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

Boardroom, Chelsea & Westminster

1 March 2018 11:00 - 1 March 2018 13:00

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting (PUBLIC SESSION)
Location: Boardroom, Chelsea & Westminster
Date: Thursday, 1 March 2018
Time: 11.00 – 13.00

Agenda

	1.0	**GENERAL BUSINESS**		
11.00	1.1	Welcome and apologies for absence Apologies received from Zoe Penn	Verbal	Chairman
11.03	1.2	Declarations of Interest	Verbal	Chairman
11.05	1.3	Minutes of the previous meeting held on 11 January 2018	Report	Chairman
11.07	1.4	Matters arising and Board action log	Report	Chairman
11.10	1.5	Chairman's Report	Report	Chairman
11.15	1.6	Chief Executive's Report	Report	Chief Executive
	2.0	**QUALITY/PATIENT EXPERIENCE AND TRUST PERFORMANCE**		
11.25	2.1	Serious Incidents Report	Report	Chief Nurse
11.35	2.2	Integrated Performance Report including: 2.2.1 Workforce performance report	Report Report	Chief Operating Officer Chief Financial Officer
11.45	2.3	Clinical fellows projects 17/18	Report	Deputy Medical Director/ Clinical Fellows
	3.0	**GOVERNANCE**		
12.00	3.1	Business planning 2018/19	Report	Chief Financial Officer
12.15	3.2	Patient Experience Story	Verbal	Chief Nurse
12.25	3.3	EPR cut-over plan	Report	Chief Information Officer
	4.0	**ITEMS FOR INFORMATION**		
12.35	4.1	Risk and assurance process summary	Report	Deputy Chief Executive
12.45	4.2	Questions from members of the public	Verbal	Chairman

12.55	4.3	Any other business	Verbal	Chairman
13.00	4.4	Date of next meeting – 03 May 2018		

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Minutes of the Board of Directors (Public Session)
Held at 11.00 on 11 January 2018, Room A, West Middlesex

Present:	Sir Thomas Hughes-Hallett	Trust Chairman	(THH)
	Jeremy Jensen	Deputy Chairman	(JJ)
	Nilkunj Dodhia	Non-Executive Director	(ND)
	Sandra Easton	Chief Financial Officer	(SE)
	Nick Gash	Non-Executive Director	(NG)
	Stephen Gill	Non-Executive Director	(SG)
	Eliza Hermann	Non-Executive Director	(EH)
	Rob Hodgkiss	Chief Operating Officer	(RH)
	Kevin Jarrold	Chief Information Officer	(KJ)
	Andrew Jones	Non-Executive Director	(AJ)
	Karl Munslow-Ong	Deputy Chief Executive	(KMO)
	Pippa Nightingale	Chief Nurse	(PN)
	Gary Sims	Non-Executive Director	(GS)
	Lesley Watts	Chief Executive	(LW)
In Attendance:	Martin Lupton	Ex-officio member, Imperial College Representative	(ML)
	Roger Chinn	Deputy Medical Director	(RC)
	Chris Cheney	CEO, CW+	(CC)
	Sarah Ellington	Interim Board Secretary	(SEL)
	Kevin Jarrold	Chief Information Officer	(KJ)
	Julie Myers	Company Secretary	(JM)
	Nathan Askew (in part)	Director of Nursing, CW	(NA)
Apologies:	Keith Loveridge	Director of Human Resources	(KL)
	Zoe Penn	Medical Director	(ZP)
	Liz Shanahan	Non-Executive Director	(LS)

1.0	**GENERAL BUSINESS**
1.1	**Welcome and apologies for absence** The Chairman welcomed Members and those in attendance to the meeting, noting that the public Board meeting would be followed by a private briefing for Members on the forthcoming Care Quality Commission (CQC) well-led inspection, and a private Board session. On behalf of the Board, thanks were extended to Sarah Ellington for her contribution to the Trust whilst Interim Board Secretary and a welcome was extended to Julie Myers, new Company Secretary. The Chairman also welcomed Renuka Jeyarajah-Dent, who would be shadowing the Board as a part of the NHS Improvement (NHSI) NExT Director scheme and to whom a Non-Executive Director mentor would be allocated. **Action: RJD CV to be circulated to Members and mentor identified (JM)** Apologies for absence were noted.

1.2	**Declarations of interests** The Chairman reported that he had been asked to contribute a chapter on volunteering to a report relating to the Secretary of State for Health and Social Care's announcement of the development of a national workforce strategy for the NHS. **Action: The Board agreed that future Board packs should include a reminder of Board Members' current interests.**
1.3	**Minutes of the previous meeting held on 2 November 2017** The minutes of the previous meeting were approved as a true and accurate record of the meeting, subject to removal of duplicate listing of Stephen Gill on the list of attendees.
1.4	**Matters arising and Board action log** In response to a question, PN confirmed that there was always proactive follow-up with patients and carers who provided their personal stories to the Board. The action log was noted and with regard to: - Action 4.2: SE clarified that business planning was being considered in private Board today and would return to public Board - Action 5.1: KMO confirmed that there had been active engagement with estates, and with the Royal Borough of Kensington and Chelsea (RBKC), on bicycle parking and signage
1.5	**Chairman's report** The Chairman's report was noted. The Chairman advised that Johanna Mayerhoffer and Fiona O'Farrell had been elected to the Council of Governors for the London Borough of Richmond upon Thames unopposed.
1.6	**Chief Executive's report** The Chief Executive opened her report by paying tribute to the staff of the Trust for their immense work over the end of year period and ongoing. The CQC inspection during December 2017 had gone as well as could have been expected, and although results would not be known for some time, no immediate concerns had been raised. The CQC had noted the welcoming and caring staff culture. LW also confirmed to the Board that the Trust was managing the increased number and acuity of patients associated with this time of year well. The CEO drew the Board's attention to the following matters: - the names of staff who had been recognised during the past month. - the outcome of the HSE's prosecution of the Trust and Imperial College following the tragic

	death of Damian Bowen. This had been a very sad case and the role played by KMO in representing the Trust and liaising with Mr Bowen's family was noted. **Action: The Board agreed that AJ should chair a final Serious Incident (SI) Panel to ensure that all recommendations arising from this incident had been addressed and embedded. The Panel would report through Quality Committee (QC) to the Board**. **Action: The Chairman to write to Sir John Baker.** - the likelihood of an increased focus on strategic matters facing the NHS in North West London (NWL) as soon as winter pressures begin to slow. - the timetable for external reviews. **Congenital heart services**. In response to a question, the CEO confirmed that there was agreement with Royal Brompton Hospital (RBH), and with NHS Improvement (NHSI) and NHS England (NHSE), as regards paediatric congenital heart disease services provision for the next five years. This would see sharing of clinicians and facilities. There was uncertainty as to the position beyond the five year period, with RBH making public its preferred option of a physical move as part of a relationship with Guys and St Thomas's and with Kings as academic partner. No agreement had been reached on this longer term position and this would need full consultation and business case analysis. ML noted that the proposal was already the subject of public debate including a speech by Lord Darzi in the House of Lords. **Cerner**. The COO updated the Board on the Cerner EPR implementation, which was proceeding well. Transition would commence on 4 May 2018 at the West Middlesex site, when the current system would be taken down, and the new Patient Administration System (PAS) would go live on 8 May. In response to a question, KJ confirmed that the downtime was essential for data migration and system integration and had been planned in line with learning from system implementation elsewhere. LW confirmed that a planned period of downtime was also invaluable as a training exercise for periods of unplanned downtime. **Workforce strategy**. In response to a question on retention and progression of doctors, LW advised that this seemed to be a problem at more junior levels and it was important to be sure that the Trust was preparing people for what to expect post-qualification and on progression. This had to include helping individuals to make appropriate career choices. LW noted that there may also be lessons to be learned from medical schools outside of London. EH noted that the Board had agreed that workforce should be a deep dive topic for the Board's February strategy day and asked if this could include a summary of work going on in NWL, regionally, nationally and across professional groups. LW confirmed that an update would be provided on STP work and the likely outcomes.
2.0	**QUALITY/PATIENT EXPERIENCE AND TRUST PERFORMANCE**
2.1	**Patient experience story.** The Board welcomed Dr Anne Davies and Gemma, mother of Tahlia, a baby girl, who had received urgent care four times over three months, beginning when T was 6 ½ weeks old. Gemma said that she felt Tahlia had received excellent care, including fast-tracking through A&E, which was an especially anxious time, and being allocated a side room, which was a huge relief and provided an opportunity for rest between treatments. In a thorough and comprehensive overview of her experience, Gemma noted in particular: - that staff were working hard, were kind and communicated well in a clear and reassuring way

	- the consistency of care and the ability to contact Dr Davies at any point throughout treatment - that it was evident that staff were stretched and that parents often felt they needed to chase staff to ensure agreed schedules for eg medication were kept to - that they always felt listened to - that the ability to park without specifying a time period was a relief. Gemma reported two issues that she felt could have been managed better. First, greater sensitivity from Drs to the emotional impact of having to stop breastfeeding on the mother of the baby receiving care. Whilst breastfeeding support was offered, none was available when sought. Second, involving a nutritionist at an earlier stage in treatment may have helped avoid dietary issues later in Tahlia's care. She also noted some possible areas for improvements: - a preference for a nurse to take blood from a poorly baby rather than a doctor. Whilst recognising that everyone needs to learn, context was important and those learning how to undertake such sensitive tasks should choose their moments carefully. - replacement of cumbersome baby scales - better handover communication between shifts to make sure information does not get missed - provision of healthier meals on the children's ward - better temperature control. The Board thanked Gemma and Dr Davies for sharing their experience with the Board and were delighted to hear that Tahlia is now 1 and doing very well. EH observed how useful it was to hear of the real experience had, noting that some of things raised as concerns were of concern to the Board also and were already on their list ie handover shifts. The reference to food quality was also interesting, especially because Board had had a patient lunch earlier in the year and thought the standard of food seemed good. PN advised that the paediatric menu is different from the rest of adult menu. In response to a question from THH regarding nurses taking blood, PN confirmed that the Trust has some senior nurses taking blood but also has junior doctors taking blood. ML noted that this raised a philosophically interesting question ie who should manage the practice and how you balance good patient experience with the requirement to train clinical staff.
2.2	**Patient experience update** The Board welcomed Nathan Askew, Director of Nursing, who updated the Board on the following matters: - **Restructure**. NA reported that the restructure of the team into two parts – complaints, PALS and bereavement and FTT, surveys and PREMS – was now complete. **Action: details of the new structure to be circulated to the Board.** - **Complaints**. The Trust has struggled historically with its 25 working day target for response but an improvement process has cleared the backlog and is expected to deliver better performance routinely, in part through improved governance. In response to a question from SG, NA confirmed that the new 'business partner' approach to complaints was also important for improving response rates and making sure that learning from complaints happened. EH

	confirmed that Quality Committee has a role in triangulating patient experience information. - **Patient and Public Engagement and Experience Group (PPEEG)**. This was going well with a new volunteering arrangement agreed with the RVS which would be piloted on the Chelsea site. The patient voice was getting much stronger, with a co-design project for maternity services and a patient voices group chaired by Simon Dyer, Lead Governor. The youth forum was also gaining traction. **Action: The Board agreed to receive a report on what patient voices are telling us instead of a patient experience story at a future Board meeting**. - **Patient information.** Work was underway to streamline the circa 600 leaflets in use across the Trust. Communications were assisting and emphasis was being placed on compliance with accessibility standards. In response to a question, NA confirmed that whilst there was an emphasis on digital delivery, care was being taken to ensure that material remained accessible to those without digital access. The following points were discussed by the Board: - There had been 10 complaints to the Parliamentary and Health Services Ombudsman (PHSO) an 2017/18, split equally across both sites. One from each site had been partially upheld, three not upheld and five remained open. - ND expressed surprise that the Trust's Friends and Family Test (FFT) response rates were not higher bearing in mind the efficiency of the text service. NA explained that this had been explored in depth and 'text fatigue' was increasingly an issue. The message was being revised and alternative ways of communicating the test introduced. Further, there would be discussion with Commissioners about revising some of the targets that were not met routinely nationally. ML noted the 'smiley face' machines used in Singapore. THH noted that some hospitals use volunteers to administer the test.
2.3	**Patient services team update** Rob Hodgkiss presented an update on the clinical administration restructure. This included reference to: - **Workforce**. Vacancies had now halved. The mandatory training rate stood above 90% and on appraisals, the rate for completion was just over 70% and increasing. The team had chosen its own name 'patient services team' and the working environment had been improved. Uniforms were now being worn. PN stressed the work undertaken by RH to listen to staff and to ensure engagement. RH noted that there would be another listening event on 19 January 2018. SG noted that the timing of the last employee survey may mean the impact of these changes was not evident in results. **Action: SG to be invited to listening event.** ***[Post-meeting note: SG unable to attend]*** - **Education and training**. A number of apprentices had been recruited although it was unfortunate that some existing staff were ineligible for apprenticeships by virtue of existing qualifications. Compliance with referral to treatment (RTT) targets remains an issue and training is been focused on this area. - **Performance**. Formal patient complaints about patient services have halved and breaches around bookings are at zero. This is great progress although there is still work to do. The impact on theatre scheduling has been even greater, with performance above planned activity levels. - **Next steps**. As well as monitoring performance against KPIs, work will continue to rationalise

	telephone numbers so that there are single numbers for each of the 13 admin pods, and making sure there is robust engagement with the CERNER programme. **Action: Presentation to be circulated** **Action: glossary of terms to be added to papers where necessary** **Action: care to be taken to avoid confusion between admin pods and the People and Organisation Development Committee (POD**)
2.4	**Quality improvement programme** Pippa Nightingale updated the Board on the following matters: - **CQC**. Inspection had taken place in December. Alongside the announced inspection, two unannounced inspections had taken place. Both went smoothly with no adverse findings reported. The well-led inspection would take place in January. Sixteen inspectors would be on-site and 369 information requests had been made. It was noted that a number of winter CQC inspections had been cancelled but this Trust had pressed for our inspection to proceed as planned. The final report was expected in mid-March. - **NHSI use of resources assessment** would take place in January. - **Ward accreditation.** All sixty-three wards had had an assessment and the tool used refined. The Trust no more white areas. The introduction of the Perfect Ward app was proving highly effective in seeing performance in real time. In response to a question from SG, PN advised three themes were responsible for keeping some areas 'red' including storage of hazardous fluids and storage of hoists and work was ongoing with estates to resolve these. EH confirmed that Quality Committee kept these areas under review.
2.5	**Serious Incidents report** Pippa Nightingale introduced this report and drew the Boards attention to the following matters: - The reporting of a **never event** namely a retained swab. In response to a question from ML, LW confirmed that if an appropriate technical solution was available, resources would be found to acquire it. At present, no such solution exists. PN confirmed to JJ that investigation into this event had been coordinated with other potential sources of the retained swab. - With regard to outstanding **Serious Incidents** (SIs), LW confirmed to JJ that the 'clock' was stopped on SIs subject to a parallel investigation, and only restarted once it was complete. Work continued on closing **SIs** and to making sure learning was embedded. PN advised the Board that safe staffing was not an issue in the Trust's SIs, but that handover communications between wards and shifts was. Work is underway nationally on this. EH and RC confirmed that Quality Committee had reviewed data which confirmed that weekend working was not a root cause of current SIs. JJ noted that three SI actions dated from 2016 and queried whether they should be excluded from reporting if they were not capable of being closed. PN and LW concurred.
2.6	**Integrated performance report** Rob Hodgkiss presented the November performance report, supplementing this by reporting to the Board that in December, the Trust had:

	- met the A&E target - met the RTT target, for the first time in 2017/18 - met the cancer target. Chelsea and Westminster was one of only a handful of Trusts in the country to meet these mandatory targets. The Board noted the report, and the supplementary information, and queried the discrepancy between internal data and data reported by the media, which RH explained was as a consequence of differing reporting periods. The Chairman commended the executive on the performance levels achieved and expressed thanks to all of the staff. The results demonstrated the importance of aspiration and inspiration. The Board agreed to consider the workforce performance report in private session.
2.7	**Mortality surveillance - Q3 2017/18** Roger Chinn introduced this report noting that it would be scrutinised by Quality Committee on 26 January 2018. RC advised the Board the approach taken to mortality results here was more detailed than Royal College of Physicians national guidelines and that we are in discussion with the RCP as we believe our approach is more robust. LW noted that the report demonstrated how seriously the Board takes scrutiny of mortality and that this was relevant in the context of a query from a governor.
3.0	**STRATEGY**
3.1	**Communications strategy** Gill Holmes presented the approach that would be taken to communications across the Trust going forward. The Board welcomed the approach and agreed the points made by: - SG that good staff communication was critical to recruitment and retention and that there were some very positive messages that should be reinforced - NG that membership growth should be a key performance indicator. **Action: POD to review communications strategy** **Action: membership growth to be added as a KPI**
4.0	**GOVERNANCE AND RISK**
4.1	**Board Assurance Framework (BAF)** KMO introduced this paper noting: - Papers elsewhere on the agenda had already confirmed the 'good news' story on performance. In London, the Trust was now 1st across all mandatory indicators.

	- Work continued on the BAF and there was an opportunity to build it into this year's business planning process. This would include key milestones for delivering each strategic priority and will provide a mechanism for reporting on progress. In response to queries from THH and LW, GS confirmed that, with Audit Committee, he would be pulling together a single source document showing how BAF, RAF and performance reporting aligned. This would return to the March Board. **Action: to check discrepancy between BAF and RH's report as regards Standardised Hospital Mortality Index (SHMI)**
5.0	**ITEMS FOR INFORMATION**
5.1	**Questions from members of the public** Lifts at West Middlesex – LW confirmed that recurring faults had now been fixed Payment arrangements for overseas patients – LW confirmed that there are strict rules which the Trust adhere to. Neurology cancer referral performance – RC confirmed that as a result of a change in administrative processes, particularly around diagnostics, performance had improved. RH cautioned that this was a complex area and performance may not always stay at this level.
5.2	**Any other business** None.
5.3	**Date of Next Meeting – 1 March 2018**

Meeting closed at 13.00

Trust Board Public – 11 January 2018 Action Log

Meeting Date	Minute number	Subject matter	Action	Lead	Outcome/latest update on action status
11.01.18	1.1	RJD CV	RJD CV to be circulated to Members and mentor identified.	JM	Action complete. Details circulated on 29 January 2018. JJ and EH to be mentors.
11.01.18	1.2	Declarations of interests	The Board agreed that future Board packs should include a reminder of Board Members' current interests.	JM	Action complete.
11.01.18	1.6	Serious Incident (SI) Panel	The Board agreed that AJ should chair a final Serious Incident (SI) Panel to ensure that all recommendations arising from this incident had been addressed and embedded. The Panel would report through Quality Committee (QC) to the Board.	AJ	Action ongoing. The final Serious Incident Panel is scheduled for 15 March 2018.
			The Chairman to write to Sir John Baker.	THH	Action complete.
11.01.18	2.2	Patient Experience update – restructure	Details of the new structure to be circulated to the Board.	NA	Action complete. Details circulated on 29 January 2018.
		Patient Voices	The Board agreed to receive a report on what patient voices are telling us instead of a patient experience story at a future Board meeting.	NA	Action ongoing. This is on the forward plan for September Board.
11.01.18	2.3	Patient services team update – Workforce	SG to be invited to listening event. [Post-meeting note: SG unable to attend]	RH	Action complete. SG unable to attend.
		Patient services team update – Next steps	Presentation to be circulated	VD	Action complete. Details circulated on 11 January 2018.
		Glossary of terms	Glossary of terms to be added to papers where necessary.	JM	Action Complete. Noted.

Meeting Date	Minute number	Subject matter	Action	Lead	Outcome/latest update on action status
11.01.18	2.3	Admin Pods and POD	Care to be taken to avoid confusion between admin pods and the People and Organisation Development Committee (POD).	RH/JM	Action complete.
11.01.18	3.1	Delivery of the communications strategy	POD to review delivery of the communications strategy.	SG/GH	Action ongoing. To be put on the People and OD Committee forward plan.
		Membership	Membership growth to be added as a KPI to communications strategy.	GH	Action ongoing.
11.01.18	4.1	Standardised Hospital Mortality Index (SHMI)	To check discrepancy between BAF and RH's report as regards Standardised Hospital Mortality Index (SHMI).	ZP	Action complete. This has been corrected and the right figure is now in the BAF.
07.09.17	2.3.a	Equality data	To add reference to equality data to Workforce Performance Report.	SE	Action complete. This has been done in relation to promoting staff.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 1 March 2018

PUBLIC SESSION

AGENDA ITEM NO.	1.5/Mar/18
REPORT NAME	Chairman's Report
AUTHOR	Sir Thomas Hughes-Hallett, Chairman
LEAD	Sir Thomas Hughes-Hallett, Chairman
PURPOSE	To provide an update to the Public Board on high-level Trust affairs.
SUMMARY OF REPORT	As described within the appended paper. Board members are invited to ask questions on the content of the report.
KEY RISKS ASSOCIATED	None
FINANCIAL IMPLICATIONS	None
QUALITY IMPLICATIONS	None
EQUALITY & DIVERSITY IMPLICATIONS	None
LINK TO OBJECTIVES	NA
DECISION/ ACTION	This paper is submitted for the Board's information.

Chairman's Report
March 2018

1.0 Governor update

I have hosted two informal lunch sessions with Governors since the January Board meeting. These are tremendously useful sessions both for me to get to know individual Governors better and as a way of discussing, quite informally and frankly, matters that are on our minds. I will host further sessions throughout the year and hope that I will have a chance to meet every Governor in such a forum at least once.

2.0 Care Quality Commission (CQC) inspection

The CQC completed its 'Well Led' inspection in January 2018 and we now await the draft report for factual accuracy checking. At this stage, I can only reiterate the message I gave at the January Board: I was proud to see the passion and professionalism of our entire staff on display for the inspection team. I know the Chief Executive will cover this issue in more detail.

3.0 Strategy development

I am grateful to Jeremy Jensen for leading work to develop the Board's forward strategy and we will be discussing emerging thinking in the Board's closed session. For the past three years, we have been very much focused on 'grip', particularly in the context of the merger of the two hospitals, and we now need to make sure we have a clear strategy for the next ten years, consolidating and building on our strong performance and PROUD values.

4.0 Board's February 2018 strategy session

The Board took part in an excellent development session led by the NHS Improvement (NHSI) analytics team in February entitled 'measurement for improvement'. Our involvement was as part of a pilot programme and we were pleased to be the first acute trust to help NHSI test it. The methodology we were shown should really help to improve our ability to use data well, and to understand what it is telling us. I look forward to seeing it adopted widely across the Trust.

Other items on the agenda included a deep dive into our workforce, a discussion of matters connected to the estate in West Middlesex and a chance to reflect on the North West London provider landscape. I have asked that this latter item be added to the Council of Governors next agenda as it really is a complex picture that warrants discussion.

5.0 External engagements

Our relationships with external partners continue to be strong and this reflects the time and attention paid to them by the CEO and her team. Our operating environment is dynamic and it is essential that we are alert to every opportunity that might present itself.

Since the last Board meeting I have:

- Attended the NHSI's Chair's Advisory Panel

- Had a private meeting with the Chair of NHSI, Baroness Dido Harding
- With the CEO, met Sir Richard Sykes, Chairman of Imperial College Healthcare NHS Trust to continue building our relationship with Imperial College
- Met Charles Alexander, Chairman of the Royal Marsden NHS Foundation Trust to identify new areas of collaboration

I am also due to meet Peter Wyman, Chairman of the CQC, here at Chelsea and Westminster next week.

6.0 300th anniversary

I am delighted to report that the Dean of Westminster Abbey, the Very Reverend John R Hall, has agreed to hold a service to commemorate the 300th anniversary of the Westminster Hospital, in May 2019.

Sir Thomas Hughes-Hallett
Chairman

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 1 March 2018

PUBLIC SESSION

AGENDA ITEM NO.	1.6/Mar/18
REPORT NAME	Chief Executive's Report
AUTHOR	Karl Munslow Ong, Deputy 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 Care Quality Programme

The Care Quality Commission (**CQC**) completed our Trust inspection on 24 January. As I have previously reported, this commenced with frontline service inspections on December 5, 6 and 7, including unannounced visits on both sites. NHS Improvement (**NHSI**) also completed a review on how efficiently we use our finances, workforce and estates on 18 January. The inspection concluded with an assessment of how 'well-led' we are, which saw the inspectors interviewing members of the Board, Governors, partners and senior management on 22–24 January.

At this stage in the inspection process, the Trust only receives high level feedback from inspectors. We will receive our report in early Spring. However, inspectors have complimented the Trust and our staff on the commitment to delivering high quality care for our patients, and reported that it was a pleasure to have been in our organisation, and they have left feeling inspired!

It is clear to all of us that our staff have made a genuine commitment to improving quality, safety and performance over the last 12 months, living our PROUD values and making a noticeable difference to our day to day achievements. We must remember that Inspectors can turn up to inspect any of our services at any time but, more importantly, the Trust must continue our quality journey because it is the right thing to do for our patients and ourselves.

2.0 Performance

January was another very challenging month for the whole of the NHS, especially with non-elective demand, yet both our sites responded incredibly well. The A&E Waiting Time figure was not met for the month at 94.4% but is in no way a reflection of lack of effort. In fact, our Trust was the best performing Trust in London and the 5th best nationally so a huge thank-you to all teams who ensure our patients continue to receive timely treatment. The Referral To Treatment (**RTT**) incomplete target was achieved for the 3rd consecutive month with the Chelsea site continuing to demonstrate month on month improvements, enabling the Trust to report the most compliant position since the integration of our 2 sites over 2 years ago. All reportable Cancer Indicators met the targets again in January. Overall, this is a fantastic achievement in the context of increased demand and system pressures and demonstrates the amazing efforts of all of our staff in giving our patients the very best of care.

3.0 Flu Vaccination Programme

The organisation has continued to have a very strong focus on flu prevention through our ongoing vaccination programme. I am delighted to report that we have now exceeded our national Commissioning for Quality and Innovation (**CQUIN**) target with current performance of 72% of frontline healthcare staff vaccinated. More importantly this continues to ensure we minimise the

risk of flu to vulnerable patients under our care, and reduce the likelihood of transmission amongst staff and visitors.

4.0 Staff Achievements and Awards

Our latest CW+ PROUD award winners:

January 2018:

- Sunshine Noel, Emergency and Integrated Care
- Cara Taylor, Women's and Children's
- Dale Philips Guia, Planned Care

December 2017:

- Clinical Site Team, Emergency and Integrated Care
- Mark Thomas, Vivette Wallen-Mitchell and Kelly Patston, Women's and Children's
- Sheryl Knauf, Planned Care
- Jo Stones, Corporate

External recognition:

- Maternity Female Genital Mutilation (**FGM**) Team won a 'nOSCARS' – an award to celebrate and recognise the services and volunteers making a difference to minority communities.
- Dr Steve Yentis, one of our consultant anaesthetists was awarded the prestigious Sir Ivan Magill Gold Medal by the Association of Anaesthetists of Great Britain and Ireland – this medal was established in 1988 to commemorate the centenary of the birth of the pioneer anaesthetists Sir Ivan Magill, who worked at Westminster Hospital in the 1920s-40s and after whom the current Anaesthetic Department is named.
- Professor Mark Nelson, one of our consultants in HIV medicine was elected Chair of the International Association of Providers of AIDS Care (**IAPAC**) during its first meeting of 2018 in Geneva, Switzerland. Their ambition is to cut rates of new HIV infection in the capital and eliminate discrimination and stigma associated with the condition.

5.0 Other staff news

Staff Nurse Matilda Baffour Awuah from Lord Wigram Ward very sadly passed away unexpectedly on 18th February. Matilda had trained as a student nurse at the Trust and continued her career working for us. She was a well-loved and highly thought of member of staff, she also had many close friends and indeed family members that worked in our Trust. We are of course offering our support to her family, friends and colleagues at this difficult time.

6.0 Communications and Engagement

Our monthly all staff briefings at the start of February were well-attended, with these first sessions for 2018 covering vital topics including winter planning and pressures, maternity updates, going paperless with e-referrals, influenza impacts and figures, and Cerner EPR. We recognised those who have worked tirelessly over the winter period to achieve a strong performance, with A&E wait times improving substantially compared to last year. For the first time, we shared podcasts of each briefing, so that staff could listen and view the slides to each of the presentations as short 6-8 minute clips, aiming to increase exposure and engagement. The latest all staff briefing is attached to my report.

The February CEO newsletter was issued on 16 February and we are working on regular newsletters from each Division. A nursing and midwifery newsletter has also been distributed to the relevant staff via their managers, with the first edition focusing on recruitment and retention. The winter edition of Going Beyond will be issued by late February, and has a great new look and feel. We have revamped the format, with special pages for each division, as well as a new members' section. There's also a two-page spread about the four significant anniversaries our Trust will celebrate this year, featuring a timeline and archive photos.

When it comes to external communications, we issued press releases on our Big Bites and Pearly Whites campaign, our new Director of Research and Development, Professor Mark Johnson, and the 100 days and counting until the launch of Cerner EPR. We received positive coverage on this in trade press outlet Healthcare Information and Management Systems Society (**HIMSS**).

Our digital health and innovation work was also featured by HIMSS, with quotes from Zoe Penn and Chris Chaney. Sloane Square Magazine featured our maternity unit at Chelsea, with a piece on the donation we have received from the Reuben Foundation.

Our sexual health services also received media coverage, with positive mentions on Dean Street's PrEP shop on BBC Radio 4 Today. The mentions were from the National AIDS Trust, commending our work to support patients and preventing new diagnoses of HIV. While we deliberately kept a low-profile on this story, the piece on radio reflected well on our Trust.

We were pleased to share a letter with staff which Jeremy Hunt, Secretary of State for Health, wrote to congratulate everyone at the Trust on our exceptional improvement for the cancer 62 days referral figures. We were the best improved across the whole of England from Sept-Nov last year.

Digital resources:
We have received a positive reaction and improved engagement to our increase in video content on social media.

- We have developed videos for social media, based on our 'PROUD' corporate video, and promoted our PROUD values on Twitter and Facebook through these short clips featuring our CEO.
- Our Trust helped mark World Cancer Day by featuring four short videos of one of our patients talking about her journey and the care she has received at our Trust.
- We have developed a leaflet to aid the Cerner EPR team in their communications efforts, and have begun producing videos with staff 'Cerner' champions. This supports the '100

ways Cerner will make things better' internal communications campaign, which was launched with a video of Tina Benson. A video of Hugh Rogers will follow.

7.0 Getting it Right First Time (GIRFT)

Urology Feedback Report

The Urology GIRFT review meeting was held on 18th December 2017 led by Mr Simon Harrison. Areas of good practice included new to follow up ratios and patient pathway for emergency urinary retention. The review identified areas requiring improvement or clarification of the data presented during the visit, which included:

- The number of consultant, middle grade and specialist nursing workforce appeared to be low for a Trust serving a population of 1.2 million. Further discussions and data analysis is required to understand impact on patient care and consider whether further investment is required.
- There is a requirement to review out of hours and weekend service at WMUH and move to a model where Urology cover is present 24/7. (Out of Hours, urology patients are currently under General Surgery). This change can be facilitated by integration of services across both sites with an opportunity to run one central site and the other five days a week. Further data analysis is required to enable change as well as understand to why such low numbers for emergency admissions are being reported.
- The service should explore alternatives to improve out-patient and diagnostic facilities for urology as well as ensuring equipment is optimal.
- The service should consider collaboration with other organisations to improve access to acute lithotripsy service. We should also consider enhancing the service by consider developing female neurological and urodynamic urology as there is a gap in to the pelvic floor MDT work across both sites.

ENT Feedback Report

The ENT GIRFT review meeting was held on 16th January 2018 led by Mr Andrew Marshall. The feedback from the visit overall was very positive. The data evidences a service that is able to recruit and retain audiology and consultant posts with zero litigation claims over the past 5 years. The service was commended for low waiting times for treatment, high percentage of adult patients treated as day case and low cancellations for non-medical reasons when compared to national average. The ENT team is performing well on readmission rates for tonsillectomy in both adults and paediatric with good practice in capturing data on endoscopic sinus surgery. Few areas were noted where improvement is required:

a) Further improvement in coding to work towards a more accurate reflection of procedures, comorbidities and tariff.
b) Review datasets used in the GIRFT report on day of surgery admission and cancellations for medical reasons and act accordingly.
c) Work with commissioners to improve 'Planned Procedure With a Threshold' processes as well as further improve Otology and Laryngology services in the Trust.

The next steps are for the Urology and ENT teams to establish a full detailed action plan addressing the recommendations and progress through the Divisional business planning round as appropriate.

8.0 Strategic Partnerships Update

Update from Strategic Partnerships Board

As I have previously reported to Trust Board, the Strategic Partnerships Board (SPB) continues to monitor our various strategic work programmes. In January and February the SPB received updates on:

- The Board Strategy Working Group and how this is developing a set of principles to define our strategy going forward. The group has developed a number of recommendations for the Board to consider and for the refresh of the Clinical Services Strategy to take account of. This will be presented to the Board as a separate and substantive item
- The continued development of our Estates Plans and how we test this approach with key partners
- The North West London Sustainability and Transformation Partnership (**STP**)
- A site visit by NHS Providers who we hosted on 28 February
- Progress on the Sphere Service Review which we will be reporting jointly on with Royal Marsden Hospital
- We have also continued to monitor:
    - Pan provider productivity programmes within the STP, and in particular, the NWL Joint Pathology service; and how this impacts on our Use of Resources and other strategic priorities
    - Our work programme with Imperial College Healthcare Trust

Royal Brompton and Harefield Foundation Trust

We have continued discussions with both STP partners and NHS England (**NHSE**) in relation to our significant concerns regarding The Royal Brompton Hospital's proposed move of all its services to Guy's and St Thomas's Hospital in South London after the long-awaited review by the NHSE said that specialist care for those with congenital heart disease needed to move.

NW London has spent many years supporting the Royal Brompton in its efforts to retain all existing specialties on the Fulham Road whilst continuing to evolve its services to patients in conjunction with its local health and academic partners.

The Royal Brompton has itself referenced the significant impact that changes to services at the Trust would have on partner organisations in the STP as part of its response to the Congenital Heart disease consultation that was undertaken by NHSE last year. This very much aligns to the view of many in North West London that the move of services from the Fulham Road threatens a far wider patient population than cardiology and respiratory alone, and the Royal Brompton Board, and NHSE as the primary commissioner, should consider its obligations to all patient care in North West London. Acute, specialist trusts and academic institutions are part of a wider network

that includes joint appointments, facilities and many shared services such as cancer surgery, specialist paediatrics, cardiology support and palliative care.

In light of NHS England's recent statement supporting the long term aim of the Royal Brompton to join up with King's Health Partners at Guy's and St Thomas's to meet new standards of congenital heart, the STP is considering a formal response on the proposed move. Whilst we recognise many of the ambitions set out by the proposed Kings Health Partners partnership, we firmly believe that all of these ambitions could be realised through the evolution of its existing partnership arrangements in North West London. We are keen to engage NHSE and the Royal Brompton in discussions regarding the future of cardiac and respiratory services and would therefore have significant reservations with any Strategic Outline Case (**SOC**) that looked to move services from the North West London sector.

Imperial College Healthcare Trust

We continue to make good progress on a number of partnership programmes. Teams have been developing collaborative service models across paediatric surgery, critical care and adult HIV services. We have also agreed to look collectively at our Estate Strategies to identify areas of potential collaboration. A more detailed update will be provided at our May Board meeting.

9.0 Outsourced services

Following the collapse of Carillion who held a number of major government contracts, I wanted to confirm to Trust Board that we don't have any services provided by this outsourcing company. We have also undertaken an evaluation of our other outsourced contracts and we don't believe we have exposure to any other risks in the market. We will however keep this under close review and will include this as a standing item on future Audit and Risk Committee agendas.

10.0 Nursing Recruitment

We welcomed 20 more overseas nurses to the Trust this month following our successful visits to the Philippines and India last year. In March, a further 10 nurses will be joining us with approximately 10–15 each month after that. We support these nurses through the NMC (Nursing and Midwifery Council) registration process by doing OSCE (objective structured clinical examination) preparation training for them. A number of our health care assistants, who are registered nurses overseas, are also joining this programme and will hopefully be converting to registered nurses here in the next few months.

11.0 Finance

The Trust is reporting a year to date surplus of £7.56m including STF but excluding the impact of a reversal of an impairment. The Trust's January year to date adjusted financial position is £0.95m ahead of plan. Pay costs continue to be over plan again with the year to date overspend increasing to £10.8m. Pay overspends are offset by underspends in non-pay.

The year to date underlying financial position is a deficit of £17.9m so we need to continue our efforts to control pay costs and treat the planned number of patients.

We have achieved 77% of our 2017/18 savings target of £25.9 and, with less than two months of the financial year remaining, need to continue the hard work to improve our CIP and ensure we reach our target figure by year end.

Lesley Watts
Chief Executive Officer
March 2017

All staff briefing

February 2018

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

Care Quality Commission
The CQC completed our Trust inspection on 24 January. This commenced with frontline service inspections on December 5, 6 and 7, including unannounced visits on both sites. NHS Improvement also completed a review on how efficiently we use our finances, workforce and estates on 18 January. The inspection concluded with an assessment of how 'well-led' we are, which saw the inspectors interviewing members of the Board, Governors, partners and senior management on 22–24 January.

At this stage in the inspection process, the Trust only receives high level feedback from inspectors. We will receive our report in early Spring. However, inspectors have complimented you all on your commitment to delivering high quality care for our patients, and reported that it was a pleasure to have been in our organisation, and they have left feeling inspired!

You have all made a genuine commitment to improving quality, safety and performance over the last 12 months, living our PROUD values and making a noticeable difference to our day to day achievements. Now is a good time to reflect on the positive changes you have made in your teams, celebrate your successes and ensure they continue! Inspectors can turn up to inspect any of our services at any time but, more importantly, we will continue our quality journey because it is the right thing to do for our patients and ourselves. If you have any questions, please contact the Care Quality Programme: cqp@chelwest.nhs.uk

Quality care update
Our latest performance for the month of December shows that we are doing well across our key measures, including:

	Target %	CWH %	WMUH %	Combined %	YTD %
A&E 4 hour wait	>95	93.7	93.8	93.8	**94.4**
Cancer 2 week	>93	96.6	94.9	95.6	**93.3**
Cancer 62 days	>85	90.0	91.4	90.9	**88.0**
18 weeks RTT	>92	91.1	93.5	92.1	**91.2**

Cerner EPR (electronic patient record) update:
The West Middlesex site will go live with Cerner EPR on May 4. Priorities for all staff at the hospital are to book training, attend familiarisation sessions and get their smartcards. The design for Chelsea and Westminster kicked off at the unboxing event in January. Over the 100 days to the West Middlesex go-live, we are running a campaign called 100 ways that Cerner EPR will make things better. Each day we are publishing how one member of staff thinks that Cerner EPR will make things better for patients and staff. Tell us your way by emailing John Flannigan at CernerEPR@chelwest.nhs.uk.

Flu vaccination
It is vital that all staff—especially those working in frontline, patient-facing services—receive the flu jab. We all have a responsibility to protect our patients, colleagues and family members from infection, so please make sure you have the flu vaccine. Our target this year is to immunise 75% of our frontline healthcare staff. We are up to 62% at the moment—this means many staff have still not protected themselves and their patients.

The flu jab works, it doesn't give you flu, it's safe and easy to get. Just ask your line manager or pop into any number of drop-in sessions, or check the intranet for details.

Just because you haven't had flu in the past, or are perfectly healthy, doesn't mean you couldn't find yourself with a serious flu infection. Don't risk the health of patients, your family and yourself—be safe, have the flu jab.

If you have any questions or are worried about the vaccine, then just contact Occupational Health and Wellbeing (WMUH x5044 and C&W x58830).

Financial Performance
At the end of December (month 9) our year-to-date adjusted position was £0.4m ahead of plan. Pay costs are over plan again with the year-to-date overspend increasing to £9.3m. Pay overspends are offset by underspends in non-pay. The year-to-date underlying financial position is a deficit of £17.4m so we need to continue our efforts to control pay costs and treat the planned number of patients.

We have achieved 67.3% of our 2017/18 savings target of £25.9m and need to continue the hard work to improve our CIP delivery in the final quarter to ensure we reach our target figure by year-end.

Staffing

Nursing Recruitment

We welcome 20 more overseas nurses to the Trust this month following our successful visits to the Philippines and India last year. In March, a further 10 nurses will be joining us with approximately 10–15 each month after that.

We support these nurses through the NMC (Nursing and Midwifery Council) registration process by doing OSCE (objective structured clinical examination) preparation training for them. A number of our health care assistants, who are registered nurses overseas, are also joining this programme and will hopefully be converting to registered nurses here in the next few months.

Two of our own staff currently working in non-clinical/health care assistant roles will also be working towards regaining their NMC registrations by undertaking Return to Practice programmes in the Spring.

We wish all these members of staff the very best in successfully completing their programmes.

Welcome also to all the Continental Nurses who are joining our organisation in the next month; your on-going commitment to the Trust and your hard work is very much appreciated.

Don't forget that you can earn £1,000 for referring a colleague to work in selected areas in the Trust. For more details visit the intranet and search for 'refer a colleague'.

Staff wellbeing

In your response to the 2016 Staff Survey 27% of staff reported that they had experienced harassment, bullying or abuse from other staff. In order to improve staff experience in the workplace we will shortly be re-launching our harassment and bullying policy (re-named as the Dignity and Respect in the Workplace policy), as well as rolling out some specific training for managers on dealing with staff conflict. Later in the year we are also looking to introduce a respect at work service staffed by trained respect at work champions, to provide confidential advice to people who experience inappropriate behaviour from colleagues. If you are interested in becoming a respect at work champion please look out for further details over the coming weeks.

Latest CW+ PROUD award winners

Well done to our latest winners who have all demonstrated how they are living our PROUD values.

- **Planned Care:** OPD clinic nurses and plaster room technicians
- **Emergency and Integrated Care:** Sara Scarborough, Macmillan Palliative Care Clinical Nurse Specialist (CWH)
- **Women and Children:** Starlight Ward (WMUH)
- **Corporate:** Natasha Herman, Practice Development Nurse, Clinical Learning & Development

Visit the intranet to nominate a team or individual.

Core (mandatory and statutory) training

We continue to make progress toward the Trust's compliance target of 90% (95% for Information Governance). Whilst managers have access to the compliance reports via QlikView (CW) or Wired (WM), it is the responsibility of all staff to check they are up to date with their Core training—and managers must ensure that their staff have this in hand.

The current compliance figures (as at 17 January) are as follows:

Division	Compliance
Corporate	88%
Emergency and Integrated Care	87%
Planned Care	87%
Women, Neonatal, Children, Young People, HIV/Sexual Health	86%
Overall compliance	87%

Staff can now complete the Core Training e-learning modules online at the Learning.Chelwest website learning.chelwest.nhs.uk—which is available from both within and outside the Trust, across a variety of devices (including smartphones and tablets). The Trust is looking to expand the range of materials available via Learning.Chelwest in the coming months. The Cerner team are currently developing some refresher eLearning modules to support the roll-out of Cerner—which will also be available via Learning.Chelwest in due course.

The Corporate Learning & Development team will be able to help with booking face-to-face sessions where needed, or will be able to advise how you should book. For assistance, please email: (CWH) learninganddevelopmentadmin@chelwest.nhs.uk or (WMUH) Learning@chelwest.nhs.uk

Anniversaries in 2018

The Trust will celebrate four special anniversaries this year:

- 25th anniversary of Chelsea and Westminster Hospital—13 May
- 70th anniversary of the NHS—5 July
- 30th anniversary of the Kobler Centre—13 September
- 15 anniversary of West Middlesex University Hospital—17 November

We will keep staff updated on how to get involved in marking these wonderful milestones. In the meantime, if you have any great historical photos or stories to share, please email communications@chelwest.nhs.uk

March *All Staff Briefing* dates:

- Mon 5 Mar, 9:30–10:30am—Harbour Yard
- Mon 5 Mar, 11:30am–12:30pm—CW+ MediCinema
- Tue 6 Mar, 11am–12 noon—WMUH Meeting Room A

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 1 March 2018

PUBLIC SESSION

AGENDA ITEM NO.	2.1/Mar/18
REPORT NAME	Serious Incident Report
AUTHOR	Shân Jones, Director of Quality Improvement
LEAD	Pippa Nightingale, Chief Nurse
PURPOSE	The purpose of this report is to provide the Trust Board with assurance that serious incidents are being reported and investigated in a timely manner and that lessons learned are shared.
SUMMARY OF REPORT	This report provides the organisation with an update of all Serious Incidents (SIs) including Never Events reported by Chelsea and Westminster Hospital NHS Foundation Trust (CWFT) since 1st April 2015. Comparable data is included for both sites.
KEY RISKS ASSOCIATED	• Diagnostic Incidents are now the highest reported incidents • The Trust has now reported 4 Never Events to date for 2017/18 2 have been reclassifies following discussion with CWHHE
FINANCIAL IMPLICATIONS	N/A
QUALITY IMPLICATIONS	• The reduction in Hospital Acquired Pressure Ulcers continues • During the first 4 months of the year West Middlesex reported 5 incidents of Sub-optimal care of the deteriorating patient. There have not been any reported incidents in this category since July 2017. • Year to date there has been a reduction in falls with severe harm 7 compared to 11 for the same period last year.
EQUALITY & DIVERSITY IMPLICATIONS	N/A
LINK TO OBJECTIVES	• Excel in providing high quality, efficient clinical services • Create an environment for learning, discovery and innovation
DECISION/ ACTION	The Trust Board is asked to note and comment on the report in advance of Trust Board.

SERIOUS INCIDENTS REPORT
Public Trust Board 1st March 2018

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 2017. 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. All complaints that have a patient safety concern are reviewed discussed, escalated and reported as required. In addition as part of the 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 have been 4 Never Events reported to date. The first Never Event was reported in June 2017 (Wrong route administration of medication). Oral medication was administered via an intravenous route. The patient suffered no harm. This incident occurred in the Intensive Care Unit at the Chelsea and Westminster (C&W) site. Immediate action arising from this incident included ensuring all Trust in-patient wards and departments that care and manage patients with a nasogastric tube have purple EnFIT syringes in stock.

The second incident was not originally reported as a 'Never Event', however, following a discussion with the Commissioners, the transfusion incident reported in June 2017 (StEIS ref. 2017/14670) which involved a patent unintentionally being given a transfusion of platelets which was considered to be an ABO-incompatible blood component has been reclassified as a Never Event'. The patient suffered no harm. This incident occurred on the Acute Assessment Unit at the West Middlesex Hospital site. Immediate action arising from this incident included extra training provided for MAU/AAU including temporary staff re: 'safe blood transfusion sampling', with inclusion of no distraction during blood sampling.

The third incident was reported in September 2017 as a Surgical/invasive procedure incident. Following discussions with the commissioners this incident was classified as a Never Event in January 2018 (StEIS ref. 2017/23484). The incident occurred at Chelsea and Westminster Hospital site. This incident involved a patient undergoing emergency abdominal surgery for a perforated appendix. Intraoperative the patient was hypotensive and decision was made to insert a CVC line prior to transfer to ITU. The X-ray to confirm correct placement of the CVP line was performed in ITU. The X-ray was reviewed before the CVP line was used and the guide wire was still in situ, this was removed prior to the CVP line being used. The patient suffered no harm as a result of this incident. A LocSIP for CVC insertion will be developed.

The fourth incident was reported in November 2017 (Retained foreign object post-procedure, StEIS ref. 2017/27311). Patient attended perineal clinic appointment at St Georges Hospital following a forceps delivery at Chelsea and Westminster for on-going perineal concerns. During a vaginal examination a SWAB was identified and removed from the vaginal cavity. This incident occurred on the Labour ward at the Chelsea and Westminster (C&W) site. There were no immediate actions required following this incident. The process for swab counts was correct.

The Trust Care Quality Programme has had a focus on 'Never Events'. This is intended to raise awareness of these incident categories, which are serious and typically preventable. The senior nurse and midwifery quality round will have a scheduled session on Never Events in early 2018.

3.0 SIs submitted to CWHHE and reported on STEIS

Table 1 outlines the SI investigations that have been completed and submitted to the CWHHE Collaborative (Commissioners) in January 2018. There were 4 reports submitted. A précis of the incidents can be found in Section 7.

Table 1

STEIS No.	Date of incident	Incident Type (STEIS Category)	External Deadline	Date report submitted	Site
2017/258	19/10/2017	Slips/trips/falls	17/01/2018	17/01/2018	WM
2017/263	24/10/2017	Slips/trips/falls	22/01/2018	22/01/2018	WM
2017/273	19/08/2017	Maternity/Obstetric incident: mother	02/02/2018	29/01/2018	CW
2017/275	05/11/2017	Maternity/Obstetric incident: baby	06/02/2018	30/01/2018	WM

Table 2 shows the number of incidents reported on StEIS (Strategic Executive Information System), across the Trust, in January 2018.

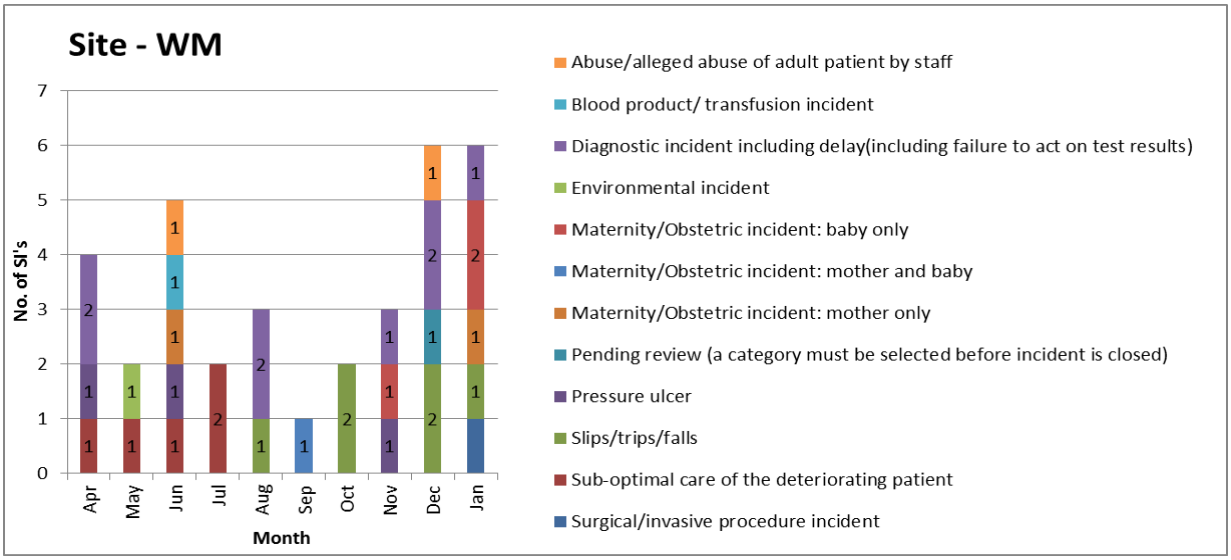
Table 2 – Incidents reported by category

Incident Type (STEIS Category)	WM	C&W	Total
Diagnostic incident including delay(including failure to act on test results)	1	1	2
Maternity/Obstetric incident: baby only	2	1	3
Maternity/Obstetric incident: mother only	1		1
Slips/trips/falls	1		1
Surgical/invasive procedure incident	1		1
Grand Total	**6**	**2**	**8**

The number of SIs reported in January (8) is comparative to the number of incidents reported in December (8). During both months the Trust reported against the categories; Slips/trips/falls and Diagnostic incident including delay.

Charts 1 and 2 show the number of incidents, by category reported on each site during this financial year 2017/18.

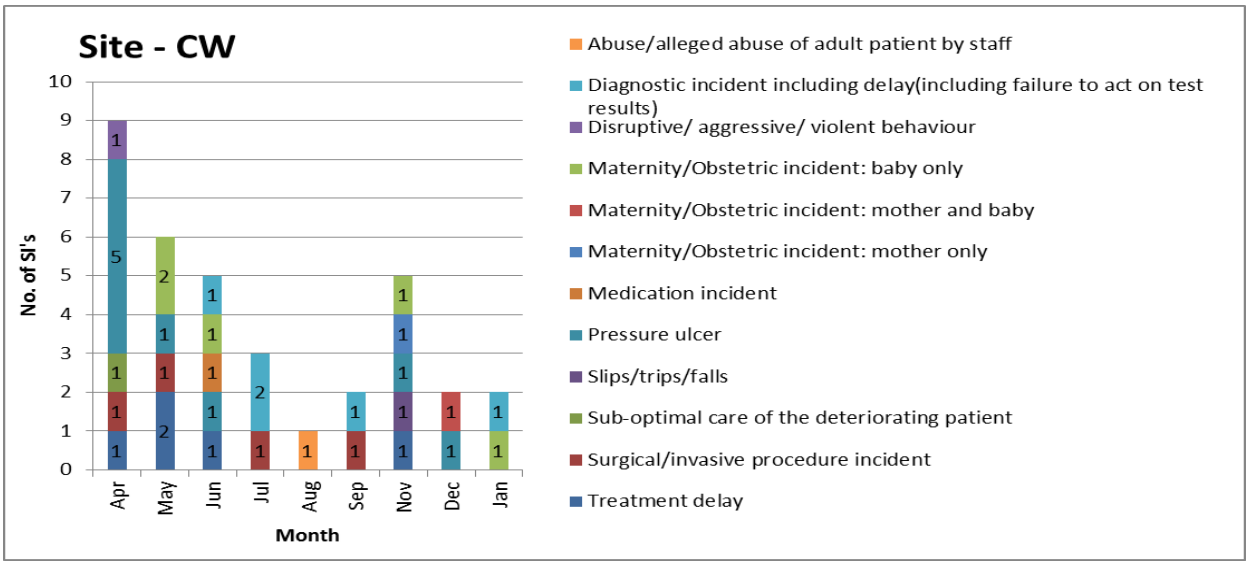
Chart 1 Incidents reported at WM by category YTD 2017/18 = 34



Year to date West Middlesex Hospital's top 3 reporting categories are as follows; Diagnostic incidents (8), Slips/trips/falls (6) and Sub-optimal care of the deteriorating patient (5).

West Middlesex Hospital has reported 4 Diagnostic incidents in the last 3 months. November (1), December (2) and January (1). During the first 4 months of the year West Middlesex reported 5 incidents of Sub-optimal care of the deteriorating patient. There have not been any reported incidents in this category since July 2017.

Chart 2 Incidents reported at C&W YTD 2017/18 = 35



Year to date Chelsea and Westminster Hospital's top reporting categories are as follows; Pressure ulcers (9), Maternity/Obstetric incident: baby only, Diagnostic incident and Treatment delay incidents all have 5 reported incidents.

Charts 3 and 4 show the comparative reporting, across the 2 sites, for 2015/16, 2016/17 and 2017/18.
The total number of incidents reported on each site year to date is 34 at WM and 35 at C&W. For both sites this is a reduction in the number reported compared to the same period last year (WM 38 and C&W 39).

Chart 3 Incidents reported 2015/16, 2016/17 & 2017/18 – WM

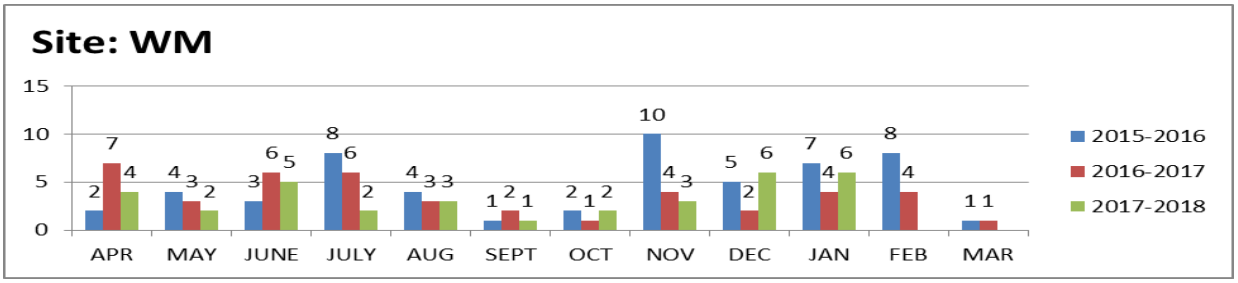
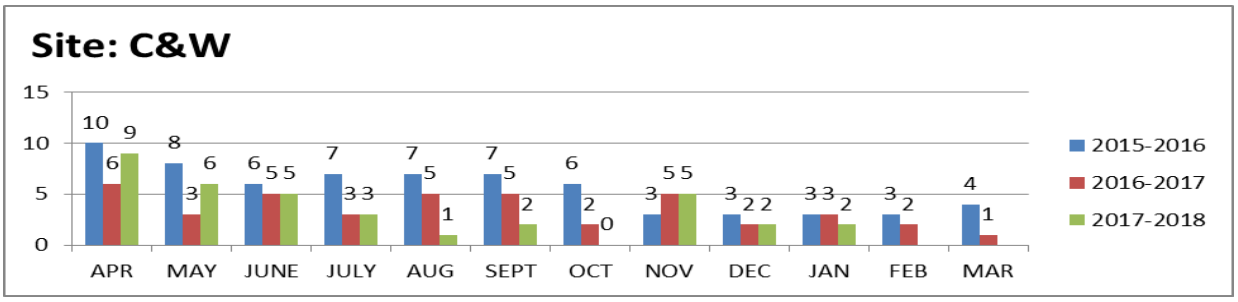


Chart 4 Incidents reported 2015/16, 2016/17 & 2017/18 – C&W



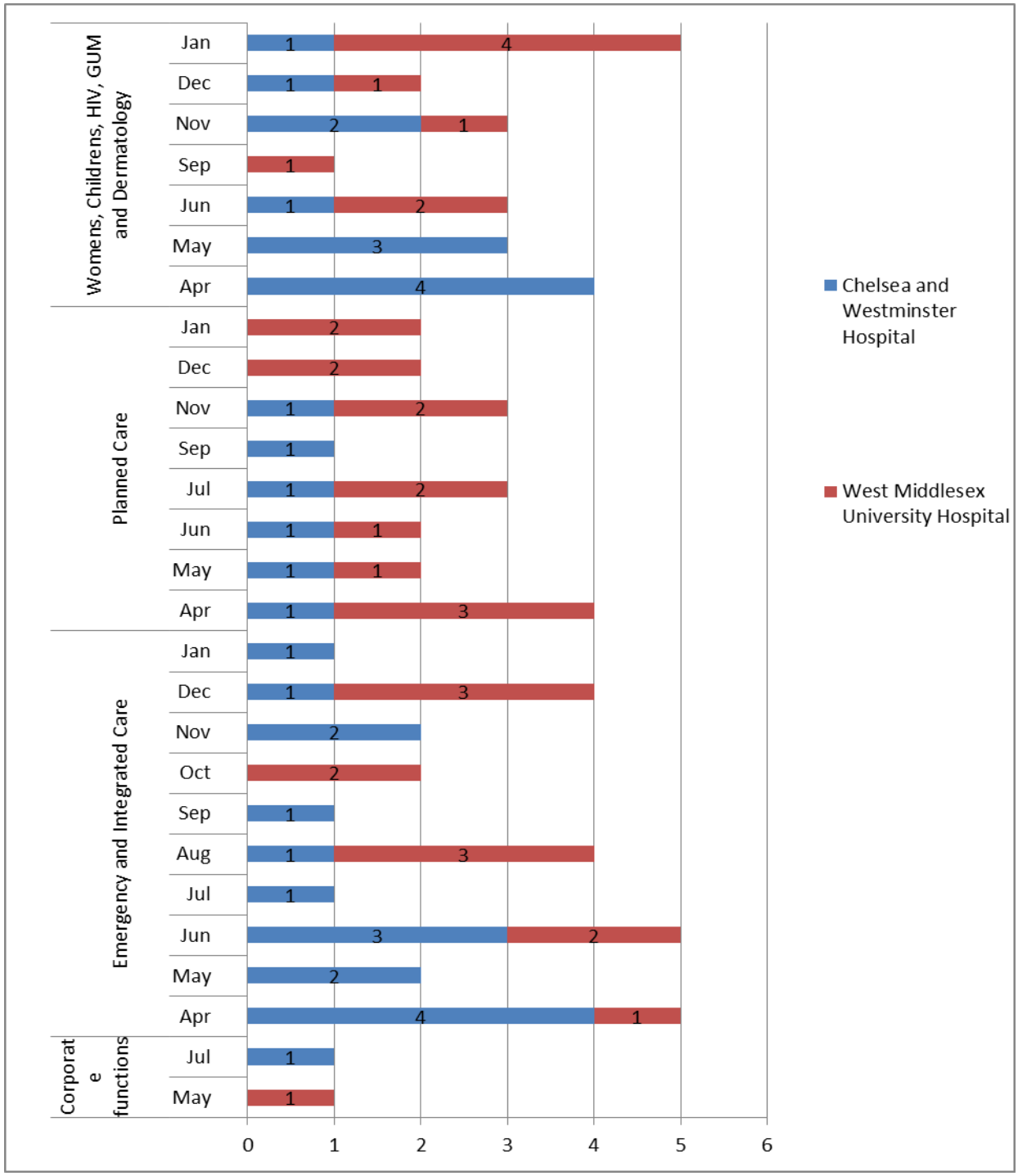
3.1 SIs by Clinical Division and Ward

Chart 5 displays the number of SIs reported by each division, split by site, since 1st April 2017. The number of incidents reported by each division is very similar.

Since April 1st 2017, the Emergency and Integrated Care Division have reported 27 SIs (C&W 16, WM 11. The Women's, Children's, HIV, GUM and Dermatology Division have reported 21 SIs (C&W 12, WM 9) and the Planed Care Division have reported 19 SIs (C&W 6, WM 13).

In addition there have been two reported by the corporate division; a power failure affecting the WM site only and IT system failure whereby discharge summaries were not sent. This affected the C&W site.

Chart 5 Incidents reported by Division and Site 2017/18



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

As the year progresses we will, as in previous years, be able to identify trends in reporting. Rainsford Mowlem Ward at CWH is showing a higher number of reported SIs. The divisional management team are aware and have plans in place to address concerns on this ward with support from the Quality and Clinical Governance Manager.

Labour Ward at CWH is showing a higher number of sub optimal care of the deteriorating patient. This will be discussed at the patient safety group.

Chart 6 –Incident category and location exact, C&W 2017/2018

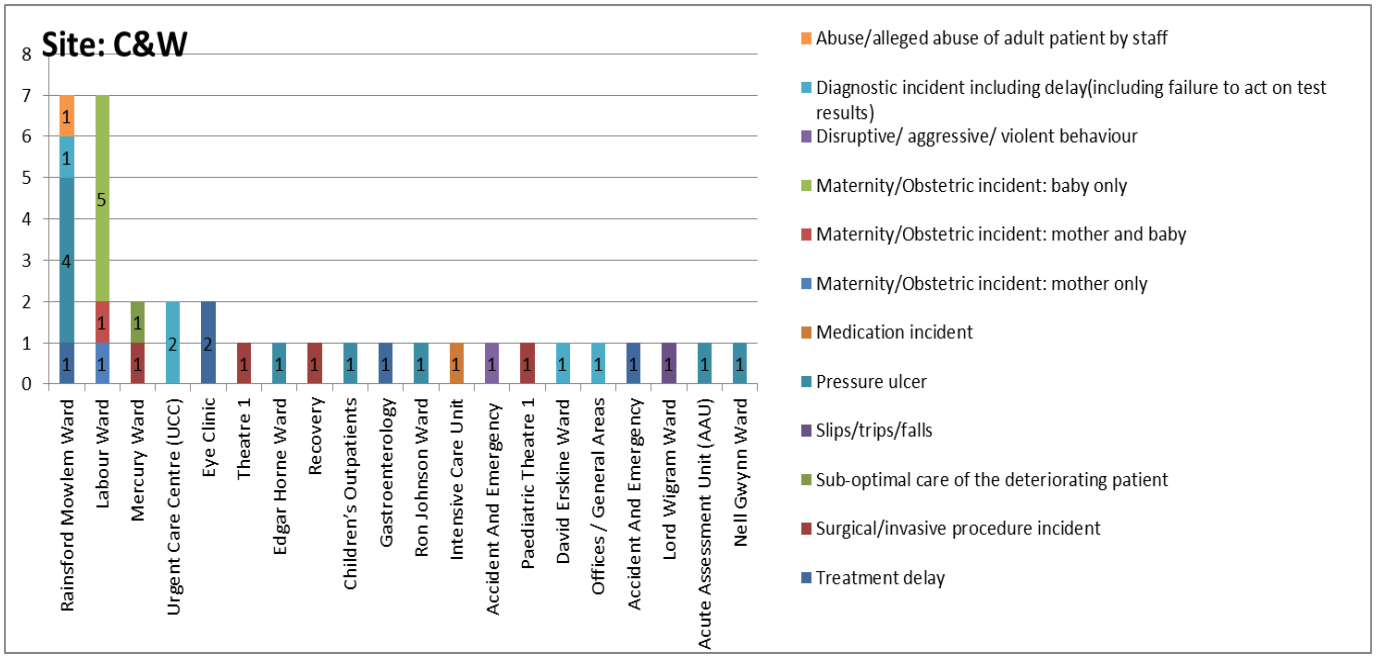
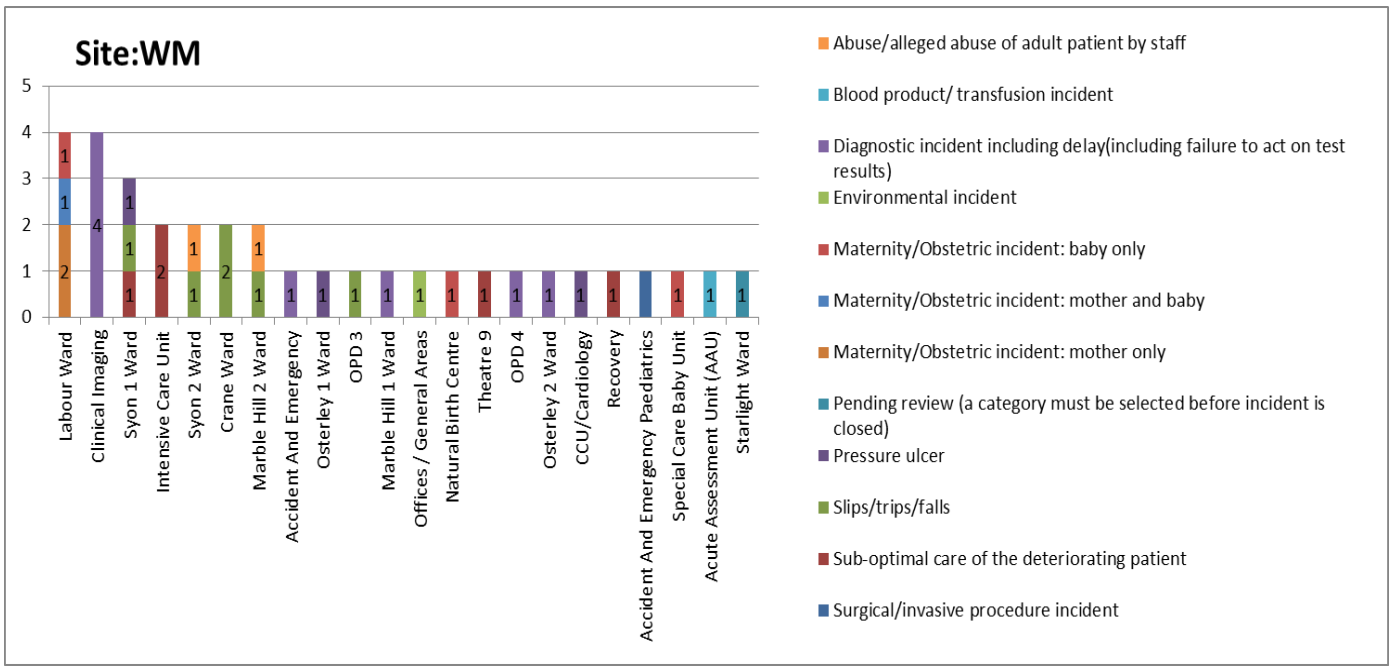


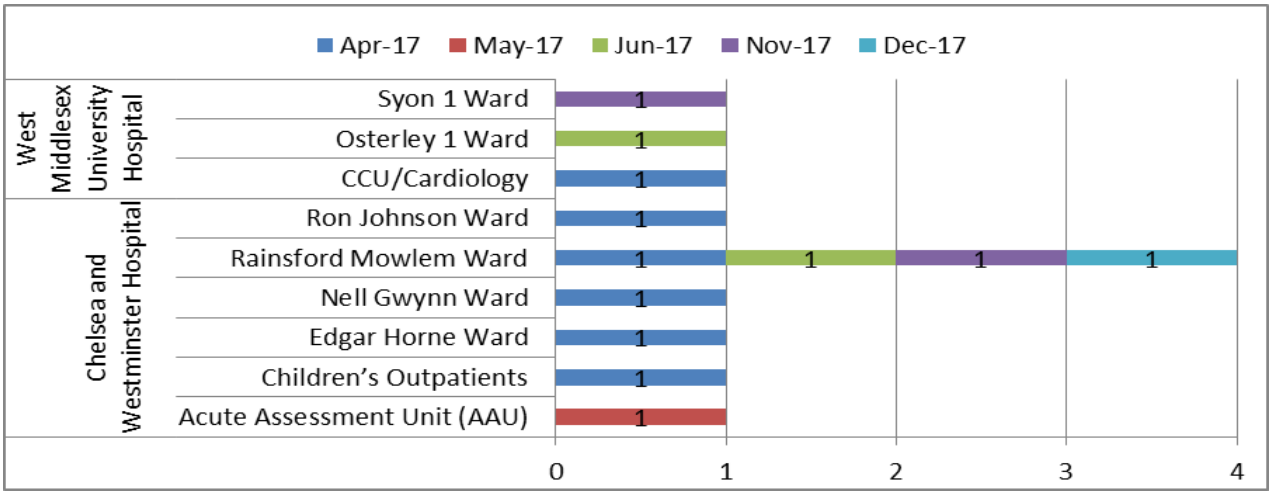
Chart 7 - Incident category and location exact, WM 2017/2018



3.2 Hospital Acquired Pressure Ulcers

Hospital Acquired Pressure Ulcers (HAPUs) remain high profile for both C&W and WM sites. The following graphs reflect the volume and areas where pressure ulcers classified as serious incidents are being reported. Rainsford Mowlem Ward at CWH is showing a higher number of reported hospital acquired pressure ulcers. 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 12 compared to 19 for the same period last year.

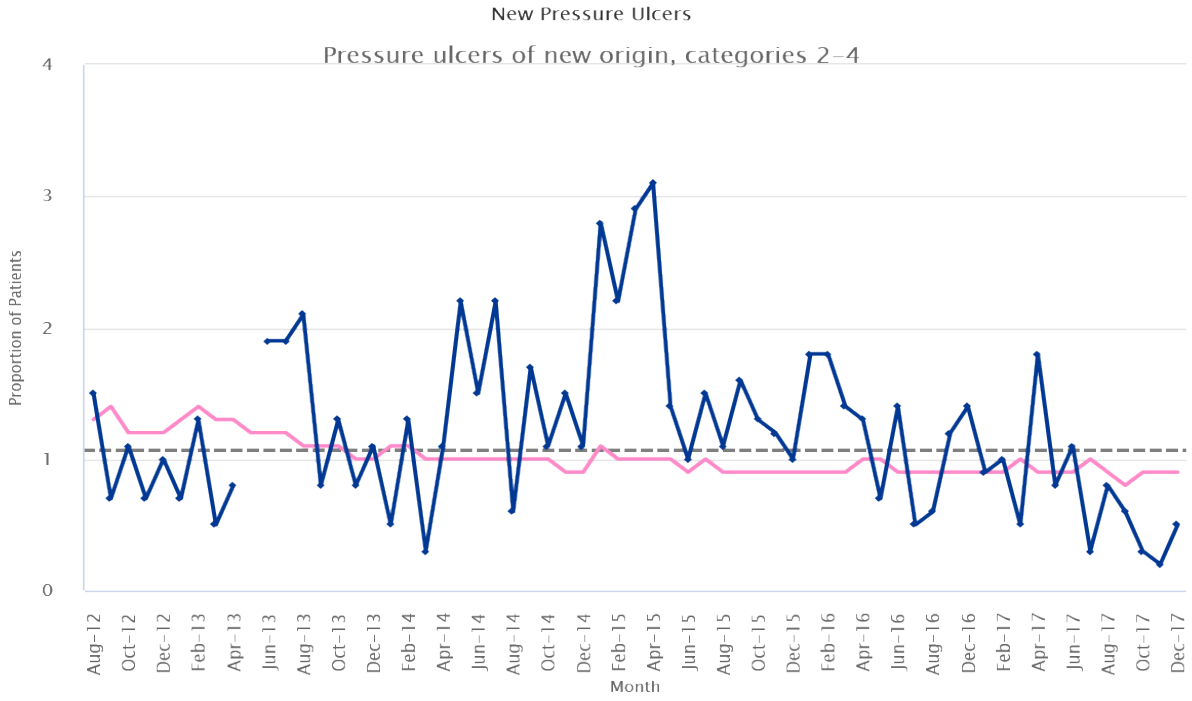
Chart 8 – Pressure Ulcers reported (Apr 2017–March 2018) YTD total = 12



3.2.1 Safety Thermometer Data

The national safety thermometer data provides a benchmark for hospital acquired grade 2, 3 and 4 pressure ulcers. The nationally reported data for Chelsea and Westminster Hospital NHS Foundation Trust is as a combined organisation and is showing a favourable position below the national average. National data is published up to December 2017.

Graph 1 – New Pressure ulcers of new origin, categories 2-4 (Comparison with national average)

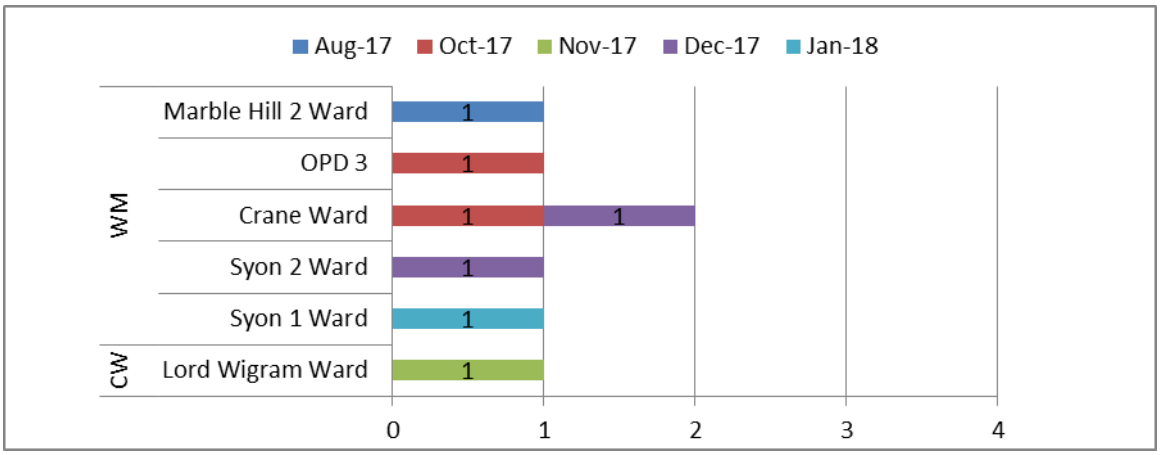


3.3 Patient Falls

Inpatient Falls are a quality priority for 2017/18 and will therefore be a focus for both C&W and WM sites during 2017/18.

Since the 1st of April 2017, the Trust has reported 7 patient falls meeting the serious incident criteria. The YTD position is 7 compared to 11 for the same period last year.

Chart 9 Patient Falls by Location (exact) (Apr 2017–March 2018) YTD total =7



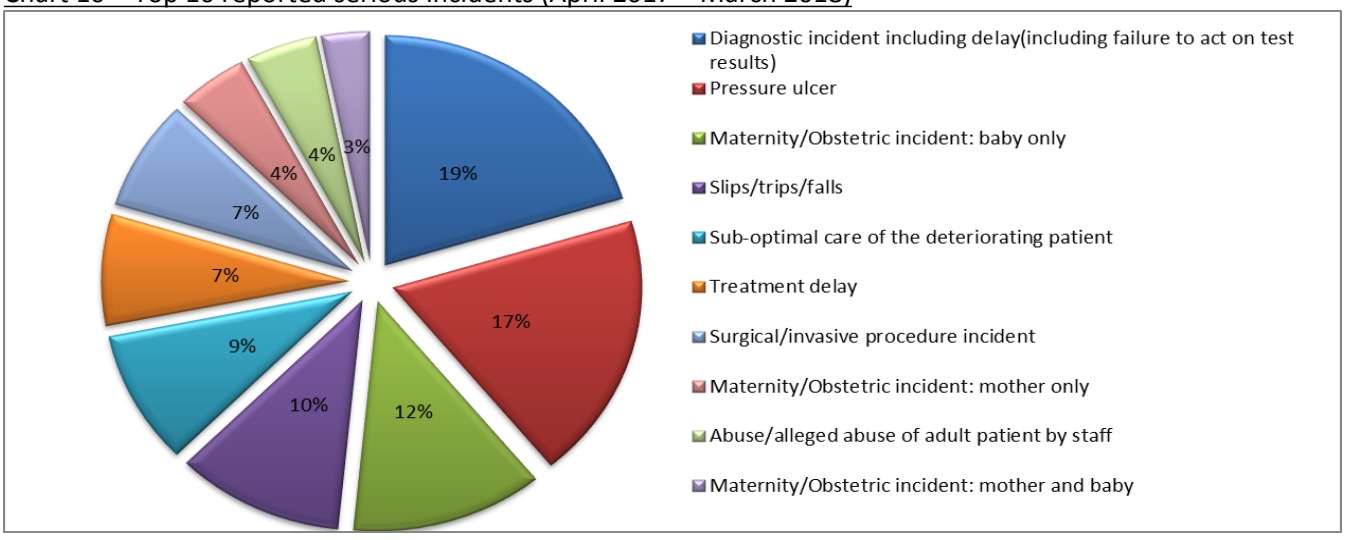
3.4 Top 10 reported SI categories

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 fifteen of the SI categories.

Historically pressure ulcers were the most commonly reported incidents, however, in January 2018 Diagnostic incidents became the highest reported incident category (during 2017/2018) with 13 incidents reported since April 2017. The Clinical Director for patient safety has undertaken a review of delayed cancer diagnosis which is to be discussed at the Patient Safety Group.

Pressure ulcer incidents is the second most reported incident category with 12 incidents reported and Maternity/Obstetric incident: baby only is the third most reported incident category with 8 incidents reported since April 2017.

Chart 10 – Top 10 reported serious incidents (April 2017 – March 2018)



3.5 SIs under investigation

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

Table 3

STEIS No.	Date of incident	Clinical Division	Incident Type (STEIS Category)	Site	External Deadline
2017/27318	05/11/2017	EIC	Pressure ulcer	CW	02/02/2018
2017/27430	24/10/2017	W&C,HG	Maternity/Obstetric incident: baby	CW	05/02/2018
2017/28378	17/07/2017	EIC	Treatment delay	CW	15/02/2018
2017/28908	14/05/2017	PC	Diagnostic incident including delay	WM	21/02/2018
2017/28841	12/11/2017	PC	Slips/trips/falls	CW	21/02/2018
2017/28787	21/11/2017	PC	Pressure ulcer	WM	21/02/2018
2017/29993	23/01/2017	PC	Diagnostic incident including delay	WM	06/03/2018
2017/30141	09/09/2017	EIC	Pressure ulcer	CW	07/03/2018
2017/30108	29/11/2017	EIC	Abuse/alleged abuse of adult patient by staff	WM	07/03/2018
2017/30338	12/11/2017	EIC	Diagnostic incident including delay	WM	09/03/2018
2017/30662	09/12/2017	EIC	Slips/trips/falls	WM	13/03/2018
2017/31030	19/12/2017	W&C,HG	Pending review	WM	19/03/2018
2017/31475	24/12/2017	PC	Slips/trips/falls	WM	22/03/2018
2017/31633	26/12/2017	W&C,HG	Maternity/Obstetric incident: mother and baby	CW	23/03/2018
2018/913	29/12/2017	W&C,HG	Maternity/Obstetric incident: baby	WM	06/04/2018
2018/915	30/12/2017	PC	Slips/trips/falls	WM	06/04/2018
2018/921	18/12/2017	EIC	Diagnostic incident including delay	CW	06/04/2018
2018/986	09/01/2018	W&C,HG	Surgical/invasive procedure incident	WM	09/04/2018
2018/992	10/01/2018	W&C,HG	Maternity/Obstetric incident: baby	CW	09/04/2018
2018/1446	15/01/2018	PC	Diagnostic incident including delay	WM	13/04/2018
2018/1526	11/01/2018	W&C,HG	Maternity/Obstetric incident: baby	WM	16/04/2018
2018/1876	13/10/2017	W&C,HG	Maternity/Obstetric incident: mother only	WM	19/04/2018

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 31 actions overdue at the time of writing this report. This is an increase compared to last month when there were 21. Women's, Children's, HIV, GUM and Dermatology Division has 7 outstanding actions, the Planned Care Division has 6 outstanding, the Emergency and Integrated Care Division has 10 outstanding and the Corporate division has 8 outstanding.

Table 4 - SI Actions

Month due for completion

	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Total
CORP	1	0	7	0	0	0	0	0	0	0	0	**8**
EIC	0	0	5	5	9	0	0	0	0	0	0	**19**
PC	0	2	2	2	0	0	0	0	0	0	1	**7**
W&C,HGD	1	0	0	6	2	0	1	0	1	0	0	**11**
Total	**2**	**2**	**14**	**13**	**11**	**0**	**1**	**0**	**1**	**0**	**1**	**45**

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.

Table 4.1 – Type of actions overdue

Action type	EIC	PC	W&C,HGD	CORP	Total
Create/amend/review - Policy/Procedure/Protocol	3	1	4	6	14
Share learning	5		2		7
Duty of Candour - Patient/NOK notification	2				2
Create/amend/review - proforma or information sheet		1	1		2
Review existing equipment				2	2
Audit		1			1
Set up ongoing training		1			1
One-off training		1			1
Other action type		1			1
Grand Total	**10**	**6**	**7**	**8**	**31**

5.0 Analysis of categories

Table 5 shows the total number of Serious Incidents for 2015/2016, 2016/2017 and the current position for 2017/18. Tables 6, 7 and 8 provide a breakdown of incident categories the Trust has reported against.

Since April 2017 the number of reported serious incidents is 69 which is slightly less compared to the same reporting period last year and significantly less compared to 2015/2016. (2105/16 = 106, 2016/17 = 77). The reduction in reported pressure ulcers and falls is a significant factor in lower number reported.

Table 5 – Total Incidents reported

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**
2017-2018	**WM**	4	2	5	2	3	1	2	3	6	6			**34**
	CW	9	6	5	3	1	2	0	5	2	2			**35**
		13	**8**	**10**	**5**	**4**	**3**	**2**	**8**	**8**	**8**			**69**

Table 6 – Reported categories 2015/16

Incident Category	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 – Reported Categories 2016/17

Incident Category	A	M	J	J	A	S	O	N	D	J	F	M	YTD
Pressure ulcer	5	1	4	4	3	2					1		20
Slips/trips/falls	2	1	1	1	1			1	1	3	2		13
Sub-optimal care of the deteriorating patient	1		1	2	2		1	1		2	1		11
Diagnostic incident	1	1			1	4			1				8
Maternity/Obstetric incident: baby only	1		1			1		1			1	1	6
Maternity/Obstetric incident: mother only	2	1						2		1			6
Treatment delay		1			1				2	1			5
Surgical/invasive procedure incident			2	1				1					4
Abuse/alleged abuse of adult patient by staff		1	1					1					3
Apparent/actual/suspected self-inflicted harm				1				1				1	3
Medication incident	1						1						2
HCAI/Infection control incident			1										1
Confidential information leak/IG breach								1					1
Maternity/Obstetric incident: mother and baby							1						1
Grand Total	13	6	11	9	8	7	3	9	4	7	5	2	84

Table 8 – Reported Categories 2017/18

Incident Category	A	M	J	J	A	S	O	N	D	J	F	M	YTD
Diagnostic incident	2		1	2	2	1		1	2	2			13
Pressure ulcer	6	1	2					2	1				12
Maternity/Obstetric incident: baby only		2	1					2		3			8
Slips/trips/falls					1		2	1	2	1			7
Sub-optimal care of the deteriorating patient	2	1	1	2									6
Surgical/invasive procedure incident	1	1		1		1				1			5
Treatment delay	1	2	1					1					5

Maternity/Obstetric incident: mother only			1					1		1			3
Abuse/alleged abuse of adult patient by staff			1		1				1				3
Maternity/Obstetric incident: mother and baby						1			1				2
Environmental incident		1											1
Disruptive/ aggressive/ violent behaviour	1												1
Blood product/ transfusion incident			1										1
Pending review (a category must be selected before									1				1
Medication incident			1										1
Grand Total	13	8	10	5	4	3	2	8	8	8			69

The quality and clinical governance team continues to scrutinise all reported incidents to ensure that SI reporting is not compromised. There are some incidents that are being reported retrospectively as a result of the mortality review process.

6.0 Serious Incidents De-escalations

The figures within the report do not include the SIs that were reported but have since been de-escalated by the Commissioners. So far during 2017/2018 no incidents have been de-escalated by the commissioners.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 1 March 2018

PUBLIC SESSION

AGENDA ITEM NO.	2.2/Mar/18
REPORT NAME	Integrated Performance Report – January 2018
AUTHOR	Robert Hodgkiss, Chief Operating Officer
LEAD	Robert Hodgkiss, Chief Operating Officer
PURPOSE	To report the combined Trust's performance for January 2017 for both the Chelsea & Westminster and West Middlesex sites, highlighting risk issues and identifying key actions going forward.
SUMMARY OF REPORT	The Integrated Performance Report shows the Trust performance for January 2018. **Regulatory performance** – The whole of the NHS continued to see continued Non-Elective pressure and whilst the performance for our Trust in January did not meet the 95% target, our final position placed us as the best performing Trust in London and the 5th best performing Trust in the country, reflecting the tremendous efforts and hard work by all teams over a very busy period. The RTT incomplete target was achieved in January for the Trust, with performance of 92.9%. This represents the third consecutive month the national standard was reached and represents the best performance since the merger of the two sites in September 2015. There continues to be no reportable patients waiting over 52 weeks to be treated on either site and this is expected to continue. All but one reportable Cancer Indicator met the target in January – the one marginal miss being the 31 day diagnosis to treatment metric (2 patient choice delays) There were no reported CDiff infections in January and the Trust remains within its target for this indicator. **Access** Issues in non-Obstetric Ultrasound at West Middlesex continue to be addressed and saw the Trust's performance against the 99% target of patients waiting no longer than 6 weeks for a diagnostic test rise to 98.12% in January from 96.9% the previous month. The expectation is that this improvement will continue in the months ahead.
KEY RISKS	There are continued risks to the achievement of a number of compliance

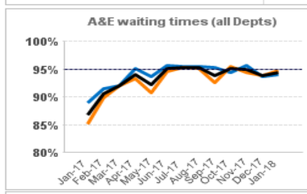
ASSOCIATED:	indicators, including A&E performance, RTT incomplete waiting times while cancer 31 and 62 day waits remains a high priority. The Trust will continue to focus on the Diagnostic Waiting time issues in the weeks to come.
FINANCIAL IMPLICATIONS	Income is favourable by £11.8m YTD. The Trust is reporting a YTD adjusted surplus of £6.24m which is £1.33m favourable against the NHSI plan.
QUALITY IMPLICATIONS	As outlined above.
EQUALITY & DIVERSITY IMPLICATIONS	None
LINK TO OBJECTIVES	Improve patient safety and clinical effectiveness Improve the patient experience Ensure financial and environmental sustainability
DECISION/ ACTION	The Board is asked to note the performance for January 2018 and to note that whilst a number of indicators were not delivered in the month, the overall YTD compliance remained good.

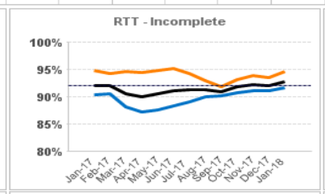
TRUST PERFORMANCE & QUALITY REPORT

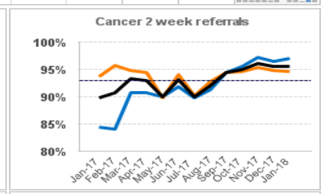
January 2018

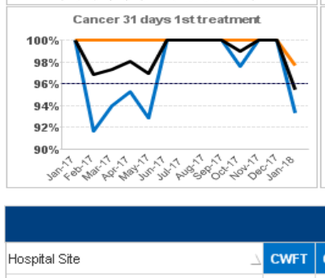
Regulatory Compliance

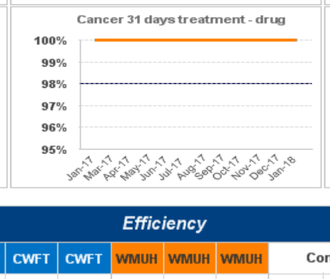
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined Trust data: last Quarter, YTD & 13m trend					
Indicator	Nov-17	Dec-17	Jan-18	Nov-17	Dec-17	Jan-18	Nov-17	Dec-17	Jan-18	Quarter	YTD	Trend
A&E waiting times - Types 1 & 3 Depts (Target: >95%)	95.7	93.7	94.0	94.4	93.8	94.8	95.0	93.8	94.4	94.4	94.4	
RTT - Incomplete (Target: >92%)	91.1	91.1	91.6	93.8	93.5	94.6	92.3	92.1	92.9	92.9	91.4	
Cancer 2 week urgent referrals (Target: >93%)	97.1	96.6	97.0	95.4	94.8	94.6	96.1	95.5	95.5	95.5	93.5	
Cancer 2 week Breast symptomatic (Target: >93%)	n/a	n/a	n/a	100	100	93.5	100	100	93.5	93.5	93.5	
Cancer 31 days first treatment (Target: >96%)	100	100	93.3	100	100	97.7	100	100	95.5	95.5	99.0	
Cancer 31 days treatment - Drug (Target: >98%)	n/a	100	100	100	100	100	100	100	100	100	100.0	
Cancer 31 days treatment - Surgery (Target: >94%)	100	100	100	100	100	100	100	100	100	100	100.0	
Cancer 62 days GP ref to treatment (Target: >85%)	96.4	88.4	90.9	93.8	91.3	93.8	95.0	90.2	92.6	92.6	88.4	
Clostridium difficile infections (Targets: CW: 7; WM: 9; Combined: 16)	0	0	0	1	0	0	1	0	0	0	9	
Average Emergency PreOp LoS	0.89	0.60	0.51	1.21	1.17	1.08	1.04	0.87	0.78	0.78	0.95	
Average Elective PreOp LoS	0.10	0.42	0.19	0.14	0.07	0.20	0.11	0.32	0.19	0.19	0.19	

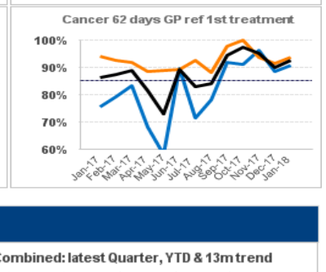






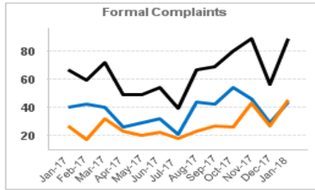


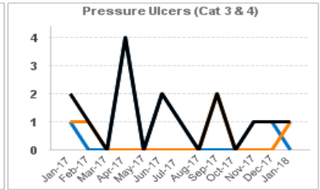


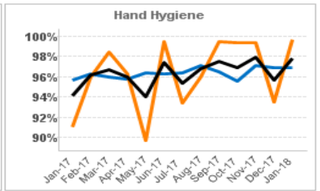


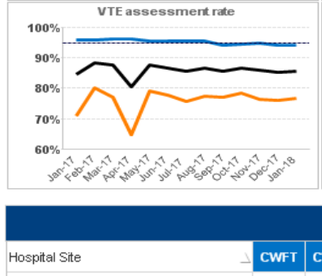
Quality

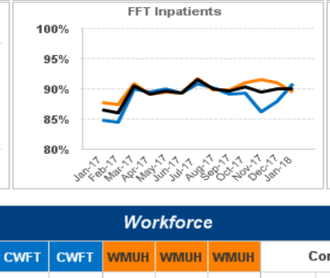
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Nov-17	Dec-17	Jan-18	Nov-17	Dec-17	Jan-18	Nov-17	Dec-17	Jan-18	Quarter	YTD	Trend
Hand Hygiene (Target: >=90%)	97.2	96.9	96.8	99.4	93.5	99.7	98.0	95.7	97.8	97.8	96.6	
Pressure Ulcers (Cat 3 & 4)	1	1	0	0	0	1	1	1	1	1	12	
VTE assessment % (Target: >=95%)	94.9	94.3	94.2	76.4	76.2	76.9	86.0	85.1	85.7	85.7	85.7	
Formal complaints number received	46	29	44	43	27	45	89	56	89	89	641	
Formal complaints responded to <25days	18	16	23	12	11	16	30	27	39	39	258	
Serious Incidents	5	2	2	3	6	6	8	8	8	8	69	
Never Events (Target: 0)	1	0	0	0	0	0	1	0	0	0	4	
FFT - Inpatients recommend % (Target: >90%)	86.2	88.0	90.9	91.5	91.0	89.4	89.5	90.0	90.1	90.1	89.9	
FFT - A&E recommend % (Target: >90%)	88.8	89.9	91.1	83.6	82.7	89.1	88.1	88.7	90.8	90.8	86.7	
Falls causing serious harm	0	0	0	0	0	0	0	0	0	0	0	

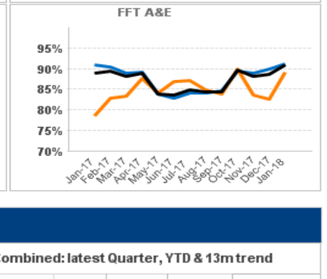






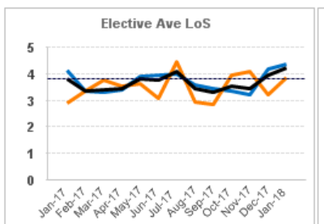


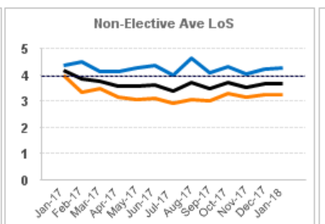


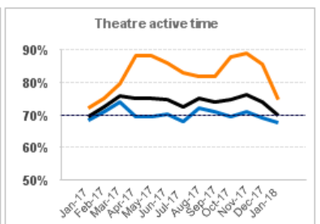


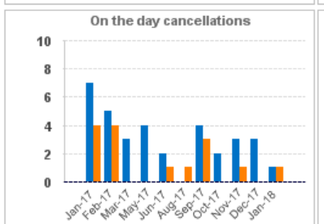
Efficiency

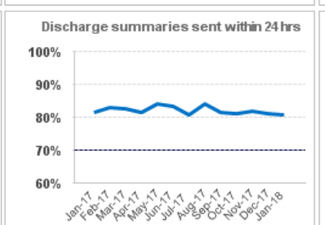
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Nov-17	Dec-17	Jan-18	Nov-17	Dec-17	Jan-18	Nov-17	Dec-17	Jan-18	Quarter	YTD	Trend
Elective average LoS (Target: <3.8)	3.2	4.2	4.3	4.1	3.2	3.9	3.4	3.9	4.2	4.2	3.7	
Non-Elective average LoS (Target: <3.95)	4.0	4.2	4.2	3.1	3.3	3.3	3.5	3.7	3.7	3.7	3.6	
Theatre active time (Target: >70%)	71.0	69.1	67.7	89.1	85.5	74.5	76.3	74.0	69.6	69.6	74.1	
Discharge summaries sent within 24 hours (Target: >70%)	82.0	81.2	80.6	dev	dev	dev	82.0	81.2	80.6	80.6	82.0	
Outpatient DNA rates (Target: <11.1%)	10.9	11.1	10.4	9.9	10.9	10.1	10.5	11.1	10.3	10.3	11.2	
On the day cancelled operations not re-booked within 28 days (Target: 0)	3	3	1	1	0	1	4	3	2	2	26	

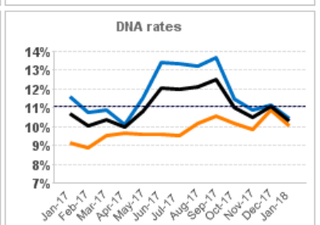






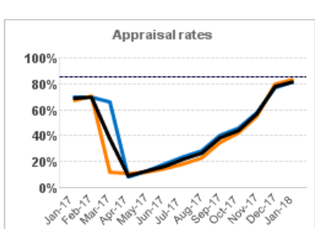


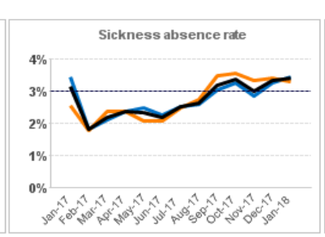


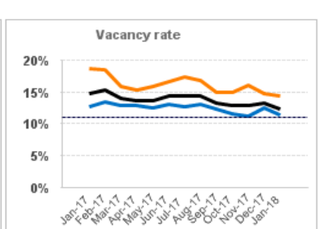


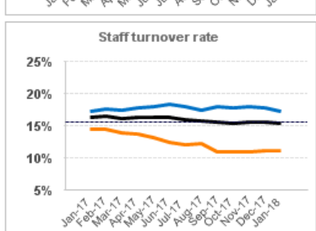
Workforce

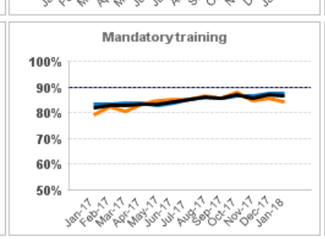
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Nov-17	Dec-17	Jan-18	Nov-17	Dec-17	Jan-18	Nov-17	Dec-17	Jan-18	Quarter	YTD	Trend
Appraisal rates (Target: >85%)	58.2	76.8	81.2	55.1	79.6	83.1	57.1	77.7	81.9	81.9	38.8	
Sickness absence rate (Target: <3%)	2.84	3.26	3.44	3.35	3.43	3.28	3.01	3.32	3.39	3.39	2.84	
Vacancy rates (Target: CW<12%; WM<10%)	11.2	12.5	11.3	16.0	14.9	14.5	12.9	13.3	12.4	12.4	12.4	
Turnover rate (Target: CW<18%; WM<11.5%)	17.9	17.7	17.3	11.0	11.0	11.1	15.6	15.6	15.3	15.3	15.3	
Mandatory training (Target: >90%)	86.5	87.4	87.6	84.5	85.7	84.4	85.8	86.8	86.5	86.5	85.5	
Bank and Agency spend (£ks)	£2,343	£2,358	£2,702	£2,326	£2,348	£2,518	£4,669	£4,706	£5,220	£5,220	£48,745	
Nursing & Midwifery: Agency % spend of total pay (Target: tbc)	7.1	7.0	8.6	10.3	10.9	13.1	8.3	8.5	10.4	10.4	9.4	

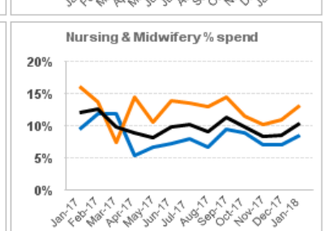












NHSI Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Nov-17	Dec-17	Jan-18	2017-2018	Nov-17	Dec-17	Jan-18	2017-2018	Nov-17	Dec-17	Jan-18	2017-2018 Q4	2017-2018	Trend charts	
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	95.7%	93.7%	94.0%	94.8%	94.4%	93.8%	94.8%	94.0%	95.0%	93.8%	94.4%	94.4%	94.4%		!
RTT	18 weeks RTT - Admitted (Target: >90%)	75.2%	76.5%	72.7%	68.9%	84.3%	89.3%	89.1%	85.8%	80.0%	84.0%	81.8%	81.8%	78.2%		!
	18 weeks RTT - Non-Admitted (Target: >95%)	93.0%	92.7%	93.5%	92.7%	87.9%	89.2%	90.2%	90.6%	91.0%	91.4%	92.2%	92.2%	91.9%		!
	18 weeks RTT - Incomplete (Target: >92%)	91.1%	91.1%	91.6%	89.7%	93.8%	93.5%	94.6%	93.8%	92.3%	92.1%	92.9%	92.9%	91.4%		!
Cancer (Please note that all Cancer indicators show interim, unvalidated positions for the latest month (Jan-18) in this report)	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	97.1%	96.6%	97.0%	93.5%	95.4%	94.8%	94.6%	93.6%	96.1%	95.5%	95.5%	95.5%	93.5%		-
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	n/a	100%	100%	93.5%	93.5%	100%	100%	93.5%	93.5%	93.5%		-
	31 days diagnosis to first treatment (Target: >96%)	100%	100%	93.3%	98.0%	100%	100%	97.7%	99.8%	100%	100%	95.5%	95.5%	99.0%		-
	31 days subsequent cancer treatment - Drug (Target: >98%)	n/a	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		-
	31 days subsequent cancer treatment - Surgery (Target: >94%)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		-
	31 days subsequent cancer treatment - Radiotherapy (Target: >94%)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a		-
	62 days GP referral to first treatment (Target: >85%)	96.4%	88.4%	90.9%	82.4%	93.8%	91.3%	93.8%	92.6%	95.0%	90.2%	92.6%	92.6%	88.4%		-
	62 days NHS screening service referral to first treatment (Target: >90%)	n/a	n/a	n/a	n/a	88.9%	85.7%	66.7%	87.7%	88.9%	85.7%	66.7%	66.7%	87.7%		!
Patient Safety	Clostridium difficile infections (Year End Targets: CW: 7; WM: 9; Combined: 16)	0	0	0	0	1	0	0	9	1	0	0	0	9		-
Learning difficulties Access & Governance	Self-certification against compliance for access to healthcare for people with Learning Disability	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant		-
	Governance Rating	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a		-

Please note the following 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 Hours waiting time

The NHS continued to see continued Non-Elective pressure and whilst the performance for our Trust January did not meet the 95% target, our final position placed us 5th best performing Trust in the country, reflecting the tremendous efforts and hard work by all teams in a very busy period.

18 weeks RTT – Incomplete pathways

For another subsequent month the trust's incomplete position improves and remains compliant against the national metric. Improvements on both sites show the longest waiting patients are being booked in the correct order. The total number of patients waiting for treatment over 18weeks has again reduced to the lowest in 2 years. The 92.9% reported is the best performance against this metric since the integration of the Trust in September 2015

Cancer - 2 Weeks from referral to first appointment all urgent referrals and 62 days GP referral to first treatment

The Trust continues to deliver on the key Cancer targets in January with 2WW performance at 95.5% and 62 day performance at 92.6%

Cancer - 31 days diagnosis to first treatment

The 31 day decision to treat to treatment target was not achieved in January due to two patient choice delays in treatment over the Christmas period.

Cancer - 62 days NHS screening service referral to first treatment

The 62 day screening target was also not achieved in January due to 1 breach of the pathway caused by a late referral from the breast screening centre

***Clostridium difficile* infections**

No infections were reported in January. Year-to-Date, the Trust has reported 9, all at West Middlesex, against a combined target of 16.

Safety Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Nov-17	Dec-17	Jan-18	2017-2018	Nov-17	Dec-17	Jan-18	2017-2018	Nov-17	Dec-17	Jan-18	2017-2018 Q4	2017-2018	Trend charts	
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	0	0	0	0	0	0	1	3	0	0	1	1	3		-
	Hand hygiene compliance (Target: >90%)	97.2%	96.9%	96.8%	96.5%	99.4%	93.5%	99.7%	96.7%	98.0%	95.7%	97.8%	97.8%	96.6%		-
Incidents	Number of serious incidents	5	2	2	35	3	6	6	34	8	8	8	8	69		-
	Incident reporting rate per 100 admissions (Target: >8.5)	8.0	9.1	7.4	7.7	9.9	10.3	9.2	9.2	8.9	9.7	8.2	8.2	8.4		-
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions (Target: 0)	0.02	0.02	0.05	0.02	0.00	0.04	0.07	0.02	0.01	0.03	0.06	0.06	0.02		!
	Medication-related (NRLS reportable) safety incidents per 100,000 FCE bed days (Target: >=280)	723.66	473.84	424.22	503.35	374.93	326.97	232.39	288.76	555.88	405.19	332.68	332.68	401.48		-
	Medication-related (NRLS reportable) safety incidents % with harm (Target: <=12%)	15.7%	12.7%	10.6%	11.1%	6.1%	7.0%	6.1%	13.0%	12.6%	10.5%	9.1%	9.1%	11.7%		-
	Never Events (Target: 0)	1	0	0	3	0	0	0	1	1	0	0	0	4		-
Harm	Safety Thermometer - Harm Score (Target: >90%)	97.4%	96.6%	95.4%	96.1%	96.9%	89.7%	93.6%	92.7%	97.1%	91.8%	94.3%	94.3%	93.9%		-
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	1	1	0	9	0	0	1	3	1	1	1	1	12		-
	NEWS compliance %	97.1%	96.8%	96.6%	97.0%	97.4%	98.5%	98.2%	96.8%	97.2%	97.6%	97.3%	97.3%	96.9%		-
	Safeguarding adults - number of referrals	21	17	26	189	15	14	8	210	36	31	34	34	399		-
	Safeguarding children - number of referrals	49	21	52	299	94	65	77	973	143	86	129	129	1272		-
Mortality	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	86.4	86.4	81.7	81.7	86.4	86.4	81.7	81.7	86.4	86.4	81.7	81.7	81.7		-
	Number of hospital deaths - Adult	38	44	45	356	66	55	85	590	104	99	130	130	946		-
	Number of hospital deaths - Paediatric	1	0	2	9	0	1	0	2	1	1	2	2	11		-
	Number of hospital deaths - Neonatal	3	1	2	14	1	2	0	11	4	3	2	2	25		-
	Number of deaths in A&E - Adult	5	5	1	25	12	5	8	61	17	10	9	9	86		-
	Number of deaths in A&E - Paediatric	0	0	0	0	0	0	0	2	0	0	0	0	2		-
	Number of deaths in A&E - Neonatal	0	0	0	0	0	0	1	2	0	0	1	1	2		-

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

Trust commentary

MRSA bacteraemia

There was one reported MRSA at West Middlesex in January – 3 year-to-date. The cause is being investigated

Hand Hygiene compliance

The Trust continues to be well ahead of the target for this metric. Areas that do not complete audits are highlighted and the Divisional Leads are responsible for follow-up and reporting back on progress to the Infection Prevention and Control Group

Serious Incidents

8 Serious Incidents were reported in January 2018; 2 at CWH and 6 at WMUH.
Table 2 within the SI Report prepared for the Board reflects the number of incidents, by category reported on each site during the month.

Incident reporting rate per 100 admissions

Of the 1034 patient safety incidents reported, 495 relate to incidents occurring on the CWH site, 530 on WMUH site, 9 in Community clinics

Trust commentary continued

Medication-related safety incidents

Of the 128 medication related safety incidents reported, 79 relate to incidents occurring on the Chelsea site and 49 on West Middlesex site.

WMUH site medication related safety incident reporting is improving. The pharmacy team are working with teams to encourage ‘low’ and ‘no harm’ incident reporting

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

The Trust has achieved an overall reporting rate of NRLS reportable medication-related safety incidents of 333/100,000 FCE bed days in January 2018. This is higher than the Trust target of 280/100,000. There were 424 and 233 medication-related incidents per 100,000 FCE bed days at CW and WM sites respectively.

There has been a decrease in reporting of medication incidents this month compared to recent months.

Medication-related (reported) safety incidents % with harm

The Trust had 9% medication-related safety incidents with harm in January 2018.This figure is less than the previous month and lower than the Carter dashboard National Benchmark (10.3%). The year to date figure is 11.7%.

Overall there were 9 incidents that caused harm in January 2018; 7 occurred at CW site and 2 at WM site. One incident caused moderate harm; it involved the omission of clonazepam resulting in the patient having a seizure. The other incidents resulted in low harm and included the: omission of insulin; omission of etoposide; delayed administration of teicoplanin; incorrect prescribed dose of clonazepam; and administration of benzylpenicillin instead of benzathene benzylpenicillin. There was also an adverse reaction to lidocaine and two adverse reactions to penicillin in patients with known allergies.

The Medication Safety Group is working to improve the shared learning from medication errors.

Incidence of newly acquired category 3 & 4 pressure ulcers

Preventing Hospital Acquired Pressure Ulcers remain high priority for both sites.

One patient sustained a grade 3 pressure ulcer whilst receiving care. This is being investigated in order to identify and introduce further preventative measures.

NEWS compliance

NEWS compliance remains good >95%. All areas audit compliance weekly, this is recorded & collated electronically. All areas receive a weekly report. Any non-submission is addressed by the divisional directors of nursing. Individual action plans address areas of poor compliance with completion/ accuracy.

Safeguarding Adults - number of referrals

The reduced number of referrals from WM in January is likely to be due to transitional arrangements for new IDVA. A new IDVA is in place and Feb/March figures will be reviewed to confirm arrangements.

Summary Hospital-level Mortality Indicator

The most recent data published by NHS Digital was in mid-December 2017 and covers the 12 month period to June 2017 and is across site. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. The actual figures in this publication were observed deaths of1597 against expected deaths of 1953.77.

Patient Experience Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
Domain	Indicator	Nov-17	Dec-17	Jan-18	2017-2018	Nov-17	Dec-17	Jan-18	2017-2018	Nov-17	Dec-17	Jan-18	2017-2018 Q4	2017-2018	Trend charts
Friends and Family	FFT: Inpatient recommend % (Target: >90%)	86.2%	88.0%	90.9%	89.3%	91.5%	91.0%	89.4%	90.3%	89.5%	90.0%	90.1%	90.1%	89.9%	-
	FFT: Inpatient not recommend % (Target: <10%)	5.4%	4.9%	4.1%	5.1%	3.1%	3.7%	4.2%	4.3%	3.9%	4.1%	4.2%	4.2%	4.6%	-
	FFT: Inpatient response rate (Target: >30%)	32.9%	34.2%	36.2%	35.3%	32.3%	38.4%	32.4%	33.0%	32.5%	36.8%	33.9%	33.9%	33.8%	-
	FFT: A&E recommend % (Target: >90%)	88.8%	89.9%	91.1%	86.9%	83.6%	82.7%	89.1%	85.9%	88.1%	88.7%	90.8%	90.8%	86.7%	!
	FFT: A&E not recommend % (Target: <10%)	6.5%	5.7%	5.1%	5.8%	11.5%	10.1%	5.3%	8.6%	7.2%	6.5%	5.1%	5.1%	6.3%	-
	FFT: A&E response rate (Target: >30%)	17.9%	16.9%	16.3%	17.2%	10.7%	11.7%	9.9%	12.1%	16.4%	15.7%	14.9%	14.9%	16.1%	!
	FFT: Maternity recommend % (Target: >90%)	93.0%	91.5%	92.0%	91.7%	86.9%	95.0%	93.1%	94.6%	91.6%	92.4%	92.3%	92.3%	92.4%	-
	FFT: Maternity not recommend % (Target: <10%)	2.5%	5.1%	6.7%	5.3%	13.1%	1.7%	5.2%	3.8%	5.0%	4.2%	6.3%	6.3%	4.9%	-
	FFT: Maternity response rate (Target: >30%)	19.0%	16.5%	14.8%	19.7%	15.2%	14.3%	14.5%	16.6%	18.0%	15.9%	14.7%	14.7%	18.8%	!
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	46	29	44	367	43	27	45	274	89	56	89	89	641	-
	Complaints formal: Number responded to < 25 days	18	16	21	173	12	11	16	83	30	27	37	37	256	-
	Complaints (informal) through PALS	71	68	140	946	177	109	173	908	248	177	313	313	1854	-
	Complaints sent through to the Ombudsman	0	0	0	0	0	0	0	1	0	0	0	0	1	-
	Complaints upheld by the Ombudsman (Target: 0)	0	0	0	0	0	0	0	3	0	0	0	0	3	-

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

Trust commentary

FFT
Inpatient ward areas continued to achieve the 30% response rate and >90% recommended score across the organisation. Challenges continue with the ED department response rate although this month the ED at CW site have achieved the 90% recommended score which is an improvement. Maternity services continue to have good recommended scores but the response rate in these areas needs to improve.

Same Sex Accommodation
There have been no same sex accommodation breaches

Complaints
The Trust continue to meet the acknowledgement of complaints within 2 working days but continue to struggle with meeting the 25 day response target, only being met for 41% of complaints this month. The number of overdue complaints continues to reduce and this in turn will impact on improving the overall response time.

Ombudsman Cases
1 case has been referred year to date which was partially upheld. In addition 2 referrals from previous years have been resolved and were partially upheld.

Efficiency & Productivity Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Nov-17	Dec-17	Jan-18	2017-2018	Nov-17	Dec-17	Jan-18	2017-2018	Nov-17	Dec-17	Jan-18	2017-2018 Q4	2017-2018	Trend charts	
Admitted Patient Care	Average length of stay - elective (Target: <3.7)	3.21	4.19	4.34	3.74	4.06	3.23	3.86	3.57	3.44	3.94	4.24	4.24	3.70		-
	Average length of stay - non-elective (Target: <3.9)	4.03	4.20	4.25	4.22	3.72	3.80	3.83	3.67	3.87	3.99	4.02	4.02	3.92		!
	Emergency care pathway - average LoS (Target: <4.5)	4.83	4.79	5.14	5.06	4.16	4.24	4.14	4.17	4.43	4.45	4.53	4.53	4.51		!
	Emergency care pathway - discharges	214	208	227	2080	328	327	356	3295	542	535	583	583	5375		-
	Emergency re-admissions within 30 days of discharge (Target: <2.8%)	3.54%	3.67%	3.71%	3.49%	9.92%	9.70%	9.77%	9.26%	6.23%	6.31%	6.32%	6.32%	5.96%		!
	Non-elective long-stayers	492	453	464	4411	394	393	349	3880	886	846	813	813	8291		-
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	80.8%	81.4%	83.1%	83.1%	85.2%	85.6%	91.7%	87.7%	82.6%	83.2%	86.1%	86.1%	84.9%		!
	Operations canc on the day for non-clinical reasons: actuals	14	9	12	136	4	4	5	48	18	13	17	17	184		-
	Operations canc on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.47%	0.36%	0.39%	0.47%	0.32%	0.34%	0.42%	0.39%	0.42%	0.35%	0.40%	0.40%	0.45%		-
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	3	3	1	19	1	0	1	7	4	3	2	2	26		!
	Theatre active time (C&W Target: >70%; WM Target: >78%)	71.0%	69.1%	67.7%	69.7%	89.1%	85.5%	77.9%	85.0%	76.3%	74.0%	70.6%	70.6%	74.2%		-
	Theatre booking conversion rates (Target: >80%)	85.3%	84.5%	84.4%	84.9%	75.4%	71.1%	70.1%	73.5%	81.5%	79.0%	78.8%	78.8%	80.5%		!
Outpatients	First to follow-up ratio (Target: <1.5)	1.48	1.55	1.43	1.54	1.33	1.45	1.39	1.37	1.37	1.48	1.40	1.40	1.42		-
	Average wait to first outpatient attendance (Target: <6 wks)	7.8	7.0	7.5	7.6	8.8	7.4	7.5	9.8	8.3	7.2	7.5	7.5	8.6		!
	DNA rate: first appointment	12.4%	13.2%	11.3%	13.6%	11.6%	13.8%	12.2%	12.2%	12.0%	13.4%	11.7%	11.7%	13.0%		-
	DNA rate: follow-up appointment	10.3%	10.4%	10.1%	11.3%	9.6%	10.1%	9.7%	9.6%	10.1%	10.3%	10.0%	10.0%	10.8%		-

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

Trust commentary

Non-Elective and Emergency Care Pathway length of stay

Although performing strongly when benchmarked nationally, there remains the opportunity to further hone these pathways. Work continues to further improve the NEL and emergency care pathways LOS – via a variety of improvement schemes: Monday surge, further embedding Red:Green Days, increasing our ambulatory services and the future development of an emergency portal at West Middlesex.

Daycase rates

The Daycase rate for the basket of 25 procedures reached the 85% milestone in January. The West Middlesex site attained its best rate for the Financial Year, which together with an increase at Chelsea meant the target was passed for the first time since August

Outpatient DNA rates

DNA rates for first and follow appointments fell markedly in January across both sites, with the Chelsea site recording its lowest DNA rates for both first and follow-up appointments since April 2017. West Middlesex returned to previous reporting levels in January after a rise in December. Further improvements to our administrative function and focus on OPD by the operational teams continue.

Clinical Effectiveness Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Nov-17	Dec-17	Jan-18	2017-2018	Nov-17	Dec-17	Jan-18	2017-2018	Nov-17	Dec-17	Jan-18	2017-2018 Q4	2017-2018	Trend charts	
Best Practice	Dementia screening case finding (Target: >90%)	95.9%	92.9%	93.0%	89.0%	96.3%	94.3%	93.6%	95.0%	96.1%	93.6%	93.3%	93.3%	92.2%		-
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	85.0%	100.0%	90.0%	95.1%	92.3%	91.7%	81.8%	84.5%	87.9%	96.3%	84.4%	84.4%	90.0%		!
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.4%	100.0%	100.0%	100.0%	100.0%	99.0%		-
VTE	VTE: Hospital-acquired (Target: tbc)					0	0	0	0	0	0	0	0	0		-
	VTE risk assessment (Target: >95%)	94.9%	94.3%	94.2%	95.0%	76.4%	76.2%	76.9%	76.1%	86.0%	85.1%	85.7%	85.7%	85.7%		!
TB Care	TB: Number of active cases identified and notified	3	7	2	38	12	4	3	54	15	11	5	5	92		-
	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

Stroke: time spent on dedicated Stroke Unit

Both sites once again reported full compliance with this indicator – where 80% of patients must spend at least 90% of their stay in a dedicated Stroke Unit. For the Financial Year to date, there have in fact been only three breaches of this standard, all at the West Middlesex Site

#NoF Time to Theatre

There were 5 breaches of the 36 hour standard for this metric in January – one at the Chelsea Site and four at West Middlesex.

Notifications of TB cases

There were 2 notifications from the Chelsea Site with 3 from West Middlesex. The Team at C&W also manage cases at the Royal Brompton Hospital

Percentage of completed TB treatments completed

This indicators is currently under development

Access Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Nov-17	Dec-17	Jan-18	2017-2018	Nov-17	Dec-17	Jan-18	2017-2018	Nov-17	Dec-17	Jan-18	2017-2018 Q4	2017-2018	Trend charts	
RTT waits	RTT Incompletes 52 week Patients at month end	0	0	0	0	0	0	0	0	0	0	0	0	0		-
	Diagnostic waiting times <6 weeks: % (Target: >99%)	98.53%	98.25%	97.56%	97.62%	88.53%	96.10%	98.62%	96.82%	92.25%	96.94%	98.12%	98.12%	97.13%		!
	Diagnostic waiting times >6 weeks: breach actuals	43	49	72	622	565	170	46	1275	608	219	118	118	1897		-
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	8.2%	8.6%	8.3%	8.1%	8.6%	7.5%	7.9%	8.3%	8.4%	8.2%	8.2%	8.2%	8.2%		!
	A&E time to treatment - Median (Target: <60')	01:07	01:03	01:05	01:03	00:39	00:38	00:39	00:40	01:00	00:56	00:58	00:58	00:57		!
	London Ambulance Service - patient handover 30' breaches	16	12	30	226	24	30	63	372	40	42	93	93	598		-
	London Ambulance Service - patient handover 60' breaches	0	0	1	1	0	0	0	0	0	0	1	1	1		-
Choose and Book (available to Nov-17 only for issues)	Choose and book: appointment availability (average of daily harvest of unused slots)	313.6			824.9	0	0	0	0	313.6			0	824.9		-
	Choose and book: capacity issue rate (ASI)				48.6%									48.6%		-
	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

18 Weeks RTT - Incomplete waits >52 weeks at month end
The Trust, again, had no patients waiting greater than 52 weeks at month end for treatment.

Diagnostic waits under 6 weeks

Unfortunately, the Trust failed to achieve the diagnostic waiting time standard of 99% tests completed within 6 weeks of referral for the fourth consecutive month. Neither trust site achieved compliance; the individual and combined positions are shown below;

Reassuringly, the recovery actions put in place to address the non-obstetric ultrasound backlog in Radiology (WMUH site) were effective and the average wait for such a scan in that department now stands at around 3 weeks.

The individual site performance for WM, and the combined Trust performance, is at its highest level since September; these measures have shown consistent improvement over the last 3 months. There is still improvement work required on both sites to allow the Trust to regain a compliant position.

Chelsea site reported 97.56 %

West Middlesex site reported 98.62 %

The combined Trust performance for January is reported as 98.12%

Diagnostic waits over 6 weeks
Across both Trust sites 121 breaches were reported which continues the month on month improvement shown since October.
The CW site was responsible for 75 breaches; 51 of the breaches were in Endoscopy with the majority of the remainder (22) coming from Urology. A lack of capacity is reported as being the main cause of breaches. The WM site reported 46 breaches. 32 of the breaches were in the clinical measurement departments including Cardiology and Respiratory Physiology; this was predicted last month and should continue to fall in February. The majority of the remainder (13) coming from Urology.

A&E Unplanned Re-attendances
This figure remains relatively static. Work has commenced on both sites about frequent attenders and we would hope to see a reduction in future months

A&E Time to Treatment
This figure also remains relatively static and is under review as part of reviewing doctor rotas.

A&E LAS 30 min handover breaches
Ambulance handover times continue to be very good, with both sites amongst the best performing in London

Maternity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Nov-17	Dec-17	Jan-18	2017-2018	Nov-17	Dec-17	Jan-18	2017-2018	Nov-17	Dec-17	Jan-18	2017-2018 Q4	2017-2018	Trend charts	
Birth indicators	Total number of NHS births	481	461	505	4806	413	429	419	4262	894	890	924	924	9068		-
	Total caesarean section rate (C&W Target: <27%; WM Target: <29%)	36.8%	31.9%	34.9%	33.5%	28.4%	29.5%	29.4%	26.8%	32.9%	30.7%	32.4%	32.4%	30.3%		!
	Midwife to birth ratio (Target: 1:30)	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30		-
	Maternity 1:1 care in established labour (Target: >95%)	96.2%	98.1%	96.9%	98.1%	97.7%	95.5%	98.5%	96.5%	96.9%	96.9%	97.7%	97.7%	97.3%		-
Safety	Admissions of full-term babies to NICU	20	27	21	216	n/a	n/a	n/a	n/a	20	27	21	21	216		-

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

Births were slightly reduced at the WMUH site but increased at the Chelsea site and were just above plan for the month

Total C-Section rate

Caesarean section rates were slightly increased at the Chelsea site but still lower than most months of the year. West Middlesex site remained non-compliant for the second time this year, although a slight reduction against the previous month and this has been raised with the Service Director.

Midwife to birth ratio - births per WTE

The midwife to birth ratio is consistent throughout the year and across site at 1:30

Maternity 1:1 care in established labour

Both sites were compliant for with 1:1 in established labour given the births being on plan and staffing levels being strong throughout the month

Workforce Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
Domain	Indicator	Nov-17	Dec-17	Jan-18	2017-2018	Nov-17	Dec-17	Jan-18	2017-2018	Nov-17	Dec-17	Jan-18	2017-2018 Q4	2017-2018	Trend charts
Staffing	Vacancy rate (Target: CW <12%; WM <10%)	11.2%	12.5%	11.3%	11.3%	16.0%	14.9%	14.5%	14.5%	12.9%	13.3%	12.4%	12.4%	12.4%	!
	Staff Turnover rate (Target: CW <18%; WM <11.5%)	17.9%	17.7%	17.3%	17.3%	11.0%	11.0%	11.1%	11.1%	15.6%	15.6%	15.3%	15.3%	15.3%	-
	Sickness absence (Target: <3%)	2.8%	3.3%	3.4%	2.8%	3.3%	3.4%	3.3%	2.9%	3.0%	3.3%	3.4%	3.4%	2.8%	!
	Bank and Agency spend (£ks)	£2,343	£2,358	£2,702	£24,511	£2,326	£2,348	£2,518	£24,233	£4,669	£4,706	£5,220	£5,220	£48,745	-
	Nursing & Midwifery Agency: % spend of total pay (Target: tbc)	7.1%	7.0%	8.6%	7.5%	10.3%	10.9%	13.1%	12.6%	8.3%	8.5%	10.4%	10.4%	9.4%	-
Appraisal rates	% of Performance & Development Reviews completed - medical staff (Target: >85%)	81.6%	80.7%	78.7%	80.5%	89.2%	90.0%	87.6%	85.4%	84.5%	84.4%	82.1%	82.1%	82.5%	!
	% of Performance & Development Reviews completed - non-medical staff (Target trajectory: >60%)	55.5%	76.3%	81.5%	35.1%	50.5%	78.0%	82.5%	30.3%	53.8%	76.9%	81.8%	81.8%	33.4%	-
Training	Mandatory training compliance (Target: >90%)	86.5%	87.4%	87.6%	85.6%	84.5%	85.7%	84.4%	85.3%	85.8%	86.8%	86.5%	86.5%	85.5%	!
	Health and Safety training (Target: >90%)	94.4%	94.9%	95.2%	88.3%	86.9%	87.7%	88.0%	86.8%	91.8%	92.4%	92.8%	92.8%	87.8%	!
	Safeguarding training - adults (Target: 90%)	91.1%	91.8%	91.6%	90.2%	87.3%	87.4%	88.1%	87.0%	89.8%	90.3%	90.4%	90.4%	89.1%	!
	Safeguarding training - children (Target: 90%)	88.5%	88.9%	88.7%	88.5%	87.4%	88.3%	87.1%	88.7%	88.1%	88.7%	88.2%	88.2%	88.6%	!

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

Staff in Post
In January we employed 5355 whole time equivalent (WTE) people on substantive contracts, 44 WTE more than last month.

Turnover
Our voluntary turnover rate was 15.3%, 0.3% lower than last month. Voluntary turnover is 17.3% at Chelsea and 11.1% at West Middlesex.

Vacancies
Our general vacancy rate for January was 12.4%, which is 0.9% lower than December. The vacancy rate is 14.5% at West Middlesex and 11.3% at Chelsea.

Sickness Absence
Sickness absence in the month of January was 3.4%, 0.1% higher than January.

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 86% against our target of 90%. The Trust has met the CQUIN target of 70%of front line staff being vaccinated against flu.

Performance and Development Reviews
From April '17 a new PDR process was introduced, specifying date windows for PDR completion according to pay band. A target of 90% was set for all non-medical staff to have had a PDR by the end of December. The PDR rate increased by 5% in January and now stands at 81.82%.

The rolling annual appraisal rate for medical staff was 82.1%, 2.3% lower than last month.

62 day Cancer referrals by tumour site Dashboard

Target of 85%

		Chelsea & Westminster Hospital Site					West Middlesex University Hospital Site					Combined Trust Performance						Trust data 13 months	
Domain	Tumour site	Nov-17	Dec-17	Jan-18	2017-2018	YTD breaches	Nov-17	Dec-17	Jan-18	2017-2018	YTD breaches	Nov-17	Dec-17	Jan-18	2017-2018 Q4	2017-2018	YTD breaches	Trend charts	
62 day Cancer referrals by site of tumour	Brain	n/a	n/a	n/a	100%		n/a	n/a	n/a	n/a	0	n/a	n/a	n/a	n/a	100%	0		-
	Breast	n/a	n/a	n/a	n/a	0.5	100%	100%	100%	100%	0	100%	100%	100%	100%	99.4%	0.5		-
	Colorectal / Lower GI	100%	66.7%	100%	88.1%	3.5	100%	83.3%	85.7%	77.6%	7.5	100%	75.0%	88.2%	88.2%	82.5%	11		-
	Gynaecological	100%	n/a	100%	95.0%	0.5	66.7%	81.8%	66.7%	90.2%	2	85.7%	81.8%	80.0%	80.0%	91.8%	2.5		!
	Haematological	100%	100%	n/a	100%	0	100%	66.7%	100%	90.7%	2	100%	83.3%	100%	100%	93.0%	2		-
	Head and neck	n/a	n/a	n/a	100%	0	50.0%	100%	100%	83.3%	1.5	50.0%	100%	100%	100%	87.5%	1.5		-
	Lung	100%	100%	100%	81.0%	2	100%	n/a	100%	96.0%	0.5	100%	100%	100%	100%	89.1%	2.5		-
	Sarcoma	100%	n/a	n/a	100%	0	n/a	n/a	n/a	n/a		100%	n/a	n/a	n/a	100%	0		-
	Skin	93.3%	100%	100%	95.4%	3.5	90.0%	100%	75.0%	92.9%	2.5	92.5%	100%	94.4%	94.4%	94.6%	6		-
	Upper gastrointestinal	100%	80.0%	n/a	80.8%	2.5	0.0%	n/a	n/a	92.9%	0.5	66.7%	80.0%	n/a	n/a	85.0%	3		-
	Urological	100%	77.8%	80.0%	58.8%	24.5	100%	93.3%	100%	92.4%	6	100%	87.5%	91.3%	91.3%	77.9%	30.5		-
	Urological (Testicular)	n/a	n/a	n/a	100%	0	100%	n/a	n/a	100%	0	100%	n/a	n/a	n/a	100%	0		-
	Site not stated	n/a	100%	100%	60.0%	1	100%	n/a	n/a	100%	0	100%	100%	100%	100%	85.7%	1		-

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

For the 62 day GP Cancer referrals to first treatment pathway the Trust has an unvalidated position of 92.6% for January.

The unvalidated breaches in January by Tumour site are as follows:

Note that a pathway can be shared between organisations hence the fractions of a breach

Colorectal / Lower GI: WMUH: 1 breach of 7 patients treated

Gynaecological: WMUH: 0.5 of a breach of 1.5 patients treated

Skin: WMUH: 0.5 of a breach of 2 patients treated

Urological: C&W: 2 breaches of 10 patients treated

All other pathways on both sites were treated within the 62 day target

QUALITY PRIORITIES DASHBOARD

Quarter 3 2017/2018

Patient Safety

QP No	Description of Goal	Responsible Executive (role)	Forecast Q1	Q2	Q3	Q4	3rd Quarter Commentary
1	Reduction in falls (Frailty Quality Plan)	Director of Nursing					There has been a slight rise in falls this quarter but we have also witnessed an upturn in activity. The main falls reduction work is ongoing as shown in the updated plan with a planned launch of new risk assessment tools and equipment. The division expects the incidents to decrease overall from Q4 onwards into 18/19 into year 2 of the quality priority. The status is rated as green as this quarter there has been a reduction in falls requiring external reporting. .
2	Antibiotic administration in Sepsis (Sepsis Plan)	Medical Director					There has been an increase in Q3 to 63.55% from 56.7% in Q2. The roll out of the Sepsis clinical guideline and screening tool alongside the agreement for the Sepsis Nurse resource is expected to increase this performance in future quarters
3	National Early Warning Score (Sepsis Plan)	Medical Director					There has been an increase in Q3 to 56.3% from 54.5% in Q2. The performance is still impacted by not being able to audit the screening for WM inpatients. The introduction of the screening tool/clinical guidelines and dedicated resource will improve this position.
4	National Safety Standards for Invasive Procedures (NatSSIPs) (Planned Care Plan)	Divisional Medical Director					The division has continued to make significant progress in Q3. During Q3 the LocSips have been super bundled of which there are 16. Work is ongoing to determine if any of these need individual LocSips.

Clinical Effectiveness

QP No	Description of Goal	Responsible Executive (role)	Forecast Q1	Q2	Q3	Q4	2nd Quarter Commentary
5	Reduction in still births (Maternity Plan)	Director of Midwifery					C&W continues to remain below the national still birth rate.

Patient Experience

QP No	Description of Goal	Responsible Executive (role)	Forecast Q1	Q2	Q3	Q4	2nd Quarter Commentary
1	Focus on complaints and demonstrate learning from complaints	Director of Midwifery					Complaints turnaround remains a concern however significant progress has been made in reducing the number of overdue complaints. We continue to aspire to the stretched target of 90%. .
2	FFT improvements with new FFT provider	Director of Midwifery					Response rates remain low with only inpatient areas achieving the >30%. Recommendation rates are above the 90% in all areas apart from ED which is currently at 84% year to date.

Nursing Metrics Dashboard

Safe Nursing and Midwifery Staffing

Chelsea and Westminster Hospital Site

Ward Name	Average fill rate				CHPPD			National bench mark
	Day		Night					
	Reg Nurses	Care staff	Reg Nurses	Care staff	Reg	HCA	Total	
Maternity	72.3%	60.0%	91.7%	88.7%	8.7	3.2	11.9	7 – 17.5
Annie Zunz	100.0%	89.1%	98.4%	96.8%	5.6	2.3	7.8	6.5 - 8
Apollo	94.2%	93.5%	91.0%	83.9%	16.5	3.2	19.7	
Jupiter	148.6%	26.7%	156.5%	200.0%	11.3	0.7	12.0	8.5 – 13.5
Mercury	90.6%	90.6%	82.3%	6.5%	7.1	0.6	7.7	8.5 – 13.5
Neptune	97.9%	58.1%	97.6%	0.0%	8.3	0.6	8.9	8.5 – 13.5
NICU	100.0%	-	100.2%	-	13.9	0.0	13.9	
AAU	104.6%	73.4%	98.5%	101.6%	9.1	2.0	11.1	7 - 9
Nell Gwynn	165.0%	117.3%	221.5%	165.6%	4.8	3.5	8.2	6 – 8
David Erskine	97.9%	94.5%	109.7%	115.5%	6.5	6.1	12.6	6 – 7.5
Edgar Horne	96.7%	93.5%	97.8%	95.2%	3.0	3.1	6.2	6 – 7.5
Lord Wigram	98.0%	117.5%	100.0%	122.6%	3.5	3.1	6.6	6.5 – 7.5
St Mary Abbots	111.1%	89.3%	135.5%	133.7%	4.1	2.3	6.4	6 – 7.5
David Evans	77.6%	66.6%	98.8%	108.0%	5.8	2.5	8.3	6 – 7.5
Chelsea Wing	83.6%	91.4%	100.0%	98.4%	12.1	7.5	19.6	
Burns Unit	81.2%	75.4%	100.0%	100.0%	10.3	2.6	12.9	
Ron Johnson	93.2%	110.3%	99.6%	116.1%	4.5	2.8	7.3	6 – 7.5
ICU	98.5%	100.0%	100.3%	-	30.1	0.5	30.6	17.5 - 25
Rainsford Mowlem	92.7%	100.5%	105.0%	115.3%	3.3	3.1	6.4	6 - 8

West Middlesex University Hospital Site

Ward Name	Average fill rate				CHPPD			National bench mark
	Day		Night					
	Reg Nurses	Care staff	Reg Nurses	Care staff	Reg	HCA	Total	
Maternity	77.1%	58.2%	99.0%	96.8%	6.7	1.7	8.4	7 – 17.5
Lampton	100.5%	126.5%	99.3%	135.5%	2.8	2.6	5.5	6 – 7.5
Richmond	99.8%	81.3%	76.2%	40.9%	6.3	2.5	8.9	6 – 7.5
Syon 1	102.3%	190.6%	120.2%	208.1%	4.5	3.5	8.0	6 – 7.5
Syon 2	102.2%	96.7%	156.2%	151.8%	4.4	3.1	7.5	6 – 7.5
Starlight	75.8%	91.2%	88.9%	96.8%	8.3	1.2	9.6	8.5 – 13.5
Kew	80.3%	93.0%	97.8%	160.5%	3.0	3.4	6.5	6 – 8
Crane	108.9%	137.2%	99.9%	167.7%	3.1	3.7	6.8	6 – 7.5
Osterley 1	103.0%	132.4%	109.0%	209.5%	2.9	3.9	6.8	6 – 7.5
Osterley 2	98.1%	121.0%	103.3%	214.5%	3.5	3.6	7.1	6 – 7.5
MAU	89.1%	102.7%	93.2%	103.2%	5.0	3.0	7.9	7 – 9
CCU	97.6%	102.6%	99.2%	-	5.2	0.9	6.1	6.5 – 10
Special Care Baby Unit	108.9%	45.2%	109.3%	41.9%	7.2	0.9	8.1	
Marble Hill 1	94.3%	97.4%	103.1%	103.2%	3.2	2.2	5.3	6 - 8
Marble Hill 2	105.2%	119.1%	108.6%	135.5%	3.1	3.1	6.2	5.5 - 7
ITU	108.6%	0.0%	106.9%	-	25.8	0.0	25.8	17.5 - 25

Summary for January 2018

Lampton Ward: 80.5 hrs day shift. 1 extra HCA booked to ensure safety- agreed by the division. For the night shifts, an extra HCA booked for 19 nights as requested by the mental health care team. Kew Ward: The ward had an extra band 2 every night (bay nurse) for the patients in bay 3 where there were between 2 and 3 confused restless patients. On 5 nights there was also a bay nurse for bay 2 with confused wandering patients. Crane Ward: 1 extra HCA booked Monday to Friday as agreed by the Frailty Steering group. For the night shifts 2 HCAs were booked to look after confused patients at high risk of falls. Osterley 1 Ward: 2 bays with confused patients, with high risk of falls and 1:1 for a suicidal patient with anorexia and NG tube. Osterley 2 Ward: High acuity for high number of non invasive ventilation (NIV) overnight, instead of booking an extra band 5 nurse the ward books band 2's. There was a bariatric patient on the ward who took x3 nurses to move and high acuity patients who were not on NIV from ITU/HDU who were sick and needing a lot of monitoring. There was a patient with learning disabilities who required a 1:1, also a patient who was confused and high risk of falls. Marble Hill 2 Ward: 1:1's for patient at high risk of falls. Syon 1 & 2 Wards: high fill rates due to confused patients at high risk of falls. Also Syon 2 requirement for RMN 1:1 for a period. Starlight Ward: capacity flexed according to staffing cover available. Senior staff supporting

Nell Gwynne Ward: high fill rates due to escalation capacity opened, also to provide cover for Nightingale escalation ward & additional requirement for tracheostomy patients. David Evans Ward: low fill rates due to reduced elective activity. Jupiter Ward: high fill rates due to need for RMN's & 1:1 specials. Maternity Wards: roster template being updated to remove current duplication.

CQUIN Dashboard

January 2018

National CQUINs

No.	Description of goal	Responsible Executive (role)	Forecast RAG Rating
A.1	Improvement of health and wellbeing of NHS staff	Director of HR & OD	
A.2	Healthy food for NHS staff, visitors and patients	Deputy Chief Executive	
A.3	Improving the uptake of flu vaccinations for front line staff within Providers	Director of HR & OD	
B.1	Sepsis (screening) - ED & Inpatient	Medical Director	
B.2	Sepsis (antibiotic administration and review) - ED & Inpatient	Medical Director	
B.3	Anti-microbial Resistance - review	Medical Director	
B.4	Anti-microbial Resistance - reduction in antibiotic consumption	Medical Director	
C.1	Improving services for people with mental health needs who present to A&E	Chief Operating Officer	
D.1	Offering Advice and guidance for GPs	Medical Director	
E.1	NHS e-Referrals	Chief Operating Officer	
F.1	Supporting safe & proactive discharge	Chief Operating Officer	

NHS England CQUINs

No.	Description of goal	Responsible Executive (role)	Forecast RAG Rating
N1.1	Enhanced Supportive Care	Chief Operating Officer	
N1.2	Nationally standardised Dose banding for Adult Intravenous Anticancer Thera	Chief Operating Officer	
N1.3	Optimising Palliative Chemotherapy Decision Making	Chief Operating Officer	
N1.4	Hospital Medicines Optimisation	Chief Operating Officer	
N1.5	Neonatal Community Outreach	Chief Operating Officer	
N1.6	Dental Schemes - recording of data, participation in referral management & p	Chief Operating Officer	

2017/18 CQUIN Performance

The Trust has agreed 12 CQUIN schemes (6 national schemes for CCGs, 6 NHS England schemes) for 2017/18.

Quarter 1 & 2 Performance

The quarter 1 performance has been signed off at 100% for NHSE schemes and 92% for CCG schemes. The only scheme that did not achieve 100% in quarter 1 was the Sepsis CQUIN scheme, which reported partial achievement in line with forecast. Quarter 2 reports were submitted at the end of October and the commissioner assessment is expected in February. NHS England have verbally confirmed 100% achievement for Quarter 2, which is expected to be ratified in February.

National Schemes

There is a continued risk to delivery of the Sepsis screening and review scheme, in line with 2016/17 and Q1 delivery, and the Trust is forecasting partial achievement.

There are also risks around some of the other schemes, particularly where delivery is required to be undertaken jointly with other organisations, such as improving services for people with Mental Health needs presenting at A&E, and with some of the systems and process changes required, for example implementing NHS e-referrals and implementation of the Emergency Care Data Set. However the associated financial risk is partly mitigated by a local payment agreement with NWL CCGs.

NHS England Schemes

The schemes are all on track for the year to date. There is a potential risk regarding the specification for the neonatal community outreach scheme, which is being jointly developed between commissioners and providers, to ensure that an agreed quality improvement scheme is in place across all organisations in the neonatal network.

2018/19 CQUINs

Planning guidance has now been issued for 2018/19 and there are some changes identified for national schemes, including:
- Removal of the Supporting Safe & Proactive Discharge schemes for 2018/19, with the values of the other schemes increasing to compensate. This is a temporary measure for next year only.
- Minor adjustments to a few other schemes, including the Improvement of health and wellbeing of NHS staff and Sepsis and Anti-microbial resistance schemes.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Finance Dashboard

Month 10 2017-18 Integrated Position

Financial Position (£000's)

£'000	Combined Trust		
	Plan to Date	Actual to Date	Variance to Date
Income	521,268	533,059	11,791
Expenditure	(488,314)	(476,744)	11,570
Adjusted EBITDA	32,954	56,315	23,361
Adjusted EBITDA %	6.322%	10.564%	4.24%
Interest/Other	(4,380)	(4,283)	97
Depreciation	(14,417)	(14,077)	339
PDC Dividends	(7,917)	(8,333)	(417)
Other	0	0	0
Trust Deficit	**6,241**	**29,622**	**23,381**

Comments

The Trust is reporting a YTD surplus of £29.62m which is £23.38m favourable against the internal plan.The month 10 position includes reversal of impairments of £22.05m relating to the draft figures following a valuation of the Trust's property portfolio at 31st December 2017. This figure does not impact the control total. The Trust's adjusted surplus is £6.24m which is £1.33m favourable against the NHSI plan.

Income - A&E activity levels are as high as December and are driving emergency admissions in general medicine and paediatrics. Bed capacity has led to a reduction in elective inpatient admissions below planned levels. Outpatient income was on plan.

Pay is adverse by £10.85m year to date, The Trust continues to use bank and agency staff to cover vacancies. Temporary staffing is also used to cover sickness, pressure shifts and additional activity. Underachievement against pay CIP targets has also contributed to this variance. These are largely compensated for by overachievement against income and non-pay CIPs.

Non-pay after adjusting for the impairment benefit is £0.37m favourable YTD. Included in this position is an adverse variance against clinical supplies which is mainly activity driven. The Trust's revised forecast outturn is a surplus of £12.6m (after adding back the reversal of impairments) which is favourable against the plan submitted to NHSI by £0.7m. The revised forecast includes STF cash incentive of £2.1m, benefit realised from the release of provisions and the first tranche of winter funding of £1.45m. Slippage against the NICU/ITU capital scheme funded by donations £5.6m is also included in this position but has no impact on performance against control total. The Trust's revised forecast results in a favourable variance of £5.6m against year-end control total.

Risk rating (year to date)

Use of Resource Rating (UORR)	M07 (Before Override)	M07 (After Override)
Use of Resource Rating	1	1

Comments RAG rating

Under the Use of Resources Rating (UORR) a "1" is the highest score and a "4" the lowest. The overall score is a simple average of the individual scores however, if any individual score is a "4", an override is applied under which the best score achievable is a "3".

At the end of January, the Trust is performing in line with or better than plan for all areas of measurement except against its agency rating, where YTD expenditure was £16.82m against a ceiling of £15.42m, an adverse variance of £1.40m. As the Trust did not score a "4" in any of its risk ratings, the override does not apply and the Trust achieved its planned UORR rating of "1".

Cost Improvement Programme (CIPs)

Theme	In Month			Year to Date		
	Plan £'000	Actual £'000	Var £'000	Plan £'000	Actual £'000	Var £'000
Service Developments/Business Cases	121	0	(121)	694	0	(694)
Targeted Specialities	987	1,554	568	6,407	8,509	2,102
Residual % Based Savings	1,175	952	(223)	11,928	11,436	(493)
Unidentified	139	0	(139)	2,002	0	(2,002)
Trust Total	2,422	2,506	84	21,032	19,944	(1,087)

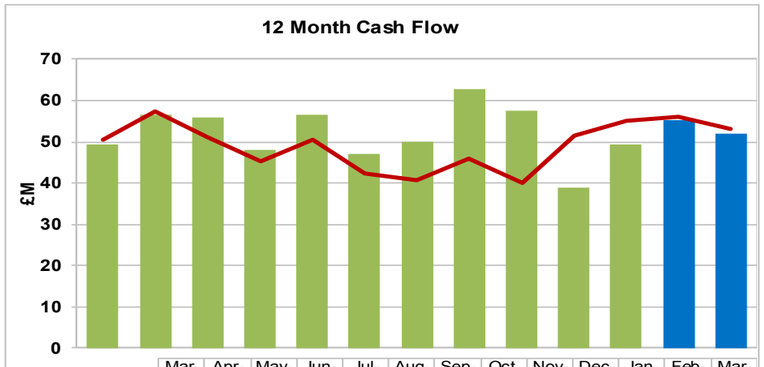
Comments RAG rating

The Trust has achieved YTD CIPs of £19.94m against an intermal target of £21.03m with an adverse variance of £1.09m. The Trust has found it challenging maximising pay CIP plans within target specialities speciality areas such as Care of the Elderly, Obstetrics and Gynaecology and Paediatrics. However new schemes totalling £11.8m have been added to mitigate any risk of underachievement. Unidentified schemes have reduced by £0.2m from prior month. Through new schemes identified the Trust aims to close the gap on unidentified schemes and achieve the target plan.

Cash Flow

Comments RAG rating

The cash balance atmonth 10 is £49.45m which is £5.74m less than plan of £55.19m. The main drivers of this decrease are:receipt £0.27m of STF relating to the 2016/17 post accounts reallocation; reduction in opening cash compared to plan £(1.15m); increase in cash flows from operating activities (excl. STF above) £1.06m; decrease in capital expenditure on cash basis £10.33m; increase in investment in Joint Venture compared to plan £(0.64m); decrease in loan drawdown compared to plan £(3.24m); decrease in PDC drawdown compared to plan £(10.79m); decrease in PDC dividend paid compared to plan £0.67m; other incl. movement in working capital £(2.24m). The Trust is forecasting to end the year with a cash balance of £52.02m, an adverse variance to plan of £1.15m representing the difference between the closing cash balance at 31st March 2017 and that assumed as the opening balance in the plan.



	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Actual	49.45	56.54	55.99	48.03	56.40	47.18	50.11	62.71	57.44	38.94	49.45		
Forecast												55.08	52.02
Plan	50.60	57.46	51.31	45.16	50.51	42.34	40.69	46.04	39.89	51.54	55.19	56.03	53.17

Better Payment Practice Code

The Better Payment Practice Code requires the Trust to pay all valid invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is the later, unless other payment terms have been agreed with the supplier. The Trust's year to date performance at 31st January against the Better Payment Practice code, as reported to NHS Improvement, is as follows:

At Month 10		YTD Number	YTD £'000
Non- NHS	Total bills paid in the year	84,986	225,479
	Total bills paid within target	69,485	175,017
	% bills paid within target	**81.8%**	**77.6%**
NHS	Total bills paid in the year	3,389	32,417
	Total bills paid within target	2,129	15,912
	% bills paid within target	**62.8%**	**49.1%**
Total	Total bills paid in the year	88,375	257,896
	Total bills paid within target	71,614	190,929
	% bills paid within target	**81.0%**	**74.0%**

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Workforce Performance Report
to the Workforce Development Committee

Month 9 - December 2017

Workforce Performance Report Jan ‘17 - Dec ‘17

Performance Summary

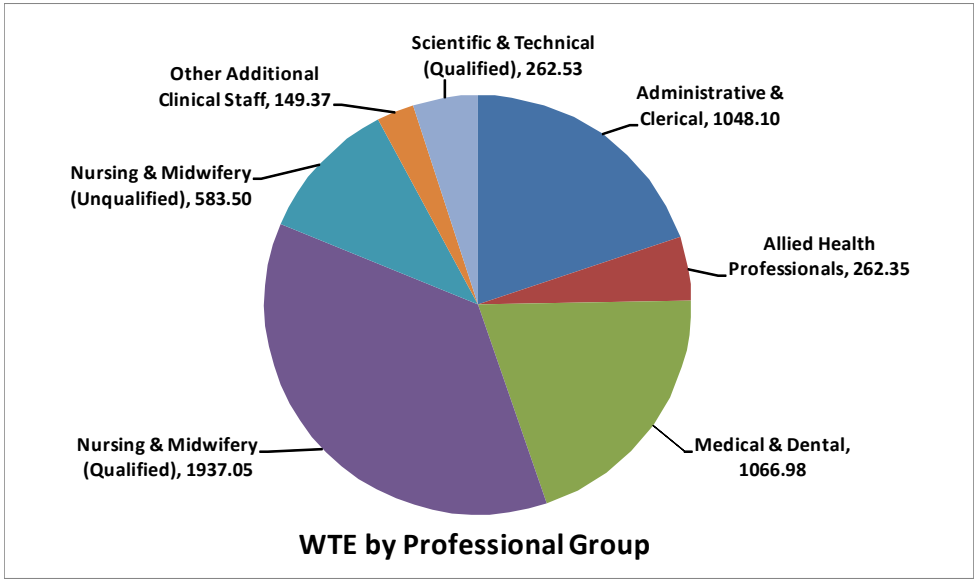
Summary of overall performance is set out below

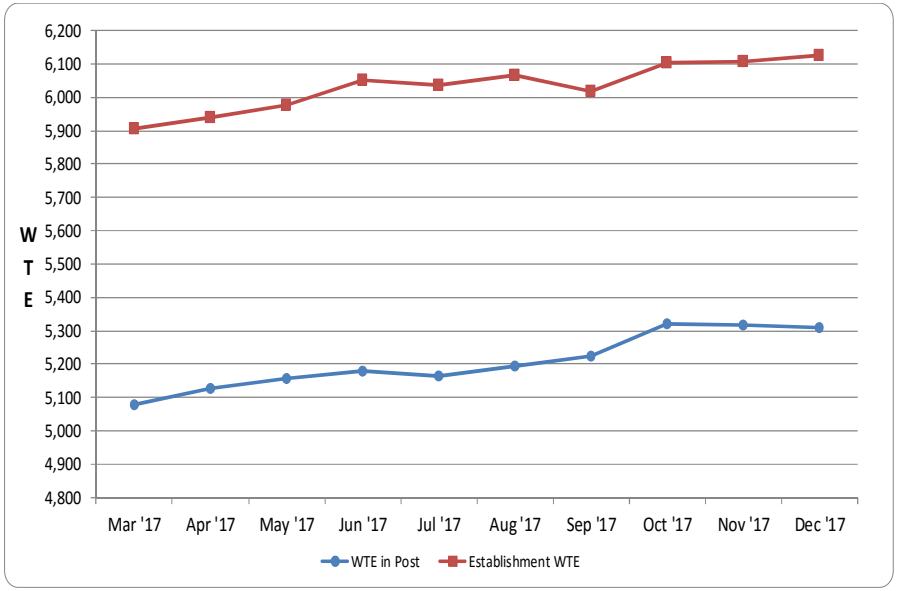
Page	Areas of Review	Key Highlights	Previous Year	Previous Month	In Month	Target	Change
5	Vacancy	Vacancy rate has increased by 0.4%	14.2%	12.9%	13.3%	10.0%	↗
6	Turnover	Turnover has decreased by 1%	21.7%	20.5%	19.5%		↘
7	Voluntary Turnover	Voluntary turnover has stayed the same	16.0%	15.6%	15.6%	13.0%	↔
10	Sickness	Sickness has increased by 0.3%	2.3%	3.0%	3.3%	3.3%	↗
15	Temporary Staffing Usage (FTE)	Temporary Staffing % usage has decreased by 0.1% this month	15.5%	14.8%	14.7%		↘
17	Core Training	Core Training compliance has increased by 1%	82.0%	85.8%	86.8%	90.0%	↗
18	Staff PDR	The percentage of staff who have had a PDR since 1st April '17 has increased by 23.1%	69.5%	53.8%	76.9%	90.0%	↗

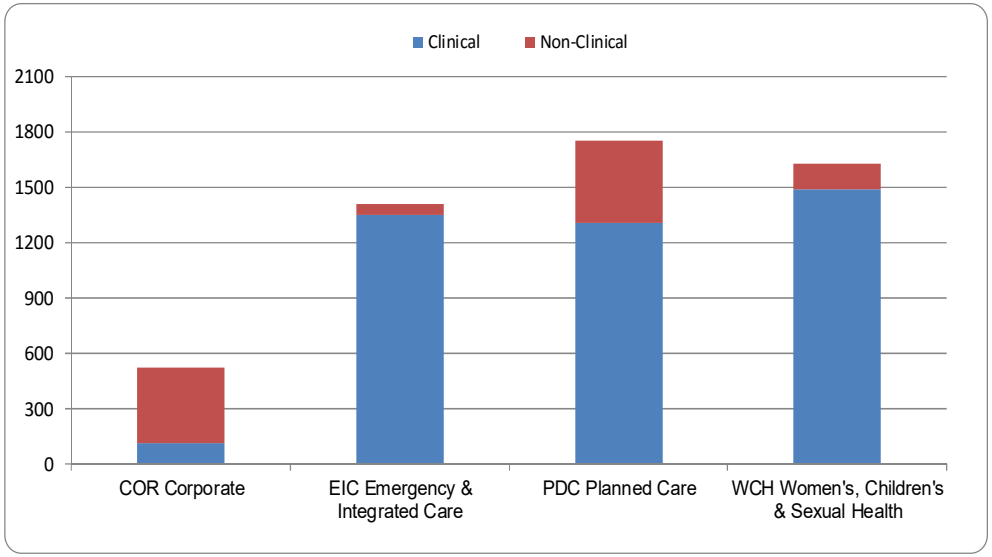
In addition to the information in this report, the trust monitors its workforce data by protected characteristics as defined by the Equality Act. To view the most recent annual workforce equality report please click this link http://connect/departments-and-mini-sites/equality-diversity/

Current Staffing Profile

The data below displays the current staffing profile of the Trust







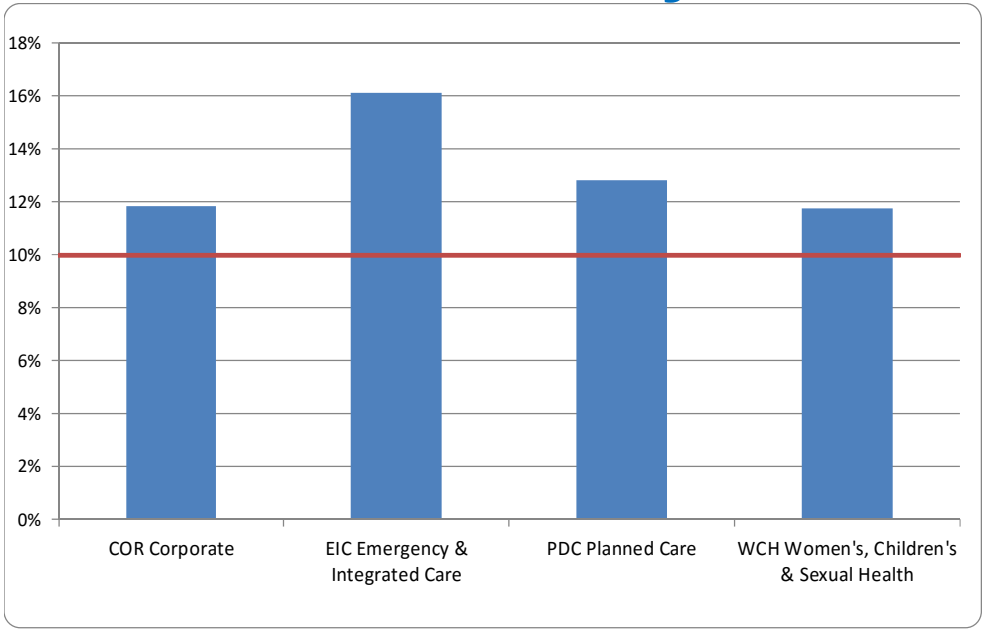
COMMENTARY

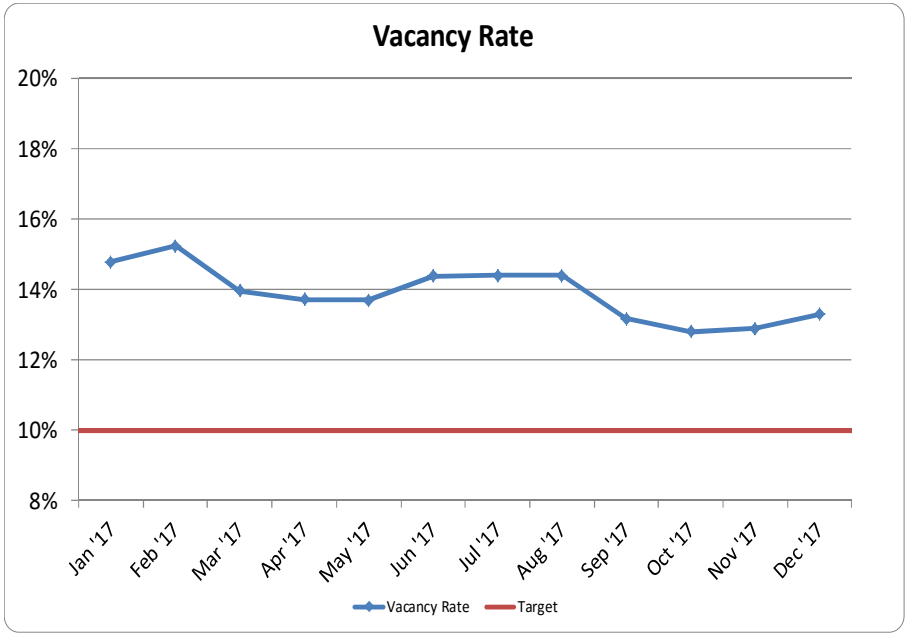
The Trust currently employs 5785 people working a whole time equivalent of 5310 which is 8 WTE less than November.

There were 1729 WTE staff assigned to the West Middlesex site and 3581 WTE to Chelsea.

The largest professional group at the Trust is Qualified Nursing & Midwifery employing 1937 WTE.

Section 1: Vacancy Rates





Vacancies by Division	Sep '17	Oct '17	Nov '17	Dec '17	Trend
COR Corporate	9.9%	10.6%	10.2%	11.8%	↗
EIC Emergency & Integrated Care	14.0%	16.4%	16.9%	16.1%	↘
PDC Planned Care	12.2%	11.5%	12.2%	12.8%	↗
WCH Women's, Children's & Sexual Health	14.6%	11.6%	10.9%	11.7%	↗
Whole Trust	**13.2%**	**12.8%**	**12.9%**	**13.3%**	↗
West Mid Site	**14.9%**	**15.0%**	**16.0%**	**14.9%**	↘
Chelsea Site	**12.3%**	**11.7%**	**11.2%**	**12.5%**	↗

Vacancies by Professional Group	Sep '17	Oct '17	Nov '17	Dec '17	Trend
Administrative & Clerical	11.8%	12.4%	12.1%	12.3%	↗
Allied Health Professionals	10.8%	13.8%	15.1%	14.1%	↘
Medical & Dental	8.8%	9.0%	9.2%	9.5%	↗
Nursing & Midwifery (Qualified)	16.5%	15.0%	14.8%	15.6%	↗
Nursing & Midwifery (Unqualified)	16.0%	16.2%	17.8%	18.0%	↗
Other Additional Clinical Staff	7.5%	7.8%	5.7%	3.2%	↘
Scientific & Technical (Qualified)	8.1%	6.1%	5.2%	7.7%	↗
Total	**13.2%**	**12.8%**	**12.9%**	**13.3%**	↗

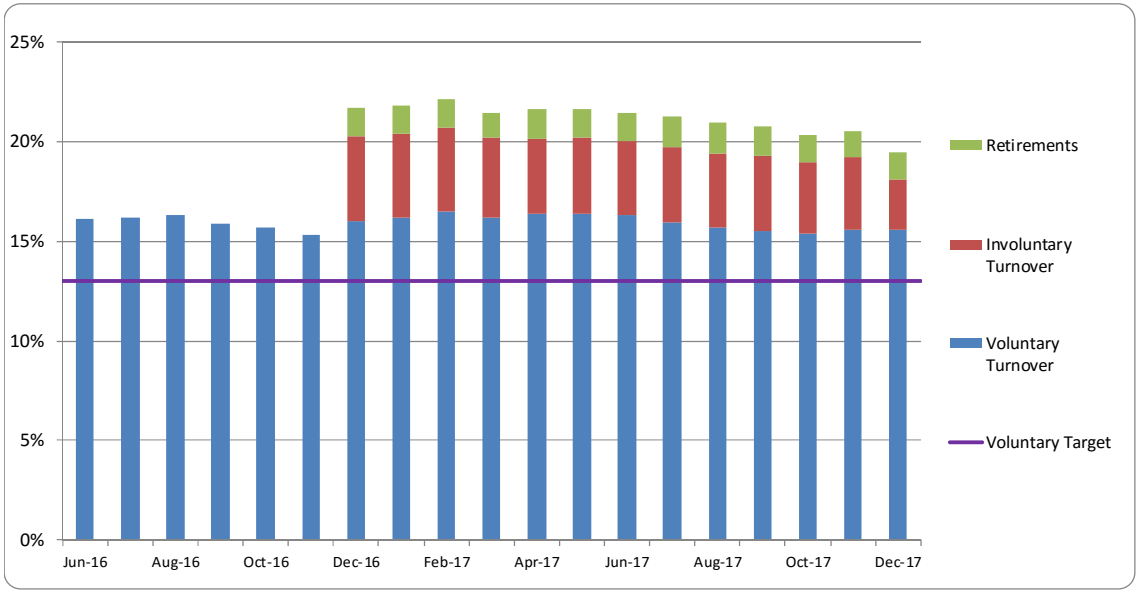
COMMENTARY

The vacancy rate has increased by 0.4% in December.

The vacancy rate currently is highest in the Unqualified Nursing & Midwifery professional group at 18% and in the Emergency & Integrated Care Division at 16.1%.

Section 2a: Gross Turnover

The chart below shows turnover trends. Tables by Division and Staff Group are below:



COMMENTARY

The total trust turnover rate has increased by 1% to 19.5% this month. In the last 12 months there have been 994 leavers.

The Trust now has data from responses to exit surveys. This information will enable more focused work on retention.

	Gross Turnover				
Division	**Sep '17**	**Oct '17**	**Nov '17**	**Dec '17**	**Trend**
COR Corporate	23.4%	22.2%	21.5%	21.2%	↘
EIC Emergency & Integrated Care	19.8%	20.0%	20.7%	19.7%	↘
PDC Planned Care	21.7%	21.2%	21.1%	18.5%	↘
WCH Women's, Children's & Sexual Health	19.8%	19.1%	19.4%	19.8%	↗
Whole Trust	**20.7%**	**20.3%**	**20.5%**	**19.5%**	↘

	Gross Turnover				
Professional Group	**Sep '17**	**Oct '17**	**Nov '17**	**Dec '17**	**Trend**
Administrative & Clerical	20.9%	20.2%	19.6%	18.8%	↘
Allied Health Professionals	21.0%	22.4%	25.1%	24.3%	↘
Medical & Dental	14.3%	13.3%	14.2%	13.9%	↘
Nursing & Midwifery (Qualified)	20.4%	20.1%	19.9%	19.7%	↘
Nursing & Midwifery (Unqualified)	19.6%	19.6%	22.3%	22.5%	↗
Other Additional Clinical Staff	27.7%	27.1%	23.5%	25.0%	↗
Scientific & Technical (Qualified)	33.7%	31.9%	31.0%	17.2%	↘
Whole Trust	**20.7%**	**20.3%**	**20.5%**	**19.5%**	↘

Section 2b: Voluntary Turnover

	Voluntary Turnover						Other Turnover Dec 2017	
Division	Sep '17	Oct '17	Nov '17	Dec '17	Trend	Leavers HC	In-voluntary	Retirement
COR Corporate	19.0%	17.8%	17.5%	17.5%	↔	90	2.9%	0.8%
EIC Emergency & Integrated Care	16.9%	17.2%	18.0%	17.0%	↘	213	2.1%	0.6%
PDC Planned Care	13.5%	13.5%	13.4%	13.7%	↗	228	2.9%	1.9%
WCH Women's, Children's & Sexual Health	15.5%	15.3%	15.4%	15.8%	↗	258	2.4%	1.6%
Whole Trust	**15.5%**	**15.4%**	**15.6%**	**15.6%**	↔	**789**	**2.5%**	**1.4%**
West Mid Site	**10.9%**	**10.9%**	**11.0%**	**11.0%**	↔	**179**		
Chelsea Site	**18.0%**	**17.7%**	**17.9%**	**17.7%**	↘	**610**		

	Voluntary Turnover						Other Turnover Dec 2017	
Professional Group	Sep '17	Oct '17	Nov '17	Dec '17	Trend	Leavers HC	In-voluntary	Retirement
Administrative & Clerical	15.0%	14.5%	14.5%	14.5%	↔	151	2.8%	1.5%
Allied Health Professionals	19.0%	21.1%	23.1%	22.3%	↘	67	1.7%	0.3%
Medical & Dental	4.2%	3.9%	4.8%	4.6%	↘	27	7.9%	1.4%
Nursing & Midwifery (Qualified)	17.9%	17.9%	17.7%	17.6%	↘	370	0.7%	1.3%
Nursing & Midwifery (Unqualified)	16.9%	16.7%	18.8%	18.9%	↗	115	2.5%	1.2%
Other Additional Clinical Staff	18.9%	17.2%	13.6%	13.8%	↗	22	6.9%	4.4%
Scientific & Technical (Qualified)	14.5%	13.8%	12.8%	13.5%	↗	37	2.9%	0.7%
Whole Trust	**15.5%**	**15.4%**	**15.6%**	**15.6%**	↔	**789**	**2.5%**	**1.4%**

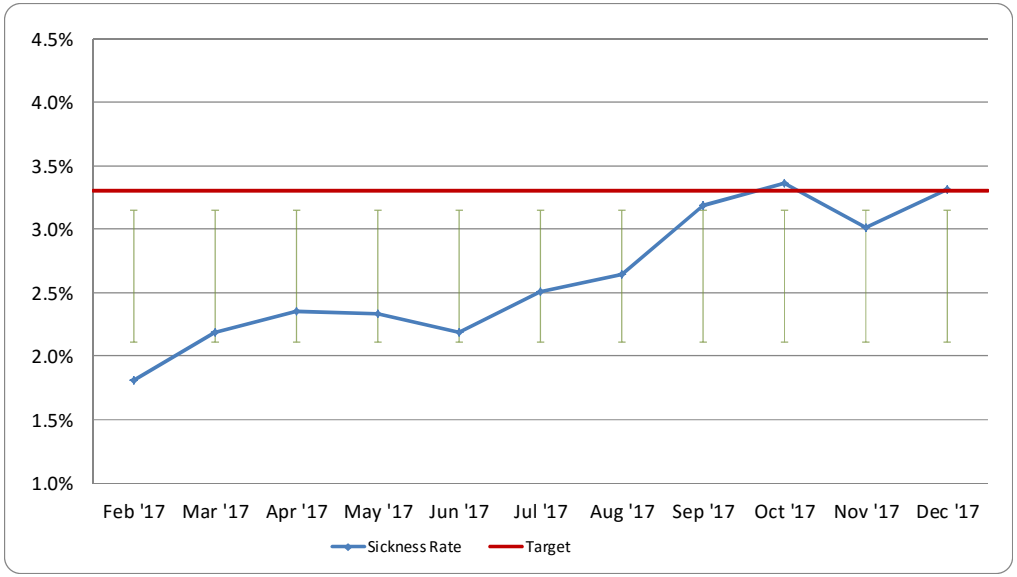
Service	Average Staff in Post HC	Leavers HC	Voluntary Turnover Rate
CW John Hunter Clinic	53	22	41.5%
CW Mercury Ward	30	12	40.0%
CW Ron Johnson	21	8	38.1%
WM Paediatric Starlight Unit	40	13	32.9%
CW David Evans Ward	35	11	31.9%

COMMENTARY

The 5 services with more than 20 staff with the highest voluntary turnover rates are shown in the bottom table. Divisional HR Business Partners are working within divisions to tackle any issues within these areas.

Section 3: Sickness

The chart below shows performance over the last 10 months, the tables by Division and Staff Group are below.



COMMENTARY

The monthly sickness absence rate is at 3.3% in December which is an increase of 0.3% on the previous month.

The Women's & Children's Division had the highest sickness rate in November at 4%. The professional group with the highest sickness rate was Nursing and Midwifery (Unqualified) at 6.3%.

The table below lists the services with the highest sickness absence percentage during December 2017. Below that is a breakdown of the top 5 reasons for absence, both by the number of episodes and the number of days lost.

Sickness by Division	Sep '17	Oct '17	Nov '17	Dec '17	Trend
COR Corporate	2.7%	2.4%	2.6%	2.5%	↘
EIC Emergency & Integrated Care	2.6%	2.4%	2.3%	2.5%	↗
PDC Planned Care	3.4%	4.2%	3.3%	3.6%	↗
WCH Women's, Children's & Sexual Health	3.5%	3.5%	3.5%	4.0%	↗
Whole Trust Monthly %	**3.2%**	**3.4%**	**3.0%**	**3.3%**	↗
Whole Trust Annual Rolling %	**2.6%**	**2.7%**	**2.7%**	**2.7%**	↔

Sickness by Professional Group	Sep '17	Oct '17	Nov '17	Dec '17	Trend
Administrative & Clerical	3.9%	4.8%	4.2%	4.0%	↘
Allied Health Professionals	1.8%	1.6%	1.3%	1.9%	↗
Medical & Dental	0.7%	0.9%	0.4%	0.6%	↗
Nursing & Midwifery (Qualified)	3.5%	3.2%	3.3%	3.8%	↗
Nursing & Midwifery (Unqualified)	5.4%	5.6%	5.7%	6.3%	↗
Other Additional Clinical Staff	3.6%	5.0%	3.0%	3.0%	↔
Scientific & Technical (Qualified)	3.8%	4.4%	2.5%	2.9%	↗
Total	**3.2%**	**3.4%**	**3.0%**	**3.3%**	↗

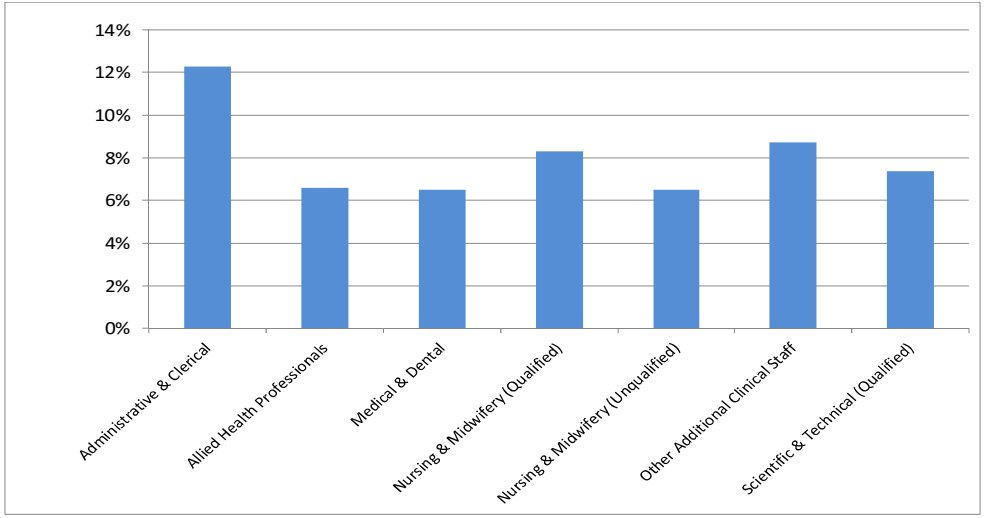
Service	Staff in Post WTE	Sickness WTE Days Lost	Sickness %
WM Syon 2 Pay	27.73	125.36	14.7%
CW John Hunter Clinic	49.77	190.62	12.1%
CW Dermatology	23.59	77.00	10.2%
CW Edgar Horne Ward	39.64	114.24	9.2%
WM Special Care Baby Unit	25.52	67.61	8.6%

Top 5 Sickness Reasons by Number of Episodes	% of all Episodes
S13 Cold, Cough, Flu - Influenza	37.01%
S25 Gastrointestinal problems	18.11%
S12 Other musculoskeletal problems	7.76%
S10 Anxiety/stress/depression/other psychiatric illnesses	5.87%
S16 Headache / migraine	5.47%

Top 5 Sickness Reasons by Number of WTE Days Lost	% of all WTE Days Lost
S10 Anxiety/stress/depression/other psychiatric illnesses	18.90%
S13 Cold, Cough, Flu - Influenza	15.80%
S12 Other musculoskeletal problems	15.12%
S25 Gastrointestinal problems	10.44%
S28 Injury, fracture	8.78%

Section 4: Staff Career Development

The chart below shows the percentage of current staff promoted in each staff group over the last 12 months.



COMMENTARY

In December, 54 staff were promoted, there were 52 new starters to the Trust (excluding Doctors in Training). In addition, 73 employees were acting up to a higher grade.

Over the last year 8.6% of current Trust staff have been promoted to a higher grade. The highest promotion rate can be seen in the Emergency & Integrated Care Division.

Admin & Clerical currently have the highest promotion rate at 12.3% followed by Scientific & Technical staff group at 7.4%

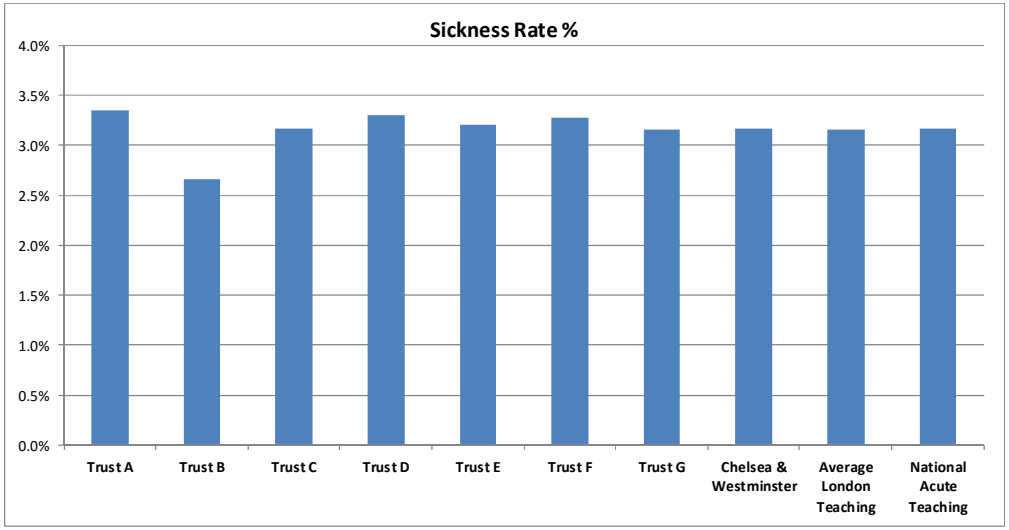
	Monthly No. of Promotions				
Division	Sep '17	Oct '17	Nov '17	Dec '17	Trend
COR Corporate	6	9	7	9	↗
EIC Emergency & Integrated Care	10	12	7	6	↘
PDC Planned Care	12	12	16	16	↔
WCH Women's, Children's & Sexual Health	13	20	24	17	↘
Whole Trust Promotions	**41**	**53**	**54**	**48**	↘
New Starters (Excludes Doctors in Training)	**121**	**137**	**82**	**52**	↘

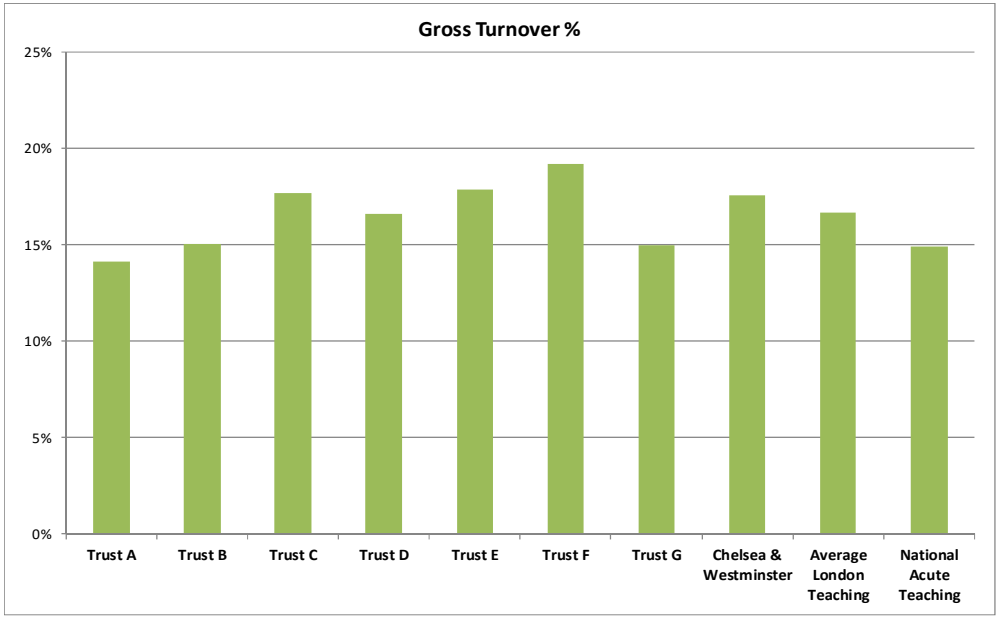
Division	Staff in Post + 1yrs Service	No. of Staff Promoted (12 Months)	% of Staff Promoted	Currently Acting Up	BME % Overall Division	BME % Promoted
COR Corporate	404	41	10.1%	10	42.9%	46.3%
EIC Emergency & Integrated Care	985	101	10.3%	20	43.5%	42.6%
PDC Planned Care	1349	88	6.5%	26	47.9%	45.5%
WCH Women's, Children's & Sexual Health	1329	118	8.9%	17	33.4%	16.9%
Whole Trust	**4067**	**348**	**8.6%**	**73**	**41.7%**	**35.1%**
New Starters (Excludes Doctors in Training)		**1173**				

	No. of Promotions				
Professional Group	Sep '17	Oct '17	Nov '17	Dec '17	Trend
Administrative & Clerical	11	17	26	15	↘
Allied Health Professionals	0	6	2	1	↘
Medical & Dental	3	4	1	1	↔
Nursing & Midwifery (Qualified)	14	19	19	20	↗
Nursing & Midwifery (Unqualified)	8	2	4	0	↘
Other Additional Clinical Staff	1	2	2	9	↗
Scientific & Technical (Qualified)	4	3	0	2	↗
Whole Trust	**41**	**53**	**54**	**48**	↘

Professional Group	Staff in Post + 1yrs Service	No. of Staff Promoted (12 Months)	% of Staff Promoted	Currently Acting Up	BME % of Prof Group	BME % Promoted
Administrative & Clerical	822	101	12.3%	26	43.3%	40.6%
Allied Health Professionals	227	15	6.6%	15	18.5%	13.3%
Medical & Dental	491	32	6.5%	1	35.8%	15.6%
Nursing & Midwifery (Qualified)	1718	143	8.3%	25	40.9%	28.7%
Nursing & Midwifery (Unqualified)	463	30	6.5%	0	60.3%	63.3%
Other Additional Clinical Staff	115	10	8.7%	1	44.7%	30.0%
Scientific & Technical (Qualified)	231	17	7.4%	5	46.9%	64.7%
Whole Trust	**4067**	**348**	**8.6%**	**73**	**41.7%**	**35.1%**

Section 5: Workforce Benchmarking





COMMENTARY

This benchmarking information comes from iView the Information Centre data warehouse tool.

Sickness data shown is from Sep'17 which is the most recent available on iView. Compared to other Acute teaching trusts in London, Chelwest had a rate the same as the average at 3.2%. In the top graph, Trusts A-G are the anonymised figures for this group. The Trust's sickness rate was lower than the national rate for acute teaching hospitals in September.

The bottom graph shows the comparison of turnover rates for the same group of London teaching trusts (excluding junior medical staff). This is the total turnover rate including all types of leavers (voluntary resignations, retirements, end of fixed term contracts etc.). Chelwest currently has higher than average turnover (12 months to end October). Stability is lower than average. High turnover is more of an issue in London trusts than it is nationally which is reflected in the national average rate which is 3% lower than Chelwest.

**As with all benchmarking information, this should be used with caution. Trusts will use ESR differently depending on their own local processes and may not consistently apply the approaches. Figures come direct from the ESR data warehouse and are not subject to the usual Trust department exclusions and so on.

Reference Group	Gross Turnover Rate %	Stability Rate %	Sickness Rate %
Trust A	14.12%	85.37%	3.35%
Trust B	15.02%	84.48%	2.66%
Trust C	17.67%	82.07%	3.16%
Trust D	16.61%	83.22%	3.30%
Trust E	17.86%	82.34%	3.20%
Trust F	19.20%	80.96%	3.27%
Trust G	14.97%	84.74%	3.15%
Chelsea & Westminster	17.53%	82.02%	3.16%
Average London Teaching	16.62%	83.15%	3.16%
National Acute Teaching	14.93%	85.15%	3.17%

Section 6: Nursing Workforce Profile/KPIs

Nursing Establishment WTE

Division	Sep '17	Oct '17	Nov '17	Dec '17	Trend
COR Corporate	84.1	84.1	87.1	88.1	↗
EIC Emergency & Integrated Care	1004.7	1032.3	1022.0	1022.0	↔
PDC Planned Care	708.5	708.6	711.6	712.2	↗
WCH Women's, Children's & Sexual Health	1168.8	1173.0	1178.2	1183.9	↗
Total	**2966.0**	**2998.0**	**2998.8**	**3006.1**	↗

Nursing Staff in Post WTE

Division	Sep '17	Oct '17	Nov '17	Dec '17	Trend
COR Corporate	75.1	75.3	80.3	81.2	↗
EIC Emergency & Integrated Care	810.6	820.8	809.4	812.9	↗
PDC Planned Care	614.0	621.8	623.6	618.2	↘
WCH Women's, Children's & Sexual Health	979.2	1022.2	1019.6	1008.3	↘
Total	**2478.9**	**2540.2**	**2532.9**	**2520.6**	↘

Nursing Vacancy Rate

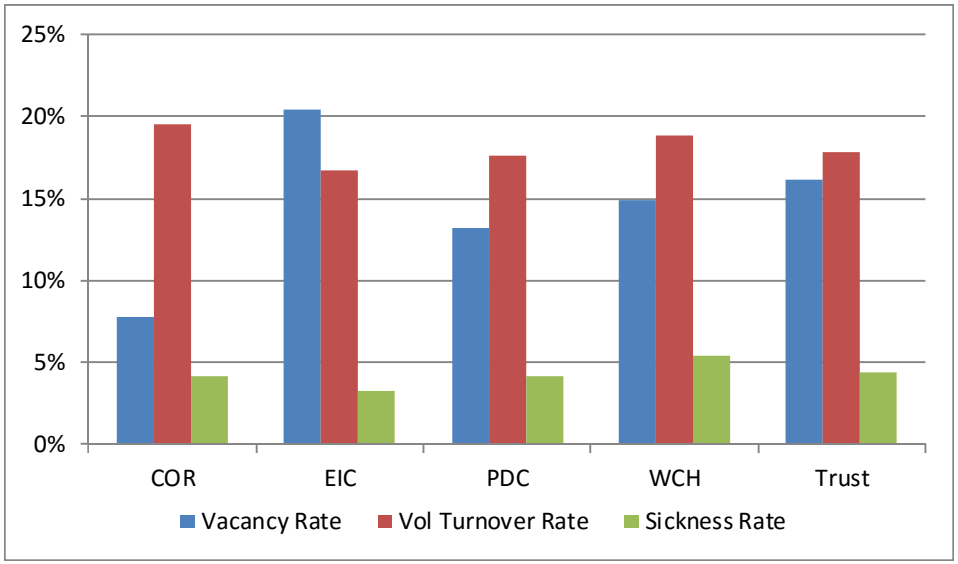
Division	Sep '17	Oct '17	Nov '17	Dec '17	Trend
COR Corporate	10.7%	10.4%	7.8%	7.8%	↗
EIC Emergency & Integrated Care	19.3%	20.5%	20.8%	20.5%	↘
PDC Planned Care	13.3%	12.2%	12.4%	13.2%	↗
WCH Women's, Children's & Sexual Health	16.2%	12.9%	13.5%	14.8%	↗
Total	**16.4%**	**15.3%**	**15.5%**	**16.2%**	↗

Nursing Sickness Rates

Division	Sep '17	Oct '17	Nov '17	Dec '17	Trend
COR Corporate	2.3%	2.0%	2.6%	4.2%	↗
EIC Emergency & Integrated Care	3.7%	3.1%	3.2%	3.3%	↗
PDC Planned Care	3.9%	4.3%	3.9%	4.1%	↗
WCH Women's, Children's & Sexual Health	4.4%	4.1%	4.5%	5.4%	↗
Total	**4.0%**	**3.8%**	**3.9%**	**4.4%**	↗

Nursing Voluntary Turnover

Division	Sep '17	Oct '17	Nov '17	Dec '17	Trend
COR Corporate	19.23%	18.80%	18.24%	19.48%	↗
EIC Emergency & Integrated Care	17.54%	17.36%	17.93%	16.71%	↘
PDC Planned Care	17.03%	17.11%	17.16%	17.60%	↗
WCH Women's, Children's & Sexual Health	17.95%	17.73%	18.17%	18.81%	↗
Total	**17.6%**	**17.5%**	**17.8%**	**17.9%**	↗
West Mid Site			**11.8%**	**11.6%**	↘
Chelsea Site			**21.5%**	**21.6%**	↗



COMMENTARY

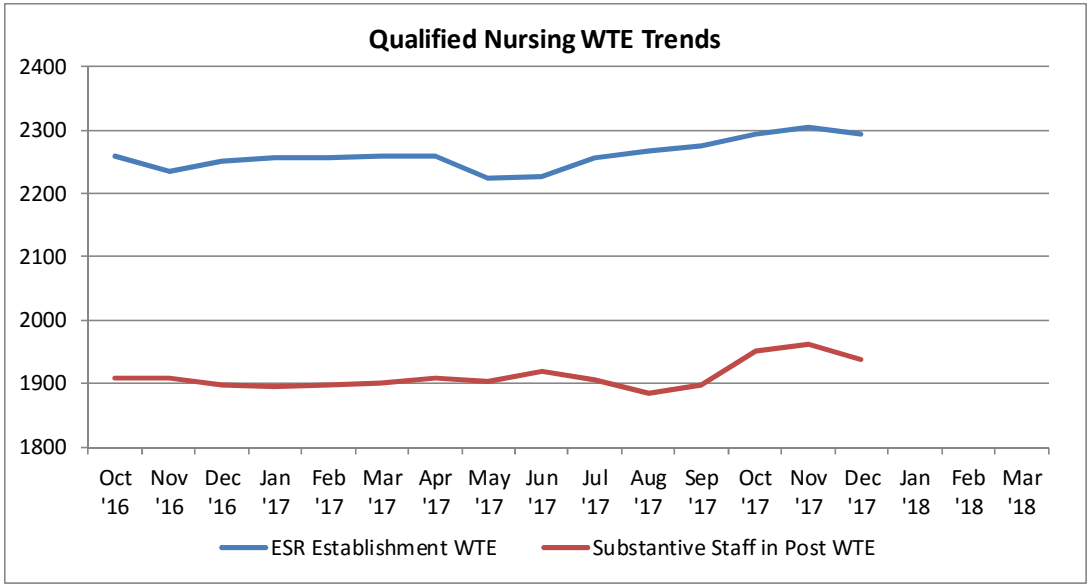
This data shows a more in-depth view of our nursing workforce (both qualified and unqualified).

The nursing workforce has decreased by 12 WTE in December

Section 7: Qualified Nursing & Midwifery Recruitment Pipeline

Measure	Jan '17	Feb '17	Mar '17	Apr '17	May '17	Jun '17	Jul '17	Aug '17	Sep '17	Oct '17	Nov '17	Dec '17	Jan '18	Feb '18	Mar '18
ESR Establishment WTE	2255.5	2256.4	2257.5	2258.6	2223.7	2227.0	2255.0	2266.1	2273.5	2294.4	2304.3	2294.4			
Substantive Staff in Post WTE	1894.3	1896.8	1900.4	1907.3	1904.0	1918.1	1905.6	1884.5	1897.4	1950.5	1962.2	1937.1			
Contractual Vacancies WTE	361.1	359.6	357.1	351.2	319.7	309.0	349.4	381.6	376.1	343.8	342.1	357.4			
Vacancy Rate %	16.01%	15.94%	15.82%	15.55%	14.38%	13.87%	15.49%	16.84%	16.54%	14.99%	14.85%	15.58%			
Actual/Planned Leavers Per Month*	25	20	28	41	36	29	31	44	31	45	28	34	32	32	32
Actual/Planned New Starters**	26	23	33	58	32	38	19	19	39	73	25	20	75	75	75
Pipeline: Agreed Start Dates													29	62	18
Pipeline: WTE No Agreed Start Date													274 - with no agreed start date		

* Based on Gross Turnover of 20%



COMMENTARY

This information tracks the current number of qualified nurses & midwives at the Trust and projects forward a pipeline based on starters already in the recruitment process.

The planned leavers is based on the current qualified nursing turnover rate of 20% and planned starters takes into account the need to reduce the nursing and midwifery vacancy rate down to 10% by March 2018.

NB Starters & Leavers do not always add up to the change in staff in post due to existing staff changing their hours

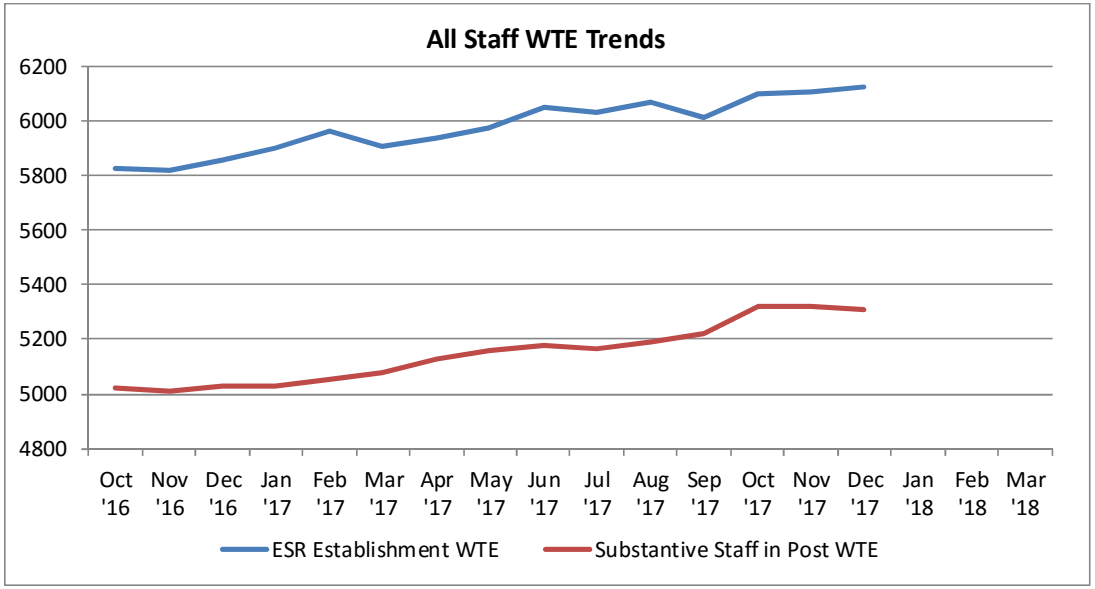
Section 8: All Staff Recruitment Pipeline

Measure	Jan '17	Feb '17	Mar '17	Apr '17	May '17	Jun '17	Jul '17	Aug '17	Sep '17	Oct '17	Nov '17	Dec '17	Jan '18	Feb '18	Mar '18
ESR Establishment WTE[1]	5901.5	5963.8	5905.0	5940.6	5975.5	6051.6	6035.3	6067.5	6016.5	6103.3	6106.3	6124.5			
Substantive Staff in Post WTE	5028.8	5054.8	5080.2	5125.6	5156.2	5180.3	5165.7	5193.0	5223.4	5321.8	5318.3	5309.9			
Contractual Vacancies WTE	872.7	909.0	824.8	814.9	819.2	871.3	869.5	874.5	793.1	781.5	788.0	814.6			
Vacancy Rate %	14.79%	15.24%	13.97%	13.72%	13.71%	14.40%	14.41%	14.41%	13.18%	12.80%	12.90%	13.30%			
Actual/Planned Leavers Per Month[2]	76	56	67	90	95	63	96	280	128	146	92	89	89	89	89
Actual/Planned New Starters[3]	118	120	127	151	130	86	94	252	179	210	94	62	156	156	156
Pipeline: Agreed Start Dates													93	80	23
Pipeline: WTE No Agreed Start Date													494 - with no agreed start date		

[1] Doctors in Training are included in the Establishment, Staff in Post and Actual Starters/Leavers figures

[2] Based on Gross Turnover of 20%

[3] Number of WTE New Starters required per month to achieve a 10% Vacancy Rate by March 2018



COMMENTARY

This information tracks the current number of staff at the Trust and projects forward a pipeline based on starters already in the recruitment process.

The planned leavers is based on the current qualified nursing turnover rate of 20% and planned starters takes into account the need to reduce the vacancy rate down to 10% by March 2018.

NB Starters & Leavers do not always add up to the change in staff in post due to existing staff changing their hours. Staff becoming substantive from Bank may also not be reflected

Section 9: Agency Spend

COR Corporate

Corporate	Sep '17	Oct '17	Nov '17	Dec '17	YTD
Actual Spend	£175,460	£113,691	£81,457	£90,839	£1,467,577
Target Spend	£245,148	£233,749	£233,749	£222,190	£2,252,729
Variance	-£69,688	-£120,058	-£152,292	-£131,351	-£785,152
Variance %	-28.4%	-51.4%	-65.2%	-59.1%	-34.9%

EIC Emergency & Integrated Care

Emergency & Integrated Care	Sep '17	Oct '17	Nov '17	Dec '17	YTD
Actual Spend	£708,043	£730,714	£557,358	£646,947	£6,258,227
Target Spend	£592,704	£565,145	£565,145	£537,198	£5,446,508
Variance	£115,339	£165,569	-£7,787	£109,749	£811,719
Variance %	19.5%	29.3%	-1.4%	20.4%	14.9%

PDC Planned Care

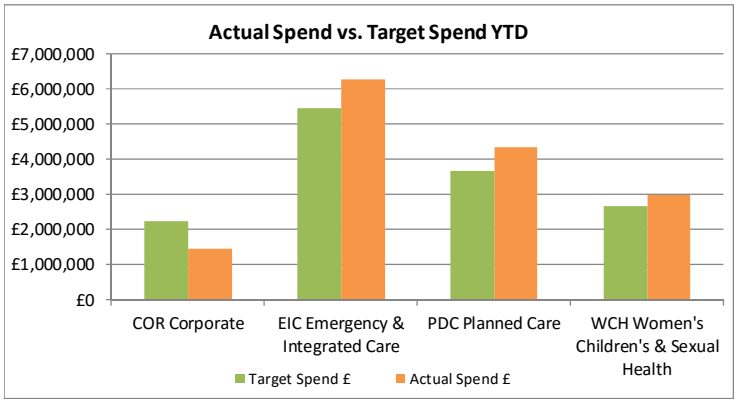
Planned Care	Sep '17	Oct '17	Nov '17	Dec '17	YTD
Actual Spend	£349,986	£478,500	£583,076	£492,285	£4,340,099
Target Spend	£398,680	£380,143	£380,143	£361,345	£3,663,578
Variance	-£48,694	£98,357	£202,933	£130,940	£676,521
Variance %	-12.2%	25.9%	53.4%	36.2%	18.5%

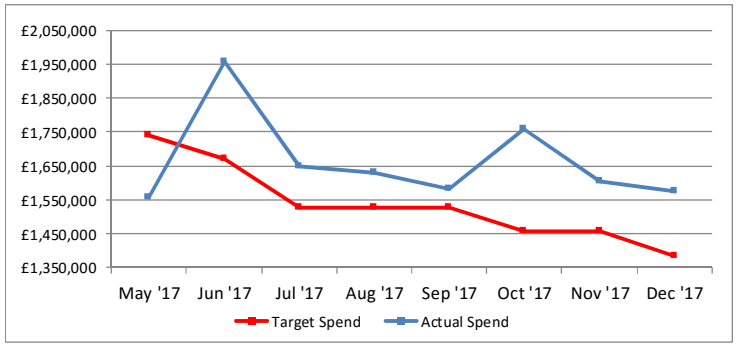
WCH Women's, Children's & Sexual Health

Women's, Children's & Sexual Health	Sep '17	Oct '17	Nov '17	Dec '17	YTD
Actual Spend	£348,533	£434,636	£384,021	£345,443	£2,992,827
Target Spend	£290,468	£276,962	£276,962	£263,266	£2,669,182
Variance	£58,065	£157,674	£107,059	£82,177	£323,645
Variance %	20.0%	56.9%	38.7%	31.2%	12.1%

Clinical Divisions and Corporate Areas

Trust	Sep '17	Oct '17	Nov '17	Dec '17	YTD
Actual Spend	£1,582,022	£1,757,541	£1,605,912	£1,575,514	£15,058,730
Target Spend	£1,527,000	£1,455,999	£1,455,999	£1,383,999	£14,031,997
Variance	£55,022	£301,542	£149,913	£191,515	£1,026,733
Variance %	3.6%	20.7%	10.3%	13.8%	7.3%





COMMENTARY

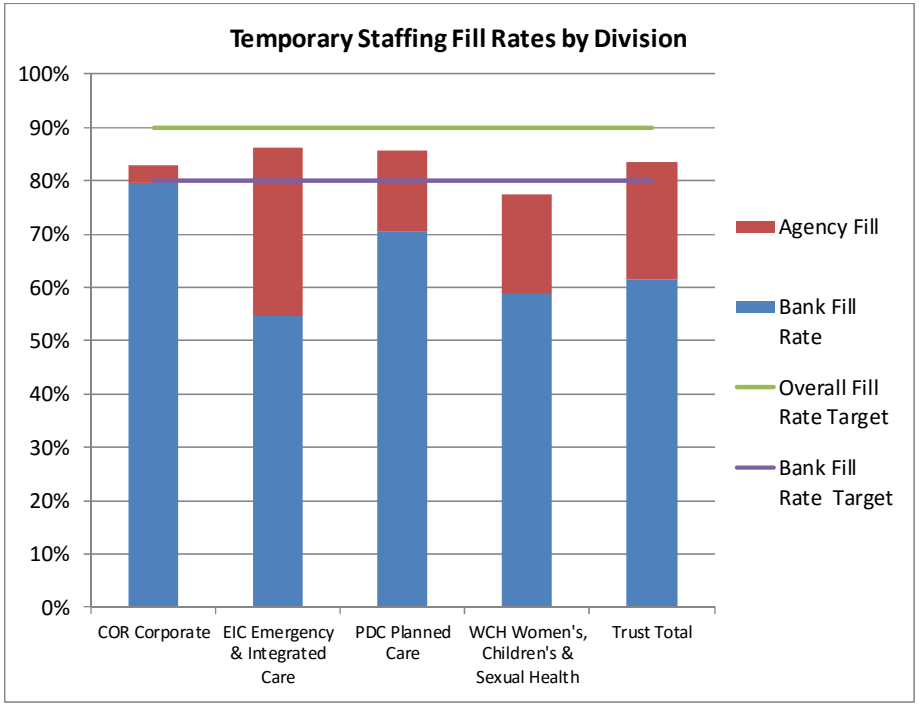
These figures show the Trust agency spend by Division compared to the spend ceilings which have been set for 17/18.

In Month 9, the Planned Care Division spent 36.2% more than the target for the month.

Overall, the only Division below it's YTD target is Corporate, by 34.9%.

** please note that the agency cap plan figures are phased differently in the NHSI monthly returns. This summary shows performance against the equally phased plan.*

Section 10: Temporary Staff Fill Rates



COMMENTARY

The “Overall Fill Rate” measures our success in meeting temporary staffing requests, by getting cover from either bank or agency staff. The remainder of requests which could not be covered by either group are recorded as being unfilled. The "Bank Fill Rate" describes requests that were filled by bank staff only, not agency.

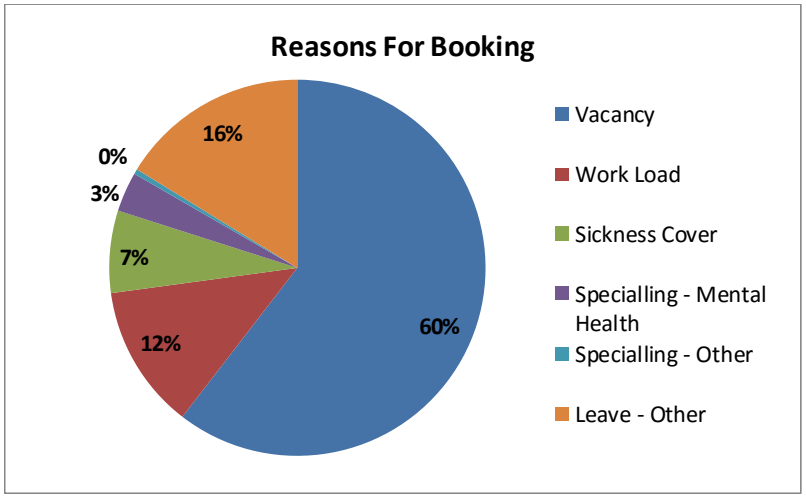
The Overall Fill Rate was 83.4% this month which is 2.1% lower than November. The Bank Fill Rate was reported at 61.6% which is 1.7% lower than the previous month.

The Emergency & Integrated Care Division is currently meeting the demand for temporary staff most effectively.

The Bank to Agency ratio for filled shifts was 74:26. The Trust target is 80:20.

The pie chart shows a breakdown of the reasons given for requesting bank shifts in December. This is very much dominated by covering existing vacancies, workload and other leave.

This data only shows activity requested through the Trust's bank office that has been recorded on HealthRoster



Overall Fill Rate % by Division	Sep '17	Oct '17	Nov '17	Dec '17	Trend
COR Corporate	91.4%	84.4%	76.5%	82.8%	↗
EIC Emergency & Integrated Care	87.0%	85.9%	86.2%	86.2%	↘
PDC Planned Care	86.3%	85.4%	86.6%	85.6%	↘
WCH Women's, Children's & Sexual Health	77.0%	80.2%	85.1%	77.5%	↘
Whole Trust	**84.0%**	**84.0%**	**85.5%**	**83.4%**	↘

Bank Fill Rate % by Division	Sep '17	Oct '17	Nov '17	Dec '17	Trend
COR Corporate	87.6%	80.8%	73.0%	79.5%	↗
EIC Emergency & Integrated Care	53.3%	54.8%	55.8%	54.6%	↘
PDC Planned Care	70.7%	68.6%	69.9%	70.5%	↗
WCH Women's, Children's & Sexual Health	60.2%	59.8%	63.4%	58.9%	↘
Whole Trust	**62.2%**	**61.6%**	**63.2%**	**61.6%**	↘

Section 11: Core Training

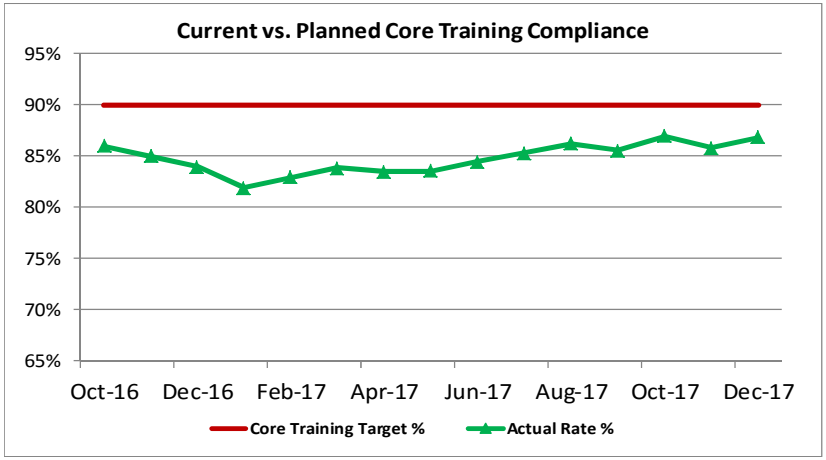
Core Training Topic	Nov '17	Dec '17	Trend
Basic Life Support	81.0	82.0	↗
Conflict Resolution	81.0	83.0	↗
Equality, Diversity and Human Rights	87.0	87.0	↔
Fire	87.0	87.0	↔
Health & Safety	92.0	92.0	↔
Inanimate Loads (M&H L1)	90.0	91.0	↗
Infection Control (Hand Hyg)	88.0	89.0	↗
Information Governance	80.0	81.0	↗
Patient Handling (M&H L2)	83.0	84.0	↗
Safeguarding Adults Level 1	90.0	91.0	↗
Safeguarding Children Level 1	88.0	89.0	↗
Safeguarding Children Level 2	81.0	83.0	↗
Safeguarding Children Level 3	80.0	89.0	↗

Core Training Compliance % by Division	Sep '17	Oct '17	Nov-17	Dec-17	Trend
COR Corporate	89.0%	91.0%	90.0%	87.0%	↘
EIC Emergency & Integrated Care	83.0%	85.0%	85.0%	86.0%	↗
PDC Planned Care	85.0%	87.0%	86.0%	87.0%	↗
WCH Women's Children's & Sexual Health	86.0%	86.0%	85.0%	87.0%	↗
Whole Trust	**86.0%**	**87.0%**	**86.0%**	**87.0%**	↗

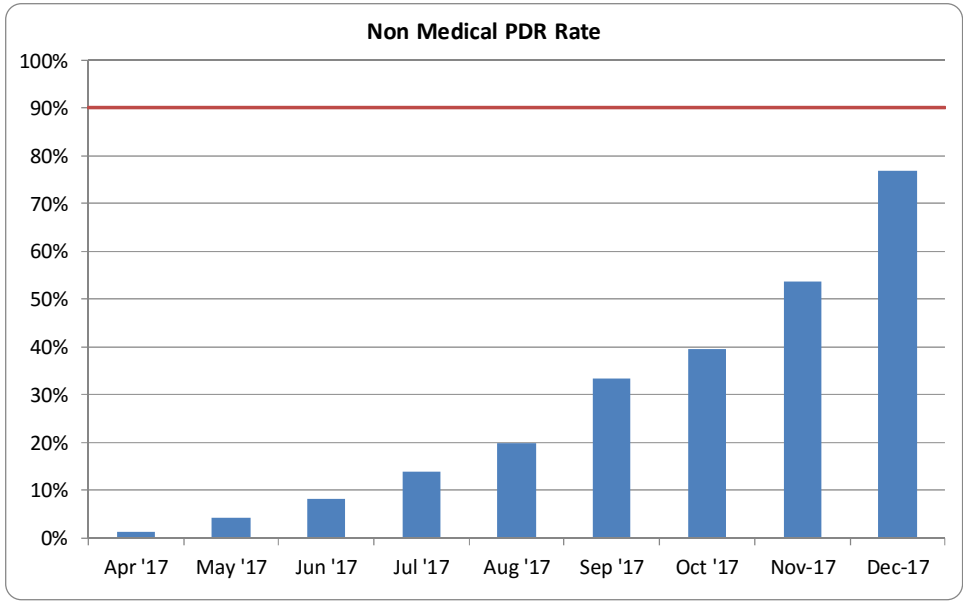
COMMENTARY

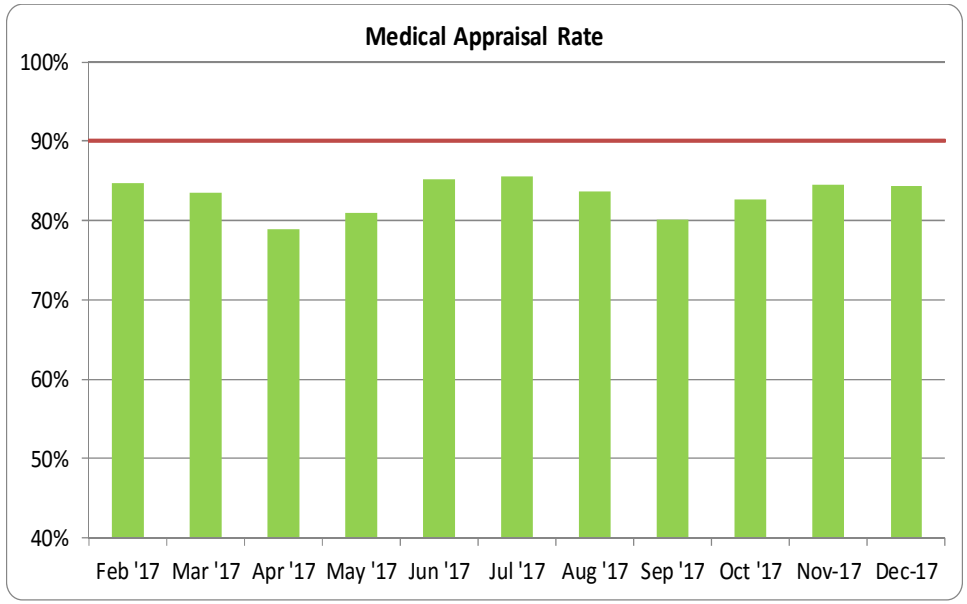
The Trust's new e-learning platform (Learning.Chelwest) has contributed to the continuing upward trend of compliance. Other contributory factors have been the on-going review and rationalisation of role requirements, inclusion of compliance in the PDR process and general increased communication on compliance at all levels across the organisation.

Focus on compliance needs to continue beyond year-end if the improvement is to be sustained and the target 90% achieved (95% for IG).



Section 12: Performance & Development Reviews





PDRs From April '17

Division	Band Group	%	Division	Band Group	%
COR	Band 2-6	75.6%	PDC	Band 2-6	72.7%
	Band 7-8b	94.0%		Band 7-8b	94.8%
	Band 8c +	100.0%		Band 8c +	100.0%
Corporate		**84.8%**	**PDC Planned Care**		**72.1%**
EIC	Band 2-6	71.1%	WCH	Band 2-6	70.3%
	Band 7-8b	94.4%		Band 7-8b	94.5%
	Band 8c +	100.0%		Band 8c +	92.3%
EIC Emergency & Integrated Care		**76.5%**	**WCH Women's, Children's & SH**		**75.2%**
Band Totals			**Band 2-6**	**Band 7-8b**	**Band 8c +**
			71.75%	94.5%	98.8%
Trust Total			**76.9%**		

Medical Appraisals

Medical Appraisals by Division	Sep '17	Oct '17	Nov-17	Dec-17	Trend
COR Corporate	-	-	-	-	-
EIC Emergency & Integrated Care	80.8%	86.6%	91.7%	88.6%	↓
PDC Planned Care	80.2%	80.3%	80.2%	83.3%	↑
WCH Women's, Children's & Sexual Health	79.6%	82.5%	84.1%	82.7%	↓
Whole Trust	**80.1%**	**82.7%**	**84.5%**	**84.4%**	↓

Non-Medical Commentary

From April '17 a new PDR process was introduced, specifying date windows for PDR completion according to pay band. A target of 90% was set for all non-medical staff to have had a PDR by the end of December. The PDR rate increased by 23.1% in December and now stands at 77%. Taking into account all staff at the Trust who had an appraisal recorded in the last 12 months, the rate is 80.1%.

Medical Commentary

The appraisal rate for medical staff was 84.4%, 0.2% lower than last month.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 1 March 2018

PUBLIC SESSION

AGENDA ITEM NO.	2.3/Mar/18
REPORT NAME	Clinical fellows projects 17/18
AUTHOR	Drs Vikram Palit, Nathan Post, Ronan Doherty, Aseem Ghaghda
LEAD	Dr Roger Chinn, Deputy Medical Director
PURPOSE	Mid-year monitoring report to update the board on the progress made to date.
SUMMARY OF REPORT	The report gives the Board oversight of projects underway in the clinical fellow programme for the 2017-18 cohort. There is evidence of good engagement with divisions by each fellow. Each fellow has a portfolio of several projects which they are supporting. There are two posts in the current year which are part-funded by local authority partnership, each of which has a project which crosses organisational boundaries. In the report there is a detailed update against each project which references the quality benefits, performance metrics and financial impact of each workstream. A wider benefit of the clinical fellows programme is the engagement of staff in the development of an improvement culture. To enhance this aspect, the fellows are working in divisional teams with service improvement and efficiency managers and are enrolled in our leadership development programme. They are also required to conduct clinical activity within the Trust so that they have better reach into front line clinical areas.
KEY RISKS ASSOCIATED	Given the nature of the projects, each carries risk related to delivery of quality, performance and finance metrics.
FINANCIAL IMPLICATIONS	As above
QUALITY IMPLICATIONS	Each project has an initiative which is designed to benefit quality of care, patient or staff experience or a combination of all.
EQUALITY & DIVERSITY IMPLICATIONS	Some projects will actively enhance equality by improving care delivery to a disadvantaged or vulnerable section of society.

LINK TO OBJECTIVES	• 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	The Board is asked to note current status of the projects.

Dr Nathan Post– Clinical Innovation Fellow

EIC Division

QI Project: Community Falls Prevention	
Sponsors	Mike Robinson Kate Mtandabari Phil Lee
Background / Main Focus	• Mapping of local falls prevention service • interventions to address service gaps • better integration of falls prevention providers • improve admission avoidance for CW
Area(s) for improvement and plan	• Establish network of local falls prevention stakeholders • System level evaluation of falls epidemiology and outcomes of falls prevention pathway using whole systems and linked data • Implement targeted health promotion to increase uptake of falls services and training to support admission avoidance from care homes
Progress	• Plan approved by PH senior management team and RBKC councillor • Pathway mapping completed and disseminated, first network event held December • Data strategy completed
Next steps and milestones	• Application for funding end January • Complete data collection and analysis to produce report (end January) • Commence health promotion and training from February onwards
Performance – CIP/quality contributions	• Clinical fellow post funded 50% by local authority (application end January to continue this funding – expect this to be supported) • Reduction in incidence of falls in Triborough (24 months) • Improved admission avoidance pathway at CW

Dr Nathan Post– Clinical Innovation Fellow

EIC Division

QI Project: In hospital falls prevention	
Sponsors	Lizzie Wallman
Background / Main Focus	• Trust quality priority to reduce inpatient falls • Low reporting rate
Area(s) for improvement and plan	• New falls risk assessment and care plan tool in line with national guidance and national falls audit recommendations • Equipment audit Trust wide • Falls awareness with focus on mobilising patients safely and reporting
Progress	• New tool created – pilot on 4 wards to end February • New guidance for falls prevention and post fall care plan • Falls steering group regular meetings • New aims and metric for measuring progress
Next steps and milestones	• Finalise tool and launch Trust wide end February • Launch week to raise awareness of reporting and interventions • Equipment audit to be completed during February – case for new and innovative equipment
Performance – CIP/quality contributions	• Priority quality area • Target reduction in inpatient falls 30% • Cost saving from 30% reduction up to £900k in 12 months • Reduction of 2 severe harm falls £14k

Dr Nathan Post– Clinical Innovation Fellow

EIC Division

QI Project: PredictED	
Sponsors	Nicky Felix
Background / Main Focus	• Model for ED demand at WM site including expected admissions, breaches, diagnosis
Area(s) for improvement and plan	• New model for demand, expected admissions, diagnosis • Link to staffing in department and availability of ambulatory pathways
Progress	• Initial model of demand and staffing completed
Next steps and milestones	• Work with operational team to develop model • Develop front end for use in ED • Link to LoS prediction on admission to inform expected bed state
Performance – CIP/quality contributions	• Intelligence on ED demand • Reduce locum spend – more efficient use of staff

Dr Nathan Post– Clinical Innovation Fellow

EIC Division

QI Project: Healthcare at Home	
Sponsors	Mark Titcomb Brent Bartholomew
Background / Main Focus	• Intention to reduce spending on healthcare at home service • Improve clinical oversight for ambulatory patients • Maximise use of most appropriate ambulatory pathway
Area(s) for improvement and plan	• Expansion of AEC at CW site to bring all outpatient IV activity in house • Includes home visits for OPAT patients • Alongside this to develop new specification for Healthcare at Home
Progress	• Defined scope • Initial work on specification, pathway, finance
Next steps and milestones	• Develop business case early 2018 • Aim to commence expanded service from April 2018
Performance – CIP/quality contributions	• CIP for HaH contract (£100k for EIC) • Aim for 12 month financial saving £150k • More efficient use of OPAT pathways and opportunity for community working for AEC staff

Dr Vikram Palit – Clinical Innovation Fellow

Women's and Children's Directorate

QI Project: "Big Bites and Pearly Whites" – A children's oral health initiative	
Sponsors	CW: Ghaida Al-Jaddir Local Authority: RBKC, WCC, PHE
Background / Main Focus	• Dental caries are the top cause of non-emergency admissions and accounts for one fifth of all hospital admissions for 5-9 year olds locally • Rates of children with at least one decayed, missing, or filled tooth are above the national average across Kensington and Chelsea (33.4%) and Westminster (35.1%)
Area(s) for improvement and plan	• Raise awareness and improve the oral health of children attending CW • Research study to identify the socioeconomic RF contributing to poor oral health • Reduce number of hospital admissions for dental caries by 2020
Progress	• **Official Launch on Friday 12th January** • **Ethics application submitted to NHS HRA - pending** • **Funding secured** • **Media campaign**
Next steps and milestones	• Pending Ethics • Recruit dental research nurse – May
Performance – CIP/quality contributions	• £4k grant from CW+ (secured) • £100k from RBKC Innovation Fund (secured), funds role of CI fellow for 2 years • £100k from WCC (secured), funds role of dental research nurse and study materials • £5k research grant from CW JRC (applied) • **Total: £204k funding secured, £5k pending**

QI Project: Postnatal Pathways – Presumed Sepsis

Sponsors	CW: Mark Thomas, Simon Barton
Background / Main Focus	• Clinically well neonates with presumed sepsis (based on maternal RF) are treated for 48/24 with IV abx, at CW • Audit data: LOS usually approx. 56 hours on average • NICE recommends 36/24 of treatment • Not compliant with NICE due to BC reporting done externally at Charring Cross; limitations of reporting via LastWord
Area(s) for improvement and plan	• Facilitate 36 hour BC reporting and early discharge • Improve LastWord reporting and change clinical guidelines to follow NICE
Progress	• Audit completed • Stakeholder engagement • New LastWord BC reporting format created and trialled January
Next steps and milestones	• LastWord Coding and system integration - Early March • Change to clinical guidelines at next governance committee in March/April • Implementation and training of junior medical and midwifery staff - End of March

Performance – CIP/quality contributions	• Affects approx. 4-5 babies/week on the postnatal ward,
	• Reduce LOS by at least 12-18 hours hours / patient
	• 150 bed days / year on PNW (£450 / day)
	• Conservative: **CIP £67,500 per year per site**
	  • + Quality (reduced Abx prescription, NICE adherence, reduced medical errors..)
	  • + Patient and Staff satisfaction due to earlier discharge
	  • **+ Cost/Time savings of midwifery and medical staff (Abx administration, cannulaes, investigations…)**
	  • + Time and cost savings on SCN and NICU

QI Project: DC Summary and Clinical Coding Support

Sponsors	CW: Valentina Kuzman , Simon Barton
Background / Main Focus	• NHS average: 10 per cent of procedures are not recorded and 9 per cent are coded incorrectly • Suboptimal coding and poor clinical support for coding teams means potential loss of income for CW • Babies on postnatal ward – no discharge summaries being completed by neonatal teams • Aim: To provide accurate, complete, timely coded clinical information to support coding teams
Area(s) for improvement and plan	• Lend dedicated clinical support to coding team • Improve training and education of clinical and coding teams • Receive accurate reimbursement for the trust via increased tariffs and accurate reporting for care provided
Progress	• PID, coding documents and training completed • Stakeholder engagement • New DC Summary template created for postnatal babies on LastWord • Rules completed: SGA, anaemia
Next steps and milestones	• New rules for eating disorders, D+V, prematurity, ID • Calculate estimated CIP
Performance – CIP/quality contributions	• + Quality – appropriate coding, diagnoses, research, education and population health benefits • + All postnatal patients at CW now discharged with summaries • CIP planning 2018/2019

QI Project: MRSA Targeted Re-screening

Sponsors	CW: Prof Simon Barton, Micro team

Background / Main Focus	• Currently all patients are screened universally for MRSA on admission to CW
	• Validity of screen result is 3 months – not evidence based, unclear guidelines cross site
	• In 2014, DoH released new recommendations for targeted screening based on risk factors
	  • The prevalence of MRSA in new admissions is low (1.5% overall; 2.1% in emergency admissions, 0.9% elective admissions and 0.7% in day cases admissions
	  • Annual MRSA bacteraemia rates fell from 17.7 (April 2005-March 2006) to 3.2 cases per 100, 000 bed days (April 2011-March 2012)

Area(s) for improvement and plan	• Universal screening is still widely practiced, at the risk of missing a potential serious MRSA infection
	• Opportunity to save costs by reducing repeat, unnecessary MRSA screens for low risk patients (as per DOH 2014 recommendations)
	• New potential protocol:
	  • All patients continue to have universal screens on admission
	  • MRSA screen valid for 12 months
	  • Repeat screening only mandatory for high risk patients (as per DoH guidance) within 12 months (surgical, renal and ICU patients)

Progress	• Stakeholder engagement: Micro teams willing to consider change • New protocol developed and cost-analysis completed • Literature review completed • PHE Audit completed for last 5 years, MRSA +ve
Next steps and milestones	• Present new re-screening policy to micro team – Feb 26th
Performance – CIP/quality contributions	• Costs per QALY for routine admission screening ranged from **£86,000 - £170,000. Targeted screening: £45,000 and £48,000** in Acute, and Teaching Trusts, respectively • Chelsea Repeat Swabs: £28000 pa, WM Repeat Swabs: £22000 pa • Labour Costs: £39000 pa • **Total CIP: £89,000 pa / cross site** • + Quality: significant anticipated savings in productivity, flow and patient experience

Dr Aseem Ghaghda – Clinical Innovation & Improvement Fellow

Planned Care/EPR

QI Project: Improving Theatre Finance through better compliance with PPwT	
Sponsors	Bruno Bothelo Peter Dawson Jane Bell
Background / Main Focus	• Planned Procedures with a Threshold – how we get paid for common procedures from the CCG • Lost revenue - £835k 2106/7, Year to date: £360k (August)
Area(s) for improvement and plan	• Improve compliance with PPwT applications by 1. Education and 2. Improving the process • Better liaision between PPwT co-ordinator, consultants and schedulers regarding PPwT
Progress	• All outstanding PPwT applicable patients already on TCI list have had PPwT Completed (~430 pts) • Presentations at all sub-directorates and to scheduling team, good engagement seen from all • Massive improvement in numbers of PPwT being completed by clinicians
Next steps and milestones	• On-going monitoring and maintenance to ensure compliance • Embedding process into current structure and sustainability • Review of upcoming data to ensure successful and final financial data in February/March
Performance – CIP/quality contributions	• Potential saved revenue of £500k for remaining financial year

Dr Aseem Ghaghda – Clinical Innovation & Improvement Fellow

Planned Care/EPR

QI Project: Improving theatre Efficiency and Throughput	
Sponsors	Bruno Bothelo Peter Dawson Jason Smith
Background / Main Focus	• Poor activity performance – leading to reduced financial income • Planned Care Income Year to Date-£1M from plan at CW, £705k in T+O • Low coding of outpatient procedures comparing CW to WM
Area(s) for improvement and plan	• Review of theatre utilisation and efficiency – process mapping and identifying problem areas • Analyse current POA pathways: Aim to align pathways cross-site and maximise patients available for scheduling • Improve scheduling practices and ensure maximum use of resources • Improve identification and capture of outpatient data and ensure coding process
Progress	• Mapping process of theatre use underway • POA Audit currently taking place to get baseline data and pilot devised for change of practice • Ensuring maximum use of all day lists and same anaesthetists: >93% in place for T+O • Rate Cards: Live rate cards available on Qlikview
Next steps and milestones	• Improving scheduling – more dynamic and robust practice based on live data, improve engagement with clinicians and ensure sustainable scheduling education • T+O Admin pod – centralising T+O Admin staff to improve communication and productivity • Implementation of new POA pathway: pilot to take place once data collected • Coding: changing coding and outcome forms, education of outpatient staff
Performance – CIP/quality contributions	• Improving T+O Productivity – increased activity, increasing income, reducing wasted theatre time • Increase in outpatient procedures coded – increased income by ensuring by better coding practice • Improving efficiency in POA and scheduling: reduced wait times, better patient experience

Dr Aseem Ghaghda – Clinical Innovation & Improvement Fellow

Planned Care/EPR

QI Project: NatSIPPs/LocSIPPs (National/Local Safety Standards for Invasive Procedures)	
Sponsors	Peter Dawson Karen Bonner
Background / Main Focus	• Introduction of LocSIPPs based on national guidance • Trust quality priority
Area(s) for improvement and plan	• Development of 16 'Superbundled' LocSIPPs • Implementation of LocSIPPs for all invasive procedures cross-site • Tool to audit LocSIPPs and WHO compliance
Progress	• Agreement on 'superbundles' – specialty based • 4 LocSIPPs in place • Initial communication to other divisions complete • WHO audit tool live on intranet, to be used w/c 15th Jan
Next steps and milestones	• Communication trust-wide # at clinical governance days etc • Development of remaining 'superbundles' with theatre staff/surgeons • Implementation by March 2018
Performance – CIP/quality contributions	• Trust quality priority • Reduced SIs due in invasive procedures (last year – 25 in total)

Dr Aseem Ghaghda – Clinical Innovation & Improvement Fellow

Planned Care/EPR

QI Project: EPR	
Sponsors	Gary Hartnoll Martin Gray
Background / Main Focus	• Clinical Risk register for Cerner Implementation • Reduced risk of clinically important radiology/pathology results going unnoticed on Cerner. • Reporting /monitoring on levels of endorsement achieved
Area(s) for improvement and plan	• Contribution to clinical risk database + mitigation plans • Development of SOP for endorsement of pathology/radiology results.
Progress	• Review of Imperial Policy • Baseline data on endorsement of results requested for Lastword, ICE
Next steps and milestones	• Development of Chelsea and Westminster specific policy • Agreement on target endorsement levels, and method of feeding back to clinical teams.
Performance – CIP/quality contributions	• Reduced serious incidences due to missed patient results. • Reduced risk of clinical harm caused by Cerner implementation

Dr Aseem Ghaghda – Clinical Innovation & Improvement Fellow

Planned Care/EPR

QI Project: PredictED	
Sponsors	Nicky Felix
Background / Main Focus	• Model for ED demand at WM site including expected admissions, breaches, diagnosis
Area(s) for improvement and plan	• New model for demand, expected admissions, diagnosis • Link to staffing in department and availability of ambulatory pathways
Progress	• Initial predictive model of demand and staffing completed
Next steps and milestones	• Work with operational team to develop model • ED Clinician Engagement • Develop front end for use in ED • Link to LoS prediction on admission to inform expected bed state • Application to Health Foundation Grant
Performance – CIP/quality contributions	• Intelligence on ED demand • Reduce locum spend – more efficient use of staff

Dr Rónán Doherty– Clinical Innovation Fellow

Planned Care Division/EPR

QI Project: Sepsis Screening and Treatment	
Sponsors	Shashank Patil Zoe Penn
Background / Main Focus	• To improve sepsis screening in ED and inpatients at both sites • To ensure early identification and treatment of sepsis • To improve patient care and reduce ITU admissions • Evidence: Room for improvement in the management of 2 in every 3 patients with sepsis, and that only a third of the patients they reviewed received good quality care
Area(s) for improvement and plan	• Previously no sepsis policy • Various practices and criteria between ED and inpatients and both sites • Poor data recording quality • Previous Serious Incidents
Progress	• New Sepsis Policy available on intranet • New screening protocol agreed and being rolled out across the trust
Next steps and milestones	• Training programme for all staff on new protocol • Improving coding of sepsis and benchmarking against national data • Application for resource to focus on sepsis compliance and monitoring
Performance – CIP/quality contributions	• Trust Priority - Early identification and management of the deteriorating patient / early antibiotic administration • CQUIN 600k – Full payment >90%, currently achieving <80% with varying data collection • CIP: £2000-£5000 per case in reduced bed days with early sepsis screening • In 2016 CW: 389 patients with sepsis, 54 died, 35 admitted from ward > ICU/HDU • Estimated medium-sized general hospital could save £1.25 million annually through improved management of sepsis • Prospective Cost-Analysis after 6 and 12 months: Number of ICU admissions prevented, reduced mortality and LOS since implementation of new pathway

Dr Rónán Doherty– Clinical Innovation Fellow

Planned Care Division/EPR

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Sponsors	Bruno Bothelo Peter Dawson Jane Bell
Background / Main Focus	• Planned Procedures with a Threshold – how we get paid for common procedures from the CCG • Requires pre-approval from CCG before the operation • Lost revenue - £835k 2106/7, Year to date: £360k (August)
Area(s) for improvement and plan	• Improve compliance with PPwT applications by 1. Education and 2. Improving the process • Better liaision between PPwT co-ordinator, consultants and schedulers regarding PPwT
Progress	• All outstanding PPwT applicable patients already on TCI list have had PPwT Completed (~430 pts) • Presentations at all sub-directorates and to scheduling team, good engagement seen from all • Massive improvement in numbers of PPwT being completed by clinicians
Next steps and milestones	• On-going monitoring and maintenance to ensure compliance • Embedding process into current structure and sustainability • Review of upcoming data to ensure successful and final financial data in February/March
Performance – CIP/quality contributions	• Estimated saved revenue £500k for remaining financial year

Dr Rónán Doherty– Clinical Innovation Fellow

Planned Care Division/EPR

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Dr Rónán Doherty– Clinical Innovation Fellow

Planned Care Division/EPR

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Progress	• Review of Imperial Policy • Baseline data on endorsement of results requested for Lastword, ICE
Next steps and milestones	• Development of Chelsea and Westminster specific policy • Agreement on target endorsement levels, and method of feeding back to clinical teams.
Performance – CIP/quality contributions	• Reduced serious incidences due to missed patient results. • Reduced risk of clinical harm due caused by Cerner implementation

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 1 March 2018

PUBLIC SESSION

AGENDA ITEM NO.	3.1/Mar/18
REPORT NAME	Business planning 2018/19
AUTHOR	Virginia Massaro, Deputy Director of Finance
LEAD	Sandra Easton, Chief Financial Officer
PURPOSE	Our approach to 2018/19 business planning and update on contract total and financial plans.
SUMMARY OF REPORT	• Guidance, timescales and updated control totals have been published. • The Trust's revised control total is £14.8m, with an increase of STF allocation of £5.8m to £19.9m. • The Trust's draft plan is a surplus on a control total basis of £14.8m and therefore is in a position to accept this control total and receive the associated STF funding. • The actual Trust financial plan will be a higher surplus, as it will include donated income for the NICU/ITU project (phasing of the 2018/19 value is to be confirmed). • Draft capital plan for 2018/19 of £35.2m.
KEY RISKS ASSOCIATED:	• Commissioner affordability • Loss of STF funding if the control total or A&E target is not met • Delivery of CIP target • Impact of the phase 1 EPR roll out on income reporting at WM site • Potential removal of Shaping a Healthier Future transitional funding for A&E on the CW site • Cost pressures/ investments identified by Divisions exceed planned levels
FINANCIAL IMPLICATIONS	See above
QUALITY IMPLICATIONS	None noted
EQUALITY & DIVERSITY IMPLICATIONS	None noted
LINK TO OBJECTIVES	• Excel in providing high quality clinical services • Deliver financial sustainability
DECISION/ ACTION	The Board is asked to: • Note the approach to business planning • Approve the draft financial plan for 2018/19 and acceptance of the control total of £14.8m • Approve the draft plan submission on 8th March.

Business Planning 2018/19

1. Summary

- Guidance, timescales and updated control totals have been published.
- The Trust's revised control total is £14.8m, with an increase of STF allocation of £5.8m to £19.9m.
- The Trust's draft plan is a surplus on a control total basis of £14.8m and therefore is in a position to accept this control total and receive the associated STF funding.
- The actual Trust financial plan will be a higher surplus, as it will include donated income for the NICU/ITU project (phasing of the 2018/19 value is to be confirmed).
- Draft capital plan for 2018/19 of £35.2m.

2. Business Planning 2018/19

2.1. 2018/19 Planning Guidance

NHS Improvement and NHS England issued the 2018/19 planning guidance in early February. The key highlights are:

- £650m has been added nationally to the provider Sustainability & Transformation Fund. STF will remain linked to financial performance and A&E performance.
- A £400m Commissioner Sustainability Fund has been set up for CCGs
- There has been a benefit nationally on the CNST risk reserve of £184m, which has been adjusted in provider control totals.
- The 0.5% CQUIN risk reserve currently required to be held by providers will not be required in 2018/19 and this income will instead be linked to STP engagement.
- Deadline for draft plan submission is 8th March, with the final plan due on 30th April

2.2. Control Total Changes

The Trust has been issued an updated control total to reflect the changes in the planning guidance for CNST and the additional STF allocations. The revised control total for 2018/19 is £14.8m and revised STF allocation is £19.8m. The bridge outlining the adjustments that NHS Improvement has made from the original control total of £12.6m is in appendix 1.

It is proposed that the Trust accepts the revised control total of £14.8m, which would require CIP delivery of £25.1m, subject to any further cost pressures arising from the identified risks (see section 2.5).

2.3. Overview of Financial Plan 2018/19

Following the publication of the planning guidance and notification of the new control total and additional STF, the Trust's draft financial plans have been updated to reflect the following changes:

- Inclusion of the additional Sustainability and Transformation Funding (£5.7m)

- Increase of CQUIN income, following revised guidance confirming that the 0.5% risk reserve is no longer required to be held by providers (£1.4m)

The revised draft financial plans are a surplus on a control total basis of £14.8m. The actual Trust financial plan will be a higher surplus, as it will include donated income for the NICU/ITU project (phasing of the 2018/19 value is to be confirmed).

2018/19 Financial Plan

	£m
NHS Clinical Income	507.82
Other Income	112.71
Sustainability & Transformation Funding	19.86
Total Income	**640.39**
Pay	344.85
Non-Pay	280.75
Total Expenditure	**625.60**
Surplus/ (Deficit) on a control total basis	**14.78**
Adjustment for non-recurrent items:	
Sustainability & Transformation Funding	-19.86
Transaction Funding & Expenditure	-13.56
Other non-recurrent items	5.29
Total non-recurrent items	**-28.12**
Underlying surplus/(deficit)	**-13.34**

2.4. Capital Plan

The Trust has updated the capital programme for 2018/19 and 2019/20 and this has been reviewed at Capital Programme Board. The draft plan is for total capital expenditure of £35.2m in 2018/19, with the breakdown by category and associated funding sources included in Appendix 2.

2.5. Timetable and Process

The timetable has been updated following the joint planning guidance, as below.

Date	**Output**
1 March Trust Board	Board approval of draft 2018/19 plan.
8 March	Draft plan submitted to NHS Improvement, including Activity, Workforce, Finance, and Operational plan narrative.
23 March	National deadline for signing commissioner contract variations
12 April Strategy Board	Board approval of 2018/19 plan & budgets.

26 April Finance & Investment Committee	FIC approval of Final 2018/19 plan
30 April	Final plan submitted to NHS Improvement, including Activity, Workforce, Finance, and Operational plan narrative.

2.6. Risks

There are a number of financial risks to the draft plan for 2018/19, including:

- Commissioner affordability
- Loss of STF funding if the revised control total or A&E performance is not met
- Delivery of CIP target
- Impact of the phase 1 EPR roll out on income reporting at the WM site
- Potential removal of Shaping a Healthier Future transitional funding for A&E on the CW site
- Cost pressures/ investments identified by Divisions exceed planned levels

3. Decision/ Action Required

The Board is asked to:

- Note the approach to business planning
- Approve the draft financial plan for 2018/19 and acceptance of the control total of £14.8m
- Approve the draft plan submission on 8th March.

Appendix 1 - Bridge from original 2018/19 control total to revised control total

	Surplus/ (Deficit) £m
Original 2018/19 Control Total	**12.61**
NHSI Adjustments:	
Net impact of CNST income and cost changes	-2.17
Allocation of national CNST risk reserve release	-1.40
Increase in STF allocation	5.74
Revised 2018/19 Control Total	**14.78**

Appendix 2 – 2 year draft Capital plan & funding sources

Category	Original Plan 2018/19 £'000	Proposed 2018/19 £'000	Original Plan 2019/20 £'000	Proposed 2019/20 £'000	Comments
Information Technology	11,460	11,726		2,000	Excludes schemes identified as Sphere
IT - Cerner Estates Works	0	350		0	Conversion to Cerner Training Rooms
Estates	12,915	19,220	18,000	12,945	Excludes Asbestos Removal. Includes unquantified Renal scheme
Estates Contingency	0	0		3,888	Unidentified schemes
Medical Equipment	1,407	3,000		3,000	Includes identified schemes to date. Balance is contingency
Non Medical Equipment	150	150		150	
Contingency	1,000	725		4,000	
Total	**26,932**	**35,171**	**18,000**	**25,983**	
Funded:					
Donations (NICU/ITU - 50% total spend to date)	4,161	8,400		3,825	Total donations = 50% of £24.45m
Loans (NICU/ITU)	0	1,244			Deferred from 2017/18
PDC (IT & Estates)	4,742	11,685			Balance of PDC awarded on merger
Internal Depreciation	18,029	13,842	18,000	22,158	Estimated at £18m per year. Balance of 2018/19 Depreciation £18m carried forward to 2019/20
Total	**26,932**	**35,171**	**18,000**	**25,983**	
Required excluding donations	**22,771**	**26,771**	**18,000**	**22,158**	

The above proposed plan only includes quantified schemes. There are schemes within Estates to which no cost has yet been attached

Excludes Global Digital Exemplar (GDE) scheme funded by PDC

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 1 March 2018

PUBLIC SESSION

AGENDA ITEM NO.	3.3/Feb/18
REPORT NAME	Cerner Electronic Patient Record (EPR) – Cut over plan
AUTHOR	Robbie Cline, Director of ICT Programmes
LEAD	Kevin Jarrold, Chief Information Officer
PURPOSE	The purpose of this paper is to provide a high level overview of the Cerner Electronic Patient Record cut over plan. This cut over plan covers the period during which the West Middlesex Hospital will transition from the existing CaMIS Patient Administration System to Cerner. The cut over will take place over the early May Bank Holiday weekend.
SUMMARY OF REPORT	The report highlights the preparation that the hospital will undertake in advance of the period of downtime during the cutover weekend, it identifies the key activities that will be undertaken over this period and the decision points as the hospital goes live on Cerner. It also sets out a high level overview of the support arrangements in the immediate post go live period.
KEY RISKS ASSOCIATED	Failure to successfully manage the transition to Cerner would present a risk to patient safety, operational performance and income recovery
FINANCIAL IMPLICATIONS	There is no change to the financial implications of the implementation of Cerner set out in the full business case
QUALITY IMPLICATIONS	See above under key risks
EQUALITY & DIVERSITY IMPLICATIONS	N/A
LINK TO OBJECTIVES	All
DECISION/ ACTION	The Trust Board is asked to note the report

Cerner Electronic Patient Record – Cut over plan

Overview

West Middlesex University Hospital will be moving to the Cerner EPR (electronic patient records) system from 4 May 2018.

This will replace our current patient administration (CAMiS), emergency department, theatres and order communications systems.

Chelsea and Westminster Hospital will follow in 2019 bringing the Trust onto the same system for the first time.

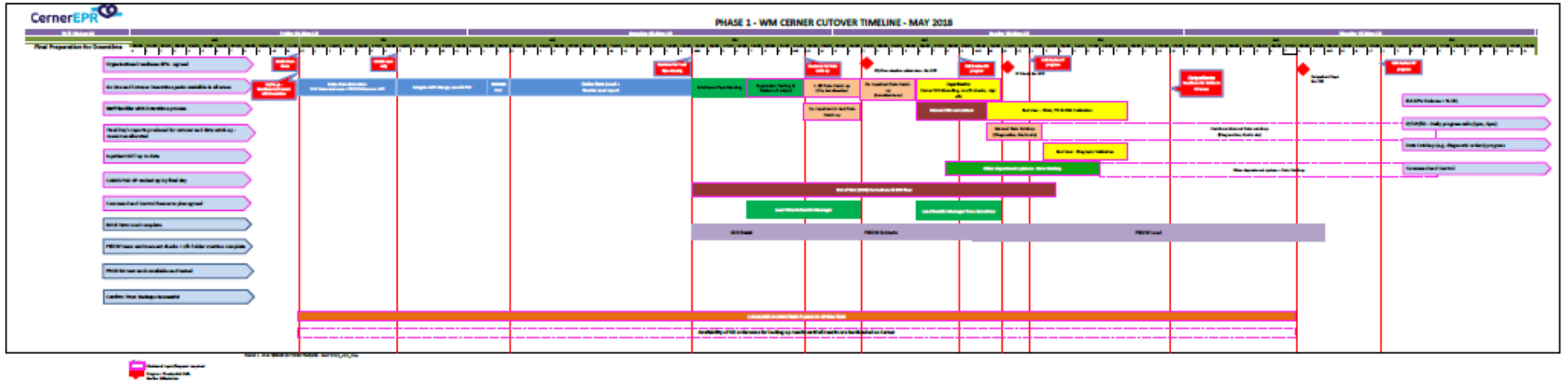
This will give us a platform for the transformation of clinical pathways

We will be sharing the system with Imperial College Healthcare NHS Trust.

Getting from old to new at West Middlesex

The timetable for 'cutover'	
Friday 4 May midday	Stop adding new information to CaMIS. Start recording information on paper
Sunday 6 May	Go live with Cerner EPR in a staged approach: Emergency Department, Wards, Outpatients
Tuesday 8 May	First day of full operation on Cerner EPR

Phase 1 cutover timeline



Why do we need the gap between old and new?

Once we stop using our CaMIS system, two activities are essential to ensure that we can deliver safe patient care on Cerner EPR:

1. Copying the most recent patient data from CaMIS into Cerner EPR

2. Final testing of the Cerner EPR system

We have chosen a bank holiday weekend because there is a lower volume of planned activity.

How do we manage the cutover process

Before	During	After
Everything completed on CaMIS. ED and wards ready to work on paper	All activity coordinated with a detailed plan. Support for staff through managers and floorwalkers	Close monitoring of activity. Support for staff as they get used to the new system.

- There are 12 review points ('gateways') where we decide whether it is safe to continue
- The first gateway is the decision to stop adding new information to CaMIS.

How we support staff

Classroom training before go-live

Management support

Trained Cerner EPR floorwalkers who provide at the elbow support

Staff champions

Online help guides

Service desk assistance via telephone, email and portal

What does it mean for our patients?

- Safe patient care will be maintained throughout the move to Cerner EPR
- Diagnostic test results will be available electronically throughout the weekend
- There may be some impact on waiting times in outpatient areas during the early days of go-live
- We are working to minimise any impact on patient experience
- Our teams will be able to see information held about our patients at Imperial College Healthcare hospitals such as Charing Cross
- Cerner EPR will provide much easier access to patient information to support direct patient care

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

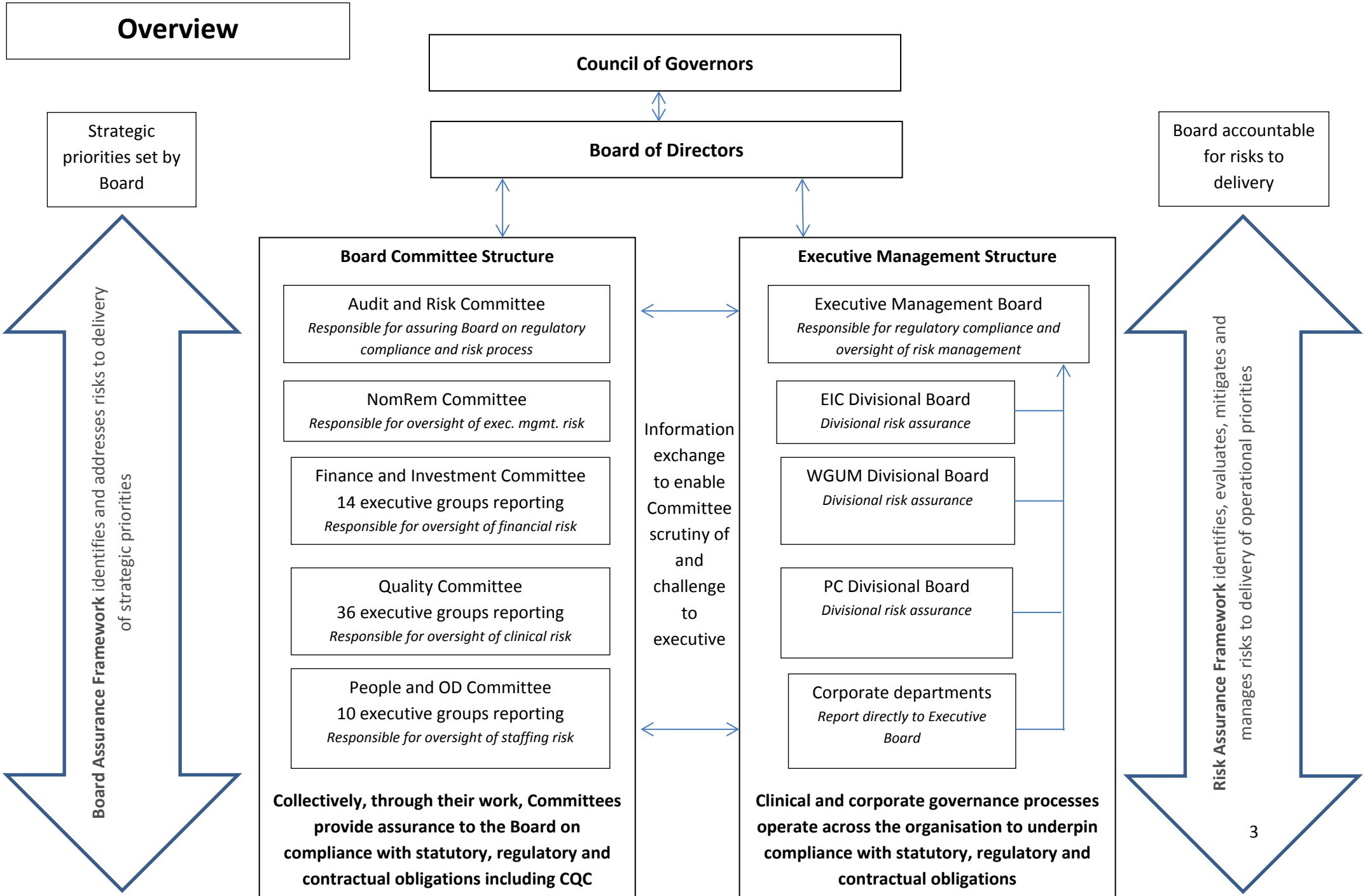
Board of Directors Meeting, 1 March 2018

PUBLIC SESSION

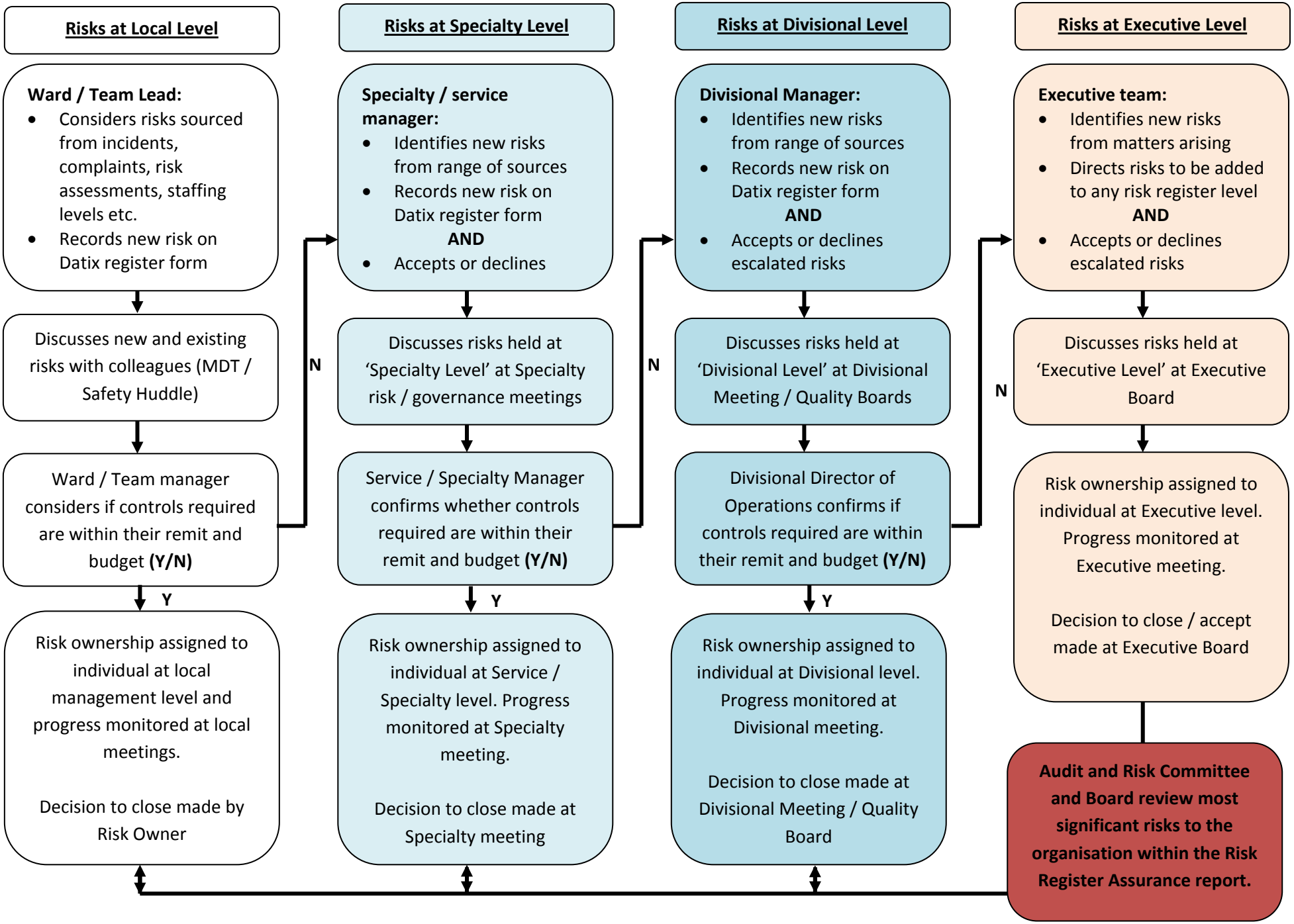
AGENDA ITEM NO.	4.1/Mar/18
REPORT NAME	Risk and assurance process summary
AUTHOR	Alex Bolton, Safety Learning Programme Manager Julie Myers, Company Secretary
LEAD	Karl Munslow-Ong, Deputy Chief Executive Gary Sims, Non-Executive Director
PURPOSE	To provide a high-level summary of the Board's risk and assurance processes and an update on the status of the integrated governance and risk review.
SUMMARY OF REPORT	The report illustrates the way that risk and assurance processes interact within the Trust to ensure that the Board is sighted, assured and equipped to identify, evaluate and manage risks and barriers to both the delivery of its strategic priorities and compliance with prevailing statutory, regulatory and contractual requirements. The Trust operates two primary risk and assurance tools: - **Trust risk register**: The risk register is a management tool that supports the organisation to recognise and respond to risks that could, or are, affecting it. Risk identification and management action is recorded within a central repository to support monitoring and track risk trends. Risks identified via this route are primarily operational in nature. The Audit and Risk Committee and Trust Board views the most significant risks to the organisation within the Risk Register Assurance report. - **Board Assurance Framework**: The Board Assurance Framework (BAF) seeks to support the Board gain a clear and complete understanding of the risks faced by the organisation in the pursuit of its strategic objectives and provides assurance that management action is appropriate and effective. The board assurance framework is developed by aligned Executive leads and overseen by aligned monitoring committees of the Board. It is intended to be the primary means that barriers to the delivery of the Trust's strategic

	objectives are communicated / escalated to the Board.
KEY RISKS ASSOCIATED	Delivery of all strategic priorities at risk if there is failure to adopt effective and proportionate risk management and assurance processes.
FINANCIAL IMPLICATIONS	None attached to this paper.
QUALITY IMPLICATIONS	None attached to this paper.
EQUALITY & DIVERSITY IMPLICATIONS	None attached to this paper.
LINK TO OBJECTIVES	These arrangements underpin delivery of all of the Trust's priorities: • 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	To note.

Overview


Council of Governors
Board of Directors
Strategic priorities set by Board
Board accountable for risks to delivery
Board Assurance Framework identifies and addresses risks to delivery of strategic priorities
Board Committee Structure
Audit and Risk Committee
Responsible for assuring Board on regulatory compliance and risk process
NomRem Committee
Responsible for oversight of exec. mgmt. risk
Finance and Investment Committee
14 executive groups reporting
Responsible for oversight of financial risk
Quality Committee
36 executive groups reporting
Responsible for oversight of clinical risk
People and OD Committee
10 executive groups reporting
Responsible for oversight of staffing risk
Collectively, through their work, Committees provide assurance to the Board on compliance with statutory, regulatory and contractual obligations including CQC regulations and NHSI conditions
Information exchange to enable Committee scrutiny of and challenge to executive
Executive Management Structure
Executive Management Board
Responsible for regulatory compliance and oversight of risk management
EIC Divisional Board
Divisional risk assurance
WGUM Divisional Board
Divisional risk assurance
PC Divisional Board
Divisional risk assurance
Corporate departments
Report directly to Executive Board
Clinical and corporate governance processes operate across the organisation to underpin compliance with statutory, regulatory and contractual obligations
Risk Assurance Framework identifies, evaluates, mitigates and manages risks to delivery of operational priorities

Risk register process outline



Board assurance framework

Why?

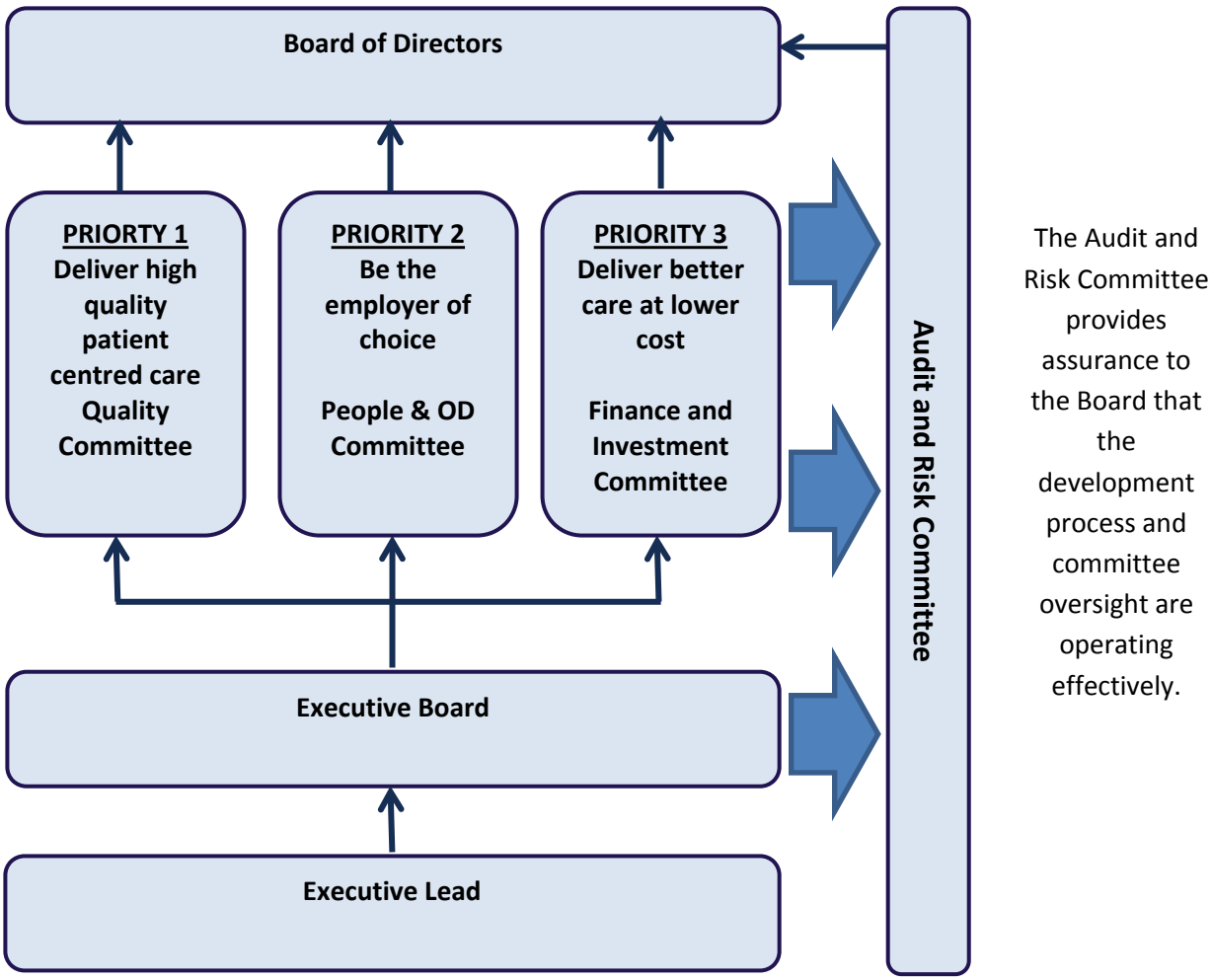
- The CQC well-led framework requires boards of provider organisations to ensure they have effective and comprehensive processes in place to identify, understand, monitor and address current and future risks

What?

- Designed to give the Board gain a clear and complete understanding of the principle risks or barriers faced by the organisation in the pursuit of its **strategic objectives**. Risks and barriers identified via this route are primarily strategic in nature.

How?

- Developed by designated Executive leads and overseen and scrutinised by designated Board committees. Committee review outcome is intended to be the primary means that barriers and risks to the strategic objectives are communicated to the Board.
- Committees assess the level of assurance that risks / barriers to the achievement of strategic objectives are being identified and appropriately managed.
- Committee chairs complete the Board Assurance Framework Dashboard to provide an overall assurance rating for each strategic objective
- Board reviews the Board Assurance Framework dashboard - where committee chairs report limited assurance that risks are being identified and or managed effectively (RED grading) the Board will undertake a detailed review of the objective.



The Audit and Risk Committee provides assurance to the Board that the development process and committee oversight are operating effectively.

Integrated governance and risk review

A review of the Trust's integrated governance approach was initiated in August 2017. Its aim was to promote self-knowledge and reflection; and to provide assurance that strategies are being developed, decisions are being acted upon, systems of communication/escalation are effective and that all members of staff understand their leadership roles and responsibilities.

The review is led by the Chairman, working with the Deputy Chief Executive and was supported until her departure by the Interim Board Secretary and now by the Company Secretary. The Deputy Chief Executive also chairs an Integrated Governance Working Group; members of which include the Director of Quality Improvement, Director of Strategy and the Safety Learning Programme Manager. Significant work was completed during Q2 and Q3 of 2017/18 and the outputs are in the process of being collated for analysis and review, with a view to discussion at Executive Management Board and Audit and Risk Committee in March and the Board in May.