Chelsea & Westminster Hospital NHS Foundation Trust

Board of Directors Meeting (PUBLIC SESSION) 03 November 2016

Hospital Boardroom, Chelsea and Westminster

03 November 2016 14:00 - 03 November 2016 16:00

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting (PUBLIC SESSION)
Location: Hospital Boardroom, Chelsea and Westminster Hospital
Date: Thursday, 3 November 2016
Time: 14.00 – 16.00 hours

Agenda

		GENERAL BUSINESS		
14.00	1.	Welcome & Apologies for Absence Apologies received from Sandra Easton and Martin Lupton.	Verbal	Chairman
14.03	2.	Declarations of Interest	Verbal	Chairman
14.05	3.	Minutes of the Previous Meeting held on 1 September 2016	Report	Chairman
14.10	4.	Matters Arising & Board Action Log	Report	Chairman
14.15	5.	Chairman's Report	Report	Chairman
14.25	6.	Chief Executive's Report	Report	Chief Executive
		QUALITY & TRUST PERFORMANCE		
14.40	7.	Serious Incidents Report	Report	Director of Nursing
14.50	8.	Q2 update Quality Report Priorities	Verbal	Director of Nursing
15.10	9.	Integrated Performance Report	Report	Chief Operating Officer
15.20	10.	Patient Experience Case Study	Report	Director of Nursing
		ITEMS FOR INFORMATION		
15.40	11.	Questions from Members of the Public	Verbal	Chairman
15.50	12.	Any Other Business	Verbal	Chairman
16.00	13.	Date of Next Meeting – 5 January 2017		

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Minutes of the Board of Directors (Public Session)
Held at 14.00 on 1 September 2016 in Room A, West Middlesex University Hospital

Present:	Sir Thomas Hughes-Hallett	Chairman	(Chair)
	Jeremy Jensen	Non-Executive Director	(JJ)
	Nick Gash	Non-Executive Director	(NG)
	Andrew Jones	Non-Executive Director	(AJ)
	Jeremy Loyd	Non-Executive Director	(JLo)
	Liz Shanahan	Non-Executive Director	(LS)
	Eliza Hermann	Non-Executive Director	(EH)
	Lesley Watts	Chief Executive	(LW)
	Karl Munslow-Ong	Deputy Chief Executive	(KMO)
	Sandra Easton	Chief Finance Officer	(SE)
	Zoe Penn	Medical Director	(ZP)
	Rob Hodgkiss	Chief Operating Officer	(RH)
	Keith Loveridge	Director of HR & OD	(KL)
	Thomas Lafferty	Director of Corporate & Legal Affairs	(TL)
	Vanessa Sloane	Director of Nursing	(VS)
In Attendance:	Richard Collins	Chief Information Officer	(RC)
	Roger Chinn	Deputy Medical Director	(RCh)
	Annette Lloyd	Surgical Nurse	(AL)
	Michael Ssrunkuma	Chaplain	(MS)
Apologies:	Nilkunj Dodhia	Non-Executive Director	(ND)
	Martin Lupton	Board Representative, Imperial College	(ML)

1.	**Welcome and Apologies for Absence**
a.	The Chair welcomed the Board and the members of the public in attendance to the meeting.
b.	The apologies for absence were noted.
2.	**Declarations of interest**
a.	None declared.
3.	**Minutes of Previous Meeting: 7 July 2016**
a.	The minutes of the previous meeting were confirmed as a true and accurate record.
4.	**Matters Arising**
a.	The Board considered the matters arising from the last set of minutes and the corresponding Board action log.
b.	In relation to minute 4b, relating to a 'deep dive' session on demand and capacity modelling within A&E, RH

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	confirmed that a significant amount of work had been undertaken in this area. The Board noted that the action had arisen from its desire to more clearly understand the realities of continuing to deliver its current portfolio of clinical services in the future if the rate of patient demand continued to grow. It was agreed that a paper on this would be brought to the next Public Board via FIC. **ACTION: RH / (TL)**
c.	The Chair expressed concern with regard to action 11b which related to Wifi connectivity within the Trust's premises. He noted that clinical/patient areas had been the Trust's initial focus with regard to Wifi availability. However, the lack of telephone and Wifi service available to senior management within the Trust was unacceptable and needed to improve within three months. **ACTION: RC**
5.	**Chairman's Report**
a.	The Chair reported that he would, in future, present a written report and that he would be assisted by TL in this regard. **ACTION: TL**
b.	The Chair welcomed KL to his first formal meeting of the Board and invited him to introduce himself to the Board. KL outlined his past experiences and his experience to date working within the Trust which had been wholly positive.
c.	The Chair noted that, in the coming weeks, he would be hosting a meeting of all local Hospital charity Chairpersons in order to agree a set of defining priorities relating to care, education and research which could be adopted by all. The meeting would also be used to discuss a more collaborative approach to seeking donors. He added that, Chris Chaney (CC, CW+ CEO) would be in attendance at future Board meetings and that he, LW and CC would be attending the meeting of the Borne Trustee Charity Board on 15 September.
d.	The Chair advised that, in October, the Trust would host a Volunteer Summit engaging a number of healthcare providers across London and that the Chair of the local Sustainability & Transformation (STP) programme, members of the Cabinet Office and the CEO of Age UK were expected to be in attendance. He asked LW to consider who from the Trust Executive would attend the session. **ACTION: LW**
6.	**Chief Executive's Report**
a.	LW summarised the contents of her report, particularly focusing upon the following issues:
b.	LW noted that despite the operational pressures, the Trust had continued to maintain strong performance throughout 2016/17 and had achieved a COSRR of '4' and a 'Green' Governance Risk Rating in relation to NHS Improvement's (NHSI) current regulatory regime. The report noted that this regime was subject to change over the coming months through the rollout of a new Single Oversight Framework.
c.	LW advised that it had been confirmed that further industrial action was planned in response to the national junior doctor contract and that the Trust would have to rapidly undertake contingency planning in a relatively short timescale in response to this.
d.	VS noted that the West Middlesex Open Day would take place on 24th, rather than the 12th of September as indicated by the report.

e.	The Chair noted the report's reference to the annual Staff Awards and requested that the Trust's volunteers be included within future such events. **ACTION: VS**
f.	The Chair noted that the report referenced the Trust's plans to introduce coaching training for staff. KL clarified that the Trust would initially be approaching this on an externally-facilitated 'train the trainer' basis but that, going forward, staff coaching would be provided internally within the organisation.
g.	The Chair noted that the 2016 Annual Members Meeting (AMM) had been the best attended in the Trust's recent history and, in light of this, he asked that thought be given to securing a larger venue with a greater capacity in future years. **ACTION: TL**
	<u>One-Year Anniversary Post WMUH Acquisition</u>
h.	ZP delivered a presentation on the key achievements of the Trust over the 12-month period following the acquisition of West Middlesex University Hospital NHS Trust (WMUH) including the delivery of the financial plan, the Trust's sustained excellent performance vs. the nationally mandated operational targets, improved staff survey outcomes and positive endorsements from the Trust's main regulators. The presentation also featured a focus on some of the key clinical service developments and 'lessons learnt' from the transaction.
i.	In summarising the presentation, ZP concluded that; overall, the Trust remained 'on plan' but noted that the full benefits associated with the transaction would not be realised for several years to come.
j.	NG asked what local 'West Middlesex commissioners' views were on the success, to date, of the transaction. ZP noted that relationships with commissioners continued to improve and that both Hounslow and Richmond CCGs had congratulated the organisation on its strong operational performance since the acquisition.
k.	JL noted the 'clinical benefits' highlighted within the presentation and said that these required clear, measurable KPI/milestones in order for the Board to track the progress of implementation. It was agreed that the Executive would consider this and report back to the Board. **ACTION: LW/KMO**
l.	The Chair congratulated the organisation on its post-acquisition achievements and suggested that the Trust share this with Jim Mackie (CEO, NHSI) and Sir Mike Richards (Chief Inspector of Hospitals, CQC) if the Trust was able to continue its strong performance over the next 12 months.
m.	LW advised the Board that the initial post-acquisition improvements in the Trust's staff survey outcomes would be adversely affected by the number of staff consultations and restructures that were taking place within the organisation which, whilst necessary, were unsettling for the staff affected.
n.	LW noted that the presentation made reference to the Trust's increased FT membership post-acquisition and said that it was vital that the organisation increased its level of engagement with its members. It was noted that this would further be considered at the 15 September Council of Governors' Away-Day.
o.	Following discussion, it was agreed that the presentation document would be included in the paperwork supporting the Governors' Away-Day. **ACTION: TL**

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7.	**Patient Experience Case Study**
a.	The Board was presented with a case study from MS whom, whilst a member of staff, had experienced the Trust's services from the perspective of a patient after being admitted to the West Middlesex University Hospital in December 2015 after suffering from acute stomach pain. MS reflected upon a number of themes which arose during his patient episode: • Significant delays in waiting for a surgical assessment; • A lack of communication with patients in respect of their proposed treatment plans; • That what 'good care' represented was a subjective matter and that each individual had differing expectations in this regard, thus emphasising the need for the Trust to provide individualised care; • The nurses encountered were consistently professional, courteous and polite, but this did not apply to all interactions with the medical staff; • There was a need to explain to patient's why there was a legitimate clinical need to continually re-check their identity and related information; • The lack of notice provided to patients regarding discharge which was linked to the 'operational busyness' of the Hospital; • Delays in discharge caused by various aspects of the care package (e.g. take home medication) not being ready; • The overuse of 'jargon' (e.g. 'pathway') and the fact that this could inhibit a patient's understanding of their care plan; • The difficulties associated with seeking support from healthcare professionals post-discharge, particularly when attempting to contact the Hospital by telephone.
b.	The Chair thanked MS for his honest reflections and noted that the case study had given rise to a number of cultural and logistical issues which the Trust needed to address in order to improve the patient experience. LW agreed and said that this feedback would be incorporated into the work currently being undertaken with regard to 'ways of working' and the development of the new set of Trust values. JL endorsed this but said that culture change could only take place where the required changes in behaviour were addressed at an individual, rather than generic level. LW agreed, noting that a key part of work to date had been to instil a sense of individualised ownership and accountability for the care environments in which each healthcare professional worked.
c.	The Chair asked for MS' views on the contribution of volunteers to the patient experience. MS advised that volunteers could provide companionship for patients in A&E and vital reassurance. They could also help to raise patient questions or queries with clinical staff.
8.	**Serious Incident Report**
a.	The Board noted the themes and trends presented within the report.
b.	In presenting the report, VS summarised the trends and themes arising from recent Serious Incidents. In particular, she noted that whilst pressure ulcer incidents continued to occur, both sites had reduced their number of such incidences in July. The Trust was in the process of recruiting two specialist tissue viability nurses. EH noted that the reduction in the number of pressure ulcers was a key quality priority and that this overall trend would continue to be monitored by the Quality Committee.
9.	**Integrated Performance Report**

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a.	In presenting the report, RH advised that the report now included combined commentary for both sites. In terms of performance, in Q1, the Trust had been the only Trust in London to achieve all of the nationally mandated operational targets- this level of performance had been maintained in Month 4 but was becoming increasingly more difficult to sustain as levels of patient activity continued to increase. RH added that since the 'deep dive' session held at the Quality Committee session in July regarding the Trust's new approach to the fractured neck of femur pathway, real improvement was evident across both sites.
b.	SE confirmed that the Trust's financial performance remained in alignment with plan.
c.	EH noted that, despite the overall strong levels of performance, the Trust's performance with regard to complaint responses was appearing to deteriorate. LW agreed and noted the restructuring that had recently taken place within the Department. There were also plans to retrain Complaints staff in order to improve the overall quality of complaint responses. In addition, the Executive would be assessing the root cause of complaint response delays so that these could be duly addressed. Following discussion, the Board agreed that the Executive should report back to the Board with a trajectory for improvement in complaints. **ACTION: PN/VS**
d.	The Chair raised concern that the 'complaints booth' at the front of the WM site remained permanently closed and that there needed to be far better communication on how patients/relatives could raise complaints and concerns both during and outside of office hours at both sites. LW agreed to address this. **ACTION: PN/VS**
e.	The Chair encouraged the Executive to, in future, use the report to help to identify 'stale reds' where the Trust had under-performed against a particular target for successive months. SE agreed to include this analysis within the next iteration of the report. **ACTION: SE**
f.	NG noted the deterioration in the medication errors performance metrics and expressed concern that the explanatory narrative (relating to turnover and vacancies) did not seem relevant to the deterioration in performance. It was agreed that RH would review this with the Chief Pharmacist. **ACTION: RH**
10.	**Questions from members of the public**
a.	Wendy Micklewright, Patient Governor, acknowledged the discussions held in the Board meeting with regard to the use of volunteers and asked that equal focus be given to the role of patient advocates in the context of the Care Act. LW agreed that the Trust would also promote patient advocates and said that, ultimately, the Trust would look to a variety of options on how the overall patient experience could be enhanced, outside of the traditional methods for delivering care.
11.	**Any other business**
a.	Nil.
12.	**Date of Next Meeting** – 3 November 2016

The meeting closed at 15.58.

Trust Board (meeting held in public) 1 September 2016 – Action Log

Meeting	Minute number	Agreed Action	Current Status	Lead
Sept 2016	4.b	Matters Arising Bring a paper on a 'deep dive' session on demand and capacity modelling within A&E to the next Public Board via FIC.	A&E and Non-Elective Demand paper due to be presented at the Finance and Investment Committee on 24/11/16 and will go to Board following that.	**RH / (TL)**
	4.c	Improve telephone and WiFi service availability to senior management within the Trust within three months.	An update was emailed to the Board members on 13 October.	**RC**
	5.a	Chairman's Report Assist the Chairman with producing a written Chairman's report for future Board meetings.	As per report on agenda.	**TL**
	5.d	Consider the Trust Executive representation at the Volunteer Summit in October.	Complete.	**LW**
	6.e	Chief Executive's Report Include the Trust's volunteers within future the annual Staff Award events.	Volunteers were included in this year's staff awards with an award to one of our long serving volunteers. Volunteers will continue to be included and the Trust is looking at other ways to involve them in awards.	**VS**
	6.g	Consider booking a larger venue with a greater capacity for the Annual Members Meeting (AMM) in future years.	This will be incorporated into 2017 AMM planning.	**TL**
	6.k	'Clinical benefits' presentation Executive to consider developing clear, measurable KPI/milestones in order for the Board to track the progress of implementation and report back to the Board.	This will be addressed under the EPR update on the agenda.	**LW/KMO**

	6.o	Include the presentation in the paperwork supporting the Governors' Away-Day.	Complete.	**TL**
	9.c & 9d	<u>Integrated Performance Report</u> Executive to report back to the Board with a trajectory for improvement in complaints + Complaints 'Access'	Please see attached Complaint Briefing Paper.	**PN/VS**
	9.e	Identify 'stale reds' where the Trust had under-performed against a particular target for successive months and include the analysis within the next iteration of the report.	The requirement has now been specified by the information team and the proposed amendment requires some development work to automate it has therefore not been possible to achieve before publication of August's report. It will be in place for September's Integrated Board Report which will be present to the Board on 3rd November.	**SE**
	9.f	Review the deterioration in the medication errors performance metrics in relation to the explanatory narrative (relating to turnover and vacancies) which did not seem relevant to the deterioration in performance with the Chief Pharmacist.	Rob Hodgkiss has reviewed the medication error metrics with the Chief Pharmacist. There are no immediate concerns, however reporting rates have decreased below target at West Middlesex Site between July and September 2016. West Middlesex site is more dependent than Chelsea Site on Pharmacist reporting of near-miss or no-harm medication incidents to increase rates. Staff turnover and vacancies within the West Middlesex Pharmacy service in Quarter 2 have had an impact on reporting, however September rates are improved compared to August 2016.	**RH**

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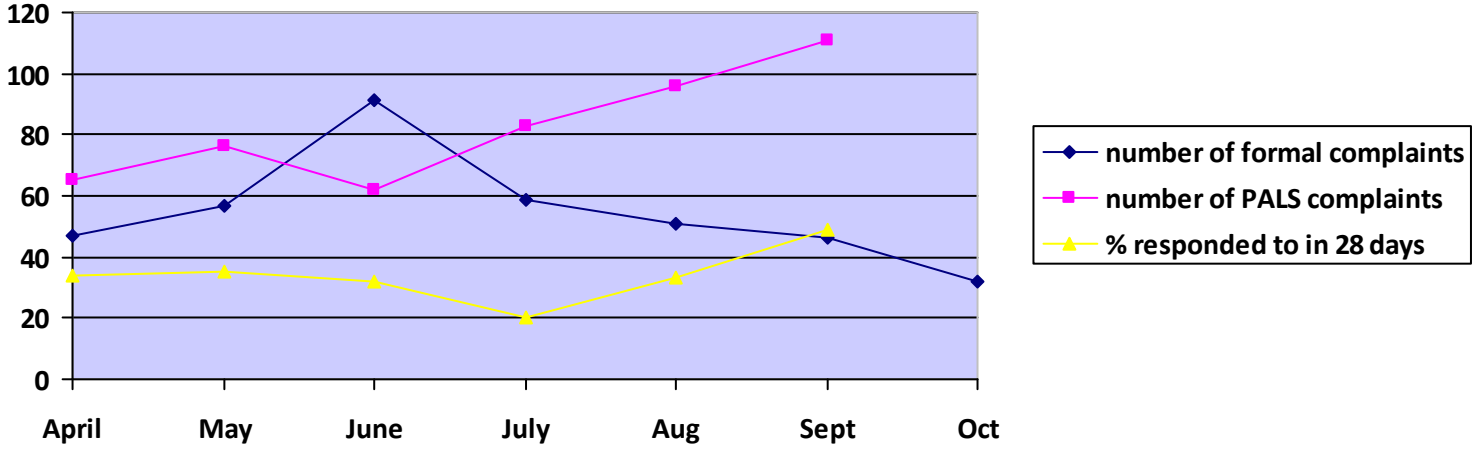
Improvement plan for managing the complaints Process

Background: The execs and NEDS raised concern about the increasing number of patient complaints and the poor performance in responding to complaint within the set 28 days. The patient experience team were asked to implement a rapid improvement plan and a trajectory to achieve compliance with the standard in September 2016.

Performance:

Total number of formal complaints received	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Total
Corporate functions	0	1	3	1	4	0	2	**11**
Emergency and Integrated Care	20	28	36	21	20	16	11	**152**
Planned Care	11	14	27	22	10	18	11	**113**
Womens, Childrens, HIV, GUM and Dermatology	16	14	25	15	17	12	8	**107**
Total	**47**	**57**	**91**	**59**	**51**	**46**	**32**	**383**
PALS complaints	**65**	**76**	**62**	**83**	**96**	**111**	**86**	**579**



Complaints responded to within 25 working days	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Total	%
Corporate functions	0	0	1	1	1	0	2	**5**	**45 %**
Emergency and Integrated Care	5	6	7	1	6	3	0	**28**	**18 %**
Planned Care	6	6	13	7	3	3	0	**38**	**34 %**
Womens, Childrens, HIV, GUM and Dermatology	5	8	8	3	7	3	0	**34**	**32 %**
Total	**16**	**20**	**29**	**12**	**17**	**22**	**26**	**105**	
%	**34%**	**35%**	**32%**	**20%**	**33%**	**49%**			

Actions:

- A clear process (Appendix 1) with escalation prior to breech implemented
- Weekly meeting with the service and complaint team
- Central complaints team verbally acknowledge the complaint and inform of any delays
- Fully recruited to the PALS advisor posts so full complaint of staff in place
- Review of estates options for PALS offices across the two sites
- How to raise concerns leaflets now distributed to all patients.
- Compliance monitored weekly by the CN

Datix Patient Experience Complaints (formal) Process Outline

Complaint entered on to Datix by Patient Experience Team

0 – 2 Days

Record 'Awaiting acknowledgement'
Patient Experience Team undertakes the following tasks within **2 working days** from complaint receipt:

- Ascertains which Division, Directorate, Specialty and exact location the complaint relates to
- Enters key details in Datix and scan / attach all documentation
- Assigns ' Complaint Lead'
- Acknowledges complainant (standard acknowledgement letter)
- **Enters acknowledged date into record**

2 – 4 Days

Record 'Awaiting Complaint Lead action'
Complaints Lead undertakes the following tasks within **2 working days:**

- Reviews records
- Initiates urgent remedial action (if required)
- Assigns an appropriate Concern / Complaint investigator
- **Enters actioned date into record**

4 – 14 Days

Record 'Being investigated'
Investigator completes the following tasks within **10 working days:**

- Updates Complainant (re method of response, timeframe, process etc.)
- Confirms what happened and why
- Investigates issues raised by complainant
- Takes action to reduce risk of recurrence
- Writes draft response letter to address all issues raised
- Submits draft response letter to Divisional Nurse
- **Enters investigation completion date into record**

14 - 20 Days

Record 'Awaiting draft response letter'
Divisional Nurse completes the following tasks within **6 working days**:

- Reviews Datix record and attached documentation
- Reviews draft response letter
- Confirms that response letter addresses issues raised
- Attaches response letter to Datix record
- **Enters draft response sign-off date into record**

20 - 25 Days

Record 'Awaiting final response letter'
The Patient Experience team completes the following tasks within **5 working days**:

- Reviews response letter
- Submits letter for CEO signature
- Updates Datix record / attaches all documentation
- Submits signed response to complainant
- **Enters final response date into record**
- **Enters closed date into record**

Escalation
The Patient Experience team completes the following tasks where draft response note received:

- Day 20 escalated to DDO
- Day 23 escalated to DON

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 3 November 2016

PUBLIC

AGENDA ITEM NO.	5/Nov/16
REPORT NAME	Chairman's Report
AUTHOR	Sir Thomas Hughes-Hallett, Chairman
LEAD	Sir Thomas Hughes-Hallett, Chairman
PURPOSE	To provide an update to the Public Board on high-level Trust affairs.
SUMMARY OF REPORT	As described within the appended paper. Board members are invited to ask questions on the content of the report.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	This paper is submitted for the Board's information.

Chairman's Report
November 2016

1.0 Governor Elections & Lead Governor Update

The end of November 2016 will see the Trust welcome a new round of elected Governors to sit on the Council of Governors. Elections will be held in the following constituencies:

Public constituency

- City of Westminster – 2 seats
- London Borough of Hammersmith and Fulham – 1 seat
- London Borough of Wandsworth – 1 seat
- Royal Borough of Kensington and Chelsea – 1 seat

Staff constituency

- Support, Administrative and Clerical Class – 1 seat
- Allied Health Professionals, Scientific and Technical Class – 1 seat

I am very much looking forward to working with my new colleagues. In the meantime, I am continuing to meet with each of our current Governors on a 1:1 basis to better understand their key concerns, ideas and views on the Trust.

The next Council of Governors meeting takes place on 8 December 2016 and it is at this meeting that the Council will vote to elect a Lead Governor.

The new Lead Governor will take over from Martin Lewis who has performed excellently in the role over the past year. I would like to place on record my thanks to Martin for his support, wise counsel and his significant efforts on behalf of the Trust and its membership base.

2.0 NED Triangulation Committee

In recent months, my Non-Executive colleagues have established a 'Triangulation Committee' attended by each of the Non-Executive Board Committee chairpersons. As a reminder (excluding the Nominations & Remuneration Committee) the Board operates with four Committees:

- Audit Committee (chaired by Jeremy Loyd);
- Finance & Investment Committee (chaired by Jeremy Jensen);
- Quality Committee (chaired by Eliza Hermann);
- People & Organisational Development Committee (chaired by Liz Shanahan).

The purpose of the Triangulation Committee is to:

- Allow for 'learning' to be shared, Committee-to-Committee with regard to key risks, opportunities and issues;
- Allow for the effective progression of cross-Committee workstreams;
- Reduce the potential for duplication of Committee business;
- Reduce the potential for important business to 'fall between' two Committees

At the Board meeting, I shall invite Eliza Hermann to advise as to the Triangulation Committee's recent outcomes and areas of focus.

3.0 Governors' Away-Day

On 15 September 2016, I hosted a Council of Governors' Away Day at Chelsea Football Club. This was an excellent event which provided an opportunity for our Council to become involved in helping to shape the Trust's revised organisational strategy, vision and values. The agenda included a number of breakout discussions in which key strategic issues and challenges were debated and considered, in addition to presentations from:

- Dr Zoe Penn, Trust Medical Director, on the delivery of the Trust Clinical Services Strategy;
- Dr Mohini Parmar, Chair of Ealing CCG, on the regional need for service transformation;
- Juliet Bauer, Trust Governor and Director of Digital Experience at NHS England, on the NHS digital strategy.

The Away-Day also provided an opportunity for the Council of Governors to review its own effectiveness and its relationship with the Board of Directors in a private session.

The outputs from the session informed a Board Strategy session held on 6 October 2016.

The feedback that I have received on the Away-Day support my view that the event was highly productive and I am keen to ensure that this event is now embedded as a key governance milestone within the Trust's annually produced Corporate Calendar of Meetings.

4.0 Volunteer Summit

On 12 October 2016, I hosted the Trust's inaugural Volunteers' Summit in the Gleeson Lecture Theatre. We had 65 people in attendance with a good mix of staff, clinicians and external invitees. We had an excellent presentation from Keith Loveridge on where we currently are with volunteering in our hospital, an insightful presentation from Chris Burghes, CEO of the Royal Free Charity, on how successful their volunteering programme is at the Royal Free; followed by two panel discussions with our staff and an interactive open forum will all guests. What emerged from the discussions was that our staff are incredibly excited about the prospect of volunteering at both hospital sites and all had many great ideas about where they felt support could be utilised.

I am now working with the team to get a project plan underway and how we might launch the Volunteering Strategy across both sites. There is much work to be done on this and regular updates will submitted over the coming months. Lesley Watts will Chair the programme going forwards.

5.0 New Charity & Working Together with all our Hospital Charities

The critical pathway to establishing a new independent charity is proceeding at pace and we have now submitted the proposed Articles of Association and establishment deed to the Charities Commission and Department of Health. Board members will recall that the 'new charity' will take on all assets and liabilities that currently sit within the Trust's principal Charity, CW+ and those of the West Middlesex University Hospital Charitable Fund. The new charity's 'independent' status will mean that it can operate free from Secretary of State oversight, increasing its ability to best serve the Trust's charitable needs.

However, the Trust is fortunate to benefit from its association with a number of healthcare charities and, on 21 September 2016, I chaired a meeting with representatives of a number of the Trust's charitable organisations. The purpose of the meeting was to establish a set of working principles that all charitable entities linked to the Trust could work within. I was delighted by the unilateral commitment to ensure, wherever possible, that the strategic objectives and operational priorities of each organisation are explicitly linked with those of the Trust.

I am grateful to Chris Chaney, CEO of CW+ who has agreed to draft a proposal on how we might best structure our joint charitable governance arrangements moving forward. I will share this proposal with the Board in due course.

6.0 USA Visit with Lord Prior

On the 17 October 2016, I visited the Mayo Clinic in Rochester with Lord Prior and his team in what was an extremely interesting and insightful visit. We visited many areas of the clinic and spoke to clinicians based at the hospital. I was also approached by Jack Connors, one of the most successful figures in healthcare in the USA and have been invited back to visit the CEO of Brigham and Womens Hospital which is a world leader in womens and childrens health. I will be taking Professor Mark Johnson, Zoe Penn and Lesley Watts with me to Boston next year to visit Brigham and to see whether they could be a good partner for our planned Womens and Childrens Institute.

Sir Thomas Hughes-Hallett
Chairman

October 2016

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 3 November 2016

PUBLIC

AGENDA ITEM NO.	6
REPORT NAME	Chief Executive's Report
AUTHOR	Lesley Watts, Chief Executive Officer
LEAD	Lesley Watts, Chief Executive Officer
PURPOSE	To provide an update to the Public Board on high-level Trust affairs.
SUMMARY OF REPORT	As described within the appended paper. Board members are invited to ask questions on the content of the report.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	This paper is submitted for the Board's information.

Chief Executive's Report
November 2016

1.0 STRATEGIC DEVELOPMENTS

1.1 Sustainability & Transformation Plan (STP)

Sustainability and Transformation Plans (STPs) are 'place based', five-year plans built around the needs of local populations which support the implementation of NHS England's Five Year Forward View (FYFV) by addressing the three gaps in health and wellbeing, care and quality, finance and efficiency; and are considered a key enabler in NHS Planning Guidance for 2016/17–2020/21.

STPs are of great importance as they describe the strategic direction agreed by partners across a geographical footprint to develop high quality sustainable health and care and, from next year, will determine access to the NHS Sustainability and Transformation Fund (STF) which will total £3.4bn by 2020/21. In developing the North West London (NWL) STP, the eight boroughs and commissioning groups, acute, mental health and community service providers are working together to improve the health and wellbeing of a population of 2m with an annual spend on health and social care of £4bn.

A 'checkpoint' submission of the current version of the STP was submitted to NHS Improvement (NHSI) and NHS England (NHSE) on the 21st October 2016. The October STP submission re-affirms the shared ambition across partner organisations to create an integrated health and care system that plans and delivers services based on population need and aims to do this by addressing the wider social determinants of health to enable people to live well and be well.

1.2 Electronic Patient Record

The decision has been made to progress with a shared electronic patient record system with Imperial College Healthcare NHS Trust (ICHT). The core system will be Cerner Millennium which has already been implemented across ICHT. Having a shared electronic patient record will be better for patients as their information will be more readily available as they move between the seven hospitals across the two organisations. It will also be better for staff as they will have only one system to learn. It is also anticipated that working together we will be able to deliver more specialty specific functionality as we are able to call on a larger pool of clinicians than either Trust could do on their own.

The detailed contract with Cerner is now being finalised and planning for the implementation is getting underway with the formal launch of the project scheduled for the start of January.

1.3 NICU/ITU

Since the Board approval of the NICU/ITU business case, the internal project team have, through an OJEU Public Procurement process, identified the architectural and engineering design team that will progress the next stage of the development.

We also recently hosted a successful visit from NHS England on 24 October who were keen to understand our plans for the redeveloped NICU and to look around the existing facilities.

Our partnership with CW+ on the fundraising campaign to support the £20m development is progressing well and I would like to extend my thanks to Chris Chaney, CW+ CEO, and his team for their tremendous efforts in their support for this exciting and much needed development.

2.0 PERFORMANCE

2.1 Operational Performance

The A&E waiting time target for September was not achieved on either site, with combined Trust performance at 93.8%. Both sites experienced significant activity pressures and high levels of bed occupancy impacting patient flow. September's performance also meant that the Trust's Quarter 2 performance against the target was 94.5%; missing the 95% target and Sustainability & Transformation Performance trajectory (95.1%).

The Referral to Treatment (RTT, 18 weeks) target was achieved in September for the Trust overall. Chelsea site performance improved according to the forecast trajectory and exceeded 90% for the first time since June 2015.

The 62 Day GP Referral Cancer standard in August was achieved on both sites. Performance against the 2 week wait Urgent Cancer narrowly failed the target in September, and the target was not achieved for Quarter 2. The 2WW Symptomatic Breast targets fell below the 93% target again in September but the standard was achieved for Q2 as a whole. Urgent work is in progress to address capacity shortfalls to enable a return to compliant performance for both KPIs.

There were 2 further CDiff infections reported in September on the WMUH site and these cases are currently subject to investigation.

Both sites have achieved all other regulatory performance indicators.

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

2.2 Perfect Day

A further 'Perfect Day' event was held on 24 October 2016. At both hospitals, senior managers undertook shifts on wards and in departments and clinics as porters, receptionists, healthcare assistants and other roles.

Feedback from those who take part in the 'Perfect Days' continues to be very positive and has generated a number of innovative ideas aimed at solving day-to-day problems and improving operational efficiency.

We plan to continue to hold Perfect Days on a monthly basis, going forward.

3.0 PEOPLE

3.1 Kevin Jarrold

I am delighted to be able to advise that Kevin Jarrold joined the Trust as Chief Information Officer (CIO) on 3 October 2016. The appointment is a 'joint appointment' with Imperial College Healthcare NHS Trust (ICHT) whom Kevin has served as substantive CIO for several years. The appointment signifies the progression of the Trust's joint working arrangements with ICHT, particularly with regard to the joint commissioning of an Electronic Patient Record (EPR) system.

Richard Collins, who has served the Trust excellently as Interim CIO over the past year will now take the lead as the Trust's EPR Project Director.

4.0 PATIENT EXPERIENCE

4.1 Patient Feedback

On a monthly basis, I continue to receive positive feedback from patients directly and I have provided recent examples below:

"I am deeply impressed by the time and trouble you have taken in investigating my complaint and am moved by (your) apology which I fully accept….It says a great deal for the Trust that you have taken my complaint so seriously….Both my husband and I have otherwise had consistently good experiences with Chelsea and Westminster. Your letter to me was the latest example of your sound practice"

"I am writing to you to express my admiration for the hardworking staff at your Treatment Centre in the Chelsea and Westminster Hospital…The anaesthetist was superb in the manner in which she was able to keep me informed of what was to happen…the support staff took very good care of me in sorting me out beforehand as I made my recovery from the anaesthetic and the procedure"

"I've had to make use of the NHS at various times, but have never been treated so efficiently and kind-heartedly before. The purpose of writing to you is to make you aware of the individuals involved, as their efforts have been exceptional, and beyond the call of duty"

"No words can express how truly grateful I am to have met such an inspirational doctor that I will remember for as long as I am alive…I am receiving the best treatment and it is all thanks to your staff that I had a great experience and extraordinary results"

5.0 COMMUNICATIONS AND ENGAGEMENT

5.1 Team Brief

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

Lesley Watts
Chief Executive Officer
October 2016

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

CONFIDENTIAL
Board of Directors, 3 November 2016

PUBLIC

AGENDA ITEM NO.	7/November/2016
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 Quality Committee 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 Trust Board 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. Comparable data is included for both sites.
KEY RISKS ASSOCIATED	• There were a number of pressure ulcer investigation reports submitted this month, there is a risk that the required percentage reduction will not be met as the current year to date position is only one less than the same period last year. • Provision of CAMHS services on both sites is a risk.
FINANCIAL IMPLICATIONS	N/A
QUALITY IMPLICATIONS	• The pressure ulcer themes are consistent across all wards and relate to training and the use of SKINN bundles • The two surgical/invasive procedure incidents are currently recorded as Never Events which is a reputational issue.
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 Executive Board is asked to note and discuss the content of the report prior to the Quality Committee, specifically the reporting of progress with action plans which can now be extracted from DATIX.

SERIOUS INCIDENTS REPORT
Trust Board – 3 November 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 two 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 acute and community 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. Overviews of both incidents are included in the précis section (6). The tooth extraction was not originally reported as a 'Never Event', on advice from NHS England the incident has been upgraded to a 'Never Event' classification. 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. The Trust is awaiting the commissioner's decision as to whether or not the incident will be de-escalated. 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.

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 September 2016. There were 11 reports submitted across the 2 sites.

Table 1

STEIS No.	Date of incident	Incident Type (STEIS Category)	External Deadline	Date SI report	Site
2016/16083	28/05/2016	Pressure ulcer meeting SI criteria	07/09/2016	07/09/2016	WM
2016/16990	27/05/2016	Pressure ulcer meeting SI criteria	16/09/2016	14/09/2016	WM
2016/17619	28/06/2016	Slips/trips/falls meeting SI criteria	23/09/2016	22/09/2016	WM
2016/17822	30/06/2016	Pressure ulcer meeting SI criteria	27/09/2016	27/09/2016	WM
2016/18243	05/07/2016	Pressure ulcer meeting SI criteria	30/09/2016	30/09/2016	WM
2016/18623	09/07/2016	Apparent/actual/suspected self-inflicted	04/10/2016	30/09/2016	WM
2016/16402	10/06/2016	Pressure ulcer meeting SI criteria	09/09/2016	08/09/2016	CW
2016/16106	10/06/2016	Surgical/invasive procedure incident	07/09/2016	07/09/2016	CW
2016/16403	09/06/2016	Pressure ulcer meeting SI criteria	09/09/2016	08/09/2016	CW
2016/16986	16/06/2016	Surgical/invasive procedure incident	16/09/2016	16/09/2016	CW
2016/17872	30/06/2016	Slips/trips/falls meeting SI criteria	27/09/2016	26/09/2016	CW

Table 2 shows the number of incidents reported on StEIS (Strategic Executive Information System), across the Trust, in September 2016. The Trust reported 9 SIs. Chelsea & Westminster reported 7 SIs and West Middlesex reported 2.

Table 2

Details of incidents reported	WM	C&W	Total
Diagnostic incident including delay meeting SI criteria	1	3	4
Maternity/Obstetric incident meeting SI criteria: baby	1		1
Pressure ulcer meeting SI criteria		4	4
Grand Total	**2**	**7**	**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

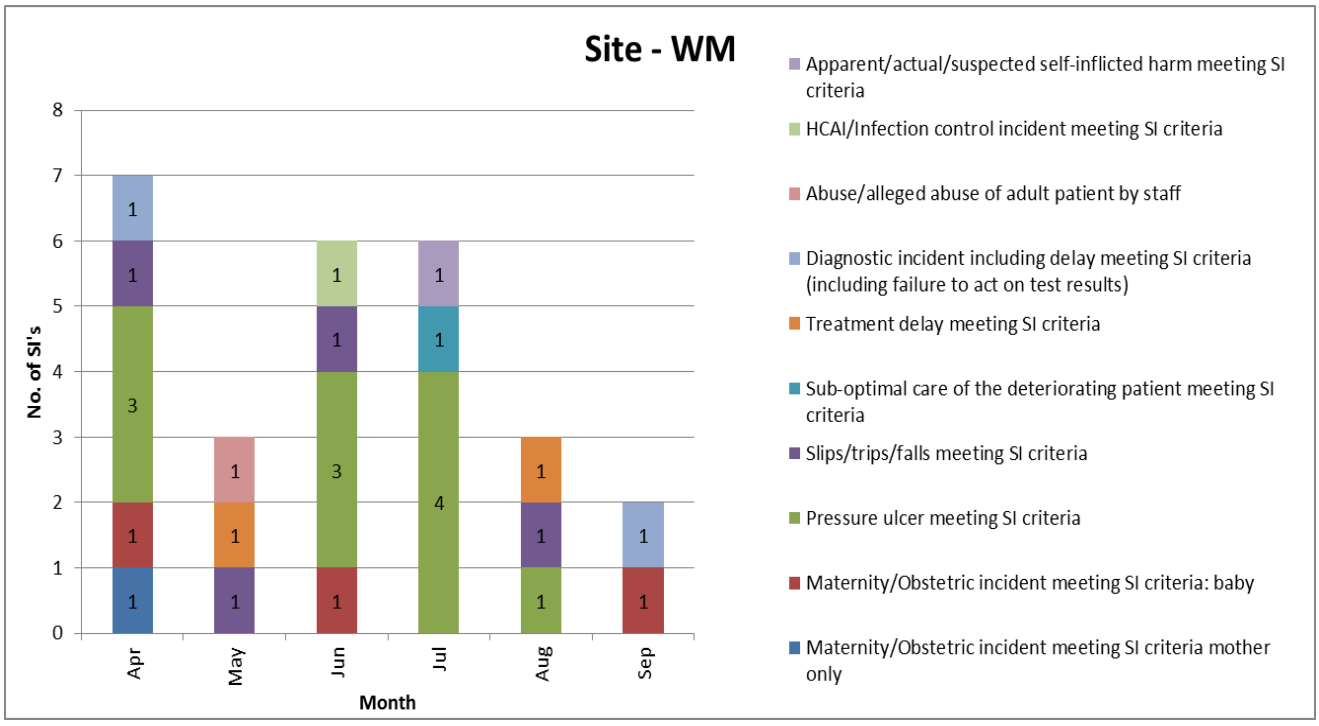
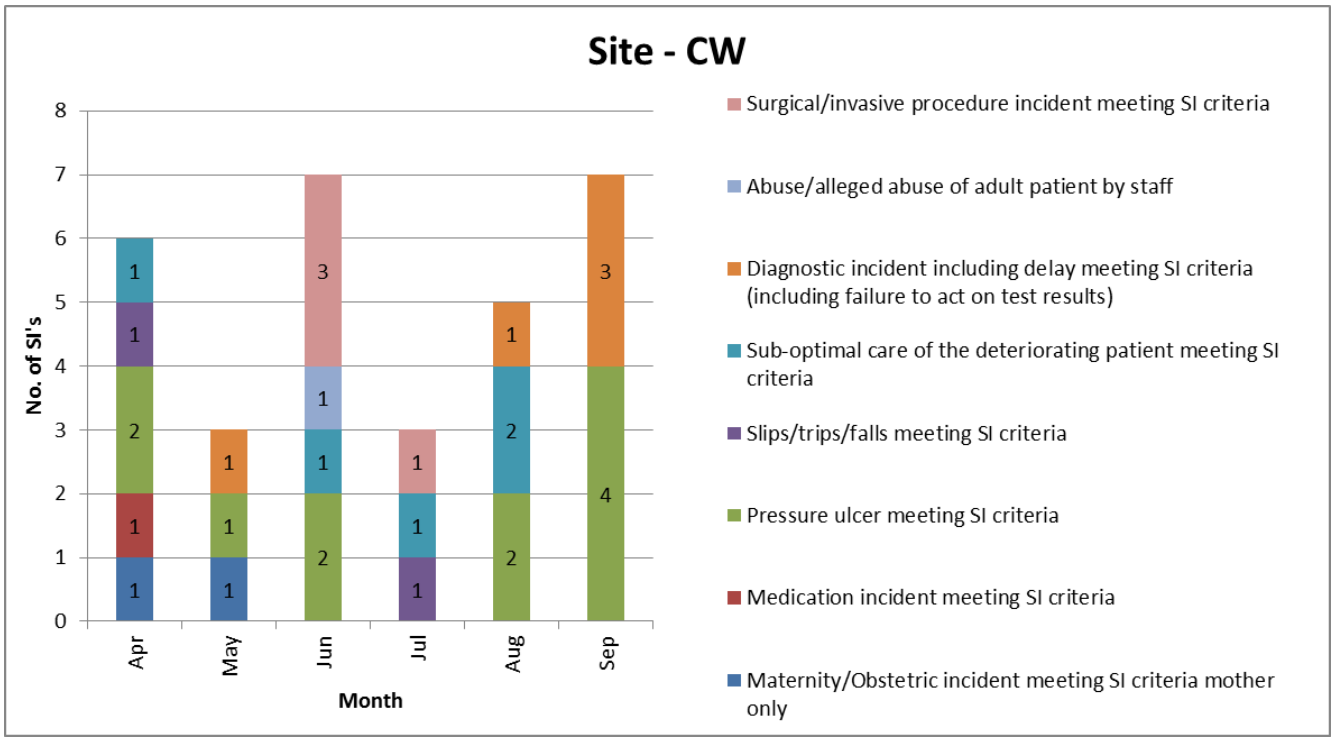


Chart 2 Incidents reported at CW YTD 2016/17



There was a slight increase in the number of SIs reported in September 2016 (9) compared to the number reported in September 2015 (8). The reported number of hospital acquired pressure ulcers in the month of September increased from 1 in 2015 to 4 in 2016. All 4 were on the C&W site but were on different wards. Overall there is still a year to date reduction of hospital acquired pressure ulcers reported in comparison to 2015/16, but this is now only one less. This means that the target reduction is not currently being met.
There was also a slight increase in the number of SIs reported in September 2016 (9) compared to August 2016 (8). 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

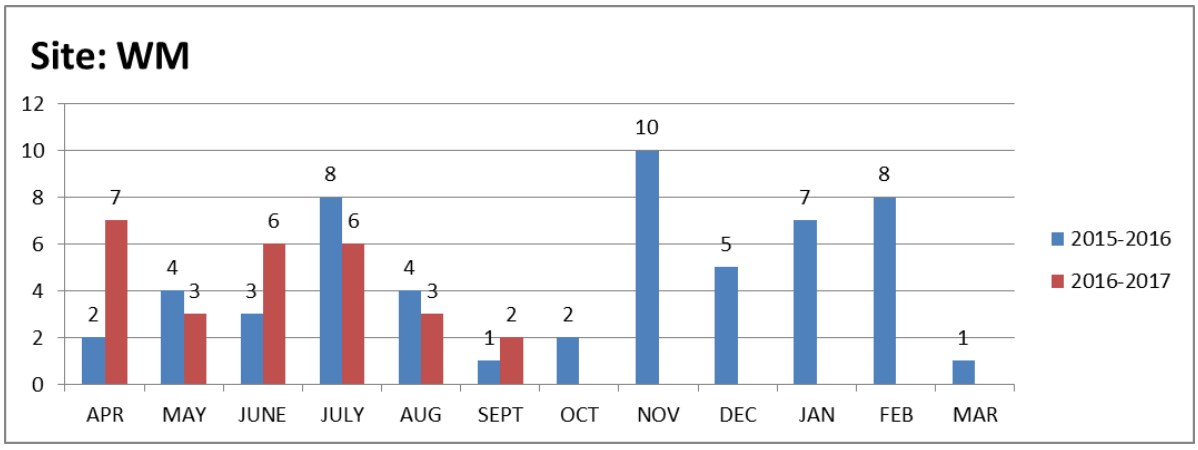
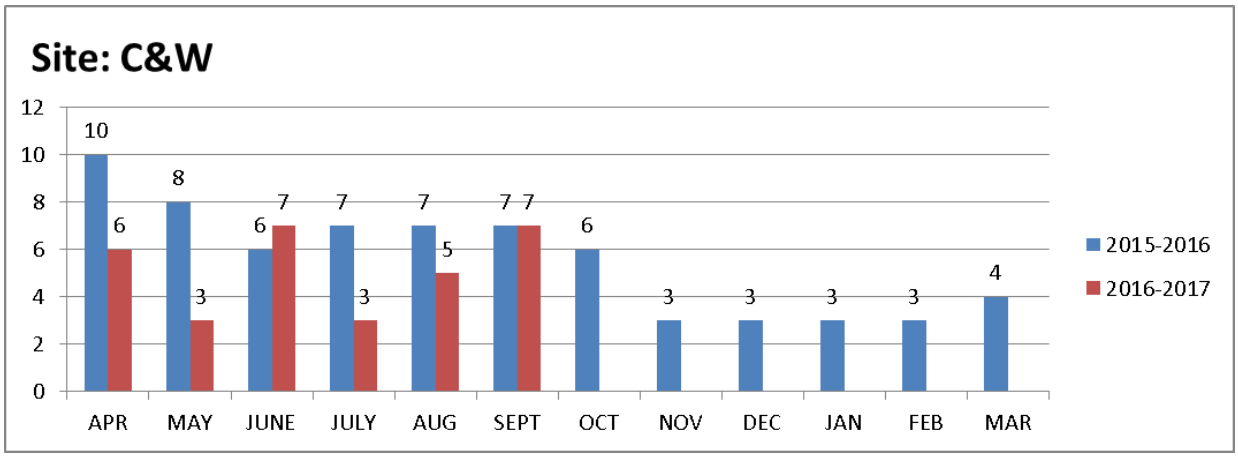


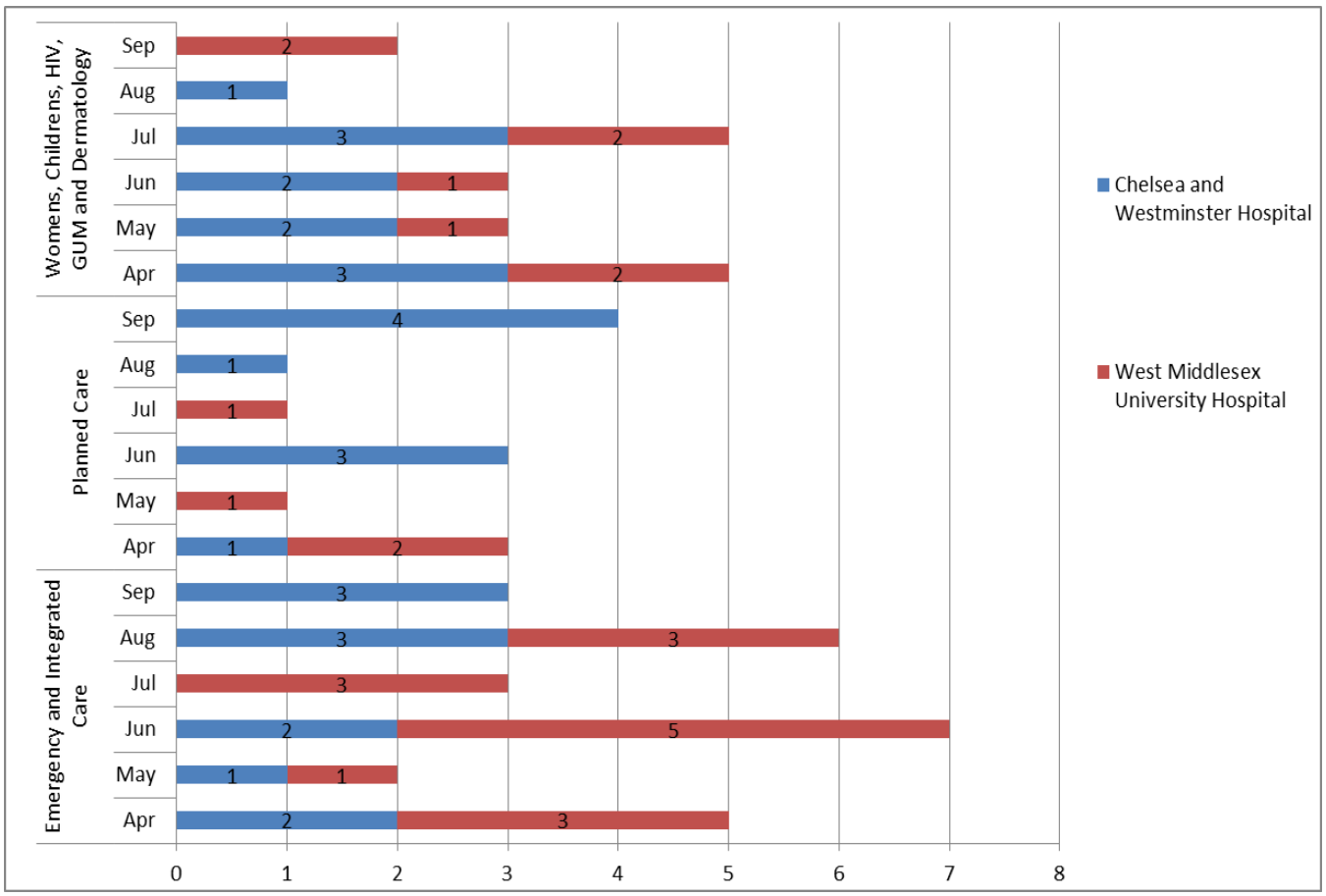
Chart 4 Incidents reported 2015/16 & 2016/17 – C&W



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 September, the Chelsea and Westminster site reported 7 serious incidents occurring in the Planned Care and the Emergency and Integrated Care Divisions. The West Middlesex site reported 2 incidents both occurring in the Women's, Children's, HIV, GUM and Dermatology Division.

The number of reported SIs occurring within the Planned Care division has increased compared to previous months. Planned Care overall continue to report less serious incidents in comparison to the other clinical divisions, as well as fewer reported incidents in general.

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

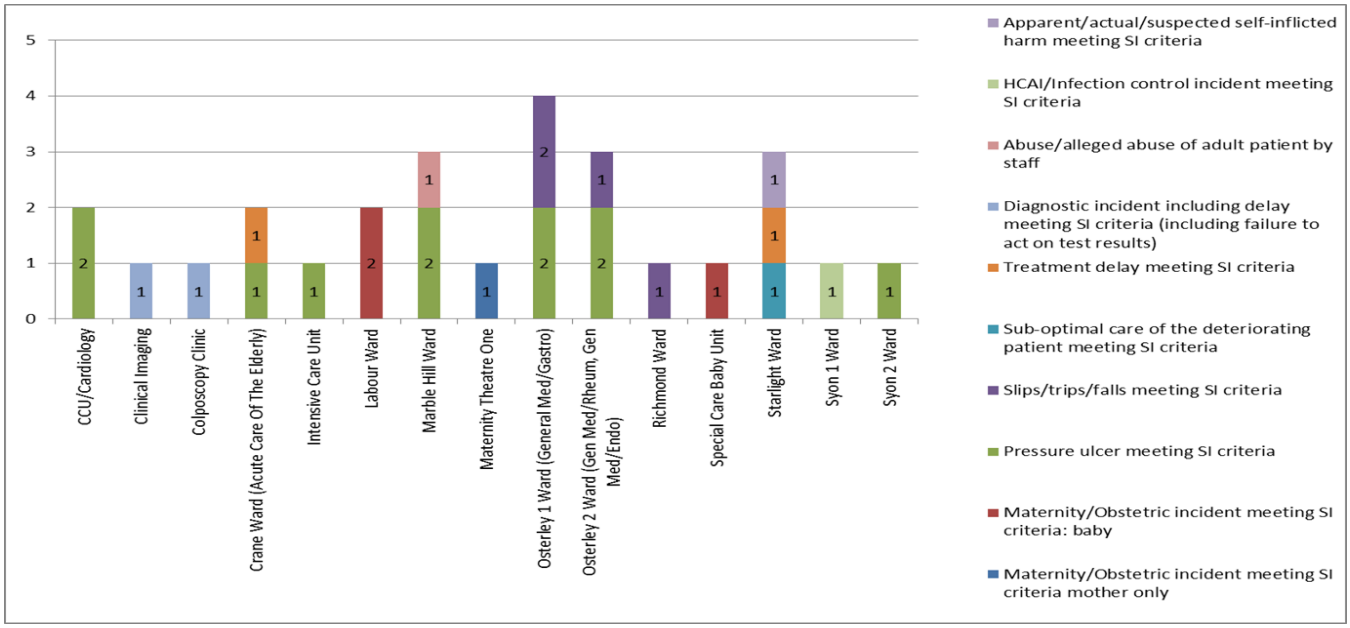
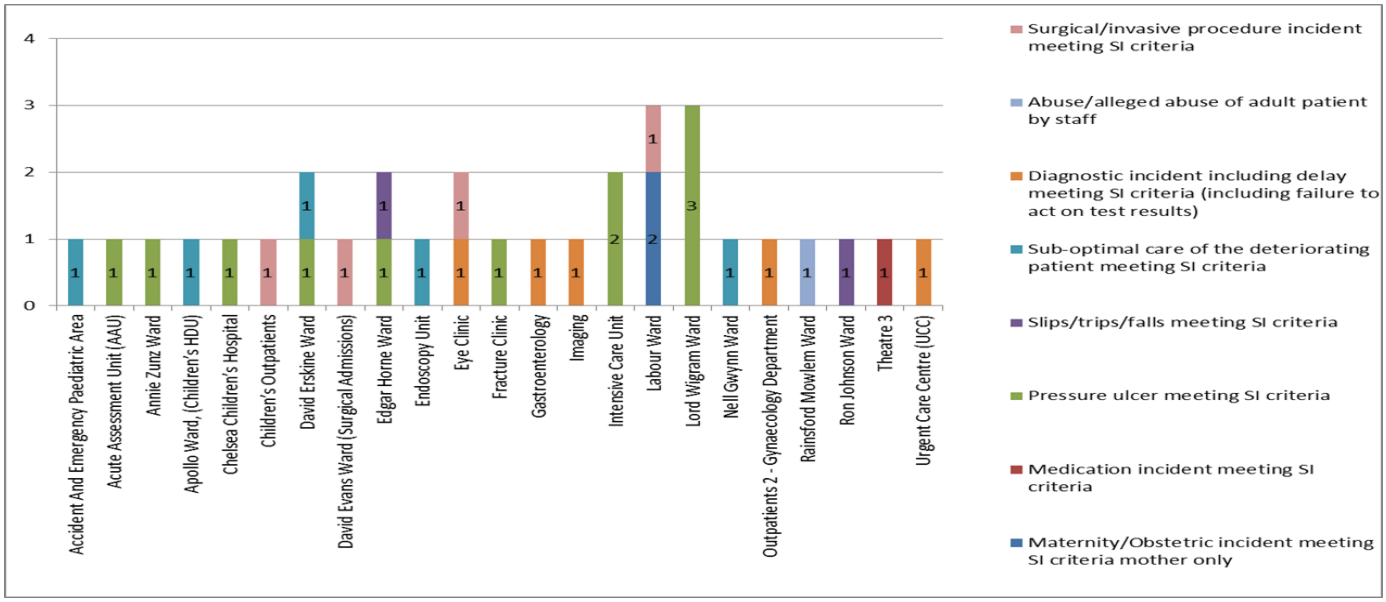


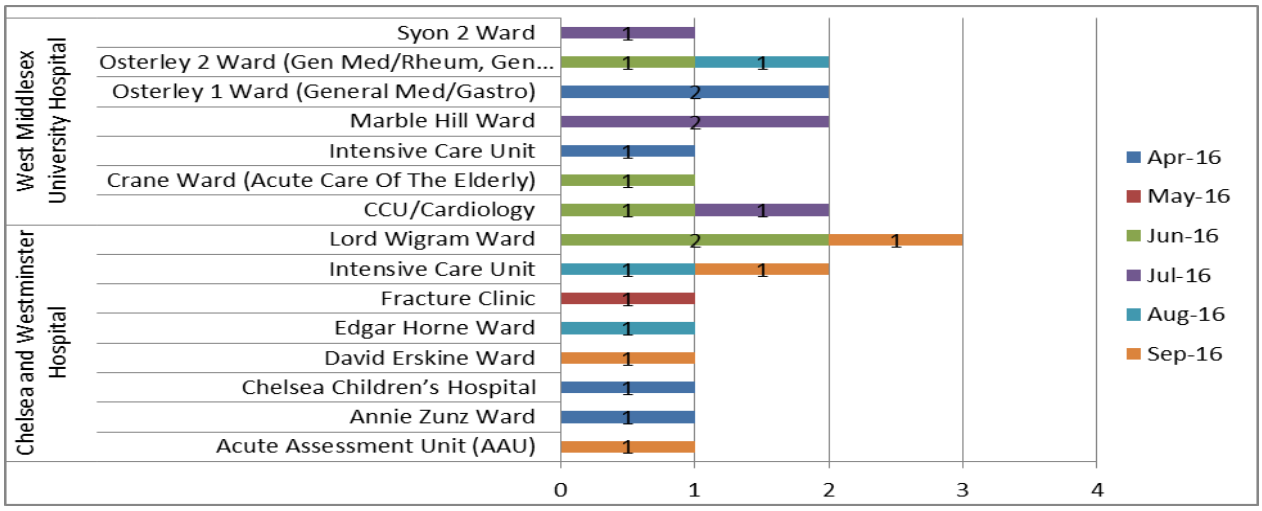
Chart 7 – CW 2016/2017



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 September 2016, Chelsea & Westminster was the only site to report hospital acquired pressure ulcers. No one ward is showing a trend higher than another, on either site. Reduction in HAPU remains a priority for both sites for 2016/17 and is being monitored by the Trust Wide Pressure Ulcer working group. The YTD position is 22 compared to 23 for the same period last year.

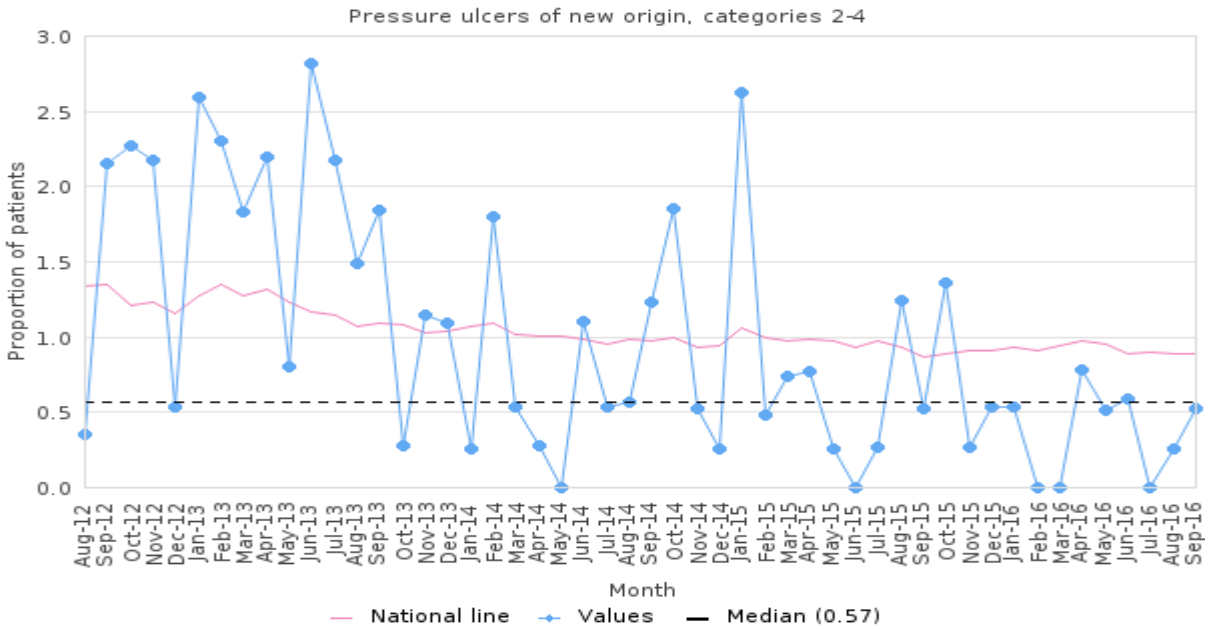
Chart 8 - Pressure Ulcers reported (Apr 2016–September 2016) YTD Total= 22



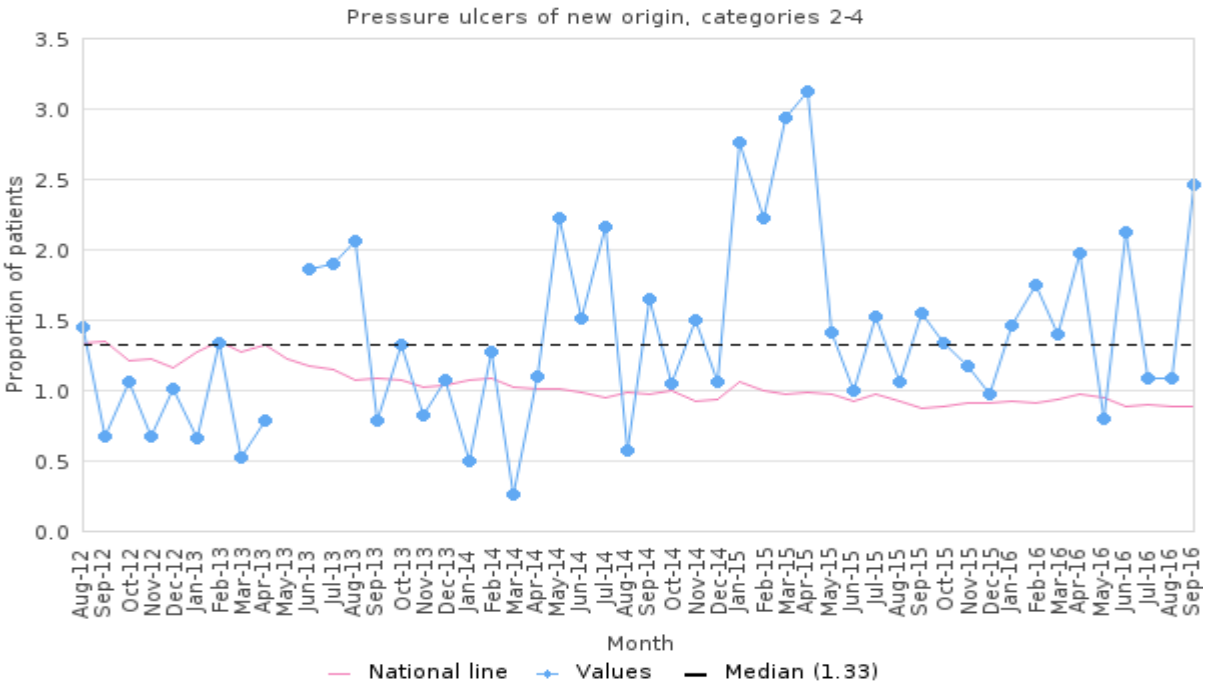
3.2.1 Safety Thermometer Data

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

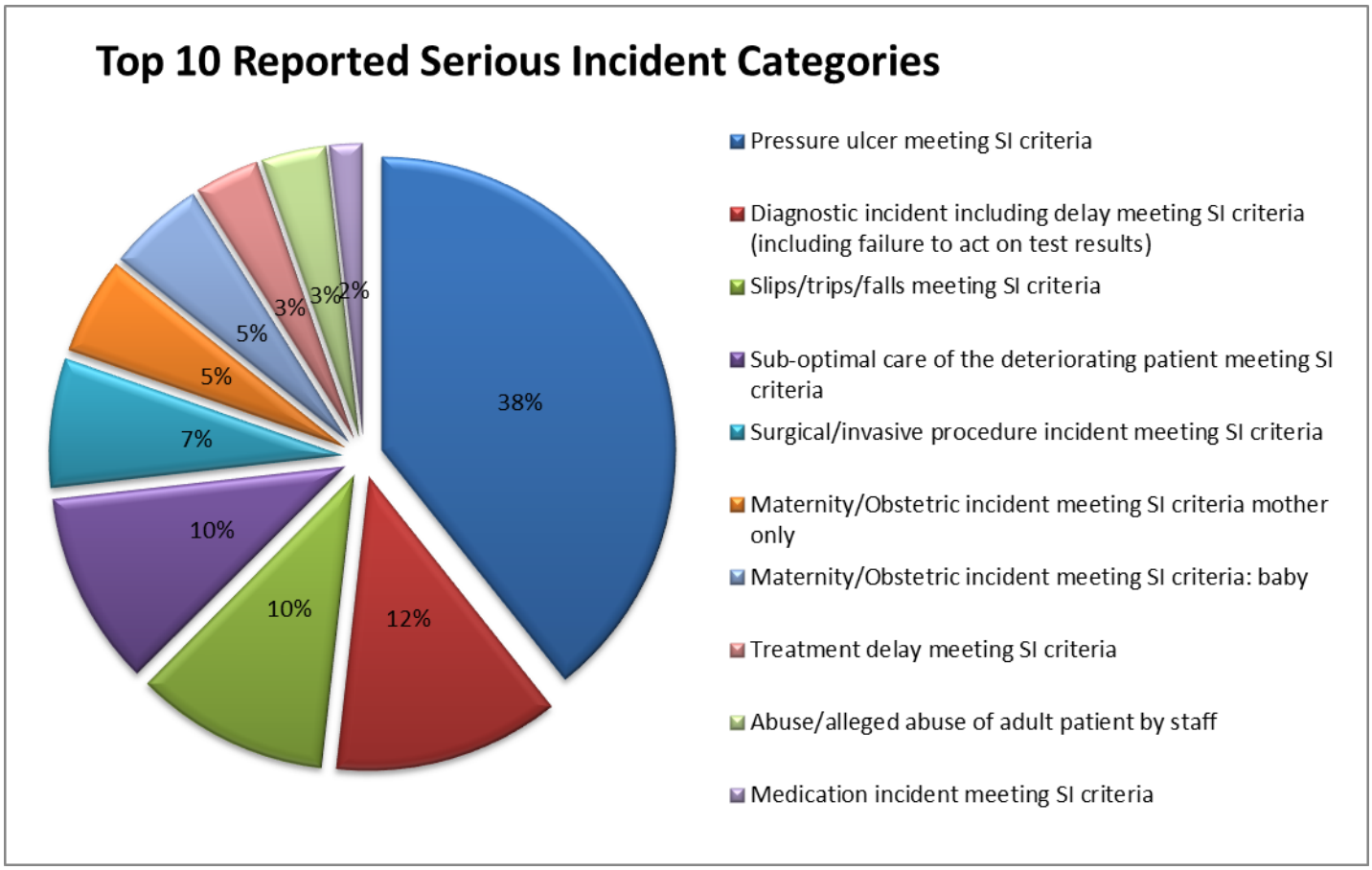


3.3 Top 10 reported SI categories

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. Year to date pressure ulcers continue to be the most commonly reported incident. Diagnostic incident including delay meeting SI criteria (including failure to act on test results) is the second highest reported incident. In previous months the reporting of this incident category was relatively low. During September 4 incidents were reported against the Diagnostic incident (including delay) category, 3 on the Chelsea and Westminster site and 1 on the West Middlesex site. This is an increase in this reporting category. A deep dive was presented to the patient safety group in October 2016 and a task and finish group is in the process of being set up.

Patient falls and sub optimal care of the deteriorating patient remain in 3rd and 4th position.

Chart 9 – Top 10 incidents (April 2016–September 2016)



3.4 SI Status Update

Table 3 provides an overview of the SIs currently under investigation by site (22).

Table 3

STEIS No.	Date of incident	Clinical Division	Incident Type (STEIS Category)	Site	External Deadline
2016/17257	24/06/2016	EIC	Sub-optimal care of the deteriorating patient meeting SI criteria	CW	11/10/2016
2016/21586	11/08/2016	EIC	Slips/trips/falls meeting SI criteria	WM	07/11/2016
2016/21192	29/11/2015	EIC	Treatment delay meeting SI criteria	WM	02/11/2016
2016/21202	07/07/2016	PC	Pressure ulcer meeting SI criteria	CW	02/11/2016
2016/21197	27/07/2016	EIC	Pressure ulcer meeting SI criteria	WM	02/11/2016
2016/21092	24/07/2016	EIC	Pressure ulcer meeting SI criteria	CW	01/11/2016
2016/20308	27/07/2016	W&C,HGD	Sub-optimal care of the deteriorating patient meeting SI criteria	WM	24/10/2016
2016/19348	18/07/2016	PC	Pressure ulcer meeting SI criteria	WM	12/10/2016
2016/18648	10/07/2016	W&C,HGD	Surgical/invasive procedure incident meeting SI criteria	CW	05/10/2016
2016/18621	05/07/2016	EIC	Pressure ulcer meeting SI criteria	WM	04/10/2016
2016/23368	26/08/2016	EIC	Pressure ulcer meeting SI criteria	CW	25/11/2016
2016/23342	31/08/2016	W&C,HGD	Maternity/Obstetric incident meeting SI criteria: baby	WM	25/11/2016
2016/23321	04/07/2012	PC	Diagnostic incident including delay meeting SI criteria (including failure to act on test results)	CW	25/11/2016

2016/22714	25/08/2016	W&C,HGD	Sub-optimal care of the deteriorating patient meeting SI criteria	CW	18/11/2016
2016/22557	22/08/2016	EIC	Diagnostic incident including delay meeting SI criteria (including failure to act on test results)	CW	16/11/2016
2016/22065	16/08/2016	EIC	Sub-optimal care of the deteriorating patient meeting SI criteria	CW	11/11/2016
2016/24543	15/09/2016	PC	Pressure ulcer meeting SI criteria	CW	09/12/2016
2016/24541	08/08/2016	W&C,HGD	Diagnostic incident including delay meeting SI criteria (including failure to act on test results)	WM	09/12/2016
2016/24947	15/08/2016	EIC	Diagnostic incident including delay meeting SI criteria (including failure to act on test results)	CW	15/12/2016
2016/24943	16/09/2016	EIC	Pressure ulcer meeting SI criteria	CW	15/12/2016
2016/25765	29/09/2016	PC	Pressure ulcer meeting SI criteria	CW	23/12/2016
2016/25684	27/09/2016	PC	Diagnostic incident including delay meeting SI criteria (including failure to act on test results)	CW	23/12/2016

4.0 SI Action Plans

All action plans are now recorded 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 72 actions overdue at the time of writing this report. This is a decrease on last month when there were 80. Divisions will be encouraged to note realistic time scales for completing actions included within SI action plans. The plan is for divisions to provide an update prior to the Quality Committee meeting so this table can be updated.

Table 4 - SI Actions –

Division	Apr '16	May '16	Jun '16	Jul '16	Aug '16	Sep '16	Oct '16	Nov '16	Dec '16	Jan '17	Feb '17	Mar '17	Apr '17	Total
Emergency and Integrated Care	0	0	0	4	18	13	8	5	2	0	0	0	0	50
Planned Care	1	1	1	1	3	2	7	0	0	1	0	0	0	17
Womens, Childrens, HIV, GUM and Dermatology	0	1	1	4	4	18	12	3	7	2	1	0	2	55
Total	1	2	2	9	25	33	27	8	9	3	1	0	2	122

5.0 Analysis of categories
Table 5 shows the total number of Serious Incidents for 2015/2016 and the year to date position for 2016/17. Tables 6 and 7 provide a breakdown of themes for the Trust during 2015/16 and 2016/17.

Table 5 – 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	3	2							**27**

	CW	6	3	7	3	5	7							**31**
		13	**6**	**13**	**9**	**8**	**9**							**58**

Table 6 - Categories 2015/16

Incident details	A	M	J	J	A	S	O	N	D	J	F	M	YTD
Abuse/alleged abuse by adult patient by staff			2	1									3
Accident e.g. collision/scald (not slip/trip/fall)							1	1					2
Ambulance delay	1												1
Communicable disease and infection issue	5												5
Confidential information leak/information governance breach			1			1							2
Diagnostic incident (including failure to act on test results)				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 scanning)			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	12	12	9	15	11	8	8	13	8	10	11	5	122

Table 7 - Categories 2016/17

Incident details	A	M	J	J	A	S	O	N	D	J	F	M	YTD
Abuse/alleged abuse of adult patient by staff		1	1										2
Apparent/actual/suspected self-inflicted harm meeting SI criteria				1									1
Diagnostic incident (including delay & failure to act on test results)	1	1			1	4							7
HCAI/Infection control incident meeting SI criteria			1										1
Maternity/Obstetric incident meeting SI criteria mother only	2	1											3
Maternity/Obstetric incident meeting SI criteria: baby	1		1			1							3
Medication incident meeting SI criteria	1												1
Pressure ulcer meeting SI criteria	5	1	5	4	3	4							22
Slips/trips/falls meeting SI criteria	2	1	1	1	1								6
Sub-optimal care of the deteriorating patient meeting SI criteria	1		1	2	2								6
Surgical/invasive procedure incident meeting SI criteria			3	1									4
Treatment delay meeting SI criteria		1			1								2
Grand Total	13	6	13	9	8	9							58

The quality and clinical governance team continues to scrutinise all reported incidents to ensure that SI reporting is not compromised. For the first six months there have been 9 less serious incidents reported in comparison to the same period last year.

AGENDA ITEM NO.	8/November/2016
REPORT NAME	Q2 update Quality Report Priorities
AUTHOR	Shân Jones – Director of Quality Improvement
LEAD	Pippa Nightingale – Director of Midwifery
PURPOSE	The purpose of this paper is to provide the Trust Board with an update on progress with the quality priorities for 2016/17 identified in the Quality Report 2015/16.
SUMMARY OF REPORT	This paper provides an overview of the approach to the implementation of the 5 quality priorities for 2016/17 identified in the Quality Report 2015/16. In addition, as appendices, there are progress reports for each of the priorities.
KEY RISKS ASSOCIATED	There is a risk to delivering and monitoring quality of care if these projects are not reported on quarterly.
FINANCIAL IMPLICATIONS	N/A
QUALITY IMPLICATIONS	Quality of care is paramount to the improvement in patient experience.
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 Quality Committee is asked to note and comment on reporting methodology, the direction of travel and progress made with the 5 quality priorities.

Quality Priorities Q2 update
Trust Board: 3 November 2016

Introduction
In the 2015/16 Quality Report published in June 2016, there were 5 quality priorities set for 2016/17. These priorities were Chelsea and Westminster site priorities for 2015/16 and were rolled over to 2016/17.

Our ambition for 2016/17 is to have a supportive process in place with all these projects aimed at ensuring teams develop transferrable and sustainable knowledge and skills in order to continue journeys of improvement within the organisation and across wider healthcare. These are critical skills for the future and working with patients and colleagues across the sectors.

It was hoped that support during 2016/17 would be through our colleagues at the National Institute for Health Research Collaborations for Leadership in Applied Health Research and Care for North West London (NIHR CLAHRC NWL). Unfortunately this has not been possible and project management support has been provided in a variety of ways to the different priorities and progress is being made with each of the 5 priorities.

Quality consists of three areas which are crucial to the delivery of high quality services:
Patient safety—how safe the care provided is
Clinical effectiveness—how well the care provided works
Patient experience—how patients experience the care they receive

Quality Priorities
The five quality priority objectives are outlined below with the leads and reporting sub group infrastructure identified.

Patient safety Group
Priority 1:
Reduction of acquired pressure ulcers in hospital
Objective
To see a reduction in hospital acquired pressure ulcers
Trust lead
Claire Painter - Divisional Nurse for Planned Care

Priority 2:
Embedding of the WHO surgical checklist:
Objective
To fully embed use of the WHO checklist across the organisation, reflecting feedback from the CQC's review of the services we provide and building on existing progress.
Trust lead:
Peter Dawson - Divisional Medical Director for Planned Care

Clinical effectiveness Group
Priority 3:
Early identification of the deteriorating patient
Objective
To rapidly identify potentially unwell and/or septic patients and institute prompt treatment, in order to reduce mortality and morbidity.
Trust leads

Gary Davies - Acute Medicine Consultant

Priority 4:
Reduce avoidable admissions of term babies to the NICU
Objective
To deliver a 20% reduction in the number of term babies admitted unexpectedly to the neonatal intensive care unit (NICU).
Trust lead
Charlotte Deans - Consultant Obstetrician

Patient experience Group
Priority 5:
Friends and Family Test—inpatient responses
Objective
To use the Friends and Family Test (FFT) as a key measure for our continued ambition to provide excellent experience of care in everything we do.
Trust lead
Karin Burke - Assistant Director of Patient Experience

Progress
Each of the appendices (1-5) provides the Quality Committee with the current position, predicted year end position, key achievements to date, objectives to be achieved before year end, risks to delivery and mitigation. There has been variable progress with each of the priorities. The key to the RAG rating is below.

RAG rating legend

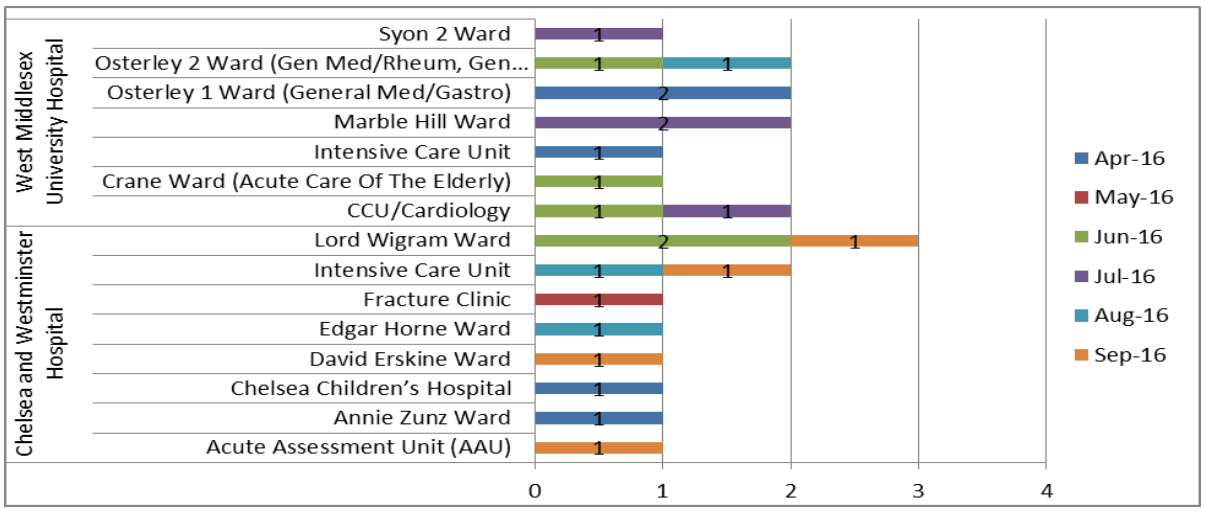
	Work on actions underway but no significant progress made
	Work underway and on schedule to achieve year-end target
	Priority achieved

Appendix 1

Quality Priority: To see a reduction in hospital acquired pressure ulcers
Domain: Patient Safety
Date: 20/10/16
Lead and author: Claire Painter Divisional Nurse Planned Care

Current position	R/A/G rating
Year to date there have been 23 Grade 3/4 hospital acquired pressure ulcers reported across the 2 sites. The same period last year was 23 across the 2 sites. De-escalation has been confirmed for 1 and there is an outstanding request for a further one and possibly two more once reviewed. If the further 3 are confirmed then the 15% target reduction remains on track. The spread of HA PUs remains across the board and there is no one ward that is reporting a higher number than another and even spilt across the 2 sites. (Once de-escalated the incident is removed from StEIS and the SI graphs and figures, hence the graph below showing 22 not 23).	

Graph 1 HA PU Q1 and Q2 2016/17



Predicted end of year position	R/A/G rating
Reduction of 15% avoidable hospital acquired pressure ulcers. This has been RAG rated as amber currently as it remains too early to say if this reduction is sustainable based on previous years fluctuations.	

Key achievements to date	Objectives to be achieved before year end
• PU deep dive was presented to Quality Committee June 2016 • Pressure Ulcer Group established - this is now cross site • Monthly reporting and dashboard on Datix	• Utilize the newly integrated Datix system to track reporting across both sites via new live dashboards - Achieved • Share the 3 key messages through the divisional boards, nursing and therapy Trust meetings via the

for lead nurses continues • Safety Thermometer data collection continues monthly • A tissue viability audit was undertaken in May on the use of the SSKIN bundle • C&W are actively engaged with the NWL stakeholder group on pressure ulcers • An additional tissue viability nurse post has been appointed to on the C&W site and a senior tissue viability nurse specialist cross site has been appointed as the Trust lead • New bed contract now in place on C&W site to bring in line with the WM site. This this has improved availability of specialist mattresses which was a theme in the RCA investigations • There is a trial of different sizes of full face masks for NIV.	divisional quality reports and PUG • Share actions and learning from 2015/2016 RCA's. Focus on the key messages at ward/ unit level through nursing and medical handover. This is now being reported via the pressure ulcer working group. • Ward based dashboards for nursing indicators will include pressure ulcers. This remains work in progress. • Focus on the learning from 2015/2016 which has identified naso gastric tubes, non-invasive ventilation masks and anti-embolism stockings as the highest incidence. The focus is on embedding new techniques that have been introduced following RCA review. • To continue to identify community acquired pressure ulcers on admission. This work remains on-going the senior tissues viability nurse continues to attend the NWL PU working group and shares this information. • To work with community partners to develop a strategy for supporting pressure ulcer prevention in community settings. The senior tissues viability nurse continues to attend the NWL PU working group. • A 'Stop the pressure' day has been planned for November 2016 • Mini RCA for Grade 2 pressure ulcers is to be introduced to determine cause led by ward teams.

Risks to delivery	**Mitigation**
• Risk of non-delivery of 15% reduction • Collaboration with CLAHRC NWL to review data and identify trends over time. This is no longer an option. • To assist in using patient safety thermometer that supports our targets. • Short term risk as there is a vacancy for a tissue viability nurse on the C&W site. This is no longer a risk.	• Panels in place to share learning • Mini RCA for Grade 2 pressure ulcers is to be introduced to determine cause led by ward teams.

Appendix 2

Quality Priority: Embedding of the WHO surgical checklist:
Domain: Patient Safety
Date: 20/10/16
Lead: **Peter Dawson (Medical Director Planned Care), Jo McCormack (lead nurse theatres)**
Report author: **Jo McCormack – Lead Nurse Theatres**

Current position	R/A/G rating
WHO audit data July – September 2016 **West Middlesex Hospital** Audit compliance • July - 100% • August - 99.8% • September - 99.2 % Daily audits – all theatres monitored. **Chelsea & Westminster Hospital** Audit Compliance Main Theatres • July – 100% • August – 98% • September – N/A Paediatric Theatres • July – 100% • August – 90% • September – 100 % Treatment Centre • July – 100% • August – 100% • September - 97% All Theatres are audited monthly	

Predicted end of year position	R/A/G rating
• The current Chelsea and Westminster observational audit tool will be used cross site. • To be individual theatre specific so that feedback is targeted to relevant staff members and teams • Audits to be completed twice a month • All 5 elements of the WHO are audited and exceptions / omissions recorded. • Results of each theatre audit to be documented electronically on both sites. • WHO compliance to be reported through local directorate governance meetings and divisional Quality and risk boards. Updates will continue through the Safety group as per current forward plan. • Audit data to be easily recordable within the clinical environment and uploaded automatically. This is anticipated in 2 broad stages. Firstly a system that mirrors the EWS audit tool (survey	

monkey type approach). Information team are helping to this to qlikview. In the longer term the Trust will need to develop a general audit portal for all local audits.	

Key achievements to date	Objectives to be achieved before year end
• Overall a good compliance of the WHO checklist across both sites.	• The current Chelsea and Westminster observational audit tool will be used cross site. • Audits to be completed twice a month • Results of each theatre audit to be documented electronically on both sites. • Theatre team Human Factor workshop to commence on December 15th in the simulation centre. • Implementing an online human factor training course with Kevin Haire that could be rolled out across both sites.

Risks to delivery	Mitigation
• Audit data to be easily recordable within the clinical environment and uploaded automatically. In the longer term the Trust will need to develop a general audit portal for all local audits. • Human Factor training will involve a whole surgical team being taken out from the clinical area for the study day therefore will have an impact on service delivery. • Due to clinical service requirements it is difficult to release staff across both sites to update all policies.	• This is anticipated in 2 broad stages. Firstly a system that mirrors the EWS audit tool (survey monkey type approach). Information team are helping to do this to qlikview. • To use clinical governance mornings to prevent service disruption • Development of an online human factor training module with input from the simulation centre.

Appendix 3

Quality Priority: Early identification of the deteriorating patient
Domain: Clinical effectiveness
Date: 20/10/16
Lead: Dr Gary Davies (CD for Acute Services)
Report authors: Charlotte Bartlett (Head of Quality & Clinical Governance)

Current position	R/A/G rating
• Adult sepsis protocol under consultation – expected by end of month • Paediatric and Maternity sepsis protocol requested from Clinical Leads • Weekly EWS audit embedded (excludes ICU and NICU) • Sepsis CQUIN for Q1 delivered with Q2 under review	

Predicted end of year position	R/A/G rating
• Full roll out to Adult and Paediatrics for ThinkVitals at ChelWest • Roll out of ThinkVitals to A&E and AMU at West Mid • Implementation of Protocol for the identification of the Septic patient • Agreement and Implementation of PGD for adults and paeds • Implementation of training and competency programme to enable nurses to take blood cultures and administer antibiotic	

Key achievements to date	Objectives to be achieved before year end
• Development of version 2 of ThinkVitals • Development of paediatric version of ThinkVitals • ThinkVitals in routine use on AAU • Sepsis CQUIN agreed • First line antibiotic agreed for adults and paeds • Definition of the septic patient agreed (use of NICE definition) • Agreement of extended ICD-10 codes for sepsis to better capture all cases • Weekly EWS audits on both sites with reports available on Qlikview	• To develop an obstetric version of ThinkVitals • Full roll out to Adult and Paeds for ThinkVitals at ChelWest • Roll out of ThinkVitals to A&E and AMU at West Mid • Training of CCOT and site managers in the taking of blood cultures and giving of Ax via PGD • PGD to be written when protocol agreed. This will inform the nurse training requirements. • Implementation of sticker triage system for all patients attending ED on both sites • Implementation of 'sepsis boxes' on inpatient wards

Risks to delivery	Mitigation
• Sphere timelines • Timely upgrade of MobileIron to enable mitigation of IG risks • Lack of Divisional super users of ThinkVitals • Lack of training of CCOT and site managers in the taking of blood cultures and giving of Ax via PGD	• Board level support required • Board level support required • Divisional nurses to identify super users • Andrea Blay and David Bushby to lead on training of CCOT and site managers

• Lack of training of nurses on downstream wards • Lack of project and steering group support	• Corporate Nursing Project manager to arrange training schedule • Project support now identified from ITP

Appendix 4

Quality Priority: Maternity- Reducing Avoidable admission to the Neonatal Intensive care Unit
Domain: Clinical effectiveness
Date: 20/10/16
Lead: Miss Charlotte Deans- Consultant Obstetrician, Maternity Lead for Governance

Current position	R/A/G rating
Work on actions underway but no significant progress has been made	

Predicted end of year position	R/A/G rating
Work underway and on schedule to achieve year-end target	

Key achievements to date	Objectives to be achieved before year end
Antenatal • In the antenatal service, we undertook an audit of 550 cases of term babies admitted to NICU to identify gaps in our knowledge, and found that we were missing 20% of growth restricted babies. This informed our objectives. To achieve our aim, we agreed to use the Growth Assessment Protocol (GAP) to identify at risk babies. Where implemented, this tool has been particularly successful in recognising fetal growth problems, leading to a reduction in stillbirths across the UK. We launched the low risk customised growth chart aspect of the GAP tool on 4th April 2016, and all staff are registered to complete the online training package. Training progress is being monitored and currently 62% of staff (midwives and consultants) are trained to use the tool. A Midwifery Lead is in place and has been seconded to the project to support rollout. **Intrapartum** • In the intrapartum service, we have agreed to design and implement a training package for fetal heart rate monitoring in labour, in coherence with NICE guidelines and the International Federation of Gynaecology and	**Antenatal** • 100% of Consultant Obstetricians to be trained • GAP protocol to be initiated for all antenatal women (not just the new bookings) • Review / design training package for locum sonographers • Aim for 75% completion of staff training • Introduction on West Middlesex site? **Intrapartum** • Survey of staff opinion regarding current teaching practices for CTG interpretation - Complete staff survey monkey- November 2016 • Agreed teaching and assessment package for all Labour Ward staff

Obstetrics (FiGO) classification system. We are currently in the design phase of a survey monkey to assess staff's current training and knowledge with regards to fetal heart rate monitoring. **Postnatal** • In the post-natal service, we have drafted a survey monkey audit tool to assess staff knowledge gaps relating to hypoglycaemia and hypothermia, and we aim to complete a random audit of practice on 2 days a week for 1 month to assess current practice. This information will support us in the coming year to create a skills development programme around these 2 areas. We have also identified a framework to measure if babies receive antibiotics in a timely manner. For this, an audit tool is approved and available for use and we plan to collect data for monthly compliance rates on the ward.	• Agree a project lead for the West Middlesex site • Team meeting for teaching package design meeting 25/11/16 • Agree assessment tool and framework for implementation **Postnatal** • The multidisciplinary Postnatal working group has reconvened and are reviewing guidelines for the care of the at risk newborn on the postnatal ward • Fixed neonatal antibiotic administration times have been introduced and their effectiveness in reducing missed doses will be audited

Risks to delivery	Mitigation
• Accurate baseline data collection for intra-partum and postnatal work streams • Lack of allocated time to project lead • Lack of clear overview of project and 3 work strands • Allocated time for clinical Lead has been agreed at job planning but not yet implemented	• Funding agreed for project management support • Expedite job planning agreements - New job plan started 26.09.16 with rearranged PAs to commit time to project now in place

Appendix 5

Quality Priority: Friends and family test – >30% inpatient response >90% satisfaction
Domain: Patient Experience
Date: 20/10/2016
Lead: Karin Burke Associate Director of Patient Experience
Report author: Sian Nelson - Patient Experience

Current position	R/A/G rating
Trust targets for FFT are >30% response rates and >90% recommendation rates. This specific priority relates to inpatient areas only but during Q2 no areas achieved the response rate target. All areas apart from the Emergency department and outpatients achieved the recommendation rate.	Response rate Recommendation rate

Table 2 – Q1 response rates

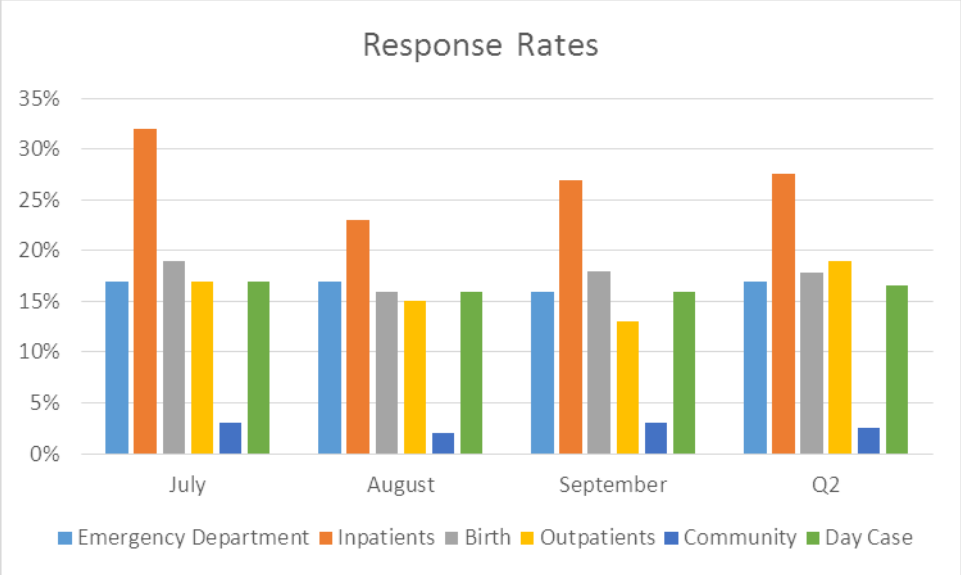
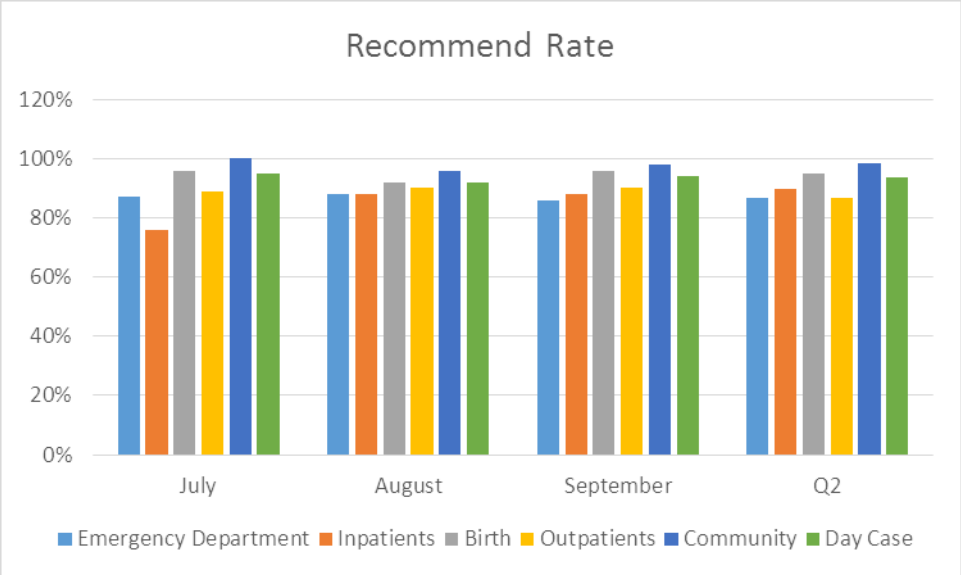


Table 3 – Q1 Recommended rate



Predicted end of year position	R/A/G rating
• Predicted year end position is to achieve the >30% and 90% recommended targets across all areas as well as the in-patient areas. RAG rated as amber as only in patient areas are currently meeting this target.	

Key achievements to date	Objectives to be achieved before year end
• Final phase of the tender process. Word cloud is being used at ward and department level • All wards and departments now have access to FFT results	• Action plans to be developed and agreed to improve patient experience • Work at local ward level to support the successful and the least successful to improve the response rate and patient experience.

• FFT results displayed at ward and department level • Breakdown of data by clinical area. • FFT results are reported monthly to the Patient Experience group via the divisional quality reports	• Support and development opportunities through workshops to ensure staff are trained to access the information and use the information to improve services and patient experience. • The Friends and Family Test (FFT) database cannot currently measure by Division however the system is being developed to allow this. • Volunteer recruitment • The new FFT supplier contract will enable new and additional methods of survey contact, and engagement with staff during Q3.

Risks to delivery	**Mitigation**
• Embedding of potential new system and process for capturing data following tender process • Lack of staff engagement	• Involve staff throughout the tender process • Re-launch of FFT with staff engagement and communications plan • Workshops

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors, 28 October 2016

AGENDA ITEM NO.	9/Nov/16
REPORT NAME	Integrated Performance Report – September 2016
AUTHOR	Andy Howlett, Deputy Director of Performance, Information & Contracting
LEAD	Robert Hodgkiss, Chief Operating Officer
PURPOSE	To report the combined Trust's performance for September 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 September 2016. **Regulatory performance** – The A&E waiting time target for September was not achieved on either site with combined Trust performance of 93.8%. Both sites experienced significant activity pressures and high levels of bed occupancy impacting patient flow. Quarter 2 performance achieved 94.5%, missing the 95% target and Sustainability & Transformation Performance trajectory (95.1%). Performance was within the 1% tolerance allowed for Q2 and therefore there was no resultant financial penalty. The RTT incomplete target was achieved in September for the Trust overall. Chelsea site performance improved according to the forecast trajectory and exceeded 90% for the first time since June 2015. Performance at WMUH site deteriorated to <94% as a result of the cumulative effect of rising referral demand outstripping available capacity. The Q2 performance also achieved the 92% target and STP trajectory. The Trust had no patients waiting >52 weeks. Validated performance for the 62 Day GP Referral Cancer standard in August was achieved on both sites. In September, unvalidated performance has dipped below the 85% standard on CW site and for the Trust overall, with 7.5 breaches of the standard. Quarterly performance achieved the 85% target and STP trajectory (86.3%). Performance against the 2WW Urgent Cancer narrowly failed the target in September, and the target was not achieved for Q2. The 2WW Symptomatic Breast targets fell below the 93% target again in September but the standard was achieved for Q2 as a whole. Urgent work is in progress to address capacity shortfalls to enable a return to compliant performance for both KPIs. There were 2 further CDiff infections reported in September on the

	WMUH site. The Trust remains above trajectory for the year to date, but within the de minimis figure. Both sites have achieved all other regulatory performance indicators. **Safety and Patient Experience**: Incident reporting rates have now stabilised following implementation of the new Datix-web incident reporting system but remain consistently below the target level. **Access** The Trust completed its recovery of diagnostic waiting time performance, achieving 99.56% with 4 sleep study breaches, and 24 breaches in total. **Quality, Efficiency and Clinical Effectiveness**: Average length of stay on the C&W site and readmissions across both sites remain below target and of concern. **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 £3,710k, which is an adverse variance of £211k 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 September 2016 and whilst a number of indicators were not delivered in the month, the overall YTD compliance still remains very good and compares favourably, nationally.

TRUST PERFORMANCE & QUALITY REPORT

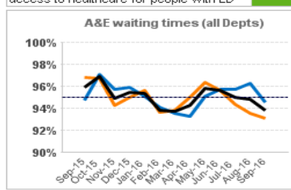
September 2016

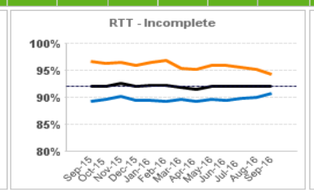
September 2016
Performance Dashboard

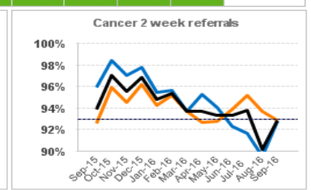
Chelsea and Westminster Hospital NHS
NHS Foundation Trust

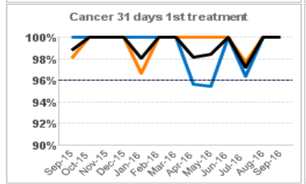
Regulatory Compliance

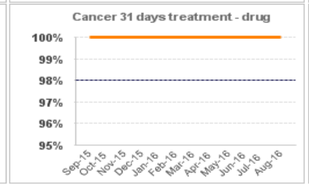
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined Trust data: last Quarter, YTD & 13m trend					
Indicator	Jul-16	Aug-16	Sep-16	Jul-16	Aug-16	Sep-16	Jul-16	Aug-16	Sep-16	Quarter	YTD	Trend
A&E waiting times - Types 1 & 3 Depts (Target: >95%)	95.7	96.3	94.6	94.4	93.6	93.1	95.0	94.8	93.8	94.5	94.9	
RTT - Incomplete (Target: >92%)	89.8	90.1	90.7	95.6	95.2	94.3	92.1	92.0	92.0	92.0	92.0	
Cancer 2 week urgent referrals (Target: >93%)	91.6	87.2	92.8	95.2	93.7	92.9	93.8	90.2	92.8	92.0	92.7	
Cancer 2 week Breast symptomatic (Target: >93%)	n/a	n/a	n/a	97.4	92.6	90.7	97.4	92.6	90.7	93.8	93.1	
Cancer 31 days first treatment (Target: >96%)	96.4	100	100	97.7	100	100	97.2	100	100	99.0	98.9	
Cancer 31 days treatment - Drug (Target: >98%)	n/a	n/a	n/a	100	100	n/a	100	100	n/a	100	100.0	
Cancer 31 days treatment - Surgery (Target: >94%)	n/a	n/a	n/a	100	100	100	100	100	100	100	100.0	
Cancer 62 days GP ref to treatment (Target: >85%)	83.3	89.6	77.3	93.9	88.0	86.3	90.2	88.8	84.2	87.8	86.6	
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	2	2	0	2	2	4	9	
Self-certification against compliance for access to healthcare for people with LD	Comp	Comp	Comp	Comp	Comp	Comp	Comp	Comp	Comp	Comp	Comp	

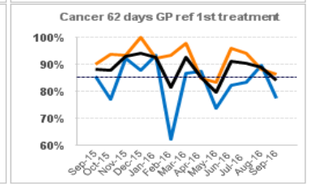






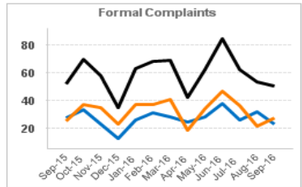


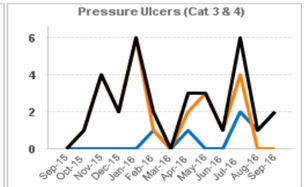


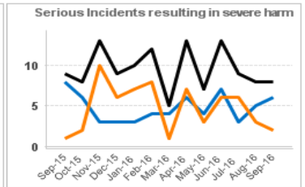


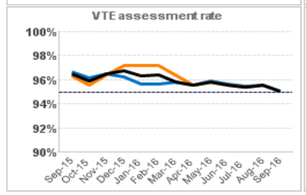
Quality

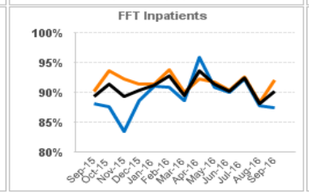
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Jul-16	Aug-16	Sep-16	Jul-16	Aug-16	Sep-16	Jul-16	Aug-16	Sep-16	Quarter	YTD	Trend
Hand Hygiene (Target: >=90%)	95.9	95.7	95.9	98.0	98.6	98.4	96.7	96.6	96.8	96.7	96.4	
Pressure Ulcers (Cat 3 & 4)	2	1	2	4	0	0	6	1	2	9	16	
VTE assessment % (Target: >=95%)	95.4	95.5	95.0	95.4	95.5		95.4	95.5	95.0	95.4	95.5	
Formal complaints number received	26	32	23	36	21	27	62	53	50	165	354	
Formal complaints responded to <25days	5	11	4	8	4	7	13	15	11	39	102	
Serious Incidents	3	5	6	6	3	2	9	8	8	25	58	
Never Events (Target: 0)	0	0	0	0	0	0	0	0	0	0	1	
FFT - Inpatients recommend % (Target: >90%)	92.2	87.8	87.4	92.6	88.3	92.0	92.5	88.1	90.1	90.5	91.2	
FFT - A&E recommend % (Target: >90%)	86.6	88.5	86.8	89.0	89.3	89.4	87.2	88.7	87.4	87.8	87.8	
Falls causing serious harm	0	0	0	0	0	0	0	0	0	0	2	

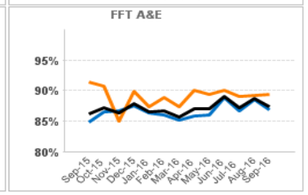






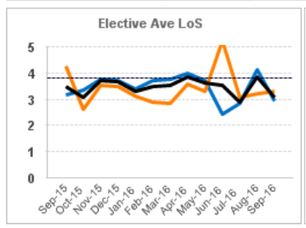


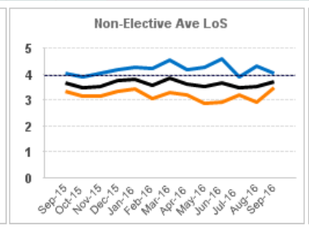


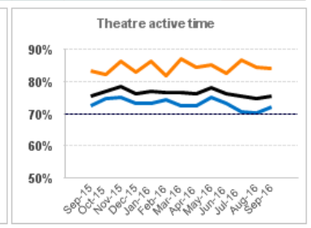


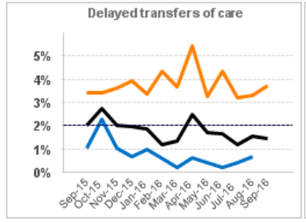
Efficiency

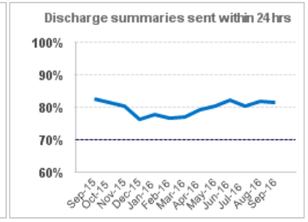
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Jul-16	Aug-16	Sep-16	Jul-16	Aug-16	Sep-16	Jul-16	Aug-16	Sep-16	Quarter	YTD	Trend
Elective average LoS (Target: <3.8)	2.9	4.1	2.9	3.1	3.2	3.3	2.9	3.8	3.1	3.3	3.5	
Non-Elective average LoS (Target: <3.95)	3.9	4.3	4.0	3.2	2.9	3.5	3.5	3.5	3.7	3.6	3.6	
Theatre active time (Target: >70%)	70.6	70.1	71.9	86.5	84.5	83.9	75.5	74.8	75.5	75.3	76.0	
Delayed transfers of care (Target: <2%)	0.42	0.65	0.00	3.23	3.31	3.74	1.21	1.57	1.44	1.41	1.69	
Discharge summaries sent within 24 hours (Target: >70%)	80.3	81.8	81.3	dev	dev	dev	80.3	81.8	81.3	81.1	80.8	
Outpatient DNA rates (Target: <11.1%)	14.0	13.5	13.6	10.2	10.1	9.9	12.6	12.3	12.3	12.4	11.7	
On the day cancelled operations not re-booked within 28 days (Target: 0)	1	1	2	0	0	0	1	1	2	4	6	

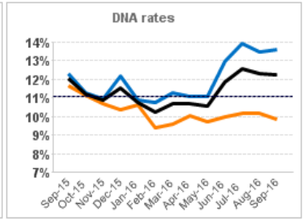






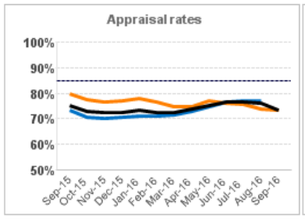


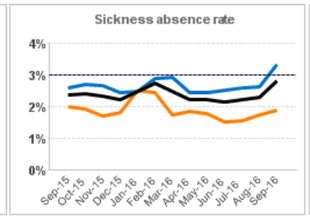


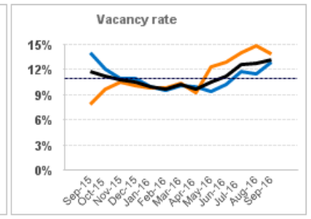


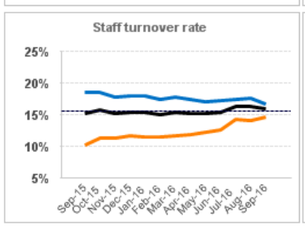
Workforce

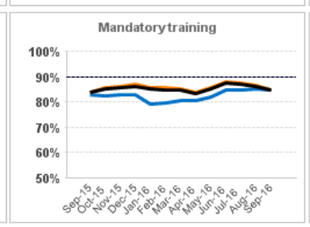
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Jul-16	Aug-16	Sep-16	Jul-16	Aug-16	Sep-16	Jul-16	Aug-16	Sep-16	Quarter	YTD	Trend
Appraisal rates (Target: >85%)	77.2	77.1	n/a	75.5	73.8	73.5	76.7	76.0	73.5	76.0	75.5	
Sickness absence rate (Target: <3%)	2.59	2.64	3.35	1.54	1.73	1.88	2.22	2.31	2.83	2.45	2.32	
Vacancy rates (Target: CW<12%; WM<10%)	11.8	11.4	12.9	14.0	14.9	13.9	12.6	12.7	13.2	13.2	13.2	
Turnover rate (Target: CW<18%; WM<11.5%)	17.4	17.6	16.6	14.2	14.1	14.6	16.2	16.3	15.9	15.9	15.9	
Mandatory training (Target: >90%)	84.8	85.1	84.8	87.6	86.4	84.7	87.2	86.2	84.8	85.7	85.5	
Bank and Agency spend (£ks)	£2,285	£2,252	£2,583	£1,877	£1,940	£1,790	£4,162	£4,192	£4,373	£12,728	£25,363	
Nursing & Midwifery: Agency % spend of total pay (Target: tbc)	6.9	6.5	7.7	11.9	13.5	13.7	8.8	9.3	10.0	9.4	9.3	

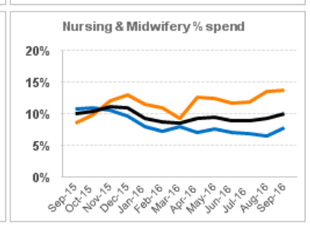












Note: Full page versions of the above Performance Dashboards are available on Pages 12-15

Monitor Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Jul-16	Aug-16	Sep-16	2016-2017	Jul-16	Aug-16	Sep-16	2016-2017	Jul-16	Aug-16	Sep-16	2016-2017 Q2	2016-2017	Trend charts	
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	95.7%	96.3%	94.6%	95.1%	94.4%	93.6%	93.1%	94.7%	95.0%	94.8%	93.8%	94.5%	94.9%		!
RTT	18 weeks RTT - Admitted (Target: >90%)	71.6%	76.8%	75.6%	73.1%	85.5%	86.3%	86.2%	86.6%	79.1%	82.1%	81.2%	80.8%	80.3%		!
	18 weeks RTT - Non-Admitted (Target: >95%)	92.9%	93.8%	92.0%	93.0%	94.6%	94.9%	93.2%	94.6%	93.6%	94.2%	92.5%	93.4%	93.6%		!
	18 weeks RTT - Incomplete (Target: >92%)	89.8%	90.1%	90.7%	89.8%	95.6%	95.2%	94.3%	95.4%	92.1%	92.0%	92.0%	92.0%	92.0%		!
Cancer	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	91.6%	87.2%	92.8%	91.6%	95.2%	93.7%	92.9%	93.5%	93.8%	90.2%	92.8%	92.0%	92.7%		!
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	n/a	97.4%	92.6%	90.7%	93.1%	97.4%	92.6%	90.7%	93.8%	93.1%		-
	31 days diagnosis to first treatment (Target: >96%)	96.4%	100%	100%	97.7%	97.7%	100%	100%	99.6%	97.2%	100%	100%	99.0%	98.9%		-
	31 days subsequent cancer treatment - Drug (Target: >98%)	n/a	n/a	n/a	100%	100%	100%	n/a	100%	100%	100%	n/a	100%	100%		-
	31 days subsequent cancer treatment - Surgery (Target: >94%)	n/a	n/a	n/a	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		-
	31 days subsequent cancer treatment - Radiotherapy (Target: >94%)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a		-
	62 days GP referral to first treatment (Target: >85%)	83.3%	89.6%	77.3%	82.6%	93.9%	88.0%	86.3%	88.7%	90.2%	88.8%	84.2%	87.8%	86.6%		-
	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	2	2	8	0	2	2	4	9		-
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 & Non-Admitted are no longer Monitor Compliance Indicators
	!	Either Site or Trust overall performance red in each of the past three months

A&E 4 Hours waiting time
The A&E waiting time target for September was not achieved on either site with combined Trust performance of 93.8%. Both sites experienced significant activity pressures and high levels of bed occupancy impacting patient flow. Quarter 2 performance achieved 94.5%, missing the 95% target and Sustainability & Transformation Performance trajectory (95.1%). Performance was within the 1% tolerance allowed for Q2 and therefore there was no resultant financial penalty.

18 weeks RTT
The RTT incomplete target was achieved in September for the Trust overall. Chelsea site performance improved according to the forecast trajectory and exceeded 90% for the first time since June 2015. Performance at WMUH site deteriorated to <94% as a result of the cumulative effect of rising referral demand outstripping available capacity. The Q2 performance also achieved the 92% target and STP trajectory. The Trust had no patients waiting >52 weeks for the second consecutive month.

2 weeks from referral to first appointment
September saw an improved position compared to August but narrowly missed the standard by 0.2%. September saw over 470 referrals to the Chelsea site alone; this is a continued increase and has been flagged through to commissioners in terms of sustainability. The WMUH site has experienced similar increases.

2 weeks from referral to first appointment all Breast symptomatic referral
The 2WW Symptomatic Breast targets fell below the 93% target again in September but the standard was achieved for Q2 as a whole. Urgent work is in progress to address capacity shortfalls to enable a return to compliant performance for both KPIs.

Cancer - 62 days GP referral to first treatment
Validated performance for the 62 Day GP Referral Cancer standard in August was achieved on both sites. In September, unvalidated performance has dipped below the 85% standard on CW site and for the Trust overall, with 7.5 breaches of the standard. However, quarterly performance achieved > 85% target and STP trajectory (86.3%). Details of these are commented on in the Tumour by Site Dashboard on page 12

Safety Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Jul-16	Aug-16	Sep-16	2016-2017	Jul-16	Aug-16	Sep-16	2016-2017	Jul-16	Aug-16	Sep-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%)	95.9%	95.7%	95.9%	95.2%	98.0%	98.6%	98.4%	98.4%	96.7%	96.6%	96.8%	96.7%	96.4%		-
Incidents	Number of serious incidents	3	5	7	32	6	3	2	27	9	8	9	26	59		-
	Incident reporting rate per 100 admissions (Target: >8.5)	6.7	7.0	7.1	6.7	8.0	7.1	7.8	7.6	7.3	7.1	7.4	7.3	7.1		!
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions (Target: 0)	0.02	0.05	0.05	0.03	0.00	0.02	0.00	0.02	0.01	0.04	0.03	0.02	0.03		!
	Medication-related (NRLS reportable) safety incidents per 100,000 FCE bed days (Target: >=280)	480.70	493.68	412.83	434.25	219.00	141.40	207.09	317.82	356.88	326.87	313.94	332.60	380.01		!
	Medication-related (NRLS reportable) safety incidents % with harm (Target: <=12%)	12.1%	10.6%	10.7%	9.9%	11.1%	11.8%	7.7%	5.6%	11.8%	10.8%	9.8%	10.9%	8.2%		-
	Never Events (Target: 0)	0	0	0	1	0	0	0	0	0	0	0	0	1		-
Harm	Safety Thermometer - Harm Score (Target: >90%)	97.9%	96.0%	96.3%	95.9%	92.1%	95.0%	93.9%	94.6%	94.1%	95.4%	94.7%	94.8%	95.1%		-
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	2	1	2	6	4	0	0	10	6	1	2	9	16		-
	NEWS compliance %	100.0%	88.0%	93.0%	90.5%		91.0%	93.5%	92.2%	100.0%	89.2%	93.2%	91.1%	91.2%		-
	Safeguarding adults - number of referrals	24	28	25	129	24	27	21	120	48	55	46	149	249		-
	Safeguarding children - number of referrals	28	7	19	137	71	75	88	479	99	82	107	288	616		-
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	28	34	22	167	78	62	50	382	106	96	72	274	549		-
	Number of hospital deaths - Paediatric	2	1	1	6	0	0	0	0	2	1	1	4	6		-
	Number of hospital deaths - Neonatal	0	1	0	5	1	1	0	4	1	2	0	3	9		-
	Number of deaths in A&E - Adult	2	1	0	5	5	6	6	36	7	7	6	20	41		-
	Number of deaths in A&E - Paediatric	1	0	0	1	0	0	1	1	1	0	1	2	2		-
	Number of deaths in A&E - Neonatal	0	0	0	0	0	0	0	0	0	0	0	0	0		-

Please note the following	blank cell	An empty cell denotes those indicators currently under development	!	Either Site or Trust overall performance red in each of the past three months

Trust commentary

Number of serious incidents

9 Serious incidents were reported in September 2016. Of these, 7 were at the Chelsea and Westminster Site and 2 at the West Middlesex site. The breakdown is as follows: 4 relate to diagnostic issues, 4 relate to pressure ulcers and one maternal death incident.

Incidence of newly acquired category 3 & 4 pressure ulcers

Of the 4 serious incidents relating to Pressure Ulcers, 2 have been confirmed as Category 3 / 4. The other two are currently showing as Unstageable and Suspected on Datix, the Incident reporting system. The expectation is that these, too, will be flagged as Category 3 / 4. All are currently under investigation, and are referred to within the Serious Incident Report prepared for the Board.

Incident reporting rate per 100 admissions

There has been a slight increase in the proportion of incidents reported in September 2016. However the rate has remained fairly steady. Work is underway within divisions to increase reporting through the development of reporting triggers.

Trust commentary continued

Rate of patient safety incidents resulting in severe harm or death

There were 2 incidents leading to severe harm (cancer pathway appointment issue & failure to act on diagnostic results) , and 1 incident linked to a patients' death - this was an c-difficile related incident.

Medication-related (reported) safety incidents per 100,000 FCE Bed Days

Chelsea and Westminster site

Overall, medication incident reporting rates have improved with the electronic Datix reporting system. The rate for September 2016 (413/100,000 FCE bed days) is better than the average for comparable NHS organisations (311/100,000 FCE bed days).

West Middlesex site

The reporting rate for September 2016 (208/100,000 FCE bed days) has improved compared to August, but is still lower in Quarter 2 than for comparable NHS organisations. Staff reported fewer near-miss incidents, which may be related to vacancy rates both for Pharmacy and nursing staff. Pharmacy is actively recruiting to vacancies and the Trust Medication Safety Group is promoting near-miss reporting by all professional groups.

Medication-related (reported) safety incidents % with harm

Chelsea and Westminster site

The proportion of NRLS reportable medication incidents with-harm for Chelsea site is 10.1% year to date, below the average rate for comparable NHS organisations of 11.4% although there was an increase in CWH Site - September 2016 to 12.5%. In September 2016, there were 6 incidents of low harm, 4 relating to doses that were omitted in error or inappropriately held, one incorrect administration of a dietary supplement in a patient at risk of re-feeding syndrome and one delayed discharge prescription

West Middlesex site

Staff reported fewer near-miss incidents. The proportion of reportable medication incidents with harm is 6% year to date, which is below the average rate for comparable NHS organisations of 11.4%. There were 2 with-harm incidents in September, one low-harm incident relating to a dispensing error and the other was moderate-harm relating to over diuresis and Acute Kidney Injury (under investigation).

Safeguarding Adults - number of referrals

Systems to gather information at West Middlesex depend on manual collating from sources proved unreliable in Sept. The adult Safeguarding will challenge this. Other than this monthly reporting for the first time demonstrated a consistent reporting level across both sites and one consistent with previous reporting patterns

Patient Experience Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Jul-16	Aug-16	Sep-16	2016-2017	Jul-16	Aug-16	Sep-16	2016-2017	Jul-16	Aug-16	Sep-16	2016-2017 Q2	2016-2017	Trend charts	
Friends and Family	FFT: Inpatient recommend % (Target: >90%)	92.2%	87.8%	87.4%	91.0%	92.6%	88.3%	92.0%	91.3%	92.5%	88.1%	90.1%	90.5%	91.2%		-
	FFT: Inpatient not recommend % (Target: <10%)	3.0%	7.2%	6.1%	5.4%	3.4%	4.4%	5.3%	4.2%	3.3%	5.5%	5.6%	4.6%	4.6%		-
	FFT: Inpatient response rate (Target: >30%)	37.6%	34.0%	34.6%	35.1%	29.0%	19.6%	23.6%	27.8%	31.5%	23.4%	27.1%	27.4%	30.0%		!
	FFT: A&E recommend % (Target: >90%)	86.6%	88.5%	86.8%	87.2%	89.0%	89.3%	89.4%	89.6%	87.2%	88.7%	87.4%	87.8%	87.8%		!
	FFT: A&E not recommend % (Target: <10%)	8.0%	6.6%	8.0%	7.5%	7.2%	6.8%	8.9%	6.5%	7.8%	6.7%	8.2%	7.5%	7.2%		-
	FFT: A&E response rate (Target: >30%)	14.5%	15.4%	15.4%	14.4%	23.3%	22.6%	18.0%	22.3%	16.0%	16.6%	15.9%	16.2%	15.8%		!
	FFT: Maternity recommend % (Target: >90%)	92.4%	91.5%	89.4%	90.3%	97.3%	87.9%	97.1%	92.3%	93.4%	90.8%	90.8%	91.7%	90.7%		-
	FFT: Maternity not recommend % (Target: <10%)	4.2%	4.4%	6.2%	5.9%	1.3%	9.1%	2.9%	4.6%	3.6%	5.3%	5.6%	4.8%	5.6%		-
	FFT: Maternity response rate (Target: >30%)	20.8%	23.5%	25.5%	22.5%	18.3%	14.3%	15.5%	17.3%	20.2%	21.1%	22.9%	21.4%	21.1%		!
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	26	32	23	171	36	21	27	183	62	53	50	165	354		-
	Complaints formal: Number responded to < 25 days	5	11	4	52	8	4	7	50	13	15	11	39	102		-
	Complaints (informal) through PALS	68	83	119	469	28	37	44	155	96	120	163	379	624		-
	Complaints sent through to the Ombudsman	0	0	0	0	0	1	1	8	0	1	1	2	8		-
	Complaints upheld by the Ombudsman (Target: 0)	0	0	0	0	0	0	1	7	0	0	1	1	7		-

Please note the following	blank cell	An empty cell denotes those indicators currently under development	!	Either Site or Trust overall performance red in each of the past three months

Trust commentary

Response rates – all areas

An FFT procurement process is being completed and the new contract will enable additional methods of survey to increase the response rate.

Friends and Family Test - Inpatient recommend / not recommend %

A Deep dive carried out has identified areas of concern which have been escalated to the Divisional Nurses

Friends and Family Test – A&E recommend / not recommend %

The A&E departments continue to analyse patient comments to highlight areas for improvement

Complaints (formal) responded to within 25 working days

Performance is underachieving and is being addressed at Divisional level and highlighted through the Patient Experience Group meeting.

Complaints upheld by the Ombudsman

A relative has raised concerns regarding a patient's care and discharge process. The case was investigated by the trust but the complainant sought further investigation through the Ombudsman.

Efficiency & Productivity Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Jul-16	Aug-16	Sep-16	2016-2017	Jul-16	Aug-16	Sep-16	2016-2017	Jul-16	Aug-16	Sep-16	2016-2017 Q2	2016-2017	Trend charts	
Admitted Patient Care	Average length of stay - elective (Target: <3.7)	2.85	4.13	2.95	3.32	3.08	3.21	3.33	3.81	2.91	3.84	3.06	3.25	3.46		-
	Average length of stay - non-elective (Target: <3.9)	3.88	4.30	4.02	4.20	3.19	2.94	3.46	3.10	3.49	3.51	3.72	3.57	3.57		-
	Emergency care pathway - average LoS (Target: <4.5)	4.55	5.31	5.18	5.19	4.03	3.57	4.55	3.90	4.24	4.24	4.81	4.42	4.41		!
	Emergency care pathway - discharges	210	196	206	1213	314	313	292	1857	524	510	498	1533	3071		-
	Emergency re-admissions within 30 days of discharge (Target: <2.8%)	3.04%	3.33%	3.69%	3.29%	8.98%	9.03%	9.28%	9.08%	5.72%	6.00%	6.15%	5.95%	5.91%		!
	Delayed transfer of care - % relevant NHS patients affected (Target: <2%)	0.4%	0.7%	0.0%	0.4%	3.2%	3.3%	3.7%	3.9%	1.2%	1.6%	1.4%	1.4%	1.7%		!
	Non-elective long-stayers	420	383	439	2502	547	571	563	3364	967	954	1002	2923	5866		-
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	79.6%	78.9%	82.9%	82.6%	84.2%	85.0%	83.1%	83.3%	81.4%	81.4%	83.0%	82.0%	82.9%		!
	Operations canc on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.11%	0.27%	0.33%	0.20%					0.11%	0.27%	0.33%	0.24%	0.20%		-
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	1	1	2	6	0	0	0	0	1	1	2	4	6		!
	Theatre active time (C&W Target: >70%; WM Target: >78%)	70.6%	70.1%	71.9%	72.3%	86.5%	84.5%	83.9%	84.5%	75.5%	74.8%	75.5%	75.3%	76.0%		-
	Theatre booking conversion rates (Target: >80%)	89.4%	85.4%	88.7%	89.1%	53.2%	53.1%	48.3%	53.4%	77.2%	73.6%	75.5%	75.4%	76.7%		!
Outpatients	First to follow-up ratio (Target: <1.5)	1.63	1.73	1.78	1.70	1.44	1.33	1.38	1.36	1.54	1.53	1.58	1.55	1.53		!
	Average wait to first outpatient attendance (Target: <6 wks)	7.3	7.3	7.7	7.4	6.3	6.4	7.4	6.5	6.8	6.9	7.6	7.1	7.0		!
	DNA rate: first appointment	15.8%	15.4%	14.9%	13.8%	12.1%	12.2%	12.0%	11.7%	14.1%	13.9%	13.5%	13.9%	12.9%		-
	DNA rate: follow-up appointment	13.3%	12.8%	13.2%	12.3%	9.0%	8.8%	8.6%	8.9%	11.9%	11.6%	11.7%	11.7%	11.2%		-

Please note the following	blank cell	An empty cell denotes those indicators currently under development	!	Either Site or Trust overall performance red in each of the past three months

Length of Stay
There has been an improvement to the Elective LoS on the Chelsea site following August's peak. There has been a small improvement in LoS for Non-elective on the Chelsea site and a small increase on the WMUH site. Continued work through the bed productivity CIP workstream continues to focus on improvements. At aggregate level, when compared to Dr Foster LoS Data, Chelsea & Westminster remains in the Upper decile nationally.

Emergency Care Pathways – discharges
As part of the bed Productivity CIP, we are launching 'Red and Green days', a National initiative with the aim to increase the number of daily discharge and remove blockages. This will require the full engagement of community partners.

Delayed transfers of care affected patients
There is currently a reporting issue for the Chelsea site DTOC data, hence the 0.0% for September. This is currently being worked on and corrected during October. For the WMUH site, DTOCs have slighted increased and renewed focus with system partners is in place in order to help improve NE flow.

Non-Elective LoS - long stayers
This is now a focus for both sites, with daily reviews of those with a stay over 6 days.

Theatre Booking Conversion Rates
This indicator relates to the conversion rate of the locked down lists (in place 2 weeks prior to the date of the list) and the number of operations that actually went ahead. The WMUH site books patients >6 weeks into the future which then results in a higher rate of rescheduling. These booking practices are still under review as part of the Theatre Productivity group.

Clinical Effectiveness Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Jul-16	Aug-16	Sep-16	2016-2017	Jul-16	Aug-16	Sep-16	2016-2017	Jul-16	Aug-16	Sep-16	2016-2017 Q2	2016-2017	Trend charts	
Best Practice	Dementia screening diagnostic assessment (Target: >90%)	100.0%	100.0%	100.0%	100.0%	85.5%	91.2%	94.0%	87.4%	94.9%	97.1%	98.0%	96.6%	95.7%		-
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	94.1%	83.3%	100.0%	86.0%	100.0%	76.9%	88.9%	77.1%	96.2%	81.1%	95.0%	89.2%	82.1%		!
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	100.0%	100.0%	100.0%	100.0%	100.0%	84.6%		94.4%	100.0%	92.9%	100.0%	96.7%	96.9%		-
VTE	VTE: Hospital-acquired (Target: tbc)	0	0	0	0	2	1	0	5	2	1	0	3	5		-
TB	VTE risk assessment (Target: >95%)	95.4%	95.5%	95.0%	95.5%	95.4%	95.5%		95.6%	95.4%	95.5%	95.0%	95.4%	95.5%		-
	TB: Number of active cases identified and notified	2	2	2	12	6	8	13	56	8	10	15	33	68		-
	TB: % of treatments completed within 12 months (Target: >85%)															-

Please note the following	blank cell	An empty cell denotes those indicators currently under development	!	Either Site or Trust overall performance red in each of the past three months

Trust commentary

#NoF Time to Theatre

September saw an improvement on both sites form the previous month with Chelsea achieving 100%. Further work to embed the new pathway changes on the WMUH is required. #NoFs are now routinely discussed at the daily bed meeting to help expedite flow.

VTE Risk assessments completed

Target just achieved. Clinical areas requiring significant improvement highlighted to teams.
VTE risk assessment performance monitored weekly at C&W, W and monthly performance to be monitored at WMUH site.

Notifications of TB cases

There were 2 TB cases notified on the C&W site with 13 on the West Middlesex site.
These cases are as per the London TB Register. C&W TB Service also manages TB cases for the Royal Brompton and the Royal Marsden.

Access Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Jul-16	Aug-16	Sep-16	2016-2017	Jul-16	Aug-16	Sep-16	2016-2017	Jul-16	Aug-16	Sep-16	2016-2017 Q2	2016-2017	Trend charts	
RTT waits	RTT Incompletes 52 week Patients at month end	2	0	0	19	0	0	0	0	2	0	0	2	19		-
	Diagnostic waiting times <6 weeks: % (Target: >99%)	99.49%	99.36%	99.28%	99.38%	97.32%	98.44%	99.77%	98.75%	98.20%	98.77%	99.56%	98.86%	99.01%		!
	Diagnostic waiting times >6 weeks: breach actuals	11	10	17	82	84	44	7	239	95	54	24	173	321		-
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	7.8%	7.3%	7.0%	7.3%	8.8%	9.8%	9.6%	8.7%	8.1%	8.2%	7.9%	8.1%	7.8%		!
	A&E time to treatment - Median (Target: <60')	01:10	01:00	01:14	01:08	00:47	00:40	00:34	00:45	01:03	00:55	01:04	01:01	01:02		-
	London Ambulance Service - patient handover 30' breaches	11	16	29	143	68	109	86	460	79	125	115	319	603		-
	London Ambulance Service - patient handover 60' breaches	0	0	1	5	0	0	0	0	0	0	1	1	5		-
Choose and Book (available to Jul-16 only for issues) and from Apr-16 for availability	Choose and book: appointment availability (average of daily harvest of unused slots)	2466	2822	2463	2536	0	0	0	1	2466	2822	2463	2589	2536		-
	Choose and book: capacity issue rate (ASI)	23.8%			25.6%	39.0%			35.0%	33.9%			33.9%	31.9%		-
	Choose and book: system issue rate															-

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Trust commentary

Diagnostic waits under 6 weeks
The diagnostic waiting time standard of 99% tests completed within 6 weeks of referral was achieved on the Chelsea site at 99.28%, performance on the WM site was slightly better at 99.77%. The combined Trust performance for September is reported as 99.56% and returns the Trust to a compliant position after a period of underachievement. The combined YTD position is 99.01% which is an improvement on previous reports and it is expected that this progress will continue in October and November

Diagnostic waits greater than 6 weeks – breach actuals
Across both sites there were a total of 24 breaches in September (out of a total number of examinations in excess of 16500); this is a significant improvement on August. The main reason for the improvement is the reduction in 'sleep study' breaches down from 42 to 4 which is as a result of actions taken within the Directorate of Medicine. The remaining breaches were shared mainly between paediatric gastroenterology and paediatric urology with both specialties reporting capacity issues.

A&E Unplanned Re-attendances
This remains high and work continues with WLMHT and other liaison services. Frailty service pilots will start on both sites in November 2016 which it is hoped will have a positive impact on re-attenders.

A&E Time to Treatment
This remains acceptable at West Middlesex and marginally high at Chelsea and Westminster

A&E LAS 30 min handover breaches
These still remain higher than we would like and the completion of the ED refurbishment on both sites will support the reduction.
We are seeing increased numbers of arrivals on both sites (circa 10 per day, 15% increase)

A&E LAS 60 min handover breaches
The x1 60 minute handover breach recorded for the Chelsea site in September, has subsequently been successfully challenged with LAS and will be corrected to Zero in next month's report.

Maternity Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Jul-16	Aug-16	Sep-16	2016-2017	Jul-16	Aug-16	Sep-16	2016-2017	Jul-16	Aug-16	Sep-16	2016-2017 Q2	2016-2017	Trend charts	
Birth indicators	Total number of NHS births	467	445	468	2798	441	451	459	2688	908	896	927	2731	5486		-
	Total caesarean section rate (C&W Target: <27%; WM Target: <29%)	35.7%	38.5%	30.2%	33.4%	28.3%	25.3%	24.5%	27.0%	32.1%	31.9%	27.4%	30.4%	30.3%		!
	Midwife to birth ratio (Target: 1:30)	1:30	1:30	1:30	1:30	1:32.7	1:32.7	1:32.7	1:32.7	1:31.3	1:31.3	1:31.3	1:31.3	1:31.3		!
	Maternity 1:1 care in established labour (Target: >95%)	93.6%	98.5%	98.2%	96.9%	94.9%	96.4%	94.9%	92.5%	94.2%	97.4%	96.5%	96.0%	94.6%		-
Safety	Admissions of full-term babies to NICU	17	23	16	107	n/a	n/a	n/a	n/a	17	23	16	56	107		-

Please note the following	blank cell	An empty cell denotes those indicators currently under development	!	Either Site or Trust overall performance red in each of the past three months

Trust commentary

Total number of Births

Chelsea and Westminster site continues to over perform against plan whilst West Middlesex site is on target to achieve planned figures

Total Caesarean section rate

The rate remains constant at the West Middlesex site. The Chelsea and Westminster has seen significant drop in month. This data being reviewed to identify if drop is linked to 3 themes that had previously been highlighted i.e: CTG interpretation, IOL and 2nd stage sections, being addressed.

Workforce Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Jul-16	Aug-16	Sep-16	2016-2017	Jul-16	Aug-16	Sep-16	2016-2017	Jul-16	Aug-16	Sep-16	2016-2017 Q2	2016-2017	Trend charts	
Staffing	Vacancy rate (Target: CW <12%; WM <10%)	11.8%	11.4%	12.9%	12.9%	14.0%	14.9%	13.9%	13.9%	12.6%	12.7%	13.2%	13.2%	13.2%		!
	Staff Turnover rate (Target: CW <18%; WM <11.5%)	17.4%	17.6%	16.6%	16.6%	14.2%	14.1%	14.6%	14.6%	16.2%	16.3%	15.9%	15.9%	15.9%		!
	Sickness absence (Target: <3%)	2.6%	2.6%	3.3%	2.7%	1.5%	1.7%	1.9%	1.7%	2.2%	2.3%	2.8%	2.4%	2.3%		-
	Bank and Agency spend (£ks)	£2,285	£2,252	£2,583	£14,386	£1,877	£1,940	£1,790	£10,977	£4,162	£4,192	£4,373	£12,728	£25,363		-
	Nursing & Midwifery Agency: % spend of total pay (Target: tbc)	6.9%	6.5%	7.7%	7.1%	11.9%	13.5%	13.7%	12.6%	8.8%	9.3%	10.0%	9.4%	9.3%		-
Appraisal rates	% of appraisals completed - medical staff (Target: >85%)	89.3%	85.4%	80.8%	84.0%	89.0%	88.1%	85.6%	89.3%	89.2%	86.6%	82.9%	86.2%	86.3%		-
	% of appraisals completed - non-medical staff (Target: >85%)	75.9%	76.2%	76.6%	75.1%	72.9%	71.0%	71.2%	72.3%	75.0%	74.6%	74.9%	74.8%	74.2%		!
Training	Mandatory training compliance (Target: >90%)	84.8%	85.1%	84.8%	84.3%	87.6%	86.4%	84.7%	86.0%	87.2%	86.2%	84.8%	85.7%	85.5%		!
	Health and Safety training (Target: >90%)	86.1%	85.9%	86.0%	86.5%	80.8%	83.2%	82.4%	83.4%	84.1%	84.9%	84.7%	84.6%	85.4%		!
	Safeguarding training - adults (Target: 100%)	88.7%	88.6%	89.3%	88.6%	95.1%	72.0%	79.0%	87.9%	91.1%	82.5%	85.5%	86.4%	88.3%		!
	Safeguarding training - children (Target: 100%)	93.5%	93.7%	92.9%	89.2%	98.7%	97.8%	94.7%	94.9%	95.5%	95.2%	93.5%	94.7%	91.3%		!

Please note the following	blank cell	An empty cell denotes those indicators currently under development	!	Either Site or Trust overall performance red in each of the past three months

Trust commentary

Staff in Post

In September the whole time equivalent (WTE) of substantive staff in post was 5017. This was 43 WTE lower than last month (5070 WTE). The difference was largely due to the end of a number of fixed term contracts and restructuring.

Turnover

Our unplanned turnover rate was 15.9% (down 0.4% from last month). Voluntary turnover is 16.6% at the Chelsea site (1% down) and 14.6% at the West Middlesex site (0.5% up).

Vacancies

Our general vacancy rate for September was 13.2%, up 0.5% since last month. Our vacancy rate is similar to other large London Trusts. Our highest rate is with the administration and clerical group at 18.5% but this will drop now that we have begun to recruit to vacancies following the conclusion of the administration improvement restructure. The vacancy rate for qualified nursing is 16.1%, up from 15.3% in August. The average time to recruit - from placement of advert to issue of starter letter - was 58.2 working days against a target of 50 working days. This compares favourably to last month's figure of 71.6 working days. Work is continuing to improve our performance in this area.

Bank & Agency Usage

Temporary staffing accounted for 13.5% of the total shifts worked in September, up from 13.1% in August. Agency usage equated to 279 WTE in September, up from 263 in August. Bank staff make up a greater proportion of temporary staff used now (65%) than in July (63%) and a similar proportion to August (65%). Bank workers accounted for 65% of all shifts carried out by temporary workers. The temporary staffing challenge boards continue to scrutinise requests for agency staff.

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. The compliance rate stands at 85%, unchanged since August. The current push on core training is expected to increase our reported rate in October.

Appraisals

The appraisal rate for non-medical staff was 75% in September, down 1% from last month and below the 85% target. The appraisal rate for medical staff was 83%, down 4% from last month and 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	Jul-16	Aug-16	Sep-16	2016-2017	YTD breaches	Jul-16	Aug-16	Sep-16	2016-2017	YTD breaches	Jul-16	Aug-16	Sep-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%	85.7%	97.9%	1	100%	100%	85.7%	96.1%	97.9%	1		-
	Colorectal / Lower GI	88.9%	100%	66.7%	87.1%	2	100%	60.0%	80.0%	88.6%	2	92.3%	84.6%	76.9%	84.6%	87.9%	4		-
	Gynaecological	0.0%	80.0%	40.0%	64.7%	3	75.0%	100%	100%	92.9%	1	60.0%	88.9%	57.1%	71.4%	82.2%	4		!
	Haematological	100%	n/a	n/a	100%	0	66.7%	100%	100%	88.9%	1	75.0%	100%	100%	87.5%	90.9%	1		-
	Head and neck	n/a	n/a	n/a	0.0%	1	100%	100%	100%	63.6%	2	100%	100%	100%	100%	53.8%	3		-
	Lung	100%	100%	n/a	96.6%	0.5	100%	100%	83.3%	93.8%	0.5	100%	100%	83.3%	96.3%	95.6%	1		-
	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	75.0%	100%	100%	90.0%	1.5	92.9%	100%	100%	94.0%	1.5	88.9%	100%	100%	95.8%	92.5%	3		-
	Upper gastrointestinal	50.0%	66.7%	100%	83.3%	1	n/a	100%	100%	94.4%	0.5	50.0%	85.7%	100%	86.7%	90.0%	1.5		-
	Urological	86.7%	71.4%	88.9%	76.0%	6	100%	50.0%	80.0%	74.0%	9.5	91.3%	60.0%	82.8%	80.6%	74.8%	15.5		-
	Urological (Testicular)	n/a	n/a	n/a	100%	0	n/a	n/a	n/a	100%	0	n/a	n/a	n/a	n/a	100%	0		-
	Site not stated	n/a	0.0%	n/a	0.0%	1	100%	n/a	66.7%	83.3%	0.5	100%	0.0%	66.7%	71.4%	62.5%	1.5		-

Please note the following	n/a	Refers to those indicators where there is no data to report. Such months will not appear in the trend graphs	! Either Site or Trust overall performance red in each of the past three months

Trust commentary

West Middlesex site

1 unavoidable Breast breach was due to complex diagnostics and changes to treatment plan.
1 (0.5 + 0.5) avoidable colorectal breach. These were due to delayed ITT and capacity at Imperial for surgery and complex diagnostics with surgeon on leave.
2 (1 + 0.5 + 0.5) avoidable Urology breaches, all related to complex/multiple diagnostics.
0.5 unavoidable Lung breach as the patient was away and 0.5 unavoidable Head and Neck breach as patient delayed appointments and was away.

Chelsea and Westminster site

1.5 (0.5+0.5+0.5) Gynaecology breaches. 1 was unavoidable as patient choice, with the other avoidable and relating to capacity for surgery at Royal Marsden.
0.5 unavoidable Urology breach due to patient choice who was then unwell.
0.5 colorectal breach shared with West Middlesex as above.

All breaches, both avoidable and unavoidable are discussed through the recently introduced fortnightly dedicated Cancer Tracking meeting. All Divisions are represented and the aim of the meeting is to ensure any lessons are learned and corrective action is taken and also to assess any undue harm to patients owing to delay. .

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	G	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.

The Trust achieved 95.5% of the available income from the CQUINs within the 16/17 contract with CCGs, and forecast 100% achievement of available NHSE CQUIN income for Q1, excluding the CUR CQUIN with which the Trust declined to participate, subject to ratification.

National CQUINs

Q2 progress with project plans is on track with a high level of confidence on delivery of schemes. There remains some risks to the delivery of all milestones within the Sepsis CQUIN (CQUIN N2.1 and N2.2) due to the manual processes currently in place and activity demand pressures impacting on timely delivery of treatment in ED. The Trust has a project structure in place to manage improvement and mitigate these risks.

Regional CQUINs

The Trust has successfully concluded negotiations with the CCG regarding the timeline for implementation of CQUIN project R2.4, aimed at improving communication between GPs and Hospital Consultants. Concerns about the timescales for delivering e-consultation using the SystmOne application have been addressed. The expansion and enhancement of the Trust's GP Portal has been successfully achieved to timescale for Q2. There is now a high level of confidence in delivery of the CQUIN project milestones and income within the agreed timetable.

Local CQUINs

All local CQUIN project Q2 milestones have been delivered to timescale. Evidence will be submitted to Commissioners at the end of October to confirm this assessment. All Q3 & Q4 milestones remain on track for achievement in full.

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	71.8%	74.6%	68.6%	86.4%	8.7	3.1	11.8
Annie Zunz	78.1%	90.3%	100.0%	110.0%	2.5	1.1	3.6
Apollo	82.4%	46.7%	94.0%	-	13.1	0.7	13.7
Jupiter	60.9%	23.7%	65.9%	23.3%	59.5	9.8	69.4
Mercury	79.5%	80.0%	105.8%	33.3%	6.6	0.6	7.2
Neptune	55.9%	93.3%	71.7%	56.7%	20.2	4.7	24.9
NICU	87.9%	-	90.1%	-	12.8	0.0	12.8
AAU	103.9%	80.3%	129.3%	103.3%	9.6	1.8	11.4
Nell Gwynn	104.9%	84.4%	153.9%	114.4%	5.4	4.0	9.4
David Erskine	97.1%	123.7%	107.8%	161.7%	3.4	3.1	6.4
Edgar Horne	117.8%	102.5%	141.1%	105.0%	4.2	3.4	7.6
Lord Wigram	95.1%	92.1%	97.8%	98.9%	3.2	2.4	5.6
St Mary Abbots	89.7%	107.7%	98.9%	131.7%	3.3	2.5	5.8
David Evans	78.8%	67.1%	97.6%	88.5%	5.6	2.1	7.7
Chelsea Wing	75.9%	86.6%	98.3%	82.4%	6.8	4.4	11.3
Burns Unit	94.9%	94.3%	98.0%	96.7%	18.3	4.6	23.0
Ron Johnson	95.4%	95.2%	117.8%	100.0%	5.1	2.4	7.5
ICU	99.7%	-	99.7%	-	25.3	0.0	25.3

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	85.0%	-	97.6%	-	2.8	0.0	2.8
Lampton	104.6%	101.3%	94.4%	95.5%	28.8	19.0	47.7
Richmond	89.0%	88.8%	101.1%	103.3%	9.7	4.4	14.1
Syon 1	89.4%	104.9%	100.0%	103.3%	3.6	1.6	5.3
Syon 2	88.5%	167.7%	108.0%	199.8%	3.0	3.3	6.3
Starlight	124.6%	83.3%	133.3%	96.7%	8.6	1.4	10.0
Kew	96.1%	101.8%	94.3%	98.4%	3.7	2.8	6.5
Crane	98.3%	136.6%	108.2%	152.6%	3.3	3.0	6.4
Osterley 1	93.2%	170.4%	127.1%	108.3%	3.0	2.6	5.5
Osterley 2	87.9%	135.3%	100.0%	173.3%	3.3	3.3	6.6
MAU	94.6%	153.5%	112.5%	101.1%	7.5	3.4	11.0
CCU	100.8%	97.7%	103.2%	-	17.8	2.3	20.1
Special Care Baby Unit	44.2%	-	41.6%	-	4.1	0.4	4.5
Marble Hill	51.2%	39.5%	64.7%	37.1%	6.8	4.3	11.1
ITU	75.6%	-	86.7%	-	57.4	1.4	58.8

Summary for September 2016

Nell Gwynne, Osterley 1 and 2 had an increased fill rate due to a high number of patient with tracheostomies.

Edgar Horne and AMU had new starters who were supernumary for their induction period. SCBU had under-utilised beds so staffing was reduced accordingly.

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

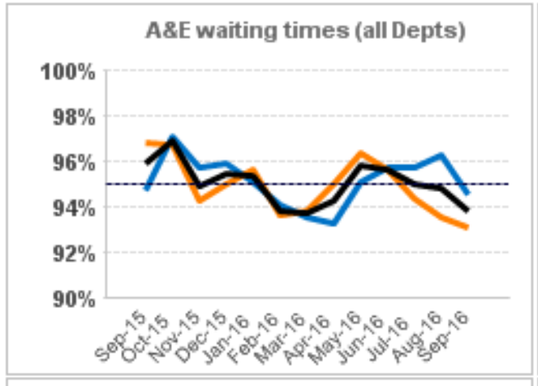
With the exception of End of Life Care there are only 5 outstanding actions from the CQC inspection. Where possible work is progressing; 2 are dependent on recruitment processes (Palliative Care and the Emergency Department), 1 is part of a long term piece of work (information).

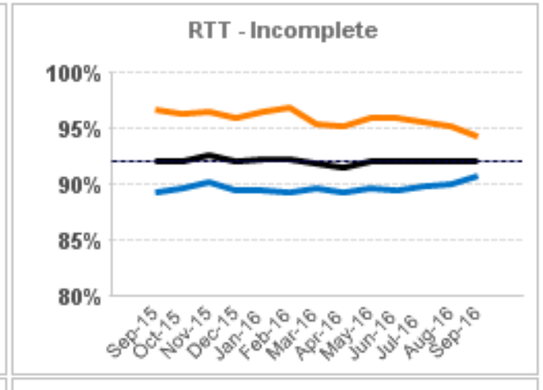
1 will remain outstanding until such time that Emergency Department is rebuilt or reconfigured (resus space) and 1 relates to the community infrastructure and other health partners supporting earlier discharge.

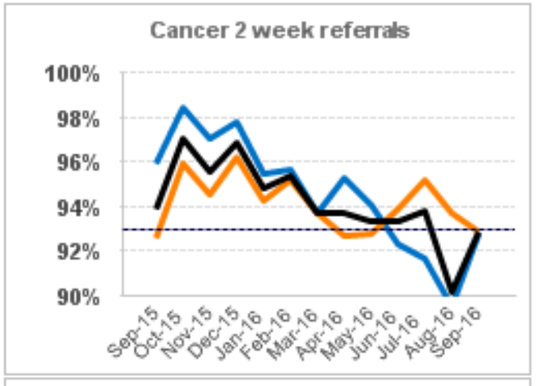
End of Life Care is subject to on-going review through the End of Life Strategy Group

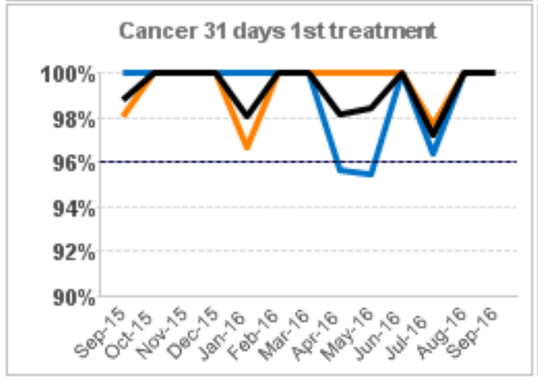
Regulatory Compliance

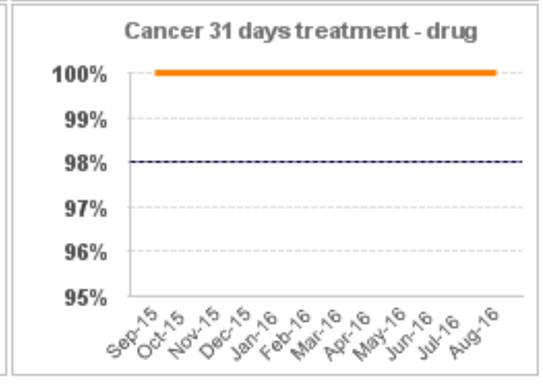
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined Trust data: last Quarter, YTD & 13m trend					
Indicator	Jul-16	Aug-16	Sep-16	Jul-16	Aug-16	Sep-16	Jul-16	Aug-16	Sep-16	Quarter	YTD	Trend
A&E waiting times - Types 1 & 3 Depts (Target: >95%)	95.7	96.3	94.6	94.4	93.6	93.1	95.0	94.8	93.8	94.5	94.9	
RTT - Incomplete (Target: >92%)	89.8	90.1	90.7	95.6	95.2	94.3	92.1	92.0	92.0	92.0	92.0	
Cancer 2 week urgent referrals (Target: >93%)	91.6	87.2	92.8	95.2	93.7	92.9	93.8	90.2	92.8	92.0	92.7	
Cancer 2 week Breast symptomatic (Target: >93%)	n/a	n/a	n/a	97.4	92.6	90.7	97.4	92.6	90.7	93.8	93.1	
Cancer 31 days first treatment (Target: >96%)	96.4	100	100	97.7	100	100	97.2	100	100	99.0	98.9	
Cancer 31 days treatment - Drug (Target: >98%)	n/a	n/a	n/a	100	100	n/a	100	100	n/a	100	100.0	
Cancer 31 days treatment - Surgery (Target: >94%)	n/a	n/a	n/a	100	100	100	100	100	100	100	100.0	
Cancer 62 days GP ref to treatment (Target: >85%)	83.3	89.6	77.3	93.9	88.0	86.3	90.2	88.8	84.2	87.8	86.6	
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	2	2	0	2	2	4	9	
Self-certification against compliance for access to healthcare for people with LD	Comp	Comp	Comp	Comp	Comp	Comp	Comp	Comp	Comp	Comp	Comp	

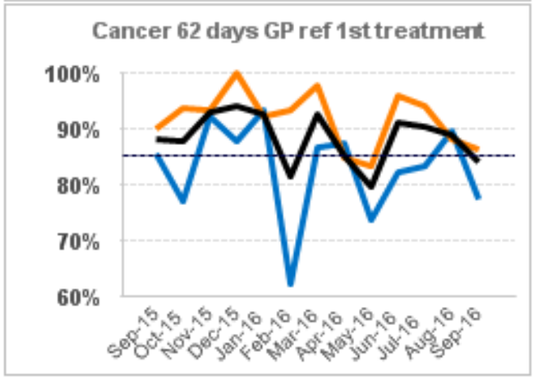






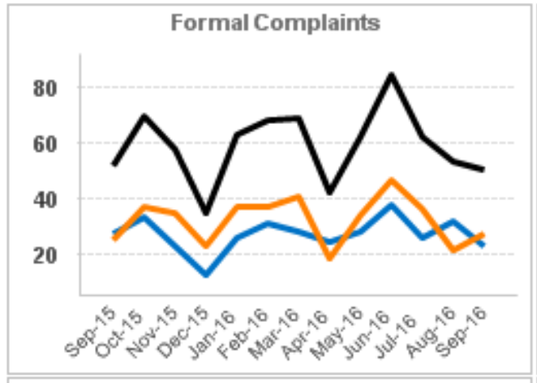


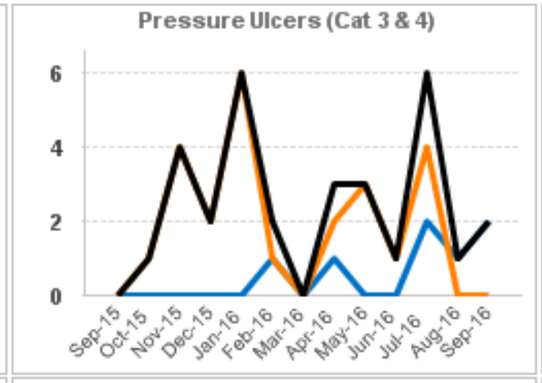


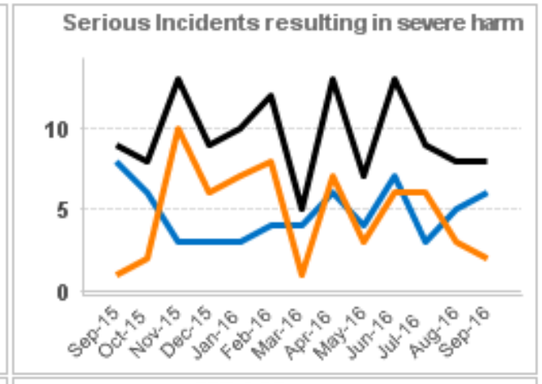


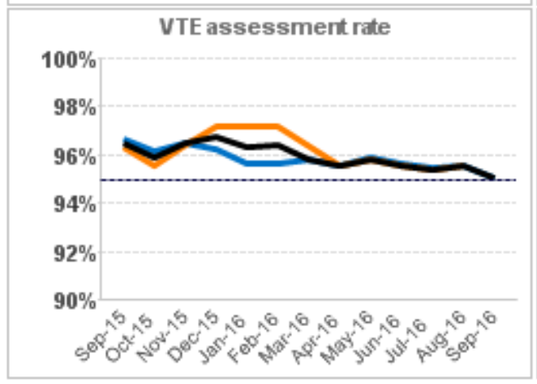
Quality

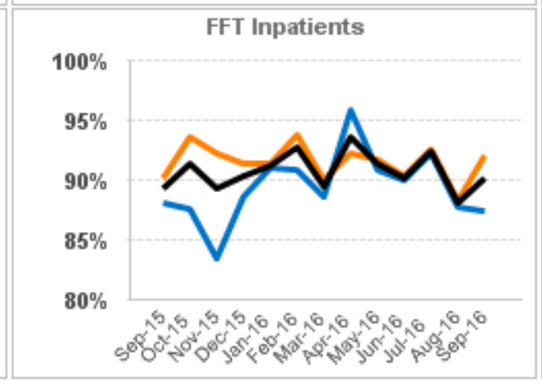
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Jul-16	Aug-16	Sep-16	Jul-16	Aug-16	Sep-16	Jul-16	Aug-16	Sep-16	Quarter	YTD	Trend
Hand Hygiene (Target: >=90%)	95.9	95.7	95.9	98.0	98.6	98.4	96.7	96.6	96.8	96.7	96.4	
Pressure Ulcers (Cat 3 & 4)	2	1	2	4	0	0	6	1	2	9	16	
VTE assessment % (Target: >=95%)	95.4	95.5	95.0	95.4	95.5		95.4	95.5	95.0	95.4	95.5	
Formal complaints number received	26	32	23	36	21	27	62	53	50	165	354	
Formal complaints responded to <25days	5	11	4	8	4	7	13	15	11	39	102	
Serious Incidents	3	5	6	6	3	2	9	8	8	25	58	
Never Events (Target: 0)	0	0	0	0	0	0	0	0	0	0	1	
FFT - Inpatients recommend % (Target: >90%)	92.2	87.8	87.4	92.6	88.3	92.0	92.5	88.1	90.1	90.5	91.2	
FFT - A&E recommend % (Target: >90%)	86.6	88.5	86.8	89.0	89.3	89.4	87.2	88.7	87.4	87.8	87.8	
Falls causing serious harm	0	0	0	0	0	0	0	0	0	0	2	

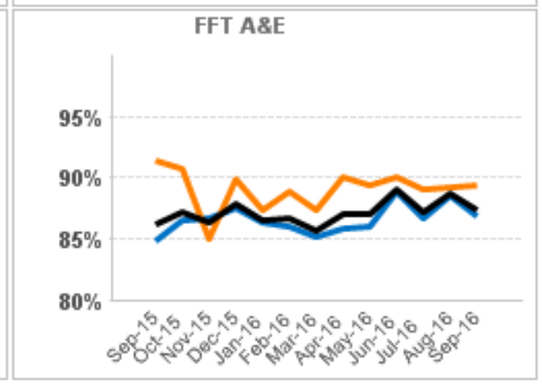






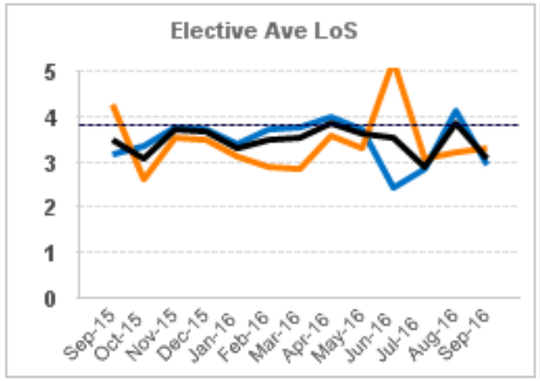


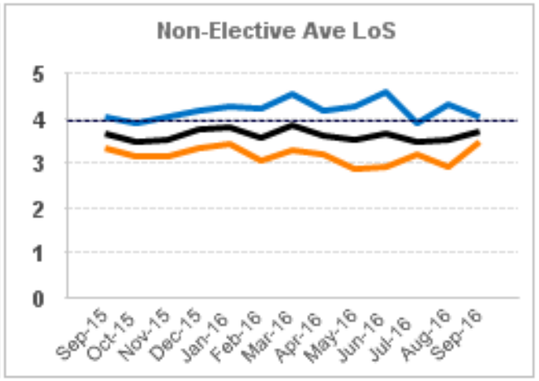


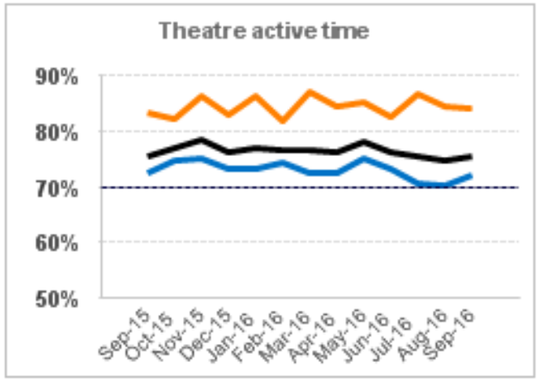


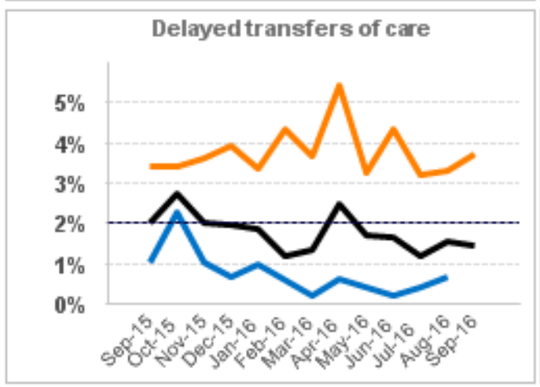
Efficiency

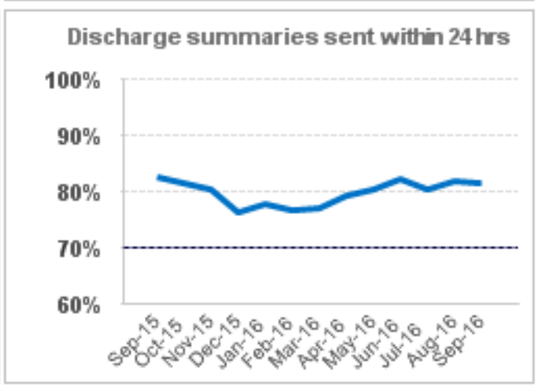
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Jul-16	Aug-16	Sep-16	Jul-16	Aug-16	Sep-16	Jul-16	Aug-16	Sep-16	Quarter	YTD	Trend
Elective average LoS (Target: <3.8)	2.9	4.1	2.9	3.1	3.2	3.3	2.9	3.8	3.1	3.3	3.5	
Non-Elective average LoS (Target: <3.95)	3.9	4.3	4.0	3.2	2.9	3.5	3.5	3.5	3.7	3.6	3.6	
Theatre active time (Target: >70%)	70.6	70.1	71.9	86.5	84.5	83.9	75.5	74.8	75.5	75.3	76.0	
Delayed transfers of care (Target: <2%)	0.42	0.65	0.00	3.23	3.31	3.74	1.21	1.57	1.44	1.41	1.69	
Discharge summaries sent within 24 hours (Target: >70%)	80.3	81.8	81.3	dev	dev	dev	80.3	81.8	81.3	81.1	80.8	
Outpatient DNA rates (Target: <11.1%)	14.0	13.5	13.6	10.2	10.1	9.9	12.6	12.3	12.3	12.4	11.7	
On the day cancelled operations not re-booked within 28 days (Target: 0)	1	1	2	0	0	0	1	1	2	4	6	

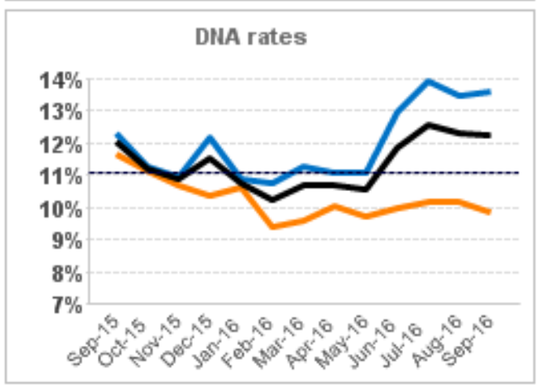












Workforce

Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Jul-16	Aug-16	Sep-16	Jul-16	Aug-16	Sep-16	Jul-16	Aug-16	Sep-16	Quarter	YTD	Trend
Appraisal rates (Target: >85%)	77.2	77.1	n/a	75.5	73.8	73.5	76.7	76.0	73.5	76.0	75.5	
Sickness absence rate (Target: <3%)	2.59	2.64	3.35	1.54	1.73	1.88	2.22	2.31	2.83	2.45	2.32	
Vacancy rates (Target: CW<12%; WM<10%)	11.8	11.4	12.9	14.0	14.9	13.9	12.6	12.7	13.2	13.2	13.2	
Turnover rate (Target: CW<18%; WM<11.5%)	17.4	17.6	16.6	14.2	14.1	14.6	16.2	16.3	15.9	15.9	15.9	
Mandatory training (Target: >90%)	84.8	85.1	84.8	87.6	86.4	84.7	87.2	86.2	84.8	85.7	85.5	
Bank and Agency spend (£ks)	£2,285	£2,252	£2,583	£1,877	£1,940	£1,790	£4,162	£4,192	£4,373	£12,728	£25,363	
Nursing & Midwifery: Agency % spend of total pay (Target: tbc)	6.9	6.5	7.7	11.9	13.5	13.7	8.8	9.3	10.0	9.4	9.3