

Chelsea & Westminster Hospital NHS Foundation Trust
Board of Directors Meeting (PUBLIC SESSION)

Room A, West Middlesex

04 May 2017 11:00 - 04 May 2017 13:00



Board of Directors Meeting (PUBLIC SESSION)

Location: Room A, West Middlesex
Date: Thursday, 4 May 2017
Time: 11.00 – 13.00

Agenda

	1.0	GENERAL BUSINESS		
11.00	1.1	Welcome & Apologies for Absence Apologies received from Martin Lupton and Liz Shanahan.	Verbal	Chairman
11.03	1.2	Declarations of Interest	Verbal	Chairman
11.05	1.3	Minutes of the Previous Meeting held on 2 March 2017	Report	Chairman
11.07	1.4	Matters Arising & Board Action Log	Report	Chairman
11.10	1.5	Chairman's Report	Verbal	Chairman
11.15	1.6	Chief Executive's Report	Report	Chief Executive
	2.0	QUALITY/PATIENT EXPERIENCE & TRUST PERFORMANCE		
11.25	2.1	Patient Experience Story	Verbal	Director of Midwifery
11.40	2.2	Serious Incidents Report (EB 19.04)	Report	Director of Midwifery
11.50	2.3	Integrated Performance Report, including Administration Improvement Programme Presentation	Report / Pres.	Chief Operating Officer
	3.0	WORKFORCE		
12.05	3.1	2016 National staff survey results	Report	Director of HR & OD
12.15	3.2	Volunteers Report and Proposed Strategy	Report	Chief Operating Officer
	4.0	STRATEGY		
12.30	4.1	Update on the Electronic Patient Record Project	Report	Chief Information Officer / Kathy Lanceley
12.40	4.2	Sustainability and Transformation Plans (STPs)	Report	Deputy Chief Executive
	5.0	GOVERNANCE		
12.45	5.1	Risk Assurance Framework	Report	Director of Midwifery
	6.0	ITEMS FOR INFORMATION		

12.50	6.1	Questions from Members of the Public	Verbal	Chairman
12.55	6.2	Any Other Business	Verbal	Chairman
13.00	6.3	Date of Next Meeting – 6 July 2017		



Minutes of the Board of Directors (Public Session)
Held at 11.00 on 2 March 2017, Boardroom, Chelsea & Westminster

Present:	Sir Thomas Hughes-Hallett	Trust Chairman	(Chair)
	Nilkunj Dodhia	Non-Executive Director	(ND)
	Sandra Easton	Director of Finance	(SE)
	Nick Gash	Non-Executive Director	(NG)
	Eliza Hermann	Non-Executive Director	(EH)
	Rob Hodgkiss	Chief Operating Officer	(RH)
	Kevin Jarrold	Chief Information Officer	(KJ)
	Jeremy Jensen	Non-Executive Director	(JJ)
	Andrew Jones	Non-Executive Director	(AJ)
	Keith Loveridge	Director of Human Resources	(KL)
	Jeremy Loyd	Non-Executive Director	(JLo)
	Karl Munslow-Ong	Deputy Chief Executive	(KMO)
	Pippa Nightingale	Acting Chief Nurse	(PN)
	Zoe Penn	Medical Director	(ZP)
	Liz Shanahan	Non-Executive Director	(LS)
	Lesley Watts	Chief Executive	(LW)
	Dom Neame	Director of Communications	(DN)
		(interim)	
 In Attendance:	Roger Chinn	Deputy Medical Director	(RC)
	Chris Cheney	CEO, CW+	(CC)
	Robert Humm	Company Secretary	(RH)
	Harbens Kaur	Head of Legal Services	(HK)
	Axel Heitmueller	CEO, ICHP	(AH)

1.0	GENERAL BUSINESS
1.1	Welcome and Apologies for Absence
a.	Apologies received from Martin Lupton
1.2	Declarations of Interest
a.	None.
1.3	Minutes of the Previous Meeting: 5 January 2017
a.	The minutes were confirmed as a true and accurate record.
1.4	Matters Arising

a.	As regards minute number 3.2.d, THH advised that the Domestic Violence awareness initiative would be forward by VS. Charlotte Cohen and CC had kindly also agreed to assist with this.
1.5	<p>Chairman’s Report</p> <p>a. THH expressed his thanks to the Non-Executive Directors, and extended his welcome to the new Governors. The Chairman took the Board through his report, and highlighted the following points:</p> <ul style="list-style-type: none"> □ He had reviewed the CEO’s performance over last 12 months, this review was in the process of being written up □ The HelpForce collaboration was working well. NG, EH were supporting the Trust as regards the plans for engagement. JL, LW and ZP were the Trust’s representatives as regards this initiative, with support also being received from Annu Singh (Director of Patient and Public Voice and Insight, NHS England). An official launch event is planned for June 2017. □ RH commented that there were a range of volunteers (160 across both sites); further details would be included in the quality accounts so as to ensure recognition of this valuable source □ The Board would be updated at the next meeting around plans to develop the role of the family in supporting patients. EH commented that a presentation from Rachel Allsop would be also useful in understanding this plan. ACTION: Rachel Allsop
1.6	<p>Chief Executive’s Report</p> <p>a. In presenting her report, LW highlighted the following points:</p> <ul style="list-style-type: none"> □ The Trust was pushing ahead with its key objectives for 2017/18, with an understanding on the need to be primarily focused on the delivering high quality patient care. □ The key themes would centre around the following two priorities: <ul style="list-style-type: none"> 1) providing high quality patient care and 2) securing the best workforce, ensuring development and retaining our personnel <p>b. LW commented that if these two priorities were met then this would result in adherence of 75% of the Trust’s financial efficiency target.</p> <p>c. LW further commented that boards were being displayed around the Trust, which noted the Hospital’s PROUD values.</p> <p>d. LW further updated the Board on the increase in demand for services that had impacted on the pressures being placed upon staff. Staff were working very hard in our demanding and busy hospitals which in turn had an impact on the Trust’s ability to bring in elective patients. Due to this, cancellations had occurred.</p> <ul style="list-style-type: none"> □ RH advised that the Trust had cancelled 154 operations over the month of January, all of which had now been re-scheduled. He further advised that during quiet theatre periods, clinical staff had been deployed onto the medical wards and also used the time to complete mandatory training.

- JJ enquired as to what the Trust was doing to ensure that it was developing its digital technology.
- ZP responded by advising that the Trust was working with its Charity CW+ on digital innovation development. ZP advised that she also chaired the clinical innovation group which was working on projects to deploy into front line clinical care.
- KMO added that the Trust was also looking at good practices being utilised at other Trusts as well as the Carter benchmarking themes.
- JJ requested that the Board should be kept advised on developments. THH requested that the new Director of Communications would be looking into this. **ACTION: DN**
- LW: Highlighted the NICU and ICU campaign to raise funds to redevelop both units. This is being led by CW+ in conjunction with our teams. LW thanked the charity team for the very successful annual event which has helped launch the campaign to raise £10M and noted that the first £1M had already been raised.
- THH concluded the discussions by asking LW what, in her view had gone well over the past year and what not so well. LW responded by advising that the merging of the two hospitals had been a success, which had been due to the high level of engagement that had been received from staff from all our sites. As regards what had not gone so well, LW stated that there was still work to do on developing and acknowledging the contribution made by both sites to the overall success of the Trust and continuing to address the challenges in recruiting and retaining the best workforce.
- LW commented that she had recently been tweeting from her Hospital account and asked for followers, including the Non-Executive Directors to specifically comment on the efforts that were being noticed of staff during these very busy times.
- As regards Twitter usage, DN advised that the two sites would hold a combined account. DN would be sending around guidance around the use of Facebook and Twitter and other social media platforms. **ACTION: DN**
- EH thanked LW for her helpful report and expressed her agreement to the two main priorities. She commented that these two points should be used as prompt to check ourselves against.
- JL commented that the Perfect Day initiative went well. He advised that it would be useful to have more NEDS involved in these events. PN agreed to re-circulate the invites for these events to the NEDS. THH advised that details will be sent out as regards the help that was required and where. **ACTION: PN**
- JL commented that as regards the pressure being experienced by the A&E departments, the Board would be interested in a further deep dive presentation on the types of pressures being faced etc. in order to aid the Board's understanding on what actions could be undertaken to assist / next steps etc. This was to be included in the Board forward plan **ACTION: HK**
- RH commented that this will be discussed further at the next Executive Board meeting.

	<ul style="list-style-type: none"> □ TH extended his congratulations to the Trust on its success on the flu immunisation programme.
2.0	STRATEGY
2.1	<p>Imperial College Health Partners</p> <p>a. The Board were provided with a presentation from ICHP CEO, AH who was accompanied by Ms Shirlene Oh.</p> <ul style="list-style-type: none"> □ The Board were updated on what ICHP were delivering for the Trust. AH provided examples of the approach to initiatives and projects that were being deployed by ICHP, which focused on solutions to the business of the Trust, rather than being reactive to needs only. □ AH presented his detailed slides to the Board, and provided examples of the type work being undertaken, such as stroke prevention, and neurology rehabilitation. □ AH advised that IC had collaborated with the 'What If' organisation and have in turn collated significant data on impact and organisation sustainability. □ EH enquired what the Trust's relationship was with the ICHP organisation. □ AH advised that the ICHP was a health partnership, in which CW had an ownership stake. □ ND enquired how we could speed up the testing and adoption of new innovations. AH advised that utilising existing and new initiatives was a primary focus of the role of ICHP; assistance would be provided as needed. □ AH provided an example of a ventilation tube and its 100% safety record and its purchase cost, advising on the ways in which the Trust could put this in place at the Trust without a cost pressure. JJ commented that the Trust needed to be more receptive to such initiatives, whilst recognising that these would also involve training commitments. □ ZP commented that the ICHP were in regular contact with her office. The Trust were currently considering a number of new devices. □ LW advised that the Trust had a clinical innovations committee; however the structures for new initiatives around the Trust needed to be joined together. □ LS enquired whether the support being provided by ICHP also included help re: work required on staff numbers and relieving pressure that was being felt across the Trust as a result. NG also enquired whether the support being provided also included staff education initiatives. □ AH advised that training was being rolled out, with funding being received from HANWEL. □ ZP commented that the Darzi programme was also progressing the work being done within the NHS on innovation.

	<p>□ THH concluded the discussions by advising that the Trust should continue to develop its relationship with ICHP. He invited ICHP to put forward 6 innovations which the CEO of the Trust would then consider.</p> <p>ACTION: ICHP</p>
3.0	QUALITY/PATIENT EXPERIENCE & TRUST PERFORMANCE
3.1	Patient Experience Story
a.	<p>PN presented the patient story slides to the Board. Overall the slides demonstrated that the Trust continued to receive positive feedback on the care being delivered to patients. The stories covered within the slides evidenced staff going over and beyond to ensure that their patients were well looked after and their clinical and emotional care was being given equal priority. The following points were highlighted by PN:</p> <ul style="list-style-type: none"> □ The good feedback would support the Trust as regards its recruitment drives □ Tweeting and Facebook 'likes' also provided an opportunity to thank staff for the high level of care being provided □ Jupiter Ward had been given recognition for their above and beyond excellent work on patient care and wellbeing.
3.2	Serious Incidents Report
a.	<p>PN summarised the report submitted to the Board, noting in particular the following points:</p> <ul style="list-style-type: none"> ➤ 3 new SIs (across both sites) had been notified to the Commissioners for the month of January 2017. ➤ There had been a 47% decrease (compared to this period last year) in the numbers of pressure ulcer cases; with no pressure ulcers recorded in the last three months ➤ Harm to babies was another quality priority; the levels at the Trust was no amongst the lowest in London. ➤ Learning analysis was continuing to be undertaken ➤ The Trust had acknowledged the need to set realistic timeframes and actions as regards SI investigations.
b.	<p>EH advised the Board that the Quality Committee had reviewed the SI report and had noted the following key points:</p> <ul style="list-style-type: none"> □ There was a sustained reduction in Pressure Ulcers □ There were currently too many outstanding SI actions that were not 'SMART'; this was being addressed □ DA will be providing advice and assistance around sharing and applied learning □ The committee had repeatedly noted the issue of handover being a key theme around incidents. Therefore there may be a need for this to be specifically measured and reviewed. THH advised that this would be discussed further within the Private Board Meeting. □ LW commented that significant levels of work still needed to be undertaken around the closing down of SI actions. However, the work that was being carried out needed to be sustainable and with the

	objectives of the Trust in mind rather than solely as part of the CQC preparation work.
3.3	Integrated Performance Report
a.	<p>RH presented his report to the Board. The following points were highlighted:</p> <ul style="list-style-type: none"> ➤ A&E waiting times had not been achieved from both sites, which was a standard picture for many A&E units throughout the country at this time ➤ The Trust had submitted its Appeal as regards the STP financial ask in line with levels of unprecedented and unplanned levels of demand ➤ Staff were working very hard to deliver high quality care ➤ Cancer performance had been achieved in December 2016 and January 2017 ➤ RTT had been achieved in January 2017 ➤ A higher number of deaths had occurred in the month of January 2017, which again was the norm for a number of Hospitals around the Country at this time. <ul style="list-style-type: none"> □ ZP commented that page 3 of the performance report showed that the death rate in January 2017 was 40/50 more deaths than expected. These numbers were attributable to the colder month, flu, and respiratory issues which again was the same situation for many Trusts across London. □ ZP added that the data had been discussed with the Office of National Statistics (ONS) with a view also taken from the Royal Society of Medicine. □ ZP further commented that the Mortality Surveillance Group, considered in detail standards of care and had determined that there was no cause for concern, in respect of patient care was noted as regards both sites.– I □ LW concluded the discussions by commenting that whereas in the past the Trust may have awaited health alerts, the Trust was now proactively checking numbers and levels of care provided. She advised that Iain Beveridge had recently audited a random set of medical records in line with this. □ NG commented on the recent publicity around air quality and whether the Trust had undertaken any actions on published data. ZP advised that the Trust had spoken to Public Health England, as regards the plans to address this issue.
3.4	Hospital Pharmacy Transformation Plan (HPTP)
a.	<p>Chisha McDonald, Head of pharmacy at WM presented DL's report to the Board. She highlighted the following points:</p> <ul style="list-style-type: none"> ➤ There was a recognised need to find ways in which to support improvement and reduce unwarranted variation in line with the Trust's own objectives as well as the Carter report. ➤ A thorough review had taken place within the Hospital's pharmacy with a view to ensuring that the Trust carried out its pharmacy functions in the most cost effective way, for example the Carter report had suggested that Pharmacists stop spending time on distribution and focus their time on medicine management.

	<ul style="list-style-type: none"> ➤ The review that had taken place at the Trust had resulted in a £1M saving to date. ➤ Further review work was being carried out. <ul style="list-style-type: none"> □ EH enquired whether the HPTP had been passed through internal scrutiny. ZP advised that it had and no issues to date had been raised. KMO also advised that the paper had been reviewed by FIC. □ JL congratulated Deirdre Linnard, Chief Pharmacist, on producing an excellent paper. He requested however, that the Board be provided with further details around who would be undertaking what actions, by when and how much cost would be eventually saved. ACTION: DL □ THH enquired why the queues for medications as the WM site appeared longer and slower. RH commented that this was down to staff numbers and the equivalent work was being undertaken by Boots at the C&W site as part of an outsourcing arrangement. This issue for the WM site was being addressed by monthly divisional reporting. □ The HPTP plan was approved by the Board.
4.0	ITEMS FOR INFORMATION
4.1	<p>Questions from members of the public</p> <p>a.</p> <ul style="list-style-type: none"> □ Governor TP raised a question around the Trust’s use of agency nurses, his concern related to these nurses not knowing the Hospital and therefore possibly adding to the sense of low morale amongst the teams. □ LW commented that the Trust was indeed mindful of the use of agency nurses but assured the Board that the use of such nurses was the focus of our attention and the use of bank staff was the preferred option when the need to cover a shift occurred. Bank staff were familiar with the Hospital. Where any concern was raised as regards agency staff, the Hospital had contacted the agency to ask that such nurses not be issued to the Hospital in the future. □ TP raised a further question as regards communications. He suggested that the items to be discussed during the private session of the Board meeting should listed on the Public Board Agenda so as to aid transparency. □ THH commented that the majority of what is discussed at the Private Board is also discussed at the Public Board unless the matter is commercially sensitive. □ LW stated that the Private Board was quite open however agreed that the next Public Board would list the items (unless of a sensitive nature) to be discussed at the Private Board. ACTION: VD □ TP asked that due to meetings taking place at the new allocated times, consideration should be given to having such meetings start at 10.30am with discussions with the Board taking place over coffee. □ THH advised that he would consider this and return to the Board at the next meeting. □ Governor KK requested clarification around the Trust’s position on the National Grid. LW advised that the Trust was working on this matter and plans were in place to address the issues that were being

	raised. Regular updates would be issued to service users.
4.2	Any Other Business
a.	<input type="checkbox"/> None
4.3	Date of next meeting: 04 May 2017

Meeting closed at 13.00.



Trust Board Public – 2 March 2017 Action Log

Minute number	Agreed Action	Current Status	Lead
1.5.a	<u>Chairman's Report</u> Present plans to develop the role of the family in supporting patients to the May Board.	Verbal update at meeting.	Rachel Allsop
1.6	<u>Chief Executive's Report</u> Consider good practices utilised at other Trusts as well as the Carter benchmarking themes and keep Board advised on developments.	Ongoing.	DN
	Circulate a guidance around the use of Facebook and Twitter and other social media platforms to the Board.	Circulated for comment and will be agreed at the June Board Strategy.	DN
	Circulate invites for the Perfect Day events to the Non-Executive Directors.	Complete.	PN
	Include in the forward plan a further deep dive presentation to the Board on the types of pressures experienced by the A&E departments etc.	This is on the forward plan for the June Board Strategy.	HK
2.1	<u>Imperial College Health Partners</u> ICHP to put forward 6 innovations which the CEO of the Trust would then consider.	Dr Roger Chinn has engaged with ICHP to discover which innovations we might be able to harness in the Trust. With specific reference to the Endotracheal Tube which they showcased, ICHP have informed us that it is currently not available. They have a review process underway due to local data and implementation issues. They will inform us once this has been resolved. Of the other innovations, there is limited relevance to our practice but an intra-arterial catheter is being currently considered by the clinical lead for anaesthetics.	ICHP

3.4	<p><u>Hospital Pharmacy Transformation Plan (HPTP)</u> Provided the Board with further details around who would be undertaking what actions, by when and how much cost would be eventually saved.</p>	<p>Completed. The HPTP has been updated with details of reporting and monitoring structure, names of work stream leads and quantum of savings. The Medicines Optimisation Steering Group will report to the Trust Improvement Board quarterly and upwards to the Finance and Investment Committee and to the Quality Committee for financial and quality aspects respectively. The quantum of savings is estimated to be £2.4m over 3 years, of which £1m is already in the 17-18 CIP plan. Amendments have been approved by Miss Penn as Chair of the Medicines Optimisation Steering Group and the updated HPTP has been submitted to NHS Improvement 03/04/2017.</p>	DL
-----	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----



Board of Directors Meeting, 4 May 2017

PUBLIC

AGENDA ITEM NO.	1.6/May/17
REPORT NAME	Chief Executive's Report
AUTHOR	Lesley Watts, Chief Executive Officer
LEAD	Lesley Watts, Chief Executive Officer
PURPOSE	To provide an update to the Public Board on high-level Trust affairs.
SUMMARY OF REPORT	As described within the appended paper. Board members are invited to ask questions on the content of the report.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	This paper is submitted for the Board's information.



Chief Executive's Report

March 2017

1.0 Major Incident

The C&W site declared a major incident on 23 March in response to the tragic events in Westminster. All our staff worked incredibly hard to ensure we provided patients and their families with the very best care possible. I would also like to take the opportunity to thank the other agencies, in particular the police and ambulance services who responded magnificently to what was a difficult, and at times chaotic incident.

Prime Minister Theresa May visited the hospital the following day to meet some of the victims and to personally thank key members of our staff who delivered such compassionate and timely care on the day. I'm sure the Board would wish to convey their thanks to clinical and corporate teams who worked tirelessly throughout, and demonstrated both the expertise and values of the organisation that make us so very proud to be part of a National Health Service.

As with all major incidents there are lessons to learn from our response and we have had a number of very helpful debriefing sessions with staff across the Trust.

2.0 Performance

The month of March was another busy and challenging month for the organisation in the delivery of our performance metrics. Whilst neither of our sites delivered against the 95% A&E standard, we saw a 2% improved performance from the previous month and ended the year at 92.3%, which was amongst the best performing Trusts in the country. We were successful in our appeal to NHSI for the full payment of Sustainability and Transformation Funds (STF) owing to our unprecedented and unplanned levels of demand.

We did not deliver in March against the required 92% RTT standard with a reported position of 90.6% in Month and an end of year position of 91.8%. The Board will be aware of the recently introduced large scale restructuring of the administration function on the CW site and, unfortunately this has had an impact on the way patients are booked in line with the Trust Access Policy, due to a high number of new staff in post. A full recovery plan is in place and the teams are working hard to rectify our position and ensure compliance as quickly as possible. Despite the months decline in RTT performance there were no reported patients waiting over 52 weeks to be treated and this is expected to continue. The procedural and administrative shortfalls also resulted in the in-month failure (96.88%) to deliver the 6ww diagnostic standard. This was the first failure to achieve the standard since August 2016 and was not due to lack of capacity. Investigation and subsequent audit has revealed that incorrect booking protocols were followed after a change of staff in March. Despite the in-month position, the Trust delivered 99.01% for the end of year position against the 99% standard.

All of the Cancer standards were achieved in March including 2 week wait performance, which has been a particular challenge on the Chelsea site for some months given the significant increase in demand.

Overall though, despite the challenges noted above especially in relation to non-elective demand and recent administrative changes, the performance for the year 2016-2017, when benchmarked externally, continues to place our Trust as one of the best performing and I offer my thanks and congratulations to the teams involved.

3.0 Care Quality Programme

This month we have focused on engaging with staff and partners about our Care Quality Programme in order to continuously improve the quality of care and experience we provide to our patients. Every ward and clinical department now has a senior management lead assigned to them in order to build direct engagement between senior management and front line staff and continuously improve our services. We will shortly be rolling out the new PROUD to care boards in all clinical areas. These will show daily monitoring of key aspects of care e.g. falls instances; ward accreditation; quality indicators, staffing names and numbers and patient feedback. We will also be publishing a handbook for staff about the programme, with a particular focus on preparing for a Care Quality Commission inspection.

4.0 Communications and Engagement

The monthly team briefings we hold at Chelsea and Westminster Hospital, West Middlesex University Hospital and Harbour Yard have focused on embedding new initiatives and learning lessons. Topics have included red to green days (which looks at anything that could be changed to help get patients home quicker); ward accreditation, CW+, the care quality programme, emergency preparedness, resilience and response. The latest Team Brief follows this report.

I have started providing a fortnightly email to all staff to talk about our key strategic and operational priorities, share outstanding examples of work I have seen whilst visiting clinical and corporate areas, as well as some of the fantastic feedback we have received from patients and families via social media. Staff have commented to me that they welcome this additional form of communication and we will continue to work hard to provide the right channels for communication and engagement that ensure staff feel supported and heard.

We have issued media releases on a range of topics including: the investments we've made to gynaecology facilities at C&W; encouraging women to complete the 2017 maternity survey; our recognition as an apprenticeship training provider; our selection as a Global Digital Exemplar with Imperial College Healthcare; our recruitment drive for GPs to join our Urgent Care team at C&W; and an innovative screening project developed at WMUH which has improved the detection of abnormal heartbeats by turning smartphones into heart monitors via a secure app. We are participating in a number of broadcast programmes including a BBC3 documentary about Lesbian, Gay, Bisexual and Transgender (LGBT) and mental health; the popular children's show Operation Ouch where we will showcase the role of male midwives; and we are supporting our mental health colleagues on a documentary about the care of people with eating disorders.

Later this month I am looking forward to meeting the HIV team in Harlow who joined the Trust on 1 April. The eagerly awaited C&W Open Day is on Saturday 20 May and I hope to see many of you there.

5.0 Elections and Purdah

Following the announcement of the General Election on 8th June we have had confirmed the following election milestones

- 22 April Purdah commences (see below)
- 3 May Parliament dissolves
- 11 May All Parliamentary Prospective Candidates confirmed
- 22 May Deadline for voter registration
- Mid-May Manifestos expected to be published
- 8 June Election day
- 9 June Election results announced (if a government is formed immediately, purdah will be lifted)

It is important to note that we are now in a period Purdah and we have reminded staff of our responsibilities in the run up to the election.

6.0 Finance

The year-end accounts have been drafted and the final accounts will be approved by the Board on 25th May. A huge thanks to the finance team for submitting our draft accounts on time despite Easter. Draft full year figures are consistent with our forecast position and means that the Trust has been eligible to receive some incentive based Sustainability and Transformation Funds that other Trusts have failed to achieve in recognition of our financial delivery.

In 2016/17 we delivered an impressive 96% of our Cost Improvement Programme (CIP) which is a great achievement. This level of delivery means we have been able to submit a capital plan for next year which will see investment in our IT infrastructure, our wards and our medical equipment. If we had not delivered our CIP's we would have finished the year in deficit and would not have cash in the bank to spend on the capital programme.

However, whilst we have achieved our 2016/17 surplus plan, this was after we received significant sums of non-recurrent funding from the Department of Health and NHS Improvement. This means we have 2 years to deliver our CIPs at the level required to get us back into financial balance. We will be back in sustainable balance when we stop spending more money than we receive for the work we undertake. At the moment we spend £2m a month more than we receive from our commissioners so there is much hard work to still do.

7.0 North West London Pathology

1st April was the official 'go-live' date for North West London Pathology which is collaboration between our Trust, Imperial College Healthcare Trust and Hillingdon Hospital Foundation Trust. This is a major milestone in the development of pathology services in North West London, bringing together the skills and expertise of pathology staff from the three Trusts to build a modern, integrated service that will drive innovation and enhance the quality of services for clinicians and patients across North West London and beyond.

A huge amount of work has recently been undertaken in transferring staff to the new venture and putting in place a senior management team and Board, including the recent appointment of a new Chair. The next 12 months will be incredibly busy as we look to embed the new structures and implement a single pathology IT platform as part of the new venture. I will continue to keep you updated on progress throughout the year.

8.0 RM Partners

RM Partners is the Cancer Alliance across north west and south west London and covers a population of 3.9 million people. It is hosted by The Royal Marsden NHS Foundation Trust and comprise of all NHS acute trusts in west London, as well as representatives from our two STPs and the Specialised Commissioning. It collaborates across the health economy with our clinical commissioning groups, community services, hospices, and third sector and voluntary organisations.

Through critical review of the wider system data and understanding the priorities of both STPs, we have collectively agreed to focus our resources and attention on the lung, prostate, colorectal and Upper GI pathways. The data shows that by improving these pathways – and giving our population parity of access to the most innovative technologies – we will make the biggest impact on diagnosing cancer earlier and reduce variation in performance across tumour groups.

To deliver on the vanguard objectives the programme has set an ambitious programme of work to the end the March 2018 when the funding ceases. This can be grouped under three overarching themes:

- **Transforming the clinical model of delivery** through the use of early diagnostics and pathway redesign to reduce variation, as well as medicines optimisation and improving access to palliative and end of life care. We will develop and roll out best practice, evidence based pathways for our key tumour groups.

- **Implementing enabling infrastructure**, by exploring the option of single budgets and lead provider models, establishing shared accountability mechanisms, and looking at models to strengthen and streamline commissioning across the system, as well as introducing cancer specific patient feedback.
- **Changing the system architecture**, such as the use of replicable dashboards, outcomes measurement and shared reporting will help to reduce inequitable variations in care across geographical areas. We will also explore and develop new workforce models to make our pathways sustainable.

Our senior team are actively engaged in the alliance to ensure we appropriately represent the interests of the trust and ensure we support progress in the key objectives set out. I will continue to provide regular updates on this important programme of work.

9.0 Partnership Board Meeting with Imperial College Healthcare Trust

We held a very constructive meeting with our ICHT colleagues in April as part of our now established governance arrangements between the two trusts. We discussed a number of our existing work programmes including our shared Electronic Patient Record (EPR) and Global Digital Excellence projects and reflected on an incredibly successful EPR launch event for the Trust which was very well supported by ICHT colleagues.

We noted good progress with the North West London Pathology venture and the significance of standing up the shadow board arrangements from 1st April. We discussed, at length, the STP arrangements and noted both the progress of number of programmes of work but also the requirement for the system to be better focused on a smaller number of priorities.

Finally we received a progress update on the West London Genomic Medical Centre and an overview of potential future work programmes that the two trusts were currently considering. We will meet again in early July.

Lesley Watts

Chief Executive Officer

May 2017



April 2017

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

**proud
to care**

Tell us why you are #PROUDtocare on Facebook or Tweet @ChelwestFT or @WestMidHospital

HERE AND NOW

CW+ PROUD Award winners

The first of our CW+ PROUD award winners have been announced. Each month, the divisions will recognise an individual or a team that has exceeded expectations and gone the extra mile in carrying out their work. If you would like to nominate a team or individual please see the intranet for details. Well done to all our winners and thanks to our charity CW+ for kindly sponsoring these awards.

Planned Care: ENT and Audiology

For their professional, proactive team approach during an IT upgrade; working evenings and weekends to book patient appointments, review them in clinic and ensure the data was uploaded on the audiology system.

Emergency and integrated care: Rainsford Mowlem ward

For remaining optimistic and positive, striving to deliver the best care they can for patients under increased pressures. The resilience and hard work of this small team, on a new ward, is commended, and in particular the ward manager Haroun Kamara.

Women, neonatal, children and young people, HIV/GUM and dermatology: Assisted Conception Unit (ACU)

For dealing with exceptionally high levels of activity in February. While under these pressures Dr Paula Almeida, Dr Julian Norman-Taylor, Sarah Campbell and Magda Krolak joined together to ensure that a time sensitive procedure was performed that exceeded patient expectation.

Corporate: Lauren Healy, Medical Workforce Co-ordinator

Since Lauren has taken up her post as Medical Workforce Advisor her contribution to the new model of operation is outstanding; her responses are timely, courteous, and thorough and she always explains her reasons for actions clearly and manages expectations well.

Performance update – February 2017

This month we were again compliant with the Referral to Treatment (RTT) target so well done to all who have contributed to this achievement. WMUH remain complaint with work streams in place to further improve the position. CW site, whilst not reaching 92%, shows improvement in month with significant progress in both the medical and surgical adult surgical specialities. There are no patients waiting over 52 weeks to be treated on either site for the sixth successive month, which is fantastic for patient care and experience, so thank you.

We continue to meet the cancer 62 day target from GP referral to treatment, but remain challenged by the two week wait referral to first appointment target. We have

seen a significant increase in urgent cancer referrals to both our hospitals over the last year and teams continue to ensure they are responsive, with additional capacity to meet this demand. We are working with local GPs to ensure that this referral pathway is used appropriately.

Westminster incident Wednesday 22 March

Thank you to all our staff who helped us provide timely care under extremely challenging circumstances last month following the tragic events in Westminster. Two debriefs have already taken place and there will be a Board report on lessons learned. Please can all departments review their local cascade systems and staffing, it is essential that your contact list is ready at all times. If you feel you are not prepared for a major incident, please contact Catherine Sands to arrange training (including prevent) and ensure that you read our Emergency Preparedness plans on the intranet.

Financial update – February 2017

Our year to date adjusted surplus position is ahead of internal plan by £0.93m. However pay costs are overspent, predominantly due to medical pay. This overspend has been offset by underspends in non-pay and revenue in excess of plan. We planned to achieve 91.67% of our savings target by the end of February and only achieved 85.33%. We are now forecasting that our year-end target figure of £21.6m will not be achieved by £0.9m. This is disappointing and we must get a firmer grip on our finances now for the upcoming year which is set to be more challenging, but achievable. We must make sure that everyone takes responsibility for achieving efficiencies.

The Care Quality Programme

The Care Quality Programme has been established to create a continuous programme of quality improvement for our patients, with staff in all departments involved. The programme has a Steering Group and work streams to focus on meeting relevant clinical standards and to address estates issues. A Reference Group is at the centre of this work. If you have an interest in quality improvement and would like to be part of the Reference Group please email cqp@chelwest.nhs.uk. Look out for the Daily Notice Board and the intranet which will provide more information.

Emergency and Integrated Care division

It has been a busy month for the division with a particular focus on improving our quality and governance processes, while also ensuring we have sustainable activity and financial plans for the next year. Everyone can help play their part by making sure their own mandatory training is up to date, actively helping with Red/Green days on the wards, and doing everything we possibly can to discharge patients in the morning and not late in the day (2B412). As we head into spring we should no longer require the use of the escalation ward at CW (which has been brilliantly supported by the Nell Gwynne ward manager and team) and this will allow us to temporarily decant part of the Acute Assessment Unit for floor refurbishment. At WMUH, planning is underway to bring the Cardiac Cath Lab to full capacity as the remaining staff joiners begin shortly, and work continues to ensure our vital junior doctor workforce is

supported and integrated during rotations and time within the hospital.

Women's and Children's division

The division has had an exciting month with a huge amount of excellent work going on. It is always difficult to pick out specific highlights but the Paediatric Assessment Unit was shortlisted for a HSJ Award, whilst 56 Dean Street was shortlisted for a BMJ Award. Best of luck to both teams. The Assisted Conception Unit has had an extremely busy month and the Fetal Medicine service goes from strength to strength. Last month saw the opening of the Elizabeth Suite and new Annie Zunz ward at CW and good feedback for the cross-site colposcopy service. We have more exciting estates developments planned, and welcome the HIV service in Harlow to our division this month. This is just a small snapshot of all of the good work going on across the division - thank you and please keep it up! Our divisional priorities, in line with the Trust, remain quality, our staff and efficiency.

Planned care division

The division welcomes Bruno Botelho as Divisional Director of Operations, starting on 24 April. A new emergency surgeon has started at the CW site which will help us see our emergency patients in a timely way. As we start the new financial year it is vital that we maintain our RTT performance, even when we are getting more referrals, doing this as much as possible in normal working hours by filling the operating lists and reducing our 'did not attend' rates, which sit at about 12%.

2016 Staff Survey results

The National NHS Staff Survey results are now available from www.nhsstaffsurveyresults.com. In the next few weeks we will be holding lunchtime sessions to discuss the results and action planning – all staff are invited and encouraged to attend:

CW site:

- 19 Apr, 12.15pm – 1pm, UMO Seminar Room, LGF (near the Gleeson Lecture Theatre)
- 5 May, 12.15pm – 1pm, UMO Seminar Room, LGF (near the Gleeson Lecture Theatre)

WMUH site:

- 25 Apr, 12.15pm – 1pm, Room B Trust Management offices 2nd Floor
- 9 May, 12.15pm – 1pm, Room A Trust Management offices 2nd Floor

IN THE FUTURE

Gas works affecting roads around CW

National Grid will be replacing gas mains from Gunter Grove, along Fulham Road, past the hospital, to the junction with Beaufort Street. The work is scheduled to take place from May to September 2017.

Work will start outside the St Stephen's Centre on 2 May and the existing crossing will be removed and replaced with temporary lights. Please use the crossing opposite Boots instead. Bus stops will be suspended during this period to ease congestion.

Due to the scale of the project and to ensure everyone's safety the westbound lane of Fulham Road between Beaufort Street and Gunter Grove will be closed from July - September.

It is likely there will be disruption in the area so it will be important to allow more time for your journeys. If you have any queries please contact Catherine Sands.

Cerner EPR update: building the virtual hospitals

On our first day using the Cerner EPR system, patients will start arriving for their outpatient clinic appointments. Staff will want to find those patients on Cerner in the right appointment slots on the right day and to have access to information about their medical history. All this is fundamental to safe patient care and the same applies to wards, day case areas, theatres and A&E.

To make it happen, over the coming months we have to create on Cerner a digital replica of our hospitals including buildings, wards, clinics and staff. These virtual hospitals have to match both our physical hospitals and what is on our current CaMIS and LastWord systems. Patient information and future appointments that are copied from our current systems into the Cerner EPR will then go into the right places.

Staff will be involved in making sure that the virtual hospital is correct for their areas. For simple definitions of virtual hospital and other terms associated with the Cerner EPR, check the glossary on the electronic patient record site on the intranet

Commissioning for Quality and Innovation (CQUINs)

A proportion of our income is allocated to delivery of CQUIN schemes, which are designed to improve quality of care and increase innovation. The Trust has done incredibly well at delivering the CQUIN schemes in 2016/17, with 90% achievement forecast for the year, so well done and thanks to all that have been involved with these schemes. For 2017/18 there are a number of new CQUIN schemes, including improving staff health and wellbeing, offering advice and guidance to GPs and improving availability of outpatient services through NHS E-Referrals. Operational leads have been identified for each scheme, but some of these schemes will need support and input across all divisions. For more information on these schemes, please contact Paul Harniess, Head of Contracts.

CW Open Day

We are gearing up to welcome visitors to our 11th annual open day on Saturday 20 May from 11am-3pm. This year the theme is our Critical Care Campaign to support the redevelopment of our Neonatal Intensive Care Unit (NICU) and Intensive Care Unit (ICU). We will give everyone an interesting insight into our work, show how proud we are to care, as well as encourage people to support and/or join the Trust.

There will be all the usual fun, including behind-the-scenes tours, careers talks, health checks, music and entertainment for all ages. If you would like more information about the day or would like to have a stand please contact Katie Allen.

May 2017 team briefing dates

- Tuesday 2 May, 12-1pm, CW Medicinema
- Wednesday 3 May, 1-2pm, WMUH Meeting Room A
- Friday 5 May 9-10am, HY G2 office



Board of Directors Meeting, 4 May 2017

PUBLIC

AGENDA ITEM NO.	2.2/May/17
REPORT NAME	Serious Incident Report
AUTHOR	Shân Jones – Director of Quality Improvement
LEAD	Pippa Nightingale – Director of Midwifery
PURPOSE	The purpose of this report is to provide the Trust Board with assurance that serious incidents are being reported and investigated in a timely manner and that lessons learned are shared.
SUMMARY OF REPORT	This report provides the organisation with an update of all Serious Incidents (SIs) including Never Events reported by Chelsea and Westminster Hospital NHS Foundation Trust (CWFT) since 1 st April 2016. Comparable data is included for both sites. There continues to be a large number of outstanding actions that require evidence for closure.
KEY RISKS ASSOCIATED	<ul style="list-style-type: none"> • Actions are not being closed on DATIX within the timeframe leaving a risk that preventative actions are not being put in place. • The theme of ‘sharing the learning’ is largest volume of overdue actions
FINANCIAL IMPLICATIONS	N/A
QUALITY IMPLICATIONS	<ul style="list-style-type: none"> • There has been a significant reduction in pressure ulcers for 2016/17 – 57% • Reduction in falls will be a quality priority for 2017/18
EQUALITY & DIVERSITY IMPLICATIONS	N/A
LINK TO OBJECTIVES	<ul style="list-style-type: none"> • Excel in providing high quality, efficient clinical services • Create an environment for learning, discovery and innovation
DECISION/ ACTION	The Trust Board is asked to note and discuss the content of the report.

SERIOUS INCIDENTS REPORT
Public Trust Board – 5th May 2017

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. In addition as part of the new mortality review process any deaths that have a CESDI grade of 1 or above are considered and reviewed as potential serious incidents.

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. 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 is not a ‘Never Event’ as the correct lens was implanted. The commissioners agreed to de-escalate this incident. 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 March 2017. There were 5 reports submitted across the 2 sites.

A précis of the incidents can be found in Section 6.

Table 1

STEIS No.	Date of incident	Incident Type (STEIS Category)	External Deadline	Date SI report submitted	Site
2016/30657	20/11/2016	Abuse/alleged abuse of adult patient by staff	22/02/2017	28/03/2017	CW
2017/2569	04/01/2017	Maternity/Obstetric incident meeting SI criteria	24/04/2017	29/03/2017	WM
2016/32666	13/12/2016	Treatment delay meeting SI criteria	15/03/2017	15/03/2017	CW
2016/33195	17/12/2016	Slips/trips/falls meeting SI criteria	21/03/2017	21/03/2017	WM
2017/17	01/01/2017	Slips/trips/falls meeting SI criteria	28/03/2017	15/03/2017	CW

Table 2 shows the number of incidents reported on StEIS (Strategic Executive Information System), across the Trust, in March 2017. The Trust reported 2 SIs.

Table 2

Details of incidents reported	WM	C&W	Total
Maternity/Obstetric incident meeting SI criteria: baby	1		1
Apparent/actual/suspected self-inflicted harm		1	1
Grand Total	1	1	2

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 = 43

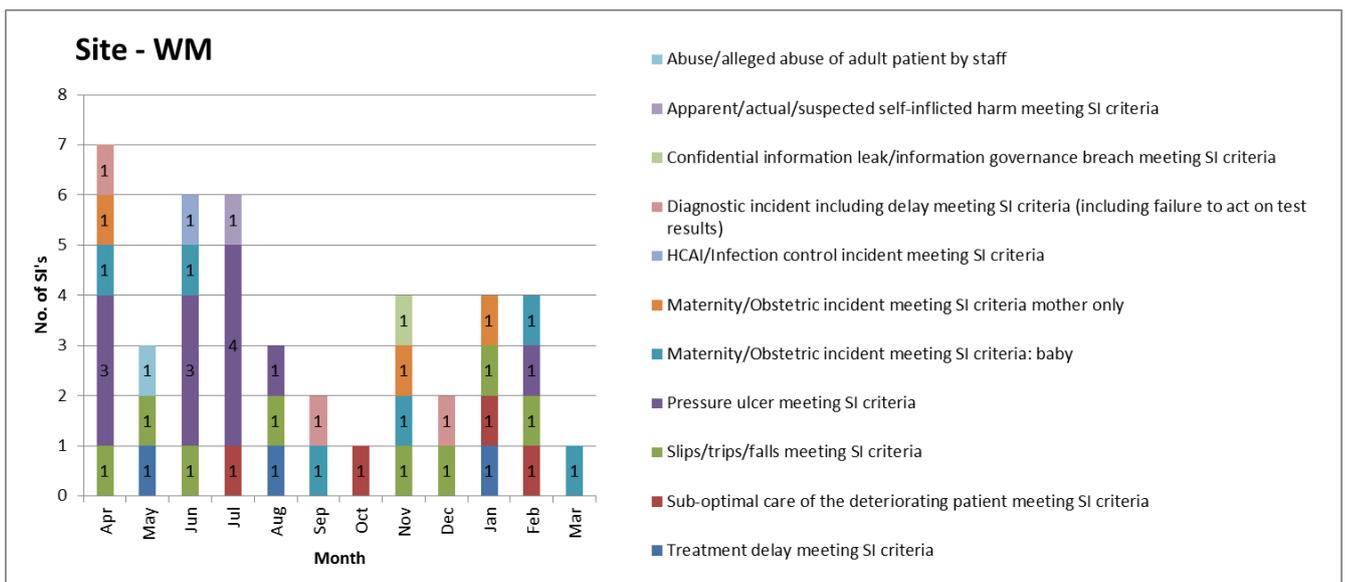
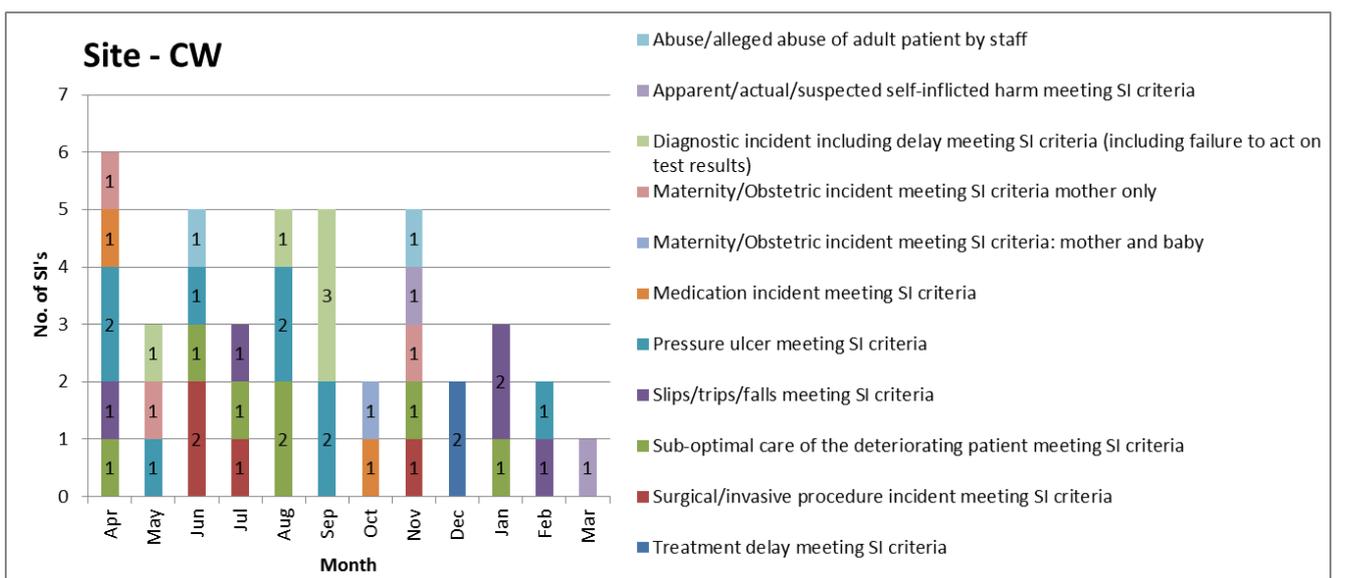


Chart 2 Incidents reported at CW YTD 2016/17 = 42



There was a decrease in the number of SIs reported in March 2017 (2) compared to the number reported in March 2016 (5). During March 2016 the Trusts reported against 5 different categories and reported against 2 different categories in March 2017.

There was a significant decrease in the number of SIs reported in March 2017 (2) compared to February 2017 (6). This is mainly attributed to no falls of pressure ulcers being reported in March.

Charts 3 and 4 show the comparative reporting, across the 2 sites, for 2015/16 and 2016/17. The total number of incidents reported on each site is comparable (43 at WM and 42 at C&W).

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

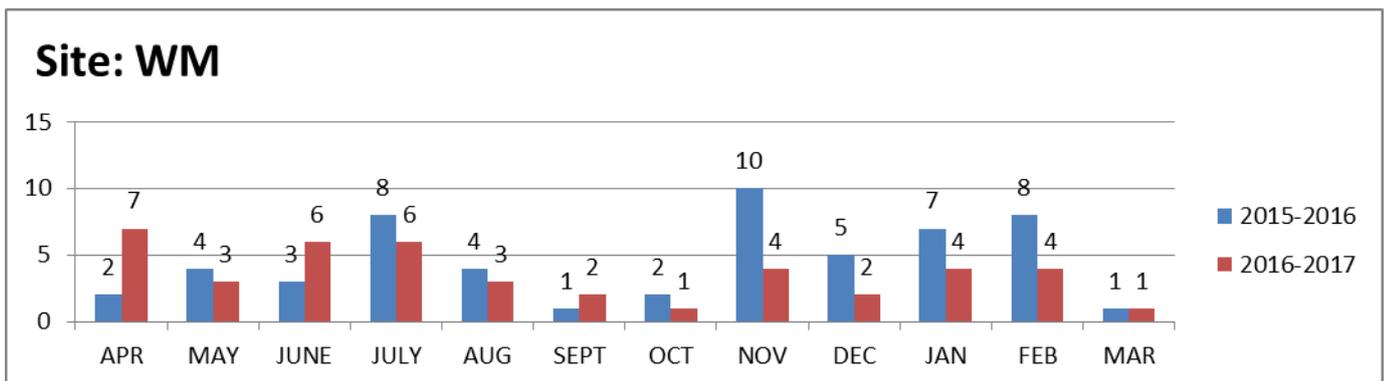
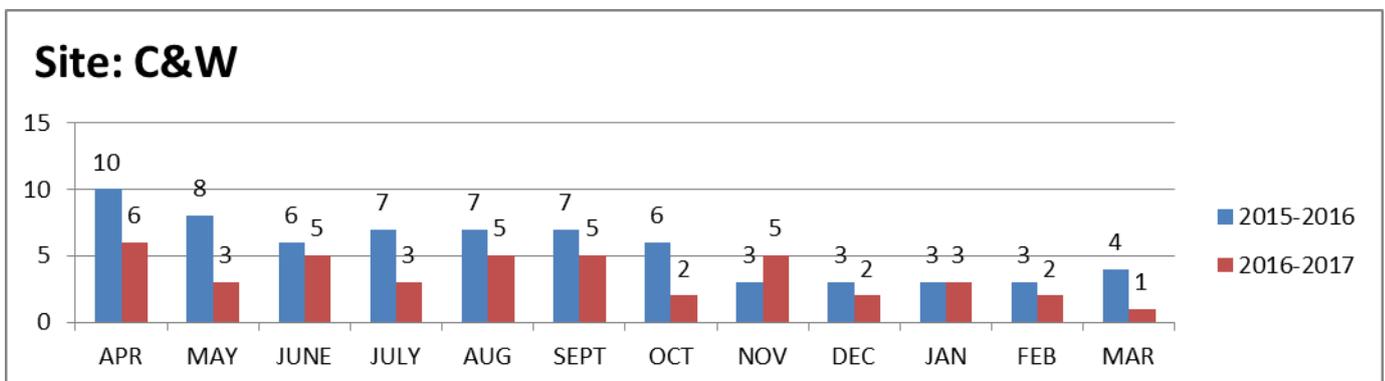


Chart 4 Incidents reported 2015/16 & 2016/17 – C&W

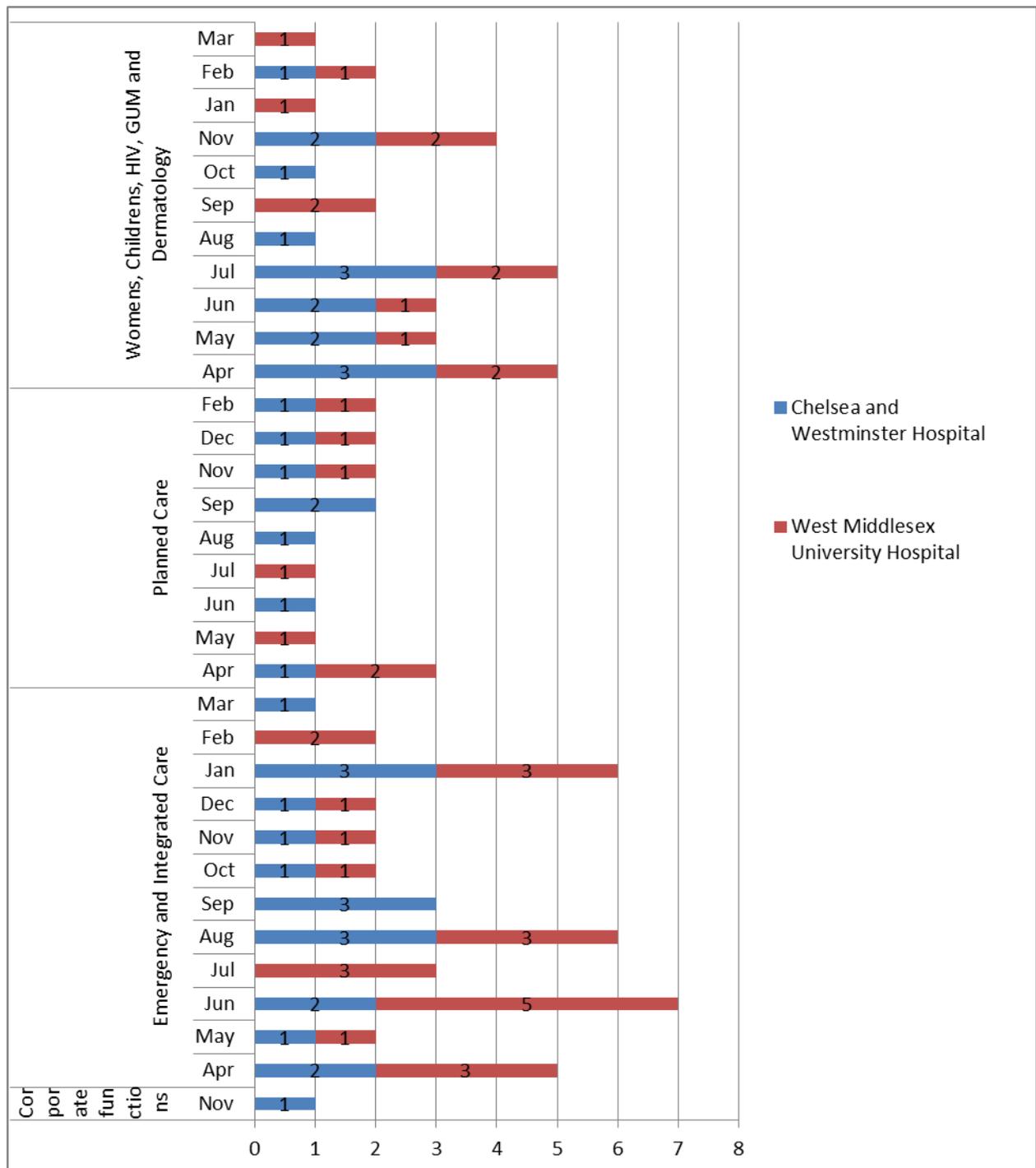


3.1 SIs by Clinical Division and Ward

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. Planned Care remains the lowest reporter of serious incidents.

Since the 1st April 2016, the Emergency and Integrated Care Division have reported 41 SIs (C&W 18, WM 23). The Women’s, Children’s, HIV, GUM and Dermatology Division have reported 28 SIs (C&W 15, WM 13) and the Planned Care Division have reported 15 SIs (C&W 8, WM 7).

Chart 5



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

The highest reporting areas on each site are Osterley 1 ward and Labour ward on WM site and David Erskine ward and Edgar Horne ward on the C&W site. With the exception of Labour ward, the majority of SIs being reported in these areas is pressure ulcers and/or patient falls.

Chart 6 - WM 2016/2017

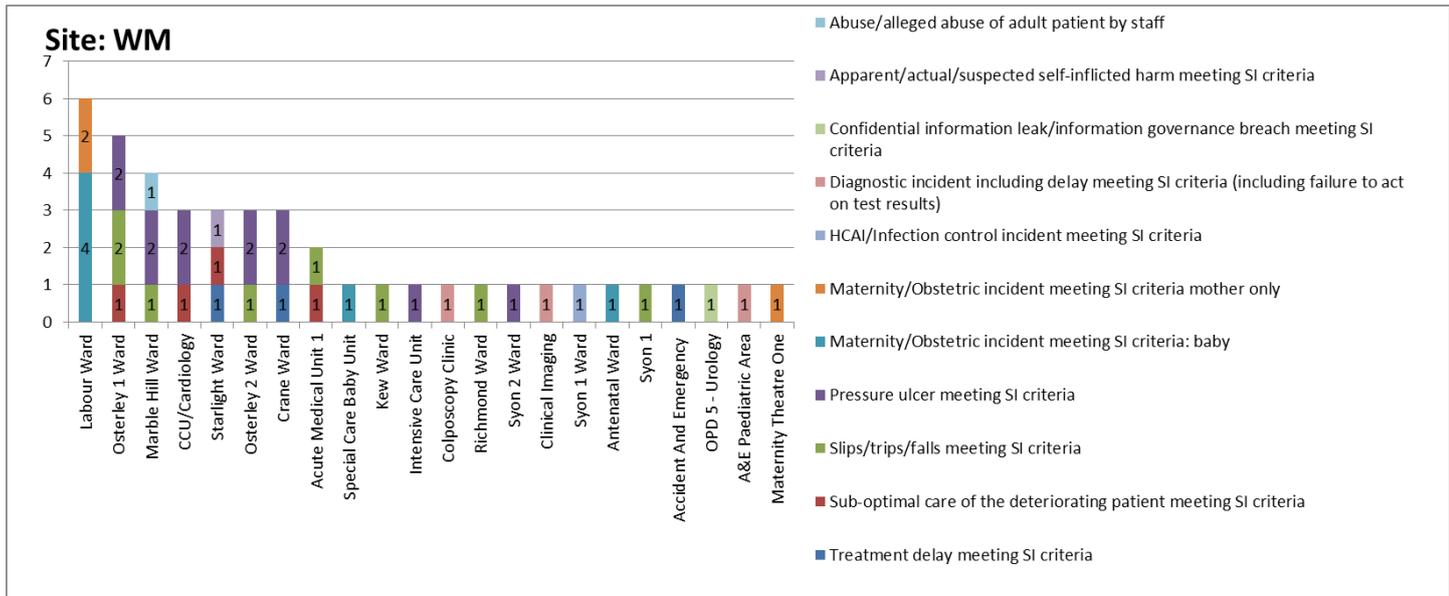
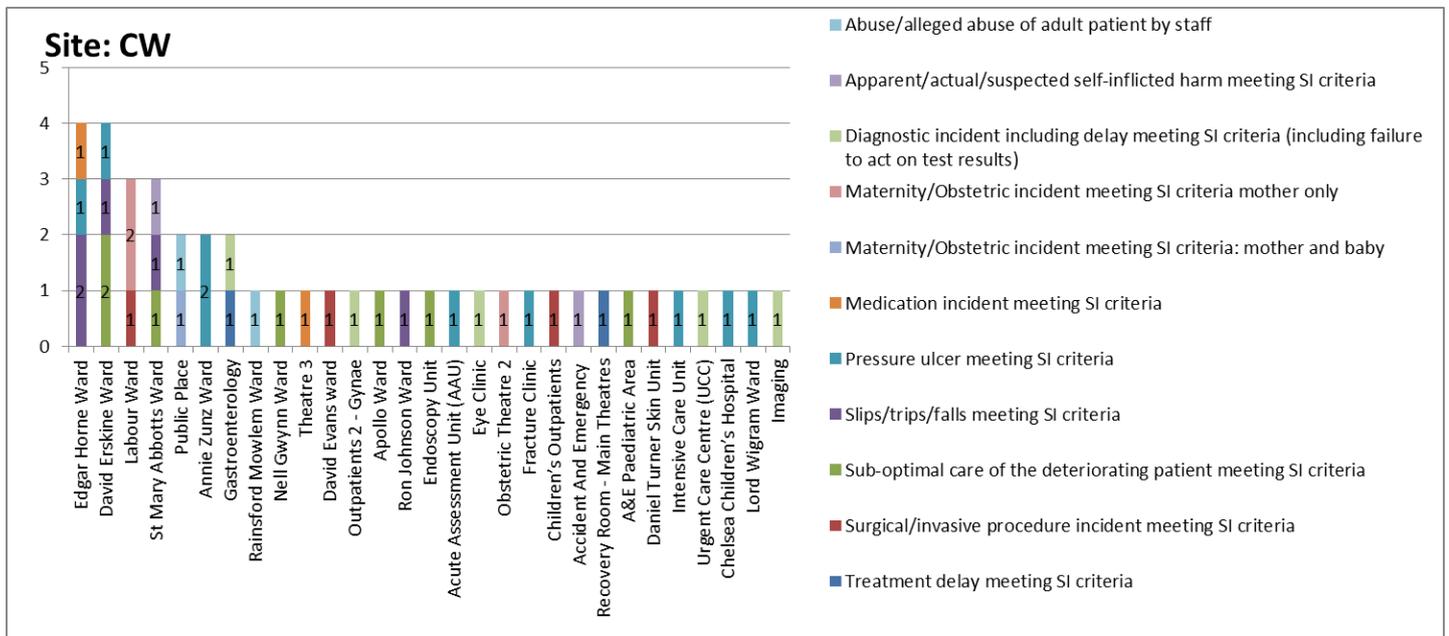


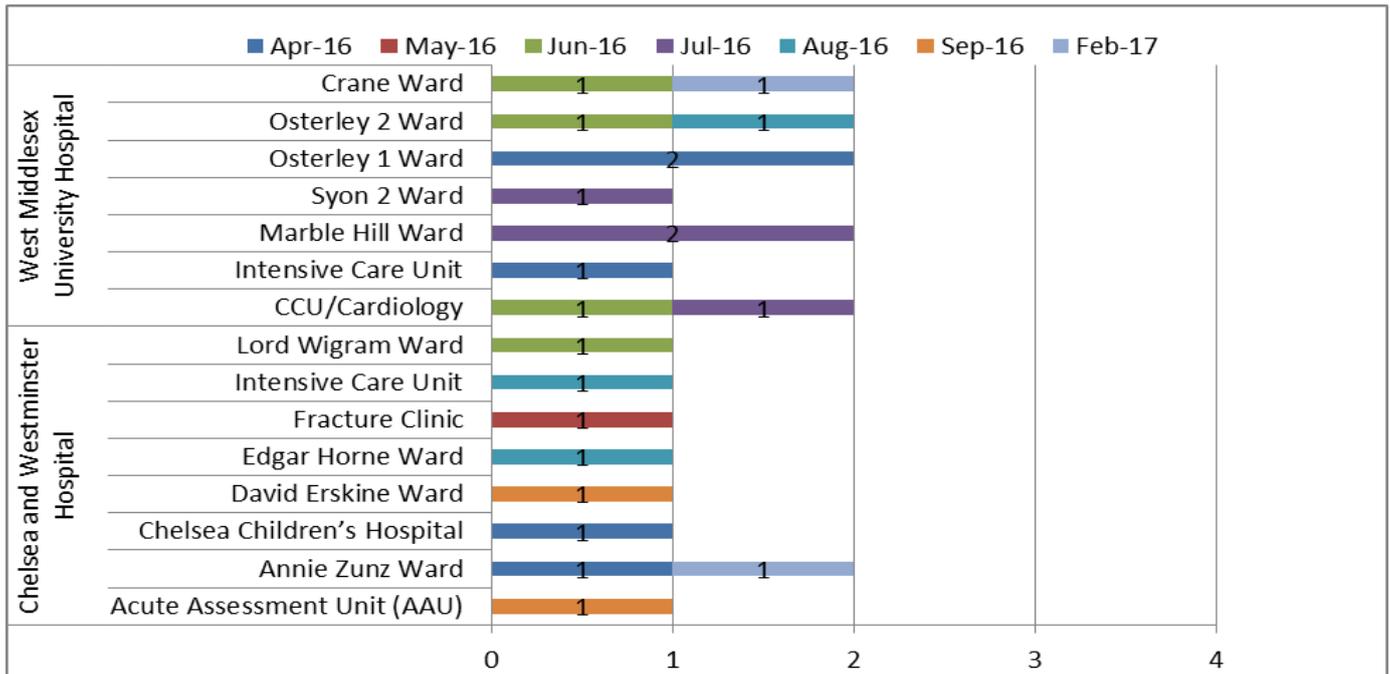
Chart 7 - C&W 2016/2017



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. No one ward is showing a trend higher than another, on either site. The reduction in HAPU remains a priority for both sites and is being monitored by the Trust Wide Pressure Ulcer working group. The YTD position is 21 compared to 49 for the same period last year. This means that the target reduction of 15% has been exceeded (2016/2017 position is 57% reduction).

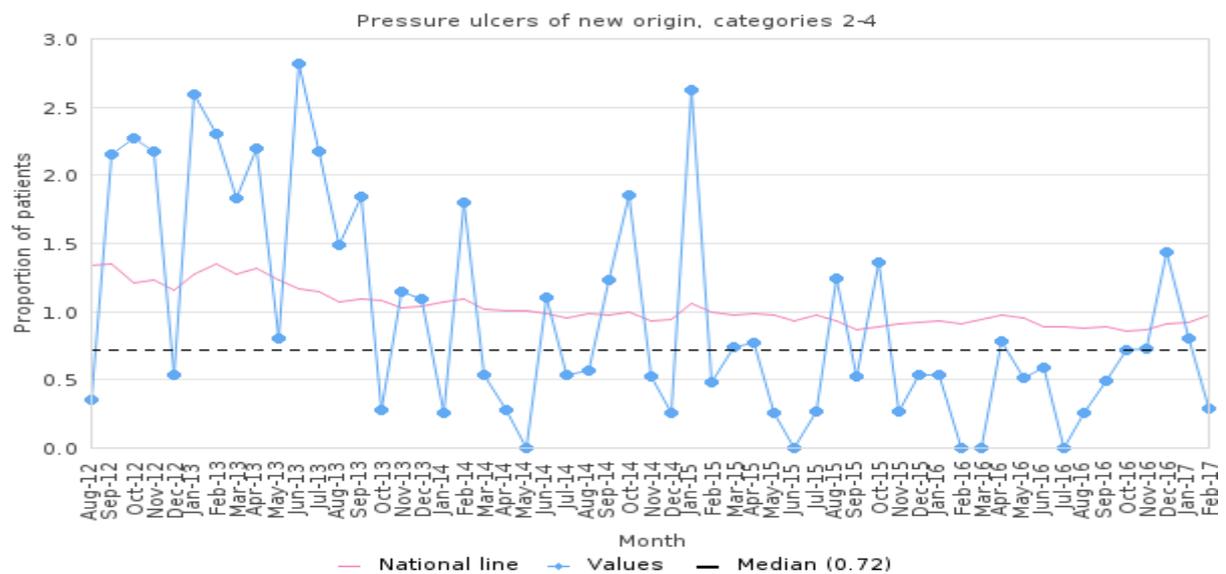
Chart 8 – Pressure Ulcers reported (Apr 2016–March 2017) YTD total = 21



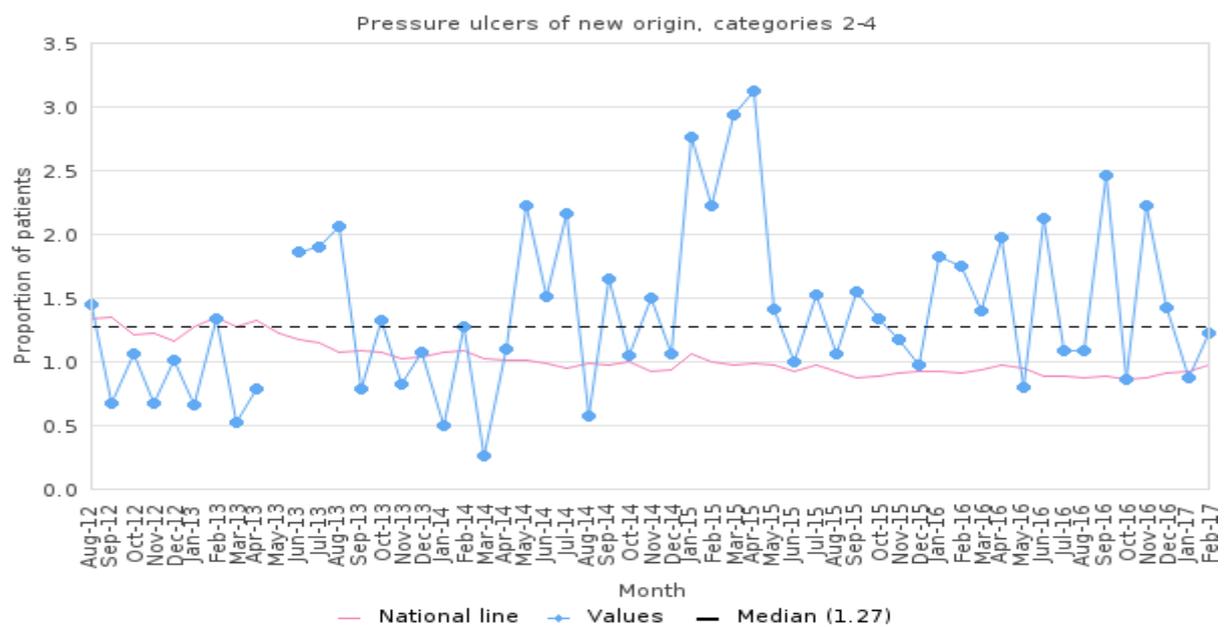
3.2.1 Safety Thermometer Data

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 around 1%, WM is slightly below the national average and C&W slightly above. For PUs of any origin both sites are below the national average of 4%. At the time of writing this report the national data for March has not yet been published. These graphs are as presented in the previous report.

Graph 1 ST data WM site



Graph 2 ST data C&W site

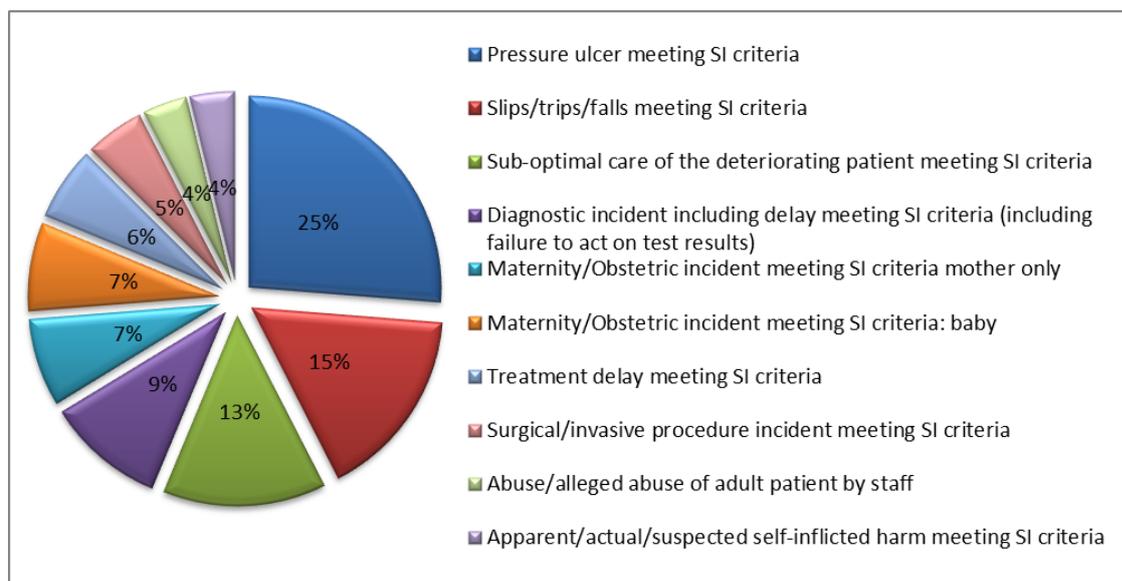


3.3 Top 10 reported SI categories

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. To date we have reported against fourteen of the SI categories.

Year to date pressure ulcers continue to be the most commonly reported incident despite the significant reduction. Slips/trips/falls is now the second highest reported incident. Reduction in falls will be a quality priority for 2017/18. Sub-optimal care of the deteriorating patient is third.

Chart 9 – Top 10 reported serious incidents (April 2016 – March 2017)



3.4 SIs under investigation

Table 3 provides an overview of the SIs currently under investigation by site (12).

Table 3

STEIS No.	Date of incident	Clinical Division	Incident Type (STEIS Category)	Site	External Deadline
2017/1763	23/12/2016	Emergency	Slips/trips/falls meeting SI criteria	CW	13/04/2017
2017/2326	19/01/2017	Emergency	Sub-optimal care of the deteriorating patient meeting SI criteria	CW	19/04/2017
2017/2561	18/01/2017	Emergency	Sub-optimal care of the deteriorating patient meeting SI criteria	WM	24/04/2017
2017/3018	27/01/2017	Emergency	Slips/trips/falls meeting SI criteria	WM	27/04/2017
2017/3419	12/01/2017	Womens,	Pressure ulcer meeting SI criteria	CW	03/05/2017
2017/4323	13/02/2017	Planned	Slips/trips/falls meeting SI criteria	WM	12/05/2017
2017/4444	25/12/2016	Planned	Slips/trips/falls meeting SI criteria	CW	15/05/2017
2017/4804	17/02/2017	Womens,	Maternity/Obstetric incident meeting SI criteria: baby	WM	18/05/2017
2017/5496	11/10/2016	Emergency	Sub-optimal care of the deteriorating patient meeting SI criteria	WM	24/05/2017
2017/5699	24/02/2017	Emergency	Pressure ulcer meeting SI criteria	WM	25/05/2017
2017/7196	09/03/2017	Womens,	Maternity/Obstetric incident meeting SI criteria: baby	WM	12/06/2017
2017/7459	14/03/2017	Emergency	Apparent/actual/suspected self-inflicted harm meeting SI criteria	CW	14/06/2017

4.0 SI Action Plans

All action plans are 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 table 4 there are a number of overdue actions across the Divisions. There are 101 actions overdue at the time of writing this report. This is an increase on last month when there were 97.

Table 4 - SI Actions

	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Nov 2017	Dec 2017	Total
Emergency and Integrated Care	1	15	10	3	8	12	5	2	10	11	3	6	0	1	1	88
Planned Care	0	0	2	4	0	7	4	0	14	7	8	1	2	0	0	49
Women's, Children's, HIV, GUM and Dermatology	0	0	0	0	0	0	0	2	2	12	1	3	1	0	4	25
Total	1	15	12	7	8	19	9	4	26	30	12	10	3	1	5	162

Table 4.1 highlights the type of actions that are overdue. Divisions are encouraged to note realistic time scales for completing actions included within SI action plans. Divisions have been asked to focus on providing evidence to enable closure of the actions so an updated position can be provided to the Quality Committee. Evidence of sharing the learning is the largest type of action overdue.

Table 4.1 – Type of actions overdue

Action type	EIC	PC	W&C, HGD	Total
Share learning	18	14		32
Create/amend/review - Policy/Procedure/Protocol	12	4	1	17
Duty of Candour - Patient/NOK notification	9	4		13
Set up on-going training	8			8
Perform risk assessment	6	2		8
Create/amend/review - proforma or information sheet	1	5		6
Other action type	3		3	6
One-off training	5	1		6
Audit	3	1		4
Overhaul existing equipment	1			1
Total	66	31	4	101

5.0 Analysis of categories

Table 5 shows the total number of Serious Incidents for 2015/2016 and the year end position for 2016/17. Tables 6 and 7 provide a breakdown of themes for the Trust during 2015/16 and 2016/17. The overall YTD reduction is accounted for by the significant reduction in Grade 3 and 4 hospital acquired pressure ulcers (21YTD compared to 43 for same time period last year).

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	1	4	2	4	4	1	43
	CW	6	3	5	3	5	5	2	5	2	3	2	1	42
		13	6	11	9	8	7	3	9	4	7	6	2	85

Table 6 - Categories 2015/16

Incident details	A	M	J	J	A	S	O	N	D	J	F	M	YTD
Pressure ulcer meeting SI criteria	5	6	3	8		1	5	5	5	5	5	1	49
Slips/trips/falls				1	2	4		1		2	2	1	13
Maternity/Obstetric incident: baby only		2		1	3	1		2	1			1	11
Treatment delay		1			1		2	1			1	1	7
Maternity/Obstetric incident: mother only						1		1		1	2	1	6
Sub-optimal care of the deteriorating patient				1	2			1		2			6
Communicable disease and infection issue	5												5
Diagnostic incident (including failure to act on test results)				2	1			1			1		5
Abuse/alleged abuse by adult patient by staff			2	1									3
Medication incident				1	1					1			3
Accident e.g. collision/scald (not slip/trip/fall)							1	1					2
Confidential information leak/information			1			1							2
Safeguarding vulnerable adults	1	1											2
Surgical/invasive procedure			1		1								2
Ambulance delay	1												1
HAI/infection control incident			1										1
Other		1											1
Radiation incident (including exposure when scanning)			1										1
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	YT
Pressure ulcer meeting SI criteria	5	1	4	4	3	2					2		21
Slips/trips/falls meeting SI criteria	2	1	1	1	1			1	1	3	2		13
Sub-optimal care of the deteriorating patient meeting SI criteria	1		1	2	2		1	1		2	1		11
Diagnostic incident including delay meeting SI criteria (including	1	1			1	4			1				8
Maternity/Obstetric incident meeting SI criteria mother only	2	1						2		1			6
Treatment delay meeting SI criteria		1			1				2	1			5
Surgical/invasive procedure incident meeting SI criteria	1		1			1		1			1		5
Maternity/Obstetric incident meeting SI criteria: baby			2	1				1				1	5
Abuse/alleged abuse of adult patient by staff		1	1					1					3
Apparent/actual/suspected self-inflicted harm meeting SI criteria	1						1					1	3
Medication incident meeting SI criteria				1				1					2
Maternity/Obstetric incident meeting SI criteria: mother and baby							1						1
Confidential information leak/information governance breach								1					1
HCAI/Infection control incident meeting SI criteria			1										1
Grand Total	1	6	1	9	8	7	3	9	4	7	6	2	85

The quality and clinical governance team continues to scrutinise all reported incidents to ensure that SI reporting is not compromised. During 2016/2017 there have been 37 less serious incidents reported in comparison to 2015/2016, this can be attributed to the reduction in pressure ulcers and zero SIs reported this year relating to communicable diseases.

The figures within the report do not include the SIs that were reported but have since been de-escalated by the Commissioners. Table 8 shows the number of incidents reported this year that have since been de-escalated (6) and the number of SIs the Trust has requested to be de-escalated (2).

Table 8 De-escalation requests

De-escalation Status	STEIS No.	Date reported	Incident Type (STEIS Category)	Date SI report submitted	Site
De-escalation confirmed	2016/13029	13/05/2016	Pressure ulcer meeting SI criteria	03/06/2016	CW
De-escalation confirmed	2016/16106	14/06/2016	Surgical/invasive procedure incident meeting SI criteria	07/09/2016	CW
De-escalation confirmed	2016/16402	16/06/2016	Pressure ulcer meeting SI criteria	08/09/2016	CW
De-escalation confirmed	2016/24543	16/09/2016	Pressure ulcer meeting SI criteria	26/10/2016	CW
De-escalation confirmed	2016/25765	30/09/2016	Pressure ulcer meeting SI criteria	13/12/2016	CW
De-escalation confirmed	2017/656	09/01/2017	Slips/trips/falls meeting SI criteria	21/02/2017	CW
De-escalation requested	2016/13086	13/05/2016	Treatment delay meeting SI criteria	27/07/2016	WM
De-escalation requested	2016/18460	08/07/2016	Sub-optimal care of the deteriorating patient meeting SI criteria	03/10/2016	CW



Board of Directors Meeting, 4 May 2017

PUBLIC

AGENDA ITEM NO.	2.3/May/17
REPORT NAME	Integrated Performance Report – March 2017
AUTHOR	Robert Hodgkiss, Chief Operating Officer
LEAD	Robert Hodgkiss, Chief Operating Officer
PURPOSE	To report the combined Trust's performance for March 2017 for both Chelsea & Westminster and West Middlesex sites, highlighting risk issues and identifying key actions going forward.
SUMMARY OF REPORT	<p>The Integrated Performance Report shows the Trust performance for March 2017.</p> <p>Regulatory performance – The A&E Waiting Time figure for March (92.0%) continued the upward trajectory for the Trust from January (86.6%) to February (90.4%). There was a 7% increase in WMUH from January to March. However the January performance resulted in a Q4 figure of 89.7% and a full year performance of 92.3%.</p> <p>March RTT reported trust position is below the national expected target of 92%. This position is adverse to the improving compliant trend over the past 3 quarters of the 16/17 financial year. WM as a site reported continued compliance with the decline on the CW site. The number of patients waiting over 18 weeks increased across the majority of specialties despite good activity levels on the site.</p> <p>Operationally a large scale review of the administration function on the CW site has had an impact on the way patients are booked in line with the Trust Access Policy, due to a high number of new staff in post. The focus across all teams is to book capacity in the appropriate way ensuring patients who are now waiting over 18 weeks are booked first. Despite the months decline in RTT performance the trust reported no patients waiting over 52 weeks to be treated and this is expected to continue.</p> <p>Several factors combined together to result in the March failure (96.88%) to deliver the 6ww diagnostic standard. This was the first failure to achieve the standard since August 2016 and resulted from procedural and administrative shortfalls, not from any lack of capacity. Investigation and subsequent audit has revealed that incorrect booking protocols were followed after a change of staff in March, which led to delays adding patients to the waiting list. This was then compounded by a sub-optimal process for 6ww monitoring, which stemmed from an incorrect escalation process being followed. An audit undertaken on 21 April identified these issues and rectifying action was then taken. At the time of writing this report, an on-going analysis of the position is continuing and this will include an assessment of any clinical impact. An immediate action plan has been developed with staff implemented to regain the delivery of the standard and</p>

	<p>ensure immediate grip is recaptured ; this will achieve an improved, but non-compliant position for April, with the full recovery of the standard due in May 2017.</p> <p>All cancer indicators were passed in March on unvalidated March data. However 2WW Urgent Cancer failed for Q4 at 91.6%. All other cancer indicators passed Q4 with unvalidated March data.</p> <p>There was one reported CDiff infection in March at WMUH. This represents a Trust annual figure of 14 is which is below the threshold of 16 for the full year.</p> <p>Both sites have achieved all other regulatory performance indicators.</p> <p>Safety and Patient Experience: Incident reporting rates on both sites increased again in March and aggregate Trust performance has now reached the target level.</p> <p>Access There were 160 breaches in March resulting in a 96.88% diagnostic waiting time performance in March. The Q4 performance was 98.5%. The full year performance achieved target with 99.01%.</p>
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 Trust finance figures are draft and subject to external audit and therefore cannot be published.
QUALITY IMPLICATIONS	As outlined above.
EQUALITY & DIVERSITY IMPLICATIONS	None
LINK TO OBJECTIVES	<p>Improve patient safety and clinical effectiveness</p> <p>Improve the patient experience</p> <p>Ensure financial and environmental sustainability</p>
DECISION/ ACTION	The Board is asked to note the performance for March 2017 and to note that whilst a number of indicators were not delivered in the month, the overall YTD compliance remained good.

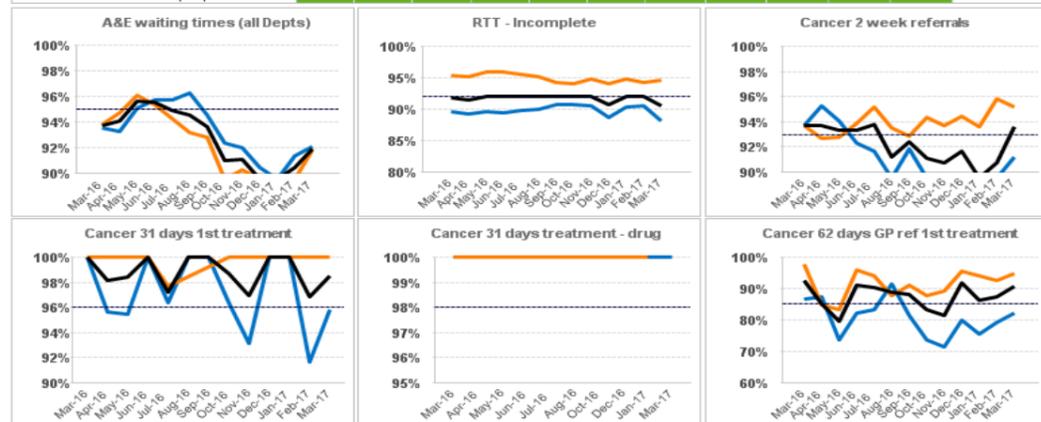


TRUST PERFORMANCE & QUALITY REPORT

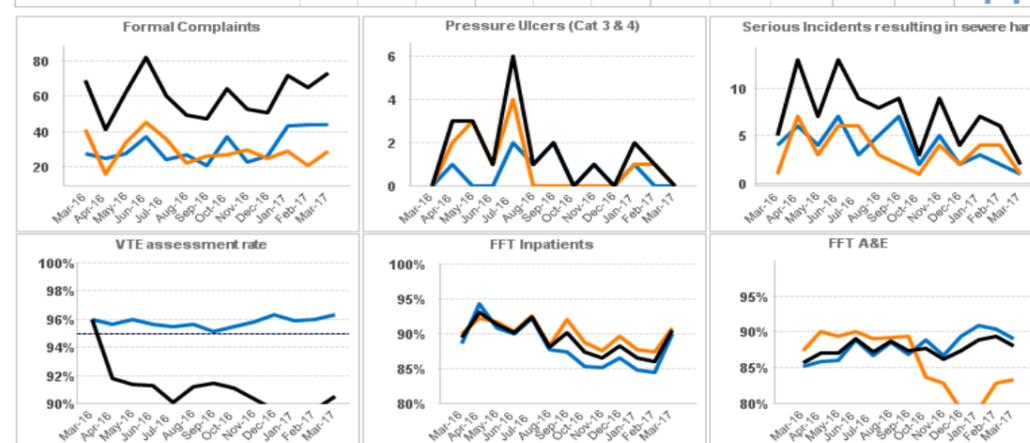
March 2017



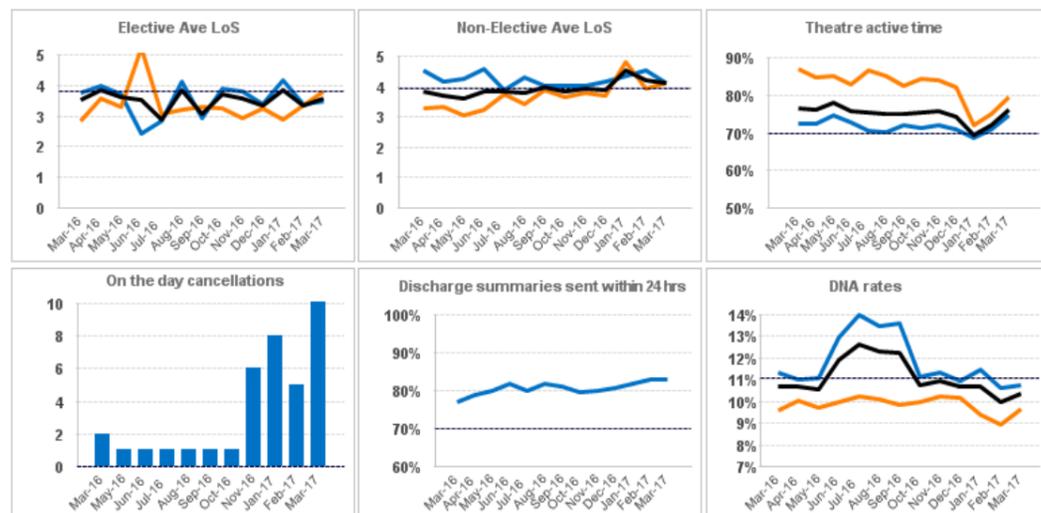
Regulatory Compliance												
Hospital Site	CWFT	CWFT	CWFT	WUMH	WUMH	WUMH	Combined Trust data: last Quarter, YTD & 13m trend					
Indicator	Jan-17	Feb-17	Mar-17	Jan-17	Feb-17	Mar-17	Jan-17	Feb-17	Mar-17	Quarter	YTD	Trend
A&E waiting times - Types 1 & 3 Depts (Target: >95%)	88.8	91.4	92.1	84.7	89.6	91.8	86.6	90.4	92.0	89.7	92.3	
RTT - Incomplete (Target: >92%)	90.4	90.6	88.2	94.9	94.3	94.6	92.0	92.0	90.6	91.5	91.8	
Cancer 2 week urgent referrals (Target: >93%)	84.4	84.1	91.3	93.7	95.8	95.2	89.8	90.8	93.6	91.6	92.1	
Cancer 2 week Breast symptomatic (Target: >93%)	n/a	n/a	n/a	92.5	100	94.5	92.5	100	94.5	95.3	94.5	
Cancer 31 days first treatment (Target: >98%)	100	91.7	95.8	100	100	100	100	96.8	98.5	98.5	98.6	
Cancer 31 days treatment - Drug (Target: >98%)	100	n/a	100	100	n/a	n/a	100	n/a	100	100	100.0	
Cancer 31 days treatment - Surgery (Target: >94%)	100	n/a	100	100	100	100	100	100	100	100	99.0	
Cancer 62 days GP ref to treatment (Target: >85%)	75.7	79.4	82.1	94.1	92.6	94.9	86.4	87.5	90.8	88.2	86.9	
Cancer 62 days NHS screening (Target: >90%)	n/a	n/a	n/a	100	100	100	100.0	100.0	100.0	100.0	94.1	
Clostridium difficile infections (Targets: CW: 7, WM: 9, Combined: 16)	0	0	0	3	1	1	3	1	1	5	14	
Self-certification against compliance for access to healthcare for people with LD	Comp	Comp	Comp	Comp	Comp							



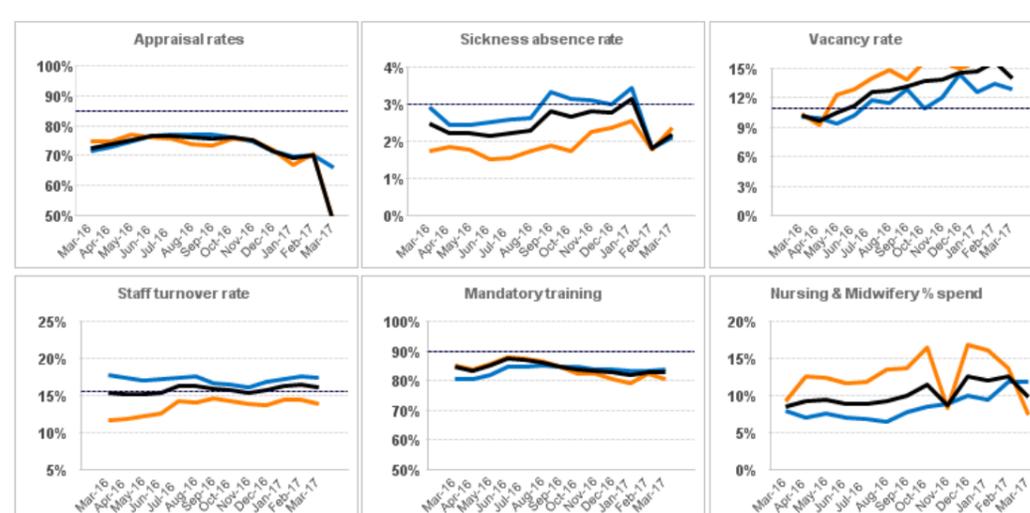
Quality												
Hospital Site	CWFT	CWFT	CWFT	WUMH	WUMH	WUMH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Jan-17	Feb-17	Mar-17	Jan-17	Feb-17	Mar-17	Jan-17	Feb-17	Mar-17	Quarter	YTD	Trend
Hand Hygiene (Target: >=90%)	95.7	96.3	96.0	91.0	96.0	98.4	94.1	96.2	96.7	95.7	95.7	
Pressure Ulcers (Cat 3 & 4)	1	0	0	1	1	0	2	1	0	3	20	
VTE assessment % (Target: >=95%)	95.9	96.0	96.3	70.8	80.1	82.7	84.7	88.4	90.5	87.9	89.9	
Formal complaints number received	43	44	44	29	21	29	72	65	73	210	719	
Formal complaints responded to <25days	9	17	9	8	4	6	17	21	15	53	209	
Serious Incidents	3	2	1	4	4	1	7	6	2	15	90	
Never Events (Target: 0)	0	0	0	0	0	0	0	0	0	0	1	
FFT - Inpatients recommend % (Target: >90%)	84.8	84.4	89.9	87.8	87.5	90.9	86.5	86.1	90.5	88.0	89.5	
FFT - A&E recommend % (Target: >90%)	91.0	90.5	89.0	78.6	82.9	83.4	88.9	89.4	88.1	88.7	87.9	
Falls causing serious harm	0	0	0	0	0	0	0	0	0	0	2	



Efficiency												
Hospital Site	CWFT	CWFT	CWFT	WUMH	WUMH	WUMH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Jan-17	Feb-17	Mar-17	Jan-17	Feb-17	Mar-17	Jan-17	Feb-17	Mar-17	Quarter	YTD	Trend
Elective average LoS (Target: <3.8)	4.2	3.4	3.5	2.9	3.3	3.8	3.9	3.4	3.6	3.6	3.5	
Non-Elective average LoS (Target: <3.95)	4.3	4.5	4.1	4.8	3.9	4.1	4.6	4.2	4.1	4.3	3.9	
Theatre active time (Target: >70%)	68.5	70.8	74.6	72.0	75.1	79.6	69.6	72.2	76.1	72.8	75.0	
Discharge summaries sent within 24 hours (Target: >70%)	81.8	83.0	82.9	dev	dev	dev	81.8	83.0	82.9	82.5	81.0	
Outpatient DNA rates (Target: <11.1%)	11.5	10.6	10.8	9.4	9.0	9.7	10.7	10.0	10.4	10.4	11.1	
On the day cancelled operations not re-booked within 28 days (Target: 0)	8	5	15	0	0	0	8	5	15	28	40	



Workforce												
Hospital Site	CWFT	CWFT	CWFT	WUMH	WUMH	WUMH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Jan-17	Feb-17	Mar-17	Jan-17	Feb-17	Mar-17	Jan-17	Feb-17	Mar-17	Quarter	YTD	Trend
Appraisal rates (Target: >85%)	69.9	70.0	65.9	67.1	70.5	7.3	69.1	70.2	4.2	9.3	26.4	
Sickness absence rate (Target: <3%)	3.46	1.83	2.11	2.57	1.78	2.36	3.16	1.81	2.19	2.41	2.45	
Vacancy rates (Target: CW<12%; WM<10%)	12.7	13.5	12.9	18.7	18.5	16.0	14.8	15.2	14.0	14.0	14.0	
Turnover rate (Target: CW<18%; WM<11.5%)	17.1	17.6	17.4	14.5	14.4	13.8	16.2	16.5	16.2	16.2	16.2	
Mandatory training (Target: >90%)	83.4	83.3	83.9	79.0	82.3	80.4	81.9	83.0	82.7	82.5	83.8	
Bank and Agency spend (£k)	£2,546	£2,827	£3,488	£2,291	£2,184	£1,997	£4,836	£5,011	£5,486	£15,333	£54,190	
Nursing & Midwifery: Agency % spend of total pay (Target: tbc)	9.4	11.8	11.9	16.0	13.8	7.4	12.0	12.5	9.8	11.4	10.2	





NHSI Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Jan-17	Feb-17	Mar-17	2016-2017	Jan-17	Feb-17	Mar-17	2016-2017	Jan-17	Feb-17	Mar-17	2016-2017 Q4	2016-2017	Trend charts	
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	88.8%	91.4%	92.1%	93.1%	84.7%	89.6%	91.8%	91.6%	86.6%	90.4%	92.0%	89.7%	92.3%		!
RTT	18 weeks RTT - Admitted (Target: >90%)	69.1%	75.6%	75.5%	73.5%	82.0%	83.8%	80.9%	85.3%	75.7%	80.5%	78.6%	78.3%	80.0%		!
	18 weeks RTT - Non-Admitted (Target: >95%)	91.9%	93.9%	93.6%	93.0%	93.1%	93.0%	93.4%	93.8%	92.3%	93.6%	93.5%	93.1%	93.3%		!
	18 weeks RTT - Incomplete (Target: >92%)	90.4%	90.6%	88.2%	89.8%	94.9%	94.3%	94.6%	94.9%	92.0%	92.0%	90.6%	91.5%	91.8%		!
Cancer <small>(Please note that all Cancer indicators show interim, unvalidated positions for the latest month in this report)</small>	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	84.4%	84.1%	91.3%	89.4%	93.7%	95.8%	95.2%	94.0%	89.8%	90.8%	93.6%	91.6%	92.1%		!
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	n/a	92.5%	100%	94.5%	94.5%	92.5%	100%	94.5%	95.3%	94.5%		-
	31 days diagnosis to first treatment (Target: >96%)	100%	91.7%	95.8%	96.9%	100%	100%	100%	99.8%	100%	96.8%	98.5%	98.5%	98.6%		-
	31 days subsequent cancer treatment - Drug (Target: >98%)	100%	n/a	100%	100%	100%	n/a	n/a	100%	100%	n/a	100%	100%	100%		-
	31 days subsequent cancer treatment - Surgery (Target: >94%)	100%	n/a	100%	94.7%	100%	100%	100%	100%	100%	100%	100%	100%	99.0%		-
	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%)	75.7%	79.4%	82.1%	79.1%	94.1%	92.6%	94.9%	90.9%	86.4%	87.5%	90.8%	88.2%	86.9%		!
62 days NHS screening service referral to first treatment (Target: >90%)	n/a	n/a	n/a	n/a	100%	100%	100%	94.1%	100%	100%	100%	100%	94.1%		-	
Patient Safety	Clostridium difficile infections (Year End Targets: CW: 7; WM: 9; Combined: 16)	0	0	0	1	3	1	1	13	3	1	1	5	14		!
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 three 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

Trust commentary

A&E 4 hour waiting time

Both hospitals showed a sizeable improvement in performance from the previous month, but this remained insufficient to achieve the 95% target. Overall performance was 92.0% (CW site 92.1%, WM site 91.8%) which was within 1.0% of the corresponding M11 for the previous year despite the overall growth in attendances. As described last month, the early indications are that the key actions to recover performance are beginning to have increasing effect and that further progress on schemes to reduce length of stay on both sites (eg: Red/Green roll out, continuation of Frailty pathways, and opening of a Gynaecology unit on Chelsea site from 6 March 2017) – are helping this process. However, further immediate impetus is required for 2017/18 performance if the agreed trajectory is to be met, and this work will comprise: 1) a dedicated improvement action plan to address the consistency of performance, primarily at WM site due to underperformance in April so far, and 2) accelerating the acute frailty work stream across both sites that will have significant benefit to ED 4hr performance.

18 weeks RTT – Incomplete

March RTT reported trust position is below the national expected target of 92%. This position is adverse to the improving compliant trend over the past 3 quarters of the 16/17 financial year. WM as a site reported continued compliance with the decline on the CW site. The number of patients waiting over 18 weeks increased across the majority of specialties despite good activity levels on the site. Operationally a large scale review of the administration function on the CW site has had an impact on the way patients are booked in line with the Trust Access Policy, due to a high number of new staff in post. The focus across all teams is to book capacity in the appropriate way ensuring patients who are now waiting over 18 weeks are booked first. Despite the months decline in RTT performance the trust reported no patients waiting over 52 weeks to be treated and this is expected to continue.

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

Chelsea site continues to be challenged to meet the 2ww target, particularly colorectal. However there has been some significant improvement following the creation of additional nurse led capacity, meaning the trust is now in a passing position overall.

2 weeks from referral to first appointment all Breast symptomatic referral

The trust meets this target at 95.4% with 10 breaches of the target. 7 were patient cancellations and 3 related to clinic capacity

Cancer - 62 days GP referral to first treatment

The trust is in an overall passing position for March against the 62day target with a total of 39 patients treated and 4.5 breaches of the target. Please see the Tumour by Site dashboard for a further breakdown.



Safety Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Jan-17	Feb-17	Mar-17	2016-2017	Jan-17	Feb-17	Mar-17	2016-2017	Jan-17	Feb-17	Mar-17	2016-2017 Q4	2016-2017	Trend charts	
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	0	0	0	1	0	1	1	3	0	1	1	2	4		-
	Hand hygiene compliance (Target: >90%)	95.7%	96.3%	96.0%	95.4%	91.0%	96.0%	98.4%	96.2%	94.1%	96.2%	96.7%	95.7%	95.7%		-
Incidents	Number of serious incidents	3	2	1	47	4	4	1	43	7	6	2	15	90		-
	Incident reporting rate per 100 admissions (Target: >8.5)	7.0	8.2	6.5	7.0	10.0	9.8	9.8	8.5	8.2	8.9	7.9	8.3	7.7		!
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions (Target: 0)	0.02	0.00	0.03	0.03	0.09	0.04	0.00	0.03	0.05	0.02	0.02	0.03	0.03		!
	Medication-related (NRLS reportable) safety incidents per 100,000 FCE bed days (Target: >=280)	258.04	614.62	343.36	422.57	155.47	277.89	271.53	279.22	208.44	458.07	308.51	319.17	355.27		!
	Medication-related (NRLS reportable) safety incidents % with harm (Target: <=12%)	12.8%	15.5%	9.8%	12.0%	22.7%	6.1%	15.8%	7.3%	16.4%	12.8%	12.4%	13.5%	10.3%		-
	Never Events (Target: 0)	0	0	0	1	0	0	0	0	0	0	0	0	1		-
Harm	Safety Thermometer - Harm Score (Target: >90%)	95.6%	98.8%	95.3%	95.8%	96.0%	95.0%	95.8%	94.6%	95.8%	96.2%	95.6%	95.9%	95.1%		-
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	1	0	0	8	1	1	0	12	2	1	0	3	20		-
	NEWS compliance %	93.1%	93.9%	95.6%	92.4%	97.3%	98.1%	96.0%	95.3%	94.4%	94.9%	95.7%	95.1%	93.3%		-
	Safeguarding adults - number of referrals	29	17	27	240	20	24	34	257	49	41	61	151	497		-
	Safeguarding children - number of referrals	33	23	31	286	85	83	132	994	118	106	163	387	1280		-
Mortality	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	86.4	86.4	86.4	86.4	86.4	86.4	86.4	86.4	86.4	86.4	86.4	86.4	86.4		-
	Number of hospital deaths - Adult	50	37	32	382	100	75	63	827	150	112	95	357	1209		-
	Number of hospital deaths - Paediatric	0	1	1	9	0	0	0	0	0	1	1	2	9		-
	Number of hospital deaths - Neonatal	2	1	1	14	1	0	0	7	3	1	1	5	21		-
	Number of deaths in A&E - Adult	0	3	2	14	18	1	5	70	18	4	7	29	84		-
	Number of deaths in A&E - Paediatric	0	0	0	1	0	0	1	3	0	0	1	1	4		-
	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

There was a significant decrease in the number of SIs reported in March 2017 (2) compared to February 2017 (6). This is mainly attributed to no falls or pressure ulcers being reported in March.

2 Serious Incidents were reported during March 2017; both of which are referred to within the Serious Incident Report, and relate to an unexpected admission to the Neonatal Intensive Care Unit, and one self-inflicted harm incident.

Incident reporting rate per 100 admissions

The incident reporting rate on the WMUH site is encouragingly increasing; however the reporting rate on the CWH site has dipped. Work is underway to understand the reporting patterns and to increase reporting from areas with low levels of reporting.



Trust commentary continued

Rate of patient safety incidents resulting in severe harm or death

On incident leading to severe harm linked to a reported delay in discharge. We await clinical validation, following which the degree of harm may be adjusted.

Medication-related safety incidents

Combined Trust performance is in line with the target, however slightly higher on the WMUH site.

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

Combined reporting rates improved for Quarter 4. The Trust average for 2016-2017 of 352/100,000 FCE bed days is better than the Trust target and the latest benchmarks published on the Carter dashboard; National Median 286 and Peer Median 279 (March 2016 data).

Medication-related (reported) safety incidents % with harm

Chelsea Site showed a reduction in the % of medication incidents with-harm in Quarter 4 (due to an increase in the number of no-harm incidents reported) while West Middlesex Site showed a worsening trend. All of the incidents with harm were categorised as low-harm. The average Trust % of medication related safety incidents with-harm for 2016-2017 of 10.3% is better than the Trust target but worse than the latest Carter National Benchmark data (9.7%) and that of the Peer Median (8.2% - March 2016 data). The Medication Safety Group continues to monitor and act upon incident trends, to promote reporting of no - harm and near - miss incidents and work to improve safety culture.

Incidence of newly acquired category 3 & 4 pressure ulcers

No hospital acquired grade3 or 4 pressure ulcers in March 2017. There has been a significant reduction in pressure ulcers for 2016/17 – 57%.



Patient Experience Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Jan-17	Feb-17	Mar-17	2016-2017	Jan-17	Feb-17	Mar-17	2016-2017	Jan-17	Feb-17	Mar-17	2016-2017 Q4	2016-2017	Trend charts	
Friends and Family	FFT: Inpatient recommend % (Target: >90%)	84.8%	84.4%	89.9%	88.4%	87.8%	87.5%	90.9%	90.3%	86.5%	86.1%	90.5%	88.0%	89.5%		!
	FFT: Inpatient not recommend % (Target: <10%)	8.6%	6.2%	4.3%	6.0%	6.7%	6.8%	4.4%	4.6%	7.5%	6.5%	4.3%	6.0%	5.1%		-
	FFT: Inpatient response rate (Target: >30%)	31.4%	32.9%	33.3%	33.9%	21.6%	23.7%	31.2%	26.8%	25.1%	27.2%	32.0%	28.2%	29.2%		-
	FFT: A&E recommend % (Target: >90%)	91.0%	90.5%	89.0%	88.2%	78.6%	82.9%	83.4%	86.5%	88.9%	89.4%	88.1%	88.7%	87.9%		!
	FFT: A&E not recommend % (Target: <10%)	5.0%	5.8%	5.5%	6.8%	13.0%	8.4%	9.4%	8.2%	6.4%	6.1%	6.1%	6.2%	7.1%		-
	FFT: A&E response rate (Target: >30%)	14.5%	14.4%	14.9%	14.2%	14.1%	13.6%	14.7%	18.2%	14.5%	14.3%	14.9%	14.5%	14.9%		!
	FFT: Maternity recommend % (Target: >90%)	93.8%	88.2%	93.4%	90.8%	100.0%	96.3%	98.2%	93.7%	95.0%	89.6%	94.3%	93.0%	91.4%		-
	FFT: Maternity not recommend % (Target: <10%)	4.1%	7.1%	3.9%	5.5%	0.0%	1.9%	0.0%	3.7%	3.3%	6.1%	3.2%	4.2%	5.1%		-
	FFT: Maternity response rate (Target: >30%)	19.7%	22.0%	20.2%	21.6%	16.7%	14.8%	14.2%	17.1%	19.0%	20.3%	18.8%	19.3%	20.5%		!
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	43	44	44	379	29	21	29	340	72	65	73	210	719		-
	Complaints formal: Number responded to < 25 days	9	17	9	116	8	4	6	93	17	21	15	53	209		-
	Complaints (informal) through PALS	113	104	140	1170	57	23	60	408	170	127	200	497	1578		-
	Complaints sent through to the Ombudsman	0	0	0	0	1	1	2	14	1	1	2	4	14		-
	Complaints upheld by the Ombudsman (Target: 0)	0	0	0	0	0	0	2	10	0	0	2	2	10		-

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

There was a local initiative to achieve a >90% recommend rate and 30% response rate in inpatients and it is reassuring that this was met in March. Maternity in both sites also achieve over the 90% recommend rates but need improvement on response rates. Kiosks in both ED will be in place in May to help increase the response rate.



Efficiency & Productivity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Jan-17	Feb-17	Mar-17	2016-2017	Jan-17	Feb-17	Mar-17	2016-2017	Jan-17	Feb-17	Mar-17	2016-2017 Q4	2016-2017	Trend charts	
Admitted Patient Care	Average length of stay - elective (Target: <3.7)	4.19	3.37	3.47	3.52	2.90	3.34	3.80	3.53	3.86	3.36	3.56	3.60	3.52		-
	Average length of stay - non-elective (Target: <3.9)	4.33	4.53	4.13	4.20	4.79	3.93	4.10	3.70	4.56	4.22	4.12	4.29	3.94		!
	Emergency care pathway - average LoS (Target: <4.5)	5.25	5.24	5.05	5.11	5.98	4.81	4.90	4.57	5.64	4.99	4.97	5.19	4.80		!
	Emergency care pathway - discharges	216	199	230	2495	249	266	292	3354	466	466	522	1455	5850		-
	Emergency re-admissions within 30 days of discharge (Target: <2.8%)	3.43%	4.26%	3.70%	3.41%	8.84%	8.97%	7.71%	8.31%	5.51%	6.23%	5.32%	5.66%	5.46%		!
	Non-elective long-stayers	476	475	454	5305	580	523	575	6909	1056	998	1029	3083	12214		-
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	84.6%	87.5%	84.3%	83.3%	86.3%	86.2%	88.3%	83.9%	85.3%	87.0%	85.8%	86.0%	83.5%		-
	Operations canc on the day for non-clinical reasons: actuals	17	10	23	97	9	17	3	85	26	27	26	79	182		-
	Operations canc on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.60%	0.39%	0.72%	0.29%	0.85%	1.44%	0.22%	0.57%	0.67%	0.72%	0.57%	0.65%	0.38%		-
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	8	5	15	40	0	0	0	0	8	5	15	28	40		!
	Theatre active time (C&W Target: >70%; WMM Target: >78%)	68.5%	70.8%	74.6%	71.8%	72.0%	75.1%	79.6%	82.0%	69.6%	72.2%	76.1%	72.8%	75.0%		-
	Theatre booking conversion rates (Target: >80%)	84.7%	85.4%	83.1%	86.8%	43.9%	50.5%	49.3%	51.5%	71.8%	73.9%	72.8%	72.8%	75.2%		!
Outpatients	First to follow-up ratio (Target: <1.5)	1.63	1.57	1.55	1.67	1.33	1.25	1.22	1.33	1.40	1.33	1.31	1.35	1.45		!
	Average wait to first outpatient attendance (Target: <6 wks)	7.9	8.1	7.8	7.6	6.7	6.3	6.3	6.5	7.3	7.2	7.1	7.2	7.1		!
	DNA rate: first appointment	13.3%	12.2%	12.4%	13.2%	10.8%	9.7%	10.0%	11.4%	12.1%	11.0%	11.3%	11.4%	12.4%		-
	DNA rate: follow-up appointment	10.9%	10.1%	10.2%	11.4%	8.4%	8.4%	9.5%	8.8%	10.1%	9.6%	10.0%	9.9%	10.6%		-

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

Elective average Length of Stay

The increase in LoS at West Middlesex includes 6 medical patients admitted under elective medicine with a total of 240 bed days. The elective LoS is 2.6 days if the above are excluded which is below target. Work in progress to ensure medical patients is recorded under the right admission method on CAMIS.

Non-Elective average Length of Stay

A slight improvement on CW site and a largely steady figure for WM site resulting in an overall modest improvement. Linked to both A&E improvement trajectory and the Acute Frailty work, a further improvement work stream is underway via the 2017/18 length of stay and NEL schemes which aim to deliver significant reductions in LOS and lower readmissions to both hospitals; the major focus being a significantly enhanced service for the frail elderly patients. These and Emergency care pathway LOS data are being tracked by the NWL system-wide A&E Delivery Board and at a more local level by the new Acute Frailty strategy group.

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

This has moved downwards on both sites but with a significant differential between both hospitals with this the focus of the on-going Emergency Care divisional improvement work stream through April 2017. Detailed data to support the Frailty agenda shows that there is a significant dividend in terms of readmission arte reductions when the frailty improvement pilots are developed in a more wide scale manner during 2017.

Non-Elective LoS - long stayers

This metric has been subject to a deep dive in support of the LOS and acute frailty work. One initiative in place is provision of an enhanced discharge team. This is being supported via additional CCG funding for immediate roll out which will allow an expanded team of discharge coordinators to support the wards from mid-2017.

Theatre Active Time - % of staffed time

The West Middlesex site has seen improved theatre utilisation as a result of reduced number of elective cancellations and maximising of existing lists.



Clinical Effectiveness Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Jan-17	Feb-17	Mar-17	2016-2017	Jan-17	Feb-17	Mar-17	2016-2017	Jan-17	Feb-17	Mar-17	2016-2017 Q4	2016-2017	Trend charts	
Best Practice	Dementia screening case finding (Target: >90%)	86.5%	88.7%	78.5%	89.9%	90.7%	90.0%	86.5%	91.3%	88.6%	89.4%	83.2%	87.2%	90.7%		!
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)				88.0%	85.7%	76.2%	65.0%	73.8%	85.7%	76.2%	65.0%	75.8%	80.0%		!
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	100.0%	100.0%	100.0%	100.0%	83.3%	100.0%	100.0%	94.0%	89.7%	100.0%	100.0%	96.2%	96.4%		-
VTE	VTE: Hospital-acquired (Target: tbc)					3	0	0	10	3	0	0	3	10		-
	VTE risk assessment (Target: >95%)	95.9%	96.0%	96.3%	95.8%	70.8%	80.1%	77.1%	82.1%	84.7%	88.4%	87.5%	86.9%	89.6%		!
TB	TB: Number of active cases identified and notified	5	5	3	31	4	13	8	102	9	18	11	38	133		-
	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 <36hrs for medically fit patients

At the West Middlesex site 6 patients did not have the surgery within 36 hours was due to there being no theatre space. Work in progress to review trauma / elective list utilisation to identify a means of managing unmet trauma demand within funded capacity

Dementia screening remains non compliant this is a focus of quality rounds in May to train staff to improve compliance



Access Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Jan-17	Feb-17	Mar-17	2016-2017	Jan-17	Feb-17	Mar-17	2016-2017	Jan-17	Feb-17	Mar-17	2016-2017 Q4	2016-2017	Trend charts	
RTT waits	RTT Incompletes 52 week Patients at month end	0	0	0	19	0	0	0	0	0	0	0	0	19		-
	Diagnostic waiting times <6 weeks: % (Target: >99%)	99.06%	99.38%	95.83%	99.08%	99.08%	99.43%	98.08%	98.96%	99.07%	99.40%	96.88%	98.51%	99.01%		-
	Diagnostic waiting times >6 weeks: breach actuals	20	19	114	262	30	17	46	384	50	36	160	246	646		-
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	7.1%	7.3%	7.6%	7.4%	8.8%	7.8%	8.2%	8.4%	7.7%	7.5%	7.8%	7.7%	7.8%		!
	A&E time to treatment - Median (Target: <60')	01:12	01:06	01:12	01:10	00:41	00:33	00:27	00:41	01:04	00:57	01:00	01:00	01:02		!
	London Ambulance Service - patient handover 30' breaches	84	27	16	434	218	124	54	1110	302	151	70	523	1544		-
	London Ambulance Service - patient handover 60' breaches	14	2	1	28	1	0	1	3	15	2	2	19	31		!
Choose and Book (available to Feb-17 only for issues)	Choose and book: appointment availability (average of daily harvest of unused slots)	1778	1485	1232	2076	0	0	0	1	1778	1485	1232	1495	2076		-
	Choose and book: capacity issue rate (ASI)				27.4%				35.0%					31.1%		-
	Choose and book: system issue rate															-

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

RTT Incompletes – 52 week waiters at month end

Despite the months decline in RTT performance at the Chelsea site as described in the NHSI Dashboard commentary, the Trust reported no patients waiting over 52 weeks to be treated and this is expected to continue.

Diagnostic wait times >6weeks

Several factors combined together to result in the March failure (96.88%) to deliver the 6ww diagnostic standard. This was the first failure to achieve the standard since August 2016 and resulted from procedural and administrative shortfalls, not from any lack of capacity. Investigation and subsequent audit has revealed that incorrect booking protocols were followed after a change of staff in March, which led to delays adding patients to the waiting list. This was then compounded by a sub-optimal process for 6ww monitoring, which stemmed from an incorrect escalation process being followed. An audit undertaken on 21 April identified these issues and rectifying action was then taken. At the time of writing this report, an on-going analysis of the position is continuing and this will include an assessment of any clinical impact. An immediate action plan has been developed with staff implemented to regain the delivery of the standard and ensure immediate grip is recaptured ; this will achieve an improved, but non-compliant position for April, with the full recovery of the standard due in May 2017.

A&E Unplanned Re-attendances

There has been little substantial change to this metric with the overall figure remaining stable. Given the continuing pressure on both sites, keeping re attendances steady reflects the on-going care and focus on avoiding readmissions within both hospitals.

A&E LAS 60 min handover breaches

CW site improved and WM has one 60 min breach albeit this may improve further with outstanding validation. In light of A&E improvements, LOS delivery programme and the enhanced bed escalation areas (that should be available at both hospitals for next winter) it is intended to reduce ambulance delays and cut hospital fines by c£150k for 2017/18.



Maternity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Jan-17	Feb-17	Mar-17	2016-2017	Jan-17	Feb-17	Mar-17	2016-2017	Jan-17	Feb-17	Mar-17	2016-2017 Q4	2016-2017	Trend charts	
Birth indicators	Total number of NHS births	478	491	459	5635	366	373	405	5064	844	864	864	2572	10699		-
	Total caesarean section rate (C&W Target: <27%; WM Target: <29%)	34.6%	33.5%	40.3%	33.9%	25.9%	25.5%	24.5%	26.6%	30.8%	30.1%	32.9%	31.2%	30.4%		!
	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%)	97.6%	98.3%	94.9%	96.8%	94.9%	95.8%	95.3%	94.3%	96.3%	96.7%	95.2%	96.0%	95.4%		-
Safety	Admissions of full-term babies to NICU	15	22	21	223	n/a	n/a	n/a	n/a	15	22	21	58	223		-
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 NHS births

The cross site plan was once again achieved for the month. The Trust also achieved the 2016/2017 full year plan.

Total caesarean section rate

Ongoing work continues to address the caesarean section rate at the Chelsea site

Midwife to birth ratio - births per WTE

Midwife to birth ratios are being reviewed for 2017-18 which should see a rate of 1 to 30 achieved on both sites

Maternity 1:1 care in established labour

The rate dropped in March on the Chelsea site due staffing levels. Recruitment has been commenced to reflect increased activity



Workforce Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Jan-17	Feb-17	Mar-17	2016-2017	Jan-17	Feb-17	Mar-17	2016-2017	Jan-17	Feb-17	Mar-17	2016-2017 Q4	2016-2017	Trend charts	
Staffing	Vacancy rate (Target: CW <12%; WM <10%)	12.7%	13.5%	12.9%	12.9%	18.7%	18.5%	16.0%	16.0%	14.8%	15.2%	14.0%	14.0%	14.0%		!
	Staff Turnover rate (Target: CW <18%; WM <11.5%)	17.1%	17.6%	17.4%	17.4%	14.5%	14.4%	13.8%	13.8%	16.2%	16.5%	16.2%	16.2%	16.2%		!
	Sickness absence (Target: <3%)	3.5%	1.8%	2.1%	2.7%	2.6%	1.8%	2.4%	1.9%	3.2%	1.8%	2.2%	2.4%	2.5%		-
	Bank and Agency spend (£k)	£2,546	£2,827	£3,488	£30,786	£2,291	£2,184	£1,997	£23,404	£4,836	£5,011	£5,486	£15,333	£54,190		-
	Nursing & Midwifery Agency: % spend of total pay (Target: tbc)	9.4%	11.8%	11.9%	8.6%	16.0%	13.8%	7.4%	12.8%	12.0%	12.5%	9.8%	11.4%	10.2%		-
Appraisal rates	% of appraisals completed - medical staff (Target: >85%)	80.5%	81.9%	79.1%	82.8%	92.0%	88.5%	89.5%	89.4%	85.4%	84.6%	83.5%	84.5%	85.6%		!
	% of appraisals completed - non-medical staff (Target: >85%)	68.7%	68.7%	64.4%	72.6%	61.9%	67.0%	65.8%	70.3%	66.8%	68.2%	64.8%	66.6%	71.9%		!
Training	Mandatory training compliance (Target: >90%)	83.4%	83.3%	83.9%	83.9%	79.0%	82.3%	80.4%	83.7%	81.9%	83.0%	82.7%	82.5%	83.8%		!
	Health and Safety training (Target: >90%)	83.1%	83.4%	85.0%	85.3%	80.9%	83.4%	80.9%	82.6%	82.3%	83.4%	83.6%	83.1%	84.3%		!
	Safeguarding training - adults (Target: 90%)	87.8%	87.8%	89.2%	88.6%	81.5%	84.3%	80.8%	84.8%	85.7%	86.6%	86.3%	86.2%	87.3%		!
	Safeguarding training - children (Target: 90%)	90.6%	90.0%	91.1%	90.1%	87.8%	89.1%	88.3%	92.1%	89.6%	89.7%	90.2%	89.8%	90.8%		!

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
With a joint payroll operating from mid Mar-17, Bank & Agency spend has been split pro-rata by Site from a Trust total position for March based on Months 1-11				

Trust commentary

Staff in Post

In March the Trust employed 5080 whole time equivalent (WTE) people on substantive contracts, 25 more than last month.

Turnover

The Trust's voluntary turnover rate was 16.18%, which is 0.3% lower than last month. Voluntary turnover is 17.4% at Chelsea and 13.8% at West Middlesex.

Vacancies

Our general vacancy rate for March was 14%, down by 1.3% since February. We have embarked on a piece of work to cleanse our workforce data which involves removing inactive vacancies. This work will be completed by June. Our average time to recruit is just under 12 weeks, down from 17 weeks in the September 2016. Work is currently underway to streamline our occupational health assessment process which will result in further reductions in our time to recruit.

Core training (statutory and mandatory training) compliance

The Trust reports core training compliance based on the 10 Core Skills Training Framework (CSTF) topics to provide a consistent comparison with other London trusts. Our compliance rate stands at 84% against its target of 90%.

Appraisals

The appraisal rate for non-medical staff was 64.8% in March, a 3.4% reduction on last month. The appraisal rate for medical staff was 83.5%, 1.5% less than last month and below our 85% target. A new approach to performance and development reviews will be adopted in FY17/18 which will increase both quality and uptake.



62 day Cancer referrals by tumour site Dashboard

Target of 85%

Domain	Tumour site	Chelsea & Westminster Hospital Site					West Middlesex University Hospital Site					Combined Trust Performance					Trust data 13 months		
		Jan-17	Feb-17	Mar-17	2016-2017	YTD breaches	Jan-17	Feb-17	Mar-17	2016-2017	YTD breaches	Jan-17	Feb-17	Mar-17	2016-2017 Q4	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%	88.9%	100%	97.0%	2.5	100%	88.9%	100%	96.0%	97.0%	2.5		-
	Colorectal / Lower GI	66.7%	25.0%	100%	75.0%	6	100%	85.7%	100%	91.8%	3	81.8%	63.6%	100%	82.9%	85.1%	9		-
	Gynaecological	100%	0.0%	100%	66.7%	4.5	100%	100%	100%	94.0%	1.5	100%	66.7%	100%	93.3%	84.4%	6		-
	Haematological	100%	100%	n/a	81.3%	1.5	100%	100%	100%	90.9%	2	100%	100%	100%	100%	88.3%	3.5		-
	Head and neck	n/a	n/a	n/a	0.0%	1	0.0%	0.0%	100%	60.0%	5	0.0%	0.0%	100%	40.0%	55.6%	6		-
	Lung	100%	100%	n/a	98.1%	0.5	n/a	n/a	100%	96.0%	0.5	100%	100%	100%	100%	97.4%	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	100%	100%	83.3%	91.8%	3	100%	100%	71.4%	94.0%	3	100%	100%	76.9%	93.6%	93.1%	6		-
	Upper gastrointestinal	100%	100%	100%	89.3%	1.5	100%	100%	50.0%	93.1%	1	100%	100%	80.0%	93.8%	91.2%	2.5		-
	Urological	22.2%	57.1%	71.4%	61.6%	19	87.5%	87.5%	100%	83.9%	14	64.0%	78.3%	88.2%	78.0%	75.8%	33		!
	Urological (Testicular)	100%	n/a	n/a	100%	0	n/a	n/a	n/a	100%	0	100%	n/a	n/a	100%	100%	0		-
	Site not stated	n/a	50.0%	n/a	40.0%	1.5	100%	n/a	0.0%	83.3%	1	100%	50.0%	0.0%	60.0%	70.6%	2.5		-

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

Breakdown of 62 day Cancer referrals by tumour site is as follows:

Chelsea Site

- Skin** 0.5 avoidable breach - delayed treatment due to plastics capacity and complex procedure
- Urology** 0.5 unavoidable breach - patient choice to delay initial appointment and then patient delayed surgery date
- 0.5 avoidable breach - delays to discussion at MDT and clinic capacity
- 1.0 avoidable breach - issues with clinic capacity and capacity for surgical procedure

West Middlesex Site

- Upper GI** 0.5 unavoidable breach - complex pathway requiring multiple discussions at MDT and other provider prior to treatment
- Skin** 1.0 avoidable breach - capacity issue in Plastic Surgery due to consultant on sick leave
- 0.5 avoidable breach - shared with Chelsea



CQUIN Dashboard

March 2017

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	A	A
N2.2	Sepsis (antibiotic administration and review)	Medical Director	A	A	A	A
N5.1	Anti-microbial Resistance - reduction in antibiotic usage	Medical Director	n/a	n/a	n/a	A
N3.2	Anti-microbial Resistance - empiric review of prescribing	Medical Director	G	G	G	A
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	n/a	n/a
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 £7.8m 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.

NWL CCGs have now ratified the Q3 16/17 position at 98%. NHS England have confirmed achievement of Q1-3, with the exception of the CUR CQUIN, which gives an overall forecast achievement of 75% for the year to date for NHSE schemes. This combined with the Q1-3 position for NWL CCGs represents an overall achievement of 89.1% for Q1-3 for the Trust.

Evidence for the Q4 milestones is due to be submitted to both CCG and NHSE commissioners by the end of April and therefore the final 2016/17 position will not be confirmed until later in Q1 2017/18.

The Trust is currently forecasting an overall 2016/17 achievement of 83.3%, which includes some risks to the continued achievement of some schemes due to tougher milestones in the last quarter and continued partial achievement for the sepsis and reduction in antibiotic usage schemes.

National CQUINs

The majority of projects met their Q3 milestones, with the exception of partial achievement forecast for the Sepsis CQUIN project.

Regional & Local CQUINs

The Trust achieved 100% compliance against Q3 milestones, with e-consult for Cardiology, Paediatrics and Acute Medicine at WMUH site going live in November.

2017/18

The Trust has agreed 11 CQUIN schemes (6 national, 5 local) for 2017/18 with NHS England and CCGs and is working with internal and external stakeholders to agree the CQUIN detail and milestones by the end of April. Senior Responsible Officers and operational leads have been established for all schemes and they are working towards the Q1 milestones.



Draft Version



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
December 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.

Across both sites, the Trust has now moved to planning for the next CQC inspection

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	20	2	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	23	4	0
December position for comparison	239	212	21	6	0

West Middlesex Commentary

Following successful recruitment into the end of life and palliative care team 2 actions have moved from amber to green

1 action will soon be closed with the reconfiguration/ rebuild of the Emergency Department and 1 outstanding for medical care relates to the community infrastructure and other health partners supporting earlier discharge.



Board of Directors Meeting, 4 May 2017

PUBLIC

AGENDA ITEM NO.	3.1/May/17
REPORT NAME	2016 National NHS Staff Survey Results
AUTHOR	Keith Loveridge, Director of HR & OD
LEAD	Keith Loveridge, Director of HR & OD
PURPOSE	<p>This paper outlines the key results of the 2016 National NHS Survey and makes recommendations for action and communications.</p> <p>Successful delivery of action plans resulting from the staff survey results will support the trust's strategic objective of attracting and retaining excellent staff for the delivery of outstanding patient care.</p>
SUMMARY OF REPORT	<p>The trust results are compared to other acute trusts in the UK. The survey was conducted in autumn 2016. All trust staff were invited to participate. We achieved a 48% response rate which is amongst the highest in the country (top 20%).</p> <p>The paper covers the following:</p> <ul style="list-style-type: none"> - Overall engagement score - Friends and family test - Learning from mistakes - Top 5 and bottom 5 ranking questions - The London factor - Significant differences between the two main trust sites - Action planning
KEY RISKS ASSOCIATED	Increased staff engagement and job satisfaction is linked to the delivery of high quality of care and reduced turnover.
FINANCIAL IMPLICATIONS	Low engagement and satisfaction feed into high turnover and unplanned absence rates. Increased staff engagement will improve productivity, reduce turnover and reduce reliance on agency staff.
QUALITY IMPLICATIONS	Staff engagement is linked to the quality of care patients receive.
EQUALITY & DIVERSITY IMPLICATIONS	Successful delivery of action plans resulting from the staff survey results will support the delivery on the trust's commitment and obligation to promote equality.
LINK TO OBJECTIVES	<ul style="list-style-type: none"> • Excel in providing high quality, efficient clinical services • Create an environment for learning, discovery and innovation

DECISION/ ACTION	For noting
-------------------------	------------



Chelsea and Westminster Hospital NHS Foundation Trust 2016 National NHS Staff Survey results



April 2017

Background

This presentation summarises the results of the 2016 National NHS Staff Survey conducted at the trust. It outlines the key result areas and identifies next steps.

The National NHS Staff Survey is conducted annually. This is the first staff survey for the integrated organisation.

	2016 National NHs Staff Survey
Survey period	Autumn 2016
Methodology	Direct email to staff in corporate areas Hard copy survey to divisional staff
Response rate	48% (of 5160) – highest 20% response rate nationally
Results	32 Key Findings – 14 scale summary (composite) scores and 18 percentage scores to individual questions

Summary of results of 2016 National NHS Staff Survey

Improving staff experience is a critical to our engagement strategy and our wider people and OD strategy.

We will use the results to build on the areas in which we perform well and to take action to address areas for improvement.

Overall our results have fallen back since our two legacy organisations were surveyed in 2015 survey. Direct comparisons are difficult.

The dip in results follows the pattern of other London trusts post merger.

Our scores are average for London acute trusts.

Summary of results of 2016 National NHS Staff Survey

Overall engagement score

The core measure used by CQC to measure engagement is the overall engagement score.

Our staff engagement score is 3.79 compared to a national average of 3.81

The score is calculated using 3 key findings (9 individual questions):

- Staff recommendation of the trust as a place to work
- Staff motivation at work
- Staff ability to contribute towards improvements at work

Trust	Response Rate %	Overall engagement score 2016
Guy's and St Thomas'	38	4.04
Homerton University	55	3.92
University College London	44	3.90
Royal Free London	42	3.80
Imperial College Healthcare NHS Trust	42	3.80
Lewisham and Greenwich NHS Trust	30	3.80
Chelsea and Westminster	48	3.79
Barts Health NHS Trust	46	3.78
London North West Healthcare	35	3.75
King's College Hospital	36	3.74
St George's University Hospitals	40	3.71

Friends and family test question

Key Finding 1: Staff recommendation of the organisation as a place to work or receive treatment. This key finding is based on three questions

- Care of patients is my organisation's top priority
- I would recommend my organisation as a place to work
- If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation

Trust	Staff recommendation
Guy's and St Thomas' NHS Foundation Trust	4.20
University College London Hospitals NHS Foundation Trust	3.99
Homerton University Hospital NHS Foundation Trust	3.96
Chelsea and Westminster Hospital NHS Foundation Trust	3.80
Royal Free London NHS Foundation Trust	3.80
Imperial College Healthcare NHS Trust	3.76
Barts Health NHS Trust	3.69
Lewisham and Greenwich NHS Trust	3.68
King's College Hospital NHS Foundation Trust	3.65
St George's University Hospitals NHS Foundation Trust	3.62
London North West Healthcare NHS Trust	3.53

Learning from mistakes

In 2016 NHSi drew up a 'learning from mistakes' league table based on the following key findings:

Key Finding		Questions	Our scores 2016
KF7	% able to contribute towards improvements at work	There are frequent opportunities for me to show initiative in my role I am able to make suggestions to improve the work of my team/department I am able to make improvements happen in my area of work	Average -national 5 th place in London
KF30	Fairness and effectiveness of procedures for reporting errors, near misses and incidents	Organisation does not treat fairly staff involved in errors Organisation does not encourage reporting of errors Organisation does not take action to ensure errors not repeated Staff not given feedback about changes made in response to reported errors	National: average 4 th place in London
KF31	Staff Confidence and security in reporting unsafe clinical practice	Would not feel secure in raising concerns about unsafe clinical practice Would not feel confident that organisation would address concerns about unsafe clinical practice	National: Above (better than average) 20% 5 th place in London

NHS Staff Survey 2016

Top and Bottom Ranking Questions

TOP 5 RANKING QUESTIONS	Trust 2016	Average Acute Trusts
Quality of appraisals (maximum score = 5, the higher the score the better)	3.29	3.11
% of staff agreeing that their role makes a difference to patients / service users	92%	90%
% of staff / colleagues reporting most recent experience of violence	72%	67%
% of staff satisfied with the opportunities for flexible working patterns	54%	51%
% of staff / colleagues reporting most recent experience of harassment, bullying or abuse	49%	45%

BOTTOM 5 RANKING QUESTIONS	Trust 2016	Average Acute Trusts
% of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	36%	27%
% percentage of staff experiencing discrimination at work in the last 12 months	19%	11%
% of staff witnessing potentially harmful errors, near misses or incidents in last month	36%	31%
% of staff experiencing physical violence from staff in last 12 months	3%	2%
% of staff believing that the organisation provides equal opportunities for career progression or promotion	80%	87%

The London effect: how our worst 20% national scores compare with other London acute trusts

Our worst 20% national scores	Our London acute ranking (from 11)
% experiencing physical violence from staff in last 12 months	6
% appraised in last 12 months	5
% experiencing discrimination at work in the last 12 months	5
% believing the trust provides equal opportunity / promotion	3
% witnessing potentially harmful errors, near misses or incidents in last month	9
% reporting errors, near misses or incidents witnessed in the last month	3
% feeling unwell due to work related stress in the last 12 months	3
% experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	9

NHS Staff Survey 2016

Differences between our two main sites

		WM	Chelsea
Equality & diversity	* KF20. % experiencing discrimination at work in last 12 months	22	18
Health & wellbeing	KF19. Organisation and management interest in and action on health and wellbeing	3.50	3.63
Working patterns	KF15. % satisfied with the opportunities for flexible working patterns	48	55
Communication	KF6. % reporting good communication between senior management and staff	31	36
Job satisfaction	KF1. Staff recommendation of the organisation as a place to work or receive treatment	3.66	3.87
Managers	KF10. Support from immediate managers	3.66	3.76
Patient care & experience	KF32. Effective use of patient / service user feedback	3.64	3.74
Dignity and respect	* KF22. % experiencing physical violence from patients, relatives or the public in last 12 months **	23	15
Dignity and respect	*KF27. % reporting most recent experience of harassment, bullying or abuse	54	46

*The lower the score the better

Recommendations

Trust-wide areas of focus

- Equal opportunities and discrimination
- Dignity and respect
- Health and wellbeing including tackling work related stress
- Staff recognition
- PDRs and appraisals
- Staff security, in particular at WMUH

Local areas of focus

- Divisions and corporate directorates to agree one or two areas of focus

Staff experience action plan

- Areas of focus are being tested at focus groups
- Two year staff experience plan to form part of a wider engagement strategy
- Plan finalised by end of May

A refreshed approach to collecting data on staff engagement

- Launch of our own quarterly engagement survey from summer 17

Improve accountability

- Incorporate clear accountability for engagement in key leadership roles through leadership training and talent management

Our 'best 20% scores' compared to our 2015 scores

	WMUH 15	Chelsea 15
Best 20%		
KF3. % agreeing that their role makes a difference to patients / service users	Better than average	Better than average
KF24. % reporting most recent experience of violence	Best 20%	Best 20%
KF12 Quality of appraisals	Best 20%	Best 20%
KF15. Percentage of staff satisfied with the opportunities for flexible working patterns	Average	Better than average
KF27. % reporting most recent experience of harassment, bullying or abuse	Better than average	Best 20%

Our 'better than average' scores compared to our 2015 scores

	WMUH 15	Chelsea 15
Better than average		
KF2. Staff satisfaction with the quality of work and care they are able to deliver	Best 20%	Better than average
KF31. Staff confidence and security in reporting unsafe clinical practice	Worse than average	Better than average
KF13 Quality of non-mandatory training, learning or development	Best 20%	Better than average

Our 'average' scores compared to our 2015 scores

	WMUH 15	Chelsea 15
Average		
KF1. Staff recommendation of the organisation as a place to work or receive treatment	Average	Better than average
KF7. % able to contribute towards improvements at work	Better than average	Better than average
KF14. Staff satisfaction with resourcing and support	Better than average	Better than average
KF6. % reporting good communication between senior management and staff	Average	Better than average
KF10. Support from immediate managers	Better than average	Better than average
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	Average	Better than average
KF32. Effective use of patient / service user feedback	Average	Better than average
KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths	Worst 20%	Worst 20%

Our 'worse than average' scores compared to our 2015 scores

	WMUH 15	Chelsea 15
Worse than average		
KF4. Staff motivation at work	Best 20%	Worse than average
KF8. Staff satisfaction with level of responsibility and involvement	Better than average	Average
KF9. Effective team working	Worse than average	Average
KF5. Recognition and value of staff by managers and the organisation	Average	Better than average
KF26. % experiencing harassment, bullying or abuse from staff in last 12 months	Average	Worse than average
KF18. Percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves	Worst 20%	Worst 20%
KF19. Organisation and management interest in and action on health and wellbeing	Average	Best 20%
KF16. Percentage of staff working extra hours	Average	Best 20%

Our 'worst 20%' scores compared to our 2015 scores

	WMUH 15	Chelsea 15
Worst 20%		
KF23. % experiencing physical violence from staff in last 12 mths	Worst 20%	Worst 20%
KF11 % appraised in last 12 months	Average	Worst 20%
KF20 Experience of discrimination at work in the last 12 months	Worst 20%	Worst 20%
KF21 % believing the trust provides equal opportunity / promotion	Worst 20%	Worse than average
KF 28. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month	Worse than average	Worse than average
KF29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month	Worse than average	Better than average
KF17. Percentage of staff feeling unwell due to work related stress in the last 12 months	Worse than average	Worse than average
KF25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	Worst 20%	Worst 20%



Board of Directors Meeting, 4 May 2017

PUBLIC

AGENDA ITEM NO.	3.2/May/17
REPORT NAME	Volunteers Report and Proposed Strategy
AUTHOR	Rachel Allsop, Interim Head of Volunteering Services
LEAD	Robert Hodgkiss, Chief Operating Officer
PURPOSE	To provide the Board with the current position in relation to volunteering at Chelsea and Westminster Hospital NHS Foundation Trust and to make recommendations for improvement.
SUMMARY OF REPORT	As enclosed.
KEY RISKS ASSOCIATED	
FINANCIAL IMPLICATIONS	A small investment for non-pay budget is requested (c.£50K)
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	N/A
LINK TO OBJECTIVES	All
DECISION/ ACTION	The Board is asked to note the report and to suggest any improvements.



Chelsea and Westminster Hospital NHS Foundation Trust

Volunteering Strategy (Draft)

1. Introduction

The purpose of this paper is to assess the current situation relating to volunteering in the Chelsea and Westminster Hospital NHS Foundation Trust and make recommendations for improvement.

The work to produce the paper has been undertaken as a short (20 day) consultancy project by a volunteer who has been most grateful for the opportunity and for whom it has been a most rewarding experience.

Many Trust staff have kindly given their time and views to the project and this has been greatly appreciated. Equally the contribution of the Helpforce Team in providing best practice exemplars has been hugely helpful in distilling the research.

2. Context

Volunteer and volunteering is defined here as 'any activity that involves spending time unpaid, doing something that aims to benefit the environment or someone (individuals or groups) other than, or in addition to, close relatives. Central to this definition is the fact that volunteering must be a choice freely made by each individual.' Source NCVO 2016.

This most recent UK definition of volunteering for the first time embraces rather than actively excludes the voluntary contribution which relatives can and often do make to facilitate the care and support of their family members. This enables us to look more critically at how we engage with relatives as part of our volunteering effort and more formally include and involve them in the care of their loved ones.

Volunteering has a rich history, traceable in Britain back to medieval times but significantly developed from the mid-18th century onwards through the establishment of major philanthropic foundations. These hospitals were administered by volunteer lay governors and staffed largely by physicians and surgeons working in honorary and unpaid posts - in stark contrast to the position and roles of volunteers today, which are often seen as the least skilled and at the bottom of the 'tree'. Pressure for reform built during the 1930s and 40s as charitable contributions declined in relative terms and demand for hospital services rose significantly. And so the NHS was established in 1948 as a comprehensive, universal system, funded principally from general taxation and staffed by salaried, professional employees.

The Changing Context within the NHS

The NHS today is facing huge challenges. Improvements in life expectancy in recent decades present us with fundamental questions about the way health and care services are organised. There is unremitting demand in terms of patient numbers, demography and, with that, rising numbers of patients with acute exacerbations of chronic disease, multiple morbidities and increasing dependency.

The economic outlook is bleak and the overall NHS budget is at a standstill in real terms, local authority budgets have been cut, and rising costs are putting services under increasing pressure. The significant scope that exists to develop a more cost effective approach to health and social care with community engagement and volunteering at its core cannot be denied. However the primary objective of volunteering should be to seek improvements in patient experience, engagement or public health rather than to reduce costs.

The growth in consumerism has led to increasing expectations about patient experience. Simultaneously ward staff are typically managing the introduction of various technologies and reporting requirements and arguably their availability to provide aspects of care valued highly by patients has been significantly compromised.

Societal tendencies to allocate blame and assume that all risk can be eradicated combined with a focus on transparency and openness have, in the wake of the Francis report and the Lampard report, often led to a bureaucratic and risk averse approach to quality assurance rather than a more risky quality development - adopt, adapt, fail fast, learn approach.

Public service delivery models have yet to adapt to the pressing need for care and support options beyond institutional settings and traditional approaches, meanwhile the political response to the challenging NHS environment has been to re-engage the public in a debate about the scope and nature of what is now called the 'Shared Society'.

Whilst citizen engagement has always played some part in the public services, it has commonly been ignored, under-managed and at worst seen as a distraction. This needs to change. Paid, professional roles will always be essential, but services should by default involve members of the public as producers as well as consumers. Recognising the distinctive role of volunteers as part of developing more 'people-powered' public services provides some challenge to the historic controversy around substitution of volunteers to replace paid employees. The current position agreed with the TUC is that the involvement of volunteers should be 'complementary and supplementary to the work of paid staff' and that 'their added value should be acknowledged but not be used to reduce contract costs.'

Changing Needs of Volunteers

The traditional stereotype of the older, white female nurturing and altruistic volunteer is no longer accurate - in part because this group has increasingly taken up paid employment opportunities in marked contrast to their predecessors. Whilst they continue to form part of the picture, the totality of modern volunteering is much more diverse, as exemplified by the 'Games Makers' in the 2012 Olympics. These new entrants to the volunteering market have many and varied motivations and aspirations for volunteering:-

- to 'give back' to society in general or following a specific incident
- to gain employment skills and enhance their CVs,
- to step back onto the employment ladder (from unemployment)
- to acquire essential work experience for entry to clinical careers/study
- to achieve personal growth, access new skills and experiences
- to use existing skills in a fresh setting
- to achieve a sense of belonging, meet new people and overcome the increasing problem of loneliness.

Whilst these aspirations and motivations may vary, what is common is the importance of the notion of 'What's in it for them' as volunteers. Meeting their needs has therefore assumed a higher level of importance in any volunteering strategy than has hitherto been the case.

Additionally, competition for volunteers has increased and the health service competes with education, sport, the arts, the environment etc for volunteers; the types of positions being many and varied.

The implications of all these are that we need to adopt a more sophisticated approach to structuring our volunteering opportunities to maximise their attractiveness to these diverse audiences and segment our approaches to attraction, recruitment and retention of our future volunteers.

Specifically:

- Younger volunteers tend to want 'episodic opportunities' - blocks of time say 25+ hours for a few weeks.
- People already working 'office hours' or at school/college want opportunities to contribute in evenings and at weekends
- If roles are insufficiently interesting volunteers will find alternatives that better meet their needs.
- Working people may not be able to take time from work to explore their volunteering ambitions - but may well be able to undertake on-line suitability tests, and Skype interviews at a mutually convenient time.
- In a competitive market it is important to secure the very best volunteers and proactively approach individuals who may never have considered volunteering to significantly increase both the scale and quality of the available pool.
- Properly structured and well- managed work experience programmes provide an excellent introduction to volunteering or indeed employment in the NHS. Rather than being viewed as a costly stand-alone activity, they could alternatively be viewed as an extended interview and be linked to a broader recruitment strategy.
- Modern volunteers want feedback and re-assurance that they are making a valid contribution and want recognition in the form of certificates or a volunteering credit scheme which they can use (as currency) elsewhere.

So whilst volunteers have become increasingly varied and demanding in terms of their requirements, they nevertheless seem to have fairly consistent views about what would discourage them from participation and which include 'being dumped in somewhere, with nobody expecting you, feeling like a spare part, no induction, no point of contact, bad fit of interest and skill set, unreceptive or hostile ward staff.'

In addition to individual volunteers there is increasing interest from a variety of organisations who can see in volunteering programmes opportunities for alignment with their own objectives. Schools can deliver PHSE curriculum requirements whilst corporate businesses can differentiate themselves from their competitors through their commitment to corporate social responsibility.

Health related business e.g. Pharmaceutical companies and healthcare consultancies can use volunteering projects to give their employees real experience of the nature of the organisation with whom they will be working. Universities can see voluntary projects as industrial placement opportunities and targeted work experience programmes helping to address their 'widening participation' objectives.

3. The Chelsea and Westminster Current Position

There is significant enthusiasm and energy amongst highly-motivated and willing individuals who are working hard to improve life within Chelsea and Westminster Trust for patients, relatives and visitors. However, the work undertaken so far, reveals a number of opportunities for further development:-

Scale and scope

There is no current corporate view of the totality of the volunteering effort which is managed through at least 7 management/charity routes. Nevertheless, all of the volunteers are working with our patients and we should, at a minimum, know who and where they are.

The Chelsea and Westminster position is better understood than the West Middlesex situation. At Chelsea and Westminster there is a total of c330 volunteers of whom:-

- 20% are fundraisers,
- 30% are signposting/admin/OPD
- 30% are special interest (arts, radio, St Stephens etc)
- Leaving 20% on in-patient wards; of whom over half are in Paediatrics and Maternity.

From the information available, it seems that there are just 28 people giving on average c 4 hours per week to the general wards and these hours are restricted to 9am and 5pm, Monday - Friday.

It has not yet been possible to obtain reliable data yet from the West Middlesex Hospital, in part due to the vacancy in the Voluntary Services Manager role there.

Strategy and Plan

There has not hitherto been a volunteering strategy at Chelsea and Westminster and so there is no clear, universally understood ambition for volunteering. It is therefore seen as a discrete, standalone activity which is separate from, rather than an integral component of the response to business challenges. Consequently it is routinely de-prioritised and viewed as an 'optional extra'. Without a strategic framework, developments have occurred which have undoubtedly improved the state of volunteering but there is no managed plan of developments and associated performance management.

Leadership and Management

At the 'top of office' there is a very strong commitment from the Chairman and Chief Executive to the subject; a willingness to embrace the very best practice from elsewhere and an understandable impatience to make progress. Below Board level, however, there is no sense of focused leadership as the responsibilities are divested through the management chain as a small part of much broader management roles. Each organisation providing volunteers has its own management arrangements. The most senior dedicated role in the Trust is a Band 5 post. Day to day supervision occurs within

ward and department areas. Therefore many people are contributing to the management of volunteers but the whole management effort feels to be less than the sum of the parts.

Investment

Currently funding is provided by each charity for “their bit’ of the volunteering effort. The Trust’s contribution is the part funding of the roles within the corporate nursing hierarchy. There is an office for the Voluntary Services Manager behind the main reception desk at Chelsea and Westminster, which is shared with the PALS team. Facilities are also provided for other charities to use eg CW+, St Stephen’s, The Mulberry Centre etc. Certainly there is no obvious marketing or branding for volunteers. Some hospital volunteers wear ‘sashes’ There is no obvious stand/rallying point/routine communication for volunteers and/or potential volunteers.

Recruitment

Volunteer recruitment is managed separately by each of the organisations/charities involved and whilst some are actively recruiting all the time, Chelsea and Westminster relies on direct approaches from interested candidates and West Middlesex is currently 'not accepting applications'. Hospital volunteering applications are processed by the Voluntary Services Manager in line with guidance provided by the HR function. The process is paper-heavy and long-winded and potentially additional delays occur as there is one single point of contact. There is no evidence of any recruitment campaigns with schools, universities or businesses.

Similarly, training is undertaken by each organisation involved, with the Voluntary Services Co-ordinator providing induction and other mandatory training for hospital volunteers.

Partnerships

There is very little evidence of collaborative working – both within the organization where there appears to be little co-ordination between local initiatives but also there is an absence of partnership agreements with charities to provide specialist volunteers e.g. Stroke association, Age UK etc. Learning from other organisations has been limited – although the opportunities are substantial.

Evaluation

There does not seem to be evidence of any meaningful evaluation of the current volunteering activity either in measuring the outcomes from volunteering or assuring the quality of the services that volunteers provide. This is unsurprising as evaluation in this field has traditionally been fraught with difficulty and is an area of current attention nationally at Helpforce.

4. Recommendations

In the light of the changing context both for volunteering and of volunteers, and the current position of the Chelsea and Westminster Trust, it is recommended that the Trust Board adopts, publishes and champions the following Strategy:-

Recommendation 1 - Vision

That the Trust aspires to be an exemplar in NHS volunteering and in so doing will:-

- **Improve the quality of patients' experience,**
- **Provide personally rewarding opportunities for volunteers,**
- **Develop the transparency agenda and patient responsiveness**
- **Strengthen its contribution and reputation within the community**

To expand the narrative:-

- **Improve the quality of patients' experience**
 - On in-patient wards, patients' clinical needs will be better met by clinicians with more time to care
 - Every patient will have a friendly face (relative or volunteer) devoted exclusively to their non-clinical needs and improving their experience in hospital (as defined by the patient).
 - Accident and Emergency and Outpatient Departments will be interesting places in which to wait with regularly changing displays / activities, patients will understand where they are in their pathway and why and be provided with practical help and support to deal with concerns either about themselves or the situation they have left at home.
 - Urgent admissions will have the support of a volunteer to liaise with family/friends and resolve immediate practical problems.
 - Volunteers will transport patients to and from Admission avoidance units.
 - Patients being discharged will be supported by a volunteer who will undertake the liaison activity between the various departments and accompany the patient home to ensure that discharge runs smoothly, patients' information requirements are met and that they are settled in at home. Crucially, they will connect with the community and neighbourhood services to ensure continuity with the next phase of care.
 - In evenings and weekends patients will be able to enjoy a programme of activities to complement the current arts offerings. Regular cinema screenings of films old and new, big screening of major sporting fixtures, gym sessions, pop-up restaurant evenings, all designed to give those who can an opportunity to get off the ward and do things with family and friends that they would ordinarily do.
- **Provide personally rewarding opportunities for volunteers:-**
 - Volunteers will be offered a wide range of flexible opportunities tailored to meet their preferences
 - They will encounter slick and modern recruitment, deployment and development processes
 - They will be able to select shifts to suit themselves 7 days per week and between (8am and 11pm).
 - They will both facilitate patient feedback and be invited to offer their own ideas to help improve patient experience on the ward.
 - They will be actively welcomed by all staff who will both value their contribution and help them make best use of their skills and talents in this particular setting.
 - Chelsea and Westminster will be 'the place' to get first class work experience for anyone aspiring to pursue a clinical career. A well-structured series of programmes will be helping to shape the clinicians of the future in terms of personal effectiveness, developing positive relationships with staff and patients etc and providing valuable

- insights into all aspects of clinical practice.
 - Similarly more general work experience opportunities will provide young people with highly valued employment skills and a high proportion will go on to work at the Trust or elsewhere in the NHS.
 - The contribution made by volunteers will be acknowledged and celebrated and certificates provided to enable further recognition by schools, universities, employers etc.
 - Volunteers will enthuse about their experiences with family and friends and, in so doing, generate further recruits.
- **Develop the transparency agenda and patient responsiveness**
 - Volunteering will be visible in every ward and department in the Trust providing complementary activities but integrated into the day to day business of the organisation.
 - A large, diverse and vibrant volunteering community with at least as many volunteers as beds and ambitious expansion plans.
 - Volunteers will be well-trained in essential aspects of working in this specific environment and they will be learning and contributing alongside paid staff members, supplementing specialist skills.
 - Risk and responsibility will be appropriately balanced.
 - The Trust will routinely be reviewing and evaluating its performance, drawing on best practice to innovate and improve.
 - It will be contributing heavily to developing the Helpforce volunteering excellence model and evaluation approach.
 - **Strengthen the contribution and reputation within the community**
 - The Trust would be seen as an active part of the local community. It would enjoy close and positive relationships with schools, businesses and 3rd sector, finding opportunities to exploit for mutual benefit.
 - It would be regarded as a good 'neighbour', helping to improve the future prospects of the young and providing positive opportunities to help the lonely.

Recommendation 2 – Scale and Scope

- **The Trust commits to expanding the number of volunteers to 900 (1 per bed) within the next 3 years and to placing them in every ward and department over 7 days per week.**

There is a huge opportunity to increase both the size and scope of volunteering in the Trust. Comparable organisations would have at least double the number of volunteers and ambitious expansion plans. Their volunteers cover shifts between 8am and 11pm in ED and between 9am and 9pm on wards, 7 days per week and they permeate the whole organisation. Whilst there are in general a broad set of common roles which volunteers can undertake there also exists sufficient flexibility to embrace a wider range of talents offered to the organization.

Recommendation 3 – Leadership and Management

- **Establish and appoint to a senior leadership role to develop and drive this work on behalf of the Board and to interface externally.**

Evidence from other sites indicates that the most successful programmes have a dedicated leadership role below Board level to drive through the implementation of the plan, challenge perceived obstacles and complacency and to provide a focus for external contacts and partnership development. This role also needs to manage and support the totality of volunteers be they directly employed or engaged through a third party and provide assurance that risks are being appropriately mitigated.

This management can either be funded and sit within the Trust (as at Kingston) or within the Trust's charitable partner (as at the Royal Free). Either model can work. Preliminary discussions with the CEO of CW+ have revealed a willingness to consider potential management arrangements in the future.

Recommendation 4 - Investment

- **In addition to establishing a senior role, a small non-pay budget should be made available to fund branding and marketing.**

Evidence from other sites indicates that the most successful programmes have a modest investment < £100k pa to cover staff and non-staff items. Branding is regarded as vital, not only to give volunteers a sense of shared identity but also from a risk perspective to (identify) them clearly to patients, staff and visitors and discriminate those with higher level clearances from the rest.

Estimating the return on that investment is less than straightforward in terms of not straying into the substitution debate but the Institute of Volunteering Research have suggested that in hospital trusts the financial value of volunteering averaged around £700k and that each £1 invested in a volunteering programme yielded an average return of between £3.38 and £10.46.

Recommendation 5 – Recruitment and Deployment

- **A new approach to attraction, recruitment and development of volunteers is developed and implemented which incorporates a tracking database and availability matching capability.**

Competitors in the volunteering market have slick, on-line recruitment processes, use group interviewing and actively market their opportunities. Once engaged, volunteers can select their shifts through the same rostering technology as staff and their participation can thereby be monitored and tracked.

Recommendation 6 - Partnerships

- **Opportunities for mutually beneficial partnerships are explored and the future volunteering approach draws heavily on acknowledged best practice to accelerate local implementation. This Trust becomes a leading exemplar within Helpforce and acts as beacon for learning for others.**

Good collaboration reduces duplication and facilitates the most effective use of available resource. Partnering with other agencies can augment local activities and generate benefit beyond the immediate transaction.

The establishment of Helpforce as a national body concerned with developing excellence in volunteering in Health and Social Care is an immensely powerful resource – with the potential to facilitate nationwide a significant step up in the understanding and perception of volunteering and its potential contribution to shaping the future of public service delivery.

Recommendation 7 - Evaluation

- **Until such time as a national model is available, the impact of volunteering activity should be assessed against the 4 dimensions of the vision: - Patients, Volunteers, the Trust and the Community.**

Recommendation 8 – Year 1 Plan

Produce a prioritized action plan for year 1 of the Strategy with the following focus:-

- Appoint to a senior leadership role
- Allocate a small non-pay budget
- Modernise the employment and deployment systems,
- Establish relationships with existing and new partners
- Increase the numbers of volunteers from 330 to 500
- Run a pilot on 4/5 model wards, - review, learn and roll out
- Launch a young volunteers' programme
- Develop and roll out the relative's agreement.
- Evaluate the effectiveness of the planned activities to inform the next phase.

Without a strategic framework, developments have occurred which have undoubtedly improved the state of volunteering. Activity now needs to be planned in order to harness the many and diverse efforts which are being made and to maximize the potential of the volunteering opportunity and realise the agreed vision. Performance management of the plan should be routine and integrated into the wider performance management arrangements within the Trust.

5. Conclusion

The changing nature of volunteering and volunteers provides a real opportunity to transform the non-clinical care of patients at a time when health services generally are under significant pressure. Current national interest in the topic suggests that the climate is now right to seize those opportunities and, with a relatively modest investment, provide the focus to harness the efforts and energy of willing and highly-motivated individuals to make a significant difference to patients, volunteers and communities.

The Board is asked to note the report and to suggest any improvements.



Board of Directors Meeting, 4 May 2017

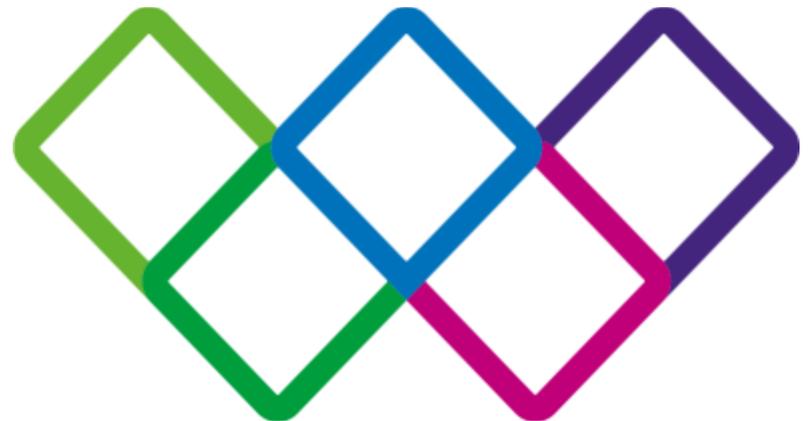
PUBLIC

AGENDA ITEM NO.	4.1/May/17
REPORT NAME	Update on the Electronic Patient Record Project
AUTHOR	Kevin Jarrold – Chief Information Officer
LEAD	Kevin Jarrold – Chief Information Officer
PURPOSE	The purpose of this paper is to provide the Trust Board with a regular update on progress with the implementation of the Cerner Electronic Patient Record.
SUMMARY OF REPORT	The report provides the Trust Board with a quick recap on progress that has been made since the EPR Full Business Case was approved in September 2016. The progress made with planning the implementation is set out along with an overview of the range of functionality that will be taken live in each phase. The approach that has been taken to securing end user engagement has been highlighted along with the key areas of focus for the coming period.
KEY RISKS ASSOCIATED	There is a risk that failure to successfully embed the EPR could impact on the delivery of key objectives.
FINANCIAL IMPLICATIONS	There are no additional financial implications beyond those set out in the EPR Full Business Case
QUALITY IMPLICATIONS	Failure to successfully embed the EPR would have implications for the whole quality agenda
EQUALITY & DIVERSITY IMPLICATIONS	N/A
LINK TO OBJECTIVES	State the main corporate objectives from the list below to which the paper relates. <ul style="list-style-type: none">• Excel in providing high quality, efficient clinical services• Improve population health outcomes and integrated care• Deliver financial sustainability• Create an environment for learning, discovery and innovation

DECISION/ ACTION	State what action or decision you would like the Board to make, or that the paper is for information/discussion.
-------------------------	------------------------------------------------------------------------------------------------------------------

EPR Update

Kevin Jarrold
Chief Information Officer
4th May 2017



A quick recap on progress to date..

- **October to December 2016**

- Trust Board approves the Electronic Patient Record Full Business Case at the end of September
- Appointment of a joint Chief Information Officer with Imperial College Healthcare NHS Trust (ICHT)
- Joint expression of interest with ICHT to become a Global Digital Exemplar
- Contract signed with Cerner for the implementation of an Electronic Patient Record on a shared basis with ICHT
- Successful presentation to NHS England panel on the Global Digital Exemplar initiative
- EPR project team being established.

Quick recap contd (2)

- **January to March 2017**
 - Global Digital Exemplar status announced (jointly with ICHT) and Funding Agreement approved
 - Successful Launch for the shared Electronic Patient Record with over 200 clinicians from both trusts attending
 - EPR governance arrangements finalised including SRO, EPR Programme Board, Trust Board oversight and joint governance with ICHT
 - Workshop for EPR Programme Board and Executive team – ‘Getting the System Ready for the Trust – Getting the Trust Ready for the System’
 - Detailed project plan developed for sign off by the EPR Programme Board

Joint development of the Cerner EPR

- Optimisation
- New modules
- Upgrades

Continuous development of shared Cerner EPR

West Mid phase 3

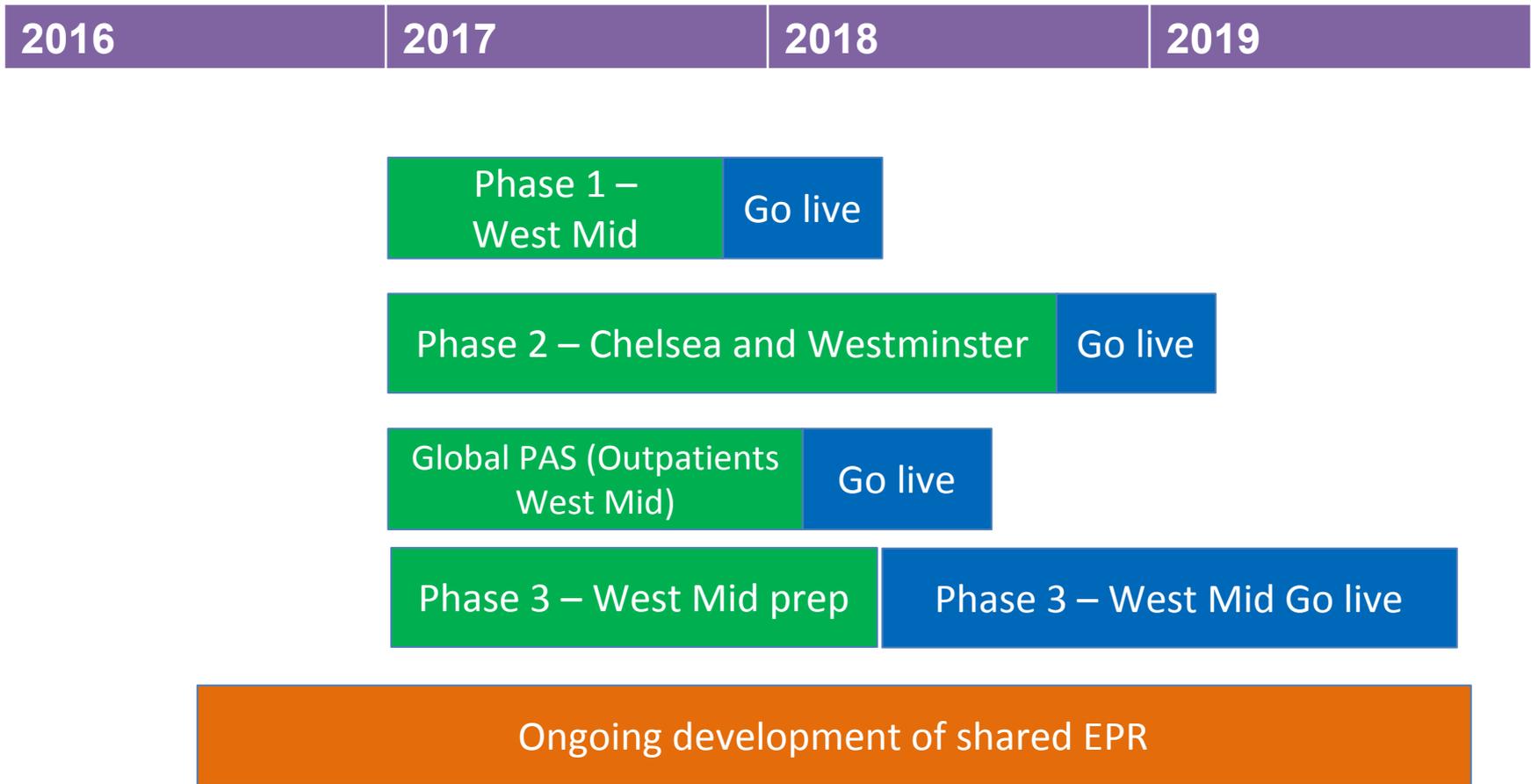
Chelsea phase 2

West Mid phase 1

ICHT - 2014

Development of the system is now a shared responsibility between CWHFT and ICHT

Outline schedule



How will it be rolled out?

	Phase 1 – <u>West Mid</u> Spring 2018	Phase 1b – <u>West Mid</u>	Global PAS <u>West Mid</u> Summer 2018	Phase 2 – <u>Chelwest</u> Spring 2019	Phase 3 – <u>West Mid</u> Summer 2019
PAS	✓			✓	
Global PAS outpatients			✓	✓	
Order comms	✓			✓	
ED (FirstNet)	✓			✓	
Theatres (SurgiNet)	✓			✓	
Reporting (PIEDW)	✓			✓	
Clinical documentation		✓		✓	
Prescribing (ePA)		✓		✓	
Critical care				✓	✓
Anaesthesia				✓	✓
Medical devices				✓	✓
Downtime (724 viewer)	✓			✓	

The Work Streams

Getting the System Ready	Getting the Trust Ready
<ul style="list-style-type: none">• Data Migration• Information Governance• System Configuration• Domain Management• Reporting & Data Warehousing• Testing• Integration & Interfaces	<ul style="list-style-type: none">• Transformation• Training• Service Management• Communications• Infrastructure• Registration Authority & Security

Getting the users engaged...

- Hundreds of staff have been engaged in the process to date including:
 - Over 150 at the Shared EPR Launch Event,
 - A wide range of visits to Imperial covering ED, pharmacy, theatres, outpatients, RTT, inpatients, safeguarding, infection control etc
 - Participation in the working groups that have been set up for all major areas that will use the Cerner EPR including ED, Theatres, Inpatients, Outpatients
- The role of the working groups:
 - They include a cross section of admin, managerial and clinical staff
 - Meet weekly with EPR programme team and Cerner subject matter experts
 - These groups feed into the regular clinical, nursing and operational meetings to share progress and seek input.
 - They have worked with the EPR Programme team to map the current state workflows and are designing the future state workflows
 - Once these have been finalised they will be validated with input from across the organisation including patients.
- Familiarisation – has started already on request. The aim is that no one will attend a training session without being familiar with the system.

Areas of focus

- Plan for the implementation of West Middlesex Phase 1 approved and put under change control
- Progress with the development of the plan for Chelsea and Westminster Hospital
- Identify accommodation for:
 - Training
 - The EPR Programme Team
 - Post go live support teams
- Commence building the virtual hospitals with in the Cerner system.
- Ensure that we have fit for purpose PCs and infrastructure to support the EPR



Board of Directors Meeting, 4 May 2017

PUBLIC

AGENDA ITEM NO.	4.2/May/17
REPORT NAME	Sustainability & Transformation Plan
AUTHOR	Dominic Conlin, Director of Strategy
LEAD	Karl Munslow-Ong, Deputy Chief Executive
PURPOSE	For Information.
SUMMARY OF REPORT	<p>This paper provides a briefing report to Board on the current status of the key work programmes within the North West London Sustainability & Transformation Plan (STP).</p> <p>Since the submission of the NW London STP in October 2016 (and its publication online in November), further development of the Delivery Area Groups (DA) has been undertaken. These are grouped around the five key implementation themes:</p> <ol style="list-style-type: none"> 1. Radically upgrading prevention and wellbeing 2. Eliminating unwarranted variation and improving Long Term Condition management 3. Achieving better outcomes and experiences for older people 4. Improving outcomes for children & adults with mental health needs 5. Ensuring we have safe, high quality sustainable acute services <p>To support governance and decision making the Trust is engaged in a series of Board and working groups including:</p> <ul style="list-style-type: none"> • Provider Board (CEO and Deputy CEO engagement) • Chief Financial Officers working group • Chief Operating Officers working group • STP delivery sub groups (key clinician and managerial input and leadership)
KEY RISKS ASSOCIATED	Key Risks include specific impact on Quality, Workforce, Performance and Use of Resource indicators (our key strategic priorities) including access to STF funding and specifically the failure of out of hospital model of care and trend/increased trend of non-elective pressures which compromise quality

	and financial performance.
FINANCIAL IMPLICATIONS	As above
QUALITY IMPLICATIONS	As above
EQUALITY & DIVERSITY IMPLICATIONS	As above
LINK TO OBJECTIVES	All
DECISION/ ACTION	<p>The Board is asked to:</p> <ul style="list-style-type: none"> a) Note and discuss the key issues b) Note the report and current CWFT arrangements for supporting governance and decision making

1. Purpose

This paper provides a briefing report to Board on the current status of the key work programmes within the North West London Sustainability & Transformation Plan (STP).

2. Summary

Since the submission of the NW London STP in October 2016 (and its publication online in November), further development of the Delivery Area Groups (DA) has been undertaken. These are grouped around the five key implementation themes:

1. Radically upgrading prevention and wellbeing
2. Eliminating unwarranted variation and improving Long Term Condition management
3. Achieving better outcomes and experiences for older people
4. Improving outcomes for children & adults with mental health needs
5. Ensuring we have safe, high quality sustainable acute services

To support governance and decision making the Trust is engaged in a series of Board and working groups including:

- Provider Board (CEO and Deputy CEO engagement)
- Chief Financial Officers working group
- Chief Operating Officers working group
- STP delivery sub groups (key clinician and managerial input and leadership)

3. Key Issues

A short brief by Delivery Area is set out below:

Radically Upgrading Prevention and Wellbeing (Delivery Area 1)

This Delivery Area incorporates a number of projects led by public health colleagues across North West London, where there is clear evidence of benefit, and where there is a financial model supporting a return on investment during the lifetime of the Sustainability and Transformation Plan. The current priorities are on developing detailed borough specific business cases for alcohol interventions, supporting existing progress on re-ablement and return to work and ensuring that funding secured for Making Every Contact Count training is targeted where most impact can be gleaned.

Health Coaching (self-care - also Delivery Area 2)

Performance Coach have been procured to design and deliver a health coaching programme targeted at developing health coaching skills for 100 carers to support patients with long-term conditions to foster responsibility and make informed decisions about their own health, enabling patients to self-care.

Local Services Transformation

(Delivery Areas 2 & 3) - eliminating unwarranted variation and improving long term condition management and achieving better outcomes and experiences for older people respectively.

The initial focus has been on a NW London strategy for Local Services describing our vision for integrated out of hospital, primary care and social care. This is intended to complement *Shaping a Healthier Future (Acute)* and *Like Minded (Mental Health)*. The Strategy has been adopted by the 8 CCGs across NW London. This strategy is pivotal in delivering assumptions about reductions in flows to acute sector and covers:

- Enhanced Primary Care (eg Extended 7 day access, further development of GP Federations)
- Supporting Self Care

- Intermediate Care/Rapid Response
- Transfer of Care (eg NW London social care protocols to better support acute discharge)
- Last Phase of Life

Work aimed at specifically improving care for older people continues with the establishment of a care reference group bringing together clinicians, patients, carers, commissioners, social care and voluntary sector representatives from across NW London. This multi-disciplinary, multi sector group has identified the key areas of focus for improving outcomes and developing more proactive care for this group of our population.

Working in collaboration with Digital Health London, the self-care project has begun a new work stream; digital health applications, that will further support our patients with long terms conditions to self-manage. The initial focus will be to support people with diabetes, and will be piloted between March 2017-August 2017, within self-nominated CCGs (including West London, Central London, Hammersmith & Fulham and Hounslow) to develop an evidence-base on impact. The outputs from the pilot will then provide a platform on which to expand the concept across NW London.

Improving outcomes for children, and adults with mental health needs (Delivery Area 4)

There has been activity across the component strands of this priority, highlights of which include:

- New Model of Care for adults with serious and long term mental health needs – following considerable co-production including with service users, carers, social care, clinicians and commissioners - an agreed future model of care is now at a level of detail for wider agreement with CCGs and Local Authorities. Whilst financial modelling is complete and demonstrates both quality and sustainability over time, more work is taking place on the short term affordability
- First draft of financial plans for the delivery of the Transforming Care Partnership plans (delivery area 4b) have been assured by NHS England and the next steps to these plans has been agreed. Perinatal service across all of NW London will be in place from April, along with the new specialist community services that will be provided by CNWL
- An evaluation of the SPA / Crisis pathway (Delivery Area 4c) is progressing and due to report at a workshop in March, after which formal reports will be made to the CCGs

Ensuring we have safe, high quality sustainable services (Delivery Area 5)

Productivity programmes are in development across:

- Seven Day Services
- MSK Transformation
- Procurement
- Staffing Models

The Programme is on a cycle to develop more plans to save costs; as plans are developed throughout the year, for example, specialist opinion/outpatients and renal and cardiac services, the Board will receive further business cases on a similar invest to save principle

MSK Transformation

It has now been agreed to shift the main focus of the group to support areas that would provide material benefit to the 2 year Operating Plan period. Examples include:

- Theatre Productivity

- Length of Stay
- Virtual Fracture Clinics
- Fragility Fracture Liaison Service

Seven Days: Contract Service Improvement Plans services

NWL has led the country in developing alternative models of care to implement the standards. Work is continuing to pilot, test and assess these models.

Seven Days: Radiography project

CWFT hosted the successful launch of the Radiographer Education day in January. This event was held as a means to provide information and encourage students and professionals to explore the multitude of opportunities for career progression and development in NW London in order to drive recruitment. There was positive feedback from attendees who have requested a regular Education day. Vacancy rates will be measured to evaluate the impact of the implementation of the radiography career framework and a project is underway to improve banding and consistency of radiography roles across the six acute trusts.

Other Enabler Programmes

Change Academy

The NWL Change Academy is an innovative leadership programme, designed to bring together teams from across health and social care at all levels in North West London. It has been created to support people who are leading or are interested in leading changes designed to embed integrated health and social care which align with our STP priorities.

It is anticipated that three programmes will be launched in 2017:

- The High Performing Care programme
- Leading Transformation programme
- The Commissioning for Outcomes programme

The programmes are a hands-on, intensive experience that will equip participants with the skills, expertise and approaches they need to tackle the most complex transformation challenges we face today. During the programme, participants will have the opportunity to come together away from their usual environment, have different conversations, and meet people who can share skills, expertise and insights from other systems and industries.

4. Recommendation

The Board is asked to note the report and current CWFT arrangements for supporting governance and decision making



Board of Directors Meeting, 4 May 2017

PUBLIC

AGENDA ITEM NO	5.1/May/17
REPORT NAME	Trust - Risk Assurance Framework
AUTHOR	Mike Toner, Associate Director - Risk Management and Safety
LEAD	Pippa Nightingale, Director of Midwifery
PURPOSE	<p>The Trust Risk Assurance Framework (RAF) is designed to enable monitoring of those high scoring risks, which could impact upon the Trust Objectives. The RAF is monitored on a monthly basis by the Executive Directors and the Associate Director – Risk Management and Safety, to ensure actions are managed accordingly. This will further provide assurance to the Audit Committee/Trust Board that a robust system is in place to monitor and manage risk throughout the Trust.</p> <p>The purpose of this report is to:</p> <ul style="list-style-type: none"> - Provide a summary overview of the progression of the Datix Risk Register for Clinical Divisions within the Trust; - To present key Divisional risks across the organisation; - To provide assurance with regard to the management of the risk registers across Divisions; and - To provide a review of the Trust’s compliance with risk identification.
SUMMARY OF REPORT	<p>Following the development and introduction of the Datix Risk Module system in May/June 2016, organisational learning throughout the Trust continues to evolve with the identification and management of risk to populate the RAF. This latest version of the Trust RAF is presented and will continue to be developed across the Trust.</p> <p>Changes/updates to the RAF include:-</p> <ul style="list-style-type: none"> • <i>Monthly review/ updates and new additions to all Divisional and Corporate risks.</i> • <i>1 new Extreme Risks:-</i> <ol style="list-style-type: none"> 1. <i>ID313 Cyber security threats to Trust data and infrastructure.</i> <p>This report aims to update the Executive Board on the monitoring and tracking of the Risk Assurance Framework (RAF) extreme and macro risks, along with improving the accountability and ownership of those risks to ensure that they are constantly reviewed and updated at regular and frequent intervals.</p>
KEY RISKS ASSOCIATED	<ol style="list-style-type: none"> 1. Growth in Non-Elective Demand 2. Staffing Capacity 3. Delivery of the Quality Strategy 4. Cost Improvement Plan 5. Communications 6. Cyber security threats

FINANCIAL IMPLICATIONS	Financial impact relating to the above.
QUALITY IMPLICATIONS	Executive Board oversight of the above.
EQUALITY & DIVERSITY IMPLICATIONS	None
LINK TO OBJECTIVES	All Trust Objectives.
DECISION/ ACTION	For noting and comments.

Corporate Risk Assurance Framework Register

Summary of Risk Movements as at 13 April 2017 – Executive Board

This report informs the Executive Team/Audit Committee/Quality Committee (Trust Board sub Group) of the changes to the Corporate Risk Assurance Framework Register from movement in risks at 'Division and Corporate departments', and within the 'Corporate Level' risk categories.

As a part of the on-going Division and Corporate departments' risk management process, these risk items are actively reviewed within the respective Clinical Divisions and Corporate Departments quality meetings and in conjunction with the Associate Director – Governance & Risk. Several Division and Corporate department level risks were closed or reduced as a result of these meetings.

Relevant Executive Directors have been requested to update details and progress of their specific corporate risk categories and these reviews will subsequently be required at monthly intervals.

Risk category (*see definitions below)	Levels at 16 February 2017	Levels at 10 March 2017	Levels at 12 April 2017	Change (%)
Red Risks*	11	5	6	+20%
Amber Risks *	21	27	30	+11%
High Impact Risks*	2	0	0	0%

* **'Red' risks:** are risks with a rating assessed within the range 25 (maximum of range) to 15 inclusive. This section also includes Corporate Macro Risks.

* **'Amber' risks:** are risks with a rating => 12, but excludes risks where the potential impact is less than 4 which are not reported to the Integrated Governance Committee.

* **'High Impact' risks:** are risks where the 'Impact' is rated at '5' but where the 'likelihood' of occurrence is low. This results in the risks being excluded from the above Red & Amber categories, however, the 'impact' alone is considered sufficiently serious that the risk needs to be actively monitored / managed.

The nature of risks is generally complex, and for conveniences sake, 'types of risk' in the following tables have identifiers/grouping as follows:

B = Business **C** = Clinical **E** = Environmental **F** = Financial **G** = **Governance** **IT** = Information Technology

L = Legal **O** = Operational **R** = Reputation **SE** = Security **ST** = Strategic **WD** = Workforce Development **PS** Patient Safety

Risk Description	Divisions and Corporate Departments' Datix ID	Type of Risk	Previous Score (Impact x Likelihood) (where re-assessed)	Current Score (Impact x Likelihood)	Residual Risk Score	Date of last Update
<p>New 'Red' risks >= 15 (NOTE: This category also includes pre existing 'AMBER' risks that have been recently re-assessed and now fall into the 'RED' category.)</p>						
<p>Objective 1: Excellent Clinical Outcomes</p>						
<p>Risk: Cyber security threats to Trust data and infrastructure Risk to Data; A cyber security incident can result in data being stolen, destroyed, altered or ransomed. Risk to Infrastructure: A cyber security incident can result in all or part of Trust ICT infrastructure being disabled, or destroyed. There would be a prolonged period of recover. Causes: In order to function, the Trust needs to maintain an IT environment connected to the internet. This exposes the Trust to a constant flow of infection and attack. <u>Action:-</u> <u>The Trust Emergency Planning Department are to be asked to work on plans for business continuity in the event of Cyber Security incident</u> <u>Controls/Mitigation:-</u> Priority Initiatives were highlighted: 1. Cyber Security Business Continuity Plan. This is to be developed by Emergency planning. 2. Joiners and leavers process. There needs to be discussions in progress between HR and ICT on how to reduce this problem. 3. Generic Accounts. A technical solution is to be developed by ICT. When this is ready it will be consulted on with the clinical areas. 4. Network Addressing Controls (NAC). A small pilot will need to be carried out this year to test the feasibility of solutions. 5. Staff Education. ICT are looking at cyber security education options ICT are in the process of identifying funding to recruit a specialist resource with cyber security skills. Design work is being carried out to make the Cerner 724 devices more resilient to Cyber security threat.</p>	<p>ID 313</p>	<p>SE/F/ B/G/ O/R/ PS</p>	<p>New Risk</p>	<p>16 (4x4)</p>	<p>6 (2x3)</p>	<p>06/03/17</p>

New Specially selected risks assessed with high 'Impact' of 5, but where 'likelihood' is considered to be low. (N: These risks would not normally appear in either 'Red' or 'Amber' range due to low 'likelihood', but are considered of such importance by merit of 'Impact' that the Trust needs to be aware)						
None						
New Amber Risks in with risk rating =>12 and Impact of >= 4 (Note: risks with 'Impact' lower than 4 not reported to Quality Committee irrespective of being within the range (e.g. Not reported - RR 12 = IMP 3 x LH 4) (NOTE: This category also includes where appropriate, pre existing 'RED' risks that have been re-assessed and now fall into the lower 'Amber' category.)						
None						
'RED' or 'AMBER' risks where re-assessment of risk rating has resulted in them moving into a lower category						
'RED' risks (only) flagged as complete/removed (Note: these may have been 'flagged' to be removed in earlier counts)						
<u>Div/CD</u>	<u>Ref</u>	<u>Risk</u>	<u>Reason for removal</u>			

- Appendix 1 **RED RISK's** – This snapshot shows the high scoring red risks (15-25) and their respective movement (includes Macro Risks)..
- Appendix 2 ACTIVE **RED RISK's** on Corporate Register
- Appendix 3 Reason for change

Recommendations

The Executive Team/Audit Committee/Quality Committee (Trust Board sub Group) is asked to note the content of the report and the nature of the significant risks identified. These risks comprise of new risks and existing risks that have been subject to change. These risk form part of the Trust Corporate/Divisions Risk Registers and will subsequently be managed within this framework.

Mike Toner
Associate Director – Corporate Governance / Risk
13 April 2017

RED RISKS on Corporate Register

DIV/CD	ID	Risk Description	Entered	Last change	Target date to reduce risk	Residual risk score	Feb 17	Mar 17	Apr 17
EIC	ID3	Growth in Non-Elective demand above plan:- Multiples risks to patient quality, delivery of access standards and financial implications (STF funding) due to continued growth in non-elective demand.	01/06/15	10/03/2017	Daily / Weekly Review	12 (3x4)	04/01/17 ↔	24/02/17 ↓	10/03/17 ↔
HR	ID 76	Staffing Capacity:- Failure to meet required or recommended vacancy rates across all areas of the organisation	01/02/16	02/03/2017	Monthly Review	12 (4x3)	16/02/17 ↔	02/03/17 ↔	02/03/17 ↔
Corp Nursing	ID 78 (Macro)	Delivery of the Quality Strategy and Maintenance of Quality Standards:-	01/02/16	10/03/2017	Monthly Review	4 (2x2)	01/12/17 ↔	10/03/17 ↑	10/03/17 ↔
FIN	ID 34	Cost Improvement Plan/ Synergies 2016/17:- The potential of a shortfall in our 2 year CIP/ Synergies plan as Trust wide PIDs still require analytics and financial assumptions for future years to be finalised. Delayed delivery of 16/17 schemes.	14/12/15	06/04/2017	Monthly Review	10 (5x2)	10/02/17 ↔	13/01/17 ↔	06/04/17 ↔
FIN	ID 74 (Macro)	Achieving Financial Plan:- The Trust is forecasting to achieve a surplus of £3.9m in 2016/17. However, this is dependent upon: i) Full delivery of the c.£21m CIP target for 2016/17; ii) Receipt of £14.8m of Sustainability & Transformation funding (this funding is in itself contingent upon the Trust delivering its financial plan, the delivery of a range of performance standards and the provider sector overall delivering the aggregated plan for the sector- i.e. not within the Trust's control; iii) Receipt of £17.2m of pre-agreed transaction funding.	01/02/16	10/03/2017	Monthly Review	9 (3x3)	13/01/17 ↓	10/02/17 ↔	10/03/17 ↔
INT	ID 250 (Macro)	Delivery of the Integration & Transformation Agenda:- There is a risk to the Trust not achieving the WMUH acquisition through a process of successful transactions. Therefore, there will be a material and reputational impact on the planning and delivery of its integration and transformation ambitions to a range of internal and external stakeholders.	01/02/16	10/03/2017	Monthly Review	9 (3x3)	13/01/17 ↔	07/03/17 ↔	10/03/17 ↔
Corp Comms	ID 312	Multiple risks include: reduction in communications budget and staffing; and communications being an enabler in facing... the continuing challenge of integrating cultures and communications across multiple sites; increasing need to communicate new regulation and practices; the Trust's need to support staff in their career and retain them; increasing opportunity and risk involved with patient and staff use of social media; management of increasingly complex stakeholder relationships (supporting the Strategy team)	03/03/17	10/03/2017	Monthly Review	9 (3x3)		10/03/17 NEW	10/03/17 ↔
Corp Comms	ID 313	Cyber Security Threats to Trust Data and Infrastructure. Risk to Data; A cyber security incident can result in data being stolen, destroyed, altered or ransomed. Risk to Infrastructure: A cyber security incident can result in all or part of Trust ICT infrastructure being disabled, or destroyed. There would be a prolonged period of recover. Causes: In order to function, the Trust needs to maintain an IT environment connected to the internet. This exposes the Trust to a constant flow of infection and attack.	06/03/17	06/03/2017	Monthly Review	6 (2x3)			06/03/17 NEW

Removed risks will be reinstated if their RR raises to >=15 in later reviews.

* For those items where movement of risk has occurred, please see Appendix 4 for 'Reason for Change'.

6 Active 'Red' risks

REVIEW COMPLETED
MISSED REVIEW
NO CHANGE
DECREASED RATING
INCREASED RATING
CLOSED RISK
NEW

REVIEW COMPLETED
MISSED REVIEW
NO CHANGE
DECREASED RATING
INCREASED RATING
CLOSED RISK
NEW RISK or RISK WTH INCREASED RR

DIV/CD	ID	Risk Description	Entered	Last change	Target date to reduce risk	Residual risk score	Feb 17	Mar17	Apr 17			
EIC	ID3	Impact of Non-Elective Demand:- The Trust is currently needing to utilise additional operational capacity (escalation space) in order to respond to its excess number of non-elective admissions	01/06/15	24/02/2017	Daily / Weekly Review	12 (3x4)	04/01/17	↔	24/02/17	↔	10/03/17	↔
HR	ID 76	Staffing Capacity:- Failure to meet required or recommended vacancy rates across all areas of the organisation	01/02/16	02/03/2017	Monthly Review	12 (4x3)	16/02/17	↔	02/03/17	↔	02/03/17	↔
Corp Nursing	ID 78 (Macro)	Delivery of the Quality Strategy and Maintenance of Quality Standards:-	01/02/16	10/03/2017	Monthly Review	4 (2x2)	10/02/17	↔	10/03/17	↔	10/03/17	↔
FIN	ID 34	Cost Improvement Plan/ Synergies 2016/17:- The potential of a shortfall in our 2 year CIP/ Synergies plan as Trust wide PIDs still require analytics and financial assumptions for future years to be finalised. Delayed delivery of 16/17 schemes.	14/12/15	13/01/2017	Monthly Review	10 (5x2)	13/01/17	↔	13/01/17	↔	06/04/17	↔
Corp Comms	ID 312	Multiple risks include: reduction in communications budget and staffing; and communications being an enabler in facing... the continuing challenge of integrating cultures and communications across multiple sites; increasing need to communicate new regulation and practices; the Trust's need to support staff in their career and retain them; increasing opportunity and risk involved with patient and staff use of social media; management of increasingly complex stakeholder relationships (supporting the Strategy team)	03/03/17	10/03/2017	Monthly Review	9 (3x3)			10/03/17	↔	10/03/17	↔
Corp Comms	ID 313	Cyber Security Threats to Trust Data and Infrastructure. Risk to Data; A cyber security incident can result in data being stolen, destroyed, altered or ransomed. Risk to Infrastructure: A cyber security incident can result in all or part of Trust ICT infrastructure being disabled, or destroyed. There would be a prolonged period of recover. Causes: In order to function, the Trust needs to maintain an IT environment connected to the internet. This exposes the Trust to a constant flow of infection and attack.	06/03/17	06/03/2017	Monthly Review	6 (2x3)			06/03/17	NEW	06/03/17	NEW

Note: Where risks have reduced below the >=15 level for two consecutive reviews, they are removed from this summary.

Removed risks will be reinstated if their RR raises to >=15 in later reviews.

6 Active 'Red' risks

	REVIEW COMPLETED
	MISSED REVIEW
	NO CHANGE
	DECREASED RATING
	INCREASED RATING
	CLOSED RISK
	NEW RISK or RISK WTH INCREASED RR

REASON FOR CHANGE to RED RISKS on Corporate Register

DIV/CD	ID	Risk Description	Entered	Last change	Reasons for change
EIC	ID 3	Impact of Non-Elective Demand:- The Trust is currently needing to utilise additional operational capacity (escalation space) in order to respond to its excess number of non-elective admissions	01/06/15	10/03/2017	Revised risk which incorporates ID1 & ID 249
HR	ID 76	Staffing Capacity:- Failure to meet required or recommended vacancy rates across all areas of the organisation	01/02/16	02/03/2017	Risk reviewed by KL and rationalised with other staffing related risks.
Corp Nursing	ID 78 (Macro)	Delivery of the Quality Strategy and Maintenance of Quality Standards:-	01/02/16	10/03/2017	Score increased to 16 by PN
FIN	ID 34	Cost Improvement Plan/ Synergies 2016/17:- The potential of a shortfall in our 2 year CIP/ Synergies plan as Trust wide PIDs still require analytics and financial assumptions for future years to be finalised. Delayed delivery of 16/17 schemes.	14/12/15	06/04/2017	
FIN	ID 74 (Macro)	Achieving Financial Plan:- The Trust is forecasting to achieve a surplus of £3.9m in 2016/17. However, this is dependent upon: i) Full delivery of the c.£21m CIP target for 2016/17; ii) Receipt of £14.8m of Sustainability & Transformation funding (this funding is in itself contingent upon the Trust delivering its financial plan, the delivery of a range of performance standards and the provider sector overall delivering the aggregated plan for the sector- i.e. not within the Trust's control; iii) Receipt of £17.2m of pre-agreed transaction funding.	01/02/16	10/03/2017	
INT	ID 250 (Macro)	Delivery of the Integration & Transformation Agenda:- There is a risk to the Trust not achieving the WMUH acquisition through a process of successful transactions. Therefore, there will be a material and reputational impact on the planning and delivery of its integration and transformation ambitions to a range of internal and external stakeholders.	01/02/16	10/03/2017	
Corp Comms	ID 312	Multiple risks include: reduction in communications budget and staffing; and communications being an enabler in facing... the continuing challenge of integrating cultures and communications across multiple sites; increasing need to communicate new regulation and practices; the Trust's need to support staff in their career and retain them; increasing opportunity and risk involved with patient and staff use of social media; management of increasingly complex stakeholder relationships (supporting the Strategy team)	03/03/17	10/03/2017	
Corp Comms	ID 313	Cyber Security Threats to Trust Data and Infrastructure. Risk to Data; A cyber security incident can result in data being stolen, destroyed, altered or ransomed. Risk to Infrastructure: A cyber security incident can result in all or part of Trust ICT infrastructure being disabled, or destroyed. There would be a prolonged period of recover. Causes: In order to function, the Trust needs to maintain an IT environment connected to the internet. This exposes the Trust to a constant flow of infection and attack.	06/03/17	06/03/2017	New risk added

Note: Where risks have reduced below the >=15 level for two consecutive reviews, they are removed from this summary.

Removed risks will be reinstated if their RR raises to >=15 in later reviews.

* Reason for Change of risk scoring.

6 Active 'Red' risks



REVIEW COMPLETED

MISSED REVIEW

NO CHANGE

DECREASED RATING

INCREASED RATING

CLOSED RISK

NEW RISK or RISK WITH INCREASED RR