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

Room A, West Middlesex

10 January 2019 11:00 - 10 January 2019 13:10

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting (PUBLIC SESSION)

Location: Room A, West Middlesex
Date: Thursday, 10 January 2019
Time: 11.00 – 13.10

Agenda

	1.0	**GENERAL BUSINESS**		
11.00	1.1	Welcome and apologies for absence	Verbal	Chairman
11.03	1.2	Declarations of Interest, including register of interests	Report	Chairman
11.05	1.3	Minutes of the previous meeting held on 1 November 2018	Report	Chairman
11.07	1.4	Matters arising and Board action log	Report	Chairman
11.10	1.5	Chairman's Report	Report	Chairman
11.20	1.6	Chief Executive's Report	Report	Chief Executive Officer
	2.0	**QUALITY/PATIENT EXPERIENCE AND TRUST PERFORMANCE**		
11.30	2.1	Patient/Staff Experience Story	Verbal	Chief Nurse
11.50	2.2	Improvement update	Report	Chief Nurse
12.00	2.3	Serious Incidents Report	Report	Chief Nurse
12.10	2.4	Integrated Performance Report including: 2.4.1 Update on winter performance 2.4.2 Workforce performance report	Report Verbal Report	Chief Operating Officer Chief Operating Officer Chief Financial Officer
12.20	2.5	Mortality Surveillance Q2 Report	Report	Medical Director
	3.0	**STRATEGY**		
12.30	3.1	EPR Programme update	Report	Chief Information Officer
	4.0	**GOVERNANCE**		
12.40	4.1	Finance and Investment Committee, People and Organisational Development Committee and Quality Committee Terms of Reference – for approval	Report	NED Chairs
	5.0	**ITEMS FOR INFORMATION**		

12.50	5.1	Questions from members of the public	Verbal	Chairman
13.00	5.2	Any other business	Verbal	Chairman
13.10	5.3	Date of next meeting – 7 March 2019		

Board of Directors Register of Interests – updated 2 January 2019

VOTING BOARD MEMBERS	INTEREST(S)
Sir Tom Hughes-Hallett Chairman	Directorships held in private companies, Public Limited Companies or Limited Liability Partnerships: HelpForce Community Ownership or part-ownership of private companies, businesses of consultancies: THH Consultancy advising the Deputy Chair of United Health Group Position of authority in a charity or voluntary body: Chair & Founder HelpForce; Chair – Advisory Council, Marshall Institute; Trustee of Westminster Abbey Foundation Connections with a voluntary or other organisation contracting for or commissioning NHS Services: Chair & Founder HelpForce Son and Daughter-in-law – NHS employees Visiting Professor at the Institute of Global Health Innovation, part of Imperial College
Nilkunj Dodhia Non-executive Director	Directorships held in private companies, Public Limited Companies or Limited Liability Partnerships: Turning Points Ltd; Express Diagnostic Imaging Ltd; Express Healthcare; Macusoft Ltd (Sponsored by Imperial College London comprising incubation and access to the Data Science Institute, machine learning labs and Imperial College Healthcare NHS Trust); Ownership or part-ownership of private companies, businesses of consultancies: Turning Points Ltd; Express Diagnostic Imaging Ltd; Macusoft Ltd (Sponsored by Imperial College London comprising incubation and access to the Data Science Institute, machine learning labs and Imperial College Healthcare NHS Trust); Position of Authority in a charity or voluntary body: Independent Examiner of St. John the Baptist Parish Church, Old Malden Spouse – Assistant Chief Nurse at University College London Hospitals NHS FT
Nick Gash Non-executive Director	Trustee of CW + Charity Associate Director Interel (Public Affairs Company) Lay Advisor to HEE London and South East for medical recruitment and trainee progress Lay member North West London Advisory Panel for National Clinical Excellence Awards Spouse - Member of Parliament for the Brentford and Isleworth Constituency

Stephen Gill Non-executive Director	Owner of private company: S&PG Consulting Positions of authority in a charity or voluntary body: Chair of Trustees; Age Concern Windsor Shareholder: HP Inc; HP Enterprise; DXC Services; Microfocus Plc
Eliza Hermann Non-executive Director	Positions of authority in a charity or voluntary body: Board Trustee: Campaign to Protect Rural England – Hertfordshire Branch (2013 – present) Committee Member, Friends of the Hertfordshire Way (2013 – present) Close personal friend – Chairman on Central & North West London NHS Foundation Trust
Jeremy Jensen Non-executive Director	Directorships held in private companies, Public Limited Companies or Limited Liability Partnerships: Stemcor Global Holding Limited; Frigoglass S.A.I.C; Patisserie Holdings PLC; Chair of Patisserie Holdings PLC Audit Committee Ownership or part-ownership of private companies, businesses or consultancies: JMJM Jensen Consulting Connections with a voluntary or other organisation contracting for or commissioning NHS services: Member of Marie Curie (Care and Support Through Terminal Illness)
Dr Andrew Jones Non-executive Director	Directorships held in the following: Ramsay Health Care (UK) Limited (6043039) Ramsay Health Care Holdings UK Limited (4162803) Ramsay Health Care UK Finance Limited (07740824) Ramsay Health Care UK Operations Limited (1532937) Ramsay Diagnostics UK Limited (4464225) Independent British Healthcare (Doncaster) Limited (3043168) Ramsay UK Properties Limited (6480419) Linear Healthcare UK Limited (9299681) Ramsay Health Care Leasing UK Limited (Guernsey) Guernsey (39556) Ramsay Health Care (UK) N0.1 Limited (11316318) Clifton Park Hospital Limited (11140716) Ownership or part-ownership of private companies, businesses or consultancies: A & T Property Management Limited (04907113) Exeter Medical Limited (05802095)

	Independent Medical (Group) Limited (07314631) Other relevant interests: Board member NHS Partners Network (NHS Confederation)
Liz Shanahan Non-executive Director	Owner of Santé Healthcare Consulting Limited Shareholder in: GlaxoSmithKline PLC, Celgene, Gilead, Exploristics, Official Community, Park & Bridge, Captive Health, Cambrex, Illumina, Vertex, MPX bioceuticals, some of whom have an interest in NHS contracts/work Director and shareholder: One Touch Telecare ltd Trustee of CW+ Charity
Lesley Watts Chief Executive Officer	Trustee of CW+ Charity Husband — consultant cardiology at Luton and Dunstable hospital Daughter – member of staff at Chelsea Westminster Hospital Son – Director of MTC building constructor
Sandra Easton Chief Financial Officer	Sphere (Systems Powering Healthcare) Director representing the Trust Treasurer — Dartford Gymnastics Club Chair — HfMA Sustainability
Robert Hodgkiss Chief Operating Officer	No interests to declare
Pippa Nightingale Chief Nurse	Trustee in Rennie Grove Hospice CQC specialist advisor Specialist advisor PSO
Zoë Penn Medical Director	Trustee of CW + Charity Daughter – employed by the Trust Member of the Independent Reconfiguration Panel, Department of Health (examines and makes recommendations to the Secretary of State for Health on proposed reconfiguration of NHS services in England, Wales and Northern Ireland)

Kevin Jarrold Chief information Officer	CWHFT representative on the SPHERE board Joint CIO role Imperial College Healthcare NHS Trust / Chelsea and Westminster Hospital NHS Foundation Trust
Martin Lupton Honorary NED, Imperial College London	Employee, Imperial College London
Dr Roger Chinn Deputy Medical Director	Private consultant radiology practice is conducted in partnership with spouse. Diagnostic Radiology service provided to CWFT and independent sector hospitals in London (HCA, The London Clinic, BUPA Cromwell)
Ayshea Richards Acting Director of Communications	
Julie Myers Company Secretary	Trustee, Cambridge House Fellow, Royal Society of Arts Member, Chartered Institute of Trading Standards

Minutes of the Board of Directors (Public Session)
Held at 11.00 on 1 November 2018, Boardroom, Chelsea and Westminster

Present:	Sir Thomas Hughes-Hallett	Trust Chairman	(THH)
	Nilkunj Dodhia	Non-Executive Director	(ND)
	Nick Gash	Non-Executive Director	(NG)
	Stephen Gill	Non-Executive Director	(SG)
	Eliza Hermann	Non-Executive Director	(EH)
	Rob Hodgkiss	Chief Operating Officer	(RH)
	Jeremy Jensen	Non-Executive Director	(JJ)
	Andy Jones	Non-Executive Director	(AJ)
	Karl Munslow-Ong	Deputy Chief Executive	(KMO)
	Pippa Nightingale	Chief Nurse	(PN)
	Zoe Penn	Medical Director	(ZP)
	Liz Shanahan	Non-Executive Director	(LS)
	Lesley Watts	Chief Executive	(LW)
In attendance:	Roger Chinn	Deputy Medical Director	(RC)
	Chris Chaney	CEO, CW+	(CC)
	Kevin Jarrold	Chief Information Officer	(KJ)
	Virginia Massaro	Deputy Director of Finance	(VM)
	Julie Myers	Company Secretary	(JM)
	Nathan Askew	Director of Nursing (Chelsea)	(NA)
	Katie Thomas	Youth Volunteer Manager	(KT)
	Anne DeDe	Ward Sister St Mary Abbots	(AD)
	Vida Djelic	Board Governance Manager	(VD)

1.0	GENERAL BUSINESS
1.1	**Welcome and apologies for absence** The Chairman welcomed Board Members, and those in attendance, to the meeting. Apologies for absence had been received from Sandra Easton and Martin Lupton.
1.2	**Declarations of Interest** Liz Shanahan declared that she was now a Trustee of CW+, a Director and shareholder in One Touch Telecare ltd and a shareholder in: Cambrex; Illumina; Vertex; and MPX Bioceuticals. Nick Gash declared that he was Chair of the North West London Advisory Committee for Clinical Excellence Awards. Andy Jones declared that Ramsay Healthcare had recently acquired Capio. **Action: VD to add to the Directors' Register of Interests**.
1.3	**Minutes of the previous meeting held on 6 September 2018** The minutes of the previous meeting were approved as a true and accurate record of the meeting.

1.4	**Matters arising and Board action log** The action log was noted.
1.5	**Chairman's Report** The Chairman reported: • that he had recently completed one to one interviews with all current Governors to inform discussion at the 15 November Council of Governors' away day. His intention was to make sure that the relationship was working in as optimal a fashion as possible. The outcome of the away day discussions would be brought to the Board in due course. • That he had recently met the Chairs of NHS Improvement and the Care Quality Commission regarding the positive performance of this Trust. He had presented a paper, informed by interviews with the CEO, COO, Medical Director and Strategy Director, on why senior staff within this Trust believed it performed so well. The overriding theme from all of the interviews was the way this Trust had embedded its values, and its commitment to evaluating success as well as failure. The paper would be shared with the Board. **Action: THH to share Trust performance paper with the Board.**
1.6	**Chief Executive's Report** The CEO opened her report by noting that it had been and remained a very busy time of year. There had not been a summer lull either locally, regionally or nationally. Staff had had to work very hard. She noted the following: • **Staff awards** – the recent staff awards event had been a wonderful experience. Lots of nominations had been received and it was overwhelming to see the level of camaraderie. • **Communications** – the Communications team deserved special mention for the quality and quantity of recent work to promote the Trust internally and externally. On behalf of the Board, she paid special tribute to Gill Holmes, Director of Communications, who had recently left the Trust but whose leadership had delivered significant improvements in the Trust's communications. The intention was to recruit to this position and work was underway to ensure that momentum was not lost on this portfolio. • **Planning** – the Trust was beginning discussions with Commissioners and partners regarding 2019/20 planning • **Senior team changes** – Thomas Simons would be joining the Trust in early 2019 as Executive Director of Human Resources and Organisation Development. Karl Munslow-Ong, Deputy Chief Executive has been appointed Chief Operations Officer for the Royal Marsden and would be leaving shortly. The Board wished Karl all the very best in his new role and thanked him for his loyal service. • **Strategic context** – the report summarised the latest position as regards strategic partnerships and in January 2019, a detailed report on the clinical strategy and future strategy for North West London (NWL) would be brought to the Board which would show how these would align with the NHS 10 year plan. The Trust's own strategy would also need to be in alignment with all of these, alongside the scale and sustainability of all providers in the sector. She noted that every Executive Director currently leads an area of focus for NWL. **Action: Clinical strategy and future strategy plans to be brought to January 2019 Board meeting**. The Chairman thanked the CEO for her report, noting also the imminent coming together of NHSE and NHSI. It was expected that, by the time of the next Board meeting, it would be clear who the

	NHS Director for London would be. He also noted that the new NHS Chair, Lord Prior, had taken up his role and that he had been invited to visit the Trust. **Action: Briefing on these changes to be brought to the next Board meeting.** In response to a question from JJ, RH confirmed that he had invited experts in Referral to Treatment (RTT) and capacity planning from NHSI to assist the Trust in its planning and that this was a helpful intervention. In response to a question from JJ, LW advised that the Memorandum of Understanding with Hounslow CCG was neutral. It was in alignment with wider NWL principles as regards working towards single strategies for eg estates, digital. It was not a legally binding document and signals commitment to a new way of working. All relevant parties were to be signatories. **Action: Memorandum of Understanding with Hounslow CCG to be shared with the Board**.
2.0	**QUALITY/PATIENT EXPERIENCE AND TRUST PERFORMANCE**
2.1	**Volunteer Experience Story** PN introduced: Nathan Askew, Director of Nursing (Chelsea); Katie Thomas, Youth Volunteer Manager; Anne DeDe, Ward Sister St Mary Abbots; and Selma, a volunteer. Selma, a volunteer on the youth volunteer programme, on a gap year between A-levels and medical school, explained that it currently takes circa three months from application to appointment due to time to complete clearance checks such as occupational health and references. The programme provides real world experience of a healthcare environment and is expected to be helpful to volunteers in their future careers. Typically the programme lasts for six months and is currently running at West Middlesex Hospital. Volunteers can undertake a variety of roles, use existing skills and gain new ones. The programme was proving useful both personally and professionally. Selma spoke impressively about the impact that helping elderly patients had had on her and how proud she was to meet and get to know some inspiring people. The Board thanked Selma for her articulate presentation and her work as a volunteer. **Action: Communications to consider using Selma in a promotional video for the youth volunteer programme**. KT explained that the programme had been shaped in part by the young volunteers. 33 had started in summer 2018 and a further 35 were due to start in January 2019. Volunteers were mainly working in Marjory Warren but also on reception, the library trolley and on other areas. She said that it was inspiring to see what all parties were gaining from the programme. AD explained that, as a Ward Sister, she was fortunate to have three volunteers attached to her ward who worked primarily at the weekends. They covered tasks such as collecting medication from the pharmacy, help feeding patients, accompanying patients to diagnostics and helping to facilitate discharge, especially for long-stay patients. The volunteers were so useful she would like to have more, particularly at meal times. NA added that AD had been a passionate advocate for the use of volunteers and had helped to develop the role profiles. IN response to a question from PN, AD explained that some nurses were fearful about involving volunteers with very acute patients. She explained, though, that, providing volunteers were regular and well-trained, and could be integrated into the team, this was not a risk.

	LW agreed, adding that volunteering works best when the leadership on a ward is committed to best use of volunteers. Going forward, this would form part of the Trust's ward accreditation programme. THH reminded the Board that he is Chairman of Helpforce. He noted that Helpforce had recently received a funding from the Burdett Trust to develop new volunteering roles. In response to a question from NG, KT confirmed that almost all of the original 33 volunteers had stayed with the programme. She added that there had been 85 applications for the next programme. Volunteers were asked to commit to a minimum of 1 – 2 hours per week for six months. The Board thanked all of the presenters for their reports and commended the team on the programme.
2.2	**Improvement update** PN presented the Improvement Programme update noting that: • The Trust has identified 86% of its Cost Improvement Programme savings and that more than 70% of the schemes were 'green' • That mitigation had been developed for the £3m still to be identified • With regard to the Getting It Right First Time programme (GIRFT), the Trust recognised that it needed to be more proactive in order to realise the potential benefits of this programme. ZP now led this work with support from the Improvement Team. In response to a question from THH, the Board agreed that it would welcome a briefing on GIRFT. EH confirmed that GIRFT reports were part of the Quality Committee (QC) agenda. AJ added that it was important to recognise the pace of change attached to GIRFT and the impact it had on clinical teams. LW added that Lord Carter would be visiting the Trust in the following week to learn about the Trust, including its approach to performance improvement. • The Team has developed branding for the Trust improvement approach which will be based on the quadruple aim and have a strapline of "engage, improve and inspire". This would be launched at the end of November. • Good progress was being made on Care Quality Commission (CQC) inspection actions. **Action: A briefing session for the Board on GIRFT, Carter reforms and Model Hospital to be scheduled in a future Board development session**. In response to a question from ND about persistent areas of under-performance, LW advised that the executive conduct deep dives into these areas which went right down to speciality level, challenging clinicians to think about 'their patients'. This ensured that global headline figures did not mask areas of under-performance and made people who could really make a difference take responsibility for improvement. JJ agreed the question was important but noted that, whilst there were some persistent problem areas, on a number of others, significant progress had been made, for instance, temporary staffing. RH agreed and cited fractured neck of femur as an example: at aggregate level, the Trust is the top performing Trust in the country but of this specific metric, the Trust was 127/130. By using all available data, the Trust could look to see which Trust has improved the most in particular areas and then learn from them.
2.3	**Serious Incidents Report**

	PN introduced this item, advising the Board that there had been one Never Event in September which had been submitted in November. This related to a retained vaginal swab. Review of the event had concluded that the learnings from the previous two retained swab never events had been acted upon. PN noted that there had been three Serious Incidents (SIs) in October and five in September, with 30% more at West Middlesex than at Chelsea. The team were reviewing this but there were no obvious trends. Good progress was being made in closing actions arising from SIs. EH commended the team for the focus on learning, which was the thrust of QC. AJ noted that this was the first time he had seen 'sub-optimal care of the deteriorating patient' as a trend in SIs and noted that this would be reviewed in QC. The Board thanked PN for her report.
2.4	**Integrated Performance Report including:** **2.4.1 Winter plan** **2.4.2 Workforce performance report** RH introduced the performance report noting that the Trust had narrowly missed the A&E target at West Middlesex. The context for this was that in the first six months of this year, the Trust had seen 10,000 more patients that at the same point last year. This increase was distributed relatively evenly across both hospitals. The Trust had been compliant with RTT targets in September but this had been a struggle to meet post the implementation of Cerner. Training had been developed for consultants to make sure all reporting was accurate. The Trust reported compliance with 62 day wait cancer target and non-compliance with two week wait and diagnostics. Both sites were expected to be compliant with the A&E target in October. In response to a question from NG, RH advised that the waiting time delays in endoscopy was due to a combination of training issues, capacity constraints and a 42% increase in cancer referrals between July 17 and July 18. This showed that GP behaviour was changing and that more referrals were being made to this Trust. SG and AJ congratulated the Trust on achieving a vacancy rate of less than 12% and the improvements in rates of sickness. THH encouraged the People and Organisation Development Committee (PODC) to focus on the CQUIN regarding health and well-being of staff which was currently graded amber. **Winter planning** RH thanked Laura Berwick for her work in collating the Trust's winter plan which had had cross-organisation input. The main change was the expansion in ambulatory care from December which was intended to reduce admissions but also decrease length of stay. A phased approach to elective care was due to start later in November which would see a reduction in the number of complex cases seen on Mondays and Tuesdays as these were typically the Trust's busiest days. A rota had been developed for senior nursing to ensure cover. RH reported that his biggest concern was the number of patients actively choosing to attend this Trust which was increasing the weight and volume of attendance. LW added that local authorities

	had received their winter allocation very late in the year, whilst most had plans, it may be too late for them to implement them. RH confirmed that ring-fencing of day case beds would not compromise elective performance. **Workforce report** SG presented the report as Chair of PODC, noting that future reports will show targets so that readers can see both the trend and the target. The Board commended the executive on the performance described in the reports
2.5	**Report on volunteering** NA introduced the report highlighting that the Trust was aiming for 900 volunteers this year. He confirmed that: • volunteers were not replacing paid, substantive staff, but were used to add value and to free-up paid staff to do more • from December, the CEO would be chairing an oversight board for the volunteering strategy • the recruitment process had improved from six months to 12 weeks • the Trust currently has 500 volunteers with 163 more nearly ready to be deployed • 70% of the young volunteers were from a BAME background • impact assessment was hard to do and in its infancy but three examples were: o Use of BLEEP volunteers to collect medication saved 12 minutes of clinical time o Time to discharge patients was reduced through use of volunteers to collect medication o In the memory clinic use of volunteers to ring patients and remind them of their appointments had reduced the 'Did Not Attend' rate from 35% to zero • a focus had been to bring all partner volunteers in-house and data cleansing so that there was now a very clear understanding of the number of volunteers available • the strongest cohort of volunteers was coming via the BLEEP and youth programmes. NG commended the executive for an excellent report and asked about volunteering in A&E. NA and LW confirmed that there was a good cohort at Chelsea and the plan was now to spread this to West Middlesex. The importance of this had been stressed in a recent deep dive into A&E services. The Board commended the work done to improve the volunteering programme which they hoped would be sustainable.
2.6	**Complaints update** The Board noted the report and asked that any future report included reference to the learning that was being gained from complaints, noting that this was discussed by the Quality Committee.
3.0	**PEOPLE**
3.1	**Annual Workforce Equality and Diversity Report 2017/18 (incorporating Workforce Race Equality Standard (WRES))** LW introduced the report, noting that, with regard to the WRES report, whilst the contents were concerning, there was improvement being made. She gave a presentation which described the approach the Trust would be taking to improve further its approach to diversity, referencing the Maturity Matrix. There was lots of work to be done. As a first step, the Trust has commissioned Roger Kline, author of "The snowy white peaks of the NHS" to work with it on its diversity

	improvement journey, with particular regard to race. Additional work on eg gender and disability was planned and would be brought to a future Board for discussion. The expectation was that this would be a two-year programme and the Board should be aware that this was not about 'quick fixes'. LW closed by confirming that she and the executive did not feel comfortable with the current position and wanted to change. In discussion: • ZP noted that the General Medical Council were interested in speaking to this Trust as it has statistically fewer BAME doctors referred to disciplinary proceedings than other Trusts • SG noted that the statistics on recruitment and disciplinary proceedings make for uncomfortable reading but the improvement plans look positive and the Trust has made a full and frank assessment of its position • JJ stressed the importance of diversity starting at the very top and that meant that the Board needed to look at its own composition also; this would be an important factor for the Council of Governors when they come to look at non-executive director recruitment. EH agreed but added that that this meant appropriate investment needed to be made in the recruitment process itself. THH commented that this had been the subject of discussion at the recent NHS Providers' conference. The Board welcomed the work proposed by the executive.
4.0	**STRATEGY**
4.1	**EPR programme update** KJ introduced the report advising the Board that there was a relentless focus on stabilising Phase 1 of the EPR programme. This included addressing identified data quality issues. Phase 2 had been launched at the start of October and there was lots of enthusiasm: the expected go live date was Autumn 2019. THH stressed the need to ensure that the Board remained closely involved as the programme proceeded, confirming that ND would be the Board's champion for this work. The proposal to tender for an external assurance provider for Phase 2 of the work was discussed and NG confirmed that the Audit and Risk Committee would scrutinise any aspects of this if required. ND noted that, in the private sector, spend on IT was typically 5% of turnover. Whilst this Trust was no doubt close to this during the Cerner EPR implementation programme, it may not stay that way once that programme was complete. He stressed that the Board needed to be alert to other potential IT investment requirements, including adopting technological advancements developed by other Trusts if these were seen as best practice. LW agreed that it was critical that developments were shared across the NHS. The Board noted the report.
5.0	**GOVERNANCE**
5.1	**Business planning 2019/20** VM introduced the report which looked ahead to planning for 2019/20 in light of a recent letter received from NHS Improvement, requesting a one year plan be developed. Two points were drawn

	to the Board's attention specifically: • Proposed changes to the tariff, in particular to the market forces factor (MFF), on which NHSI were consulting. The proposed change to the MFF would result in this Trust losing £18.4m over four years if implemented, and £300m to London Trusts overall • The ending of transitional funding in 2019/20. THH and LW confirmed that there was significant concern across London about the tariff changes and that robust representation was being made, referencing, in particular, the need to plan for the long term rather than simply for a year. The NHS 10 year plan was awaited as was any development of an STP wide control total. Both of these factors needed to be understood. With regard to the budget setting principles, EH asked that workforce investments be included. LW advised that the entirety of the spend would need to be reviewed in due course, and hard choices made. It was confirmed that the Finance and Investment Committee (FIC) would review the proposed budget for 2019/120 at least twice and that it would be brought to the Board for scrutiny in Q4. **Action: March Board to include sufficient time to review business plan for 2019/20.**
5.2	**Risk register** KMO presented the Trust risk register noting that relevant sections had been reviewed in advance by Board Committees. There remained one extreme risk: an increase in non-elective demand. NG advised the Board that the Audit and Risk Committee had reviewed the Risk Register and had concluded that the Trust approach to risk management was well-embedded. There remained a small number of areas where review was required including review of target risk scoring and a number of review dates. He confirmed that the Committee would undertake a deep dive into risk management, including the full risk register, at its January meeting. JJ challenged the executive regarding the risk relating to 'outdated sonographer equipment'. LW agreed that this was a fair challenge as the risk had been identified in February. ZP confirmed that procurement was well underway to address the risk. The Board discussed the need to balance pace of procurement with risk of challenge and due process. In response to a question from LS, LW advised that it was not yet possible to predict the impact on this Trust of changes in mental health bed provision as the detail was not yet available. The Board noted the report.
5.3	**Half-year report on the use of the Company Seal** The Board noted the report.
6.0	**ITEMS FOR INFORMATION**
6.1	**Questions from members of the public** A member of the public asked how the Trust triangulated patient experience against performance metrics? PN replied that the Trust was using a new tool called Public View which collated all publicly available data to enable a rounded picture of performance and experience to be reviewed.

6.2	**Any other business** LW asked that the Board note that this was KMO's last public Board meeting. She paid tribute to his loyal and committed service. THH thanked KMO on behalf of the Board for his work with the Trust and wished him well for his future role at the Royal Marsden. On behalf of the Board, LW sent condolences to the family and friends of Clare Bambrough, a well-loved and highly regarded member of staff, who had died recently after a short illness.
6.3	**Date of next meeting** – 10 January 2019

Meeting closed at 13.50

Trust Board Public – 1 November 2018 Action Log

Meeting Date	Minute number	Subject matter	Action	Lead	Outcome/latest update on action status
01.11.18 PUBLIC	1.2	Declarations of Interest	Action: VD to add AJ's new interests to the Directors' Register of Interests.	VD	Complete
	1.5	Chairman's Report	Action: THH to share paper prepared for NHSI and CQC on perspectives on reasons for strong Trust performance with the Board.	THH	Complete
	1.6	Chief Executive's Report	Action: Clinical strategy and future strategy plans to be brought to January 2019 Board meeting.	LW	Complete. First look scheduled at January closed Board.
		NHSE/NHSI changes	Action: Briefing on these changes to be brought to the next Board meeting.	LW	Complete. Included within CEO report.
		Integrated Care in Hounslow	Action: Memorandum of Understanding with Hounslow CCG to be shared with the Board when final.	LW	Complete.
	2.1	Volunteer Experience Story	Action: Communications to consider using Selma in a promotional video for the youth volunteer programme.	AR	Option noted for future videos. Closed.
	2.2	Improvement update	Action: A briefing session for the Board on GIRFT, Carter reforms and Model Hospital to be scheduled in a future Board development session.	JM	Complete.
	5.1	Business planning 2019/20	Action: March Board to include sufficient time to review business plan for 2019/20.	JM	Action due March 2019.
		Membership	Membership growth to be added as a KPI to communications strategy.	AR	Action ongoing.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 10 January 2019

PUBLIC SESSION

AGENDA ITEM NO.	1.5/Jan/19
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
January 2019

1.0 Welcome

Let me begin by wishing everyone a Happy New Year. As ever, the turn of the year provides a point for reflection and I continue to be struck by the tireless energy and enthusiasm of our staff as we face what seems to be an ever increasing demand for our services. We must continue to do all that we can to support and celebrate what our teams deliver for our patients every day.

2.0 Christmas

With that in mind, it was such a delight to see such wonderful attendance at the Trust's Christmas events. These really do represent an opportunity, not just for staff, but also for patients, their families and members of the community, to play a part in hospital life and celebrate the season together. Our Governors, as ever, played their part in these events and we are grateful to them. Outside of these formal events, it was also clear just how much joy was spread by the efforts of individual staff members, wards and teams as they decorated wards and offices.

As ever, we are grateful to all of those staff who worked over the Christmas and New Year period and especially to our Chief Executive who, as ever, was present in the Trust on Christmas Day, and to Liz Shanahan, non-executive Board member, who also attended to support staff on Christmas Day.

3.0 Council of Governors

Elections were held for 15 seats for the Trust's Council of Governors last year and the results were announced on 12 November 2018. All of the seats were contested and the results were as follows:

Patient Governors

- Juliet Bauer (re-elected)
- Simon Dyer (re-elected)
- Kush Kanodia (re-elected)
- David Phillips (re-elected)
- Tom Church (re-elected)
- Anna Hodson-Pressinger (re-elected)
- Minna Korjonen (elected)

Public Governors

- London Borough of Ealing (1 to elect) - Nigel Davies (re-elected)
- London Borough of Hammersmith and Fulham (1 to elect) - Angela Henderson (re-elected)
- London Borough of Hounslow (2 to elect)
    - Nowell Anderson (re-elected)
    - Laura Wareing (re-elected)
- London Borough of Wandsworth (1 to elect) - Elaine Hutton (re-elected)

Staff Governors

- Management Class (1 to elect) - Jennifer Parr (elected)
- Nursing and Midwifery Class (1 to elect) - Jacquei Scott (elected)

Public Governor Martin Lewis (Westminster) and Staff Governor Matthew Shotliff (support, admin and clerical) resigned on 19 and 30 November respectively and these resignations were noted at the November Council meeting. Both were commended for their dedicated service to the Trust.

4.0 Internal and external engagements

Since the last Board meeting (1 November 2018) I have undertaken the following engagements:

- 7 November – Meeting with Matt Hancock, Secretary for State, Health and Care.
- 8 November – Hosted the Helpforce Champions Awards celebrating volunteers in healthcare.
- 14 November – Visit to Frimley Park Hospital to view their A&E department along with other areas of the hospital where volunteers are utilized.
- 21 November – Meeting with Dr Tom Coffey OBE, Senior Advisor to the Mayor of London and NHS England's Clinical Director of Emergency Care.
- 5 December – Chairs Advisory Group Dinner

5.0 Volunteering, Helpforce and the Daily Mail

It would be remiss of me not to mention the tremendous support pledged by the public to volunteering in the NHS as a consequence of the Christmas campaign run by Helpforce, a charity of which I am Founder and Chair, and the Daily Mail. This Trust featured alongside many others in the campaign and I am pleased that we were able to celebrate publicly the contribution made by the Trust's volunteering team and our many volunteers.

Following a meeting between our CEO, myself and the COO of 'NHS London', we have been offered funding for a new post within Chelwest to support volunteering within the STP as a whole.

Sir Thomas Hughes-Hallett
Chairman

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 10 January 2019

PUBLIC SESSION

AGENDA ITEM NO.	1.6/Jan/19
REPORT NAME	Chief Executive's Report
AUTHOR	Julie Myers, Company Secretary
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.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Chief Executive's Report

January 2019

1.0 Performance

November and December saw continued growth in non-elective demand and increasing numbers of patients coming through our front doors. Despite these challenges, both of our sites continue to respond well and, whilst we have been marginally short of delivering against the 95% A&E waiting time standard, we continue to be the best performing Trust in London and our STF trajectory for the Quarter was achieved. The significant preparatory work in relation to winter pressures is clearly paying off and both sites, whilst extremely busy, have coped remarkably well. It is a privilege to see the level of true multi-disciplinary team working that ensures our patients receive the very best of timely care from our two hospitals.

The Referral to Treatment (RTT) incomplete target was achieved on both sites as were all reportable Cancer Indicators. Our 6 week wait Diagnostic position remains compliant, so overall a fantastic achievement, demonstrating the continued efforts of all of our staff to ensure we give our patients the very best, timely care. I am delighted to say that Rob Hodgkiss has appointed James Eaton as the Trust's new Director of Performance and Information; James will join us at the beginning of February from NHS Improvement (NHSI), where he is currently working as Director of Performance and Service Improvement (London).

2.0 Divisional updates / staffing updates

I am pleased to say that Tara Argent, the new Divisional Director of Operations for the Clinical Support Services Division, has now started with us and we have also appointed Deirdre Linnard as the new Head of Professions for the Division. The next stage of the recruitment process is to recruit a Divisional Medical Director and the supporting posts.

Other notable staffing changes include the retirement of Peter Dawson, Divisional Medical Director for Planned Care and Geraldine Cochrane, Divisional Director for Nursing for Women's and Children's. We also said farewell to Serena Stirling, Director of Improvement in December 2018.

3.0 Staff Achievements and Awards

Christmas Cheer Awards and Best Decorated Ward/Dept winners

On Tuesday 11 December (Chelsea) and Wednesday 12 December (West Mid) 2018 we held our annual Christmas Events, where our Chief Executive Lesley Watts announced the winners of our festive awards for staff. Our Cheer Award winners were recognised for brightening up their colleagues and patients' days all year round and all wards/departments were also judged on their festive decorations, themed around our Trust's PROUD values.

Our latest CW+ PROUD award winners:

- **Planned Care**: Paul Hague, Superintendent Radiographer; Richmond Ward Nurses and HCAs, Opthamology Department
- **Emergency and Integrated Care**: Mabel Amponsah, Senior Sister, Crane Ward; Khurram Aleem, Service Manager; Sohib Ali, Assistant Service Manager

- **Women and Children**: Michelle Jenkins, Advanced Nurse Practitioner, Sexual Health Hounslow; Ria Vernon, Maternity IMT; Sakin Syed, Assistant Patient Administrator

- **Corporate**: Usman Olakara, Cleaner, Ron Johnson Ward; Postgraduate Teams, Cross Site.

External recognition:

- Our Chief Executive **Lesley Watts** won the prestigious CEO of the Year Award at the HSJ Awards 2018. This was announced at the ceremony on the 21 November.

- **Dean Street PRIME** won the Patient Digital Participation Award at the HSJ Awards 2018. This was announced at the ceremony on the 21 November.

- Our **Finance Team** won the Innovation Award at ICAEW Finance for the Future Awards in December, for their work on setting up the eService, Sexual Health London.

- **Our Trust** was one of more than 50 businesses and organisations across London to obtain accreditation against the Health Workplace Charter this year for showing outstanding dedication to health and wellbeing of our staff. We were presented with our Charter Award in a special ceremony at City Hall on 19 November.

4.0 Communications and Engagement

We held our annual Christmas Events for 2018 on Tuesday 11 December (Chelsea and Westminster) and Wednesday 12 December (West Middlesex). These events are in the form of mini open days with stalls, Santa's grotto, school choirs, entertainment, festive awards for staff, music and refreshments. They are also an opportunity to thank staff for all of their hard work throughout the year, offer some festive fun to our younger patients and open our doors to local people who want to pop in and get more involved in their local hospital. They are supported by our Council of Governors.

Current key communication areas include:

- Winter, including staff flu immunisation and our Ambulatory Care Project

- Volunteering

- Critical Care Project

- Cerner EPR

Press coverage highlights

- The Daily Mail – in partnership with Helpforce – ran a major campaign throughout December to recruit thousands of volunteers to the NHS and this Trust has been featured prominently, with several articles covering our volunteers. These include:

    - Let's give hospitals a helping hand: Daily Mail launches its Christmas campaign calling for an army of volunteers to transform the NHS.

    - Let's give him a BIG hand! The utterly inspirational man who turned his back on the City to recruit an army of NHS volunteers.

    - Claudia lends a hand: Inspired by the Mail's hospital campaign, the Strictly Come Dancing host volunteers on an NHS ward.

- You're all Christmas stars! Actor Rupert Everett salutes 25,400 who have signed up to the Daily Mail's hospital volunteer campaign.

- World AIDS Day coverage on the Trust's HIV work, including:
  - Evening Standard: AIDSfree campaign: Doctor warns we must find fresh ways of tackling virus.
  - BBC World Service interview with Nneka Nwokolo. Available on iPlayer at: https://www.bbc.co.uk/programmes/w3cswqmh
  - Hoxton Radio – interview with Alexis Gregory for Riot Act and Evening Standard – interview with Alexis Gregory for Riot Act

- Dean Street featured in Broadly (Vice) article on the 6 Reasons it Hurts When You Have Sex: We asked three sexual health experts for their advice on how to manage pain during sex.

- Chelsea FC Christmas visit to Chelsea and Westminster Hospital
  - The Sun: Fab-ulous to see: Chelseaa eyeing Cesc Fabregas replacement amid AC Milan links as stars head to hand out Christmas gifts at children's hospital

- Rita Ora and Idris Elba visit to Chelsea and Westminster Hospital
  - Daily Mail: Rita Ora dresses up as Father Christmas to deliver presents and surprise patients with Idris Elba at children's hospitals in London.
  - The Metro: Rita Ora and Idris Elba melt hearts as they dress up as santa for hospital visit.

- The Trust featured in HSJ article on Financial Performance – Best and Worst of 2017-18.

- West Middlesex Hospital featured in Nursing Times article on New Retro Game Space for Teen Patients.

- Article in The Guardian: Chelsea and Westminster Hospital praised by Michael Gove after Son's grisly Christmas Eve Accident.

- Telegraph feature on acid attacks including clinician interview: Acid Attack survivor Katie Gee: 'I was in agony, burning everywhere. Imagine a thousand wasp stings.'

Broadcast media/filming highlights - December

- BBC News at 10 interview with our Chief Operating Officer, Rob Hodgkiss
- Sky News filming on volunteers
- Sky News filming on winter planning
- Channel 4 News filming on winter capital and planning
- Channel 4 operation filming for Born to be Different

Internal communications / ongoing activity

We continue to receive positive feedback to our internal communications tool, Poppulo, and this is providing valuable data to help shape our strategy. All-staff messages such as the daily noticeboard and CEO newsletter regularly receive open rates in excess of 50% with more targeted communications such as the new divisional newsletters having even higher rates.

We are continuing to push our winter/flu campaign and have been communicating key messages across all of our communications channels, such as busting common myths around the jab, the number of sickness days lost due to absences as a result of the flu and encouraging staff to get their flu jab. This has supported Occupational Health to vaccinate 3,076 of all frontline staff (exactly 70%) to date.

We have now released the Autumn/Winter edition of our Trust magazine Going Beyond, which includes features on our great performance as we geared up for winter, annual Staff Awards ceremony, World AIDS Day, volunteering and our Ambulatory Care Project.

The next all staff briefing will take place next week (w/c 7 January) and will cover the Ambulatory Care Project, new Budget Holder Manual and Information Governance: the consequences of non-compliance. Podcasts are made available on the intranet and are being promoted for those who were unable to attend. Our December team brief is attached at **Annex A**.

We also celebrated the 30th anniversary of World AIDS Day on 1 December, highlighting that the number of people diagnosed with HIV at the Trust has dropped by 63.6% in two years. You can find out what has contributed to this in a timeline charting the developments in our HIV treatment here and this was featured in all of our internal newsletters.

Social media

Our high-profile visits and great performance in the lead up to and over the Christmas period has resulted in high engagement across our social media channels, including:

- **Idris Elba and Rita Ora Christmas visit:** 47,000 impressions with 7.7% engagement rate on two tweets.
- **Chelsea FC visit:** 7,800 impressions with 6.1% engagement rate on Twitter/Instagram post is now the hospital's most popular post – 680+ likes.
- **Rugby 7's and Harlequins Rugby Club visits:** nearly 7,000 impressions combined.
- **Brentford FC visit:** 2,500 impressions with 21.5% engagement.
- **Christmas events – Chelsea and West Mid:** combined 6,500 impressions.

We recorded a high number of Twitter impressions over the past 28- day period, driven by all of our special Christmas visits, Christmas events, World AIDS Day, flu campaign and great performance over the winter period. This continues our upward trend and has been achieved by featuring exciting and prominent campaigns and increasing the number of videos produced.

Website:

In December the Trust website had 111,000 visits, of which 3/4 were new and 1/4 were returning visitors. The top sections were 56 Dean St, 10 Hammersmith Broadway and John Hunter clinics, travel directions and contact info, and our clinical services.

2/3s of our visitors use mobile devices. 3/4s of users visit our website via a search engine, and Facebook remains the key driver on social media. The stats are consistent with this period one year ago.

Our program of updating and revamping key contact details, information and pages on the website will be prioritised in 2019 and is on-going in line with demand and divisional priorities.

5.0 Changes at NHS England and NHS Improvement

In October 2018, NHS Improvement (NHSI) and NHS England (NHSE) announced plans to work more closely with Health Education England (HEE) to ensure the national workforce system is well aligned. The plans include integrating NHSI and NHSE national and regional functions and a stated shift in focus, from NHSI, from regulation to improvement.

In December 2018, NHSI and NHSE also confirmed the establishment and membership of a new joint leadership team, the NHS Executive Group, reflecting their intention to develop closer working relationships between the two organisations. The new combined management group is to be chaired by the two Chief Executives. Seven new regional directors were also confirmed , including Sir David Sloman for London. The joint press release issued by NHSE and NHSI stated:

"Under the new structure the seven integrated regional teams will play a major leadership role in the geographies they manage, making decisions on how best to assure and support performance in their region, as well as supporting local system transformation.

The corporate teams will provide specialist support and expertise to the regional teams, as well as taking a national lead on their areas.

As part of this, NHS England and NHS Improvement are cutting their running costs by a further 20%.

The NHS Executive Group is set to hold its first meeting in January 2019, with the new national and regional directors expected to formally lead their integrated directorates by April 2019."

With regard to closer working with HEE, plans include joint working between NHSI and HEE to develop HEE's mandate for 2019/20 onwards, including sign-off by NHSI's Board to ensure the mandate meets service requirements before final approval from the Secretary of State. The intention is also to identify opportunities for HEE's regional teams to align with the seven regional teams of NHSI and NHSE to build on collaborative working.

Attached at **Annex B** for information is a briefing prepared by NHS Providers on the December Board meetings of NHSI and Health Education England (HEE).

6.0 Strategic Partnerships Update

<u>STP update</u>
As I reported to Board in November, colleagues and I have been heavily engaged in a planned refresh of the NWL Sustainability and Transformation Plan (STP). This has seen:

1) Re-launch as the North West London (NWL) Health and Care Partnership
2) A review and refresh of the clinical vision underpinning the Partnership focused on the triple aim of:
    - Giving every child and family the best start and supporting people to live healthy lives
    - Ensuring support and care when needed
    - If someone needs to be in hospital making sure they spend the appropriate time there
3) Focus on the development of an NWL wide Integrated Care System and Framework

As lead provider CEO, I remain a member of the Programme Board and we will be reviewing Trust membership of the sub groups both to support this approach and to look to align our own strategic programmes.

Integrated Care in Hounslow

As I reported to Board in November we have been engaged with partners as part of developing an Integrated Care System in Hounslow. A Memorandum of Understanding (MoU) has been agreed. The next steps will be to:

1) Co-develop a final business case for the first generation Integrated Care partnership and supporting contract (by March 2019)
2) To establish a joint way of working and underpinning by key principles

Specific key milestones include:

- Agree programmes of care which deliver benefit to the population and 'test' our new way of working
- Develop a joint programme management infrastructure
- Set out work programme and timelines (Jan-March 2019) to support delivery of business case and initial governance to support Integrated Care Partnership
- Specific risk benefit analysis and financial modelling to support quantification of benefits, any contract transfer and other resourcing risks and issues

We plan to bring any final business case back to Board for approval in March 2019.

Royal Brompton Hospital: Healthier Hearts and Minds

We have published our joint proposals with Imperial College, Imperial College Healthcare Trust and other partners and set out an alternative proposal to the move of Royal Brompton's services from the Fulham Road to the St Thomas' site. We have continued to engage with local Overview and Scrutiny (O&S) Committees and – together with colleagues from Imperial Trust –attended the December O&S in Hammersmith and Fulham. We are now directly engaged with NHSE to understand the next steps in the process.

7.0 Brexit planning

In preparation for Brexit, the Trust has established a Brexit Committee. This committee will meet fortnightly, be formed of the Trust executive committee members and other key individuals and will ensure that all preparations are in place for 29 March 2019. The committee will deal with preparations in relation to staff, supplies and drugs. Preparations are well underway on all fronts. The Trust, in line with a number of other public sector employers has notified all EU staff that we will fund their visa application fees for the pilot scheme that closed just before Christmas.

The Department of Health and Social Care (DHSC) has published Operational Guidance which sets out the local actions that providers and commissioners of health and adult social care services in England should take to prepare for EU Exit, including immediate actions to manage the risks of a 'no deal' EU Exit. This guidance has been developed and agreed with NHS Improvement and NHS England.

The guidance advises trusts to undertake local EU Exit readiness planning, local risk assessments and plan for wider potential impacts. It focuses on seven areas of activity in the health and care system that the DHSC is focussing on in its 'no deal' exit contingency planning:

- supply of medicines and vaccines;
- supply of medical devices and clinical consumables;
- supply of non-clinical consumables, goods and services;
- workforce;
- reciprocal healthcare;
- research and clinical trials; and
- data sharing, processing and access.

DHSC is also developing contingency plans to mitigate risks in other areas. For example, it is working closely with NHS Blood and Transplant to co-ordinate 'no deal' planning for blood, blood components, organs, tissues and cells.

Key developments include:

- **National Operational Response Centre**
  The Department, with the support of NHS England and Improvement, and Public Health England, has set up a national Operational Response Centre, which will lead on responding to any disruption to the delivery of health and care services in England, that may be caused or affected by EU Exit. The Operational Response Centre will co-ordinate EU Exit-related information flows and reporting across the health and care system. The Operational Response Centre will not bypass existing regional reporting structures; providers and commissioners of NHS services should continue to operate through their usual reporting and escalation mechanisms.

- **Local, regional and national support teams** will be set up to enable rapid support on emerging local incidents and escalation of issues into the Operational Response Centre as required. These teams will support trusts to resolve issues caused or affected by EU Exit as close to the frontline as possible. These issues will be escalated to regional level, as required. Where issues are impacting across the health and care system at a national level, the Operational Response Centre will co-ordinate information flows and responses. An NWL contact has been established (through NWL CCG's) to link to regional teams

- **Action cards**
  The government has produced an action card for trusts, which state that all providers should continue with their business continuity planning, taking into account the instructions in this national guidance, incorporating local risk assessments, and escalating any points of concern on specific issues.

Further operational guidance will be issued and updated to support the health and care system to prepare for the UK leaving the EU prior to 29 March 2019 and NHS Providers will continue to monitor developments.

8.0 Finance

The Trust is reporting a year to date surplus of £16m at for November (month 8) which is £0.3m favourable to plan. This is after receipt of additional Provider Sustainability Funding (PSF) in relation to an increase in the Trusts planned surplus agreed at month 6 with NHSI.

However, it must be noted that the year to date surplus includes non-recurrent PSF funding of £14.4m and £11m non-recurrent transaction funding. Without this additional funding the Trust would have had a significant deficit at the end of month 8.

Lesley Watts
Chief Executive Officer
January 2019

All staff briefing

December 2018

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

Successfully managing flow at both sites

3 December was an extremely challenging day with the number of patients passing through our doors being the third busiest on record. 1,055 patients attended across the hospitals while the Chelsea site recorded their busiest day ever with more than 500 attendances.

Our ability to manage the non-elective demand through our hospitals is a whole-hospital effort. It is down to the hard work and diligence of all our staff, ensuring our patients are managed through the system in a timely manner.

CernerEPR—clinical functions arriving soon at West Mid

We recently held an event called 'Taking our CernerEPR to the next level' which helped us plan next year's go-live at Chelsea. The first two of these initiatives will arrive soon. ED LaunchPoint is a new Cerner tool which captures and manages every patient in the ED department, displaying all their key information at a glance and linking directly to their full patient records. Once the new Op Note becomes available in Theatres next year, it will enable all staff involved in a patient's care to have improved visibility of their clinical data.

Latest CW+ PROUD award winners

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

- Planned Care: **Richmond Ward Team** (C&WH)
- Emergency and Integrated Care: **Khurram Aleem,** Service Manager and **Sohib Ali,** Assistant Service Manager (WMUH)
- Women and Children: **Sakin Syed,** Assistant Patient Administrator and **Ria Vernon,** Maternity IMT (C&WH)
- Corporate: **Postgraduate Team** (WMUH)

Visit the intranet to nominate a team or individual.

Nursing recruitment and retention

Our first group of overseas nurses arrived in October 2017 and have been with us for just over a year now. Since then, we have had over 150 nurses join us from four different agencies. They have brought a wealth of experience with them from overseas, adding to the richness of culture and diversity within our workforce and are equipped to meet the needs of the diverse patient population that we serve.

The Trust has a 100% pass rate for the OSCE programme and most of the recent cohorts are achieving a 90–100% pass rate first time. That's a cracking achievement.

Thanks to the hard work of the Learning & Development team and the Recruitment & Retention team, our vacancy rate for Nursing & Midwifery has been reduced to 10% for the first time since the Trust merged. We are also seeing a reduction in turnover with the overseas nurses helping to provide stability to the workforce.

Mandatory and statutory training

The Trust has maintained 92% compliance for the 4th reporting period with all divisions now reaching 92% or above.

Current compliance figures (at 30 November) are as follows:

Division	Compliance
Corporate	**95%**
Emergency and Integrated Care	**92%**
Planned Care	**92%**
Women, Neonatal, Children, Young People, HIV/Sexual Health	**92%**
Overall compliance	**92%**

Information Governance compliance is at 93%, the highest ever for the Trust, but has not yet reached the target of 95%. Make sure to put a reminder in your calendar/diary and complete in good time.

Adult Basic Life Support compliance for the Trust is 85%. However, approximately 10% did not attend. Please ensure this is shown on staff rosters and any changes or cancellations are notified as soon as possible to the Learning Teams so these places can be reallocated.

Christmas events

Our annual Christmas events are taking place this week. Yesterday saw the festivities arrive at Chelsea while West Mid will have its Christmas extravaganza today. These two events are a chance for us to thank you for all your hard work throughout the year and take some time out to enjoy the festivities with entertainment for all the family. There will be music, a Santa's grotto, carols, refreshments, stands and festive awards. We will also, of course, switch on the lights.

January *All Staff Briefing*:

- Mon 7 Jan, 9:30–10:30am—Harbour Yard
- Mon 7 Jan, 12:30–1:30pm—C&WH
- Wed 9 Jan, 12:30–1:30pm—WMUH

Summary of board papers – statutory bodies

NHS Improvement board meeting – 12 December 2018

For more detail on any of the items outlined in this summary, the board papers are available here.

Improvement report

- The Outpatient Improvement programme has identified an opportunity to improve the way outpatient services are delivered with potential savings of £700m. A clinic level dashboard, accessible via the model hospital tool, enables analysis and benchmarking of outpatients across 110 trusts.
- NHS Improvement (NHSI) and NHS England (NHSE) regional teams have established an improvement collaborative that will support the reduction and eventual elimination of mental health out of area placements over a period of eight months.
- The model hospital tool has been updated with a more intuitive design that features bespoke productivity opportunities, articles, videos, tips, a new metric search and comprehensive metric pages.
- The Mental Health Intensive Support Team is working with systems to improve data quality for the mental health services data set. This system will help providers better understand process, benchmark and identify gaps to improve delivery.

Chair's report

- NHS Improvement chair Dido Harding has recently sent out the first of a potential regular quarterly bulletin to NHS trust and foundation trust chairs to keep them updated on NHSI thinking. This is planned to be a joint communication with David Prior, chair of NHS England NHSE, going forward.
- The joint committees in common between NHSI and NHSE are expected to kick off from January. Draft terms of reference are currently under discussion with both boards and are expected to be confirmed by the committees in common at the first meeting in the New Year.
- Dido has also spent time with David Behan, newly appointed chair of Health Education England (HEE), to look at how NHSI and HEE can work better together on the 'people development agenda'.

Quality Dashboard

- Patient experience is generally positive with the rate of written complaints running statistically below average. Additionally, for community services, the percentage of patients who would recommend the trust that treated them is at a high of 96.5%. Mental health patient experience is also at a high of 90%.

Corporate report

- Issues flagged as a priority for winter preparations this year was the need to avoid corridor waits and to speed up ambulance turnaround times.

Health Education England board meeting – 18 December 2018

For more detail on any of the items outlined in this summary, the board papers are available here.

Chief executive update and finance report

- HEE will work jointly with NHSI to ensure that workforce plans are more closely aligned with NHS service plans.
- From 1 April 2019 the NHS Leadership Academy will transfer from HEE to the new people function that will be hosted by NHSI. A cross-organisational governance structure has already been established to drive forward the transfer of the Leadership Academy.
- Opportunities will be identified for HEE's regional teams to align with the seven integrated regional teams of NHSI and NHSE, to continue building on the strong collaborative working that already exists across the country in support of local health systems.
- A growing proportion of the HEE budget is coming from NHSE. As a result, additional time is required to agree and get appropriate approvals through NHSE's governance arrangements.
- There has been a delay in some areas for paying and recharging the cost of GP trainees pay.

Performance report

- The Cancer Workforce Plan has raised the profile of work planning with Cancer Alliance Partners and now forms the basis of the workforce plans to 2021.
- The HEE Mental Health programme has made good progress on a number of areas. Cross-system work is under way to refine the definitions of the mental health workforce.
- HEE is investing in implementing a range of workforce initiatives to support the primary care workforce transformation, including physician associates, general practice nurses and clinical pharmacists.
- HEE is working with ambulance trusts, the College of Paramedics, NHSE, NHSI and staff-side groups to enable paramedic workforce development.
- The Public Health and Prevention programme continues to work across the system to provide leadership in training and educating the core and wider public health workforce.
- HEE is leading considerable work to develop the nursing associate role and to support providers to introduce and expand this workforce.

Medical Education Reform programme

- HEE's Medical Education Reform Programme will aim to make a radical change in how medical education is delivered.
- HEE has produced a joint report with NHSI, the General Medical Council, The Academy of Medical Royal Colleges, NHS Employers, provider organisations and the British Medical Association 'Maximising the potential – A system wide strategy to support and progress careers of SAS doctors'. This report makes recommendations on how best to support staff grade, associate specialist and speciality (SAS) doctors.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 10 January 2019

PUBLIC SESSION

AGENDA ITEM NO.	2.2/Jan/19
REPORT NAME	Improvement Programme update
AUTHOR	Serena Stirling, Director of Improvement
LEAD	Pippa Nightingale, Chief Nurse Sandra Easton, Chief Finance Officer
PURPOSE	To report on the progress of the Improvement Programme
SUMMARY OF REPORT	**Trust-level progress:** **Cost Improvement Programme (CIP)** The Trust is forecasted to achieve a full year forecast of £21.63m – 14% or £3.46m below the target of £25.1m. There has been a decrease of £257k from the prior month review largely due to the under delivery of the NWL pathology scheme. **Quality improvement work** All areas have had a ward accreditation undertaken in 2018. The GIRFT and CQC actions plans have made significant progress. The trust improvement approach is due to be launched in January
KEY RISKS ASSOCIATED	Failure to continue to deliver high quality patient care Failure to deliver 2018/19 improvement and efficiency targets
FINANCIAL IMPLICATIONS	These are regularly considered as part of the risk assessment and review process of Cost Improvement Schemes through the divisional structures and Improvement Board.
QUALITY IMPLICATIONS	These are considered as part of the embedded Quality Impact Assessment process of the Improvement Programme.
EQUALITY & DIVERSITY IMPLICATIONS	Equality and Diversity implications have been considered as part of the embedded Quality Impact Assessment process of the Improvement Programme, which is led by the Chief Nurse and Medical Director.
LINK TO OBJECTIVES	State the main corporate objectives from the list below to which the paper relates. • Deliver high-quality patient-centred care • Deliver better care at lower cost
DECISION/ ACTION	For assurance

This report provides an update on the progress of the Improvement Programme since the last update to Trust Board in November 2018.

1. Summary of Financial Improvement Programme
2. Getting It Right First Time
3. CQC Improvement Plan
4. Deep Dive programme
5. Ward Accreditation
6. Improvement approach

1. Summary of Financial Improvement Programme – M08

The Trust is forecasted to achieve a full year forecast of £21.63m – 14% or £3.46m below the target of £25.1m. There has been a decrease of £257k from the prior month review.

- Month 8 shows that the in-month performance has delivered £2.15m against a target £2.09m; this is an in-month over achievement of £0.59m or 26%.
- There is an YTD adverse variance of £2.51m against the target which is largely driven by unidentified projects (£1.44m) and an under performance in the joint pathology venture.
- 90% or £19.5m of the £21.63m full year improvement forecast is rated green, with the expectation that these schemes will fully deliver against plans.

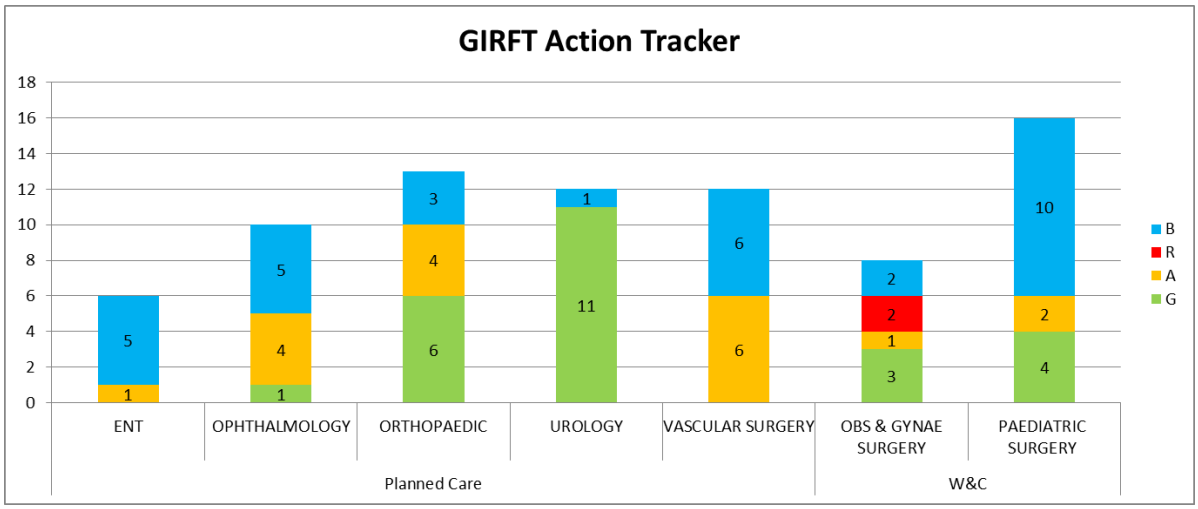
2. Getting It Right First Time (GIRFT)

The approach to GIRFT has been revised by the Medical Director and updated with the following structure. The Trust GIRFT Action Group meets monthly, with the national GIRFT team joining quarterly.

GIRFT reviews are competed for the following worksteams and the progress update are monitored monthly.

GIRFT Review Date	Name of Workstreams
07-Jul-16	Vascular Surgery (delivered in a network with Imperial)
04-Apr-17	Ophthalmology
04-Jul-17	Orthopaedic Surgery
28-Sep-17	Paediatrics Surgery
30-Oct-17	Obstetrics and Gynaecology
18-Dec-17	Urology
16- Jan-18	ENT

The overall Trust progress update for active GIRFT work streams for December is as follows:



BRAG Key details:

BRAG Progress Rating	
Blue	Action has been completed and there is evidence that the action has embedded in daily practice.
Red	The action is off track and unrecoverable on the current timescale. Requires a re-plan.
Amber	The action is off track and plans are in place to mitigate the delay. The action is expected to return to the planned delivery date.
Green	Action is on track to deliver on time.

The following dates are confirmed for future GIRFT visits:

GIRFT Review Date	Name of Workstreams	Pre Meet Briefing to Exec team
14-Jan-19	General Surgery	Mon, 13/08/2018
31-Jan-19	Endocrinology	Thu,17/01/2019
09-May-19	Radiology	TBC

In addition to these live workstreams, the Trust is also building a pipeline of GIRFT activity as the national team increase their scope of review. The Trust is expecting a speciality review in the following areas:

Name of Workstreams	Notes
A&E	The GIRFT data submission for A&E completed in July 2018. Awaiting summary report from GIRFT team.
Cranial Neurosurgery	No contact from GIRFT as yet, but team to be aware of national specialty GIRFT report: *http://gettingitrightfirsttime.co.uk/wp-content/uploads/2018/05/GIRFT-National-report-on-Cranial-Neurosurgery.pdf*
Cardio-Thoracic	No contact from GIRFT as yet, but team to be aware of national specialty GIRFT report: *http://gettingitrightfirsttime.co.uk/wp-content/uploads/2018/04/GIRFT-Cardiothoracic-Report-1.pdf*
Frailty	The GIRFT data submission for Frailty closed on the October 2018. Awaiting follow up contact from GIRFT team.
Outpatients	The GIRFT data submission for Outpatients was submitted on16th Nov 2018. Extra section on the GIRFT data was requested, and this was provided on 30th Nov.
Intensive And Critical Care	GIRFT team have contacted Trust to arrange Deep Dive date – Awaiting confirmation of agreed Deep Dive date.
Veterans Covenant Hospital Alliance	Completion of annual accreditation report is in progress. Submission to GIRFT overdue – due date was 5th October – submission on hold as instructed by ZP
Respiratory medicine	GIRFT pre-visit questionnaire returned on 16th November.
Acute and General Medicine	GIRFT Citizen Space Survey submitted on 16 November 2018. NHSBN reports released to Trust in November 2018.
Ophthalmology	High Impact Interventions for Ophthalmology update to be provided to GIRFT lead by 13 December.
Rheumatology	Questionnaires to be returned by Friday 21st December Deadline extended to 31st Dec.
Vascular Surgery (Re-visit)	GIRFT team is preparing to re-visit vascular surgery, proposed dates are in Feb 2019. Pre-visit questionnaire to be completed by at least 1 week before the deep dive visit. Trust leads to confirm the visit date.

3. CQC action plan

The overall breakdown of the CQC 'Should Do' actions and additional actions are updated for December as below:

CQC Improvement Plan Summary					
Number of 'Should Do' actions	57				
Number of additional actions (extracted from report)	90				
Total number of actions	**147**				
Progress - August Update	**Red**	**Amber**	**Green**	**Complete**	**Awaiting update**
'Should Do' actions Summary	0	7	26	24	0
Additional actions Summary	0	10	27	53	0

The Divisional Directors of Nursing provide a monthly update on the progress made so far for each of the CQC actions. A 'BRAG' dashboard for each of these is provided for October below:

a) Progress made for 'Should Do' actions:

Division	CQC Domain	Amber	Green	Complete	Grand Total
EIC	Safe	1	11	1	12
	Effective	1	5	1	6
	Responsive	-	-	1	1
	Well-Led	1	-	-	1
PC	Safe	-	-	4	4
	Effective	-	1	-	1
	Caring	-	-	1	1
	Responsive	-	-	4	4
	Well-Led	-	-	4	4
W&C	Safe	-	1	2	3
	Effective	2	1	2	5
	Responsive	1	3	1	7
	Well-Led	-	1	3	4
Trustwide	Well-Led	1	1	-	2
Corporate	Effective	-	1	-	1
	Well-Led	-	1	-	1
Grand Total		**7**	**26**	**24**	**57**

b) Progress made for additional actions:

Division	CQC Domain	Amber	Green	Complete	Grand Total
EIC	Safe	3	5	5	13
	Effective	1	7	5	13
	Caring	2	2	-	4
	Responsive	2	5	3	11
	Well-Led	-	2	3	5
PC	Safe	-	1	14	15
	Effective	-	2	7	9
	Caring	-	-	1	1
	Responsive	-	1	8	9
	Well-Led	-	-	3	3
W&C	Safe	-	1	1	2
	Caring	-	-	1	1
	Responsive	2	-	1	2
	Well-Led	-	1	1	2
Grand Total		**10**	**27**	**53**	**90**

4. Deep Dive programme – January 2019 schedule

At the time of writing, the following planned and targeted deep dives have been scheduled for January. Opportunities for improvement which have been identified in Deep Dives are now included in Unidentified Improvement Boards for consideration by divisions for quality improvement projects.

Division	Name of Deep dive	Deep Dive Category	Deep Dive *Scheduled*
Planned Care	**ICU ICNAR Data + Action Plan**	Planned	**08-Jan-19**
EIC	**Integrated Discharge Team**	Planned	**14-Jan-19**
EIC	**Neurology/Stroke**	Planned	**16-Jan-19**
Trustwide	**Nursing Enhanced Care Spend**	Planned	**22-Jan-19**

5. Ward Accreditation

This is the third year the trust has run the ward accreditation quality assurance programme. This year the tool has been further developed and aligned to the CQC framework with set safety standards set in the tool which is not met the areas is instantly awarded with a white fail rating. All clinical areas have had a ward accreditation undertaken in 2018 which has resulted in 98 ward accreditation assessments been completed. 22 of these assessments were undertaken as part of the annual peer review with colleagues from NSE, NHSI, CCGs and other Trusts. Four out of hours reviews of each site were also undertaken as well as all off site services.
Of the 2018 assessments 29 clinical areas have improved with 5 areas obtaining a Gold rating the most recent to achieve a Gold rating was outpatients on the CW site who have progressed from Bronze, to Silver and finally Gold over the three year period. 29 areas have remained the same, 7 have deteriorated in their rating and 18 areas had their first assessment. None of the areas currently have a White rating.

Clinical support services

Date	Unit	Site	Previous	Current	
27/07/18	Diagnostic Cardiology	WMUH	White	Bronze	⇧
27/07/18	Diagnostic Physiology	C&W	White	Silver	⇧⇧
02/11/18	Endoscopy	WMUH	Bronze	Gold	⇧⇧
26/06/18	Endoscopy	C&W	Bronze	Silver	⇧

Emergency and Integrated Care Division

Date	Unit	Site	Previous	Current	
23/10/18	Acute Assessment Unit	C&W	Silver	Silver	⇨
02/11/18	Acute Medicine Unit	WMUH	Bronze	Silver	⇧
02/11/18	Cardiology/CCU	WMUH	Silver	Bronze	⇩
02/11/18	Crane Ward	WMUH	Bronze	Silver	⇧
26/06/18	David Erskine Ward	C&W		Bronze	
27/07/18	Discharge Lounge	C&W	White	Bronze	⇧
23/10/18	Edgar Horne Ward	C&W	Silver	Silver	⇨
24/08/18	Emergency Department, Adults	WMUH	Silver	Silver	⇨
27/07/18	Emergency Department, Adults	C&W	Silver	Gold	⇧
23/10/18	Emergency Department, Paediatrics	C&W	Silver	Silver	⇨
02/11/18	Emergency Department, Paediatrics	WMUH		Silver	
28/02/18	Kew Ward	WMUH	Bronze	Silver	⇧
02/11/18	Lampton Ward	WMUH	Gold	Silver	⇩
28/02/18	Marble Hill 1 Ward	WMUH	Bronze	Silver	⇧
02/11/18	Marble Hill 2 Ward	WMUH	Silver	Silver	⇨
30/01/18	Medical Day Unit	C&W	Bronze	Silver	⇧
23/10/18	Nell Gwynne Ward	C&W	Bronze	Bronze	⇨
28/02/18	Osterley 1 Ward	WMUH	Bronze	Bronze	⇨
02/11/18	Osterley 2 Ward	WMUH	Silver	Silver	⇨
30/01/18	Rainsford Mowlem Ward	C&W	Bronze	Bronze	⇨

Planned Care Division

Date	Unit	Site	Previous	Current	
26/06/18	Burns Unit	C&W	Bronze	Bronze	⇨
02/11/18	Cardiac Catheter Laboratory	WMUH		Bronze	
23/10/18	David Evans Ward	C&W	Silver	Silver	⇨
25/04/18	ICU	C&W	Silver	Silver	⇨
25/04/18	ICU	WMUH	Silver	Silver	⇨
30/01/18	Imaging	C&W	Bronze	Bronze	⇨
28/02/18	Imaging	WMUH	Bronze	Silver	⇧
30/01/18	Lord Wigram Ward	C&W	Bronze	Silver	⇧
23/10/18	Main Theatres	C&W	Bronze	Silver	⇧
22/05/18	Phlebotomy	WMUH		Bronze	
02/11/18	Richmond Ward/SDU	WMUH	Silver	Silver	⇨
23/10/18	St Mary Abbots Ward	C&W	Silver	Silver	⇨
02/11/18	Syon 1 Ward	WMUH	Silver	Silver	⇨
02/11/18	Syon 2 Ward	WMUH	Silver	Bronze	⇩
02/11/18	Theatres	WMUH	Silver	Bronze	⇩
26/06/18	Treatment Centre	C&W	Bronze	Silver	⇧

Women, Children, HIV and Specialist Services Division

Date	Unit	Site	Previous	Current	
22/05/18	10 Hammersmith Broadway	Outreach	Silver	Silver	⇨
22/05/18	56 Dean Street	Outreach		Silver	
23/10/18	Ann Stewart Ward	C&W	Bronze	Silver	⇧
23/10/18	Annie Zunz Ward	C&W	Silver	Gold	⇧
22/05/18	Antenatal clinic	C&W	White	Bronze	⇧
25/04/18	Antenatal clinic	WMUH		Bronze	
25/04/18	Antenatal Ward	WMUH		Silver	
23/10/18	Apollo Paediatric HDU	C&W	Bronze	Silver	⇧
30/01/18	Assisted Conception Unit	C&W		Bronze	
23/10/18	Birth Centre	C&W	Silver	Silver	⇨
27/03/18	Birth Centre	WMUH		Silver	
23/10/18	Chelsea Wing	C&W	Bronze	Bronze	⇨
11/09/18	Cheyne Children's Centre	C&W	White	Silver	⇧⇧
22/05/18	Dean Street Express	Outreach		Silver	
22/05/18	Dermatology Day Care/OPD	C&W	Silver	Silver	⇨
23/10/18	Elizabeth Suite	C&W	Silver	Silver	⇨
26/06/18	Gazzard Day Care	C&W		Silver	
27/07/18	Gynaecology OPD	C&W	White	Bronze	⇧
27/07/18	Gynaecology OPD	WMUH	White	Silver	⇧⇧
10/09/18	Herefordshire HIV OPD - Watford	Outreach		Silver	
27/07/18	John Hunter Clinic & Kobler OPD	C&W	White	Silver	⇧⇧
22/05/18	Josephine Barnes (AN)	C&W	White	Silver	⇧⇧
23/03/18	Kensington Wing	C&W	Silver	Silver	⇨
28/02/18	Labour Ward	WMUH	Bronze	Silver	⇧
23/10/18	Labour Ward	C&W	Silver	Silver	⇨
23/10/18	Labour Ward Theatres	C&W	Silver	Bronze	⇩
28/02/18	Labour Ward Theatres	WMUH	Bronze	Silver	⇧
26/06/18	Mars Children's Burns Unit	C&W		Silver	
27/03/18	Maternity Triage	WMUH		Silver	
26/06/18	Mercury Ward	C&W	Silver	Silver	⇨
23/10/18	Neptune Ward	C&W	Gold	Silver	⇩
26/06/18	NICU	C&W		Silver	
23/10/18	Paediatric OPD	C&W	Silver	Silver	⇨
27/03/18	Postnatal Ward	WMUH		Bronze	
02/11/18	PSSU	WMUH		Silver	
22/05/18	Ron Johnson ward	C&W	Silver	Gold	⇧
23/10/18	Saturn Ward	C&W	Silver	Silver	⇨
26/06/18	SCBU	WMUH	Silver	Silver	⇨
28/02/18	Sexual Health Hounslow – Twickenhar	WMUH	Bronze	Silver	⇧
02/11/18	Starlight Ward	WMUH	Silver	Silver	⇨
13/09/18	Stevenage HIV clinic	Outreach		Silver	
02/11/18	Sunshine Ward	WMUH	Silver	Bronze	⇩

6. Improvement Approach

An MDT task and finish group have been working closely with Communications to finalise and launch the Trust improvement approach. The group have finalised the improvement branding and framework which will be the quadruple aim framework with a strap line of engage, improve and inspire:

The clinical fellow are how manning weekly improvement Hubs on each sites with communications to staff and patients that continuous improvement is important to us with a central email address that they can share their improvement ideas with the improvement team. All improvement projects are now stored on Life of QI so we have a central record of all improvement projects that are being undertaken and can share these nationally. Currently there are 92 active improvement projects recorded.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 10 January 2019

PUBLIC SESSION

AGENDA ITEM NO.	2.3/Jan/19
REPORT NAME	Learning from Serious Incidents
AUTHOR	Shân Jones – Director of Quality Governance Stacey Humphries – Quality and Clinical Governance Assurance Manager
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 2018. Comparable data is included for both sites.
KEY RISKS ASSOCIATED	• Mental Health patients being cared for in an inappropriate environment
FINANCIAL IMPLICATIONS	N/A
QUALITY IMPLICATIONS	• The reduction in hospital acquired pressure ulcers continues
EQUALITY & DIVERSITY IMPLICATIONS	N/A
LINK TO OBJECTIVES	• Delivering high quality patient centred care • Be the Employer of Choice • Delivering better care at lower cost
DECISION/ ACTION	The Trust Board is asked to note and comment on the report.

SERIOUS INCIDENTS REPORT
Public Trust Board 10th January 2019

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 2018. 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 has been 1 Never event reported since the 1st April 2018. The Never Event was reported in September 2018 (Retained foreign object post-procedure, StEIS reference 2018/22293). The incident involved a 36 year old patient who had a spontaneous vaginal delivery at 38 weeks with an episiotomy due to suspected fetal compromise delivery. The episiotomy was sutured in the labour ward room under epidural analgesia. The retained vaginal swab was found after attending an appointment with her GP. Patient has been reviewed, is systemically well and has been given a course of oral antibiotics. The Trust was informed of the retained swab by the GP.

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 November 2018. There were 5 reports submitted. A précis of the incidents can be found in Section 7.

Table 1 – Reports submitted to CWHHE

STEIS No.	Date of incident	Incident Type (STEIS Category)	External Deadline	Date report submitted	Site
2018/20712	19/08/2018	Maternity/Obstetric incident: baby only	16/11/2018	16/11/2018	CW
2018/20223	12/08/2018	Pending review (Mental Health Pt.: 3 days in A&E)	30/11/2018	30/11/2018	CW
2018/20845	20/08/2018	Pressure ulcer	19/11/2018	19/11/2018	WM
2018/21307	30/08/2018	Surgical/invasive procedure incident	23/11/2018	30/11/2018	WM
2018/19525	13/07/2018	Apparent/actual/suspected self-inflicted harm	02/11/2018	02/11/2018	CW

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

Table 2 – Incidents reported by category

Incident Type (STEIS Category)	WM	C&W	Total
Diagnostic incident		1	1
Maternity/Obstetric incident: baby only	1	1	2
Maternity/Obstetric incident: mother only		1	1
Slips/trips/falls	2		2
Sub-optimal care of the deteriorating patient		1	1
Grand Total	**3**	**4**	**7**

The number of SIs reported in November (7) is marginally lower compared to the previous month, October (8). During both months the Trust reported against the categories, Maternity/Obstetric incident: baby only and Slips/trips/falls. A month by month comparison of reported categories can be found in table 8.

Charts 1 and 2 show the number of incidents, by category reported on each site during this financial year 2018/19. WM has reported a significant number more SIs than the CW site since April with EIC reporting the most. There have been 8 falls with moderate harm on the WM site and these are being reviewed at the falls steering group.

Chart 1 Incidents reported at WM by category YTD 2018/19 = 29

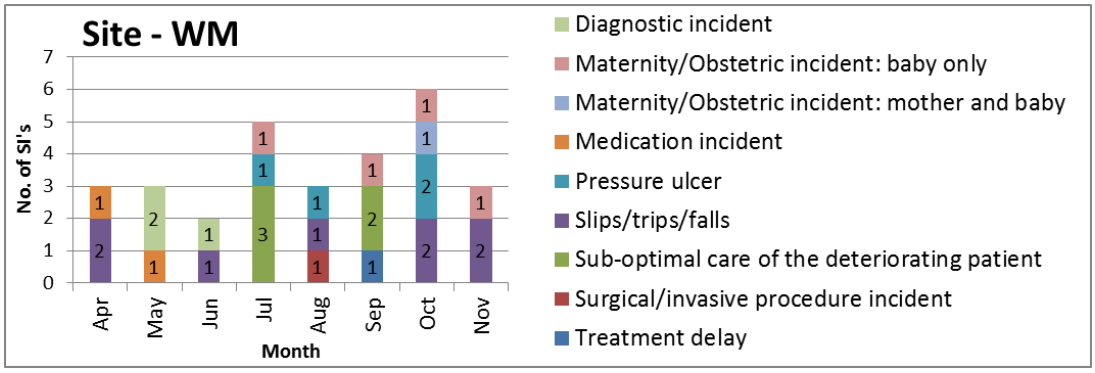
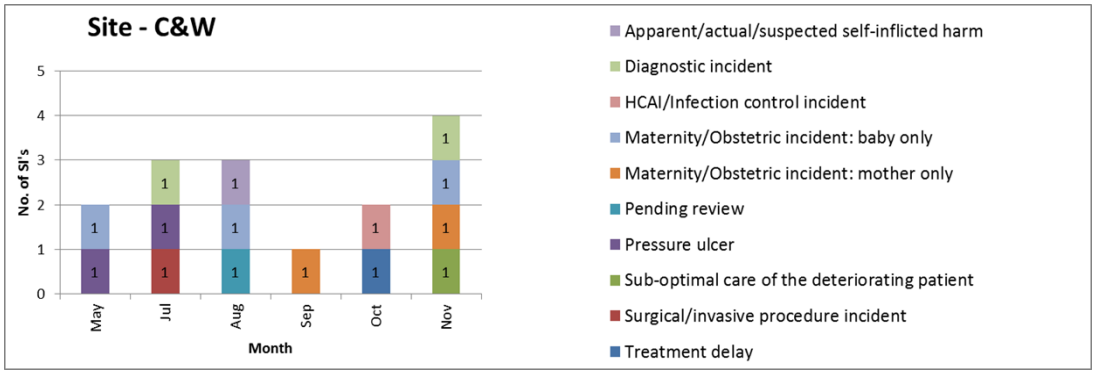


Chart 2 Incidents reported at C&W by category YTD 2018/19 = 15



Charts 3 and 4 show the comparative reporting, across the 2 sites, for 2016/17, 2017/18 and 2018/19.

Chart 3 Incidents reported 2016/17, 2017/18 & 2018/19 – WM

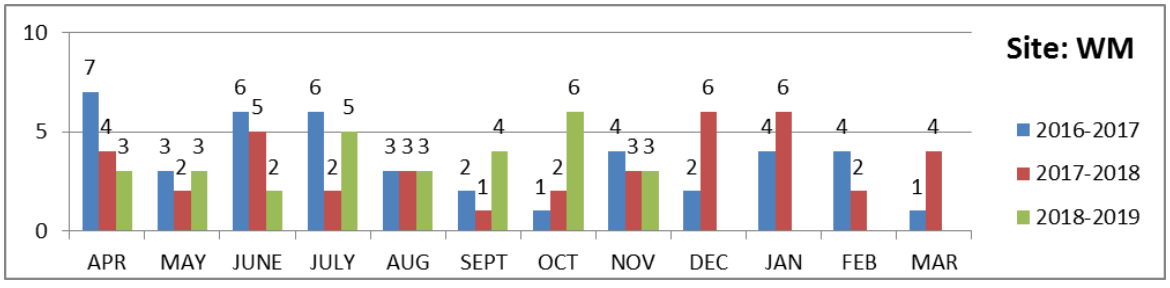
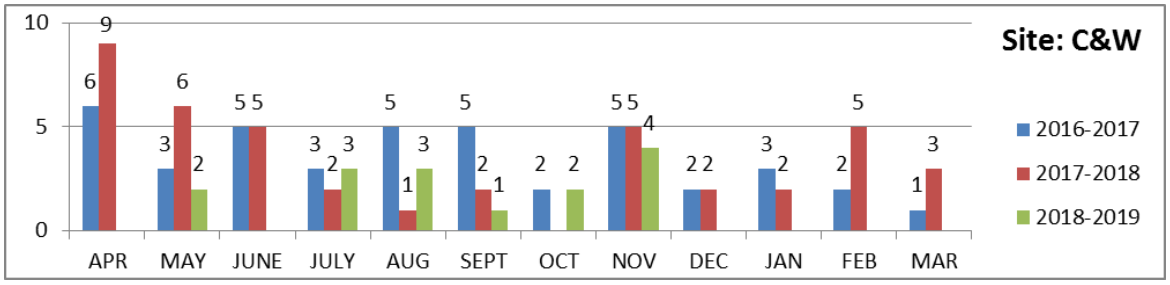


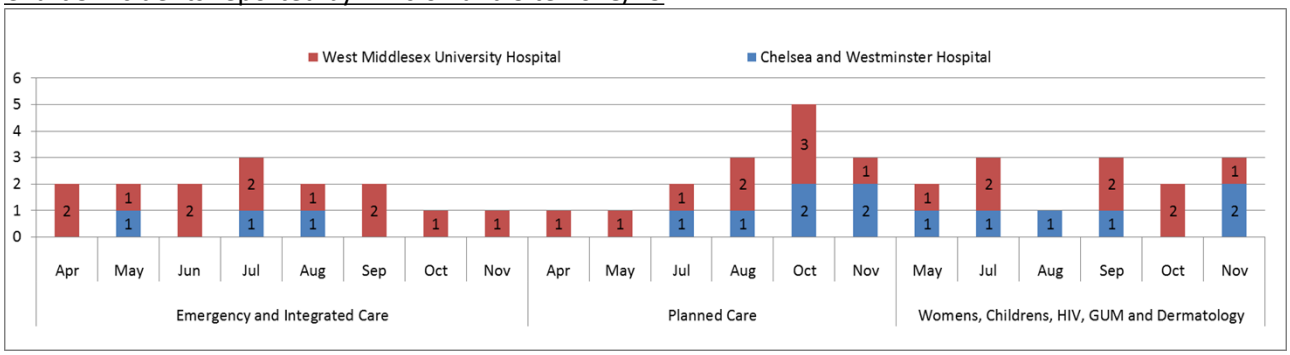
Chart 4 Incidents reported 2016/17, 2017/18 & 2018/19 – C&W



3.1 SIs by Clinical Division and Ward/Department

Chart 5 displays the number of SIs reported by each division, split by site, since 1st April 2018. As the year progresses we will be able to compare the number of incidents reported by each division.
Since April 1st 2018, the Emergency and Integrated Care Division has reported 15 SIs (C&W 3, WM 12). The Women's, Children's, HIV, GUM and Dermatology Division have reported 14 SIs (C&W 6, WM 8) and the Planed Care Division have reported 15 SIs (C&W 6, WM 9).

Chart 5 Incidents reported by Division and Site 2018/19



Charts 6 and 7 display the total number of SIs reported by each ward/department. On the WM site the Syon wards have reported the highest number of SI's. They include 3 falls, 2 pressure ulcers and 1 sub-optimal care of the deteriorating patient. Labour ward on the CW site have reported 4 SI's. They include 2 maternity/obstetric incidents affecting baby only and 2 maternity/obstetric incidents affecting mother only.

All themes are reviewed at divisional governance meetings.

Chart 6 - Incident category and location exact, WM 2018/19

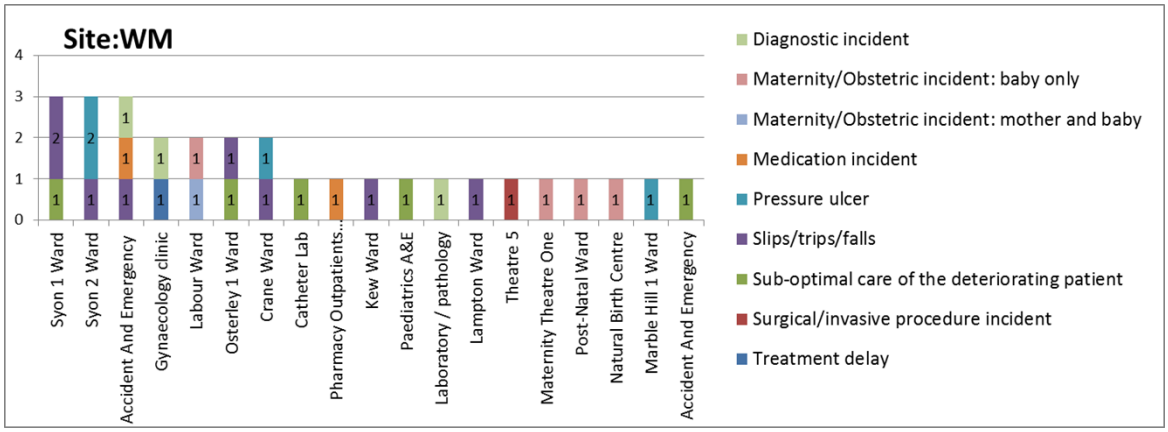
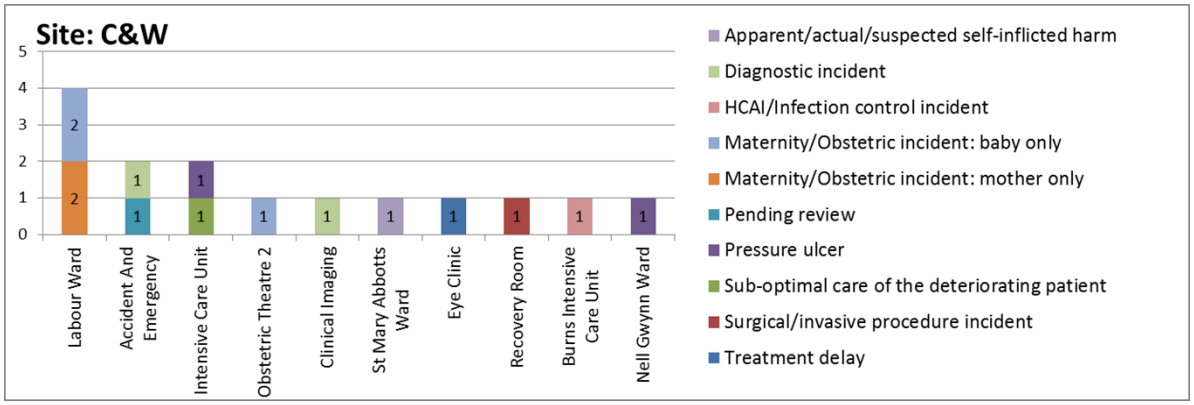


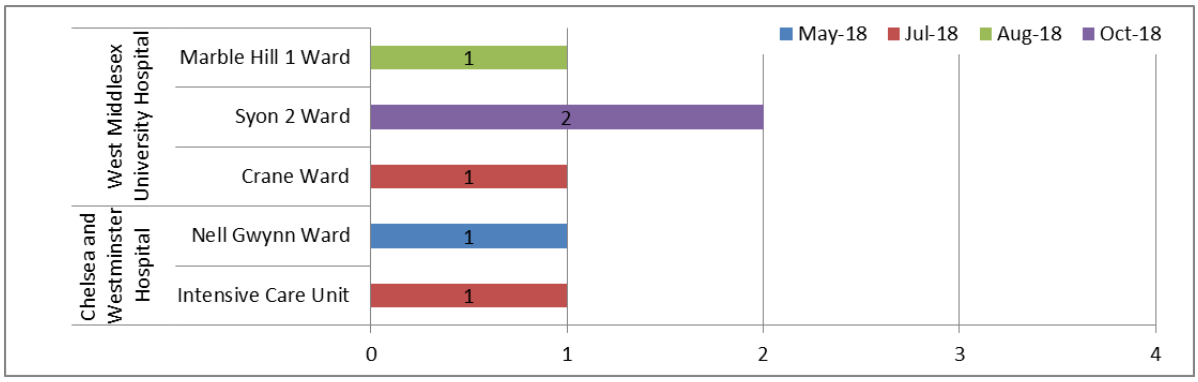
Chart 7 - Incident category and location exact, C&W 2018/19



3.2 Hospital Acquired Pressure Ulcers

Hospital Acquired Pressure Ulcers (HAPUs) remain high profile for both C&W and WM sites. The reduction in HAPU remains a priority for both sites and is being monitored by the Trust Wide Pressure Ulcer working group. The position for 2018/19 year to date is 6 compared to 11 for the same time period in 2017/18. Very positive reflections that the interventions put in place are working.

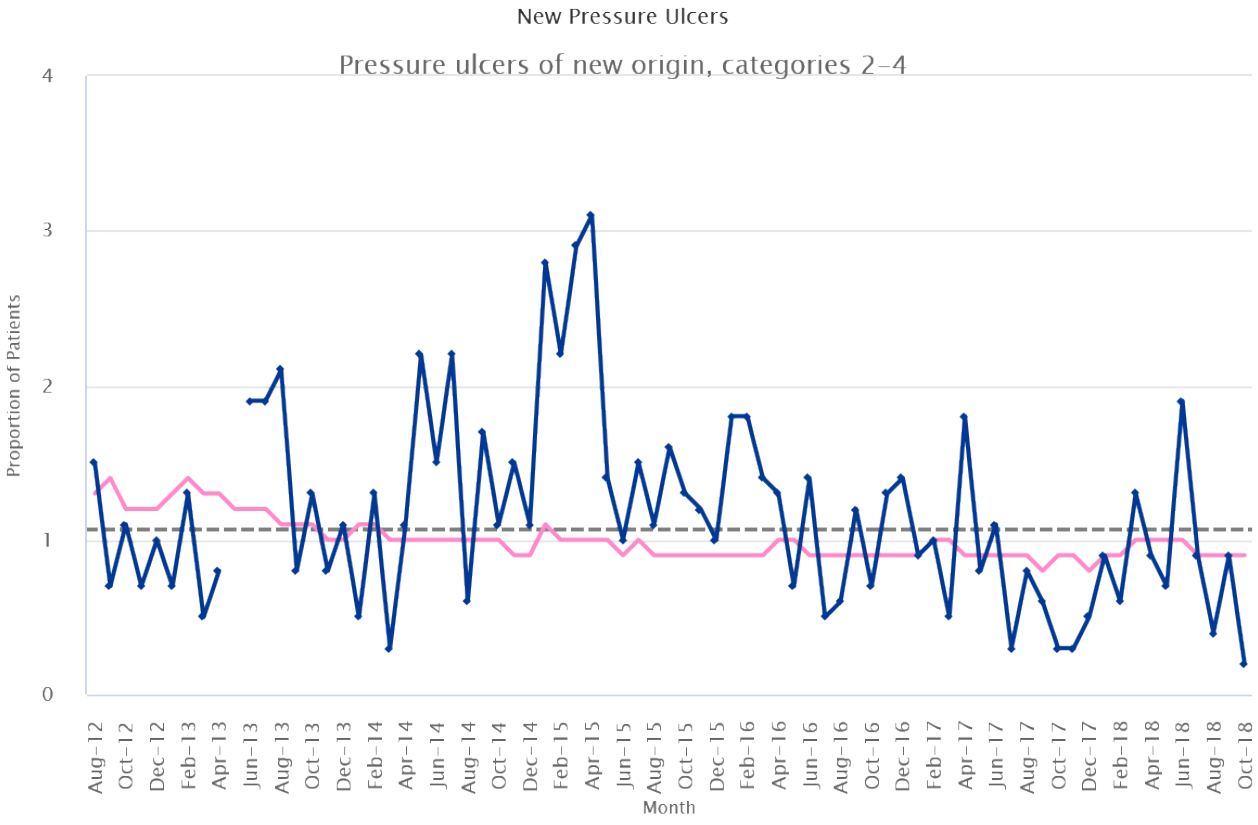
Chart Pressure Ulcers by Location (exact) (Apr 2018–March 2019) YTD total =6



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 October 2018.

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

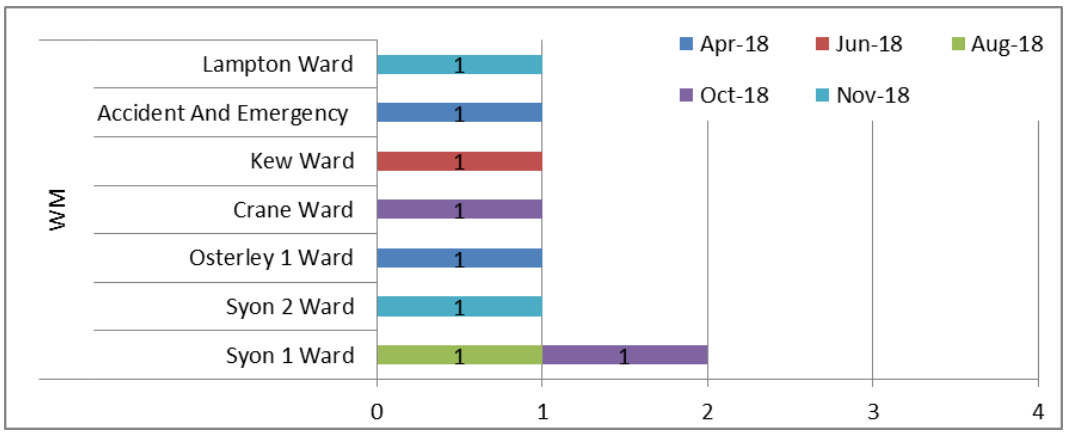


3.3 Patient Falls

Inpatient Falls continue to be a quality priority for 2018/19 and will therefore be a focus for both C&W and WM sites during 2018/19.

Since the 1st of April 2018, the Trust has reported 8 patient falls meeting the serious incident criteria. Disappointingly the 2018/19 year to date position is 8 compared to 4 for the same period last year. All 8 falls have happened on the WM site, 2 have occurred on Syon 1. Learning from the SIs will be shared and reviewed at the falls steering group. In addition the falls steering group is reviewing all incidents of falls, not just the serious incidents.

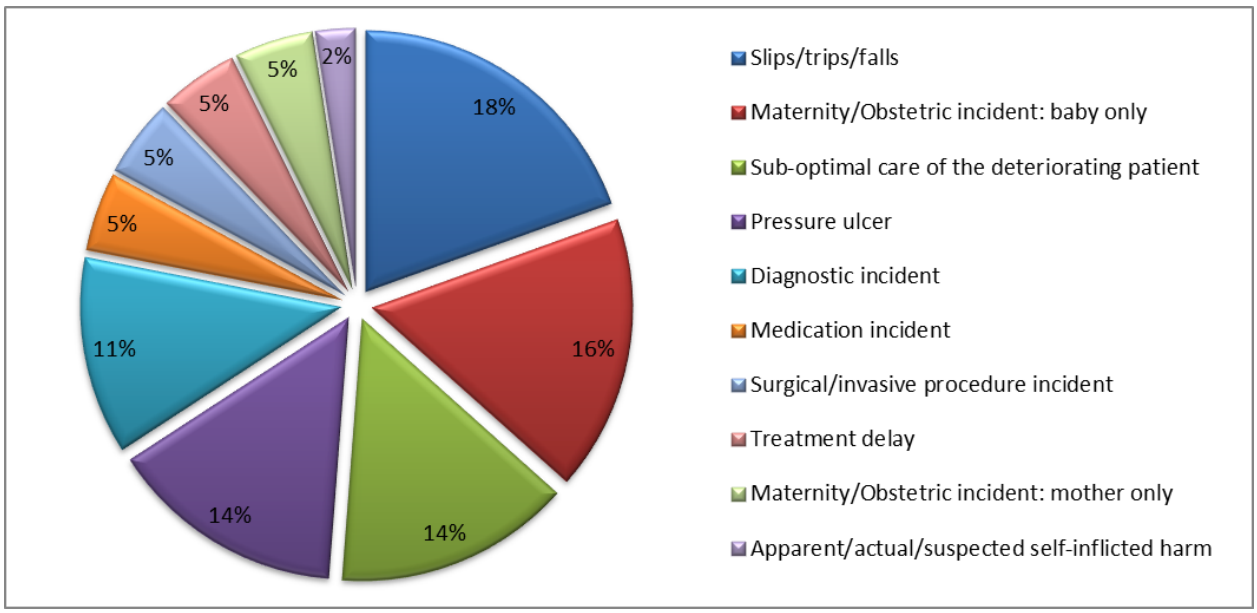
Chart 9 Patient Falls by Location (exact) (Apr 2018–March 2019) YTD total =8



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 13 of the SI categories.

Chart 10 – Top 10 reported serious incidents (April 2018 – March 2019)



YTD Slips/trips/falls is the most reported SI category. This is closely followed by maternity/obstetric incident: baby only, sub-optimal care of the deteriorating patient and pressure ulcers.

3.5 SIs under investigation

Table 3 provides an overview of the SIs currently under investigation by site (18).

Table 3

STEIS No.	Date of incident	Clinical Division	Incident Type (STEIS Category)	Hospital Site	CCG Due date
2018/22293	20/07/2018	W&C,HGD	Maternity/Obstetric incident: mother only	CW	06/12/2018
2018/22807	12/09/2018	W&C,HGD	Maternity/Obstetric incident: baby only	WM	13/12/2018
2018/23223	23/09/2018	EIC	Sub-optimal care of the deteriorating patient	WM	19/12/2018
2018/23331	22/12/2016	W&C,HGD	Treatment delay	WM	20/12/2018
2018/23366	22/09/2018	EIC	Sub-optimal care of the deteriorating patient	WM	20/12/2018
2018/24482	24/09/2018	PC	Treatment delay	CW	08/01/2019
2018/25213	17/10/2018	PC	Slips/trips/falls	WM	16/01/2019
2018/25653	24/10/2018	W&C,HGD	Maternity/Obstetric incident: baby only	WM	22/01/2019
2018/25812	06/10/2018	W&C,HGD	Maternity/Obstetric incident: mother and baby	WM	23/01/2019
2018/25744	24/10/2018	PC	HCAI/Infection control incident	CW	23/01/2019
2018/25799	26/10/2018	EIC	Slips/trips/falls	WM	23/01/2019
2018/26137	10/10/2018	PC	Pressure ulcer	WM	28/01/2019
2018/26142	26/10/2018	PC	Pressure ulcer	WM	28/01/2019
2018/26182	09/10/2018	W&C,HGD	Maternity/Obstetric incident: baby only	WM	29/01/2019
2018/27241	08/11/2018	W&C,HGD	Maternity/Obstetric incident: baby only	CW	11/02/2019
2018/27246	12/11/2018	EIC	Slips/trips/falls	WM	11/02/2019
2018/27852	14/11/2018	PC	Slips/trips/falls	WM	19/02/2019
2018/27968	04/10/2018	PC	Diagnostic incident	CW	20/02/2019
2018/28461	17/11/2018	PC	Sub-optimal care of the deteriorating patient	CW	26/02/2019
2018/28460	26/11/2018	W&C,HGD	Maternity/Obstetric incident: mother only	CW	26/02/2019

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 4 actions overdue at the time of writing this report, all are assigned to the Women's, Children's, HIV, GUM and Dermatology Division.

Since writing this report there is now only 1 action overdue for November which relates to duty of candour. The clinical team have been reminded of their responsibilities in realtion to duty of candour.

Table 4 - SI Actions

	Month due for completion						
	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Apr 2019	Total
EIC	0	7	2	0	0	0	**9**
PC	0	8	0	1	3	0	**12**
W&C,HGD	4	15	3	3	3	1	**29**
Total	**4**	**30**	**5**	**4**	**6**	**1**	**50**

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.

Table 4.1 – Type of actions overdue

Action type	W&C,HGD
Create/amend/review - Policy/Procedure/Protocol	3
Duty of Candour	1
Total	**4**

5.0 Analysis of categories

Table 5 shows the total number of Serious Incidents for 2016/2017, 2017/18 and the current position for 2018/19. Tables 6, 7 and 8 provide a breakdown of incident categories the Trust has reported against.

Since April 2018 the number of reported serious incidents is 44 which is significantly less compared to the same reporting period last year and the year before (2016/17 = 66, 2017/2018 = 52). The reduction can be attributed to a reduction in the following categories: Pressure Ulcers, Alleged abuse, Treatment Delay and sub optimal care.

Table 5 – Total Incidents reported

Year	Site	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
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	2	4	40
	CW	9	6	5	2	1	2	0	5	2	2	5	3	42
		13	**8**	**10**	**4**	**4**	**3**	**2**	**8**	**8**	**8**	**7**	**7**	**82**
2018-2019	**WM**	3	3	2	5	3	4	6	3					29
	CW	0	2	0	3	3	1	2	4					15
		3	**5**	**2**	**8**	**6**	**5**	**8**	**7**					**44**

Table 6 - 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 7 – Reported Categories 2017/18

Incident Category	A	M	J	J	A	S	O	N	D	J	F	M	YTD
Pressure ulcer	6	1	2					2	1		2		14
Diagnostic incident	2		1	2	2	1		1	2	1		1	13
Maternity/Obstetric incident: baby only		2	1					2		3	2	1	11
Slips/trips/falls					1		2	1	1	1	1	1	8

Incident Category	A	M	J	J	A	S	O	N	D	J	F	M	YTD
Sub-optimal care of the deteriorating patient	2	1	1	2					1				7
Treatment delay	1	2	1					1		1	1		7
Abuse/alleged abuse of adult patient by staff			1		1				2			2	6
Surgical/invasive procedure incident	1	1				1				1	1		5
Maternity/Obstetric incident: mother only			1					1		1		1	4
Maternity/Obstetric incident: mother and baby						1			1				2
Blood product/ transfusion incident			1										1
Environmental incident		1											1
Unauthorised absence												1	1
Medication incident			1										1
Disruptive/ aggressive/ violent behaviour	1												1
Grand Total	13	8	10	4	4	3	2	8	8	8	7	7	82

Table 8 – Reported Categories 2018/19

Incident Category	A	M	J	J	A	S	O	N	D	J	F	M	YTD
Slips/trips/falls	2		1		1		2	2					8
Maternity/Obstetric incident: baby only		1		1	1	1	1	2					7
Sub-optimal care of the deteriorating patient				3		2		1					6
Pressure ulcer		1		2	1		2						6
Diagnostic incident		2	1	1				1					5
Medication incident	1	1											2
Surgical/invasive procedure incident				1	1								2
Treatment delay						1	1						2
Maternity/Obstetric incident: mother only						1		1					2
Apparent/actual/suspected self-inflicted harm					1								1
Pending review					1								1
Maternity/Obstetric incident: mother and baby							1						1
HCAI/Infection control incident							1						1
Grand Total	3	5	2	8	6	5	8	7					44

The quality and clinical governance team continues to scrutinise all reported incidents to ensure that SI reporting is not compromised.

6.0 Serious Incidents De-escalations

The Trusts has only requested de-escalation for one SI during 2018/2019 (2018/20712 - Maternity/Obstetric incident: baby only) The commissioners declined to grant the de-escalation request for this case, due to the organisational learning that was identified following the investigation.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 10 January 2019

PUBLIC SESSION

AGENDA ITEM NO.	2.4.1/Jan/19
REPORT NAME	Integrated Performance Report – November 2018
AUTHOR	Robert Hodgkiss, Chief Operating Officer
LEAD	Robert Hodgkiss, Chief Operating Officer
PURPOSE	To report the combined Trust's performance for November 2018 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 November 2018. **Regulatory performance** – The A&E Waiting Time figure for November 93.6% against the 95% standard. National figures show that this was the second highest performance in London but a drop in performance against October. The two Emergency Departments continue to be challenged by a year to date increase in attendances of 5.7%, which equates to 11,450 additional attendances in the last six months compared to the same period last year. In addition, November showed the highest daily average of attendances in a dataset going back to April 2016 The RTT incomplete target was achieved in November for the Trust, with performance of 92.33%. This maintains the performance against this metric, which has passed each month but one in the last 12 months There continues to be no reportable patients waiting over 52 weeks to be treated on either site and this is expected to continue. Delivery of the 62 Day standard met the target in November. Each month in 2018/19 to date has exceeded the national target. All other reportable Cancer metrics apart from NHS Screening Service referrals exceeded the target. There was one reported CDiff infection in November. **Access** The Diagnostic wait metric returned 99.38%. This constituted the best performance and the least breach actuals for 15 months. Endoscopy at the West Middlesex site continues to be a priority.
KEY RISKS ASSOCIATED:	There are continued risks to the achievement of a number of compliance indicators, including A&E performance, RTT incomplete waiting times while cancer 2 week, 31 and 62 day waits remains a high priority. The Trust will continue to focus on the Diagnostic Waiting time issues – especially Endoscopy - in the weeks to come.

FINANCIAL IMPLICATIONS	The Trust is reporting a year to date surplus of £16m at November (month 8) which is £0.3m favourable to plan. This is after receipt of additional Provider Sustainability Funding (PSF) in relation to an increase in the Trust's planned surplus. The increase in plan was agreed at month 6 with NHSI.
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 November 2018 and to note that whilst some indicators were not delivered in the month, the overall YTD compliance remained good.

TRUST PERFORMANCE & QUALITY REPORT

November 2018

NHSI Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Sep-18	Oct-18	Nov-18	2018-2019	Sep-18	Oct-18	Nov-18	2018-2019	Sep-18	Oct-18	Nov-18	2018-2019 Q3	2018-2019	Trend charts	
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	95.1%	95.1%	95.1%	95.6%	94.7%	95.3%	92.7%	94.6%	94.9%	95.2%	93.8%	94.5%	95.1%		-
RTT	18 weeks RTT - Admitted (Target: >90%)	73.2%	77.5%	79.6%	75.5%	70.2%	77.4%	75.4%	78.1%	71.8%	77.5%	77.5%	77.5%	76.8%		!
	18 weeks RTT - Non-Admitted (Target: >95%)	93.5%	92.8%	93.6%	94.0%	81.4%	84.6%	83.4%	86.5%	88.7%	89.5%	89.4%	89.4%	91.2%		!
	18 weeks RTT - Incomplete (Target: >92%)	91.4%	92.6%	93.1%	91.9%	92.6%	92.0%	91.6%	92.7%	92.0%	92.3%	92.3%	92.3%	92.3%		-
Cancer (Please note that all Cancer indicators show interim, unvalidated positions for the latest month (Nov-18) in this report)	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	97.0%	97.4%	98.2%	96.7%	84.6%	92.3%	94.1%	90.6%	89.8%	94.7%	95.9%	95.3%	93.1%		-
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	n/a	77.4%	90.7%	96.3%	90.8%	77.4%	90.7%	96.3%	92.9%	90.8%		-
	31 days diagnosis to first treatment (Target: >96%)	96.3%	94.3%	96.9%	95.6%	100%	98.3%	96.8%	98.7%	98.6%	96.8%	96.8%	96.8%	97.5%		-
	31 days subsequent cancer treatment - Drug (Target: >98%)	n/a	100%	n/a	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		-
	31 days subsequent cancer treatment - Surgery (Target: >94%)	100%	50.0%	100%	95.2%	100%	100%	100%	100%	100%	90.0%	100%	95.7%	98.6%		-
	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%)	91.9%	80.9%	100.0%	87.4%	85.3%	88.4%	90.7%	89.8%	87.6%	85.3%	93.3%	89.1%	88.9%		-
	62 days NHS screening service referral to first treatment (Target: >90%)	n/a	n/a	n/a	n/a	100%	95.2%	45.5%	85.1%	100%	95.2%	45.5%	78.1%	85.1%		-
Patient Safety	Clostridium difficile infections (Year End Targets: CW: 7; WM: 9; Combined: 16)	1	0	1	4	1	2	0	6	2	2	1	3	10		-
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 waiting time - % seen and treated within 4 hours

The Trust did not achieve the A&E 4hr target November with performance of 93.6% against the 95% standard. This comprised of performance of 95.1% at Chelsea site and 92.7% at West Middlesex.

Growth in attendances compared to 17/18 continues and the West Middlesex site saw a significant increase in Type 1 A&E attendances of 8.7%.

This target continues to be challenged in December and work continues to manage demand and reduce admissions, supported by the expansion of Ambulatory Care services on both sites.

18 weeks RTT – Incomplete pathways

The Trust saw compliance for the third month in succession against the 92% target for the % of patients waiting <18 weeks at the month end position. Strong performance at the Chelsea Site was offset by a slight drop at West Middlesex.

Cancer Indicators

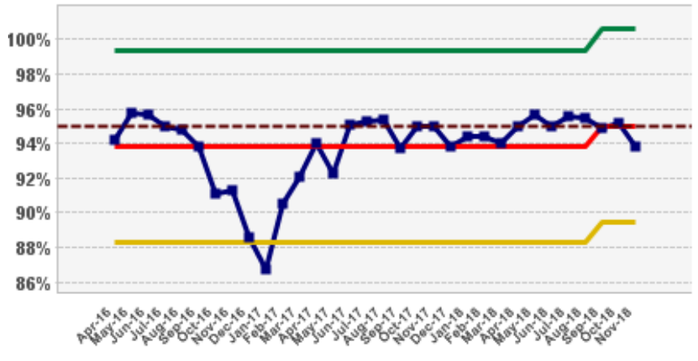
All Cancer Indicators were compliant in November apart from Breast Screening. This was a result of late referrals from screening provider for two breast patients, requiring further work up before treatment was possible

SELECTED BOARD REPORT NHSI INDICATORS

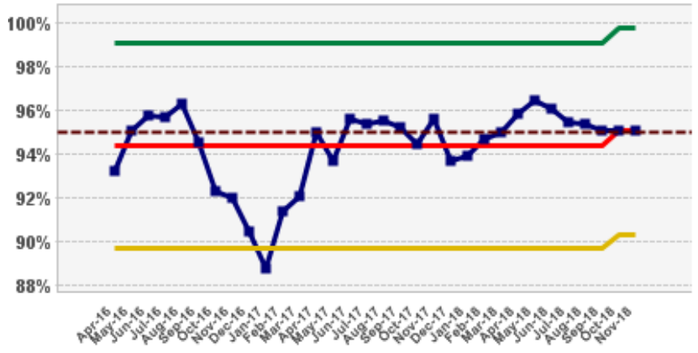
Statistical Process Control Charts for the 32 months April 2016 to November 2018

A&E 4 hours waiting time

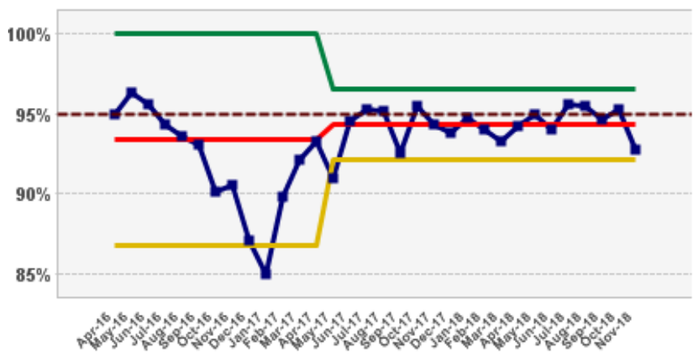
Trust Total



Chelsea and Westminster

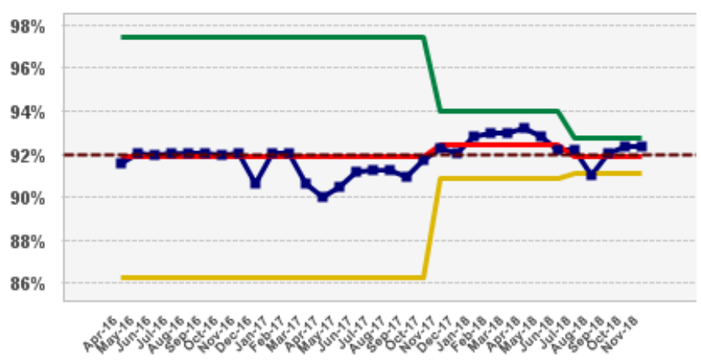


West Middlesex

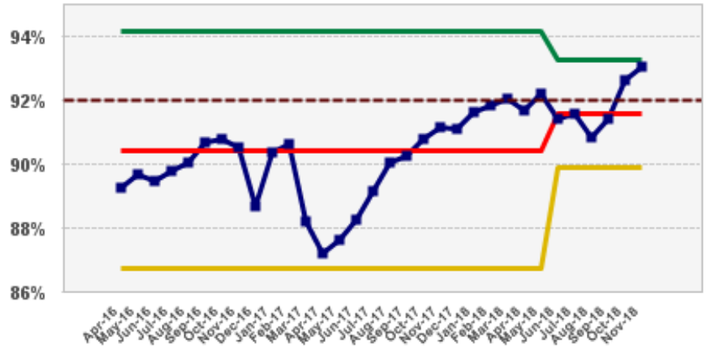


RTT Incomplete pathways

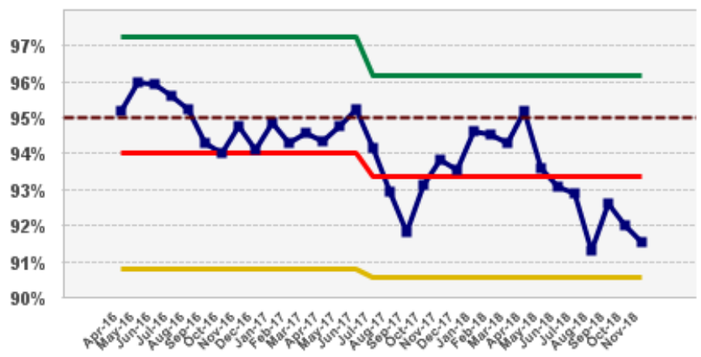
Trust Total



Chelsea and Westminster

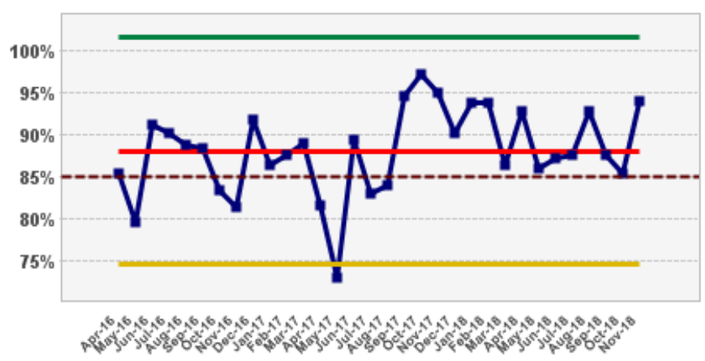


West Middlesex



Cancer: 62 day standard

Trust Total



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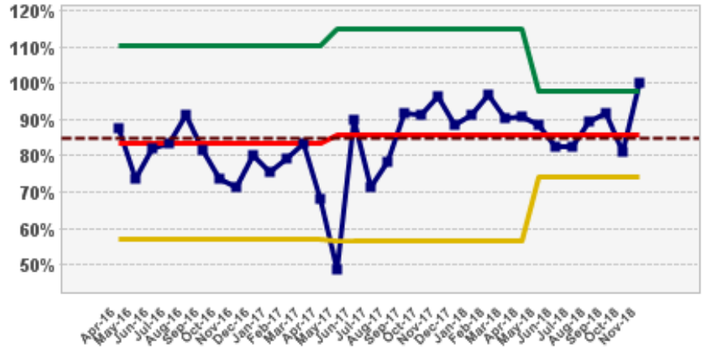
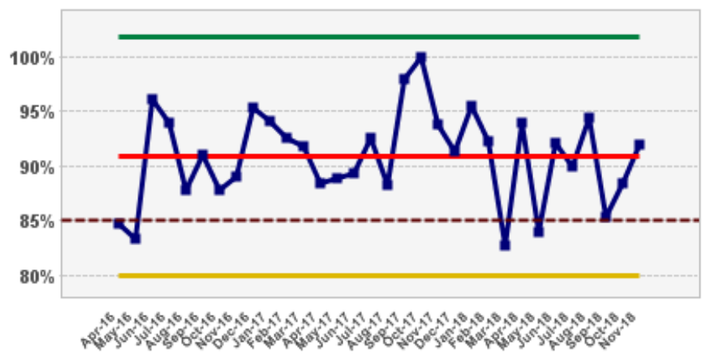


West Middlesex



Safety Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Sep-18	Oct-18	Nov-18	2018-2019	Sep-18	Oct-18	Nov-18	2018-2019	Sep-18	Oct-18	Nov-18	2018-2019 Q3	2018-2019	Trend charts	
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	0	0	0	0	0	1	0	1	0	1	0	1	1		-
	Hand hygiene compliance (Target: >90%)	97.0%	96.7%	96.5%	96.5%	85.0%	86.1%	80.7%	89.8%	94.3%	94.0%	92.3%	93.2%	94.4%		!
Incidents	Number of serious incidents	1	2	4	15	4	6	3	29	5	8	7	15	44		-
	Incident reporting rate per 100 admissions (Target: >8.5)	8.7	8.9	7.4	8.1	10.4	8.4	8.1	9.3	9.5	8.7	7.7	8.2	8.7		-
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions (Target: 0)	0.03	0.03	0.01	0.01	0.04	0.02	0.03	0.02	0.04	0.02	0.02	0.02	0.01		!
	Medication-related (NRLS reportable) safety incidents per 100,000 FCE bed days (Target: >=280)	449.22	499.93	407.33	496.64	212.28	224.34	286.99	263.42	330.50	368.61	349.92	359.41	382.71		-
	Medication-related (NRLS reportable) safety incidents % with harm (Target: <=12%)	16.9%	14.1%	17.9%	14.0%	7.1%	3.4%	25.0%	13.4%	13.8%	11.0%	20.7%	15.6%	13.8%		!
	Never Events (Target: 0)	1	0	0	1	0	0	0	0	1	0	0	0	1		-
Harm	Safety Thermometer - Harm Score (Target: >90%)	96.1%	89.9%	98.6%	96.1%	95.9%	97.2%	95.4%	94.6%	96.0%	95.8%	96.7%	96.4%	95.2%		-
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	0	0	0	2	0	2	0	4	0	2	0	2	6		-
	NEWS compliance %	98.3%	96.7%	98.3%	97.5%	95.2%	96.8%	100.0%	98.1%	97.0%	96.7%	99.0%	97.7%	97.7%		-
	Safeguarding adults - number of referrals	24	23	34	193	13	11	12	96	37	34	46	80	289		-
	Safeguarding children - number of referrals	35	41	27	254	71	81	126	525	106	122	153	275	779		-
Mortality	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	81.7	81.7	81.7	81.7	81.7	81.7	81.7	81.7	81.7	81.7	81.7	81.7	81.7		-
	Number of hospital deaths - Adult	38	25	30	254	54	45	43	408	92	70	73	143	662		-
	Number of hospital deaths - Paediatric	2	0	0	5	0	0	0	0	2	0	0	0	5		-
	Number of hospital deaths - Neonatal	2	0	1	15	0	2	0	3	2	2	1	3	18		-
	Number of deaths in A&E - Adult	1	1	1	14	0	0	0	6	1	1	1	2	20		-
	Number of deaths in A&E - Paediatric	0	0	0	0	0	0	0	1	0	0	0	0	1		-
	Number of deaths in A&E - Neonatal	0	0	0	1	0	0	0	0	0	0	0	0	1		-

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

Hand Hygiene compliance

At the Chelsea Site in November, there was 100% completion across all wards with a96.5% compliance; at West Middlesex the figures were 84% completion with 80.7% compliance.

Number of serious incidents

7 Serious Incidents were reported during Nov-18; compared to 8 reported in Oct-18.

4 SI's occurred on the CWH site; 2 x Maternity incidents, 1 x Diagnostic incident and 1 x Sub-optimal care.

3 SI's occurred on the WMUH site; 2 x patient falls and 1 x Maternity incident.

The SI report prepared for the Board reflects further detail regarding SI's, including the learning from completed investigations.

Trust commentary continued

Incident reporting rate per 100 admissions

Overall performance declined compared to the previous month, a rate of 8.6 down to 7.6. In November, both sites fell below the expected target of >8.5. WMUH rate was 8.0 and CWH rate was 7.3.

The 2018/2019 year to date position is above the expected target rate, and is currently 8.7. The Trust continues to encourage reporting across all staff groups, with a focus on the reporting of no harm or near miss incidents.

Rate of patient safety incidents resulting in severe harm or death

There was 1 incident resulting in severe harm. This was reported on the CWH site (1 X Operations / procedures - Unintended injury).

There were 2 incidents reported resulting in death. Both incidents occurred on the WMUH site and are being investigated as serious incidents.

Medication-related safety incidents

75 Medication-related incidents were reported at the CWH site compared to 53 Medication-related incidents at the WMUH site.

The Medication Safety Group is working to increase the reporting of medication related incidents at the WMUH site, particularly no harm and near miss incidents.

Incidence of newly acquired category 3 & 4 pressure ulcers

Preventing Hospital Acquired Pressure Ulcers remain high priority for both sites. There were no hospital acquired grade 3 or 4 pressure ulcers reported on either site during November 2018.

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

The Trust has achieved an overall reporting rate of NRLS reportable medication-related incidents of 350/100,000 FCE bed days in November 2018. This is higher than the Trust target of 280/100,000. There were 408 and 287 medication-related incidents per 100,000 FCE bed days at CW and WM sites respectively.

Compared to the previous month, there has been a decrease in the reporting of medication incidents at the Chelsea site and an increase in reporting of medication incidents at West Middlesex.

Medication-related (reported) safety incidents % with harm

The Trust had 20.7% medication-related safety incidents with harm in November 2018. This figure is higher than the previous month and therefore continues to be above the Carter dashboard National Benchmark (10.3%). The year to date figure is 13.8%. Overall there were 20 incidents that caused harm; 11 occurred at CW site (10 incidents were of low harm and 1 incident of moderate harm), and 9 occurred at WM site (8 incidents were of low harm and 1 death).

A case by case report is returned to the Board separately for review each month.

The Medication Safety Group continues to encourage medication-related incident reporting, monitor trends and aims to improve learning from medication related incidents

Safeguarding Adults – number of referrals

Collection of Domestic Abuse referrals to IDVA at West Middlesex remains an issue. However level of reporting is consistent.

Patient Experience Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Sep-18	Oct-18	Nov-18	2018-2019	Sep-18	Oct-18	Nov-18	2018-2019	Sep-18	Oct-18	Nov-18	2018-2019 Q3	2018-2019	Trend charts	
Friends and Family	FFT: Inpatient recommend % (Target: >90%)	91.5%	92.1%	94.6%	92.2%	91.4%	92.1%	92.9%	91.7%	91.4%	92.1%	93.4%	92.7%	91.9%		-
	FFT: Inpatient not recommend % (Target: <10%)	3.5%	3.8%	2.6%	3.8%	3.8%	4.2%	2.9%	3.5%	3.7%	4.0%	2.8%	3.4%	3.6%		-
	FFT: Inpatient response rate (Target: >30%)	40.5%	41.9%	32.9%	42.2%	37.4%	37.4%	37.1%	40.9%	38.5%	38.7%	35.7%	37.2%	41.4%		-
	FFT: A&E recommend % (Target: >90%)	91.4%	91.0%	91.4%	90.5%	89.9%	93.4%	90.8%	88.5%	91.1%	91.5%	91.2%	91.4%	90.1%		-
	FFT: A&E not recommend % (Target: <10%)	5.1%	5.6%	5.1%	5.8%	5.6%	4.1%	4.7%	6.3%	5.2%	5.3%	5.0%	5.1%	5.9%		-
	FFT: A&E response rate (Target: >30%)	23.6%	21.7%	21.2%	21.2%	18.1%	24.1%	26.0%	19.9%	22.3%	22.2%	22.2%	22.2%	21.0%		!
	FFT: Maternity recommend % (Target: >90%)	89.3%	91.1%	91.6%	91.1%	96.7%	95.6%	96.8%	95.5%	90.3%	91.7%	92.2%	91.9%	91.9%		-
	FFT: Maternity not recommend % (Target: <10%)	6.7%	5.9%	5.6%	5.4%	0.0%	1.1%	3.2%	2.4%	5.8%	5.2%	5.4%	5.3%	4.9%		-
	FFT: Maternity response rate (Target: >30%)	22.8%	21.0%	20.2%	22.3%	24.5%	23.3%	21.1%	24.3%	23.1%	21.3%	20.3%	20.8%	22.6%		!
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	25	50	53	334	24	20	27	250	49	70	80	150	584		-
	Complaints formal: Number responded to < 25 days	13	41	26	242	13	14	12	168	26	55	38	93	410		-
	Complaints (informal) through PALS	128	164	166	1123	51	49	36	512	179	213	202	415	1635		-
	Complaints sent through to the Ombudsman	0	0	0	0	0	0	0	0	0	0	0	0	0		-
	Complaints upheld by the Ombudsman (Target: 0)	0	0	0	0	1	0	0	1	1	0	0	0	1		-

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

Friends and Family Test

Inpatient areas continue to exceed the 30% response rate and 90% recommendation score across all areas. ED response rates continue to improve though fall short of the Trust 30% target, however they remain well above the national average of 12.5%. The recommendation score for ED at both sites continues to improve and exceed the 90% recommendation target. Maternity response rates declined in month at both sites but continue to achieve above the 90% recommendation score.

Same Sex Accommodation

There have been no same sex accommodation breaches

Complaints

Complaints performance continues to improve with 98% of complaints being acknowledged within 2 working days, exceeding the target of 90%. 76% of complaints were responded to within 25 working days against a target of 90%. Work is on-going to improve this performance.

PHSO

One case has been partially upheld by the PHSO and the Trust have commenced corrective actions as recommended by the PHSO

Efficiency & Productivity Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Sep-18	Oct-18	Nov-18	2018-2019	Sep-18	Oct-18	Nov-18	2018-2019	Sep-18	Oct-18	Nov-18	2018-2019 Q3	2018-2019	Trend charts	
Admitted Patient Care	Average length of stay - elective (Target: <2.9)	4.42	3.40	3.47	3.65	3.18	2.54	2.81	2.87	4.14	3.22	3.32	3.27	3.47		-
	Average length of stay - non-elective (Target: <3.95)	3.72	4.06	4.16	3.94	3.14	2.94	2.99	3.06	3.39	3.41	3.49	3.45	3.44		-
	Emergency care pathway - average LoS (Target: <4.5)	4.27	4.79	4.73	4.45	3.61	3.30	3.40	3.50	3.85	3.84	3.89	3.86	3.84		-
	Emergency care pathway - discharges	209	229	221	1736	378	404	381	3085	587	633	602	1236	4822		-
	Emergency re-admissions within 30 days of discharge (Target: <7.6%)	3.74%	4.02%	3.51%	3.77%	10.35%	10.05%	8.84%	10.20%	6.97%	6.91%	6.05%	6.48%	6.83%		!
	Non-elective long-stayers	401	425	423	3358	377	302	379	2766	778	727	802	1529	6124		-
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	86.8%	83.7%	82.9%	83.5%	84.0%	90.1%	83.8%	86.2%	85.8%	86.0%	83.2%	84.8%	84.5%		-
	Operations canc on the day for non-clinical reasons: actuals	8	8	9	85	13	17	16	90	21	25	25	50	175		-
	Operations canc on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.33%	0.26%	0.29%	0.37%	1.15%	1.15%	1.00%	0.84%	0.59%	0.55%	0.53%	0.54%	0.52%		-
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	3	0	0	8	2	2	0	6	5	2	0	2	14		-
	Theatre active time (Target: >70%)	70.6%	74.1%	70.2%	71.7%	74.2%	77.8%	75.4%	76.4%	71.8%	75.4%	72.0%	73.7%	73.3%		!
	Theatre booking conversion rates (Target: >80%)	86.2%	85.2%	86.4%	85.6%	90.3%	90.4%	92.5%	91.0%	87.6%	87.1%	88.8%	87.9%	87.6%		-
Outpatients	First to follow-up ratio (Target: <1.5)	1.52	1.53	1.52	1.50	1.50	1.45	1.50	1.42	1.50	1.48	1.50	1.49	1.44		!
	Average wait to first outpatient attendance (Target: <6 wks)	7.1	7.0	6.9	6.8	5.9	6.0	6.0	6.2	6.6	6.6	6.5	6.5	6.6		!
	DNA rate: first appointment	12.9%	11.3%	11.4%	12.0%	11.1%	11.8%	11.8%	12.2%	12.1%	11.5%	11.6%	11.6%	12.1%		-
	DNA rate: follow-up appointment	12.8%	10.0%	10.8%	11.2%	11.0%	11.2%	10.9%	12.0%	12.2%	10.4%	10.9%	10.6%	11.5%		-

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 average length of stay

November '18 has seen little change in NEL LOS with this indicator remaining 'green' overall. Continuing to deliver further improvement as we head into winter 18/19 is a strong focus for the BEDS/LOS work stream, and is being tracked via the system-wide AE Delivery Board. Changes to NEL LOS overall are expected as the enhanced ambulatory facilities open in December at both sites.

Operations cancelled on the day and not re-booked within 28 days

The number of operations cancelled on the day for non-clinical reasons stayed steady in November. Each patient was offered a subsequent Theatre date within 28 days of the date of cancellation.

Theatre Booking Conversion rates

Theatre booking conversation rates continue to improve since we have clinically lead follow-up to remind patients at the Chelsea site.

Clinical Effectiveness Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Sep-18	Oct-18	Nov-18	2018-2019	Sep-18	Oct-18	Nov-18	2018-2019	Sep-18	Oct-18	Nov-18	2018-2019 Q3	2018-2019	Trend charts
Best Practice	Dementia screening case finding (Target: >90%)	90.7%	75.6%	93.8%	87.4%	88.9%	90.2%	91.2%	86.8%	90.1%	81.0%	92.9%	86.3%	87.2%	-
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	100.0%	88.2%	81.8%	94.3%	100.0%	100.0%	88.9%	89.6%	100.0%	93.1%	86.2%	89.7%	92.0%	-
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	100.0%	81.3%	100.0%	97.2%	87.5%	95.5%	100.0%	96.1%	92.9%	89.5%	100.0%	94.1%	96.6%	-
VTE	VTE: Hospital-acquired (Target: tbc)					0	0	0	0	0	0	0	0	0	-
	VTE risk assessment (Target: >95%)	94.0%	95.0%	94.1%	94.0%	46.7%	47.0%	50.3%	56.9%	73.8%	75.0%	75.6%	75.3%	76.8%	!
TB Care	TB: Number of active cases identified and notified	2	1	4	24	4	5	8	42	6	6	12	18	66	-
	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

Fractured Neck of Femur – time to Theatre within 36 hours for medically fit patients

Each Hospital Site saw 2 breaches of the 36 hour standard. Both breaches at the Chelsea Site were due to logistical reasons – awaiting space in Theatre. The patients were seen within 40 and 37 hours respectively. At the West Middlesex site, one breach was due to another patient with a fractured neck of femur being prioritised in Theatre, while for the second breach the patient chose to have conservative treatment initially but then changed their mind. The patients were seen within 39 and 41 hours respectively.

There were a further 5 breaches on the Chelsea Site and 4 at West Middlesex where the surgery had to be delayed for medical reasons

Dementia screening case finding

The Trust saw performance rise in November after the decline in October. The Chelsea Site saw a rise from 75.6% to 93.8% as a result of renewed focus on this metric.

VTE Risk assessments completed

C&W site: Performance has slightly decreased compared to the previous month. Performance has been disseminated to divisions to highlight amongst clinical teams, with support for areas not meeting ≥95% target. Weekly and monthly VTE performance reports continue to be circulated to all divisions for dissemination and action, with inclusion in divisional quality reports. Lists of patients will outstanding assessments are circulated to medical teams for action.

WMUH site: Although there has been an improvement in November, the target was not achieved due to the lack of documented VTE risk assessments on RealTime as e-system not used by medical staff until the point of discharge. New reporting queries require development by EMIC Information Business Partner (issues with reporting solution and integration complications with eCamis, RealTime and Cerner).

Target unlikely to be achieved due to current IT infrastructure, and will improve with Cerner implementation (Clinical Documentation Phase 1B).

Access Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Sep-18	Oct-18	Nov-18	2018-2019	Sep-18	Oct-18	Nov-18	2018-2019	Sep-18	Oct-18	Nov-18	2018-2019 Q3	2018-2019	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%)	98.66%	99.31%	99.16%	98.92%	97.34%	98.95%	99.49%	98.75%	97.76%	99.06%	99.38%	99.22%	98.81%		-
	Diagnostic waiting times >6 weeks: breach actuals	28	14	18	220	118	50	22	462	146	64	40	104	682		-
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	9.1%	8.3%	9.2%	9.0%	8.4%	8.4%	8.2%	8.3%	8.8%	8.3%	8.8%	8.6%	8.7%		!
	A&E time to treatment - Median (Target: <60')	01:02	01:06	01:11	01:07	00:57	00:52	00:51	00:49	01:01	01:02	01:04	01:03	01:01		!
	London Ambulance Service - patient handover 30' breaches	8	14	23	100	54	43	48	406	62	57	71	128	506		-
	London Ambulance Service - patient handover 60' breaches	0	1	0	2	0	2	0	4	0	3	0	3	6		-
Choose and Book (available to Sep-18 only for issues)	Choose and book: appointment availability (average of daily harvest of unused slots)	2580	2577	2371	1927	0	0	0	0	2580	2577	2371	2476	1927		-
	Choose and book: capacity issue rate (ASI)															-
	Choose and book: system issue rate	143	140	140	129											-

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

Trust commentary

RTT Incompletes 52 week patients

The Trust once again was able to report that no patients were waiting over 52 weeks at month-end reporting

Diagnostic waiting times: % waiting < 6 weeks

The Trust was compliant with the DM01 target. Endoscopy processes have been redesigned at West Middlesex to support delivery of the target. Demand has increased for endoscopy with associated capacity coming on stream from December 2018.

Diagnostic waiting times: breach actuals

The 18 breach actuals at the Chelsea site were spread among all points of delivery with Cystoscopy accounting for the highest number – 8. At West Middlesex, of the 22 breach actuals, the two tests with the most breaches were: 8 in Urodynamics with 6 in Flexible Sigmoidoscopy

London Ambulance Service Handover breaches

The rise of 14 breaches in the 30’ handover metric, though disappointing, was as a result of the busiest month in terms of average daily attendances.

Maternity Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Sep-18	Oct-18	Nov-18	2018-2019	Sep-18	Oct-18	Nov-18	2018-2019	Sep-18	Oct-18	Nov-18	2018-2019 Q3	2018-2019	Trend charts	
Birth indicators	Total number of NHS births	529	491	478	3887	390	415	364	3095	919	906	842	1748	6982		-
	Total caesarean section rate (C&W Target: <27%; WM Target: <29%)	37.7%	35.0%	30.3%	34.0%	31.6%	29.2%	31.9%	29.5%	35.1%	32.3%	31.0%	31.7%	32.0%		!
	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%)	95.1%	98.4%	99.5%	97.2%	96.3%	98.0%	97.4%	97.6%	95.7%	98.2%	98.6%	98.4%	97.4%		-
Safety	Admissions of full-term babies to NICU	13	20	7	123	n/a	n/a	n/a	n/a	13	20	7	27	123		-

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

In November there were a total of 472 mothers delivering 478 babies at the Chelsea site; this was 16 births above plan. The West Middlesex site had 361 mothers delivering 364 babies; which was 43 below plan.

Caesarean Births

Chelsea Site

A total of 143 (30.3%) caesarean births occurred in November. That equates to a year-to-date c-section rate of 34%

There was a total of 90 elective C/S at the CW site. 35 births (38.9%) were for previous Caesarean birth, 10 (11.1%) for breech presentation, 4 (4.4%) for maternal health reasons and 19 (21.1%) were for maternal choice, 2 (2.2%) were for multiple pregnancy, Failure to Progress 4 (4.4%), 16(17.8%) other. A total of 53 women had an emergency C/S.

The main reasons for this was for failure to progress in labour 19 (37.3%) and fetal distress 20 (39%). 2 (3.9%) cases were for breech presentation, 2 (3.9%) for previous C/S and 2 (3.9%) were for maternal clinical indication. 4 (7.8%) was for unsuccessful instrumental deliveries. 4 (7.8%) were for 'other' not specified reasons.

West Middlesex site

A total of 115 (31.8%) caesarean births occurred in November. That equates to a year-to-date c-section rate of 29.5%

There was a total of 46 elective C/S at the WM site. 18 (39.1%) cases were for previous C/S. 7 cases (15.2%) were for breech and 6 (13.0%) for maternal request, 3 (6.5%) failed to progress/IOL, Maternal clinical indication 7 (15.2%), 1 (2.2%) were for multiple pregnancy, 4 (8.6%) unspecified other reasons. There was a total of 69 Emergency Caesarean births at the WM site

36 (52.2%) was for failed progress in labour, 23 (33.3%) were for fetal distress, 4 (5.8%) for unsuccessful instrumental delivery, Maternal clinical indication 6 (8.7%), 2 (2.9%) was for Breech presentation, 1 (1.4%) were for previous section, 6 (8.6%) unspecified other reasons.

The service continues to support women who choose to have a C/S by providing the birth choice clinic. This clinic is run by experienced consultant midwives who guide the woman in her choice. There is a current review of 'Birth after Caesarean section' guideline and pathway in order to support increased uptake of vaginal birth after Caesarean.

There was a good Caesarean section divisional plan throughout October and November which led to excellent planning for elective surgery, as well as balancing the need for emergency procedures. The service is planning for the refurbishment of the CW site and this will involve a weekly plan to ensure safe delivery of care throughout this period.

NICU admissions

In November there were 7 admissions of full-term babies to NICU

2 had cardiac problems; 1 for grunting; 1 for respiratory distress and poor handing; 2 for hydronephrosis; 1 for bilious vomiting.

Workforce Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Sep-18	Oct-18	Nov-18	2018-2019	Sep-18	Oct-18	Nov-18	2018-2019	Sep-18	Oct-18	Nov-18	2018-2019 Q3	2018-2019	Trend charts	
Staffing	Vacancy rate (Target: CW <12%; WM <10%)	10.8%	10.0%	10.3%	10.3%	14.5%	13.4%	12.8%	12.8%	12.1%	11.2%	11.2%	11.2%	11.2%		!
	Staff Turnover rate (Target: CW <18%; WM <11.5%)	16.7%	16.2%	16.0%	16.0%	12.0%	11.0%	11.5%	11.5%	15.2%	14.5%	14.5%	14.5%	14.5%		-
	Sickness absence (Target: <3%)	2.4%	2.5%	2.5%	2.5%	2.7%	2.9%	2.9%	2.9%	2.5%	2.7%	2.7%	2.7%	2.6%		-
	Bank and Agency spend (£ks)	£2,137	£2,161	£2,224	£19,445	£2,295	£2,116	£896.2	£16,643	£4,432	£4,277	£3,120	£7,397	£36,088		-
	Nursing & Midwifery Agency: % spend of total pay (Target: tbc)	4.5%	4.3%	7.1%	5.7%	5.2%	5.5%	7.6%	7.1%	4.8%	4.8%	7.3%	6.1%	6.2%		-
Appraisal rates	% of Performance & Development Reviews completed - medical staff (Target: >85%)	90.2%	88.9%	88.6%	89.6%	100.0%	100.0%	100.0%	89.9%	93.4%	92.5%	92.3%	92.4%	89.7%		-
	% of Performance & Development Reviews completed - non-medical staff (Target trajectory: >60%)	87.4%	83.6%	84.1%	84.1%	88.9%	87.2%	85.8%	85.8%	87.9%	84.8%	84.7%	84.7%	84.7%		-
Training	Mandatory training compliance (Target: >90%)	91.3%	91.9%	92.4%	91.7%	91.7%	91.9%	92.0%	89.3%	91.5%	91.9%	92.3%	92.1%	90.8%		-
	Health and Safety training (Target: >90%)	95.6%	95.6%	95.5%	95.9%	95.1%	95.1%	95.2%	94.5%	95.4%	95.5%	95.4%	95.4%	95.4%		-
	Safeguarding training - adults (Target: 90%)	93.9%	94.0%	93.8%	94.2%	94.3%	94.1%	93.7%	93.7%	94.0%	94.0%	93.8%	93.9%	94.0%		-
	Safeguarding training - children (Target: 90%)	94.3%	94.2%	94.0%	93.8%	94.9%	94.2%	93.6%	93.2%	94.5%	94.2%	93.8%	94.0%	93.6%		-

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

Workforce Commentary November 2018 Figures

Staff in Post

In November we employed 5581 whole time equivalent (WTE) people on substantive contracts, 29 WTE more than last month.

Turnover

Our voluntary turnover rate was 14.52%, an increase of 0.02% from last month. Voluntary turnover is 16.03% at Chelsea and 11.52% at West Middlesex.

Vacancies

Our general vacancy rate for November was 11.04%, which is 0.12% lower than last month. The vacancy rate is 10.30% at Chelsea and 12.83% at West Middlesex.

Sickness Absence

Sickness absence in the month of October was 2.67%, unchanged from September. (we will now be reporting sickness two months in arrears due to timing issues)

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 92% against our target of 90%.

Performance and Development Reviews

The PDR rate decreased 0.14% by now stands at 84.67%.

The rolling annual appraisal rate for medical staff was 92.27%, 1.14% 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	Sep-18	Oct-18	Nov-18	2018-2019	YTD breaches	Sep-18	Oct-18	Nov-18	2018-2019	YTD breaches	Sep-18	Oct-18	Nov-18	2018-2019 Q3	2018-2019	YTD breaches	Trend charts	
62 day Cancer referrals by site of tumour	Breast	n/a	n/a	n/a	n/a		100%	94.1%	100%	99.3%	0.5	100%	94.1%	100%	96.3%	99.3%	0.5		-
	Colorectal / Lower GI	n/a	100%	100%	95.6%	1	100%	100%	100%	93.7%	2	100%	100%	100%	100%	94.4%	3		-
	Gynaecological	100%	100%	n/a	87.5%	1.5	100%	100%	100%	85.2%	2	100%	100%	100%	100%	86.3%	3.5		-
	Haematological	100%	n/a	100%	100%	0	n/a	75.0%	100%	84.6%	3	100%	75.0%	100%	83.3%	87.8%	3		-
	Head and neck	n/a	n/a	100%	90.9%	0.5	33.3%	100%	50.0%	68.4%	3	33.3%	100%	75.0%	80.0%	76.7%	3.5		-
	Lung	50.0%	100%	n/a	66.7%	1.5	0.0%	88.9%	n/a	70.6%	2.5	33.3%	90.0%	n/a	90.0%	69.2%	4		-
	Sarcoma	n/a	n/a	n/a	100%	0	n/a	n/a	n/a	n/a		n/a	n/a	n/a	n/a	100%	0		-
	Skin	100%	100%	100%	96.2%	2	100%	100%	100%	98.2%	0.5	100%	100%	100%	100%	96.9%	2.5		-
	Upper gastrointestinal	100%	87.5%	n/a	81.8%	2	100%	n/a	100%	94.4%	0.5	100%	87.5%	100%	90.0%	87.5%	2.5		-
	Urological	87.5%	38.5%	100%	75.2%	12.5	68.4%	76.5%	84.8%	82.6%	14.5	74.1%	60.0%	88.4%	76.7%	79.9%	27		!
	Urological (Testicular)	100%	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	100%	n/a	100%	75.0%	0.5	n/a	100%	n/a	100%	0	100%	100%	100%	100%	88.9%	0.5		-

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

Trust commentary

Overall, the Trust is reporting 94.1% of cancer patients being treated within the 62 day standard form date of GP referral.

The Chelsea Site are reporting no breaches; the West Middlesex Site 3 breaches

Broken down by Site and Tumour Site the following can be seen:

Chelsea Site:

Colorectal / Lower GI: 1 treatment
Haematological: 1 treatment
Head and Neck: 1 treatment
Site not stated: 1 treatment
Skin: 4.5 treatments
Urological: 5 treatments

West Middlesex Site:

Breast: 5 treatments
Colorectal / Lower GI: 7 treatments
Gynaecological: 2 treatments
Haematological: 1 treatment
Head and Neck: 0.5 of a breach of 1 patient treated
Skin: 3.5 treatments
Upper Gastrointestinal: 1 treatment
Urological: 2.5 breaches of 16.5 patients treated

Please note: a breach can be shared between organisations, hence the fractions above

CQUIN Dashboard

November 2018

National CQUINs

No.	Description of goal	Responsible Executive (role)	Forecast RAG Rating
A.1	Improvement of health and wellbeing of NHS staff	Chief Financial Officer	
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	Chief Financial Officer	
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	Chief Operating Officer	
E.1	Preventing ill health through harmful behaviours - alcohol and tobacco consu	Deputy Chief Executive	
F.1	STP Local Engagement	Chief Financial Officer	

NHS England CQUINs

No.	Description of goal	Responsible Executive (role)	Forecast RAG Rating
N1.1	Enhanced Supportive Care	Medical Director	
N1.2	Nationally standardised Dose banding for Adult Intravenous Anticancer Thera	Medical Director	
N1.3	Optimising Palliative Chemotherapy Decision Making	Medical Director	
N1.4	Hospital Medicines Optimisation	Medical Director	
N1.5	Neonatal Community Outreach	Chief Operating Officer	
N1.6	Dental Schemes - recording of data, participation in referral management & p	Chief Operating Officer	
N1.7	Armed Forces Covenant	Chief Operating Officer	

CQUIN Scheme Overview

2018/19 CQUIN Scheme Overview

The Trust has agreed 12 CQUIN schemes (5 national schemes for CCGs, 7 national schemes for NHS England) for 2018/19. Relative to 17/18, there is a new 1 year CCG scheme replacing a previous 1 year scheme, and the withdrawal of a further CCG scheme was confirmed in the 18/19 Planning Guidance.

2018/19 National Schemes (CCG commissioning)

The Q1 result, based on CCG assessment of delivery, was 35%, but payment was made at 100% in accordance with the agreement reached with Commissioners whereby delivery is on the basis of 'reasonable endeavours' without incurring additional investment. Scheme leads will be aiming to meet the requirements set out for those schemes within existing resources, but will otherwise prioritise which aspects to work on. The forecast RAG rating for each scheme relates only to expected delivery of the specified milestones, not financial performance. The requirements of the Local Scheme relating to Trust engagement with STP planning and development work are expected to be met in full. With regard to 'Improvement of health and wellbeing of NHS staff', the targets for improving scores for key survey questions have so far proven to be challenging for most providers, and the Trust didn't manage to achieve the 17/18 target.

2018/19 National Schemes (NHSE Specialised Services commissioning)

The Q1 result, based on assessment by Specialised Commissioning, was 100%. The Trust continues to expect good overall results for the full year, and in line with last year's achievement in the case of the 2 year schemes. The Neonatal Community Outreach scheme is now being implemented in line with the approach agreed with the Commissioner and approved by the Executive board. The forecast RAG rating for each scheme reflects both expected delivery of the milestones and the associated financial performance.

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	91.2%	90.7%	96.8%	95.5%	8.7	3.1	11.8	7 – 17.5
Annie Zunz	98.8%	81.0%	99.7%	93.3%	6.1	2.4	8.4	6.5 - 8
Apollo	95.3%	96.7%	95.3%	55.2%	15.1	2.4	17.6	
Jupiter	138.2%	77.3%	134.1%	-	10.1	2.1	12.2	8.5 – 13.5
Mercury	87.4%	103.3%	88.9%	60.0%	6.7	1.0	7.7	8.5 – 13.5
Neptune	98.7%	83.3%	99.2%	6.7%	7.0	0.7	7.7	8.5 – 13.5
NICU	99.6%	-	99.6%	-	12.8	0.0	12.8	
AAU	109.7%	77.5%	104.1%	103.3%	9.9	2.2	12.1	7 - 9
Nell Gwynn	98.5%	87.9%	104.4%	134.6%	3.8	4.0	7.8	6 – 8
David Erskine	115.0%	94.8%	125.6%	127.9%	3.8	3.3	7.1	6 – 7.5
Edgar Horne	108.5%	97.2%	122.2%	100.8%	3.6	3.3	6.9	6 – 7.5
Lord Wigram	97.9%	98.9%	110.0%	104.4%	3.8	2.7	6.5	6.5 – 7.5
St Mary Abbots	97.6%	93.3%	99.0%	97.6%	3.9	2.5	6.4	6 – 7.5
David Evans	94.2%	82.4%	104.9%	110.4%	5.8	2.1	8.0	6 – 7.5
Chelsea Wing	93.6%	92.2%	100.2%	103.3%	11.0	6.8	17.8	
Burns Unit	120.3%	90.9%	135.0%	100.0%	22.7	3.4	26.1	
Ron Johnson	94.4%	99.4%	95.2%	100.0%	4.4	2.5	6.9	6 – 7.5
ICU	103.6%	100.0%	100.0%	-	24.3	0.3	24.6	17.5 - 25
Rainsford Mowlem	96.3%	97.0%	100.8%	98.3%	3.1	2.9	6.0	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	93.2%	91.4%	90.0%	95.6%	7.0	1.9	9.0	7 – 17.5
Lampton	102.8%	101.2%	100.0%	103.3%	2.9	2.5	5.5	6 – 7.5
Richmond	95.9%	100.0%	73.0%	60.2%	6.3	3.4	9.7	6 – 7.5
Syon 1	97.0%	107.4%	101.7%	140.0%	3.7	2.5	6.2	6 – 7.5
Syon 2	112.3%	130.6%	103.5%	175.1%	3.7	3.0	6.7	6 – 7.5
Starlight	101.2%	90.9%	106.4%	-	8.4	0.3	8.7	8.5 – 13.5
Kew	74.7%	106.7%	100.0%	204.8%	2.9	4.2	7.1	6-8
Crane	98.6%	112.1%	100.0%	116.7%	3.2	2.9	6.1	6 – 7.5
Osterley 1	102.2%	115.1%	99.2%	111.7%	3.4	2.7	6.1	6 – 7.5
Osterley 2	110.0%	97.7%	100.0%	100.8%	3.7	3.1	6.8	6 – 7.5
MAU	98.1%	89.4%	89.4%	92.5%	6.4	2.9	9.3	7 - 9
CCU	99.2%	100.4%	101.7%	-	5.5	0.7	6.2	6.5 - 10
Special Care Baby Unit	115.3%	-	101.2%	-	9.3	0.0	9.3	
Marble Hill 1	113.6%	101.5%	119.3%	96.7%	4.3	2.5	6.8	6 - 8
Marble Hill 2	93.5%	108.5%	100.0%	102.7%	3.1	2.8	5.9	5.5 - 7
ITU	105.2%	-	99.6%	-	25.9	0.1	26.1	17.5 - 25

Summary for November 2018

High usage of RMNs on Burns on Jupiter, David Erskine and Edgar Horne due to a number of patients with mental health needs.

Kew, Syon 1 & Syon 2, David Erskine & Nell Gwynne showing high fill rates for HCAs due to a high number of mobile confused patients at high risk of falls.

CHPPD is showing an overly generous amount on Richmond due to bed census data being counted at midnight and therefore not accounting for day surgery activity.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

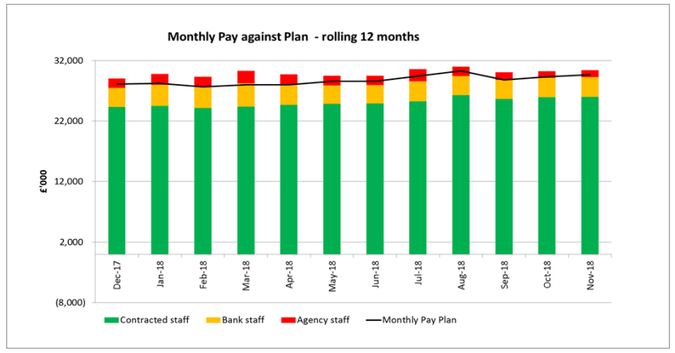
Finance Dashboard Month 8 2018-19
Integrated Position

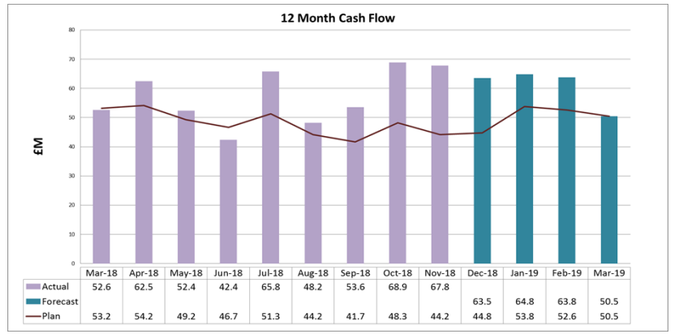
Chelsea and Westminster Hospital NHS
NHS Foundation Trust

£'000	Combined Trust		
	Plan to Date	Actual to Date	Variance to Date
Income	451,667	460,632	8,965
Expenditure			
Pay	(232,648)	(240,929)	(8,280)
Non-Pay	(187,364)	(183,052)	4,312
EBITDA	31,655	36,652	4,997
EBITDA %	7.01%	7.96%	0.95%
Depreciation	(12,427)	(11,998)	429
Non-Operational Exp-Inc	(10,928)	(6,309)	4,619
Surplus/Deficit	8,300	18,345	10,045
Control total Adj - Donated asset, Impairment & Other		(2,242)	(2,242)
Surplus/Deficit on Control Total basis	8,300	16,103	7,803

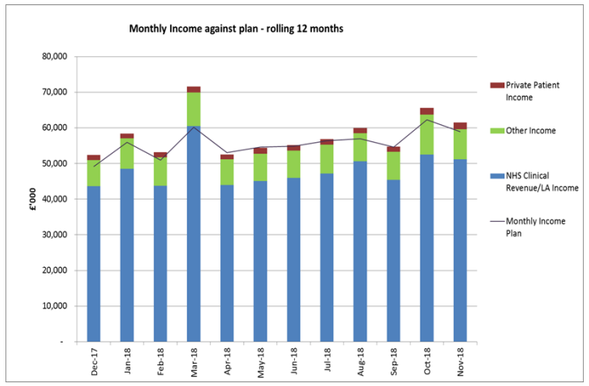
Comments

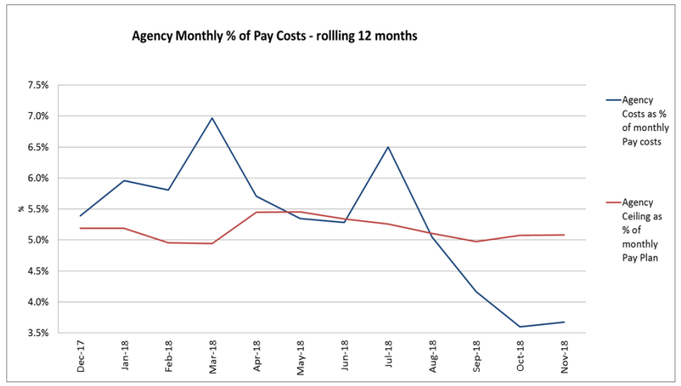
The Trust is reporting a YTD surplus of £18.34m which is £10.05m favourable against the internal plan. The trust submitted a revised plan to NHSI in M7 in order to receive additional PSF funding. Against the revised plan the Trust is reporting a £0.3m favourable variance on a control total basis. Income favourable variance is driven by A&E, Emergency admissions, Paediatric critical care, obstetric deliveries and settlement of the 2017/18 position with CCGs. Elective and neonatal critical care continue to underperform. Pay is adverse by £8,280k year to date, The Trust continues to use bank and agency staff to cover vacancies, sickness and additional activity.

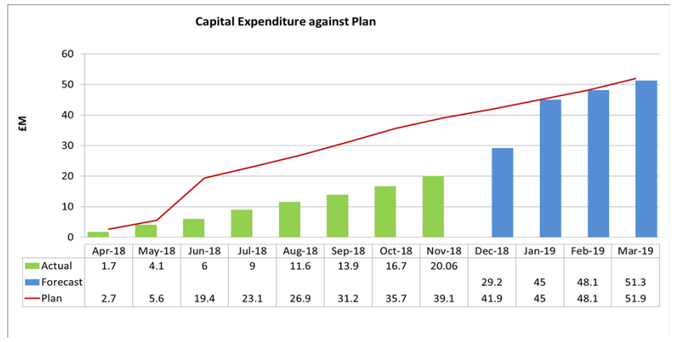




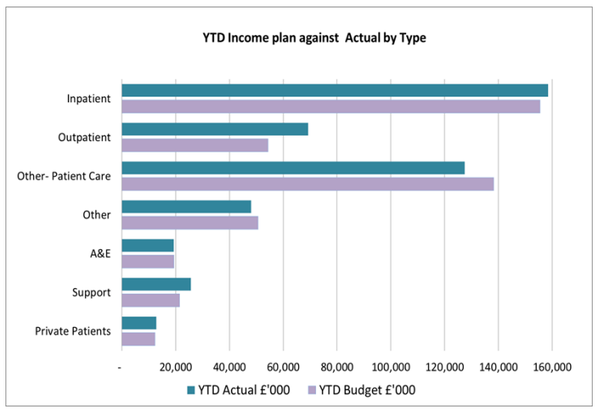
Comment
The higher cash balance (compared to plan) in M8 of £23.6m consists of cash b/fwd from last month of £20.6m plus receipts higher than plan of £2.8m (mainly: settlement of prior year invoices as well as Maternity Incentive funding). We paid lower than plan to suppliers and this is offset by the NICU donation in plan not receivable from charity.



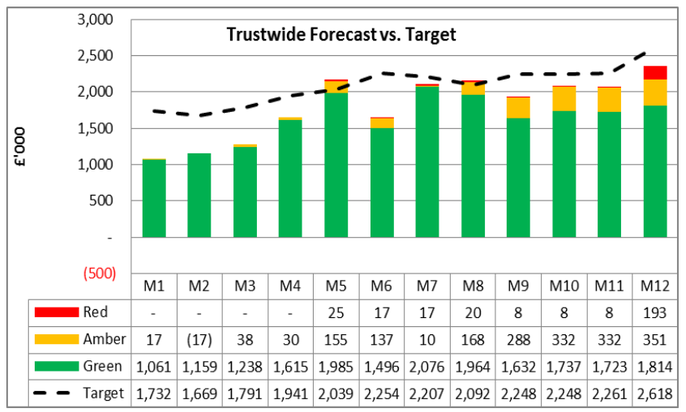




Comment
The Year to-date underspend against plan to the end of M8, is due to timing differences of the schemes commencing later than planned. The Trust is currently forecasting to spend £51.3m, £0.6m less than the original plan of £51.9m.



Other Patient Care mainly includes Drugs, GUM, Maternity and Critical Care



	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Red	-	-	-	-	25	17	17	20	8	8	8	193
Amber	17	(17)	38	30	155	137	10	168	288	332	332	351
Green	1,061	1,159	1,238	1,615	1,985	1,496	2,076	1,964	1,632	1,737	1,723	1,814
Target	1,732	1,669	1,791	1,941	2,039	2,254	2,207	2,092	2,248	2,248	2,261	2,618

Use of Resources Rating	Nov 18 (YTD) Plan	Nov 18 (YTD) Actual
Capital Service rating	1	2
Liquidity rating	1	1
I&E Margin rating	1	1
I&E Margin Distance from Financial Plan	1	1
Agency rating	1	1
UOR before override M8	1	1
UOR after override M8	1	1

	Year to date		
	Current Month %	Previous Month %	Movement %
BPPC% of bills paid in target			
- By number	89.4%	89.2%	0.2%
- By value	81.0%	80.3%	0.7%
Creditor Days	99	92	7
Debtor Days	43	40	3

Date Time of Production: 31/12/2018 13:00

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 10 January 2019

PUBLIC SESSION

AGENDA ITEM NO.	2.4.2/Jan/19
REPORT NAME	Workforce performance report
AUTHOR	Natasha Elvidge, Associate Director of HR; Resourcing
LEAD	Sandra Easton, Chief Financial Officer
PURPOSE	The People and OD Committee KPI Dashboard highlights current KPIs and trends in workforce related metrics at the Trust.
SUMMARY OF REPORT	The dashboard to provide assurance of workforce activity across eight key performance indicator domains; • Workforce information – establishment and staff numbers • HR Indicators – Sickness and turnover • Employee relations – levels of employee relations activity • Temporary staffing usage – number of bank and agency shifts filled • Vacancy – number of vacant post and use of budgeted WTE • Recruitment Activity – volume of activity, statutory checks and time taken • PDRs – appraisals completed • Core Training Compliance
KEY RISKS ASSOCIATED	The need to reduce turnover rates.
FINANCIAL IMPLICATIONS	Costs associated with high turnover rates and reliance on temporary workers.
QUALITY IMPLICATIONS	Risks associated workforce shortage and instability.
EQUALITY & DIVERSITY IMPLICATIONS	We need to value all staff and create development opportunities for everyone who works for the trust, irrespective of protected characteristics.
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	For noting.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Workforce Performance Report
to the People and Organisational Development Committee

Month 08 – November 2018

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

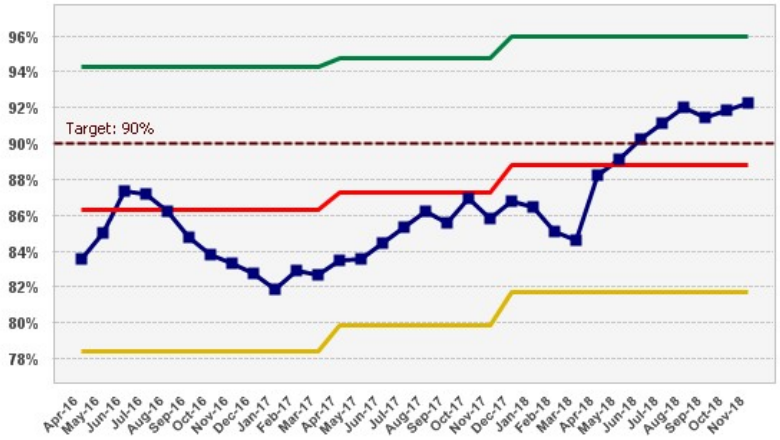
Statistical Process Control – April 2016 to Nov 2018

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

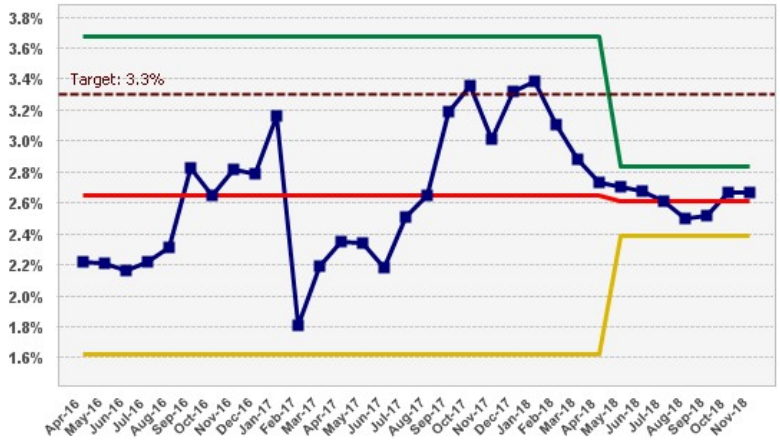
WORKFORCE INDICATORS

Statistical Process Control Charts for the 32 months April 2016 to November 2018

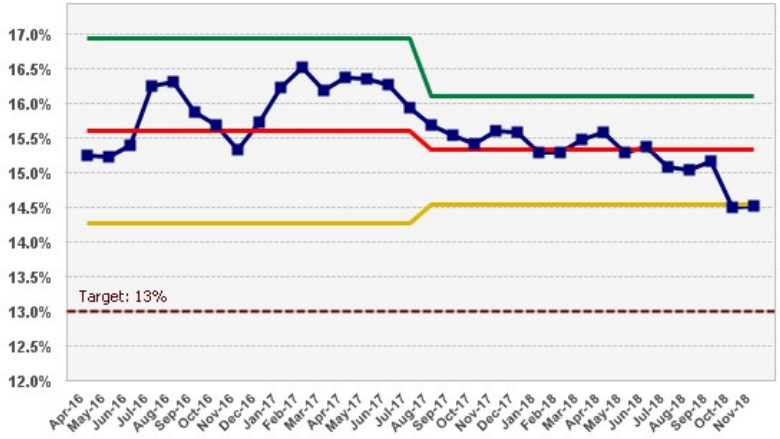
Mandatory Training compliance



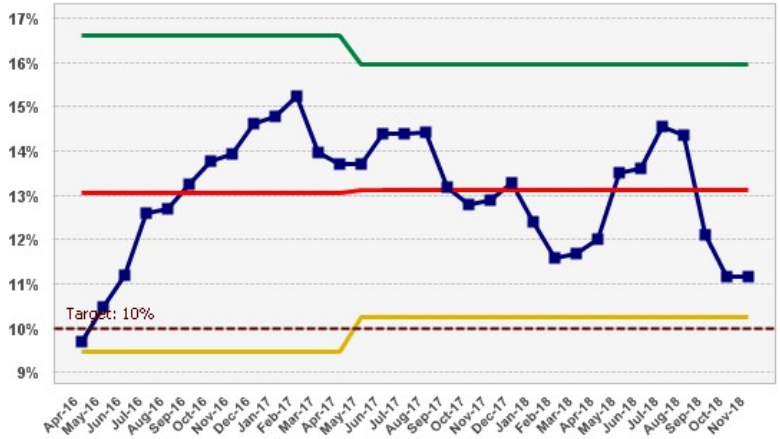
Sickness absence



Staff turnover rate



Vacancy rate



People and Organisational Development Workforce Performance Report November 2018
Key Performance Indicators

Chelsea and Westminster Hospital NHS Foundation Trust

Item	Units	This Month Last Year	Last Month	This Month	Target	RAG Status			Trend
						Red	Amber	Green	
1. Workforce Information									
1.1 Establishment	No.	6106.87	6258.38	6,283.18					↑
1.2 Whole time equivalent	No.	5318.30	5559.81	5580.83					↑
1.3 Headcount	No.	5804	6042	6066					↑
1.4 Overpayments	No.								↔
2. HR Indicators									
2.1 Sickness absence	%	3.01%	2.67%	2.67%	<3.3%				↔
2.2 Long Term Sickness absence	%		1.31%	1.18%					↓
2.3 Short Term Sickness absence	%		1.35%	1.49%					↑
2.4 Gross Turnover	%	20.51%	18.85%	18.80%	<17%				↓
2.5 Voluntary Turnover	%	15.59%	14.50%	14.52%	<13%				↑
3. Employee Relations									
3.1 Live Employment Relations Cases	No.		150	148					↓
3.2 Formal Warnings	No.		0	2					↑
3.3 Dismissals	No.		4	2					↓
4. Temporary Staffing Usage									
4.1 Total Temporary Staff Shifts Filled	No.		14217	14178					↓
4.2 Bank Shifts Filled	No.		12207	12137					↓
4.3 Agency Shifts Filled	No.		2010	2041					↑
5. Vacancy									
5.1 Trust Vacancy Rate	%	12.91%	11.16%	11.04%	<10%				↓
5.2 Corporate	%	10.23%	8.82%	10.05%	<10%				↑
5.3 Emergency & Integrated Care	%	16.94%	11.10%	11.11%	<10%				↑
5.4 Planned Care	%	12.18%	12.92%	13.38%	<10%				↑
5.5 Women's, Children and Sexual Health	%	10.90%	10.03%	9.18%	<10%				↓
6. Recruitment (Non-medical)									
6.1 Offers Made	No.		185	169					↓
6.2 Pre-employment checks (days)	No.		23.6	21.4	<20				↓
6.3 Time to recruit (weeks)	No.		8.02	8.18	<9				↑
7. PDRs Undertaken (AfC Staff over 12 months)									
7.1 Trust PDRs Rate (AFC Staff)	%	53.79%	84.81%	84.67%	≥90%				↓
7.2 Corporate	%		80.10%	78.91%	≥90%				↓
7.3 Emergency & Integrated Care	%		87.49%	82.74%	≥90%				↓
7.4 Planned Care	%		88.99%	90.93%	≥90%				↑
7.5 Women's, Children and Sexual Health	%		79.62%	79.75%	≥90%				↑
8. Mandatory Training									
8.1 See Appendix 1 for details on Mandatory Training									

Chelsea and Westminster Hospital NHS Foundation Trust

People and Organisational Development Workforce Performance Report November 2018
Key Performance Indicators

Chelsea and Westminster Hospital NHS Foundation Trust

October 18 SICKNESS									
Division	Sickness Abs.	RAG Status Target	Available FTE	Abs. FTE	Episodes	Long Term (FTE Lost)	% Long Term	Prev. Month	% +/-
Corporate	2.44%		17007.76	415.19	54	189.40	1.11%	2.38%	0.1%
Emergency & Integrated Care	2.19%		46647.89	1021.18	217	407.67	0.87%	1.99%	0.2%
Planned Care	2.72%		54483.15	1482.16	326	598.79	1.10%	2.73%	0.0%
Women's, Children and Sexual Health	3.13%		51212.97	1602.88	272	805.81	1.57%	3.32%	-0.2%
Trust	2.67%		169351.77	4521.41	869	2001.67	1.18%	2.67%	0.0%

November 18 Mandatory Training					
Course	Last Month	This Month	Target	RAG Status	Tread
Basic Life Support	85%	85%	<90%		↔
Conflict Resolution	95%	95%	<90%		↔
Equality, Diversity and Human Rights	93%	93%	<90%		↔
Fire	91%	89%	<90%		↓
Health & Safety	95%	95%	<90%		↔
Infection Control (Hand Hygiene)	93%	93%	<90%		↔
Information Governance	93%	91%	<95%		↓
Moving & Handling - Inanimate Loads	91%	90%	<90%		↓
Patient Handling (M&H L2)	87%	86%	<90%		↓
Safeguarding Adults Level 1	94%	94%	<90%		↔
Safeguarding Children Level 1	94%	94%	<90%		↔
Safeguarding Children Level 2	91%	91%	<90%		↔
Safeguarding Children Level 3	80%	80%	<90%		↔

November 18 Vacancy / Bank and Agency Ratio on "Fill Rate"								
Division	Budgeted FTE	Staff in Post (FTE)	Vacancy (FTE)	Bank Usage (FTE)	Agency Usage (FTE)	Total FTE Used	Budget minus Used FTE	RAG Status
Corporate	615.53	553.69	61.84	29.69	0.97	584.34	31.19	
Emergency & Integrated Care	1742.16	1548.55	193.61	229.79	60.74	1839.08	-96.92	
Planned Care	2061.87	1786.03	275.84	214.23	30.33	2030.59	31.28	
Women's, Children and Sexual Health	1863.62	1692.56	171.06	175.40	37.42	1905.38	-41.76	
TRUST	6283.18	5580.83	702.35	649.10	129.46	6359.39	-76.21	

November 18 Voluntary Turnover			
Division	Turnover	Prev Month	%+/-
Corporate	16.50%	16.10%	0.40%
Emergency & Integrated Care	15.60%	15.85%	-0.25%
Planned Care	12.60%	12.08%	0.52%
Women's, Children and Sexual Health	15.00%	15.38%	-0.38%
TRUST	14.50%	14.50%	0.0%

Key to Sickness Figures
Sickness Absence = Calendar days sickness as percentage of total available working days for past 3 months (days x ave FTE)
Episodes = number of incidences of reported sickness
A Long Term Episode is greater than 27 days

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

People and Organisation Development Workforce Performance Report November 2018

Mandatory Training Compliance :

Our compliance rate stands at 92% against our target of 90%. Compliance has remained above the Trust target of 90% for the past 5 months.

Information Governance is at it's highest level of 93%, though still below the national target of 95%. The IG Team is gearing up for additional communications for Q3 and Q4 as there is a significant proportion of staff due to lapse during this period.

Adult Basic Life Support has had a change in requirements, all staff are now required to undertake eLearning on an annual basis in addition to any practical 2 year requirements for clinical staff. Communications are in progress to the Trust and the data is being collated in the background, with an expectation that this data will be visible to the Board from April 2019.

Staff Turnover Rate:

The voluntary turnover rate is currently 14.5% a decrease of 0.02% lower than last month. The voluntary turnover rate suggests that approximately 1 in 6 members of staff have left the trust over the past 12 months. The turnover rates are consistent with the London region and are above our trust target of 13%.

This month last year, the voluntary turnover rate (15.59%) which represents a 1% decrease. This due to increased productivity and reduction of time to recruit by the recruitment team. The trust has undertaken a project as part of the NHSI Retention Programme to improve our turnover rate. Lastly, the trust is about to re-launch its Health and Wellbeing group which should have a positive impact on our turnover rate.

Sickness Absence: (October)

The trust's sickness rate is currently 2.67%. Our sickness target (3.3%) has not been breeched during the last seven months (this financial year); peaking at 2.89% in April 2018.

The staff group consistently reporting the highest level of sickness over the last six months is unqualified nursing and midwifery staff whilst medical and dental staff are consistently reporting the lowest level of sickness.

The Women's, Children & Sexual Health Division had the highest sickness rate in October at 3.13%. The professional group with the highest sickness rate was Nursing and Midwifery (Unqualified) at 5.00%.

Vacancy Rate:

The current vacancy position of the trust is 11.04%. We have continued to improve with a 0.12% decrease in the rate and have been on a downward trend for most of the last 12 months. Our vacancy rate has improved due to increased activity within the recruitment team. There has been an increase in establishment over the past 12 months 148.69wte, a gain of 2.37%.

The vacancy rate at West Middlesex is 12.83% and 10.30% at Chelsea and Westminster. The Nursing and Midwifery qualified staff group vacancy rate 8.49% which means we are below our target vacancy for nursing

People and Organisation Development Workforce Performance Report
November 2018

PDR's Completed Since 1st April 2018 (18/19 Financial Year)					
Division	**Band Group**	**%**	**Division**	**Band Group**	**%**
COR	Band 2-5	42.11%	**PDC**	Band 2-5	57.25%
	Band 6-8a	60.49%		Band 6-8a	87.23%
	Band 8b +	80.28%		Band 8b +	97.14%
Corporate		**57.95%**	**PDC Planned Care**		**68.57%**
EIC	Band 2-5	78.33%	**WCH**	Band 2-5	59.01%
	Band 6-8a	75.31%		Band 6-8a	73.23%
	Band 8b +	86.36%		Band 8b +	94.12%
EIC Emergency & Integrated Care		**77.20%**	**WCH Women's, Children's & SH**		**67.36%**
Band 2-5	**Band 6-8a**	**Band 8b +**			
62.20%	75.76%	86.90%	**Trust Total**		**69.20%**

PDRs:

During the previous financial year we achieved our target of appraisals completed (90%).

At Month 8 / November, we are slightly behind target for the completion of PDRs by our banding windows. The divisions have produced plans to achieve their PDR targets and greater focus and attention to the completion of PDRs within the banding windows have resulted in a 12.5% increase over the last month. This PDR target and progress against divisional plans is monitored at the Workforce Development Committee meetings.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 10 January 2019

PUBLIC SESSION

AGENDA ITEM NO.	2.5/Jan/19
REPORT NAME	Mortality Surveillance – Q2 2018/19
AUTHOR	Alex Bolton, Head of Health Safety and Risk
LEAD	Zoe Penn, Medical Director
PURPOSE	This paper updates the Board on the process compliance and key metrics from mortality review.
SUMMARY OF REPORT	Metrics from mortality review are providing a rich source of learning; review completion rates and sub-optimal care trends / themes are overseen by the Mortality Surveillance Group (MSG). The Trust aims to review 80% of all mortality cases within 2 months of death; 62% of cases occurring Q1 2018/19 have been closed, 48% of cases occurring within Q2 2018/19 have been closed. 19 cases of suboptimal care were identified between April 2018 and September 2018. 11 cases of suboptimal care were identified in Q1 2018/19, 8 cases were identified as occurring within Q2. Identified sub-optimal care cases have been discussed at local specialty Morbidity and Mortality (M&M) meetings and themes have been identified at MSG. Key themes include: Recognition, escalation and response to deteriorating patients, Delays in assessment, investigations or diagnosis, Establishment and sharing ceilings of care discussions, Handover between clinical teams and Medication errors. 8 months of low relative risk, where the HSMR upper confidence limit fell below the national benchmark, were experienced between August 2017 and July 2018. This indicates a continuing trend for improving patient outcomes and reducing relative risk of mortality within the Trust.
KEY RISKS ASSOCIATED	Engagement: Lack of full engagement with process of recording mortality reviews within the centralised database impacting quality of output and potential missed opportunities to learn / improve.
FINANCIAL IMPLICATIONS	Limited direct costs but financial implication associated with the allocation of time to undertake reviews, manage governance process, and provide training.
QUALITY IMPLICATIONS	Mortality case review following in-hospital death provides clinical teams with the opportunity to review expectations, outcomes and learning in an open manner. Effective use of mortality learning from internal and external sources provides enhanced opportunities to reduce in-hospital mortality and improve clinical outcomes / service delivery.
EQUALITY & DIVERSITY IMPLICATIONS	N/A
LINK TO OBJECTIVES	• Deliver high quality patient centred care
DECISION/ ACTION	The Board is asked to note and comment on report

Mortality Surveillance – Q2 2018/19

1. Background

Mortality case review provides clinical teams with the opportunity to review expectations, outcomes and potential improvements with the aim of:

- Identifying sub optimal care at an individual case level
- Identifying service delivery problems at a wider level
- Developing approaches to improve safety and quality
- Sharing concerns and learning with colleagues

Case review is undertaken following all in-hospital deaths (adult, child, neonatal, stillbirth, late fetal loss). Learning from review is shared at Specialty mortality review groups (M&Ms / MDTs). Where issues in care, trends or notable learning are identified action is steered through Divisional Mortality Review Groups (EIC) and the trust wide Mortality Surveillance Group (MSG).

2. Relative risk

The Hospital Standardised Mortality Ratio (HSMR) and Standardised Hospital-level Mortality Indicator (SHMI) are used by the Mortality Surveillance Group to compare relative mortality risk.

The Trust wide HSMR relative risk of mortality, as calculated by the Dr Fosters 'Healthcare Intelligence indicator', between August 2017 and July 2018 was 76.4 (74.7 – 84.4); this is below the expected range. 8 months of low relative risk, where the upper confidence limit fell below the national benchmark, were experienced during this twelve month period. This indicates a continuing trend for improving patient outcomes and reducing relative risk of mortality within the Trust.

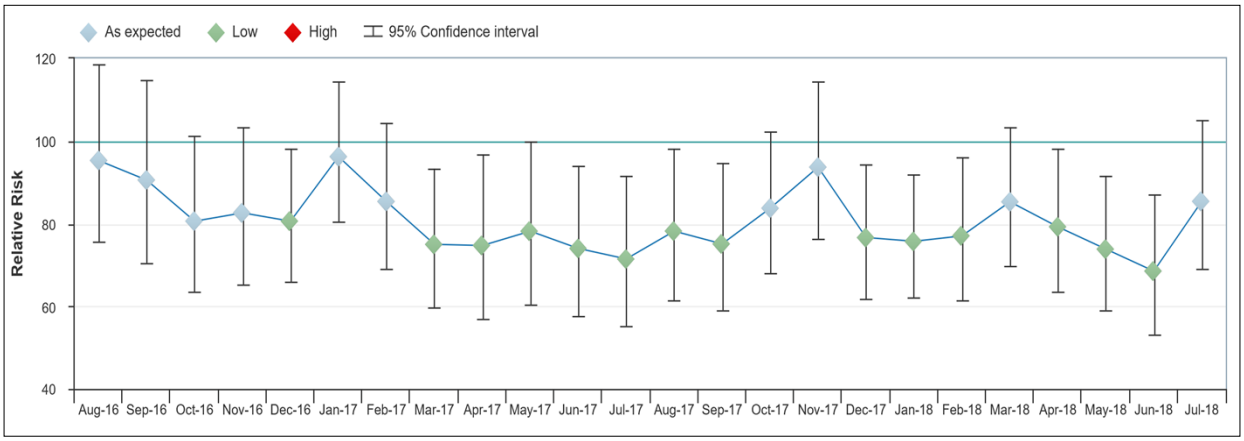


Fig 1: Trust HSMR 24-month trend (April 2016 to March 2018)

Improving relative risk of mortality has been experienced across both sites since March 2017. During the 12 month period to July 2018 the HSMR relative risk of mortality at ChelWest was 73.2 (66.8-80.1); at WestMid it was 78.6 (73.1-84.4), both sites performed below the expected range.

Whilst the overall relative risk of mortality is within the expected range the MSG seeks further assurance by examining increases in relative risk associated with procedure and diagnostics groups. Where higher than expected relative risk linked to a diagnostic or procedure group is identified a clinical coding review is undertaken and where indicated comment from clinical team is sought. No patient safety concerns have been raised with individual procedure or diagnostic groups during this reporting period.

3. Crude rate

Crude mortality should not be used to compare risk between the sites; crude rates are influenced by differences in population demographics, services provided and intermediate / community care provision in the surrounding areas. Crude rates are monitored by the Mortality Surveillance Group to support trend recognition and resource allocation.

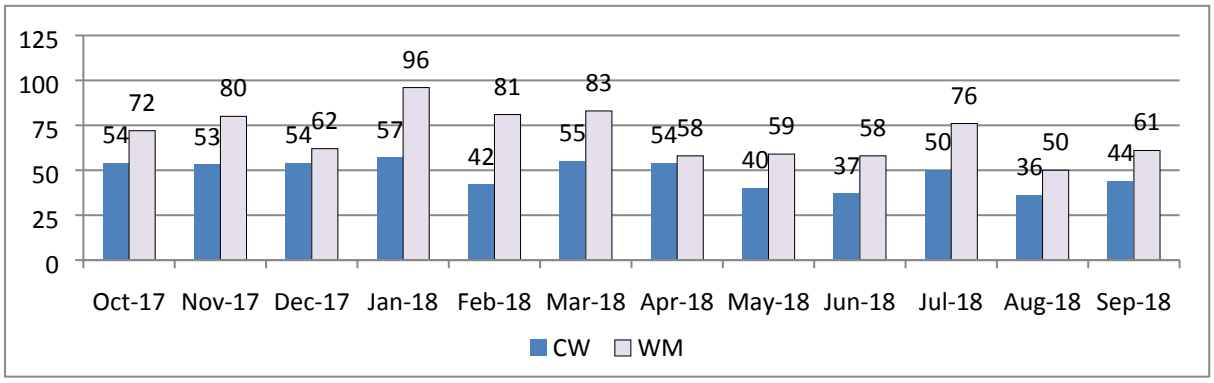


Fig 2: Total mortality cases logged to Datix by site and month, October 2017 – September 2018

4. Review completion rates

4.1. Closure target

The Trust aims to complete the mortality review processes for 80% of cases within two months of death.

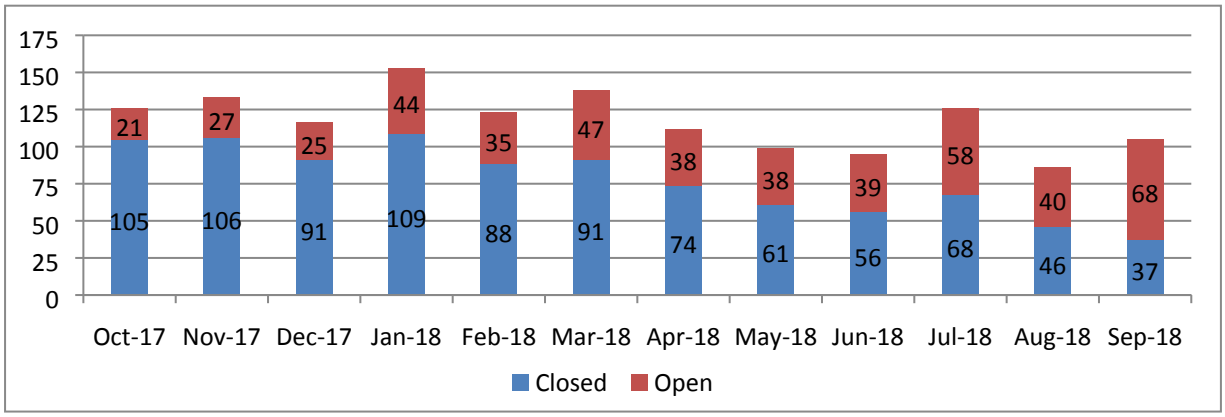


Fig 3: Open and Closed mortality cases by month, October 2017 – September 2018

1412 mortality cases (adult/ child/ neonatal deaths, stillbirths, late fetal losses) were identified for review during this 12 month period; of these 932 (66%) have been reviewed by the named consultant (or nominated colleague) and closed following M&M/MDT discussion and agreement. This is an increase of five percentage points since the last report to the committee.

	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19	Total
Total	375	414	306	317	**1412**
open	73	126	115	166	**480**
closed	302	288	191	151	**932**
%	**81%**	**70%**	**62%**	**48%**	**66%**

Table 1: Cases by financial quarter, October 2017 – September 2018

317 cases are recorded as occurring within Q2 2018/19 of these 48% have been reviewed, discussed at MDT/M&M and closed. Clinical teams aim to close cases within two months of death; this report was compiled on the 9th November 2018, at time of writing 50 open cases within Q2 are still within their review timeframe.

	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19	Total
EIC	80%	69%	63%	52%	**67%**
PCD	87%	72%	54%	26%	**63%**
WCHGD	71%	67%	68%	40%	**62%**
Total	**81%**	**70%**	**62%**	**48%**	

Table 2: Percentage of closed cases by division and fin. quarter, October 2017 – September 2018

A notable increase in the percentage of mortality cases being closed within Planned Care Division has been identified this quarter. For cases occurring within the 12 month period to end of September 2018 the Division has closed 63%, this is an increase of 19 percentage points from position reported in September 2018.

The MSG has overseen the following actions to promote the review and closure of mortality cases required to achieve the 80% review within 2 months of death target:

- Mortality Surveillance Group monitoring and promoting review process
- Divisional Medical Directors supporting the engagement of clinical teams
- Effectiveness of review arrangements in specialties with low review closure levels being assessed by clinical teams / service directors.
- Guidance to specialty teams regarding establishment of effective M&Ms/MDTs
- Support for the transfer of information from the national perinatal mortality review tool to Datix identified for NICU (CW)
- Guidance for Divisional / Specialty mortality review practice provided by the Heads of Quality and Clinical Governance

5. Sub-optimal care

Cases are graded using the Confidential Enquiry into Stillbirth and Deaths in Infancy scoring system:

- **CESDI 0**: Unavoidable death, no suboptimal care
- **CESDI 1:** Unavoidable death, suboptimal care, but different management would not have made a difference to the outcome
- **CESDI 2:** Suboptimal care, but different care MIGHT have affected the outcome (possibly avoidable death)
- **CESDI 3:** Suboptimal care, different care WOULD REASONABLY BE EXPECTED to have affected the outcome (probable avoidable death)

CESDI grades are initially scored by the reviewing consultant and are then agreed at Specialty MDT/M&M. All cases of suboptimal care are considered by the mortality surveillance group. Where cases are graded as CESDI 2 or 3 they are considered for Serious Incident investigation.

19 cases of suboptimal care were identified via the mortality review process between April 2018 and September 2018:

- **18 CESDI grade 1**: Unavoidable death, suboptimal care, but different management would not have made a difference to the outcome
- **1 CESDI grade 2**: Suboptimal care, but different care MIGHT have affected the outcome (possibly avoidable death).

CESDI grades for closed cases occurring in Q2 2018/19

	CESDI grade 0	CESDI grade 1	CESDI grade 2	CESDI grade 3
EIC	123	6	0	0
PCD	9	1	0	0
WCHGD	11	1	0	0
Total	**143**	**8**	**0**	**0**

CESDI grades for closed cases occurring in Q1 2018/19

	CESDI grade 0	CESDI grade 1	CESDI grade 2	CESDI grade 3
EIC	141	5	0	0
PCD	23	3	0	0
WCHGD	16	2	1	0
Total	**180**	**10**	**1**	**0**

Acute Medicine, Maternity and Anaesthetics / ITU have identified the most opportunities for improvement via the mortality review process. When reviewing deaths the specialties consider the patient's full episode of care (e.g. sub-optimal care identified may have occurred within previous specialties involved in that patient's care rather than the specialty undertaking the review).

5.1. Overarching themes / issues linked to sub-optimal care

Review groups discuss the provision of care / treatment; where element of suboptimal care are identified recommendations for further action are recorded. Review themes are considered by the Mortality Surveillance Group.

The key sub-optimal care themes across both sites during 2018/19 relate to:

- The recognition, escalation and response to deteriorating patients
- Delays in assessment, investigations or diagnosis
- Establishing and sharing ceilings of care discussions
- Handover between clinical teams
- Medication errors

The MSG, in coordination with other governance and operational groups, utilises learning from review to develop high level actions designed to improve outcomes, reduce suboptimal care and gather further assurance evidence. Key improvement actions tracked by the mortality surveillance group this financial year are:

- Review of inter hospital transfer policy, due February 2019
- Review of approach to major haemorrhage process, due February 2019
- Development of registrars with ultrasound competency required to place central lines; action overseen by Clinical Effectiveness Group, due March 2019
- Action plan to address national learning from the Learning and Disabilities Mortality Review programme, completed July 2018

- Introduction of treatment and escalation plans to support end of life care decision making, completed May 2018

6. Conclusion

The outcome of mortality review is providing a rich source of learning that is supporting the organisations improvement objectives. A step change in the relative risk of mortality has been experienced since March 2017 and has continued within Q2 2018/19; this is an indicator of improving outcomes and safety.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 10 January 2019

PUBLIC SESSION

AGENDA ITEM NO.	3.1/Jan/19
REPORT NAME	Electronic Patient Record Update
AUTHOR	Kevin Jarrold, Chief Information Officer
LEAD	Rob Hodgkiss, Chief Operating Officer Kevin Jarrold, Chief Information Officer
PURPOSE	The purpose of the paper is to update the Trust Board on progress with the Electronic Patient Record programme.
SUMMARY OF REPORT	The paper provides an update on progress with stabilisation of Phase 1 which went live in May 2018 at West Middlesex and an overview of Phase 1B – the roll out of clinical functionality at West Middlesex. The project is on track for the Chelsea go live in Autumn 2019. As with Phase 1 E&Y have been commissioned to provide Gateway reviews for Phase 2. The first of these will be due this month.
KEY RISKS ASSOCIATED	The key risk is failure to successfully embed the EPR
FINANCIAL IMPLICATIONS	There are no additional financial implications beyond those set out in the EPR Full Business Case that the Trust Board approved.
QUALITY IMPLICATIONS	Failure to successfully embed the EPR would have significant implications for patient safety.
EQUALITY & DIVERSITY IMPLICATIONS	None
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 Trust Board are asked to note the progress being made

Electronic Patient Record Programme Update

Trust Board

Thursday 10th January 2019

Programme Overview

- The purpose of the EPR Programme is to implement an enterprise-wide Electronic Patient Record
- The aim is to deploy the Cerner EPR system that is already in use in the five hospitals in Imperial College Healthcare NHS Trust
- The deployment will take place in three phases:
  - **Phase 1**

  West Middlesex Hospital – went live May 2018
    - Patient Administration System, Emergency Department and Theatres
  - **Phase 1B**

  West Middlesex Hospital - incremental delivery
    - Clinical applications eg clinical documentation for doctors and nurses
  - **Phase 2**

  Chelsea and Westminster Hospital – planned for autumn 2019
    - Patient Administration System and clinical applications

External Assurance

- A series of Gateway Reviews have been undertaken by Ernst & Young (EY)
- This has provided the Trust Board with an impartial view on progress with the Programme
- There were five Gateway Reviews prior to the West Middlesex go live
- Gateway 6 covered post go live stabilisation and set up for Phase 2
- EY have now been commissioned to provide further Gateway Reviews for Phase 2
- The first of these will be reviewed at the Finance and Investment Committee at the end of January

Phase 1 - Stabilisation

- All major financial issues arising from the Cerner go live have now been addressed
- Patient activity and the waiting list size are now in line with the pre-go live projections
- We continue monitor data quality and worklists on a daily basis to resolve issues as they arise
- Areas of focus include:
  - Interaction between Cerner and the e-Referrals service (national problem)
  - Maintaining operational grip

Phase 1B – Progress Update

- It has been agreed that after Phase 1 stabilisation, Phase 2 has to take priority over Phase 1B
- We therefore have an opportunistic approach to the roll out of Phase 1B functionality working around the Phase 2 priority
- Progress so far has included:
  - Implementation of Emergency Care Data Set
  - Pilot of electronic operation note
  - Proof of concept for voice recognition
- Future plans include:
  - Implementation of Order Communications
  - Roll out of clinical documentation for doctors, nurses and therapists
  - E-Prescribing and medicines administration

Phase 2 – Progress Update

- Phase 2 is bigger and more complex than Phase 1. The size of the change over a 24 hour period will cover a range of functionality that took Imperial College Healthcare more than 5 years to roll out
- The scope includes:
  - Patient Administration System
  - Theatres
  - Emergency Department
  - Order Communications
  - E-Prescribing and medicines administration
  - Medical device integration
  - Critical Care
- Phase 2 is currently tracking to the planned go live in Autumn 2019 with the first Gateway review due this month.

Current areas of focus

- Lessons learned from West Middlesex
- Training Strategy refresh
- Investment in the infrastructure to improve wifi and end user devices
- Reporting
- Align with the Testbed initiative
- Communications

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 10 January 2019

PUBLIC SESSION

AGENDA ITEM NO.	4.1/Jan/19
REPORT NAME	Revised Terms of Reference for: - Finance and Investment Committee (FIC); - People and Organisation Development Committee (PODC); and - Quality Committee (QC).
AUTHOR	Julie Myers, Company Secretary
LEAD	Jeremy Jensen, Chair, FIC Steve Gill, Chair, PODC Eliza Hermann, Chair, QC
PURPOSE	Changes to the Terms of Reference of a Board Committee require the approval of the Trust Board.
SUMMARY OF REPORT	During Autumn 2018, all Board Committees self-evaluated using a standard questionnaire. Committees that met in November/December 2018 reviewed their respective results, alongside their Terms of Reference, and considered whether amendments needed to be made either to the way they operated or to their Terms. This paper presents the revisions proposed to FIC, PODC and QC Terms of Reference and seeks Board approval to them. Note: The Audit and Risk Committee (ARC) will be considering its survey results and Terms of Reference when it meets in January 2019. An assurance report on overall Committee effectiveness will be presented to the board in March 2019 once ARC has reviewed each Committee's assurance report.
KEY RISKS ASSOCIATED	Terms of Reference for Board Committees need to be reviewed regularly to ensure they remain comprehensive and coherent.
FINANCIAL IMPLICATIONS	N/A
QUALITY IMPLICATIONS	N/A
EQUALITY & DIVERSITY IMPLICATIONS	N/A

LINK TO OBJECTIVES	• Excel in providing high quality, efficient clinical services • Deliver financial sustainability
DECISION/ ACTION	The Board is asked to approve the revised Terms of Reference for: • Finance and Investment Committee; • People and Organisation Development Committee; and • Quality Committee.

Background

1. Board Committees are required to review their Terms of Reference annually. In 2018, this review took place in parallel with a self-assessment of Committee effectiveness, informed by a common questionnaire. The outcome of the Committee effectiveness reviews are due to be considered by the ARC in January 2019 and an assurance report will be brought to the Board in March 2019, alongside any proposed changes to the Terms of Reference for the Audit and Risk Committee.

2. The following changes to FIC, PODC and QC Terms of Reference are proposed:

    - Amendments to ensure consistency of constitution and authority paragraphs across all three committees

    - Clarification that business may be transacted by conference call by each three committees

    - **Finance and Investment Committee (FIC)**:
        - Addition of new clause to provide for FIC to review all business cases for wholly owned subsidiaries (and joint ventures and partly-owned subsidiaries that will operate as separate and distinct legal entities) to inform Board approval for submission to NHSI. This reflects the new requirements issued by NHSI on such subsidiaries.
        - Addition of new clause to provide for FIC to consider the performance and effectiveness of joint ventures and joint operations.

    - **People and Organisation Development Committee (PODC)**:
        - Clarification that PODC 'reviews' the objectives of the Education Strategy Board rather than 'sets' them.
        - Clarification that the Committee is concerned with the Trust's overarching commitment to diversity and inclusion rather than purely its legal obligations.

    - **Quality Committee (QC)**:
        - Clarification that the Committee's remit extends to all forms of delivery of care, including digital pathways.
        - Addition of an objective clarifying the Committee's role in monitoring the impact of strategic change or national programmes.
        - Amendment of membership to require three non-executive directors as members, in line with all other Committees (previously only two non-executive directors were required as members).
        - Amendment of the membership to provide for the inclusion of the Director of Improvement.

Decision required

The Board is asked to approve the revised Terms of Reference for:

- Finance and Investment Committee;
- People and Organisation Development Committee; and
- Quality Committee

Finance and Investment Committee
Terms of Reference

1. Constitution

The Finance and Investment Committee (FIC) is established as a sub-committee of the Board of Directors of Chelsea and Westminster Hospital NHS Foundation Trust (CWFT).

All members of staff are directed to co-operate with any request made by the FIC.

The ~~Finance and Investment Committee~~FIC will review these Terms of Reference on an annual basis as part of a self-assessment of its own effectiveness. Any changes recommended to the Terms of Reference will require Trust Board approval.~~Any recommended changes brought about as a result of the yearly review, including changes to the Terms of Reference, will require Board of Directors approval.~~

2. Authority

The ~~Finance and Investment Committee~~FIC is directly accountable to the Board of Directors~~.~~.

The FIC is authorised by the Board of Directors to act within ~~its~~these terms of reference. In doing so, ~~it~~the Committee may instruct professional advisors and request the attendance of individuals and authorities from outside its membership, and the Trust, with relevant experience and expertise if it considers this necessary for or expedient to the fulfilment of its functions.

3. Aim

The Finance and Investment Committee shall conduct objective review of financial and investment policy, estates, IM&T and commercial development issues on behalf of the Board.

4. Objectives

4.1 In relation to: Oversight of **financial planning and performance**

- To consider the Trust's medium-term financial strategy, in relation to both revenue and capital.
- To consider the Trust's annual financial targets and performance against them.
- To review the annual budget, before submission to the Trust Board of Directors.
- To consider the Trust's financial performance, in terms of the relationship between underlying activity, income and expenditure, and the respective budgets.
- To review proposals for business cases over £200,000 revenue funding or costs and/or over £200,000 capital investment, where no budget has been previously approved by Trust Board and their respective funding sources prior to submission to the Board and any business cases greater than £1m within budget.
- Maintain an oversight of the robustness of the Trust's key income sources and contractual safeguards, including oversight of major income streams.
- Conduct post investment reviews of major investment's and/ or business cases

4.2 In relation to: **Investment Policy, Management and Reporting**

- To approve and keep under review, on behalf of the Board of Directors, the Trust's investment strategy and policy (including the Trust's treasury policy)
- To maintain on oversight of the Trust's investments, ensuring compliance with the Trust's policy and Monitor's requirements.

4.3 **Other**

- To consider business cases, in line with the medium term strategy agreed at the Board
- To make arrangements to inform the Board on the undertakings of the Finance and Investment Committee and minutes.
- To examine any other matter referred to the Committee by the Board of Directors.
- To consider every capital expenditure for the business case where the proposed capital expenditure is > £1m
- In line with NHSI requirements, review all business cases for wholly owned subsidiaries (and joint ventures and partly-owned subsidiaries that will operate as separate and distinct legal entities) to inform Board approval for submission to NHSI.
- To consider the performance and effectiveness of Joint Ventures and Joint Operations.

5. Method of working

5.1 The Finance and Investment Committee will have a standard agenda. At every meeting, the following item headings will be on the agenda:

- Apologies for absence
- Declarations of Interest
- Minutes of the previous meeting
- Business to be transacted by the Committee (under the item headings: Strategy and Performance)
- Any Other Business
- Date of next meeting

5.2 All Minutes of the Finance and Investment Committee will be presented in a standard format. All meetings will receive an action log (detailing progress against actions agreed at the previous meeting) for the purposes of review and follow-up.

6. Membership

6.1 The membership of the Finance and Investment Committee shall consist of:

- One Non-Executive Director who will Chair the meeting
- ~~2~~ Two other Non-Executive Directors
- Chief Executive Officer
- Deputy Chief Executive
- Chief Operating Officer
- Chief Financial Officer

6.2 The Committee may invite other Trust staff to attend its meetings as appropriate.

6.3 The Committee is authorised by the Board of Directors to request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary.

6.4 Members are expected to attend a minimum of 75% of all meetings.

7. Quorum

7.1 The Finance and Investment Committee will be deemed to be quorate to the extent that the following members are present:

- Non-Executive Chair; if the Chair unavailable a second Non-Executive Director must be present
- One other Non-Executive Director
- The Chief Executive Officer or the Chief Operating Officer deputing for CEO, providing the Chief Financial Officer present

8. Frequency of meetings

8.1 Meetings shall be held monthly (except for June, August and December), with additional formal meetings as deemed necessary.

8.2 Urgent items may be handled by email or conference call.

9. Secretariat

9.1 Minutes and agenda to be circulated by the Trust Secretary.

10. Reporting Lines

10.1 The Finance and Investment Committee will report to the Board of Directors after each meeting. The minutes of all meetings of the Finance and Investment Committee shall be formally recorded and submitted to the next Board. Oral reports will be made to the Board as appropriate as part of the monthly finance report.

10.2 Matters of material significance in respect of finance issues will be escalated to the following meeting of the Board of Directors. However, any items that require urgent attention will be escalated to the Chief Executive and Chairman at the earliest opportunity and formally recorded in the Finance and Investment Committee minutes.

10.3 The Capital Programme Board will routinely report to the Finance and Investment Committee.

11. Openness

11.1 The agenda, papers and minutes of the Finance and Invest Committee are considered to be confidential.

Reviewed by: Finance and Investment Committee
Date: ~~30~~ 29 ~~June~~ November 2018~~7~~
Approved by: Board of Directors
Date: ~~July 2017 (e governance)~~January 2019
Review date: ~~June~~ November 2019~~8~~

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

People and Organisational Development Committee
Terms of Reference

1. Constitution

The People and Organisational Development Committee (PODC) is established as a sub-committee of the Board of Directors of Chelsea and Westminster Hospital NHS Foundation Trust (CWFT) ~~Board of Directors~~.

All members of staff are directed to co-operate with any request made by the PODC.

~~The PODC is authorised by the Board of Directors to act within its terms of reference. In doing so, it may instruct professional advisors and request the attendance of individuals and authorities from outside its membership and the Trust with relevant experience and expertise if it considers this necessary for or expedient to the fulfilment of its functions.~~

The PODC will review these Terms of Reference on an annual basis as part of a self-assessment of its own effectiveness. Any changes recommended to the Terms of Reference will require Trust Board approval.
~~The PODC will review these Terms of Reference at least annually (or more frequently, as may be required) as part of a self-assessment of its own effectiveness~~.

2. Authority

The PODC is directly accountable to the Board of Directors.

The PODC is authorised by the Board of Directors to act within ~~its~~these terms of reference. In doing so, ~~it~~the Committee may instruct professional advisors and request the attendance of individuals and authorities from outside its membership, and the Trust, with relevant experience and expertise if it considers this necessary for or expedient to the fulfilment of its functions.

3. Aim

3.1 Strategic Aims

The vision for the Trust is to deliver excellent experience and outcomes for our patients and be the employer of choice. Supporting this are a number of strategies including quality and clinical services. The People and Organisational Development Strategy is as follows;

"We aim to have a workforce that puts patients first, is responsive and supportive to our patients and each other, is open, welcoming and honest, is unfailingly kind, respectful and compassionate, treating our patients with dignity. We are also determined to develop the skills of our people. This will ensure we achieve our objectives of providing the best quality care and become an employer of choice."

3.2 Specific Aims

To provide the Trust Board of Directors with assurance on matters related to its staff, and the development thereof to the highest standards and that there are appropriate processes in place to

identify any risks and issues and manage them accordingly. It is also there to ensure opportunities are not missed and are capitalised upon for the benefit of patients, our people and the organisation.

In particular, the Committee will consider the following work areas:

- People and Organisational Development Strategy and planning (including recruitment and retention)
- Leadership development and talent management
- Education, skills and capability (clinical and non-clinical, statutory and mandatory)
- Performance, reward and recognition
- Culture, values and engagement
- Health and well-being

4. Objectives

4.1 To ensure the Trust's People and Organisational Development Strategy and plans link into the Trust's overall objectives and reflect the culture and values of the organisation we aspire to be.

4.2 To have oversight of the Trust's People and Organisational Development Strategy and plan.

4.3 To consider matters referred to the PODC by its sub-groups and by other Trust Committees; in particular, matters raised by the Improvement Board relating to the management of people through the Cost Improvement Programme (CIP) and transformation agendas.

4.4 To ensure the Trust's Employee Value Proposition is fit for purpose.

4.3.1 In relation to: **PEOPLE STRATEGY AND PLANNING**

- To ensure that the Trust has a robust People Strategy and that it, and the associated plans, are aligned and focused on meeting the needs of the Trust's strategic priorities including the Clinical Strategy.

- To ensure that the organisation has a grip on critical workforce issues such as people in posts, time to fill, retention and essential training.

- To set and monitor the Key Performance Indicators (KPIs) relating to staff.

- To ensure that appropriate recruitment and retention strategies are in place.

4.3.2 In relation to: **LEADERSHIP DEVELOPMENT AND TALENT MANAGEMENT**

- To oversee the identification, nurturing and development of leaders within the organisation; to establish and monitor the strategy for leadership development in the Trust.

- To ensure that the Trust is developing an appropriate process to manage its succession planning and talent management.

4.3.3 In relation to: **EDUCATION, SKILLS AND CAPABILITY**

- Have oversight of the education agenda in the context of the future strategy.

- Have oversight of the annual training needs analysis including rationalisation of requirements to fit the funding allocation.

- Have an overview of the process to identify skills and competency development required for staff to meet the changing needs of the organisation providing appropriate training as required within national and local budgets.

- To keep under review the Trust's general skill mix/balance and workforce capacity/capability, identifying key strengths as well as 'skills gaps', taking action to address such gaps, as appropriate.

- To receive the annual educational cost collection report and note its contents.

- To receive reports on apprenticeships and progress to meeting national standards.

- To receive reports on educational quality performance and national trainees surveys and associated action plans.

- ~~Set~~ Review the objectives for the Education Strategy Board and receive regular progress reports.

4.3.4 In relation to: **PERFORMANCE, REWARD AND RECOGNITION**

- To ensure that performance, reward and recognition policies support the Trust's overarching people (recruitment, development and retention) strategy.

- To receive and review reports to give assurance that key workforce policies are being appropriately applied and to make recommendations to change policy as appropriate.

- To review and scrutinise the effectiveness of risk mitigation plans, based upon the people risks detailed within the Risk Assurance Framework.

- To ensure the Trust acts with speed where inappropriate behaviour or performance is identified.

4.3.5 In relation to: **CULTURE, VALUES AND ENGAGEMENT**

- To ensure strategies are in place that engage the Trust's people in understanding the vision for the organisations future.

- To oversee the embedding of the Trust's organisational values within all aspects of the Trust's people strategies, policies and procedures, ensuring a 'golden thread' and ensure they are embedded across the organisation.

- To ensure the review of the annual NHS staff survey results and monitor the associated action plans.

- To receive and review reports to provide assurance that appropriate and effective policies and practices are in place to meet the Trust's obligations to encourage, support and protect its staff in raising concerns about the safe and proper running of the Trust.

- To receive reports to provide assurance that the Trust is delivering its commitment to diversity and inclusion including by meeting its legal duty to promote workforce equality and combat unlawful discrimination.

- To receive reports on progress towards the Trust's commitment to support the health and wellbeing of its staff. To ensure the review of the staff Friends and Family Test and monitor associated action plans.

4.3.6 **Other**

- To scrutinise and provide assurance to the Board of Directors on the Trust's compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; and The Care Quality Commission (Registration) Regulations 2009 (as amended) in so far as they relate to the aims and objectives of the Committee.

- To scrutinise and provide assurance on the self-certification to NHS Improvement of: Continuity of services condition 7 - Availability of Resources; and the Corporate Governance Statement in so far as they relate to the aims and objectives of the Committee.

5. Method of working

5.1 The PODC will have a standard agenda, but on occasion, the meetings will address a strategic issue so will not conform to the standard agenda. At every meeting, the following item headings will be on the agenda:

1. Apologies for absence
2. Declarations of Interest
3. Minutes of the previous meeting
4. Business to be transacted by the Committee
5. Key Performance Indicators/Performance report
6. Review of organisational P&OD priorities
7. Any Other Business
8. Date of next meeting

5.2 All minutes of the PODC will be presented in a standard format. All meetings will receive an action log (detailing progress against actions agreed at the previous meeting) for the purposes of review and follow-up.

6. Membership

6.1 The membership of the PODC shall consist of:

- ~~1~~ One Non-Executive Director who will Chair the meeting
- ~~2~~ Two other ~~Additional~~ Non-Executive Directors
- Chief Executive or suitable deputy

- Executive Director responsible for HR or suitable deputy
- Medical Director or suitable deputy
- Chief Nurse or suitable deputy
- Chief Operating Officer or suitable deputy
- Director of Nursing (WM)
- Company Secretary or suitable deputy
- Director of Communications

6.2 The CEO, Executive Director with responsibility for HR, Medical Director and Chief Operating Officer must send a deputy in their absence.

7. Quorum

7.1 The Committee will be deemed quorate to the extent that the following members are present:

- Two Non-Executive Directors (one of whom may be the Chair of the Committee)
- Two Executive Directors or suitable deputies
- Either the Executive Director with responsibility for HR or Chief Nurse

8. Frequency of meetings

8.1 Meetings shall be held ~~ten times per year~~monthly (except for August and December), with additional formal meetings as deemed necessary.

8.2 Urgent items may be handled by email or via conference call.

8.3 Members are expected to attend a minimum of 75% of all meetings within one year.

9. Secretariat

9.1 Minutes and agenda to be circulated by the Board Governance Manager.

10. Reporting Lines

10.1 The PODC will report to the Board of Directors after each meeting. The minutes of all meetings of the PODC shall be formally recorded and submitted as a draft to the next Board.

10.2 Matters of material significance in respect of people issues will be escalated to the following meeting of the Board of Directors. However, any items that require urgent attention will be escalated to the Chief Executive and Chairman at the earliest opportunity and formally recorded in the PODC minutes.

10.3 The following groups shall report to the People and Organisational Development Committee:

- Education Strategy Board
- Workforce Development Committee
- Health and Well-being Committee
- Partnership Forum (for the purposes of policy approval only)

Other groups may be invited to report into or attend the meeting on an ad hoc basis.

10.4 The above groups will report as per the PODC forward plan, and also at times when requested by the Committee. The reports provided by the groups should be in written format unless agreed by the Chair.

10.5 The above groups' Terms of Reference and the Committee's effectiveness will be reviewed by the Committee annually. ~~Any recommended changes to the Terms of Reference, will require Board of Directors approval~~.

10.6 The Committee has key relationships with other committees and groups via its membership.

- Members will facilitate information gathering and sharing with other key committees such as the Quality Committee and the Trust Executive Team.
- In addition, there will also be links to Health Education England and the "HR for London" network in relation to London-wide streamlining initiatives.

11. Openness

11.1 The agenda, papers and minutes of the PODC are considered to be confidential.

Reviewed by: People and OD Committee
Date: 28 November 2018
Approved by: Board of Directors
Date: January 2019
Review date: December 2019

~~**Approved May 2018**~~

Quality Committee
Terms of Reference

1. Constitution

The Quality Committee is established as a sub-committee of the Board of Directors of Chelsea and Westminster Hospital NHS Foundation Trust (CWFT) ~~Board of Directors~~.

All members of staff are directed to co-operate with any request made by the Quality Committee.

The Quality Committee will review these Terms of Reference on an annual basis as part of a self-assessment of its own effectiveness. Any changes recommended to the Terms of Reference will require Trust Board approval.

~~The Quality Committee will review these Terms of Reference on an annual basis as part of a self-assessment of its own effectiveness. Any recommended changes brought about as a result of the yearly review, including changes to the Terms of Reference, will require Board of Directors approval~~.

2. Authority

The Quality Committee is directly accountable to the Trust's Board ~~of Directors~~.

The Quality Committee is authorised by the Board of Directors to act within ~~its~~these terms of reference. In doing so, ~~it~~the Committee may instruct professional advisors and request the attendance of individuals and authorities from outside its membership, and the Trust, with relevant experience and expertise if it considers this necessary for or expedient to the fulfilment of its functions.

3. Aim

3.1 The Quality Committee provides the Trust's Board ~~of Directors~~ with assurance that quality within the organisation is being delivered to the highest possible standards and that there are appropriate policies, processes and governance in place to continuously improve care quality, and to identify gaps and manage them accordingly. This aim applies to all forms of delivery of care equally, whether face to face, remotely or by using a digital pathway, and these Terms of Reference should be read accordingly.

4. Objectives

4.1 This Committee ~~provides oversight of~~oversees the three themes that define quality:

- The **EFFECTIVENESS of the treatment and care provided to patients** – measured by both clinical outcomes and patient-related outcomes
- **The SAFETY of treatment and care provided to patients** – safety is of paramount importance to patients and is the bottom line when it comes to what services must be delivering
- **The EXPERIENCE patients have of the treatment and care they receive** – how positive an experience people have on their journey through the organisation can be even more important to the individual than how clinically effective care has been.

4.2 The Committee's objectives are:

- To have oversight of the Trust's Quality Strategy and Plan including to~~To~~ agree the annual quality priorities ~~(which reflects the annual quality plan)~~ and monitor progress against them;

- To monitor the impact on quality of any strategic change programme such as reconfiguration of clinical pathways, national initiatives such as Getting it Right First Time, and Sustainability and Transformation Partnership (STP) led changes in clinical services.

- To approve the Trust's annual quality account~~s~~ before submission to the Board;

- To monitor the Trust's Quality and Performance Dashboard;

- To consider matters referred to the Quality Committee by its sub-groups as shown below;

- ~~To have oversight of the Trusts Quality Strategy and Plan~~;

- To monitor ~~the extent that the T~~trust compliance with~~meets~~ statutory Health and Safety ~~statutory~~ requirements

- To monitor the extent to which the Trust meets the requirements of commissioners and regulators.

4.3 In relation to **EFFECTIVENESS**

- To have oversight and monitor progress of the annual clinical audit programme

- To make recommendations to the Audit and Risk Committee concerning the annual programme of internal audit work, to the extent that it applies to matters within these terms of reference;

- To approve relevant policies and including but not limited to:
  - health and safety policies
  - complaints policy
  - clinical policies such as Responsible Consultant and Named Nurse

- To have oversight of Trust-wide compliance with clinical regulations and Central Alert System requirements;

- To e~~E~~nsure the review of patient safety incidents (including near-misses, complaints, claims and ~~Rule 43 coroner reports~~Coroner prevention of future deaths reports) from within the T~~t~~rust and wider NHS to identify similarities or trends and areas for focussed or organisation-wide learning;

- To monitor the impact on the Trust's quality of care of ~~cost~~ the l~~i~~mprovement P~~p~~rogramme~~s~~ and any other significant reorganisations;

- To ensure the Trust is outward-looking and incorporates the recommendations from external bodies into practice with mechanisms to monitor their delivery.

In relation to **SAFETY**

- To have oversight of the Trust's Mortality and Morbidity Surveillance Group, and to monitor Trust performance in these areas;

- To scrutinise serious incidents, analyse patterns and monitor trends and to ensure appropriate follow up within the Trust;

- To monitor progress and approve the Trust quality priorities such as the Trust workplan on sepsis and deteriorating patients;

- To provide the Board with assurance regarding Adult and Child Safeguarding requirements and processes;

- To monitor nurse staffing levels in accordance with safe staffing benchmarks;

- To have oversight of infection protection and control and to scrutinise the annual Infection Protection and Control report on behalf of the Board;

- To have oversight of health and safety and environmental risk and monitor progress;

- To promote within the Trust a culture of open and honest reporting of any situation that may threaten the quality of patient care in accordance with the trust's policy on reporting issues of concern and monitoring the implementation of that policy;

- To ensure compliance with standards set by statutory and regulatory bodies;~~.~~

- To ensure that where practice is of high quality, that practice is recognised and propagated across the Trust.

In relation to **EXPERIENCE**:

- To have oversight of the Trust's performance against the 5 key areas as described by the Care Quality Commission: Safe, Effective, Caring, Responsive and~~&~~ Well Led.

- To monitor the Trust's compliance with the national standards of quality and safety of the Care Quality Commission, and NHS Improvement's licence conditions that are relevant to the Quality Committee's area of responsibility, in order to provide relevant assurance to the Board so that the Board may approve the Trust's annual declaration of compliance and corporate governance statement;

- To monitor the Trust's Friends and Family Test response rates and recommend rates;

- To provide the Board with assurance that complaints are handled both a timely and effective~~ly and timely~~ manner;

- To scrutinise patterns and trends in patient survey results, Friends and Family results, complaints and PALs data, and ensure appropriate actions are put into place;

- To oversee the Trust's work progress on Patient Experience.

5. Method of Working

5.1 All Committee Members will:

- Be open in making their contributions
- Be honest and transparent with comments, criticism and compliments
- Listen to advice and comments
- Make their contributions concisely and keep focused on the desired outcomes
- Ensure that every decision or question should be viewed from the perspective of the service-user.

5.2 The Quality Committee will have a standard agenda. At every meeting, the following item headings will be on the agenda:

1. Apologies for absence
2. Declarations of i~~I~~nterests
3. Minutes of the previous meeting
4. Business to be transacted by the Committee
5. Any o~~O~~ther b~~B~~usiness
6. Date of next meeting

5.3 All Minutes of the Quality Committee will be presented in a standard format. All meetings will receive an action log (detailing progress against actions agreed at the previous meeting) for the purposes of review and follow-up.

6. Membership

6.1 The membership of the Quality Committee shall consist of:

- One Non-Executive Director who will ~~s one of whom will act as the~~ Chair the meeting
- Two other Non-Executive Directors ~~and another as Vice Chair~~
- Medical Director
- Chief Executive
- Chief Nurse
- Chief Operating Officer
- Director of ~~Clinical Governance and~~ Quality Governance
- Director of Improvement
- Deputy Medical Director
- Company Secretary

6.2 The Chief Nurse, Medical Director and Chief Operating Officer need to have a deputy in their absence.

6.3 The Director of Nursing (Chelsea site), Director of Nursing (West Middlesex site), Director of Communications and Director of Human Resources each have a standing invitation to attend meetings of the Committee.

7. Quorum

7.1 The Quality Committee will be deemed quorate to the extent that the following members are present:

- ~~One~~Two Non-Executive Directors, one of whom should Chair the meeting
- Medical Director or deputy
- Chief Nurse or deputy
- Chief Operating Officer or deputy
- Director of ~~Clinical Governance and Quality or deputy~~Quality Governance or deputy
- ~~One Non-Executive Director~~

7.2 For the avoidance of doubt, Trust employees who serve as members of the Quality Committee do not do so to represent or advocate for their respective department, division or service area but to act in the interests of the Trust as a whole and as part of the Trust-wide governance structure.

7.3 If a meeting is not quorate it may still proceed, however any decisions taken in principle at an non-quorate meeting must be ~~subsequently agreed by those at present~~ratified subsequently by a quorum of members.

8. Frequency of Meetings

8.1 ~~Meetings shall be held monthly, with at least 10 meetings per year~~The Committee will meet at least six times each year at suitable intervals.

8.2 Additional meetings may be held on an exceptional basis at the request of any three members of the Quality Committee.

8.3 Urgent items may be handled by email or conference call.

8.4 Members are expected to attend a minimum of 75% of Committee meetings throughout the year.

9. Secretariat

9.1 Meeting minutes, agendas and forward workplans to be maintained by the ~~Trust~~ Company Secretary.

10. Reporting Lines

10.1 The Quality Committee will report to the ~~Board of Directors~~Trust Board after each meeting. The minutes of all meetings of the Quality Committee shall be formally recorded and submitted to the next Board. Matters of material significance in respect of quality will be escalated to the following meeting of the Board of Directors. However, any items that require urgent attention will be escalated to the Chief Executive and Chairman at the earliest opportunity and formally recorded in the Quality Committee minutes.

10.2 The following groups shall report to the Quality Committee:

- Patient Safety Group
- Patient Experience Group
- Clinical Effectiveness Group
- Health and Safety and Environmental Risk Group

10.3 The above groups will report as per the Quality Committee Workplan, and also at times when requested by the Quality Committee. The reports provided by the groups should be in written format unless agreed by the chair.

10.4 The above groups' Terms of Reference will be reviewed by the Quality Committee annually.

10.5 The Quality Committee has key relationships with all other Board committees via its membership. In addition, there are links to Commissioners and other providers through the Medical Director and Chief Nurse.

11. Openness

11.1 The agenda, papers and minutes of the Quality Committee are considered to be confidential.

Reviewed by:	Quality Committee
Date:	~~30 June 2017~~4 December 2018
Approved by:	Board of Directors
Date:	~~July 2017 (e-governance)~~January 2019
Review date:	~~June 2018~~December 2019