in the EU however went on to support Andrea Leadsom, a Leave campaigner, in the Conservative leadership contest.

Upon David Mowatt's appointment, Jeremy Hunt tweeted: "*Great to have you on board. Lots to be done to transform community care as our population ages."*

3. OTHER CHANGES

Due to the wide ranging changes to government ministers across all departments, MPs on a number of select committees with which NHS Providers works closely will change, including the health select committee and the public accounts committee. As and when new membership of these committees is confirmed, NHS Providers will work to engage with the relevant additional appointments.

4. OTHER NOTABLE APPOINTMENTS

The Rt Hon Phillip Hammond MP, Chancellor of the Exchequer

MP for Runnymede and Weybridge, majority of 22,134

Parliamentary career:

- Foreign secretary, 2014-2016
- Defence secretary 2011-14
- Transport secretary 2010-2011
- Held a range of shadow secretary and ministerial roles between 1998 and 2010

Responsibilities cover:

- Fiscal policy (including the presenting of the annual Budget)
- Monetary policy, setting inflation targets

Mr Hammond, has confirmed that there will be no emergency Budget, meaning that it will not be until the Autumn Statement that the Government will set out its forward plan for the economy, with "those plans will be implemented in the Budget in the spring in the usual way".

Hammond has also confirmed that his predecessor's deficit reduction plan will be abandoned, stating that the economy "will require a different set of parameters to measure success" as it will now change. The Chancellor also suggested that although reducing the deficit was an on going task "looking at how and when and at what pace we [reduce the deficit] and how we measure our progress in doing that is something that we now need to consider in light of the new circumstances that the economy is facing"

Hammond has praised the Governor of the Bank of England, Mark Carney, for doing and "excellent job" and has indicated that he would take time over the summer to review with Carney how to tackle the what's the Chancellor has described as "chilling effect" of the referendum outcome on the economy.

David Gauke, chief secretary to the Treasury

MP for South West Hertfordshire, majority of 23,236

Parliamentary career

- Financial Secretary 2014-16
- Shadow Exchequer Secretary to the Treasury 2007-10

Responsible for:

- Public expenditure including:
  - spending reviews and strategic planning
  - in-year spending control
  - public sector pay and pensions

Contact: Amy McGregor, senior public affairs officer, amy.mcgregor@nhsproviders.org

- Annually Managed Expenditure (AME) and welfare reform
- efficiency and value for money in public service
- procurement
- capital investment

- Infrastructure deals
- Treasury interest in devolution to Scotland, Wales and Northern Ireland

Mr Gauke voted for the UK to remain in the EU, despite being against closer integration of the union. He said the consequences of leaving would be uncertain but the worries for the UK's businesses and trade are considerable.

Sajid Javid, Secretary of State for Communities and Local Government

MP for Bromsgrove, majority of 16,529

Parliamentary career

- Business secretary, 2015-16
- Culture media and sport secretary, 2014-15
- Minister for equalities, 2014
- Financial secretary, 2013-14

Mr Javid has gained a focus on devolution from his role as business secretary. In February 2016 he announced the joint consultation on devolving powers to extend Sunday trading hours to local areas.

He has spoken with enthusiasm about devolution deals being granted: "not simply devolution; it is a revolution in the way England is governed".

As business secretary, he passed the Enterprise Act which includes provisions to pave the way for better information sharing between local government and the valuation office in regard to business rates.

Team briefing

August 2016

All managers should brief their team(s) on the key issues highlighted in this document within a week.

HERE AND NOW

Performance update
The A&E waiting time target for June and for the first quarter was achieved on both sites but July has been particularly challenging in order to achieve this target. The referral to treatment incomplete target was achieved in June. We reported seven patients who were waiting longer than 52 weeks from referral - all have treatment plans and none have come to any harm as a result of this delay. We did not achieve the 62 Day GP Referral Cancer standard on either site in May. An action plan is in place to address the issues impacting on the urology pathway and we are speaking with commissioners about rising referral volumes which are affecting our performance both for RTT and cancer. There have been five reportable *C Difficile* infections. It's important that we achieve national targets as it means the care we provide is in line with national standards for patients and additional funding to further improve care will not be made available if we are non-compliant.

Finance update
We are just about meeting our financial plan in June but, on a daily basis, we continue to spend more than we earn and as a result planned investments to services will be delayed. We all have to work even harder to save on discretionary spend so that we achieve our savings target of £27.6m.

Temporary Staffing Policies
The booking of temporary staff should always be a last resort and should always be guided by what's best for our patients. In order to reduce increasing spend in these areas by using our existing workforce better, the Executive Board has approved procedures for the booking of temporary staffing in the following areas:

- Admin and clerical
- Medical
- Nursing

All staff are required to follow the procedures set out in these documents, which are available on the intranet. Any breaches of procedure will be reported to the relevant division/department for action.

Consultant job planning
We are standardising consultant job plans across the Trust in order to make sure there is an equitable and transparent process to align the work of consultants with the current needs of patients, as well as supporting activities including research and the teaching of other clinical staff. For more information on our approach please read the Consultant Job Planning Policy and Procedure on the intranet.

Junior doctors contract update
The government have indicated that they are expecting implementation of the new Junior Doctor contract although the timetable for the introduction of the new rotas to start has now been moved to December 2016. We are pleased to have appointed a Guardian of Safe Working, Dr Rashmi Kaushal, who will oversee the new rotas to ensure compliance with the terms of the new contract. We are working with the Local Negotiating Committee of the BMA on this issue.

Clinical innovations fellows
Five new clinical Fellows will start during August and September. They are roughly aligned with transformation projects in the Divisions but will also develop new ways of us being able to engage with our junior doctor body who are a central part of the care of our patients 24 hours a day. We also hope to be able to train a new group of doctors in quality improvement methodology and involve them more closely in the running of the organisation.

Interim senior nursing leadership arrangements
Pippa Nightingale and Vanessa Sloane are jointly covering the post of Director of Nursing on an interim basis. Pippa will be responsible for quality, patient experience and clinical governance. Vanessa will be responsible for divisional nursing, safeguarding, regulation and learning and development.

Administration Improvement Programme consultation update
Thanks to all staff that have already provided their feedback on the proposed operating models detailed in the consultation document, either in person at the group sessions or by email. The deadline for responses is Thursday 18 August so make sure you provide your feedback by this date.

Annual Members' Meeting
Over 100 people attended the July Annual Members' Meeting where the 2015/16 Annual Report and Accounts was presented. Feedback was particularly positive about the clinical presentations so thanks to Jason Smith and Shashank Patil for showcasing developments in the Surgical Assessment Unit at WMUH and A&E at CW.

Complaints update
Complaints, both formal and informal, have gone live on Datix with all clinical areas able to directly access formal complaints. We are now working hard to improve the compliance of responding to complaints. The most common theme from complaints is communication. All staff are reminded that every patient contact counts and we all have a part to play in improving patient communication.

Clinical Compliance Group
The Clinical Compliance Group, which is chaired by Chief Pharmacist Deirdre Linnard and reports through to the Board Quality Committee, aims to provide a central assurance forum overseeing all aspects of Trust clinical compliance with legislation and regulation.

A key standing item for the Group is the 'Calendar of External Inspections' which will help to ensure that the organisation is fully prepared for any external assessment. Any member of staff that is aware of an external assessment/review/inspection taking place within their area in the coming months should notify katey.hewitt@chelwest.nhs.uk

Ward accreditation scheme
The Ward Accreditation of all clinical areas has begun with 6 wards assessed so far. All clinical areas will be assessed in the next 3 months and the themes from the assessments will be used to support improvements. Well done to Annie Zunz, David Evans and Mercury wards who are our highest achievers so far, scoring Silver in their assessment. Some learning from the assessments so far is around the raising of concerns – please make sure that you read the Raising Concerns Policy on the intranet.

Recent *emergency planning* exercises
Over the past two months we have carried out two *emergency planning* exercises to test our preparations for hospital lockdown during the scenario of an abducted baby and during the scenario of contaminated patients arriving at hospital. It is important and expected that we regularly test our procedures - thanks to all staff that took part in the exercises. The Major Incident Plan has been developed with the clinical and operational teams across all sites and will be presented at the September Team Briefings.

NOW AND IN THE FUTURE

Values update
We want all staff to be proud of what they can do in the organisation and the contribution they make. The steering group has met and will now be working with eight test sites to draft communications and ways of working on the values that have been identified to ensure that these values work for them and their area. The sites are across both main hospitals and satellite areas and include a range of clinical and corporate areas. Once the testing has completed, feedback will be given to the group and then presented to the Executive board and Governors in September.

Perfect Day
We held our fourth 'Perfect Day' on 28 July with our staff covering shifts that would otherwise have been filled by costly agency staffing. The next planned Perfect Day will be on Thursday 25 August. We expect managers to plan now how they can release team members to support on the day.

Cardiology service developments
Building work is progressing rapidly for the new Cardiology Catheter Lab at WMUH. This will greatly enhance the current cardiology services provided at the hospital and bring a number of benefits to patients, as well as their family and friends. The first phase, due to be operational by the end of the September, will see a new on-site cardiac diagnostic service. The second phase will be for cardiac interventional procedures and is expected to be up and running by early 2017. This investment in cardiac services helps meet a key health need within the local population and will provide better outcomes and experience for patients, as they will receive expert treatment quickly and closer to home. If you are interested in joining the new clinical team please contact: lorna.gibson@chelwest.nhs.uk

Staff Awards 2016— raffle now open!
Earlier this month we were delighted to launch our flagship annual staff awards where we recognise and celebrate the very best examples of our teams going the extra mile to care for our patients. Nominations have now closed and the shortlist will be announced soon but, as part of the awards ceremony, we want to give staff who are not shortlisted for an award an opportunity to come along and celebrate with those colleagues who have been nominated and will be holding a raffle open to those staff not shortlisted. If you are compliant with your mandatory and statutory training and appraisals, please complete the intranet form to be included in the raffle. The closing date to apply to be part of the raffle is 9am Wednesday 17 August.

WMUH nursing recruitment update
The recruitment and retention team held a nursing recruitment morning on Saturday 9 July and out of the 10 candidates who attended, six were recruited for elderly care and the AMU. The next big recruitment event will take place at the WMUH Open Day.

WMUH Open Day Saturday 24 September 11am-3pm
The theme this year is 'Recruitment' and the day will centre on activities to help attract more people to the organisation. We will also have stands showcasing our services, tours, live music and entertainment for all the family. So do encourage your friends, families and colleagues to come on along! For further information please contact communications@wmuh.nhs.uk

Introduction to coaching
The Trust is offering staff a fantastic opportunity to become internal coaches. You will be trained by qualified and experienced coaches and develop a range of skills. In return you must commit to provide at least one hour of coaching once a month for six months and attend three CPD events and two supervision events per year.

Launch sessions (for further information) are on:
- Wednesday 7 September, 1–2pm at CW
- Friday 16 September, 1–2pm at WMUH

Please contact Harpreet Aulakh in Corporate Learning and Development at Harpreet.Aulakh1@chelwest.nhs.uk.

Intranet improvements
Recently you will have seen some changes to the look and feel of the intranet which is based on direct user feedback. The homepage in particular has been enhanced so that it is easier to use and more accessible for all staff. The intranet will continue to evolve this year with a number of exciting and interactive developments planned. If you have any ideas on how to make your intranet even better please do get in touch by emailing communications@wmuh.nhs.uk

EPR procurement update
The rigorous procurement for the new Electronic Patient Record continues with the full business case presented to the Finance and Investment Committee last month and to the Trust Board for final approval in September 2016. Once we approve the provider of this system, we will move quickly to begin the implementation of this solution and a number of clinical and operational roles will be back-filled through the implementation to ensure that our staff lead the transformation and success of this programme. More information and a high level implementation timeline is available by contacting Jennifer.dunne@chelwest.nhs.uk.

September 2016 team briefing dates
- Monday 5 September 11am-12pm, WMUH Meeting Room A
- Tuesday 6 September 9am-10am, HY G2 Offices
- Tuesday 6 September 11am-12pm CW+ MediCinema

Board of Directors Meeting, 1 September 2016

PUBLIC

AGENDA ITEM NO.	8/Sep/16
REPORT NAME	Serious Incident Report
AUTHOR	Shân Jones – Director Quality Improvement
LEAD	Pippa Nightingale – Director of Midwifery
PURPOSE	The purpose of this report is to provide the Trust Board with assurance that serious incidents are being reported and investigated in a timely manner and that lessons learned are shared.
SUMMARY OF REPORT	This report provides the organisation with an update of all Serious Incidents (SIs) including Never Events reported by Chelsea and Westminster Hospital NHS Foundation Trust (CWFT) since 1st April 2016. A verbal update on progress with outstanding actions will be provided at the meeting.
KEY RISKS ASSOCIATED	• Pressure Ulcers remain the highest reported incident although has been a reduction on the same period last year. • Communication and documentation features as a cause in a number of investigations
FINANCIAL IMPLICATIONS	N/A
QUALITY IMPLICATIONS	• In some investigations no care or service delivery problems are identified but there are still lessons to be learnt.
EQUALITY & DIVERSITY IMPLICATIONS	N/A
LINK TO OBJECTIVES	• Excel in providing high quality, efficient clinical services • Create an environment for learning, discovery and innovation
DECISION/ ACTION	The Committee is asked to note and discuss the content of the report.

SERIOUS INCIDENTS REPORT
Trust Board – September 1st 2016

1.0 Introduction

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

2.0 Never Events

Never Events are defined as '*serious largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers*'. There were two Never Events reported in June 2016 (Wrong prosthesis-Intra ocular lens and an incorrect tooth extraction) both at the Chelsea and Westminster site. Both investigations remain on-going. However, the investigation into the wrong prosthesis has deemed that this may not be classified as a Never Event as it appears the correct lens was implanted. De-escalation will be requested on submission of the final report. The second one, incorrect tooth extraction, was not originally reported as a Never Event this, on advice from NHS England has been upgraded to a Never Event Classification.
The Trust (CWFT) reported 4 'Never Events' in 2015/16 all on the C&W site. 2 wrong prosthesis, and 2 retained swabs following vaginal delivery. There is an open action relating to 'National Safety Standards for Invasive Procedures' where the nationally stipulated deadline is September 2016. The Trust is on target to meet this deadline.

3.0 SIs submitted to CWHHE and reported on STEIS

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

Table 1

STEIS No.	Date reported	Date of incident	Incident Type (STEIS Category)	External Deadline	Date SI report	Site
2016/13086	13/05/201	09/05/20	Treatment delay meeting SI	08/08/20	27/07/201	WM
2016/10970	22/04/201	07/04/20	Slips/trips/falls meeting SI	19/07/20	19/07/201	WM
2016/10288	15/04/201	19/03/20	Pressure ulcer meeting SI	12/07/20	12/07/201	WM
2016/10954	22/04/201 6	12/01/20 16	Diagnostic incident including delay meeting SI criteria (including failure to act on test	19/07/20 16	19/07/201 6	WM
2016/11174	25/04/201 6	20/04/20 16	Maternity/Obstetric incident meeting SI criteria mother only	20/07/20 16	13/07/201 6	WM
2016/10964	22/04/201	21/04/20	Pressure ulcer meeting SI	19/07/20	15/07/201	WM
2016/11668	29/04/201 6	27/04/20 16	Maternity/Obstetric incident meeting SI criteria: baby	26/07/20 16	15/07/201 6	WM

2016/10800	20/04/2016	13/04/2016	Maternity/Obstetric incident meeting SI criteria mother only	18/07/2016	18/07/2016	CW
2016/11170	25/04/2016	11/04/2016	Sub-optimal care of the deteriorating patient meeting SI criteria	20/07/2016	19/07/2016	CW
2016/11048	22/04/2016	20/04/2016	Medication incident meeting SI criteria	19/07/2016	15/07/2016	CW
2016/12278	05/05/201	29/04/20	Pressure ulcer meeting SI	29/07/20	25/07/201	CW

Table 2 shows the number of incidents reported on StEIS (Strategic Executive Information System), on both sites, in August 2016. The Trust reported 9 SIs. Chelsea & Westminster reported 3 SIs and West Middlesex reported 6.

Table 2

Details of incidents reported	WM	C&W	Total
Apparent/actual/suspected self-inflicted harm meeting SI criteria	1		1
Pressure ulcer meeting SI criteria	4		4
Slips/trips/falls meeting SI criteria		1	1
Sub-optimal care of the deteriorating patient meeting SI criteria	1	1	2
Surgical/invasive procedure incident meeting SI criteria		1	1
Grand Total	**6**	**3**	**9**

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

Chart 1 Incidents reported at WM YTD 2016/17

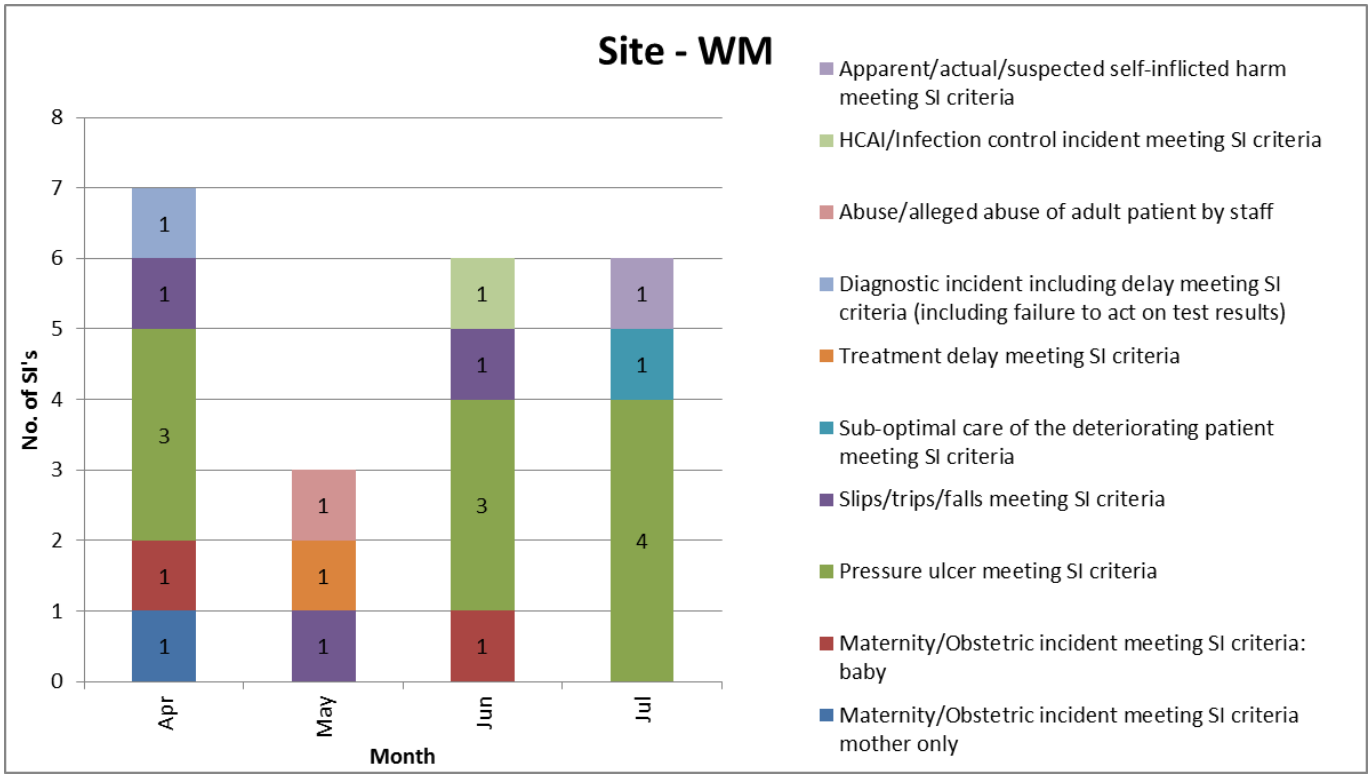
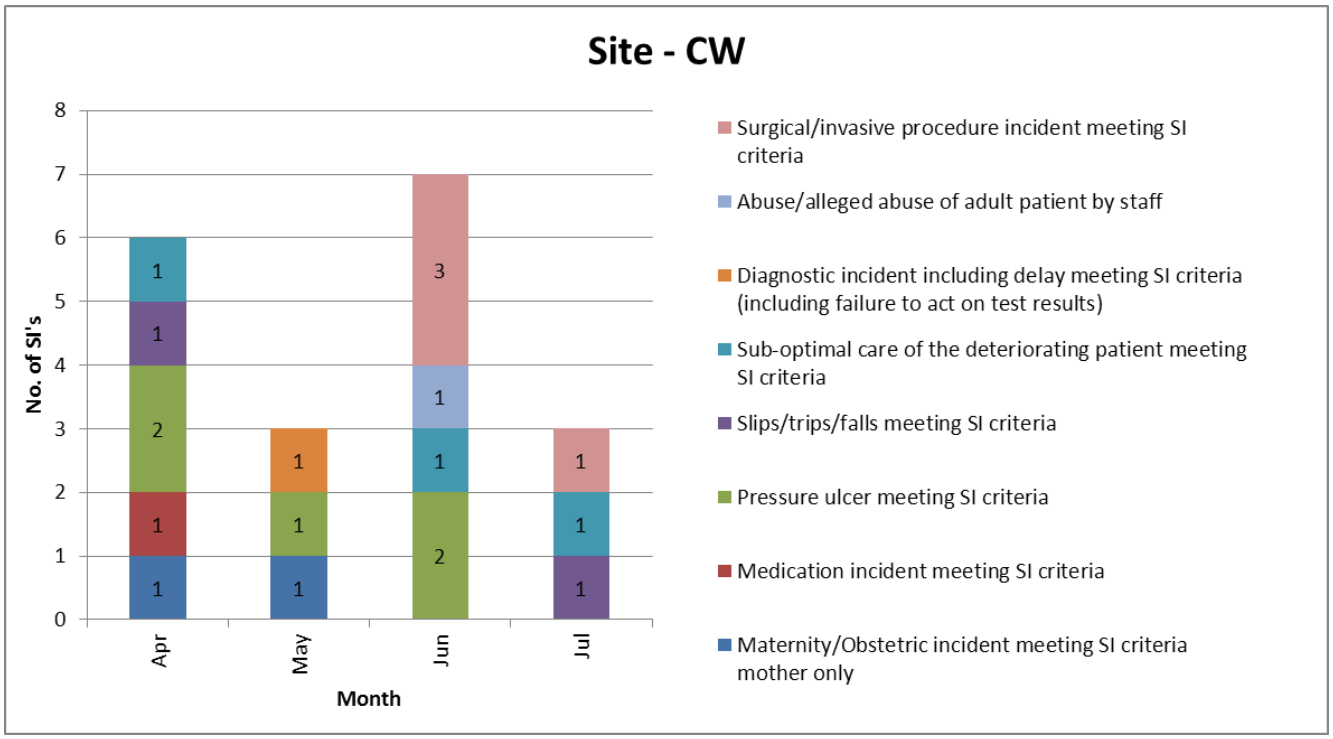


Chart 2 Incidents reported at CW YTD 2016/17



There was a decrease in the number of SIs reported in July 2016 (9) compared to the number reported in July 2015 (15). The reported number of hospital acquired pressure ulcers in the month of July declined from 8 in 2015 to 4 in 2016 although it is noted that all were on the West Middlesex site.

There was also a decrease in the number of SIs reported in July 2016 (9) compared to June 2016 (13). This decrease is mostly attributed to only 1 reported Surgical/invasive procedures incident compared to 3 reported in June 2016. Charts 3 and 4 show the comparative reporting, across the 2 sites, for 2015/16 and 2016/17.

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

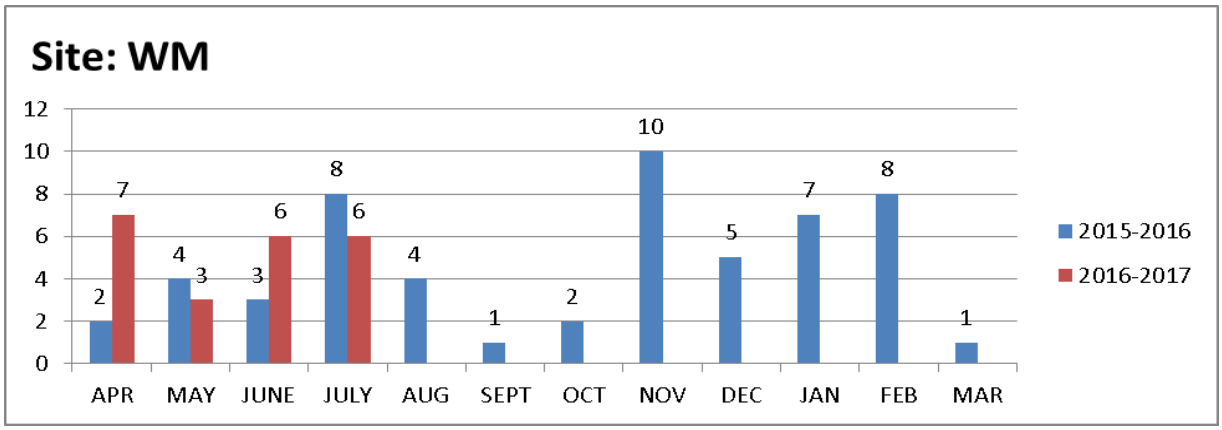
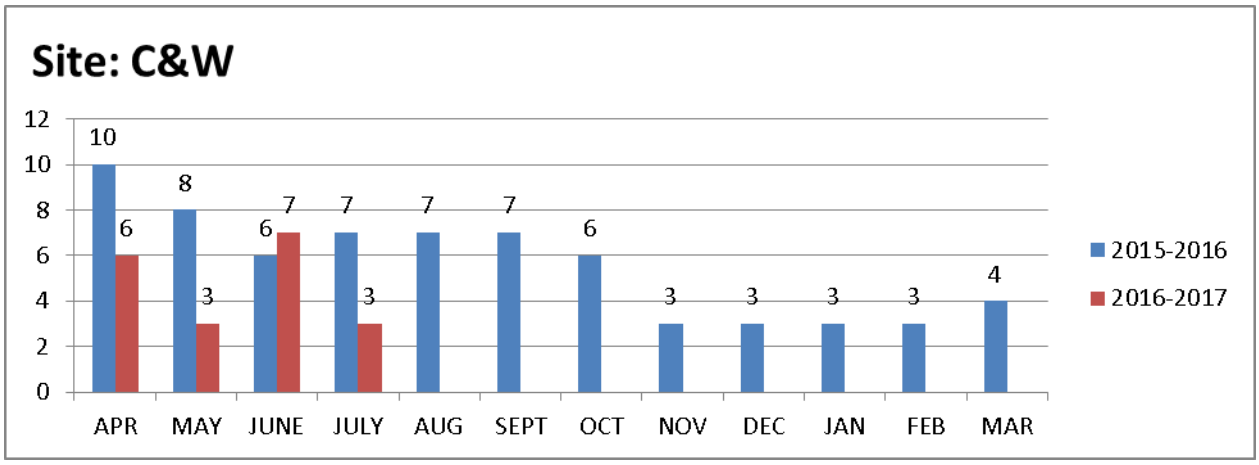


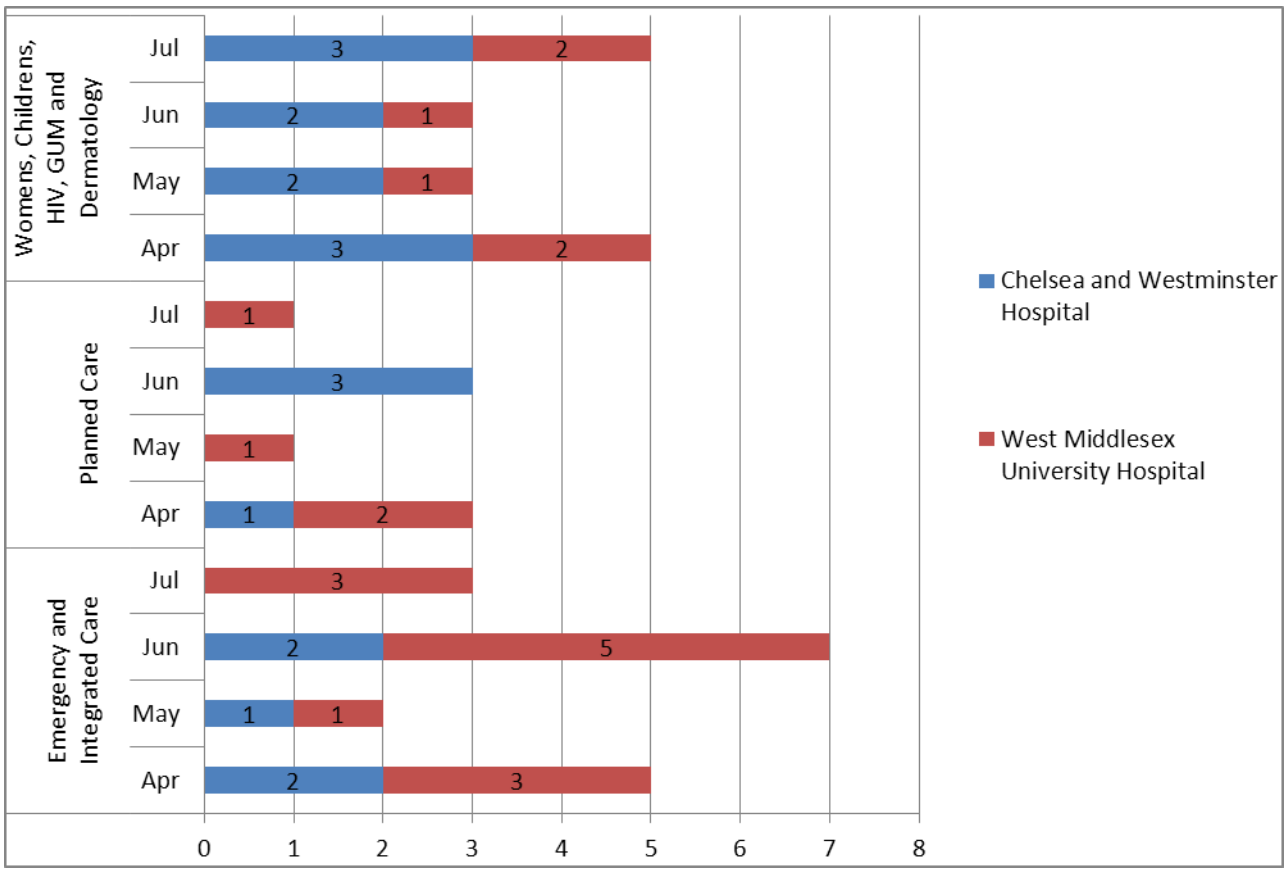
Chart 4 Incidents reported 2015/16 & 2016/17 – C&W



3.1 SIs by Clinical Division and Ward

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

Chart 5



In July, the Women's, Children's, HIV, GUM and Dermatology division was the only division to report serious incidents on both sites. West Middlesex Hospital was the only site to report serious incidents

occurring in the Emergency and Integrated Care Division and the Planned Care division. 4 of these incidents were hospital acquired pressure ulcers.

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

Chart 6 - WM 2016/2017

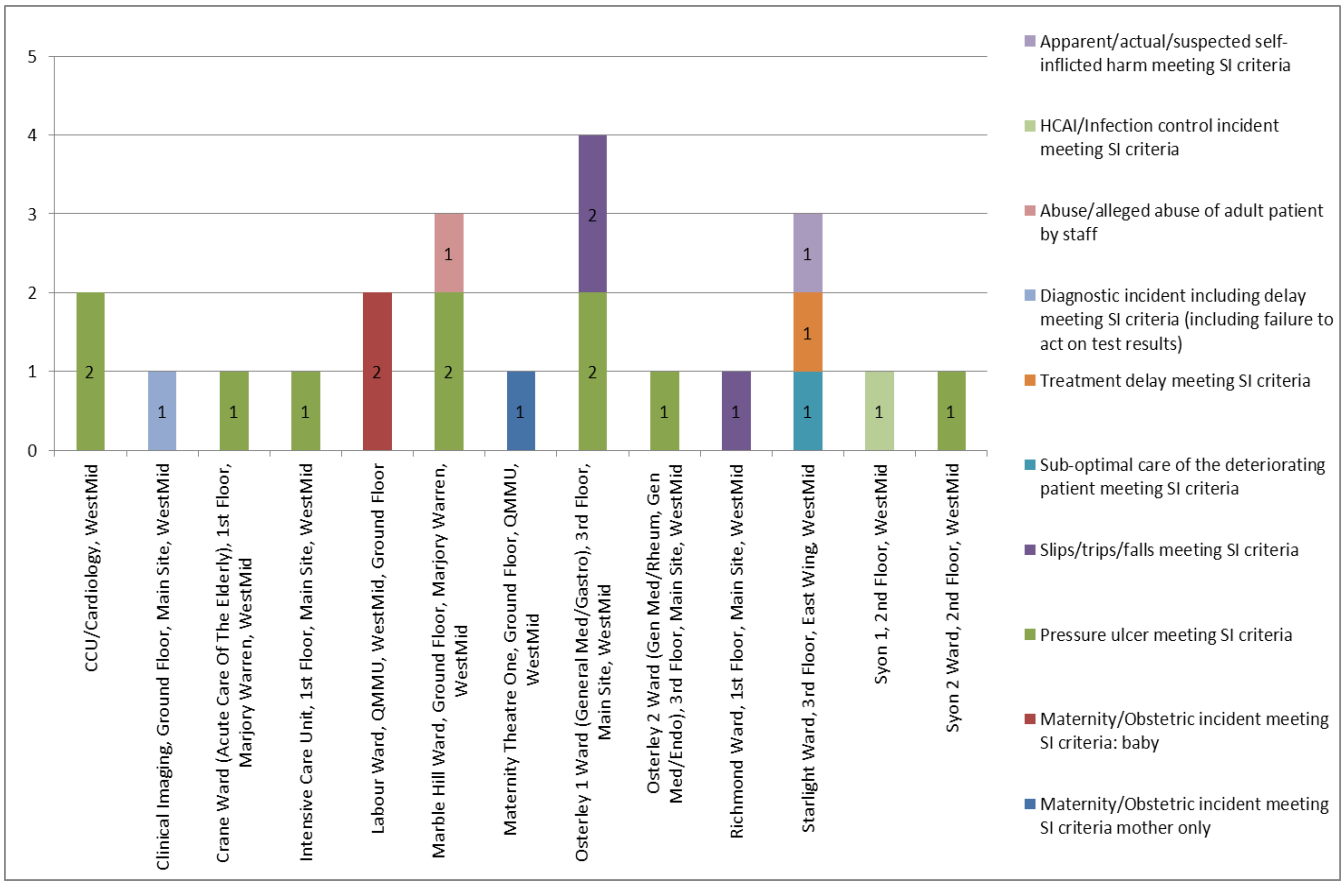
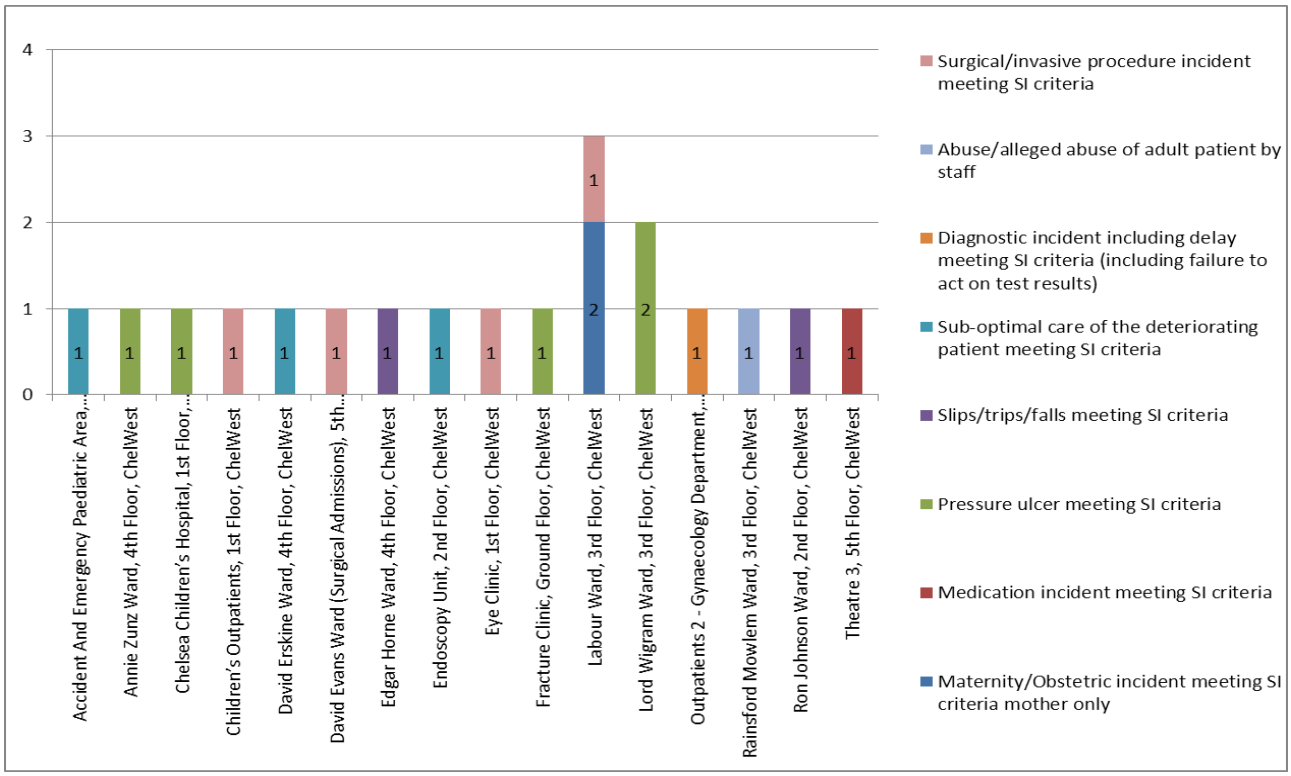


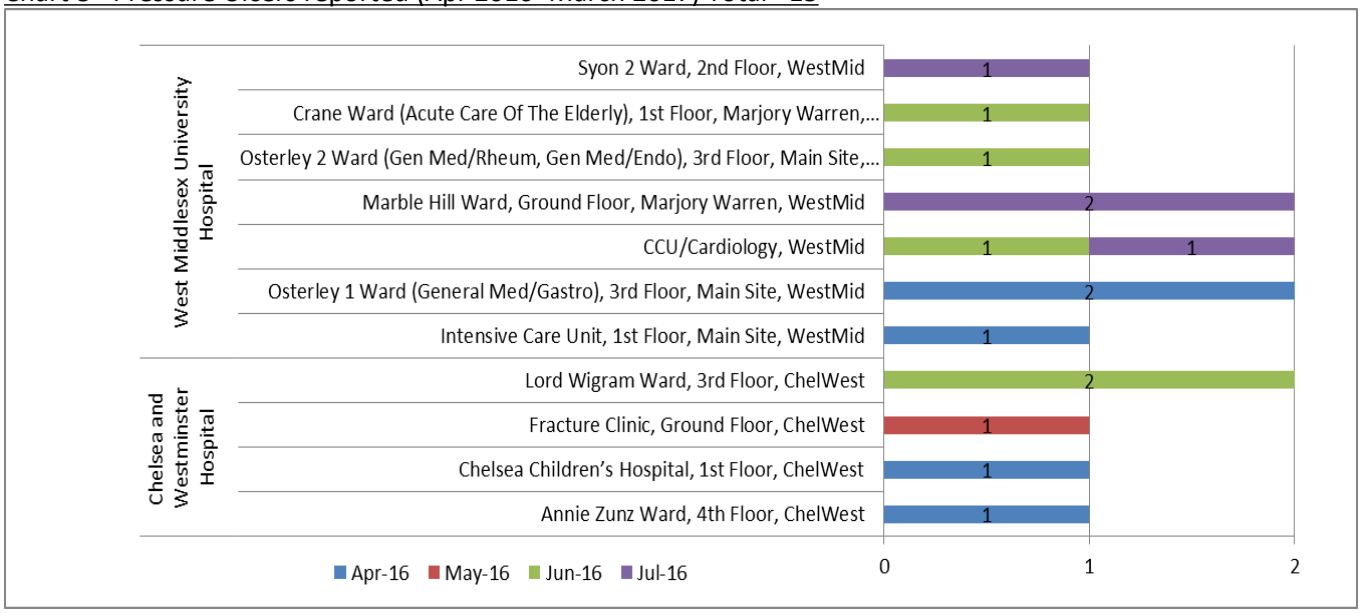
Chart 7 – CW 2016/2017



3.2 Hospital Acquired Pressure Ulcers

Hospital Acquired Pressure Ulcers (HAPUs) remain high profile for both C&W and WM sites. The following graphs provide visibility of the volume and areas where pressure ulcers classified as serious incidents are being reported. In July 2016 WM reported 4 pressure ulcers and C&W did not report any (the PUs reported in the performance report are unverified and directly from DATIX). No one ward is showing a trend higher than another, on either site. Reduction in HAPU remains a priority for both sites for 2016/17 and is being monitored by the Trust Wide Pressure Ulcer working group.

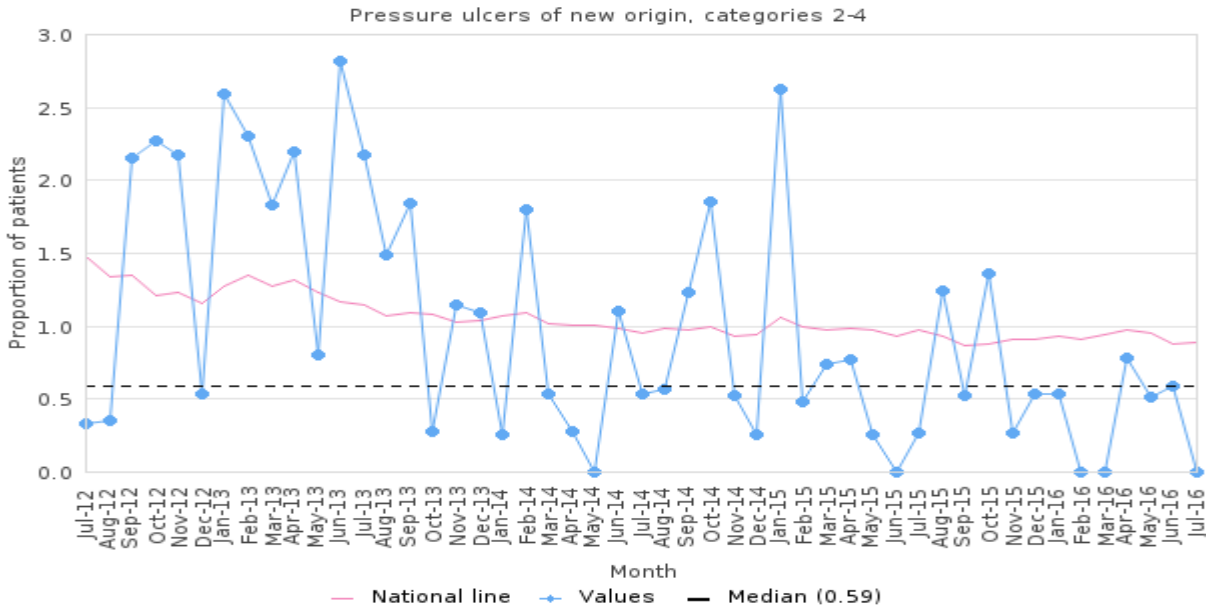
Chart 8 - Pressure Ulcers reported (Apr 2016–March 2017) Total= 15



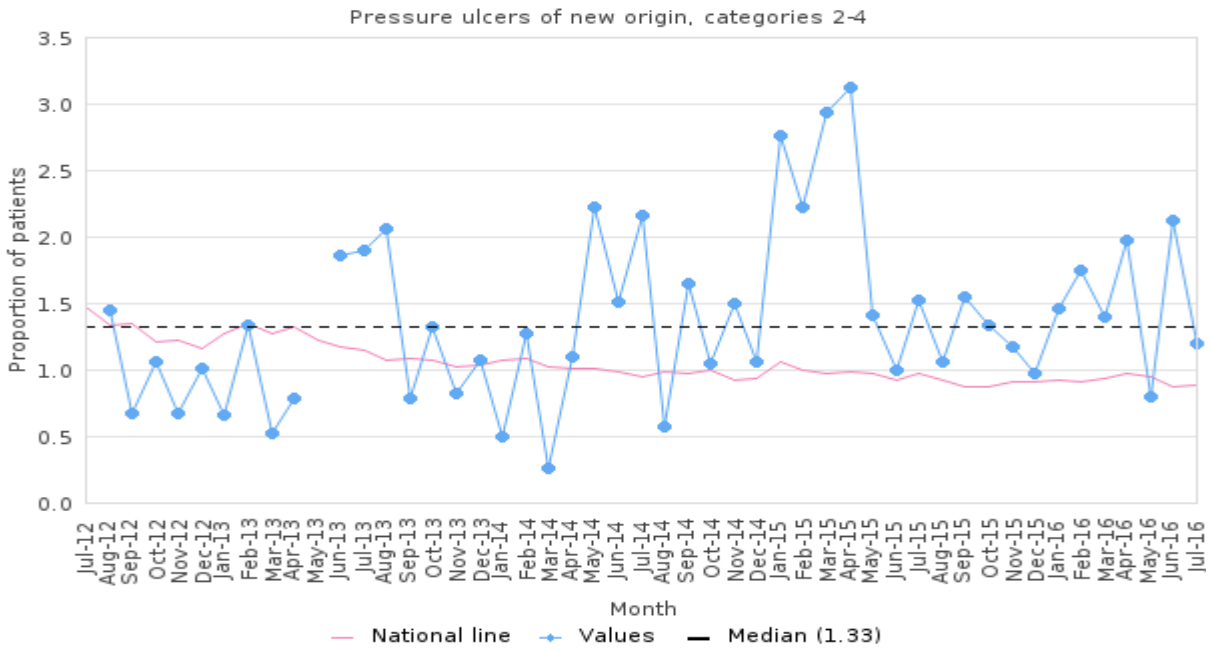
3.2.1 Safety Thermometer Data

The national safety thermometer data provides a benchmark for hospital acquired grade 2, 3 and 4 pressure ulcers. This is prevalence data and relates to pressure ulcers acquired whilst in hospital. The red line denotes the national position and the blue line the position for each site. This data is not currently amalgamated. The charts show that the national average is currently just under 1%, WM site median is below the national average and C&W site is above.

Graph 1 ST data WM site



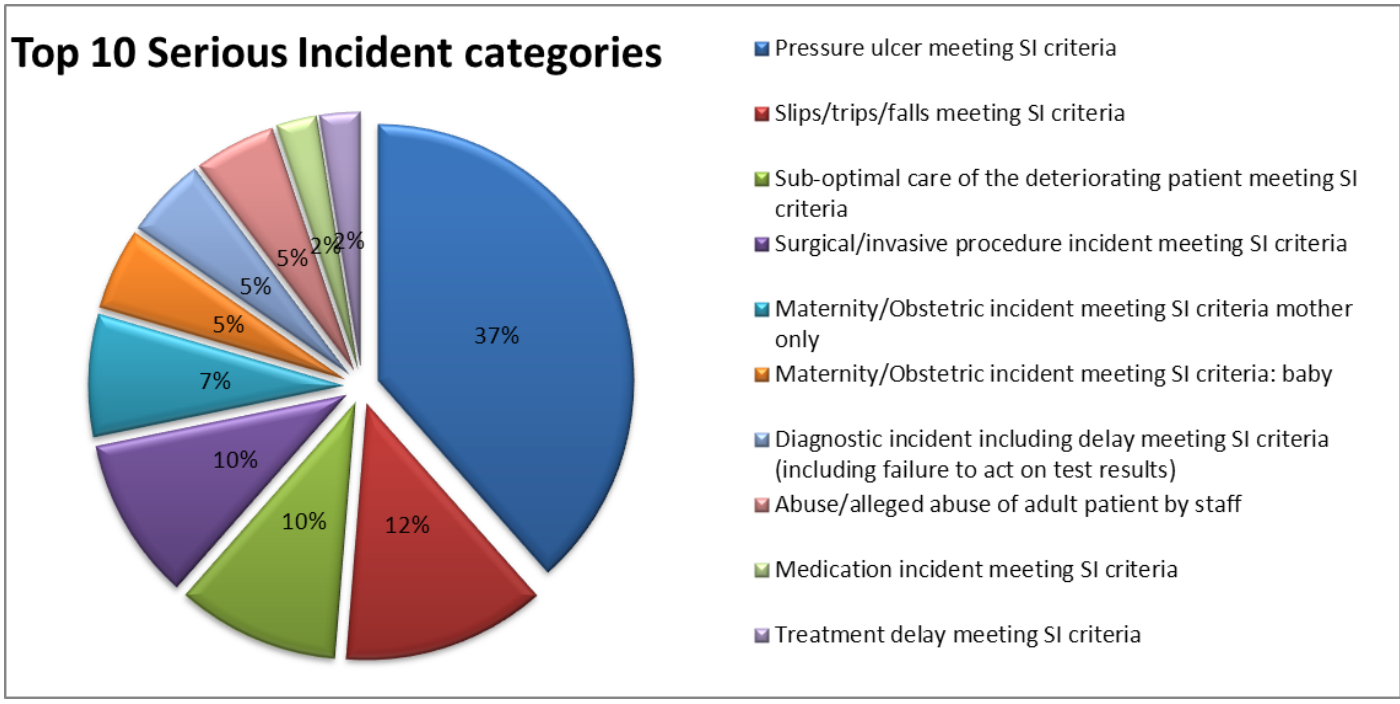
Graph 2 ST data C&W site



3.2.2. Top 10 reported SI categories

This section provides an overview of the top 10 serious incident categories reported by the Trust. These categories are based on the externally reported category. This will build over the coming months; to date we have reported against twelve of the SI categories. Pressure ulcers are the most commonly reported and this is followed by patient falls and maternity incidents relating to the mother's care.
This data will inform the categories required for periodic deep dive and thematic review of the most frequently reported SIs. Pressure Ulcers were the subject of a Deep Dive at the Quality Committee in May 2016.

Chart 9 – Top 10 incidents (Apr 2016–June2016)



3.3 SI Status Update
Table 3 provides an overview of the SIs currently under investigation by site (27).

Table 3

STEIS No.	Date of incident	Clinical Division	Incident Type (STEIS Category)	Site	External Deadline
2016/14877	25/05/2016	Emergency and Integrated Care	Abuse/alleged abuse of adult patient by staff	CW	24/08/2016
2016/15145	29/05/2016	Emergency and Integrated Care	HCAI/Infection control incident meeting SI criteria	WM	26/08/2016
2016/14992	27/05/2016	Emergency and Integrated Care	Pressure ulcer meeting SI criteria	WM	25/08/2016
2016/14428	05/01/2016	Women's, Children's, HIV, GUM and	Diagnostic incident including delay meeting SI criteria (including failure to	CW	19/08/2016

2016/15581	23/02/2016	Women's, Children's, HIV, GUM and	Surgical/invasive procedure incident meeting SI criteria	CW	01/09/2016
2016/16106	10/06/2016	Planned Care	Surgical/invasive procedure incident meeting SI criteria	CW	07/09/2016
2016/16083	28/05/2016	Emergency and Integrated Care	Pressure ulcer meeting SI criteria	WM	07/09/2016
2016/16403	09/06/2016	Planned Care	Pressure ulcer meeting SI criteria	CW	09/09/2016
2016/16402	10/06/2016	Planned Care	Pressure ulcer meeting SI criteria	CW	09/09/2016
2016/16986	16/06/2016	Women's, Children's, HIV, GUM and	Surgical/invasive procedure incident meeting SI criteria	CW	16/09/2016
2016/16990	27/05/2016	Emergency and Integrated Care	Pressure ulcer meeting SI criteria	WM	16/09/2016
2016/17257	24/06/2016	Emergency and Integrated Care	Sub-optimal care of the deteriorating patient meeting SI criteria	CW	20/09/2016
2016/17619	28/06/2016	Emergency and Integrated Care	Slips/trips/falls meeting SI criteria	WM	23/09/2016
2016/17822	30/06/2016	Emergency and Integrated Care	Pressure ulcer meeting SI criteria	WM	27/09/2016
2016/17872	30/06/2016	Women's, Children's, HIV, GUM and	Slips/trips/falls meeting SI criteria	CW	27/09/2016
2016/21586	11/08/2016	Emergency and Integrated Care	Slips/trips/falls meeting SI criteria	WM	07/11/2016
2016/21192	29/11/2015	Emergency and Integrated Care	Treatment delay meeting SI criteria	WM	02/11/2016
2016/21202	07/07/2016	Planned Care	Pressure ulcer meeting SI criteria	CW	02/11/2016
2016/21197	27/07/2016	Emergency and Integrated Care	Pressure ulcer meeting SI criteria	WM	02/11/2016
2016/21092	24/07/2016	Emergency and Integrated Care	Pressure ulcer meeting SI criteria	CW	01/11/2016
2016/20308	27/07/2016	Women's, Children's, HIV, GUM and	Sub-optimal care of the deteriorating patient meeting SI criteria	WM	24/10/2016
2016/19348	18/07/2016	Planned Care	Pressure ulcer meeting SI criteria	WM	12/10/2016
2016/18648	10/07/2016	Women's, Children's, HIV, GUM and	Surgical/invasive procedure incident meeting SI criteria	CW	05/10/2016
2016/18623	09/07/2016	Women's, Children's, HIV, GUM and	Apparent/actual/suspected self-inflicted harm meeting SI criteria	WM	04/10/2016
2016/18621	05/07/2016	Emergency and Integrated Care	Pressure ulcer meeting SI criteria	WM	04/10/2016
2016/18460	08/07/2016	Women's, Children's, HIV, GUM and	Sub-optimal care of the deteriorating patient meeting SI criteria	CW	03/10/2016
2016/18243	05/07/2016	Emergency and Integrated Care	Pressure ulcer meeting SI criteria	WM	30/09/2016

4.0 SI Action Plans

All action plans are now entered on DATIX on submission of the SI investigation reports to CWHHE. This increases visibility of the volume of actions due. The Quality and Clinical Governance team work with the Divisions to highlight the deadlines and in obtaining evidence for closure.
As is evident from the tables there are a number of overdue actions across the Divisions. There are 33 actions overdue at the time of writing this report. The plan is for divisions to provide an update prior to the Trust Board meeting so this table can be updated.

Table 4

	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	Total
Corporate functions		1		1										2
Emergency and Integrated Care				7	20	10			1					38
Planned Care	2	3	3	2	3									13
Women's, Children's, HIV, GUM and Dermatology	2	1	3	8	8	24	1							47
Total	4	5	6	18	31	34	1		1					100

5.0 Analysis of categories

Table 7 shows the total number of Serious Incidents for 2015/2016 and the year to date position for 2016/17. Tables 8 and 9 provide a breakdown of themes for the Trust during 2015/16 and 2016/17.

Table 7 – Total Incidents

Year	Site	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
2015-2016	**WM**	2	4	3	8	4	1	2	10	5	7	8	1	**55**
	CW	10	8	6	7	7	7	6	3	3	3	3	4	**67**
		12	**12**	**9**	**15**	**11**	**8**	**8**	**13**	**8**	**10**	**11**	**5**	**122**
2016-2017	**WM**	7	3	6	6									**22**
	CW	6	3	7	3									**19**
		13	**6**	**13**	**9**									**41**

Table 8 - Categories 2015/16

Incident details	A	M	J	J	A	S	O	N	D	J	F	M	YT
Abuse/alleged abuse by adult patient by staff			2	1									3
Accident e.g. collision/scald (not slip/trip/fall)							1	1					2
Ambulance delay	1												1
Communicable disease and infection issue	5												5
Confidential information leak/information governance breach			1			1							2
Diagnostic incident (including failure to act on test				2	1			1			1		5
HAI/infection control incident			1										1
Maternity/Obstetric incident: baby only		2		1	3	1		2	1			1	11
Maternity/Obstetric incident: mother only						1		1		1	2	1	6
Medication incident				1	1				1				3
Other		1											1
Pressure ulcer meeting SI criteria	5	6	3	8		1	5	5	5	5	5	1	49
Radiation incident (including exposure when			1										1
Safeguarding vulnerable adults	1	1											2
Slips/trips/falls				1	2	4		1		2	2	1	13
Sub-optimal care of the deteriorating patient				1	2			1		2			6
Surgical/invasive procedure			1		1								2
Treatment delay		1			1		2	1			1	1	7
VTE meeting SI criteria									1				1
Ward/unit closure		1											1
Grand Total	1	1	9	1	1	8	8	1	8	1	1	5	12

Table 9 - Categories 2016/17

Incident details	A	M	J	J	A	S	O	N	D	J	F	M	YT
Abuse/alleged abuse of adult patient by staff		1	1										2
Apparent/actual/suspected self-inflicted				1									1
Diagnostic incident including delay	1	1											2
HCAI/Infection control incident			1										1
Maternity/Obstetric incident: mother only	2	1											3
Maternity/Obstetric incident: baby	1		1										2
Medication incident	1												1
Pressure ulcer	5	1	5	4									15
Slips/trips/falls	2	1	1	1									5
Sub-optimal care of the deteriorating patient	1		1	2									4
Surgical/invasive procedure incident			3	1									4
Treatment delay		1											1
Grand Total	13	6	13	9									41

The quality and clinical governance team continues to scrutinise all reported incidents to ensure that SI reporting is not compromised. For the first four months there have been 7 less serious incidents reported in comparison to the same period last year. To correlate with this year to date there have been 7 less reported pressure ulcers which demonstrates a 32% reduction.

Board of Directors Meeting, 1 September

PUBLIC

AGENDA ITEM NO.	9/Sep/16
REPORT NAME	Integrated Performance Report – July 2016
AUTHOR	Robert Hodgkiss, Chief Operating Officer
LEAD	Robert Hodgkiss, Chief Operating Officer
PURPOSE	To report the combined Trust's performance for July 2016 for both Chelsea and Westminster and West Middlesex sites, highlighting risk issues and identifying key actions going forward.
SUMMARY OF REPORT	The integrated performance report shows the Trust performance for July 2016. **Regulatory performance** – July was an incredibly challenging month with all type attendances being 12% above plan across the Trust. Whilst the WMUH site fell slightly short of the required 95% standard, the Trust overall achieved compliance. The RTT incomplete target was also achieved for the overall Trust in July. Although the Chelsea site is below 92%, RTT improvement work continues with the dedicated resource provided by the RTT programme lead, and the Chelsea site performance in July is the highest it's been since November 2015. The overall Cancer 62 Day standard was achieved on both sites for the Month of July with a combined 4.5 breaches being reported. This is one of the best performances across London. All breaches have been reviewed thoroughly and all but 1 was deemed unavoidable. Both sites have achieved all other regulatory performance indicators. **Safety and Patient Experience**: Incident reporting rates remain stable but below the target level, with Medication safety incidents on WMUH site dropping below target in July. FFT response rates are above target for inpatients at CW, but below for maternity & A & E, as well as inpatients WMUH. Inpatient & maternity recommendations are above target on both sites, but A & E on both sites remains below the required 90%. **Quality, Efficiency and Clinical Effectiveness**: Average length of stay on the C&W site improved following the closure of the 26 bedded Supported Discharge Suite. West Middlesex site has seen a significant reduction in Richmond which had previously led to the

	delays being higher. **Workforce**: Appraisal and Mandatory Training compliance remain areas for improvement despite a concerted drive to improve completeness levels.
KEY RISKS ASSOCIATED:	There are continued risks to the achievement of a number of compliance indicators, including A&E performance, RTT incomplete waiting times, and cancer 62 days waits.
FINANCIAL IMPLICATIONS	The combined Trust reported a year to date surplus of £2.9m, which is a favourable adverse variance of £33k against the plan for the year to date.
QUALITY IMPLICATIONS	As outlined above.
EQUALITY & DIVERSITY IMPLICATIONS	None
LINK TO OBJECTIVES	Improve patient safety and clinical effectiveness Improve the patient experience Ensure financial and environmental sustainability
DECISION/ ACTION	The Board is asked to note the performance for July 2016 and to note that the overall YTD compliance was excellent; placing C&W as one of the few Trusts in London who continue deliver the standards.

TRUST PERFORMANCE & QUALITY REPORT

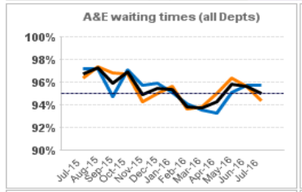
July 2016

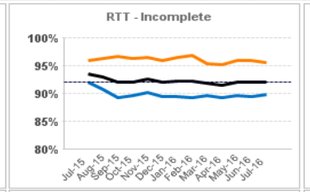
July 2016
Performance Dashboard

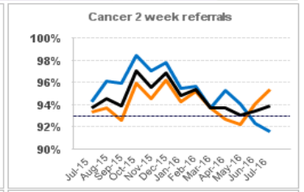
Chelsea and Westminster Hospital NHS
NHS Foundation Trust

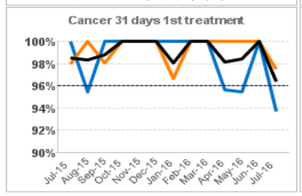
Regulatory Compliance

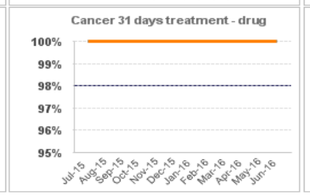
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined Trust data: last Quarter, YTD & 13m trend					
Indicator	May-16	Jun-16	Jul-16	May-16	Jun-16	Jul-16	May-16	Jun-16	Jul-16	Quarter	YTD	Trend
A&E waiting times - Types 1 & 3 Depts (Target: >95%)	95.1	95.8	95.7	96.3	95.6	94.4	95.8	95.7	95.0	95.0	95.2	
RTT - Incomplete (Target: >92%)	89.7	89.5	89.8	96.0	96.0	95.6	92.1	92.0	92.1	92.1	91.9	
Cancer 2 week urgent referrals (Target: >93%)	94.1	92.3	91.6	92.2	94.1	95.3	93.0	93.4	93.9	93.9	93.5	
Cancer 2 week Breast symptomatic (Target: >93%)	n/a	n/a	n/a	90.1	93.9	97.4	90.1	93.9	97.4	97.4	93.6	
Cancer 31 days first treatment (Target: >96%)	95.5	100	93.8	100	100	97.5	98.4	100	96.4	96.4	98.2	
Cancer 31 days treatment - Drug (Target: >98%)	100	100	n/a	100	100	n/a	100	100	n/a	n/a	100.0	
Cancer 31 days treatment - Surgery (Target: >94%)	100	100	n/a	100	100	100	100	100	100	100	100.0	
Cancer 62 days GP ref to treatment (Target: >85%)	73.5	82.1	84.4	85.7	94.4	93.7	81.1	89.1	90.5	90.5	86.5	
Cancer 62 days NHS screening (Target: >90%)	n/a	n/a	n/a	100	100	100	100.0	100.0	100.0	100.0	100.0	
Clostridium difficile infections (Targets: CW: 7; WM: 9; Combined: 16)	0	0	0	0	1	0	0	1	0	0	5	
Self-certification against compliance for access to healthcare for people with LD	Comp	Comp	Comp	Comp	Comp	Comp	Comp	Comp	Comp	Comp	Comp	

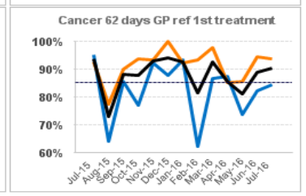






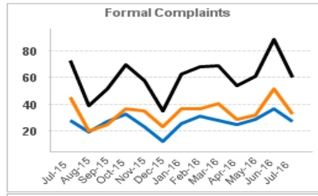


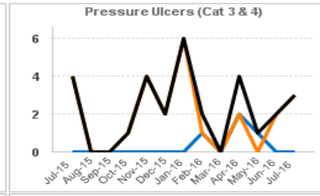


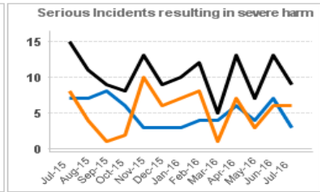


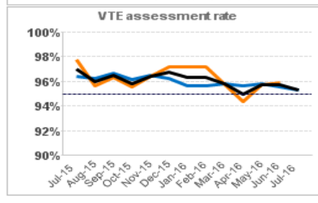
Quality

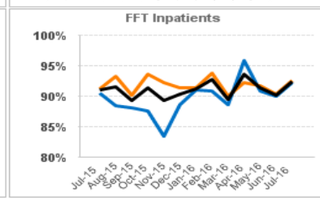
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	May-16	Jun-16	Jul-16	May-16	Jun-16	Jul-16	May-16	Jun-16	Jul-16	Quarter	YTD	Trend
Hand Hygiene (Target: >=90%)	95.2	95.2	95.8	98.9	97.0	98.0	96.8	95.8	96.6	96.6	96.2	
Pressure Ulcers (Cat 3 & 4)	1	0	0	0	2	3	1	2	3	3	10	
VTE assessment % (Target: >=95%)	95.8	95.6	95.3	95.7	95.9		95.8	95.7	95.3	95.3	95.5	
Formal complaints number received	29	37	27	32	52	33	61	89	60	60	264	
Formal complaints responded to <25days	12	10	5	4	14	7	16	24	12	12	68	
Serious Incidents	4	7	3	3	6	6	7	13	9	9	42	
Never Events (Target: 0)	0	2	0	0	0	0	0	2	0	0	2	
FFT - Inpatients recommend % (Target: >90%)	90.9	89.9	92.2	91.7	90.4	92.6	91.4	90.2	92.5	92.5	92.0	
FFT - A&E recommend % (Target: >90%)	86.1	88.9	86.6	89.4	90.0	89.0	87.0	89.2	87.2	87.2	87.6	
Falls causing serious harm	0	0	0	1	1	0	1	1	0	0	2	

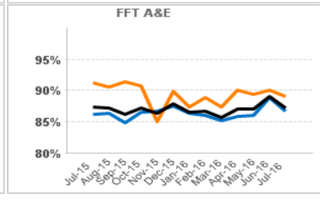






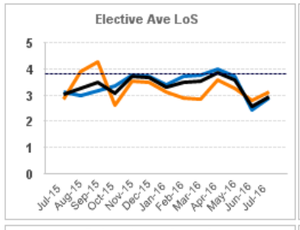


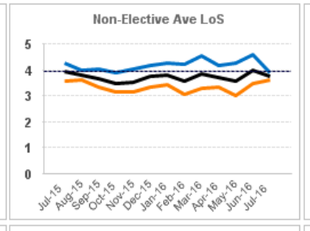


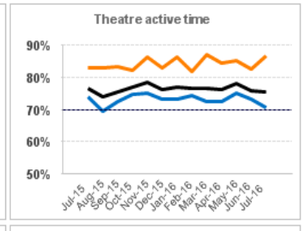


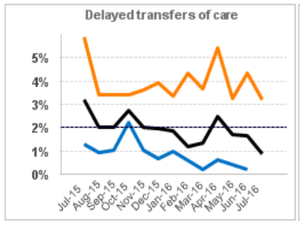
Efficiency

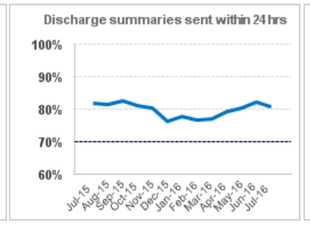
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	May-16	Jun-16	Jul-16	May-16	Jun-16	Jul-16	May-16	Jun-16	Jul-16	Quarter	YTD	Trend
Elective average LoS (Target: <3.8)	3.7	2.5	2.9	3.3	2.8	3.1	3.6	2.6	2.9	2.9	3.2	
Non-Elective average LoS (Target: <3.95)	4.3	4.6	3.9	3.0	3.5	3.6	3.6	4.0	3.7	3.7	3.8	
Theatre active time (Target: >70%)	75.0	73.2	70.7	85.3	82.4	86.5	78.0	76.0	75.5	75.5	76.4	
Delayed transfers of care (Target: <2%)	0.41	0.21	0.00	3.23	4.37	3.23	1.69	1.67	0.90	0.90	1.71	
Discharge summaries sent within 24 hours (Target: >70%)	80.2	82.2	80.7	dev	dev	dev	80.2	82.2	80.7	80.7	80.6	
Outpatient DNA rates (Target: <11.1%)	11.0	12.8	13.9	9.5	9.4	9.3	10.4	11.5	12.2	12.2	11.2	
On the day cancelled operations not re-booked within 28 days (Target: 0)	1	1	3	0	0	0	1	1	3	3	5	

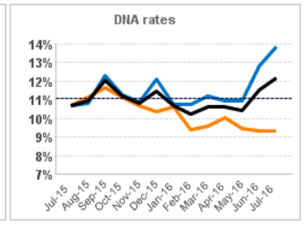






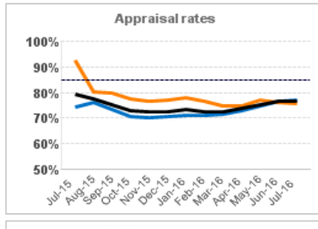


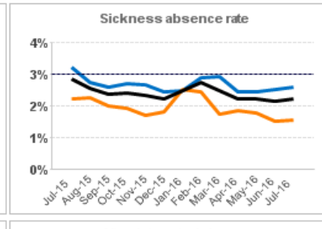


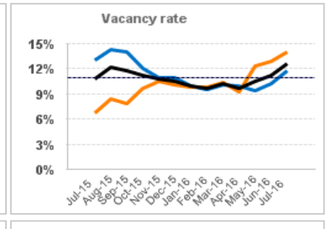


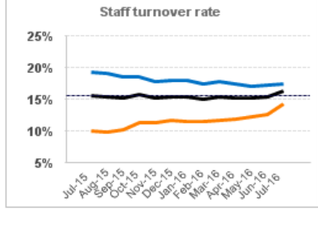
Workforce

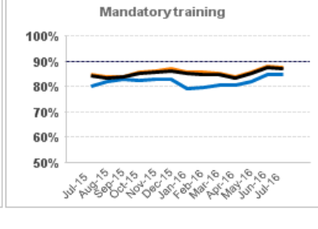
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	May-16	Jun-16	Jul-16	May-16	Jun-16	Jul-16	May-16	Jun-16	Jul-16	Quarter	YTD	Trend
Appraisal rates (Target: >85%)	74.8	76.6	77.2	76.9	76.0	75.5	75.4	76.4	76.7	76.7	75.5	
Sickness absence rate (Target: <3%)	2.44	2.52	2.59	1.79	1.53	1.55	2.21	2.17	2.22	2.22	2.20	
Vacancy rates (Target: CW<12%; WM<10%)	9.4	10.3	11.8	12.3	12.8	14.0	10.5	11.2	12.6	12.6	12.6	
Turnover rate (Target: CW<18%; WM<11.5%)	17.1	17.2	17.4	12.2	12.6	14.2	15.2	15.4	16.2	16.2	16.2	
Mandatory training (Target: >90%)	82.0	84.9	84.8	85.5	87.8	87.6	85.0	87.4	87.2	87.2	85.8	
Bank and Agency spend (£ks)	£2,597	£2,318	£2,285	£1,811	£1,848	£1,877	£4,408	£4,166	£4,162	£4,162	£16,798	
Nursing & Midwifery: Agency % spend of total pay (Target: tbc)	7.6	7.1	6.9	12.4	11.7	11.9	9.4	8.8	8.8	8.8	9.1	

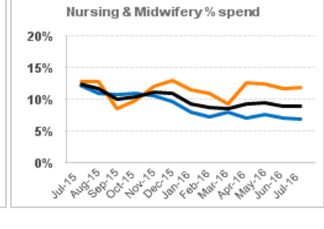












Note: Full page versions of the above Performance Dashboards are available on Pages 17-20

Monitor Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
Domain	Indicator	May-16	Jun-16	Jul-16	2016-2017	May-16	Jun-16	Jul-16	2016-2017	May-16	Jun-16	Jul-16	2016-2017 Q2	2016-2017	Trend charts
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	95.1%	95.8%	95.7%	95.0%	96.3%	95.6%	94.4%	95.3%	95.8%	95.7%	95.0%	95.0%	95.2%	
RTT	18 weeks RTT - Admitted (Target: >90%)	73.2%	71.0%	71.6%	71.6%	88.4%	86.6%	85.5%	86.8%	81.1%	79.0%	79.2%	79.2%	79.7%	
	18 weeks RTT - Non-Admitted (Target: >95%)	93.3%	93.2%	92.9%	93.0%	94.2%	95.2%	94.6%	94.9%	93.7%	94.0%	93.6%	93.6%	93.7%	
	18 weeks RTT - Incomplete (Target: >92%)	89.7%	89.5%	89.8%	89.5%	96.0%	96.0%	95.6%	95.7%	92.1%	92.0%	92.1%	92.1%	91.9%	
Cancer	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	94.1%	92.3%	91.6%	93.4%	92.2%	94.1%	95.3%	93.6%	93.0%	93.4%	93.9%	93.9%	93.5%	
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	n/a	90.1%	93.9%	97.4%	93.6%	90.1%	93.9%	97.4%	97.4%	93.6%	
	31 days diagnosis to first treatment (Target: >96%)	95.5%	100%	93.8%	96.4%	100%	100%	97.5%	99.3%	98.4%	100%	96.4%	96.4%	98.2%	
	31 days subsequent cancer treatment - Drug (Target: >98%)	100%	100%	n/a	100%	100%	100%	n/a	100%	100%	100%	n/a	n/a	100%	
	31 days subsequent cancer treatment - Surgery (Target: >94%)	100%	100%	n/a	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	31 days subsequent cancer treatment - Radiotherapy (Target: >94%)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
	62 days GP referral to first treatment (Target: >85%)	73.5%	82.1%	84.4%	80.9%	85.7%	94.4%	93.7%	89.3%	81.1%	89.1%	90.5%	90.5%	86.5%	
	62 days NHS screening service referral to first treatment (Target: >90%)	n/a	n/a	n/a	n/a	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Patient Safety	Clostridium difficile infections (Year End Targets: CW: 7; WM: 9; Combined: 16)	0	0	0	1	0	1	0	4	0	1	0	0	5	
Learning difficulties Access & Governance	Self-certification against compliance for access to healthcare for people with Learning Disability	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	
	Governance Rating	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	

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

A&E waiting times

July was an incredibly challenging month with all type attendances being 12% above plan across the Trust. Whilst the WMUH site fell slightly short of the required 95% standard, the Trust overall achieved compliance.

18 weeks RTT – Incomplete

The Trust incomplete submission remains compliant with the national standard of 92.0% with the Chelsea site below 92%. RTT improvement work continues with the dedicated resource provided by the RTT programme lead, and the Chelsea site performance is the highest it's been since November 2015.

As planned and expected, as the longest waiting patients are treated, both admitted and non-admitted performance will be below internally monitored targets and will remain so until speciality backlogs have been cleared.

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

The 2ww target was not achieved on the Chelsea site in July, due to breaches in Colorectal and Dermatology. The introduction of the 'Straight to Test' pathway in Colorectal is challenging with patients needing to attend within 14 days for an endoscopy procedure rather than an outpatient attendance. There were 2 breaches of the standard in July. 1 in Haematology; with a shared breach in Skin and Gynaecology

Work is to be undertaken with local GPs to ensure patients are aware of the new pathway and timeframes upon referral to the Trust.

Cancer - 31 days diagnosis to first treatment
There was 1 breach of the 31 day Decision to Treat to Treatment target at Chelsea site due to capacity issues in Plastic Surgery.

Cancer - 62 days GP referral to first treatment
The overall standard was achieved on both sites for the Month of July with a combined 4.5 breaches being reported. This is one of the best performances across London. All breaches have been reviewed thoroughly and all but 1 was deemed unavoidable.

Safety Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
Domain	Indicator	May-16	Jun-16	Jul-16	2016-2017	May-16	Jun-16	Jul-16	2016-2017	May-16	Jun-16	Jul-16	2016-2017 Q2	2016-2017	Trend charts
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	0	0	0	1	0	0	0	0	0	0	0	0	1	
	Hand hygiene compliance (Target: >90%)	95.2%	95.2%	95.8%	94.9%	98.9%	97.0%	98.0%	98.4%	96.8%	95.8%	96.6%	96.6%	96.2%	
Incidents	Number of serious incidents	4	7	3	20	3	6	6	22	7	13	9	9	42	
	Incident reporting rate per 100 admissions (Target: >8.5)	6.5	6.6	6.7	6.5	7.1	8.1	8.2	7.9	6.7	7.3	7.3	7.3	7.1	
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions (Target: 0)	0.05	0.03	0.03	0.03	0.00	0.02	0.00	0.01	0.03	0.03	0.02	0.02	0.03	
	Medication-related (NRLS reportable) safety incidents per 100,000 FCE bed days (Target: >=280)	357.86	401.14	468.40	420.77	483.48	348.06	207.77	382.40	413.98	377.22	344.81	344.81	402.97	
	Medication-related (NRLS reported) safety incidents % with harm (Target: <=12%)	9.1%	3.4%	10.8%	8.6%	3.3%	9.5%	11.5%	5.2%	6.1%	5.9%	11.0%	11.0%	7.1%	
	Never Events (Target: 0)	0	2	0	2	0	0	0	0	0	2	0	0	2	
Harm	Safety Thermometer - Harm Score (Target: >90%)	94.4%	95.1%	97.9%	95.8%	93.6%	94.1%	92.1%	94.2%	94.0%	94.6%	93.4%	93.4%	94.7%	
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	1	0	0	3	0	2	3	7	1	2	3	3	10	
	NEWS compliance %	100.0%	100.0%	100.0%	100.0%	n/a	n/a	n/a	n/a	100.0%	100.0%	100.0%	100.0%	100.0%	
	Safeguarding adults - number of referrals	18	18	28	84	13	30	24	72	31	48	52	52	156	
	Safeguarding children - number of referrals	25	33	28	111	72	82	71	316	97	115	99	99	427	
Mortality	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	83.4	83.4	83.4	83.4	83.4	83.4	83.4	83.4	83.4	83.4	83.4	83.4	83.4	
	Number of hospital deaths - Adult	21	33	28	111	71	45	77	269	92	78	105	105	380	
	Number of hospital deaths - Paediatric	1	0	2	4	0	0	0	0	1	0	2	2	4	
	Number of hospital deaths - Neonatal	0	1	0	4	0	1	0	2	0	2	0	0	6	
	Number of deaths in A&E - Adult	1	1	2	4	6	8	5	24	7	9	7	7	28	
	Number of deaths in A&E - Paediatric	0	0	1	1	0	0	0	0	0	0	1	1	1	
	Number of deaths in A&E - Neonatal	0	0	0	0	0	0	0	0	0	0	0	0	0	

Serious Incidents
3 Serious Incidents were reported in July 2016 on the Chelsea site; 1 relating to a patient fall;1 relating to suboptimal care of a deteriorating patient, and 1 relating to a surgical invasive procedure. 6 Serious Incidents reported on the WMUH site; 4 relate to pressure damage, a further 1 relating to self-harm, and a final 1 incident relating to sub-optimal care of a deteriorating patient.

Incident reporting rate per 100 admissions
The incident reporting rate has steadied; reflecting the same proportion as June 2016. Initiatives are underway to encourage increased reporting.

Rate of patient safety incidents resulting in severe harm or death per 100 admissions
2 incidents were reported at CWH resulting in severe harm or death. These relate to one unexplained/unexpected death in paediatrics, and a further one incident relating to the unexpected outcome of treatment in maternity. Both of these incidents have been reported and are being investigated as a Serious Incident.

Mortality
SHMI is a casemix adjusted mortality indicator. It is published annually, 6 month in arrears. The latest figures for January – December 2015 are an expected range of 0.90 – 1.11. Our combined Trust indicators are below these expected levels.

Medication-related safety incidents per 100,000 Bed Days
The NRLS reportable medication incident rate for Chelsea Site has been improving as staff become more familiar with the electronic Datix reporting system. The rate for July 2016 is better than the average for comparable NHS organisations* (311.08/100,000 FCE bed days). However, the rate dropped at West Middlesex in July. Pharmacy staff reported fewer near-miss incidents in month due to staffing turnover and vacancies.

Incidence of newly acquired category 3 & 4 pressure ulcers
Three Hospital Acquired Pressure Ulcer Grade 3 or Grade 4 reported in July. A further one incident was reported to STEIS as unstageable. These are referred to within the SI report, and are being investigated as serious incidents.

Safeguarding adults - number of referrals
Progress has been made in capturing the Adult Safeguarding referrals (including Domestic Abuse Referrals) for West Middx. However, reports from referral point and from the Domestic Abuse referral point indicate a raising number of referrals to the newly established point of referral. Escalation processes including integration of Safeguarding Referral Form on the A&E EPR system and an update on the CAS card are about to go live that should enhance clarity of escalation processes at WestMid. Referral levels otherwise consistent with previous reporting periods

**Data from the National Medicines Optimisation Dashboard - April 15 to September 15.*

Patient Experience Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
Domain	Indicator	May-16	Jun-16	Jul-16	2016-2017	May-16	Jun-16	Jul-16	2016-2017	May-16	Jun-16	Jul-16	2016-2017 Q2	2016-2017	Trend charts
Friends and Family	FFT: Inpatient recommend % (Target: >90%)	90.9%	89.9%	92.2%	92.4%	91.7%	90.4%	92.6%	91.7%	91.4%	90.2%	92.5%	92.5%	92.0%	
	FFT: Inpatient not recommend % (Target: <10%)	4.4%	5.7%	3.0%	4.8%	3.4%	4.5%	3.4%	3.9%	3.8%	4.9%	3.3%	3.3%	4.2%	
	FFT: Inpatient response rate (Target: >30%)	28.7%	35.9%	37.6%	35.5%	29.6%	34.3%	29.0%	31.0%	29.3%	34.8%	31.5%	31.5%	32.4%	
	FFT: A&E recommend % (Target: >90%)	86.1%	88.9%	86.6%	87.0%	89.4%	90.0%	89.0%	89.6%	87.0%	89.2%	87.2%	87.2%	87.6%	
	FFT: A&E not recommend % (Target: <10%)	7.5%	6.0%	8.0%	7.6%	5.7%	5.1%	7.2%	6.0%	6.9%	5.8%	7.8%	7.8%	7.2%	
	FFT: A&E response rate (Target: >30%)	11.6%	14.7%	14.5%	14.0%	20.1%	24.1%	23.3%	23.2%	13.2%	16.2%	16.0%	16.0%	15.6%	
	FFT: Maternity recommend % (Target: >90%)	86.1%	88.5%	92.4%	90.2%	94.0%	90.8%	97.3%	92.2%	88.2%	89.0%	93.4%	93.4%	90.7%	
	FFT: Maternity not recommend % (Target: <10%)	8.0%	7.9%	4.2%	6.1%	3.6%	6.6%	1.3%	4.0%	6.9%	7.6%	3.6%	3.6%	5.6%	
	FFT: Maternity response rate (Target: >30%)	17.2%	25.0%	20.8%	21.4%	18.8%	18.8%	18.3%	18.6%	17.6%	23.4%	20.2%	20.2%	20.7%	
Experience	Breach of same sex accommodation (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Complaints	Complaints formal: Number of complaints received	29	37	27	118	32	52	33	146	61	89	60	60	264	
	Complaints formal: Number responded to < 25 days	12	10	5	37	4	14	7	31	16	24	12	12	68	
	Complaints (informal) through PALS	51	34	68	234	11	27	28	76	62	61	96	96	310	
	Complaints sent through to the Ombudsman	0	0	0	0	3	0	0	6	3	0	0	0	6	
	Complaints upheld by the Ombudsman (Target: 0)	0	0	0	0	3	0	0	6	3	0	0	0	6	

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

Commentary

For both sites FFT recommendation for inpatients is above the 90% target. The response rate on WMUH site has dropped this month slightly below the 30% target, this is being addressed with increased volunteer support to visit ward areas & assist in completion of FFT cards.

A & E recommendations on both sites has decreased this month, with a slight decrease in response rates. A & E mostly rely on text FFT responses, cards have been put into both areas to increase the returns. We are working with our provider to analyse responses in order to take appropriate actions. On CW site some not recommends have been around disruption & building work which is progressing & will be concluded in the next few months.

Maternity – both sites were above target for recommends but continue to have low response rates. Again these are being addressed with cards & increased promotion. Within maternity each woman gets 3 requests for FFT at different points in the pathway & this does lead to FFT fatigue.

Efficiency & Productivity Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
Domain	Indicator	May-16	Jun-16	Jul-16	2016-2017	May-16	Jun-16	Jul-16	2016-2017	May-16	Jun-16	Jul-16	2016-2017 Q2	2016-2017	Trend charts
Admitted Patient Care	Average length of stay - elective (Target: <3.7)	3.73	2.45	2.87	3.24	3.27	2.81	3.10	3.20	3.60	2.55	2.93	2.93	3.23	
	Average length of stay - non-elective (Target: <3.9)	4.28	4.59	3.89	4.23	3.01	3.46	3.61	3.35	3.59	3.99	3.74	3.74	3.75	
	Emergency care pathway - average LoS (Target: <4.5)	5.34	5.47	4.55	5.17	3.16	3.50	3.02	3.30	3.90	4.19	3.50	3.50	3.92	
	Emergency care pathway - discharges	208	200	210	811	399	371	463	1621	607	571	673	673	2432	
	Emergency re-admissions within 30 days of discharge (Target: <2.8%)	3.09%	3.21%	3.05%	3.18%	10.24%	10.34%	6.05%	9.26%	5.57%	5.58%	4.09%	4.09%	5.29%	
	Delayed transfer of care - % relevant NHS patients affected (Target: <2%)	0.4%	0.2%	0.0%	0.3%	3.2%	4.4%	3.2%	4.1%	1.7%	1.7%	0.9%	0.9%	1.7%	
	Non-elective long-stayers	406	447	413	1674										
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	85.9%	85.9%	79.8%	83.5%	84.2%	82.9%	84.3%	83.9%	85.2%	84.6%	81.7%	81.7%	83.6%	
	Operations canc on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.14%	0.17%	0.18%	0.17%					0.14%	0.17%	0.18%	0.18%	0.17%	
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	1	1	3	5	0	0	0	0	1	1	3	3	5	
	Theatre active time (C&W Target: >70%; WM Target: >78%)	75.0%	73.2%	70.7%	72.9%	85.3%	82.4%	86.5%	84.7%	78.0%	76.0%	75.5%	75.5%	76.4%	
	Theatre booking conversion rates (Target: >80%)	90.3%	90.1%	89.4%	90.1%	57.3%	54.3%	53.2%	54.7%	79.0%	78.0%	77.2%	77.2%	77.9%	
Outpatients	First to follow-up ratio (Target: <1.5)	1.65	1.73	1.63	1.67	1.51	1.34	1.46	1.48	1.56	1.46	1.52	1.52	1.54	
	Average wait to first outpatient attendance (Target: <6 wks)	7.3	7.6	7.3	7.4	6.9	6.7	6.9	6.8	7.1	7.1	7.1	7.1	7.1	
	DNA rate: first appointment	11.1%	13.5%	15.7%	13.1%	10.4%	9.7%	10.3%	10.4%	10.8%	11.6%	13.1%	13.1%	11.8%	
	DNA rate: follow-up appointment	10.9%	12.6%	13.3%	11.8%	8.8%	9.1%	8.6%	8.9%	10.2%	11.5%	11.8%	11.8%	10.9%	

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

Non-elective LoS

Improvements noted on the Chelsea site and should continue to improve following the closure of the 26 bedded Supported Discharge Suite and live tracking system of medical optimised patients along with an enhanced focus on delayed transfers of care. West Middlesex site has seen a significant reduction in Richmond delays which had previously led to the delays being higher. Escalation of specific issues remains in place throughout the remainder of the year.

Surgery has commenced a 2 month pilot of a Surgical Assessment Unit focused on reducing the length of stay of non-elective surgical admissions which should improve LoS further.

Daycase rates
Day case rates reduced in July due to the fact that the focus cross site was on meeting the elective activity plans and treating long waiters and utilising dropped theatre sessions due to annual leave (there was a higher volume of larger cases). This is a work stream of the theatre productivity working group and will continue to be a focus as we strive to deliver best practice care.

Operations cancelled on the day for non-clinical reasons: % of total elective admissions

There were 2 reported cancellations on the day due to case overrun and non-availability of beds. All operations which are cancelled on the day are challenged at the time and progress is being made against the plan to reduce all cancellations. All cancellations including clinical reasons are being audited by a service manager, a clinical fellow and clinical director.

Theatre booking conversion rates
This metric relates to the theatre list at 2 weeks prior to the theatre date. Although we remain on target an audit has been undertaken which has shown that although a lot of cases change in the 2 weeks prior to the theatre date, the lists are full at day of surgery

DNA rates: There have been technical failures of the text messaging system that has impacted on DNA rates. A new, robust text messaging process will reduce the DNA rate for both new and follow up.

Emergency re-admissions within 30 days (Adult & Paediatric)
There has been a 4% reduction is this indicator this month, we will monitor this carefully to see if this reduction is maintained before the next tranche of work begins. There is a system wide readmissions meeting on 24th August 2016 for Hounslow to discuss this issue.

Clinical Effectiveness Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
Domain	Indicator	May-16	Jun-16	Jul-16	2016-2017	May-16	Jun-16	Jul-16	2016-2017	May-16	Jun-16	Jul-16	2016-2017 Q2	2016-2017	Trend charts
Best Practice	Dementia screening diagnostic assessment (Target: >90%)	100.0%	100.0%	100.0%	100.0%	80.3%	81.9%	85.5%	85.1%	93.9%	93.7%	94.9%	94.9%	94.9%	
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	66.7%	84.6%	94.1%	84.3%	60.0%	66.7%	100.0%	74.5%	63.6%	76.0%	96.0%	96.0%	79.6%	
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	100.0%	100.0%	100.0%	100.0%	90.9%	87.5%		87.8%	95.0%	93.3%	100.0%	100.0%	93.4%	
VTE	VTE: Hospital-acquired (Target: tbc)	0	0	0	0	0	1	2	4	0	1	2	2	4	
TB	VTE risk assessment (Target: >95%)	95.8%	95.6%	95.3%	95.6%	95.7%	95.9%		95.3%	95.8%	95.7%	95.3%	95.3%	95.5%	
	TB: Number of active cases identified and notified	2	1	2	8	11	9	9	38	13	10	11	11	46	
	TB: % of treatments completed within 12 months (Target: >85%)														

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

Dementia screening diagnostic assessment

The Chelsea site have dementia scoring as part of the clerking booklet and enter the score on-line on Lastword making it easier to collect real time data. On the WMUH site, the plan is to roll out, in line with the Chelsea site, a single clerking booklet across the Trust. This should have the desired effect of increasing compliance at the West Middlesex site.

#NoF - Time to Theatre <36 hours for medically fit patients

There has been significant focus and commensurate improvement against the #NOF time to theatres target. A new inter-specialty pathway, led by the physicians was implemented in July and has improved the focus for this group of vulnerable patients. On the Chelsea site, there was one breach of the standard which was due to a patient becoming ill in theatre and the operation was then cancelled. WMUH achieved 100% compliance with medically fit patients getting to theatre within 36 hours.

TB: Number of active cases identified and notified

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

The % of treatments completed within 12 months indicator remains under development

Access Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
Domain	Indicator	May-16	Jun-16	Jul-16	2016-2017	May-16	Jun-16	Jul-16	2016-2017	May-16	Jun-16	Jul-16	2016-2017 Q2	2016-2017	Trend charts
RTT waits	RTT Incompletes 52 week Patients at month end	6	7	2	19	0	0	0	0	6	7	2	2	19	
	Diagnostic waiting times <6 weeks: % (Target: >99%)	99.21%	99.39%	99.49%	99.41%	99.45%	98.11%	97.32%	98.57%	99.35%	98.64%	98.20%	98.20%	98.92%	
	Diagnostic waiting times >6 weeks: breach actuals	19	15	11	55	18	66	84	188	37	81	95	95	243	
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	7.1%	7.1%	7.8%	7.4%	7.4%	8.3%	8.6%	8.2%	7.2%	7.5%	8.1%	8.1%	7.6%	
	A&E time to treatment - Median (Target: <60')	01:10	01:08	01:10	01:09	00:47	00:51	00:47	00:48	01:03	01:03	01:03	01:03	01:03	
	London Ambulance Service - patient handover 30' breaches	28	10	11	98	53	71	68	265	81	81	79	79	363	
	London Ambulance Service - patient handover 60' breaches	0	0	0	4	0	0	0	0	0	0	0	0	4	
Choose and Book (available to May-16 only for issues) and from Apr-16 for availability	Choose and book: appointment availability (average of daily harvest of unused slots)	2474	2710	2466	2478	1	0	0	1	2474	2710	2466	2466	2478	
	Choose and book: capacity issue rate (ASI)	27.7%	30.0%		26.2%					27.7%	30.0%			26.2%	
	Choose and book: system issue rate														

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

RTT Incompletes 52 week Patients at month end

2 reported patients in July have waited over 52 weeks

(i) patient chose to delay treatment
(ii) historical data validation correction.
(iii)

This is an improvement against the recovery trajectory of 3, agreed with the commissioners and NHS England, with the plan for 0 in August. This is the result of planning to treat our longest waiting patients whilst capacity and efficiency of services is reviewed to ensure we offer our patients a shorter wait to treatment time, and robust implementation of the new Trust Access Policy.

Diagnostic waiting times <6 weeks:

Although the Chelsea site passed the 99% target for patients seen for diagnostic within 6 weeks there were 11 breaches. These were all due to a lack of capacity. Nine of the 11 were for endoscopic procedures in paediatric gastroenterology; all nine are scheduled to take place in August or early September.

The WMUH site failed to achieve the 99% standard for Diagnostic test completion in July. Performance of 97.32% has led to a combined trust position of 98.2% - rated ‘Red’

There were 84 breaches in July; 66 of the breaches relate to ‘sleep studies’, The problem with capacity has been caused by Hounslow CCG closing its community sleep service earlier in the year. The knock-on effect has seen a significant increase in referrals to West Middlesex. The Trust has met with the local commissioners to explain and discuss the situation with a view to creating additional capacity.

London Ambulance Service - patient handover 30' breaches

The Emergency Department continue to work hard on ambulance breaches and improvement continues with the site remaining in the top 5 performers in London

A&E unplanned re-attendances

This continues to be a challenge locally and nationally and is a priority for the new Local A&E delivery boards; a system wide approach to supporting the National A&E access standards.

Maternity Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
Domain	Indicator	May-16	Jun-16	Jul-16	2016-2017	May-16	Jun-16	Jul-16	2016-2017	May-16	Jun-16	Jul-16	2016-2017 Q2	2016-2017	Trend charts
Birth indicators	Total number of NHS births	517	462	467	1885	454	407	441	1778	971	869	908	908	3663	
	Total caesarean section rate (C&W Target: <27%; WM Target: <29%)	32.8%	31.1%	35.7%	33.0%	27.3%	29.2%	28.3%	28.1%	30.2%	30.2%	32.1%	32.1%	30.6%	
	Midwife to birth ratio (Target: 1:30)	1:30	1:30	1:30	1:30	1:32.7	1:32.7	1:32.7	1:32.7	1:31.3	1:31.3	1:31.3	1:31.3	1:31.3	
	Maternity 1:1 care in established labour (Target: >95%)	96.9%	95.8%	93.6%	96.3%	95.2%	80.3%	94.9%	90.9%	96.1%	87.6%	94.2%	94.2%	93.5%	
Safety	Admissions of full-term babies to NICU	21	13	17	68	n/a	n/a	n/a	n/a	21	13	17	17	68	

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

Cross-site commentary

Total number of NHS births

Whilst births at West Middlesex are currently below plan the Chelsea site is over performing leaving us11 births under plan YTD cross site. Additional funding was given to the West Middlesex site to support increase in births due to the closure of Ealing Hospital's Maternity Unit. This allocation of funds and therefore additional staffing will be monitored and potentially reviewed in light of increased births at Chelsea and less than anticipated births at West Middlesex.

Total caesarean section rate

The rate is gradually rising at the Chelsea site. A deep dive commenced by Intrapartum Matron shows 3 main areas are contributing to rate.

1) Rate of c-section in 2nd stage is twice that of WMUH and national average.
2) 50% of emergency c-sections are due to failure to progress in 1st stage of labour. Current regime / dose for drugs used to induce / accelerate labour appear considerably to be factors and will be re-evaluated with benchmarking against neighbouring trusts
3) Interpretation of CTGs will be audited against national guidance. Deep dive continues with time of c-section and person making decision being reviewed. Moving forward 2 consultant midwives commence work at the end of September who will tasked with leading on a structured targeted plan to address the issues highlighted above.

Midwife to birth ratio

Following further investment into maternity staffing numbers are increasing. These ratios need to be reviewed once the staffing model is agreed and in place which should see a positive improvement particularly at West Middlesex

Maternity 1:1 care in established labour

Unprecedented sickness levels at the end of July at West Middlesex and increased activity at Chelsea site saw these rates fall. Initial data for August indicates they have recovered to previous levels

Admissions of full-term babies to NICU

Rates remain comparable to national average. Any admissions are reviewed through risk process to identify any themes.

Workforce Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
Domain	Indicator	May-16	Jun-16	Jul-16	2016-2017	May-16	Jun-16	Jul-16	2016-2017	May-16	Jun-16	Jul-16	2016-2017 Q2	2016-2017	Trend charts
Staffing	Vacancy rate (Target: CW <12%; WM <10%)	9.4%	10.3%	11.8%	11.8%	12.3%	12.8%	14.0%	14.0%	10.5%	11.2%	12.6%	12.6%	12.6%	
	Staff Turnover rate (Target: CW <18%; WM <11.5%)	17.1%	17.2%	17.4%	17.4%	12.2%	12.6%	14.2%	14.2%	15.2%	15.4%	16.2%	16.2%	16.2%	
	Sickness absence (Target: <3%)	2.4%	2.5%	2.6%	2.5%	1.8%	1.5%	1.5%	1.7%	2.2%	2.2%	2.2%	2.2%	2.2%	
	Bank and Agency spend (£ks)	£2,597	£2,318	£2,285	£9,551	£1,811	£1,848	£1,877	£7,247	£4,408	£4,166	£4,162	£4,162	£16,798	
	Nursing & Midwifery Agency: % spend of total pay (Target: tbc)	7.6%	7.1%	6.9%	7.2%	12.4%	11.7%	11.9%	12.1%	9.4%	8.8%	8.8%	8.8%	9.1%	
Appraisal rates	% of appraisals completed - medical staff (Target: >85%)	85.1%	84.2%	89.3%	84.4%	91.5%	94.1%	89.0%	90.5%	87.9%	88.5%	89.2%	89.2%	87.1%	
	% of appraisals completed - non-medical staff (Target: >85%)	73.7%	75.7%	75.9%	74.4%	74.0%	72.4%	72.9%	73.0%	73.8%	74.7%	75.0%	75.0%	74.0%	
Training	Mandatory training compliance (Target: >90%)	82.0%	84.9%	84.8%	83.0%	85.5%	87.8%	87.6%	86.2%	85.0%	87.4%	87.2%	87.2%	85.8%	
	Health and Safety training (Target: >90%)	86.3%	87.7%	86.1%	86.7%	81.0%	82.4%	80.8%	83.7%	84.4%	85.7%	84.1%	84.1%	85.6%	
	Safeguarding training - adults (Target: 100%)	87.8%	90.1%	88.7%	88.5%	93.3%	94.7%	95.1%	93.7%	89.8%	91.8%	91.1%	91.1%	90.4%	
	Safeguarding training - children (Target: 100%)	84.4%	92.9%	93.5%	87.2%	90.8%	98.2%	98.7%	94.2%	86.8%	94.8%	95.5%	95.5%	89.8%	

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

Workforce cross-site commentary

Staff in Post

In July the number of substantive staff in post was 5051.26 WTE (whole time equivalents), 130 higher than a year ago. At the Chelsea site the largest annual increases were in the HIV/GUM directorate (45.18), and the Nursing & Midwifery staff group (96.05).

Turnover

Unplanned turnover was 16.2%. This is based on the number of voluntary resignations for the 12 months up to and including July 2016. This is almost identical to the turnover rate one year ago (16.3%). Turnover is 17.4% at the Chelsea site and 14.2% at the West Middlesex site.

Vacancies

The vacancy rate for July was 12.6%, compared to 11.2% a year ago. This compares to 10.6 % at ICHT and 12.1% at GSTT in March 16. The increased vacancy rate is due in part to an increase in the budgeted establishment at West Middlesex from 2090 WTE to 2117 WTE since the start of the financial year. 283.3 WTE of our established posts (4.9%) were advertised on NHS Jobs in July. The average time to recruit - from placement of advert to issue of starter letter - in the four weeks to 12 August was 93.5 calendar days against a target of 70 days. Work is being undertaken to significantly improve our performance in this area.

Bank & Agency Usage

Temporary staffing accounted for 13.7% of the total workforce, 0.4% higher than one year ago.
Agency usage was 296 WTE in July 2016, 31.3 fewer than in the same month last year. Bank WTE was 506.1, an increase of 76.6 WTE on the same month last year. Expressed as a proportion of total staff WTE, agency usage was at 5% (5.7% a year ago), and bank 8.7% (7.6% a year ago).
At the Chelsea site, relative to substantive WTE, the highest agency use was in Intensive Care, 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 nursing temporary staffing challenge board continues to scrutinise requests for nursing and admin agency staff. Divisional medical temporary staffing challenge boards are in place to scrutinise medical requests.

Sickness

The annual sickness rate for the Trust in July 2016 was 2.2%.

Workforce cross-site commentary continued

Core training (statutory and mandatory training) compliance

The Trust continues to report core training compliance based on the 10 Core Skills Training Framework (CSTF) topics which provides a consistent comparison with other London trusts.

Individually, the reported compliance is Chelsea = 85%, WMUH = 86% giving an overall figure of 85%; a 2% Trust-wide compliance improvement (all topics). This compares to 87% at ICHT and 85% at GSTT in March 2016. Our improvement is primarily as a result of the concerted action undertaken during May and June to address the low compliance in safeguarding children level 1. Safeguarding children level 1 compliance has improved as follows:

CW – April: 78%	June: 93%
WM – April: 89%	June: 98%

This concerted action was in addition to the monthly (all topics) compliance reports sent to managers detailing those staff who were non-compliant and those due to lapse in the coming 3 months. There will be a focus on improving our compliance for equality & diversity and fire safety in September.

Appraisals

The appraisal rate for non-medical staff was 75% in July, below the 85% target. The appraisal rate for medical staff was 89%, below the 90% target.

62 day Cancer referrals by tumour site Dashboard

Target of 85%

		Chelsea & Westminster Hospital Site					West Middlesex University Hospital Site					Combined Trust Performance					Trust data 13 months
Domain	Tumour site	May-16	Jun-16	Jul-16	2016-2017	YTD breaches	May-16	Jun-16	Jul-16	2016-2017	YTD breaches	May-16	Jun-16	Jul-16	2016-2017 Q2	2016-2017	YTD breaches	Trend charts
62 day Cancer referrals by site of tumour	Brain	n/a	n/a	n/a	n/a		n/a	n/a	n/a	100%	0	n/a	n/a	n/a	n/a	100%	0	
	Breast	n/a	n/a	n/a	n/a		100%	100%	100%	100%	0	100%	100%	100%	100%	100%	0	
	Colorectal / Lower GI	50.0%	100%	88.9%	85.0%	1.5	100%	100%	100%	100%	0	83.3%	100%	92.3%	92.3%	92.3%	1.5	
	Gynaecological	50.0%	100%	0.0%	71.4%	1	83.3%	100%	75.0%	87.5%	1.5	75.0%	100%	60.0%	60.0%	83.9%	2.5	
	Haematological	100%	n/a	100%	100%	0	100%	n/a	66.7%	80.0%	1	100%	n/a	75.0%	75.0%	85.7%	1	
	Head and neck	0.0%	n/a	n/a	0.0%	1	50.0%	50.0%	100%	62.5%	1.5	25.0%	50.0%	100%	100%	50.0%	2.5	
	Lung	85.7%	100%	100%	94.1%	0.5	100%	100%	n/a	100%	0	87.5%	100%	100%	100%	95.0%	0.5	
	Sarcoma	n/a	n/a	n/a	100%	0	n/a	n/a	n/a	0.0%	0.5	n/a	n/a	n/a	n/a	66.7%	0.5	
	Skin	80.0%	100%	66.7%	78.6%	1.5	50.0%	100%	90.9%	85.7%	2.5	66.7%	100%	85.7%	85.7%	83.7%	4	
	Upper gastrointestinal	100%	100%	100%	100%	0	100%	77.8%	100%	88.2%	1	100%	83.3%	100%	100%	91.3%	1	
	Urological	71.4%	55.6%	81.8%	70.0%	4.5	62.5%	100%	100%	77.6%	5.5	65.2%	80.0%	89.5%	89.5%	74.7%	10	
	Urological (Testicular)	100%	n/a	n/a	100%	0	n/a	n/a	n/a	100%	0	100%	n/a	n/a	n/a	100%	0	
	Site not stated	n/a	0.0%	100%	66.7%	0.5	n/a	n/a	n/a	n/a		n/a	0.0%	100%	100%	66.7%	0.5	

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

Chelsea and Westminster commentary

The 62 day target was achieved at a Trust level in July with 4.5 breaches across the two hospitals:

At the Chelsea site the detail is as follows:

1 x Prostate, avoidable delays in theatres and histology turnaround

0.5 x Lower GI, unavoidable, patient required surgery before starting RTx

0.5 x Skin, unavoidable, patient unfit for treatment within 62 days

0.5 x Gynaecology, avoidable delay in diagnostics

West Middlesex commentary

2 of the cross-site 4.5 breaches were at West Middlesex.

The detail is as follows:

1x Haematology, unavoidable complex workup

0.5 Skin, unavoidable, patient unfit for treatment with 62 days

0.5 Gynaecology, avoidable, administrative delays at ICHT

Nursing Metrics Dashboard

Safe Nursing and Midwifery Staffing

Chelsea and Westminster Hospital Site

Ward Name	Average fill rate				CHPD		
	Day		Night				
	Registered Nurses	Care staff	Registered Nurses	Care staff	Reg	HCA	Total
Maternity	69.6%	73.1%	70.8%	94.8%	8.9	3.1	12.0
Annie Zunz	75.7%	97.1%	101.6%	96.4%	4.2	1.8	5.9
Apollo	84.7%	45.2%	94.8%	-	11.5	0.6	12.1
Jupiter	53.7%	29.6%	68.7%	25.8%	147.1	30.7	177.8
Mercury	69.8%	90.3%	96.3%	58.1%	5.5	0.8	6.3
Neptune	59.8%	64.5%	74.3%	48.4%	74.2	12.2	86.4
NICU	97.3%	-	94.4%	-	14.4	0.0	14.4
AAU	112.8%	70.8%	131.1%	60.9%	10.4	2.0	12.4
Nell Gwynn	103.5%	112.7%	154.8%	167.7%	5.2	5.5	10.7
David Erskine	102.2%	90.1%	115.1%	98.6%	3.6	2.4	6.0
Edgar Horne	75.9%	101.1%	103.2%	108.9%	2.9	3.5	6.4
Lord Wigram	96.1%	97.1%	100.0%	100.0%	3.3	2.6	5.9
St Mary Abbots	96.4%	99.1%	105.4%	103.2%	3.5	2.2	5.7
David Evans	74.3%	74.3%	90.4%	86.9%	5.9	2.6	8.5
Chelsea Wing	79.9%	67.6%	100.0%	45.6%	11.6	7.2	18.8
Burns Unit	112.3%	88.5%	128.0%	93.5%	15.3	3.9	19.2
Ron Johnson	82.2%	107.4%	86.0%	109.7%	4.7	3.1	7.8
ICU	98.4%	100.0%	99.7%	-	30.6	0.9	31.5

West Middlesex University Hospital Site

Ward Name	Average fill rate				CHPD		
	Day		Night				
	Registered Nurses	Care staff	Registered Nurses	Care staff	Reg	HCA	Total
Maternity	89.2%	-	98.1%	-	15.4	0.0	15.4
Lampton	118.7%	100.6%	117.9%	98.5%	3.4	1.9	5.3
Richmond	85.1%	85.2%	93.6%	103.7%	9.5	4.5	14.0
Syon 1	90.1%	138.4%	96.8%	135.5%	3.7	2.2	5.9
Syon 2	88.9%	163.5%	98.9%	175.8%	2.9	3.1	6.0
Starlight	127.4%	100.0%	141.9%	93.5%	9.9	1.7	11.6
Kew	93.1%	148.4%	94.3%	143.2%	2.8	3.1	5.9
Crane	93.6%	144.0%	96.5%	160.1%	3.1	3.2	6.3
Osterley 1	98.3%	217.5%	113.5%	204.8%	2.9	3.8	6.6
Osterley 2	88.0%	128.3%	101.6%	165.8%	3.3	3.2	6.5
MAU	97.7%	141.2%	115.7%	105.6%	15.1	6.5	21.6
CCU	95.5%	102.2%	99.9%	-	17.0	2.2	19.2
Special Care Baby Unit	44.2%	-	39.7%	-	8.8	0.6	9.5
Marble Hill	68.3%	56.9%	86.6%	44.3%	2.5	1.6	4.2
ITU	79.4%	-	94.6%	-	49.9	1.2	51.1

Summary for July 2016

The low fill rates for paediatrics (Chelsea) are not representative of each ward area as capacity has been closed and staff have been moved around to ensure safe staffing. Marble Hill 1 low fill is due to data inaccuracy as the staff from Marble Hill 2 have also covered this ward. For the month of august the roster template has been amended to reflect one ward and one rota. SCBU is a roster template inaccuracy.

Crane and Marble Hill low fill rates reflect the fact that these areas had beds closed for some periods during June.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

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	5		-
Trust-wide actions: End of life care	26	26		-
Emergency and Integrated Care	33	32		1
Planned Care	55	54	1	-
Women & Children, HIV & GUM	35	35	-	-
Total	189	187	1	1
June position for comparison	189	185	3	1

Chelsea and Westminster commentary

The outstanding action relates to caring for mental health patients in an appropriate place; we are working with NHSE and partners. to address this

ICU transfers overnight remain an issue due to capacity issues within ICU, a new build is planned to address capacity.

West Middlesex University Hospital

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

West Middlesex Commentary

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

1 will remain outstanding until such time that Emergency Department is rebuilt or reconfigured (resus space) and 1 relates to the community infrastructure and other health partners supporting earlier discharge.

End of Life Care is subject to on-going review through the End of Life Strategy Group

CQUIN Dashboard

National CQUINs

No.	Description of goal	Responsible Executive (role)	Forecast Q1	Q2	Q3	Q4
N1.1	Provision of Staff Wellbeing Initiatives	Director of HR & OD	G	n/a	n/a	G
N1.2	Promotion of Healthy Eating to staff, patients and visitors	Deputy Chief Executive	G	n/a	n/a	G
N1.3	Staff Influenza Vaccination	Director of HR & OD	n/a	n/a	G	G
N2.1	Sepsis (screening)	Medical Director	A	A	G	G
N2.2	Sepsis (antibiotic administration and review)	Medical Director	G	G	G	G
N5.1	Anti-microbial Resistance - reduction in antibiotic usage	Medical Director	n/a	n/a	n/a	G
N3.2	Anti-microbial Resistance - empiric review of prescribing	Medical Director	G	G	G	G
GE1	Implementation of Clinical Utilisation Review systems	Chief Operating Officer	R	R	R	R
CA1	Enhanced Supportive Care for Care Patients	Chief Operating Officer	G	G	G	G
CA2	Chemotherapy Dose Banding	Chief Operating Officer	G	G	G	G

Regional CQUINs

No.	Description of goal	Responsible Executive (role)	Forecast Q1	Q2	Q3	Q4
R1.1	NW London IT & IG Strategy & Governance	Chief Information Officer	G	G	G	G
R2.2	Sharing of Integrated Care Plans	Chief Information Officer	G	G	G	G
R2.4	Improve Communication method for GP follow-ups to Trust Clinical Services	Chief Information Officer	n/a	A	n/a	G
R3.2	Electronic Clinical Correspondence	Chief Information Officer	G	G	G	G
R3.4	NW London Data Quality	Chief Information Officer	G	G	G	G

Local CQUINs

No.	Description of goal	Responsible Executive (role)	Forecast Q1	Q2	Q3	Q4
L1.1	Blueteq Implementation for High Cost Drugs Approvals	Chief Operating Officer	n/a	n/a	G	G
L1.2	Engagement with Richmond Outcome Based Commissioning Project	Deputy Chief Executive	G	G	G	G
L1.3	Timely Discharge Communication with Wandsworth CAHS	Chief Operating Officer	G	G	G	G
L1.4	Developing Telemedicine	Chief Information Officer	G	G	G	G
L1.5	ARV Switch for HIV patients	Chief Operating Officer	G	G	G	G
L1.6	Reducing Ventilator Associated Pneumonia	Chief Operating Officer	G	G	G	G

Commentary

A total of £8.3m of income is available in 2016/17 through 21 separate CQUIN schemes negotiated with the Trust's Commissioners. Senior Responsible Officers have been established for each of the 21 projects, and operational leads identified who will supported with performance monitoring information to support successful delivery.

Quarter 1 evidence of achievement against milestones was successfully compiled and sent to Commissioners ahead of the contractual deadline with one exception.

National CQUINs
The Trust was unable to provide a baseline assessment of current performance or the implementation plan for improvement to CCG Commissioners within the timescale set out in the contract. Sepsis screening data was provided with performance at 84% against a 90% target which will result in part, rather than full payment against this milestone.

Despite further attempt to renegotiate with NHSE to modify the requirements associated with the Clinical Utilisation Review (CUR) CQUIN, the Commissioner was not prepared to take account of the local context (EPR procurement). In light of this, a decision was taken not to pursue this CQUIN any further, and to forego the £285k of income available. This loss was anticipated and is already mitigated within the Trust's financial plan for 2016/17.

Regional CQUINs
The Trust is engaged in continuing negotiation with the CCG regarding the timeline for implementation of CQUIN project R2.4, aimed at improving communication between GPs and Hospital Consultants. Concern has been expressed by the Trust about the proposed timescales for delivering e-consultation using the SystmOne application, and the level of active involvement in the project by the CCG IT team. The issues have been escalated to the Performance & Contracting Executive (PCE). A total of £1.96m of income is linked to this CQUIN, plus a further £230k of NHSE income linked to it.

Local CQUINs
All local CQUIN project milestoness have been delivered to timescale.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Finance Dashboard

Month 4 (July) Integrated Position

Financial Position (£000's)

£'000	Combined Trust			CW			WM		
	Plan to Date	Actual to Date	Var to Date	Plan to Date	Actual to Date	Var to Date	Plan to Date	Actual to Date	Var to Date
Income	201,267	207,542	6,275	198,732	204,694	5,962	2,535	2,848	313
Expenditure	(186,814)	(193,986)	(7,172)	(130,259)	(136,535)	(6,276)	(56,555)	(57,451)	(896)
EDITDA	14,453	13,556	(897)	68,473	68,159	(314)	(54,020)	(54,603)	(583)
EBITDA %	7.181%	6.532%	-0.65%	34.5%	33.3%	1.2%	-2131.0%	-1917.2%	213.7%
Interest/Other	(1,920)	(1,720)	200	(496)	(286)	210	(1,424)	(1,434)	(10)
Depreciation	(6,630)	(5,900)	730	(4,847)	(4,352)	495	(1,783)	(1,548)	235
PDC Dividends	(3,068)	(3,068)	0	(3,068)	(3,068)	0	0	0	0
Surplus/ (Deficit)	**2,835**	**2,868**	**33**	**60,062**	**60,453**	**391**	**(57,227)**	**(57,585)**	**(358)**

Comments RAG rating

The year to date position at Month 4 is £2,868k surplus which is favourable against the plan by £33k.

Income is favourable against the plan by £6,275k year to date, this mainly relates to over-performance in clinical income. The over-performance is within elective, non elective and outpatient activity across various specialties within CW and WM.

Pay is adverse by £1,163k year to date. The main reason for the overspend relates to the use of temporary staffing to cover vacancies, sickness and addtional clinics/theatre session.

Non-pay is adverse by £6,125k year to date mainly due contractual provisions and activity related costs.
Non-operating expenditure is favourable by £930k year due to date mainly due to depreciation.

Risk rating (year to date) C&W only

FSRR	M4 Plan	M4 Actual
FSRR Rating	4	4

Comments RAG rating

The FSRR rating is a 4

Cost Improvement Programme (CIPs)

Site	In Month			Year to Date		
	Plan £'000	Actual £'000	Var £'000	Plan £'000	Actual £'000	Var £'000
Service Improvement and Efficiency Workstream	1,490	1,149	(341)	4,877	4,016	(861)
Integration Workstream/Transformation	311	278	(33)	859	833	(27)
Q1 Quotas	0	89	89	1,153	1,157	4
Trust Total	1,801	1,517	(284)	6,889	6,006	(884)

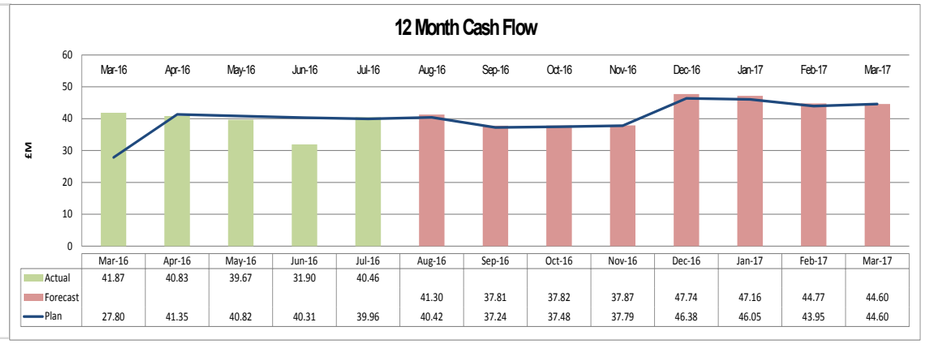
Comments RAG rating

The main areas of year to date slippage were: Temporary Staffing (£377k) Bed productivity (£152k), Clinical Admin schemes (£88k) and Diagnostic Demand Management (£83k).

Cash Flow

Comments RAG rating

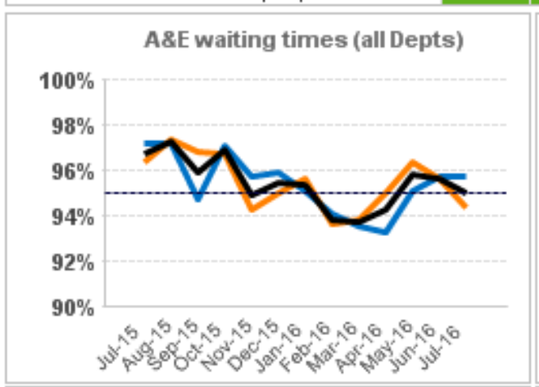
Cash at the end of July is £40.5m, £0.5m above plan. This is mainly due to lower than expected creditor payments.
The Trust is anticipating achieving its year end forecast cash balance of £44.6m

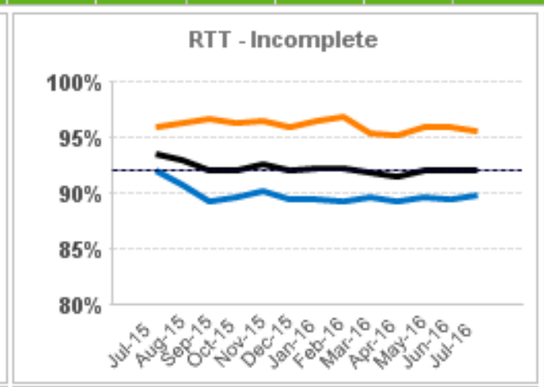


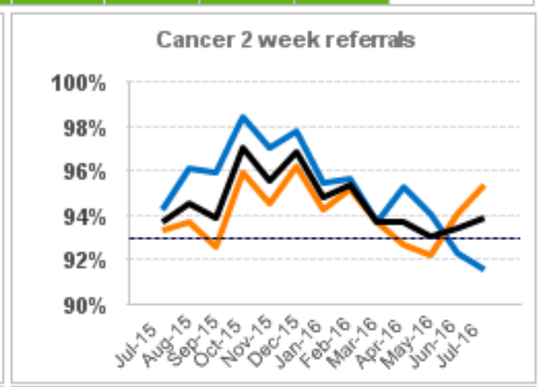
	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Actual	41.87	40.83	39.67	31.90	40.46								
Forecast						41.30	37.81	37.82	37.87	47.74	47.16	44.77	44.60
Plan	27.80	41.35	40.82	40.31	39.96	40.42	37.24	37.48	37.79	46.38	46.05	43.95	44.60

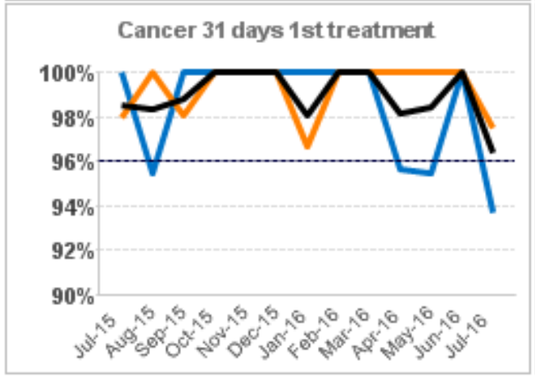
Regulatory Compliance

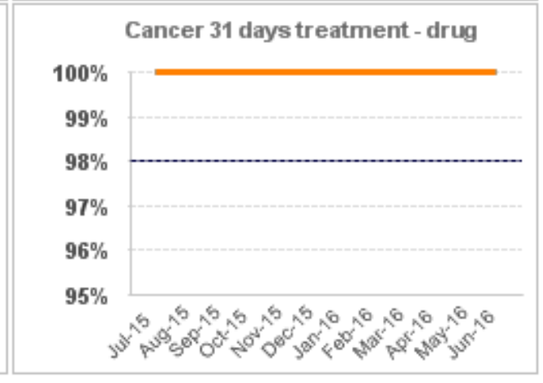
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined Trust data: last Quarter, YTD & 13m trend					
Indicator	May-16	Jun-16	Jul-16	May-16	Jun-16	Jul-16	May-16	Jun-16	Jul-16	Quarter	YTD	Trend
A&E waiting times - Types 1 & 3 Depts (Target: >95%)	95.1	95.8	95.7	96.3	95.6	94.4	95.8	95.7	95.0	95.0	95.2	
RTT - Incomplete (Target: >92%)	89.7	89.5	89.8	96.0	96.0	95.6	92.1	92.0	92.1	92.1	91.9	
Cancer 2 week urgent referrals (Target: >93%)	94.1	92.3	91.6	92.2	94.1	95.3	93.0	93.4	93.9	93.9	93.5	
Cancer 2 week Breast symptomatic (Target: >93%)	n/a	n/a	n/a	90.1	93.9	97.4	90.1	93.9	97.4	97.4	93.6	
Cancer 31 days first treatment (Target: >96%)	95.5	100	93.8	100	100	97.5	98.4	100	96.4	96.4	98.2	
Cancer 31 days treatment - Drug (Target: >98%)	100	100	n/a	100	100	n/a	100	100	n/a	n/a	100.0	
Cancer 31 days treatment - Surgery (Target: >94%)	100	100	n/a	100	100	100	100	100	100	100	100.0	
Cancer 62 days GP ref to treatment (Target: >85%)	73.5	82.1	84.4	85.7	94.4	93.7	81.1	89.1	90.5	90.5	86.5	
Cancer 62 days NHS screening (Target: >90%)	n/a	n/a	n/a	100	100	100	100.0	100.0	100.0	100.0	100.0	
Clostridium difficile infections (Targets: CW: 7; WM: 9; Combined: 16)	0	0	0	0	1	0	0	1	0	0	5	
Self-certification against compliance for access to healthcare for people with LD	Comp	Comp	Comp	Comp	Comp	Comp	Comp	Comp	Comp	Comp	Comp	

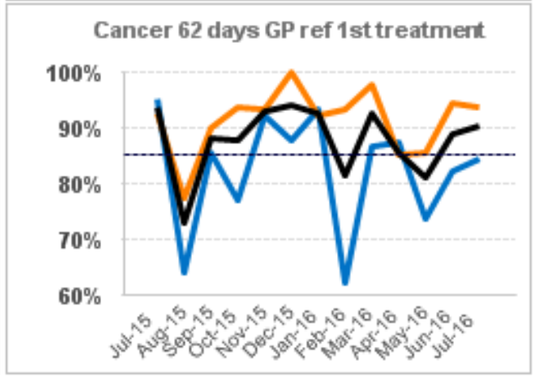






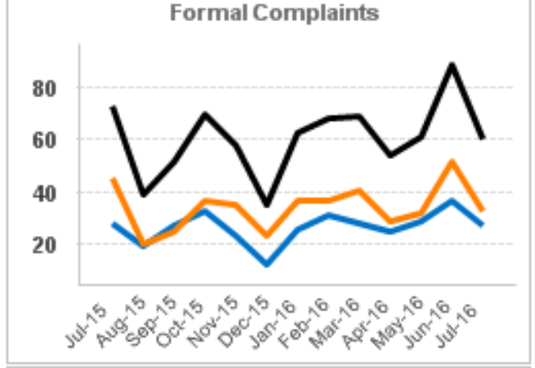


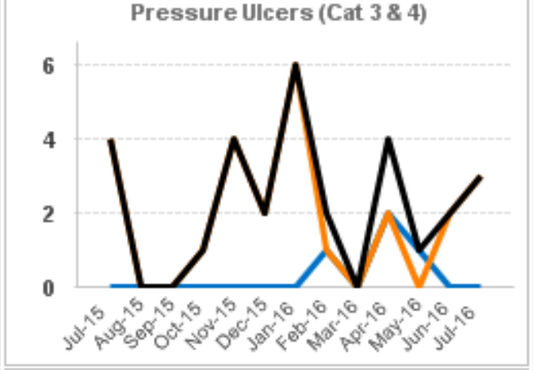


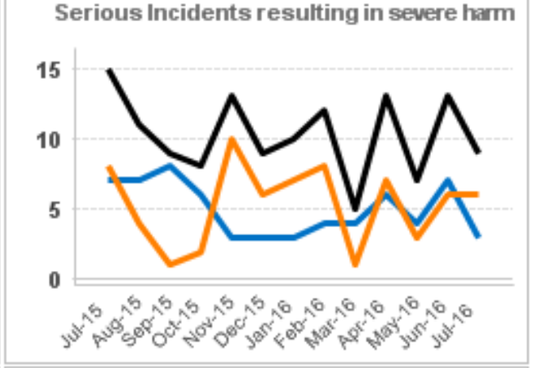


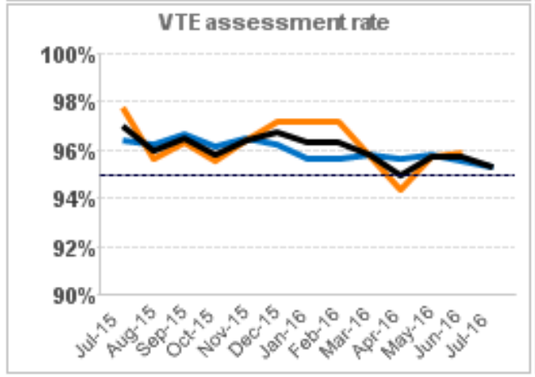
Quality

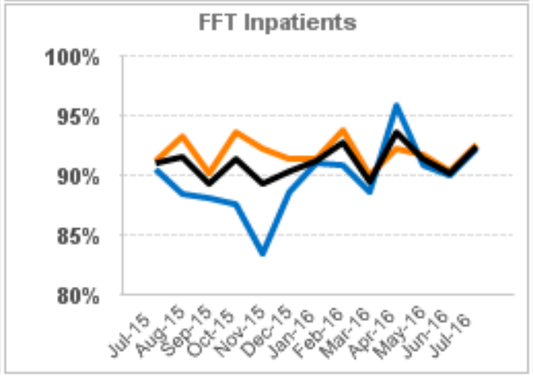
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	May-16	Jun-16	Jul-16	May-16	Jun-16	Jul-16	May-16	Jun-16	Jul-16	Quarter	YTD	Trend
Hand Hygiene (Target: >=90%)	95.2	95.2	95.8	98.9	97.0	98.0	96.8	95.8	96.6	96.6	96.2	
Pressure Ulcers (Cat 3 & 4)	1	0	0	0	2	3	1	2	3	3	10	
VTE assessment % (Target: >=95%)	95.8	95.6	95.3	95.7	95.9		95.8	95.7	95.3	95.3	95.5	
Formal complaints number received	29	37	27	32	52	33	61	89	60	60	264	
Formal complaints responded to <25days	12	10	5	4	14	7	16	24	12	12	68	
Serious Incidents	4	7	3	3	6	6	7	13	9	9	42	
Never Events (Target: 0)	0	2	0	0	0	0	0	2	0	0	2	
FFT - Inpatients recommend % (Target: >90%)	90.9	89.9	92.2	91.7	90.4	92.6	91.4	90.2	92.5	92.5	92.0	
FFT - A&E recommend % (Target: >90%)	86.1	88.9	86.6	89.4	90.0	89.0	87.0	89.2	87.2	87.2	87.6	
Falls causing serious harm	0	0	0	1	1	0	1	1	0	0	2	

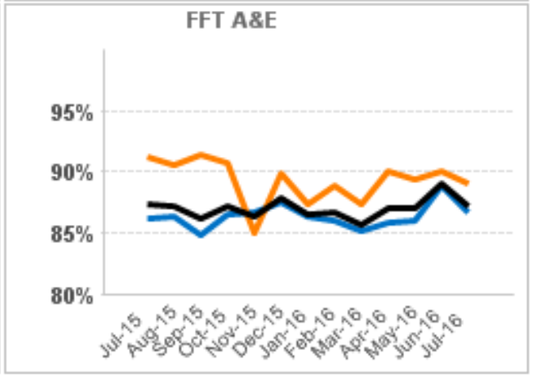






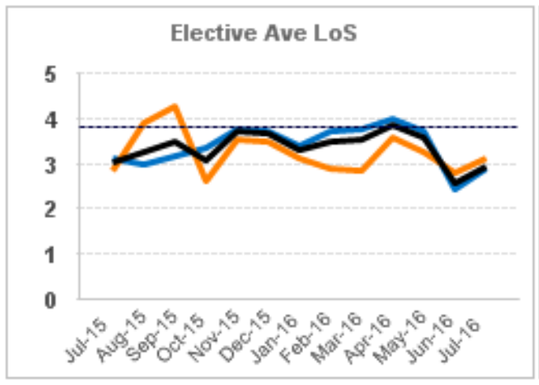


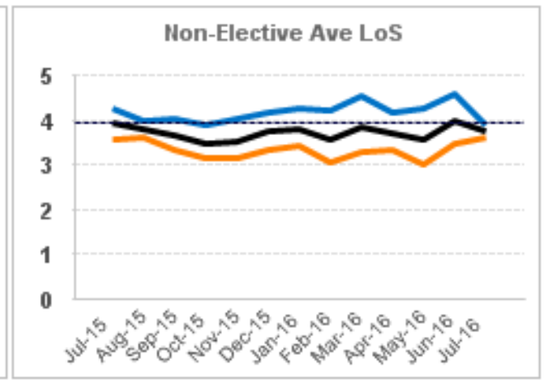


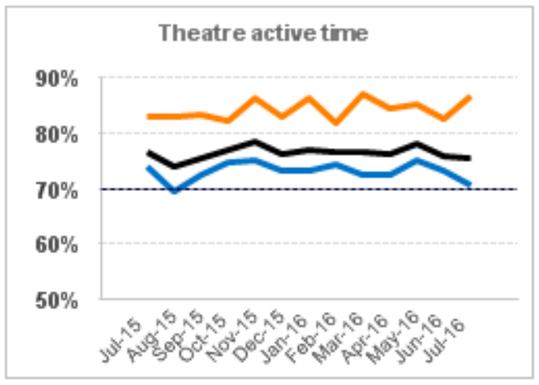


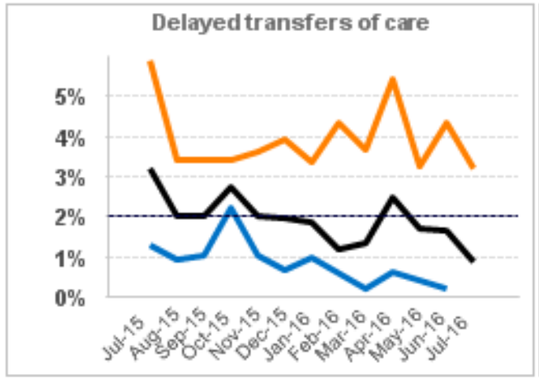
Efficiency

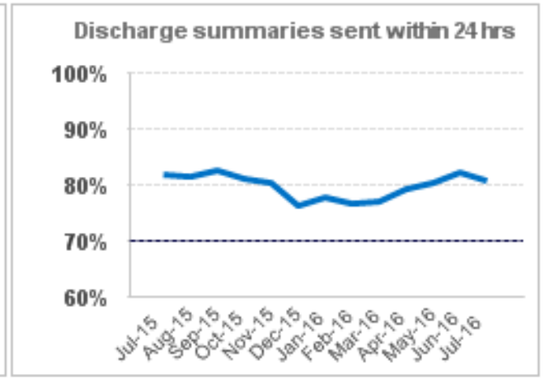
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	May-16	Jun-16	Jul-16	May-16	Jun-16	Jul-16	May-16	Jun-16	Jul-16	Quarter	YTD	Trend
Elective average LoS (Target: <3.8)	3.7	2.5	2.9	3.3	2.8	3.1	3.6	2.6	2.9	2.9	3.2	
Non-Elective average LoS (Target: <3.95)	4.3	4.6	3.9	3.0	3.5	3.6	3.6	4.0	3.7	3.7	3.8	
Theatre active time (Target: >70%)	75.0	73.2	70.7	85.3	82.4	86.5	78.0	76.0	75.5	75.5	76.4	
Delayed transfers of care (Target: <2%)	0.41	0.21	0.00	3.23	4.37	3.23	1.69	1.67	0.90	0.90	1.71	
Discharge summaries sent within 24 hours (Target: >70%)	80.2	82.2	80.7	dev	dev	dev	80.2	82.2	80.7	80.7	80.6	
Outpatient DNA rates (Target: <11.1%)	11.0	12.8	13.9	9.5	9.4	9.3	10.4	11.5	12.2	12.2	11.2	
On the day cancelled operations not re-booked within 28 days (Target: 0)	1	1	3	0	0	0	1	1	3	3	5	

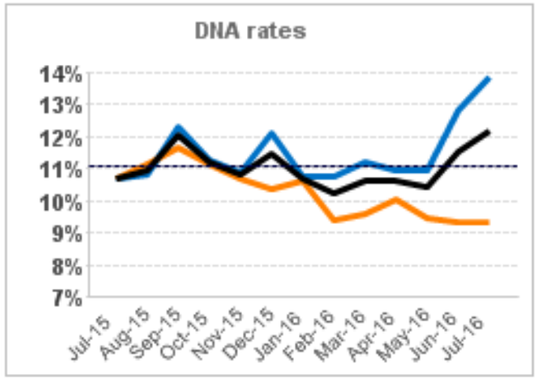












Workforce

Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	May-16	Jun-16	Jul-16	May-16	Jun-16	Jul-16	May-16	Jun-16	Jul-16	Quarter	YTD	Trend
Appraisal rates (Target: >85%)	74.8	76.6	77.2	76.9	76.0	75.5	75.4	76.4	76.7	76.7	75.5	
Sickness absence rate (Target: <3%)	2.44	2.52	2.59	1.79	1.53	1.55	2.21	2.17	2.22	2.22	2.20	
Vacancy rates (Target: CW<12%; WM<10%)	9.4	10.3	11.8	12.3	12.8	14.0	10.5	11.2	12.6	12.6	12.6	
Turnover rate (Target: CW<18%; WM<11.5%)	17.1	17.2	17.4	12.2	12.6	14.2	15.2	15.4	16.2	16.2	16.2	
Mandatory training (Target: >90%)	82.0	84.9	84.8	85.5	87.8	87.6	85.0	87.4	87.2	87.2	85.8	
Bank and Agency spend (£ks)	£2,597	£2,318	£2,285	£1,811	£1,848	£1,877	£4,408	£4,166	£4,162	£4,162	£16,798	
Nursing & Midwifery: Agency % spend of total pay (Target: tbc)	7.6	7.1	6.9	12.4	11.7	11.9	9.4	8.8	8.8	8.8	9.1