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

Hospital Boardroom, Chelsea and Westminster Hospital

4 July 2019 11:00 - 4 July 2019 13:30

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting (PUBLIC SESSION)

Location: Boardroom, Chelsea and Westminster Hospital
Date: Thursday, 4 July 2019
Time: 11.00 – 13.30

Agenda

	1.0	**GENERAL BUSINESS**		
11.00	1.1	Welcome and apologies for absence Apologies received from Sir Thomas Hughes-Hallett	Verbal	Deputy Chairman
11.03	1.2	Declarations of Interest, including register of interests	Report	Deputy Chairman
11.05	1.3	Minutes of the previous meeting held on 2 May 2019	Report	Deputy Chairman
11.10	1.4	Matters arising and Board action log, including 1.4.1 Membership Strategy *(Board action 02.05)* 1.4.1 Parking charges review *(Board action 02.05)*	Report Report Verbal	Deputy Chairman Director of Strategy Chief Executive Officer
11.15	1.5	Chairman's Report	Report	Deputy Chairman
11.20	1.6	Chief Executive's Report	Report	Chief Executive Officer
	2.0	**QUALITY/PATIENT EXPERIENCE AND TRUST PERFORMANCE**		
11.25	2.1	Patient Experience Story	Verbal	Chief Nursing Officer
11.40	2.2	Quality Improvement update	Report	Director of Improvement
11.50	2.3	Learning from Serious Incidents	Report	Chief Nursing Officer
12.00	2.4	Complaints Report	Report	Chief Nursing Officer
12.10	2.5	NHSR Maternity 10 Point Plan – progress report	Report	Chief Nursing Officer
12.20	2.6	Safe Staffing annual report	Report	Chief Nursing Officer
12.30	2.7	Quality Strategy 2019-2022	Report	Chief Medical Director
12.40	2.8	Patient and Public Engagement and Experience Strategy 2019-2022	Report	Chief Nursing Officer
12.50	2.9	Integrated Performance Report, including 2.9.1 Presentation on the new standards *(Board action 02.05)*	Report Pres.	Chief Operating Officer

		2.9.2 People performance report	Report	Director of HR & OD
	3.0	**STRATEGY**		
13.00	3.1	EPR Programme update	Report	Chief Information Officer
	4.0	**GOVERNANCE**		
13.05	4.1	Guardian of Safe Working Report Q4	Report	Chief Medical Officer
	5.0	**ITEMS FOR INFORMATION**		
13.10	5.1	Questions from members of the public	Verbal	Deputy Chairman
13.20	5.2	Any other business	Verbal	Deputy Chairman
13.25	5.3	Date of next meeting – 5 September 2019		
13.30		Gold Accreditations – presentation	Verbal	Chief Nursing Officer

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Chelsea and Westminster Hospital NHS Foundation Trust
Register of Interests of Board of Directors

Name	Role	Description of interest	Relevant dates		Comments
			From	To	
Sir Thomas Hughes-Hallett	Chairman	Director of HelpForce Community	April 2018	Ongoing	
		Chair of Advisory Council, Marshall Institute	June 2015	Ongoing	
		Trustee of Westminster Abbey Foundation	April 2018	Ongoing	
		Chair & Founder HelpForce	April 2018	Ongoing	
		Son and Daughter-in-law – NHS employees	April 2018	Ongoing	
		Visiting Professor at the Institute of Global Health Innovation, part of Imperial College	April 2018	Ongoing	
		Partner- Nala Ventures Investments	March 2019	Ongoing	
Nilkunj Dodhia	Non-executive Director	Directorships held in the following:			
		Turning Points Ltd	April 2018	Ongoing	
		Express Diagnostic Imaging Ltd	April 2018	Ongoing	
		Express Healthcare	April 2018	Ongoing	
		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);	April 2018	Ongoing	
		Owner of Turning Points Ltd	April 2018	Ongoing	
		Owner of Express Diagnostic Imaging Ltd	April 2018	Ongoing	
		Owner of 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);	April 2018	Ongoing	
		Examiner of St. John the Baptist Parish Church, Old Malden	April 2018	Ongoing	
		Spouse – Assistant Chief Nurse at University College London Hospitals NHS FT	April 2018	Ongoing	
Nick Gash	Non-executive Director	Trustee of CW + Charity	April 2018	Ongoing	
		Associate Director Interel (Public Affairs Company)	April 2018	Ongoing	
		Lay Advisor to HEE London and South East for medical	April 2018	Ongoing	

		recruitment and trainee progress			
		Lay member North West London Advisory Panel for National Clinical Excellence Awards	April 2018	Ongoing	
		Spouse - Member of Parliament for the Brentford and Isleworth Constituency	April 2018	Ongoing	
Stephen Gill	Non-executive Director	Owner of S&PG Consulting	May 2014	Ongoing	
		Chair of Trustees, Age Concern Windsor	Jan 2018	Ongoing	
		Shareholder in HP Inc	April 2002	Ongoing	
		Shareholder in HP Enterprise	Nov 2015	Ongoing	
		Shareholder in DXC Services	April 2017	Ongoing	
		Shareholder in Microfocus Plc	Sept 2017	Ongoing	
Eliza Hermann	Non-executive Director	Board Trustee: Campaign to Protect Rural England – Hertfordshire Branch (2013 – present)	2013	Ongoing	
		Committee Member, Friends of the Hertfordshire Way (2013 – present)	2013	Ongoing	
		Close personal friend – Chairman on Central & North West London NHS Foundation Trust	April 2018	Ongoing	
Jeremy Jensen	Non-executive Director	Directorships held in the following:			
		Stemcor Global Holding Limited;	April 2018	Ongoing	
		Frigoglass S.A.I.C;	April 2018	Ongoing	
		Hospital Topco Limited (Holding Company of BMI Healthcare Group)	Jan 2019	Ongoing	
		Owner of JMJM Jensen Consulting	Jan 2019	Ongoing	
		Connections with a voluntary or other organisation contracting for or commissioning NHS services: Member of Marie Curie (Care and Support Through Terminal Illness)	April 2018	Ongoing	
Dr Andrew Jones	Non-executive Director	Directorships held in the following:			
		Ramsay Health Care (UK) Limited (6043039)	01/01/2018	Ongoing	
		Ramsay Health Care Holdings UK Limited (4162803)	01/01/2018	Ongoing	
		Ramsay Health Care UK Finance Limited (07740824)	01/01/2018	Ongoing	
		Ramsay Health Care UK Operations Limited (1532937)	01/01/2018	Ongoing	
		Ramsay Diagnostics UK Limited (4464225)	01/01/2018	Ongoing	
		Independent British Healthcare (Doncaster) Limited (3043168)	01/01/2018	Ongoing	
		Ramsay UK Properties Limited (6480419)	01/01/2018	Ongoing	
		Linear Healthcare UK Limited (9299681)	01/01/2018	Ongoing	

		Ramsay Health Care Leasing UK Limited (Guernsey) Guernsey (39556)	01/01/2018	Ongoing	
		Ramsay Health Care (UK) N0.1 Limited (11316318)	01/01/2018	Ongoing	
		Clifton Park Hospital Limited (11140716)	01/07/2018	Ongoing	
		Ownership or part-ownership of private companies, businesses or consultancies:			
		A & T Property Management Limited (04907113)	01/07/2014	Ongoing	
		Exeter Medical Limited (05802095)	01/12/2018	Ongoing	
		Independent Medical (Group) Limited (07314631)	01/01/2018	Ongoing	
		Board member NHS Partners Network (NHS Confederation)	01/01/2018	Ongoing	
Elizabeth Shanahan	Non-executive Director	Owner of Santé Healthcare Consulting Limited	01/04/2018	Ongoing	
		Shareholder in GlaxoSmithKline PLC	01/04/2018	Ongoing	
		Shareholder in Celgene	01/04/2018	Ongoing	
		Shareholder in Gilead	01/04/2018	Ongoing	
		Shareholder in Exploristics	01/04/2018	Ongoing	
		Shareholder in Official Community	01/04/2018	Ongoing	
		Shareholder in Park & Bridge	01/04/2018	Ongoing	
		Shareholder in Captive Health	01/04/2018	Ongoing	
		Shareholder in Cambrex	01/04/2018	Ongoing	
		Shareholder in Illumina	01/04/2018	Ongoing	
		Shareholder in Vertex	01/04/2018	Ongoing	
		Shareholder in MPX International	01/04/2018	Ongoing	
		Director and shareholder: One Touch Telecare Ltd	01/04/2018	Ongoing	
		Director and shareholder: Kingdom Therapeutics	2019	Ongoing	
		Trustee of CW+ Charity	01/04/2018	Ongoing	
Lesley Watts	Chief Executive Officer	Trustee of CW+ Charity	01/04/2018	Ongoing	
		Husband—consultant cardiology at Luton and Dunstable hospital	01/04/2018	Ongoing	
		Daughter—member of staff at Chelsea Westminster Hospital	01/04/2018	Ongoing	
		Son—Director of MTC building constructor	01/04/2018	Ongoing	
Sandra Easton	Chief Financial Officer	Sphere (Systems Powering Healthcare) Director representing the Trust	01/04/2018	Ongoing	
		Treasurer—Dartford Gymnastics Club	01/04/2018	Ongoing	
		Chair—HfMA Sustainability	01/04/2018	Ongoing	
		Trustee HfMA (Healthcare Financial Management Association)	07/12/2018	06/12/2021	Trustee of charity. Non-financial

					professional interest. Approved by CEO 3 year term envisaged. HfMA is a provider of NHS finance education and the Trust has a contract for both the provision of such services and ongoing membership to HfMA. Conflict of interest will be managed by DDoF assuming responsibility for the contract and any future tenders.
		School Governor at Sutton-at-Hone CofE Primary School	01/09/2019	31/08/2019	Co-opted governor of local primary school attended by 2 of my children. Indirect interest. Initially a 1 year term but may be extended.
Robert Hodgkiss	Chief Operating Officer	No interests to declare.			
Pippa Nightingale	Chief Nursing Officer	Trustee in Rennie Grove Hospice	2017	Ongoing	
		CQC specialist advisor	2016	Ongoing	
		Specialist advisor PSO	2017	Ongoing	
Dr Zoe Penn	Chief Medical Officer	Trustee of CW + Charity	01/04/2018	Ongoing	
		Daughter – employed by the Trust	01/04/2018	Ongoing	
		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)	01/04/2018	Ongoing	
Thomas Simons	Director of HR & OD	Nothing to declare			
Chris Chaney	Chief Executive Officer CW+	Trustee of Newlife Charity	June 2017	Ongoing	
Dr Roger Chinn	Deputy Medical Director	Private consultant radiology practice is conducted in partnership with spouse.	1996	Ongoing	
		Diagnostic Radiology service provided to CWFT and independent sector hospitals in London (HCA, The London Clinic, BUPA Cromwell)	01/04/2018	Ongoing	

Iain Eaves	Director of Improvement	Employee, NHS England	28/01/2019	27/01/2020	Seconded from NHS England for a period of 12 months. Will be recused from matters where there is a potential conflict of interest involving NHS England.
Kevin Jarrold	Chief information Officer	CWHFT representative on the SPHERE board	01/04/2018	Ongoing	
		Joint CIO role Imperial College Healthcare NHS Trust / Chelsea and Westminster Hospital NHS Foundation Trust	01/10/2016	Ongoing	
Martin Lupton	Honorary NED, Imperial College London	Employee, Imperial College London	01/01/2016	Ongoing	
Sheila Murphy	Interim Company Secretary	Nothing to declare			

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

DRAFT Minutes of the Board of Directors (Public Session)
Held at 11.00 on 02 May 2019, Boardroom West Middlesex Hospital

Present:	Sir Thomas Hughes-Hallett	Trust Chairman	(THH)
	Nilkunj Dodhia	Non-Executive Director	(ND)
	Sandra Easton	Chief Financial Officer	(SE)
	Nick Gash	Non-Executive Director	(NG)
	Stephen Gill	Non-Executive Director	(SG)
	Eliza Hermann	Non-Executive Director	(EH)
	Rob Hodgkiss	Chief Operating Officer	(RH)
	Jeremy Jensen	Non-Executive Director	(JJ)
	Andy Jones	Non-Executive Director	(AJ)
	Pippa Nightingale	Chief Nurse	(PN)
	Liz Shanahan	Non-Executive Director	(LS)
	Lesley Watts	Chief Executive	(LW)
In Attendance:	Chris Chaney	CEO, CW+	(CC)
	Roger Chinn	Deputy Medical Director	(RC)
	Vida Djelic	Board Governance Manager	(VD)
	Iain Eaves	Director of Improvement	(IE)
	Kevin Jarrold	Chief Information Officer	(KJ)
	Sheila M Murphy	Interim Company Secretary	(SM)

1.0	GENERAL BUSINESS
1.1	**Welcome and apologies for absence** The Chairman welcomed Board Members, and those in attendance, to the meeting including members of the public specifically Andy Pigott, NHS Professionals and Jack Serle, Health Service Journal. Apologies were received from Zoe Penn and Martin Lupton.
1.2	**Declarations of Interest** The new format for presenting declarations was noted. THH reported that he has taken on the role of Convenor for London acute and ambulance trust Chairs. ND reported that he has taken on the role of Chair of the National Advisory Panel Clinical Excellence Awards.
1.3	**Minutes of the previous meeting held on 10 January 2019** The minutes of the previous meeting awaited Board review before final approval.
1.4	**Matters arising and Board action log** JJ confirmed to the THH and the Board that the Council of Governors had approved the recommendation of the Governors' Nomination and Remuneration Committee that THH's term office should be extended for up to a further three years on expiry of his current term. TS would

	send a letter of confirmation. 1.4 Membership: DC will bring a paper on membership strategy to July Board 5.1 Car Parking: It was noted that LW would provide an update at July Board It was confirmed in response to SG that the staff Governors had not met with THH despite meeting dates and times being offered. LW informed the Board that she had personally discussed with them their role therefore it was agreed that the offer to meet would be diarised for review in 12 months. **Action: TS - letter of confirmation to be sent to THH** **DC to bring a paper on membership strategy to July Board** **LW to provide and update on car parking to July Board** **SMM to review in 12 months staff Governors meeting with THH** The action log was noted.
1.5	**Chairman's Report** THH presented the report which was taken as read. THH informed the Board that he had spent time with LW in preparation for the planned meeting with David Sloman (DS). **The Chief Executive's Report** The CEO presented the report which was taken as read. LW drew attention to the Proud Award winners specifically the hand clinic and their exceptional work. LW also highlighted: • Concerns raised nationally with regard to alcohol consumption by healthcare professionals • Rainbow badges and the Trust's commitment to inclusivity • EU Exit plans paused as all preparation is complete and the Trust ready for the next phase • Partnership working relationship remained good from the borough through to NWL footprint with all the executives involved and in the knowledge that whilst the financial position of NWL was not satisfactory it was hoped that with SE's lead this would improve • The Team Briefing and other national updating papers were attached for information • The CEO bulletin will be attached in future • The Macmillan centre in Chelsea out-patients' department opening took place on 1 May • Plans continued for the Westminster Abbey celebration on 23 May JJ raised the recent national press interest in blood transfusions and was reassured by LW that it was an historic review with evidence gathering having taken place over many years. SG commented on the fascinating tour of PICU/NICU that had recently taken place noting it to be a world class facility. LW informed the Board that the Reuben's maternity centre would also open the following week. JJ, LS, NG all commented on the positive staff comment and involvement of patients' views. It was noted that the maternity website interest had increase by 60% over the year indicating the success of good communications particularly with the structured approach that CC was brining to the team. Discussion took place around the use of the A&E app with LW commenting that patients make choices based on many criteria; there remained for the Trust a duty to see patients as they attended, to plan against trends and to look at how NWL provides services over time. **Action: CEO bulletin to be attached to future CEO reports**

2.0	**QUALITY/PATIENT EXPERIENCE AND TRUST PERFORMANCE**
2.1	**Patient/staff experience story** The Board welcomed Dr Shweta Gidwani (SGi), Consultant, A&E, who presented to the Board how formal recognition and feedback of good practice to colleagues generated positive conversations at work shifting the focus of learning from the negative to positive. It was noted that such positive behaviour improved clinical outcomes and staff wellbeing. Staff and peer feedback had been established giving individual feedback to staff and collective feedback to all staff with reporting tripling in the first year and staff wanting to be Champions for the scheme. The method of reporting was explained to the Board and that the member of staff would receive a letter detailing the positive feedback. Whilst it was acknowledged the time taken to send the letter was lengthy, it was noted to be unrealistic to have a much shorter turnaround time. The next steps in the program would be individual case analysis similar to an SI process incorporated into the clinical governance days. The difference between Friends and Family feedback was discussed with LW informing the Board that when compliments are received or if notified via the CEO's office, LW immediately writes to the member of staff. RC raised for future discussion whether the volunteers could assist in any way. EH acknowledged the excellence in reporting and positive learning from fellow staff members but queried how such learning was embedded. SGi reiterated that the clinical governance days would be the way to do so and that some trusts use datix to report. Following on from NG noting that staff could put such comments on their Clinical Excellence Award applications, SGi also informed the Board that such comments would be included in their portfolio. LW noted it was important for the individual department to own the scheme and that some departments such as the burns team run a similar scheme. The Board thanked SGi for the informative and positive presentation.
2.2	**Quality Improvement update** IE presented the report noting that the CIP target 2018/19 had been met with a target for the next year of 25million. The hard work continued on other programmes and identifying new opportunities. IE outlined progress against the 147 CQC actions reporting that 123 were completed with 24 moved to green status. IE noted the interest generated around quality improvement days with quality improvement becoming a greater focus. LW commented on the events and ideas that were being produced such as the presentation around mouth care and hospital acquired pneumonia which further to the improvement project had been implemented on one ward then across the Trust and resulted in a reduction in hospital acquired pneumonia. THH commented that whilst Chair at Marie Curie the improvement leads regularly met which had been very useful and asked if it would be an option with Imperial. IE responded that discussion is already underway with Imperial regarding their improvement approach with significant scope to look at how improvement is addressed and the use of a common language around the subject. LW informed the Board that there is also a clinical board that sits across the whole of NWL which includes our GP colleagues and looks at clinical strategy and specific projects. In response to AJ asking how such discussions are followed through IE reiterated that the events as previously mentioned are part of the process but also the proposal is to engage clinicians more and possibly have a portal for them through which to raise ideas. However, IE commented that a systematic approach is required and a need to build a community in which clinicians can learn through

	discussion with each other. To promote this two innovation business partners are being brought in to the Trust. IE also commented that the staff survey had identified staff do feel able to contribute to improvement. RC reminded the Board of the leadership programme noting that around 700 staff had been brought through the programme. JJ commented that the quality priorities were chosen because they are challenging and that it would be preferable they were presented before the financial information. The Board noted the report.
2.3	**Learning from Serious Incidents (SIs) Report** PN presented the report highlighting to the Board that here had been 78 SIs and four never events in the year 2018/19. An increase was seen in falls, as anticipated because of the change in reporting, and maternity, again anticipated due to the change in reporting of incidents involving babies. It was noted that it was very difficult to find one appropriate measure to reduce falls. PN reported the sustained decrease in pressure ulcers over the past three years could be improved further and see a reduction in grade 2 pressure ulcers with new scanning technology enabling detection of pressure ulcers 72 hours before visible to the naked eye. JJ noted that before the winter a process was instituted that very sick patients were located in one area and also a process for the medical emergency team to identify and care for deteriorating patients since which time there had been no SIs reported for the service. EH raised concern about the four never events however it was noted no harm to patients arose from them unlike the SIs which identified a need to increase safety to reduce harm. EH also raised concern about overdue actions with 33% concerning the capture/sharing of learning despite the non-executive directors challenging on this issue. EH informed the Board that non-executive directors were now to be involved in the SI review panel process with EH and LS attending the next two reviews and would report back to the Quality Committee. EH explained that Lizzie Wallman or PN would inform the non-executive director and of the investigation time which was variable depending on the circumstances of the incident. In response to THH's query on transparency PN assured the Board that if a never event is suspected it is reported to NHSE, the CQC and the CCG and agreement is usually reached as to whether the circumstances constitute a never event, however regardless of the decision the Trust investigates the matter. SG drew attention to chart 3 of the report noting the WM site showed an increase in comparison with previous years which was discussed in the Quality Committee with the CW site showing an increase in the second half of the year albeit a reduction overall. EH responded that in the last 12 months the WM had more SIs than the CW therefore PN had been directed to look into the issue which it was thought may be influenced by the type of patient at WM i.e. often frail, with more co-morbidities and generally a more non-elective patient group. However, it had been confirmed they were not contributing factors and PN would consider other possibilities. In response PN informed the Board that there had been an increase largely due to the new maternity reporting with the Trust being one of the first in the country to adopt the Healthcare Safety Investigation Branch (HCIB) criteria. RC informed the Board that the Trust does not wait for the investigation to be completed before taking any identifiable action. LW acknowledged that learning needed to improve which was being addressed through clinical governance days but there was also a need to ensure matters were closed off on Datix. The Board noted the report

2.4	**Mortality Surveillance Q4 Report** RC introduced the report noting a typographical error on page 2 which should have read as follows: "Improving relative risk of mortality has been experienced across both sites since March 2017. During the 12 month period to end of December 2018 the HSMR relative risk of mortality at ChelWest was 68.1 (62.1-74.6); at WestMid it was 75/7 (70.3-81.3), both sites performed below the expected range." RC went on to highlight to the Board the assurance provided by being below the expected range. It was noted that the data was improving with Q4 having nine cases where it was thought care may have been suboptimal – in such cases consideration was given to whether or not it was an incident and if not, the case would go through the usual review. RC confirmed that the data is looked at in detail across both Trust sites including services and themes and is discussed at the Quality Committee. The Board noted the report.
2.5	**Integrated Performance Report including:** RH presented the report noting that A&E was the best performing in London at 95.9% against the standard and for the year at 94.9% in the top 10 nationally. The Trust was compliant with RTT and Cancer services standards in March and for the year. The Diagnostic Wait metric improved from the start of the year and end the year compliant at 99%. It was noted that the new standard was a work in progress with two six week testing periods the first of which is in May. EH commented on the different matrix used by the Commissioners and whether they had been brought into alignment to which SE responded that there had been success in bringing the CGs together and they now ask for the same information and measure in the same way. THH expressed interest in receiving information about the targets being set for WM regarding operational performance improvements. **Action: RH will provide a presentation to Public Board in July on the new standard** **Action: Board to be updated with information on WM targets for operational performance improvement** The Board noted the report. **2.5.1 People Performance Report** TS presented the report referring to the four categories set out on slide 1 and noting that nationally the Trust was in the top quarter for training and sickness with turnover at medium nationally and although national data was not available, the Trust was one of the best performing in London for vacancies. TS commented that sickness had increased however this was due to a mixture of the role out of rostering and a greater focus on managers managing rostering. It was reported there needed to be a greater focus on cost spend and how to reduce the vacancy rate as significant amount was still being spent on agency staff. RH commented on the temporary staff spend noting that each doctor costs approximately 35 – 65k more if an agency was used so the 24 doctors just recruited from India would save approximately 1

	million. TS agreed noting that it still required a good overview of the numbers of staff coming through to get better control in response to which JJ asked for more detail to be provided when TS next reports to Board. In response to ND's query about the increased voluntary turnover of 1:6 TS noted that the number was decreasing. RH commented on the work that had been undertaken including stay/leaver surveys which gave very different results on each site but overall a decrease was noted. RH also informed the Board that there are different incentive schemes on both sites. RC commented on the importance of taking into account the number of returners to the Trust. TS responded to LS that the European workforce at the Trust is not broken down by professional group but does constitute 13% of the workforce, one of the largest in London and of significant relevance to soft FM such as ISS. TS informed the Board that drop in sessions continued for those with concerns about the effect of EU Exit on their employment/status with two taking place with our external legal advisors in the past month and commented that the specific data could be considered and reported back to Board. In addition HR support continued and LW had written to all concerned all of which LW noted had received good feedback from staff.
3.0	**People**
3.1	**2018 National Staff Survey results** TS presented the results of the survey noting there were 10 themes some of which some would require more attention than others such as Equality, Diversity and Inclusion. Progress had been made in some of the WRES data but recruitment and promotion around race equality needed to improve. An action plan would be brought to Board in September. TS informed the Board that divisional plans existed and that HROD priorities would be discussed at the Board Away in June. SG commented that it was recognised the WRES data needed action and whilst progress was being made it remained a serious issue, especially recruitment, performance and disciplinary processes all of which would take time to address. It was noted that reference to the "sector" regarding violence towards members of staff required definition as it stated the "sector" was not a safe place to work. LW responded that the issue is taken very seriously both by the Trust's executives and across London. RH noted that WM is a mental health site and has already had an increase in security around A&E. PN informed the Board that the Trust's Security Group met on 1 May and noted the work required to educate staff on how to manage situations as 60% of reported incidents involved dementia and mental health patients. LW agreed noting that it reflected the demographics of the site with a low elective workload. JJ noted that if the law is broken it should not be tolerated and commented on the London wide campaigning to protect staff and whether our staff were aware they had support. THH agreed that more time needed to be spent raising the issue, understanding it and the impact on those involved. ND commented on the high number of staff that had experienced violence and aggression from managers and questioned how the question in the survey was phrased. AJ commented on the need to identify whether there was significant violence or e.g. a minor scratch. TS commented he would report back in six months on progress detailing where the Trust is on priorities and delivery; the diagnostics of the report would be shared with Board in advance of the Board Away Day. **Action: TS noted that an action plan on areas of improvement would be brought to Board in September.** **Action : TS report to Board in November on priorities and delivery**

	Action: TS to share diagnostics in advance of Board Away Day The Board noted the report.
4.0	**Strategy**
4.1	**2019/20 Operational Plan** SE presented the report informing the Board of the requirement to submit an annual plan to NHSE which had taken place on 4 April 2019 for the year 2019/20. SE set out the seven key elements: • Strategic Priorities • Activity Planning • Operational Performance • Quality Planning • Workforce Planning • Financial Planning • Consistency with STP plan THH commented that the Board had previously seen the plan. In response to NG asking for the position of the Trust in consideration of the plans of the STP, other organisations and their potential impact on delivery, LW informed the Board that regular discussions take place with NHS London (NHSE/I). LW also informed the Board that there are a number of CCGs in deficit and one Trust unable to sign up to their control total. However work undertaken by SE should enable plan delivery for the year as a whole and over the next three years achieve a sustainable plan for the sector. NG specifically asked if there was reasonable confidence that there was nothing in the rest of the STP that will derail the plan and was assured there was nothing with the aim being to improve the overall plan not just that of the Trust. LW confirmed to THH that NICU is not relevant to the Royal Brompton Hospital configuration. The Board noted the report.
4.2	**EPR Programme update** KJ presented the report noting there was external assurance on the first gateway of phase 2. The second will go to the EPR programme board and then to FIC. KJ highlighted areas of focus for phase 2 specifically training, strategy and planning with the network upgrade programme to complete at the CW site in June and at a later date at the WM site which will give greater cyber security. ND commented that phase 2 was a big undertaking but that he received assurance around training and testing. EH raised concern around phase 2 at the CW site having the impression that the WM clinicians already have it in place and are better used to the processes than those at the CW site; LW commented that although there was no doubt it was slightly different at CW, discussions had taken place. RC noted that the biggest risk at CW was probably around the administrative processes rather than clinical awareness. In response to THH asking if there had been sufficient financial investment in what was considered the Trust's single biggest risk, JJ commented that that issue was addressing the number of people and communications programme around the programme and managing the process. It was noted that ND and JJ along with LW and SE would need to liaise if there was likely to be a need for further funding. RC referred the Board to the slide of the presentation concerning test beds and that a report would be taken to the Quality Committee (QC) in September.

	Action: RC to report to QC in September on test beds.
5.0	**GOVERNANCE**
5.1	**End year report on use of Company Seal** The Board noted the report.
6.0	**ITEMS FOR INFORMATION**
5.1	**Questions from members of the public** There were no questions raised by the public.
5.2	**Any other business** No other business was raised.
5.3	**Date of next meeting** – 04 July 2019

Meeting closed at 13.00

Trust Board Public – 2 May 2019 Action Log

Meeting Date	Minute number	Subject matter	Action	Lead	Outcome/latest update on action status
02.05.19	1.4	Matters arising and Board action log	TS - letter of confirmation to be sent to THH.	TS	Complete.
			DC to bring a paper on membership strategy to July Board.	DC	This is on current agenda.
			LW to provide and update on car parking to July Board.	LW	This is on current agenda.
			SMM to review in 12 months staff Governors meeting with THH.	SMM	This is on forward plan for review in May 2020.
	1.5	Chairman's Report	Action: CEO bulletin to be attached to future CEO reports.	CEO	This is appended to the CEO Report.
	2.5	Integrated Performance Report	Action: RH will provide a presentation to Public Board in July on the new standard.	RH	This is on current agenda.
			Action: Board to be updated with information on WM targets for operational performance improvement.	RH	Verbal update.
	3.1	2018 National Staff Survey results	Action: TS noted that an action plan on areas of improvement would be brought to Board in September.	TA	This is on forward plan for September.
			Action: TS report to Board in November on priorities and delivery.	TS	This is on forward plan for November.
			Action: TS to share diagnostics in advance of Board Away Day.	TS	Complete.

	4.2	EPR Programme update	Action: RC to report to QC in September on test beds.	RC	This is on forward plan for September.
07.03.19	2.3	Serious Incidents Report	Action: PN to take report further on HSIB to the Quality Committee.	PN	Verbal update.
10.01.19	1.6	Chief Executive's Report	Action: Impact of ambulatory care to be reviewed by FIC.	RH	This will be scheduled and the correct route to Board followed.
	2.4.2	People report	Action: A report on the Trust's relationship with the trades unions to be brought to a public Board at a future date, once the new Director of HR was in post.	TS	This will be put on the Board forward plan later in 2019.
	2.5	Mortality surveillance Q2 report	Action: Board development session at a future date to be scheduled on Mortality Review process.	SMM/ZP	To be scheduled as part of forward planning.

Membership Engagement and Communications Strategy 2019 – 2021

Introduction and Background

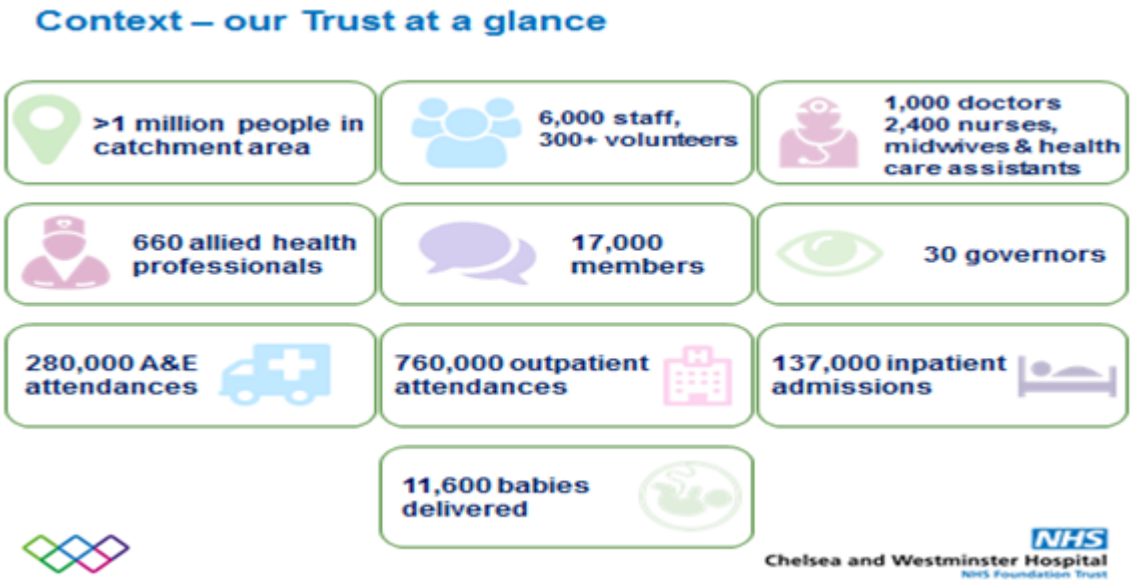
At Chelsea and Westminster Hospital NHS Foundation Trust we value our Governors and members who directly represent the patient the patients, staff and public it serves.

The Chelsea and Westminster Hospital NHS Foundation Trust (the Trust) developed its initial Membership Strategy in 2006 as part of its work to become an NHS Foundation Trust. Following the acquisition of the West Middlesex University Hospital NHS Trust (WMUH) on 1 September 2015 a further plan had been developed (2015-2016) to ensure that the Trust's membership base was representative of the Trust's increased patient population base post-acquisition; reflecting the communities that the Trust serves with Governors actively representing the interest of members as a whole and the interests of public. Our Membership helps us ensure patients and our communities have a voice in how we run our services and the improvements we make in our Trust.

Our members elect our Governors who in turn hold our Board and non-executives to account for the way they manage our hospitals.

During 2018, the Membership and Engagement Committee (a sub-committee of the Council of Governors), reviewed the 2016 – 2018 strategy to ascertain what was working well and where further focus is required. In addition, a survey of all its patient and public members was conducted to determine how the Trust can increase the active engagement of its members. The outputs of both of these activities have informed this membership engagement and communications strategy.

About our services



About our members

Analysis of the Trust's membership as at end May 2019.

	Public Constituencies	Patient Constituencies	Total
Out of Trust Area	543	1,953	2,496
City of Westminster	754	597	1,351
London Borough of Ealing	276	318	594
London Borough of Hammersmith and Fulham	1,521	845	2,366
London Borough of Hounslow	812	305	1,117
London Borough of Richmond upon Thames	423	177	600
London Borough of Wandsworth	876	563	1,439
Royal Borough of Kensington & Chelsea	1,917	929	2,846

Public Membership

The Trust's public membership covers the following boroughs and are represented on the Council of Governors by the number of seats indicated below;

- Royal Borough of Kensington and Chelsea – 2 seats
- London Borough of Hammersmith and Fulham – 2 seats
- The City of Westminster – 2 seats
- London Borough of Wandsworth – 2 seats
- London Borough of Hounslow – 2 seats
- London Borough of Richmond upon Thames – 2 seats
- London Borough of Ealing – 1 seat

To be eligible for membership a person must reside within one of the specified boroughs, be aged 16 years or over and not be eligible for staff membership.

Staff membership

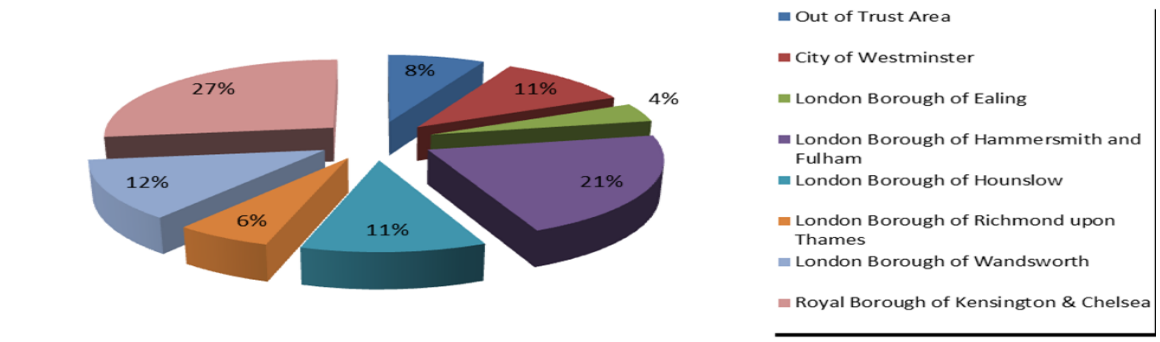
The Trust currently employs circa 5,831 staff.

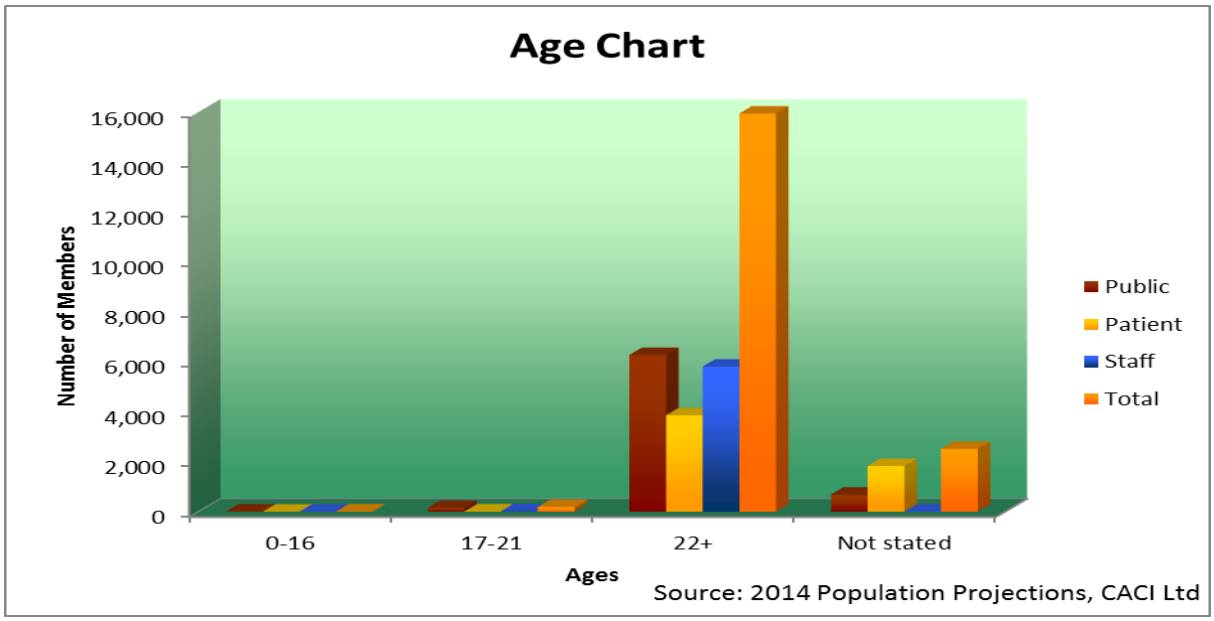
The Staff membership is split into six classes which are based on professional groupings (role definitions). The staff classes each have a Governor representative on the Trust's Council of Governors. All employed staff are automatically opted in unless they opt out.

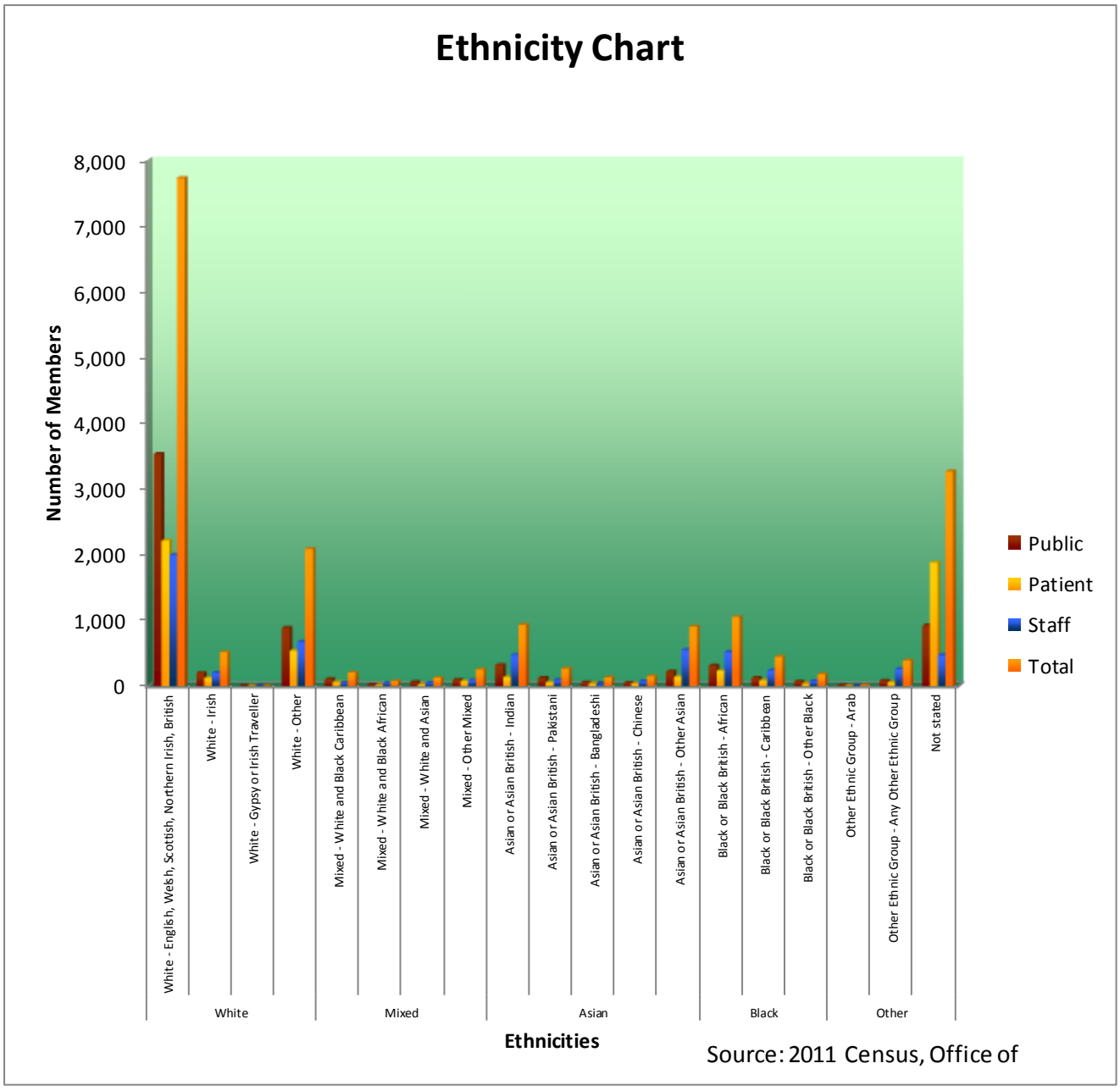
Patient membership

The Trusts patient membership is made up of individuals who have attended any of the Trust's hospitals as either a patient or as the carer of a patient for a period of three years immediately preceding the date of an application to become a member of the Trust.

Active Constituency - Public members Chart






Ethnicity Chart
Number of Members
8,000
7,000
6,000
5,000
4,000
3,000
2,000
1,000
0
White - English, Welsh, Scottish, Northern Irish, British
White - Irish
White - Gypsy or Irish Traveller
White - Other
Mixed - White and Black Caribbean
Mixed - White and Black African
Mixed - White and Asian
Mixed - Other Mixed
Asian or Asian British - Indian
Asian or Asian British - Pakistani
Asian or Asian British - Bangladeshi
Asian or Asian British - Chinese
Asian or Asian British - Other Asian
Black or Black British - African
Black or Black British - Caribbean
Black or Black British - Other Black
Other Ethnic Group - Arab
Other Ethnic Group - Any Other Ethnic Group
Not stated
White
Mixed
Asian
Black
Other
Ethnicities
Public
Patient
Staff
Total
Source: 2011 Census, Office of

The Value of the Membership

Membership plays a vital part in the life of the hospital and its effectiveness lies in a major part within the operation of the Membership and Engagement Committee. The more members are active in their communication and involvement with the hospital, the more the hospitals can align their operations, funding and staffing to meet its constituent's requirements.

The Trust is responsible for growing the membership numbers and stimulating members' interaction with the hospital through the governors, e.g. making members aware of events and through such channels as the trust magazine, e-newsletter and e-mail, the membership database and community meetings led by appropriate members of the Trust.

Large numbers of active members of the Trust are essential for the election of capable governors. It is imperative that a good constructive relationship exists between the members and the governors, so that governors can keep the hospitals' management teams informed of their standing in the community without which both hospitals may not be sufficiently able to meet the real needs of their patients.

Which Trust staff are responsible for membership?

The Trust's Governance Manager and Membership Officer are responsible for membership engagement and recruitment. The Communications Team is responsible for supporting the Membership Officer in preparing communication, recruitment and engagement materials.

The Membership and Engagement Sub-Committee of the Council of Governors, which is chaired by a Governor, oversees the Membership Engagement & Communication Strategy.

Membership Database Management

The Trust has contracted Membership Engagement Services to manage its membership database ensuring that the information is accurate, secure, reflects the Trust's constitution and supports the Trust's governance arrangements and elections.

The Trust's Membership Officer has full access to the system and part of this strategy will be to fully utilise the system to improve communication and active engagement of our membership.

What does the Membership Strategy cover?

This strategy focuses on the two key objectives of membership activity:

- Objective 1: Maintain and build membership numbers whilst ensuring the membership is representative of the population the Trust serves
- Objective 2: Effectively engage and communicate with members
- To support the hospital to use feedback for effective change of services

Objective 1: Maintain and build membership numbers whilst ensuring the membership is representative of the population the Trust serves

Plans for future membership recruitment to achieve the objective 1

This strategy will focus on effective recruitment within the constituencies that were acquired as part of the acquisition, namely London Borough of Hounslow & London Borough of Richmond Upon Thames. Approximately two thirds of patients attending West Middlesex Hospital are from Hounslow and one third from Richmond. In addition, there will also be a focus on the London Borough of Ealing as the numbers of patients attending West Middlesex is increasing since the closure of the A&E and maternity services at Ealing.

Our younger people (162) population group are most under-represented and people from some BAME ethnic communities in our constituencies.

We currently have 162 members who are between 16-21 years across all our constituencies we aim to double our 16-21 year old members over the next three years.

Notwithstanding the proposed focus on recruitment in the BAME communities in the public constituencies acquired in September 2015, the Trust will continue with on-going recruitment across all of its constituencies via the website, engagement events such as open days, members meetings, 'Your Health' Seminars and regular Meet a Governor sessions.

The Governance Manager and Membership Officer in conjunction with the Council of Governors will lead the membership activities. Governors play a key role in relation to member recruitment and engagement acting as an important link between the members and the Trust and will support the Membership Officer with the planned events.

The Trust will raise awareness and promoted benefits of its membership through a variety of communications channels, including:

- The Trust website – dedicated membership page including an online application form
- The Trust magazine *Going Beyond* – advertising membership in every edition
- E-News
- Membership application forms on display across both sites
- Trust information screens across both sites
- Hosting and attending local events
- Open Day & Christmas events
- Annual Members' Meeting
- Meet a Governor sessions in the hospitals and the community
- 'Your Health' Seminar
- Developing links with the Trust's Charity CW+

The recruitment plan is to recruit at all levels of the community ensuring regardless of an individuals protected characteristic for example age (members must be 16+), gender, ethnicity, disability, sexual orientation or religion thereby providing a good balance of opinion and participation with the Trust. The governors and the Trust will always strive to recruit members that are representative of their local community's profile.

Membership figures will be monitored by the Council of Governors Membership and Engagement sub-committee on a half yearly basis.

One of our aims across all our constituencies is to increase our young members. Starting from summer 2019 we will identify events taking place in commercial Shopping centres within our constituencies that will attract people and provide opportunities to recruit.

We will request for a space at these events and attract potential members to our stalls and some giveaways can be offered only in return for a completed membership form.

We would contact local colleges and universities, requesting to have a stall at any open days or events, once a relationship is established, we can partner with the trust recruitment department to have a stall at local career fairs where we can recruit and also have an opportunity to encourage potential members to apply for roles within our trust.

The membership team will research on topics of interest, that the young people will respond to and organise a Health Seminar to engage with them. These seminars will have to be held at the various Colleges/Universities, ranging from health topics, to courses, NHS careers to Trust Membership. This is likely to capture their interest and will also see the NHS Trust as a wider organisation which will support their career decisions and choices.

Once we increase the young people group we could either create a youth board to link with the governors or encourage a few of them to participate in the Trusts various committees.

Our Trust encompasses an ethnically diverse region in London. Our membership analysis shows that our BAME group in our constituencies could be better represented; we therefore would increase by engaging more with the BAME group concentrating more in the Ealing, Hounslow and Richmond areas.

We plan to ensure that we have more representation from the various communities by exploring existing networks and contacts in faith groups, churches, mosques, temples and community association groups.

Development of a representative and active membership

Regular analysis of the membership database using a range of protected characteristics (age, gender, etc.) and by borough comparing the overall membership to the population will be undertaken to help the Trust work towards further developing a membership that is representative of the communities the Trust serves.

The profile of the membership by ethnic grouping when compared to the local population of each constituency is reasonably balanced. However it is recognised that membership recruitment should continue to reflect the different ethnic profiles of each constituency.

Objective 2: Effectively engage and communicate with members

The Trust is committed to maintaining a two-way dialogue with its membership by promoting work of the Trust and its Governors and identifying opportunities for communication between Members and Governors.

The Membership Officer will develop stronger working relations with Healthwatch, local Clinical Commissioning Groups and other key stakeholders to ensure we hear the views of 'seldom heard' groups within in our communities and ensure we listen and act on any issues voiced. This will include using existing communications channels used by key stakeholders to effectively engage with their members.

Alongside membership recruitment, it is important that we understand the needs of our members and learn about their experience of treatment and services. Therefore, we will seek ways to work alongside the patient experience team and support the gathering of this information through effective engagement with our existing membership base.

Under the Health and Social Care Act 2012, Governors are required to ensure that they represent the interests of the membership and public as a whole. To this end the Trust has developed the programme of events which are detailed below.

Membership engagement and communication activities

Annual Members Meeting – this meeting is normally held in September, last year's meeting was held at our Chelsea Hospital site it saw the attendance of over 100 members of the public including many members. The format was well received and included the formal presentation of updates on new and innovative work across the organisation presented by clinicians, the Annual Report and Accounts presented by the board of directors and a question and answer session.

As this meeting is a statutory requirement the Trust is obliged to ensure it takes place on an annual basis and although the format will not change significantly, we plan to incorporate learning from the previous year into the next year's planning to ensure the length of the presentations maintain audience interest.

Monthly e-newsletter (*Members' E-News*) – this is currently sent out via the membership database to approximately 3,570 public and patient members who have provided us with their email addresses.

As 72% of our members do not have an email address or be comfortable sharing it with the Trust, over the next 2 years the aim is to proactively encourage as many members to enable us to communicate with them electronically. Recognising that many of our members do not have an email address a request to share an email address will be put to them every time a communication is sent to members.

Printed Trust Magazine (*Going beyond*) - the Trust currently produces quarterly editions of the magazine 'Going Beyond' which is available at all trust sites and on the website.

'Your Health' seminar these are educational sessions led by clinicians on specific medical topics, held quarterly.

We hold these events at alternate sites, we use feedback from our members and attendees to choose the topics and health themes our members are particularly interested in. If these sessions are considered to be the most effective way of communicating this type of information to our members we will consider increasing the number of events held.

Meet a Governor – these regular sessions are designed to provide an opportunity for members, patients and the public to engage directly with Governors as independent representatives of the Trust. The aim is that feedback provided to the Governors is then used to raise issues directly with the senior team in order to address any issues expeditiously. Sessions are advertised in Member's E-News, *Going beyond* and on the Trust website. The sessions are held weekly and have produced much needed comment on the operation and services provided by both hospitals.

Elections – When a vacancy arises on the Council of Governors all members within the constituency are written to advise an election will be held and an invitation to them to stand and vote.

Website – the existing website features information on member events and how to get involved, however we have developed a dedicated area of the website through which we can directly communicate with our membership and deliver targeted information.

Our 'membership page' features events, summaries and presentation of past 'Your Health' seminar and whichever other materials we feel would be of interest to members. The plan is to publish the latest version of the e-newsletter and undertake further development work of the website and over the next few years.

Open Days/Christmas events – these are events held to introduce members of the public to the work of the Trust in a fun and entertaining way. In the past this has involved musical entertainment, competitions, health checks, site tours and activities for children such as face painting.

Both hospitals have held very popular and well attended Open Days in the past and the plan for the coming year will be to hold these again – traditionally the Chelsea and Westminster site Open Day takes place in the summer and at West Middlesex site in the autumn.

A Christmas event is planned every year on both sites and this provides an opportunity to both recruit new members and engage existing members.

Focussed Community Meetings - The West Middlesex hospital has a very different ethnic composition to that of the London Borough of Kensington & Chelsea. Hounslow has circa 56 different ethnic communities, the largest of these being Polish and people of Indian origin. We will be trialling meetings with these communities through their religious organisations, schools and clubs, and will begin with either the Indian or the Polish Community.

Evaluating the Strategy

The key objective will be to ensure the strategy is delivered.

The Company Secretary and the Board Governance Manager will monitor delivery of the objectives set out in the strategy through an action plan which will set out what steps will be taken to meet these objectives.

A progress report will be submitted to the sub-committee twice a year.

Useful links

About us: https://www.chelwest.nhs.uk/about-us

Get involved - Membership and Governor areas: https://www.chelwest.nhs.uk/about-us/get-involved

Contacting a Governor:

As a member you can contact your Governor who will listen to your ideas and issues and would like to hear from you.

Governors will represent your views to Board by holding the Non-Executive Directors to account.

You can contact your Governor by calling the Membership Officer on 02033156716 or by emailing ftsecretary@chelwest.nhs.uk.

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SW10 9NH

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Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 4 July 2019

PUBLIC SESSION

AGENDA ITEM NO.	1.5/Jul/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
June 2019

1.0 Performance

I will leave the detail to our CEO but I am delighted to report that due to the commitment of our staff the Trust's strength of performance continues with the Trust continuing to play a leading role in developing service improvement priorities being considered by the North West London Health & Care Partnership.

I would like to congratulate Rob Hodgkiss on his appointment as Deputy Chief Executive, Iain Beveridge on his appointment as the West Middlesex Hospital Medical Director and Laura Bewick on her appointment as the interim Divisional Director of Operations for EIC division replacing Mark Titcomb.

2.0 Trust Events

Since my last report we have held a number of important events in celebration of the Trust but also significantly the opening of additional units to improve further the excellent care provided to our patients.

Westminster Abbey
I am delighted to report the success of the Westminster Abbey celebration of the Trust's 300 year anniversary which was attended by staff past and present, patients, volunteers and NHS dignitaries to recognise the development of the Trust from its inception to its current Foundation Trust status and reputation as a renowned provider of healthcare.

Windrush
Trust wide events took place to celebrate the contribution of the Windrush generation with events on both sites well attended and enjoyed by patients, staff and visitors. The Trust's celebration coincided with the formal launch of the Trust's BAME staff network and Race Inclusion & Equality plan.

Frailty Unit – Nightingale Ward
In recognition of the importance of the support provided to our older population I am delighted to report that a 10 bed frailty unit has been opened with the aim of supporting frail patients to return home faster with a higher level of appropriate support from the clinical, nursing, therapy and community teams. Positive patient feedback has already been received.

Reuben Maternity Centre
The Reuben Maternity Centre provides women and their babies with outstanding care in an environment with the latest technology and facilities and was opened with the Mayor of London attended a special event at Chelsea and Westminster Hospital.

Macmillan Cancer Support Information Centre
The important work undertaken by Macmillan Gavin was recognised with the opening by actor Larry Lamb of the newly refurbished Macmillan Cancer Support Information providing a drop-in service for anyone affected by cancer, providing cancer information and emotional support in a relaxed, comfortable environment.

3.0 Non-Executive Director Appointments

The process of recruiting Non-Executive Directors is well underway. We are particularly committed to this recruitment process broadening the diversity of our non-executive directors' team to better reflect the diversity of our staff and our patients. In doing so we are very fortunate to have attracted a wide range of high calibre of candidates.

4.0 Governor Briefings and Informal Lunches

I am pleased to say that our informal Chair and Governor briefings and lunches whilst attracting a small number of Governors in attendance are providing an opportunity for interesting confidential discussion outside the remit of the Council of Governors' Committees. I am grateful for the executive directors providing their support and that of their teams to ensure the Governors have an opportunity to discuss matters of particular importance to the Trust.

5.0 The National Picture

As mentioned at the May Board I have now met with Sir David Sloman as has the Non-Executive team at which time we discussed our thoughts on how we can act as a leader on many of the anticipated system changes.

Sir Thomas Hughes-Hallett
Chairman

Board of Directors Meeting, 4 July 2019

PUBLIC SESSION

AGENDA ITEM NO.	1.6/Jul/19
REPORT NAME	Chief Executive's Report
AUTHOR	Sheila Murphy, Interim 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. Annex A – June team brief Annex C – CEO bulletin Annex B – Summary of board papers - statutory bodies (provided by NHS Providers) Board members are invited to ask questions on the content of the report.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	This paper is submitted for the Board's information.

Chief Executive's Report
June 2019

1.0 Performance

In May the Trust experienced further growth against the same period last year and continued high level of activity across its range of services specifically in non-elective demand and A&E attendances which is up 5% on the same period last year. Despite this we have continued to see the majority of patients within 4 hours. The Trust is currently part of the national pilot for the testing of the proposed revisions to the Urgent Care Standards. In the coming months the Trust will gather data and monitor against these new standards to provide feedback in to the national process later in the year.

The Referral to Treatment (RTT) incomplete target was sustained in May with a further improvement on April performance. The Trust has delivered an exceptional level if performance with all divisions and both sites delivering the standard.

The Cancer 62 Day standard was not delivered for the second month in May this is primarily driven by challenges in Urology and reflects a worsening national picture. Plans are in place to recover the standard in the coming months. All other Cancer Standards have been maintained and compliant.

Diagnostic performance recovered in May following reporting a non-compliant position in April.

2.0 Divisional updates / staffing updates

The 10 bedded frailty unit was launched on the 5th of June based on Nightingale ward at our Chelsea site. The aim of the unit is to support frail patients to get home faster with a higher level of therapy, doctor and nursing input as well as greater support from the community. The identification of these patients starts in the Emergency department and follows through to our Acute Assessment Unit where all patients are seen and assessed by our Acute and Geriatric Consultant. Once the patients are identified and moved to the Acute Frailty Unit they are situated in a smaller bay with a designated nurse based in the bay, daily consultant ward rounds and increased therapy input which is different to other wards in the Trust. Anecdotal patient feedback on the ward has been extremely positive and the team is using feedback to support and improve the unit.

Iain Beveridge has been appointed as the West Middlesex Hospital Medical Director, and he joins Mark Titcomb (WM Hospital Director) and Vanessa Sloane (WM Director of Nursing) to provide the dedicated, site based senior leadership team, at our West Middlesex Hospital. Laura Bewick, previously the EIC Acute General manager, has been appointed as the interim Divisional Director of Operations for EIC division replacing Mark Titcomb.

In May, the Trust has maintained positive performance in its vacancy rate, core training compliance and sickness absence rates. Temporary staffing usage is reducing 'month on month' although this is an area of renewed focus to ensure the most effective deployment of resources. The Trust has restarted the annual PDR process with all 8b and above requiring completion by the end of June.

The Trust has formally launched the BAME staff network and Race Inclusion & Equality plan. This has been well received by staff and was combined with the first Trust-wide celebrations to recognise the contribution of the Windrush generation.

3.0 Staff Achievements and Awards

April PROUD Award Winners

Emergency and Integrated Care Division: Dr Dharmik Vora, A & E Registrar, CW

Emergency and Integrated Care Division: Jamie Gibson and Melissa Marinaro, Physiotherapists, CW

Planned Care Division: Nikh Pawa, Consultant in Colorectal Surgery, WM

Women and Children's Health Division: Dr Simon Lee, Consultant HIV GUM, CW

Corporate Division: Peter Chamberlain, Shuttle bus driver, Cross site

Clinical Support Division: Cancer Services MDT co-ordinators, Cross site

May PROUD Award Winners

Emergency and Integrated Care Division: Neima Kailondo, Healthcare Assistant, Nell Gwynne Ward, CW

Women and Children's Health Division: Nicola Burton, Junior Service Manager, CW

Clinical Support Division: Greg Szwedo, Team leader, Decontamination, CW

Awards

- Pippa Nightingale, Chief Nursing Officer, received an MBE for services to midwifery and Dr Na'eem Ahmed, Consultant Radiologist, received a British Empire Medal (BEM) for his services to volunteering and healthcare in The Queen's Birthday Honours List, published on 8 June.

- Chelsea and Westminster Hospital NHS Foundation Trust was named as one of the CHKS Top Hospitals for 2019, a prestigious award based on an analysis of data from all hospital trusts in England, Wales and Northern Ireland was awarded on 12 June by healthcare improvement specialists CHKS.

- Winners of the 2019 HSJ Value Awards were announced on 23 May at Manchester Central where Chelsea and Westminster and the Royal Marsden Shared Procurement Service won the Financial or Procurement Initiative of the Year 2019 award.

- The Health Service Journal (HSJ) has shortlisted Chelsea and Westminster Hospital NHS Foundation Trust for a Learning Disabilities Initiative of the Year Award, as part of the publication's annual Patient Safety Awards. The HSJ will announce the winners on 2 July 2019.

- Four wards at the Trust received the Gold Standards Framework (GSF) Quality Hallmark Award at a special ceremony in London on Friday 5 April in recognition of the major changes they have made to the care they provide to patients approaching the end of their lives.

- The Trusts won the HSJ clinical procurement partnership award for its work standardising wound care products across NWL. We have also been shortlisted for the HSJ inclusion awards for our Project search programme as well as being shortlisted by the Nursing Times awards for patients safety trust of the year and Karen Bonner as Equality and Diversity nurse of the year.

Inspections

We had our Human Tissue authority HTA review, which found no immediate or serious concerns and demonstrated compliance with the standard. Our Maternity services had a re view by NHS England for their screening services and no concerns were identified which much good practice identified.

4.0 Communications and Engagement

Events

Windrush Day celebrations and BAME staff network launch

The contribution and legacy of the Windrush Generation was celebrated along with the launch our new Black, Asian and Minority Ethnic (BAME) Staff Network on Friday 21 June at Chelsea and Westminster Hospital and Monday 24 June at West Middlesex University Hospital.

Distinguished speakers, Professor Dame Elizabeth Nneka Anionwu, DBE CBE FRCN FQNI PhD, Emeritus Professor of Nursing at the University of West London (UWL) and Trevor Sterling, Chair of the Mary Seacole Trust and award-winning Major Trauma Lawyer joined us for the celebrations and gave inspiring speeches. There were also performances by the Metronomes Steel Orchestra, a community-based steel band and a selection of delicious Caribbean food served was served at each of the events.

Creativity and Wellbeing Week, 10 – 16 June

Our official charity CW+ hosted a series of events during this major festival which highlights the profound effect that engagement in the arts and creativity can have on health and wellbeing. This included the unveiling of a new exhibition at West Middlesex University Hospital called 'The Art of Conversation', which saw four of our artists-in-residence capture the experiences and sentiments of life on the wards.

Westminster Abbey

Chelsea and Westminster Hospital celebrated its 300th anniversary with a special commemorative service at Westminster Abbey, London, attended by past and current staff, patients, volunteers, supporters, MPs and other NHS dignitaries on Thursday 23 May.

Reuben Maternity Centre

The Mayor of London attended a special event at Chelsea and Westminster Hospital on Thursday 9 May to celebrate the opening of the new Reuben Foundation Maternity Centre, which provides women and their babies with an outstanding environment, personalised patient experience and the latest technology and facilities.

New Macmillan Cancer Support Information Centre opening

Gavin and Stacey actor, Larry Lamb, cut the ribbon and officially opened Chelsea and Westminster Hospital's newly refurbished Macmillan Cancer Support Information Centre on Friday, 10 May. The centre offers a vital drop-in service for anyone affected by cancer, providing cancer information and emotional support in a relaxed, comfortable environment.

Team Briefing

Presentations for April were Staff survey results and new pay progression system, Excellence Reporting and STEPS therapy project.

Presentations for May were around the Stroke Awareness, Alcohol Collaboration Group and Rainbow Badges.

Media coverage

April

Health Tech Digital - Over 330 NHS workforce hours saved every month after launch of new payroll App

KCW Today - Chelsea and Westminster Hospital win award for gold-standard end of life care

Nursing Times - Wards recognised for delivering 'proactive and personalised' end of life care

PutneySW15.com - Simon McWilliams ran in aid of the Neonatal Intensive Care Unit at Chelsea and Westminster Hospital

May

Design Week – Tigerplay children's activity room at West Middlesex University Hospital included in the best studio work from April

Chelsea Monthly - Mayor of London attends opening of new maternity centre at Chelsea and Westminster Hospital funded by the Reuben Foundation

Home Care Insight - BBC presenter Lauren Laverne backs Music for Dementia campaign. Grace Meadows, programme director at Music for Dementia 2020 and senior music therapist at Chelsea and Westminster Hospital was quoted in the piece.

Building Better Healthcare - New maternity centre opens at Chelsea and Westminster Hospital

London News Online - Chelsea and Westminster Hospital NHS Foundation Trust up for award for its work with people with disabilities

June

GP Online - GP leads innovative cancer diagnostic service

Nursing Times – Pippa Nightingale, Chief Nursing Officer, recognised in the 2019 Queen's birthday honours list.

Daily Insight – Pippa Nightingale ueen's birthday honours

Church Times - The psychosexual therapist and the priest next door

Website

Overall summary

The Trust website had 133,000 visits in April, 130,000 visits in May and during the first 25 days of June, 100,000 visits. Three quarters of visitors were new and one quarter were returning visitors.

The top 10 sections were 56 Dean St, 10 Hammersmith Broadway and John Hunter clinics, travel directions and contact info, clinical services, working here and, for the first time, maternity services. Two-thirds of our visitors use mobile devices. Three quarters of users visit our website via a search engine and Facebook remains the key driver on social media. These stats are within 5% of these periods one year ago.

Social Media

Twitter

Topics for April included Newsweek ranking the Trust as one of the top 5 hospitals in the UK and one of the top 100 globally, Quality Improvement Pop-ups, launch of the Rainbow Badges and the maternity area of the website.

Topics for May included Team Briefing, Westminster Hospital heritage, Mayor of London opening the Reuben Maternity Centre, the Trust's first Nursing and Midwifery conference, International Day of the Midwife, International Nurses Day, Project SEARCH HSJ shortlisting, Cerner go-live preparation and the 300 year anniversary commemorative service at Westminster Abbey

Topics for June included Volunteers Week, the opening of the new Frailty Unit at Chelsea and Westminster Hospital, recognition in The Queen's Birthday Honours for Pippa Nightingale, Chief Nursing Officer and Dr Na'eem Ahmed, Consultant Radiologist, Grenfell anniversary, Measles outbreak, Learning Disabilities Week, launch of a new continuity of care midwifery team at the Chelsea site and the BAME Staff Network Launch/ Windrush Day celebrations.

Impressions for April totalled 149,000 across both sites, a slight increase from March.

Impressions for May totalled 250,000. This is a 100,000 increase from April due to coverage of Westminster Abbey event and the Mayor of London's visit to the Reuben Maternity Centre.

Impressions for June totalled 209,000 impressions across both accounts.

High performing tweets included:

- Westminster Abbey coverage - over 42,000 impressions in one day
- International Nurses Day coverage - over 8,000 impressions
- Sadiq Khan visit to open the Reuben Maternity Centre - over 30,000 impressions
- Team briefing coverage - over 14,000 impressions
- NW London network to improve imaging services - over 14,000 impressions
- BAME network launch/ Windrush celebrations - over 20,000 impressions

Facebook

A total of 24,600 engagements were recorded in April, 35,000 engagements for May and 40,000 engagements as of 25 June.

Top posts include Mardon's story for Project SEARCH which recorded over 2,600 engagements. Our average is around 600.

5.0 Strategic Partnerships Update

Strategic Partnerships Board

The Strategic Partnerships Board met on 14 May. The main focus continues to be on our operating environment – particularly the development of Integrated Care Systems and the role the FT is playing in Health & Care Partnership activities, joint provider and Borough based integration plans. The meeting reviewed:

- Current position and next steps on NWL Cardio-Respiratory services including aligning our approach with the Imperial College Child Health Development Research Strategy
- Progress with establishment of a Joint Transformation Programme with ICHT
- Outcomes of the Emergency & Integrated Care (EIC) Divisions deep dive on Integrated Care and main impact on borough based integration plans
- Update on commercial relationships; and
- Plans for the Board Away Day (which was held on 6 June)

Health & Care Partnership

The Trust continues to play a leading role in influencing, leading and delivering the thinking and service improvement priorities being considered by the North West London Health & Care Partnership (previously STP).

The main area of focus is against the System Recovery Programme which seeks to address the underlying deficit in the sector. The key programmes focus on:

- Reducing activity flows from 2018/19 levels
- Standardising and rationalising non clinical services in CCGs and providers (back office)
- Standardising and rationalising clinical services in providers

Joint Transformation Programme with Imperial College Healthcare Trust

The Executive teams continue their regular meetings to develop and oversee the Joint Transformation Programme, which supports the wider NWL Health & Care Partnership (see above).

We are working to some shared principles that link across both Trust and the HCP objectives that will:

- Help create a high quality integrated care system with the population of north west London; and support development of an exemplar integrated care system
- Develop a sustainable portfolio of outstanding services; with the ambition of creating world leading centres of excellence for specialist services
- Build learning, improvement and innovation into everything we do; to create world leading centres of excellence for education, research and innovation

Our initial is focussing on early adopters in HIV, Dermatology and Ophthalmology. Services will respond with proposals within the context of a *100 Day Challenge* programme.

6.0 EU Exit (Brexit) planning

Preparations for the EU exit are well progressed. Given the extension agreed for the EU Exit and to test our previous level of preparation we have instructed our internal auditor, KPMG, to udertake an audit which will assess the design of the business continuity plans in place and to ensure that they have been appropriately updated to incorporate the risks identified as part of EU Exit planning. They will also ensure that the processes that have been implemented to test the Trust's response to the risks are robust.

All of the Trust response arrangements, operational guidance and communications and engagement plans can be found on the dedicated EU Exit intranet page.

7.0 Finance

The Trust has now produced the 2018/19 Annual Report and Accounts and obtained a clean, unmodified audit opinion. The report is due to be laid before Parliament in the coming weeks and will be shared with members at the Trusts Annual members meeting on 5th September.The Trust's year end surplus was £9. 8m which included additional bonus provider sustainability funding (PSF) as the Trust met all its targets.

In 2018/19 we invested £51m on capital and in 2019/20 we intend to invest a further £35m covering a range of projects including NICU/ITU, Cerner and the treatment centre.

The Trust and STP continues to face challenges in 2019/20 and has set a challenging but achievable savings (CIP) target of £25.1m. I recognise you have delivered so much but we face a variety of continuing challenges and so we need to continue identifying savings without compromising the high quality patient treatment we provide.

Lesley Watts

Chief Executive Officer

June 2019

Team briefing

May 2019

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

Emergency and Integrated Care

A huge thank you to all of our team for the fantastic efforts to see patients safely and swiftly during March and over the recent Easter extended bank holiday weekend. We have coped really well despite the continued trend of record numbers of patients being seen at both A&E departments, and our patient feedback continues to improve as well. We continue our focus on our forthcoming quality improvement work which is based around falls, improved frailty pathways and delivering better support to our patients with dementia. As ever though, there is room for many more quality initiatives, so if you have an idea why not contact your line manager, senior nursing staff or the EIC improvement team (Jenny George, Andy Finlay and Elspeth Cumber) who will try and help you develop it? Finally, we'd also like to congratulate all of our recent PROUD award winners, and we welcome several senior new joiners: Helen Kelsall (as Director of Nursing) and Liz Gray (as Head of Therapies).

Planned Care

We faced an extremely busy 2018/19 winter at the Trust, seeing unprecedented admissions through ED. The Planned Care exec team would like to thank everyone in the division for their hard work and commitment to improving patient care. It has been a challenging but positive year - we have managed to improve some of our quality metrics, improve time to treatment by reducing number of patients waiting more than 18 weeks and managed to achieve £4.4m in savings. Some of the savings are likely to be reinvested in the division - we are currently developing the plans to upgrade our Treatment Centre at the Chelsea site with a full cost of £10.2million. This is excellent news for staff and our patients but this can only be made possible through our recurrent savings programme and working together as a team to get a grip on the budgets so we maintain this during 2019/20. We continue to deliver high quality care to our patients and look forward to continuing improving our services.

Women, neonatal, children and young people, HIV/GUM and dermatology

It's been a busy month, with our redesigned maternity web pages now live and three newly refurbished labour ward rooms now open. Private patients have started their first outpatient clinics at West Mid, which are expected to steadily grow throughout the year. Private patients have also secured the recognition of Bupa at West Mid which should act as a major confidence boost for the consultants looking to do their work on site. The Kensington Wing finished the year with its best performance for 3 years in what have been tough market conditions – well done to the entire team. Strong performance across both our ED departments for paediatrics has continued into April and we continue to work up our proposal to expand our PEM consultant led model. We saw our highest RTT performance for March at 95.19% in Paediatrics – well done all. And thank you to our official charity, CW+, for their support in opening the new play room on our Starlight and Sunshine wards at West Mid.

Clinical Support

The new Clinical Support Division came into effect on the 1 April 2019. During the transitional period, there will be continuity of support from existing managers, until all new GMs are established in post. Now that our division has been formally launched, we want to ensure that the hard work and commitment of our team members is recognised and celebrated. As part of this commitment, we will be participating in the monthly CW+ PROUD Awards to recognise the excellence of our people. We really look forward to receiving nominations and hearing all about the fantastic work that is being done across the division to improve the experience for our patients and staff alike. We are committed to implementing actions in our Staff Survey Action Plan which includes improving morale, quality of personal development reviews and safety culture. The Trust's safety learning system (Datix) was amended on the 2 April to support the new division to provide a structured governance approach for the management of incidents, complaints/concerns, risks, mortality reviews and legal cases. All historical data within Datix, aligned to specialities previously overseen by Planned Care and Emergency and Integrated Care has been updated to associate them with our new division.

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

- Planned Care: **Carolyn Baker,** Clinical Support Worker, Syon 2 Ward
- Emergency and Integrated Care: **Lucy Brash,** Ward Manager, Rainsford Mowlem
- Women and Children**: Clare Baker,** Deputy Head of Midwifery
- Corporate: **Serah Duro**, Research Delivery Facilitator

Visit the intranet to nominate a team or individual.

Mandatory and statutory training
The Trust has achieved 92% compliance over the past month, with all divisions now reaching 91% or above. Current compliance figures (at 14 April 2019) are:

Division	Compliance
Corporate	**95%**
Emergency and Integrated Care	**91%**
Planned Care	**92%**
Women, Neonatal, Children, Young People, HIV/Sexual Health	**91%**
Overall compliance	**92%**

IG eLearning
A new Trust specific version of IG training will be available on Learning Chelwest by June. You only need to complete the new version as and when your current compliance is due to lapse.

Leadership Development
The application deadline for the next Emerging Leaders cohort is 10 May 2019. For more information about the programme, search Leadership Development on the intranet or contact leadershipdevelopment@chelwest.nhs.uk

Cerner EPR
We are just six months away from the launch of Cerner EPR at our Chelsea site. Being able to see first-hand how you'll use Cerner EPR is an important part of getting ready for the new system. The two ways you can do this are by 1) Arranging for a member of the Cerner EPR team to give a demonstration at your departmental meeting and 2) Coming along to the Road to Cerner EPR drop-in event on Monday 3 June in the Gleeson Lecture Theatre between 10am and 4pm. Staff at West Mid have now been using Cerner EPR for a year. Please get in touch if you have any tips you want to share with your Chelsea colleagues. To arrange a visit or share a tip, please email: CernerEPR@chelwest.nhs.uk

Recruitment and retention
The Trust is currently supporting 18 Health Care/Maternity Support Workers to undertake apprenticeships in Nursing Associate and Nursing Degree programmes. We are currently looking to increase the number of staff undertaking these apprenticeships and are hoping to start a third cohort of Nursing Associates in June/July this year and a further cohort of Nursing Degree apprentices in the autumn. If you have experience as a health care/maternity support worker and are interested in finding out more, please come along to our information stands being held from 1-2pm on 14 May in the atrium at West Mid and 16 May in the Lower Ground Floor canteen at Chelsea. You can also contact cathy.hill@chelwest.nhs.ukor cess.quiambao@chelwest.nhs.uk for more information.

Finance update
The 2018/19 financial year may feel like a distant memory but our Finance team are still completing the annual accounts. The draft year end position shows the Trust just delivered its 2018/19 financial plan thanks to everyone's hard work. In particular throughout this period we invested £51m on capital, our largest ever capital programme, which included spending £11m on Cerner, £8m on the new NICU/ITU ward and £10.8m on the maternity modular building at West Mid.

Finally, the finance team would like to say a big thank you to all of you for your hard work and continued effort to deliver value across the Trust. We know 2019/20 will be a challenging year so thank you for all your hard work in advance.

Lesley's weekly message

Wednesday 19 June 2019

In case you missed the exciting announcement last week, I am delighted to share with you news that Pippa Nightingale, Chief Nursing Officer and Dr Na'eem Ahmed, Consultant Radiologist, have been recognised in the Queen's Birthday Honours List for 2019. Pippa has been awarded a Member of the British Empire (MBE) for her services to midwifery and Na'eem has received a British Empire Medal (BEM) for his services to volunteering and healthcare. These are remarkable achievements and it's great to see members of our team being recognised in this way.

The past week has seen some key changes in our Executive Team, which will continue to strengthen our leadership. Recognising the pivotal role he has in our organisation, Rob Hodgkiss is now our Deputy Chief Executive Officer and Iain Beveridge has been appointed as Medical Director for our West Mid site, where he joins Mark Titcomb and Vanessa Sloane in providing a dedicated West Mid site-based senior leadership team. It is inevitable in a successful organisation with talented individuals that they will be sought after by other organisations. On that note, I bring you news that Tina Benson has been appointed as Chief Operating Officer at Hillingdon Hospital. She will be leaving us at the end of the year, following full implementation of our Cerner electronic patient record. I want to thank her for her hard work and commitment she has shown during her time at the Trust and look forward to seeing her flourish in her new role.

We also spent last week celebrating Creativity and Wellbeing Week, where our official charity CW+ hosted a series of events. This major festival highlights the profound effect that engagement in the arts and creativity can have on health and wellbeing and was a chance for us to showcase the brilliant work you do in this area, which has numerous benefits for our patients. The unveiling of a brand new exhibition at West Mid called 'The Art of Conversation' was the highlight of the week for me and saw four of our artists-in-residence capture the experiences and sentiments of life on the wards. Using real stories and moments from the artists' conversations with our patients, the artwork is a true reflection of exactly what this hospital is all about: community, compassion and commitment – with top quality care at its heart.

The week ahead promises to be an exciting one as we celebrate the contribution and legacy of the Windrush Generation and launch our new BAME staff network. I am looking forward to welcoming distinguished and inspiring speakers, Professor Dame Elizabeth Nneka Anionwu, DBE CBE FRCN FQNI PhD, Emeritus Professor of Nursing at the University of West London (UWL) and Trevor Sterling, Chair of the Mary Seacole Trust and award-winning Major Trauma Lawyer, who will be joining us to celebrate this important event. Celebrations will take place at Chelsea (Academic Atrium, LGF) on Friday 21 June and at West Mid (Main Atrium, GF) on Monday 24 June, with performances by the Metronomes Steel Orchestra, a community-based steel band. There will also be a selection of delicious Caribbean food served at each of the events on a first come first served basis and from 12pm in the restaurants.

We will be launching an exciting range of benefits on our new Vivup platform as part of Health and Wellbeing Week, 1 – 5 July. During the week there will be wellbeing talks, mindfulness sessions, yoga classes and more. A full programme will be available later this week, so please look out for further information in the Bulletin.

Another month brings another fantastic group of CW+ PROUD Award winners. These awards really showcase just how many exceptional individuals make up our wonderful people. The award winners for April 2019 were Dr Dharmik Vora, A&E Registrar at our Chelsea site, Nikh Pawa, Consultant in Colorectal Surgery, Dr Simon Lee, Consultant, Peter Chamberlain, our shuttle bus driver (pictured) and our cross-site Cancer Services MDT Coordinators. Congratulations to you all.

Finally, I'd like to take this chance to thank the most longstanding members of our staff, who have dedicated and continue to dedicate their time, talent and energy to this organisation. Pamela, who is 91 years young and has volunteered with us for over 25 years, is an outstanding example and I was delighted to present her with a special Long Service Award on Wednesday. I'd like us all to take the time to recognise those who have committed so much of their lives to our CWFT family and patients.

Best wishes,

Don't forget you can email me on feedback@chelwest.nhs.uk or follow me on Twitter (on your personal device) @LesleyWattsCEO.

Summary of board papers – statutory bodies

NHS England and NHS Improvement (NHSE/I) joint board meeting – 27 June 2019

For more details on any of the items outlined in this summary, the board papers are available here. As part of the board papers, NHSE/I published the NHS long term plan implementation framework, as well as a paper on implementing the long term plan in primary and community services. Briefings for both these papers are available on the NHS Providers website.

Chair's report

- Lord Prior held a roundtable discussion group with individuals from Black and Ethnic Minority (BME) backgrounds in the ambulance service. He suggested more work needs to be done to recognise the contribution of NHS staff from BME backgrounds.

Chief Executive report

- Simon Stevens confirmed that the junior doctor's committee of the British Medical Association has now voted in favour of the new junior doctors pay settlement. This will provide certainty for the sector.

Month 12, 2018/19 finance report

- The year-end financial position across the entire NHS is a revenue underspend of £89m and a capital overspend of £330m.
- At year-end, the overall position for NHS England (NHSE) is an underspend of £916m against the planned underspend of £265m – a positive variance to plan of £651m. As confirmed earlier this month, providers recorded a deficit of £571m, which was £177m worse than planned.
- The provider sector spent £3.9bn on capital last year, £711m below plan. But this expenditure exceeded the £3.56bn provider sector budget set by the Department of Health and Social Care for 2018/19.

Operational performance report

- Performance against the A&E 4-hour standard for 2018/19 as a whole finished at 88% - 0.3% below 2017/18. Performance on the Referral to Treatment waiting time standard in April 2019 saw 86.5% of patients waiting less than 18 weeks.
- Personalised care for people living with and beyond a cancer diagnosis is being rolled out across England in line with the NHSE Comprehensive Model of Personalised Care.
- Since September 2019, NHSE has undertaken extensive engagement to promote Primary Care Networks and has held over 40 events involving over 2,700 people across the country.
- NHSE/I will be working with system leaders over the summer to help identify where they sit on the system maturity matrix. This exercise will identify areas that systems need to focus on to become an Integrated Care System, along with the support they might need from NHSE/I.
- NHSE/I will be introducing stronger oversight arrangements following findings from the CQC's thematic review and the care provided at Whorlton Hall.

Care Quality Commission board meeting – 19 June 2019

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

Chief Executive's report

- The Care Quality Commission (CQC) revenue expenditure is over spent as the end of April by £0.8m, with the main overspends relating to Hospitals pay budget (£0.3m) and Chief Digital Officer non-pay budget (£0.3m).

Recent publications

The CQC has published the following reports:

- A review of restraint, prolonged seclusion and segregation for people with a mental health problem, a learning disability and or autism
  - The next phase of the review will look at the use of restrictive practices in a wider group of settings.
  - Further recommendation will be made to the Department of Health and Social Care and the wider system in the full March 2020 report.
- Driving improvement – eight case studies from independent hospitals
  - This is the fifth publication in the 'driving improvement' series and aims to help encourage wider improvement across the independent hospital sector.
- Monitoring the Mental Health Act (MHA) report
  - This report will evaluate how well the MHA Code of Practice is being used across mental health services. The report will explore the enablers and barriers that services have found in using the guidance, and what impact this has had on people's experience on detention, care and treatment.

Upcoming publications

In the coming months the CQC will be publishing the following:

- 2018 inpatient survey results
  - This survey is an important independent measure of people's experiences as an inpatient and provides trusts with important insights. .
- Effective staffing report
  - The resulting product will have a dual purpose of sharing innovation practice with providers and informing the Secretary of State of the CQC's position on this issue. Publication is expected in June.

Transformation & change update

- Debbie Westhead has been appointed to a newly created role of Director of Improvement, Implementation and Evaluation. She will oversee the development of the improvement culture at the CQC.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 4 July 2019

PUBLIC SESSION

AGENDA ITEM NO.	2.2/Jul/19
REPORT NAME	Improvement Programme update
AUTHOR	Iain Eaves, Director of Improvement
LEAD	Iain Eaves, Director of Improvement
PURPOSE	To report on the progress of the Improvement Programme
SUMMARY OF REPORT	The Trust is making progress in line with the plan against the four quality priorities for the year. All of the actions on the CQC improvement plan have now moved to completed status. We have developed an updated Quality Strategy for the Trust which is on the agenda for this meeting
KEY RISKS ASSOCIATED	Failure to continue to deliver high quality patient care
FINANCIAL IMPLICATIONS	By improving care and patient outcomes, e.g. through GIRFT, we expect to also drive improved efficiency and reduce costs.
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	• Deliver high-quality patient-centred care • Deliver better care at lower cost
DECISION/ ACTION	For assurance.

1. 2019/20 Quality Priorities

The Trust Quality Priorities for 2019/20 are to:

1. Improve sepsis care through timely identification and commencement of appropriate antimicrobial therapy
2. Reduce the number of hospital acquired E.Coli bloodstream infections (BSIs)
3. Reduce the rate of inpatients experiencing a fall
4. Increase the percentage of women receiving continuity of carer within our maternity services

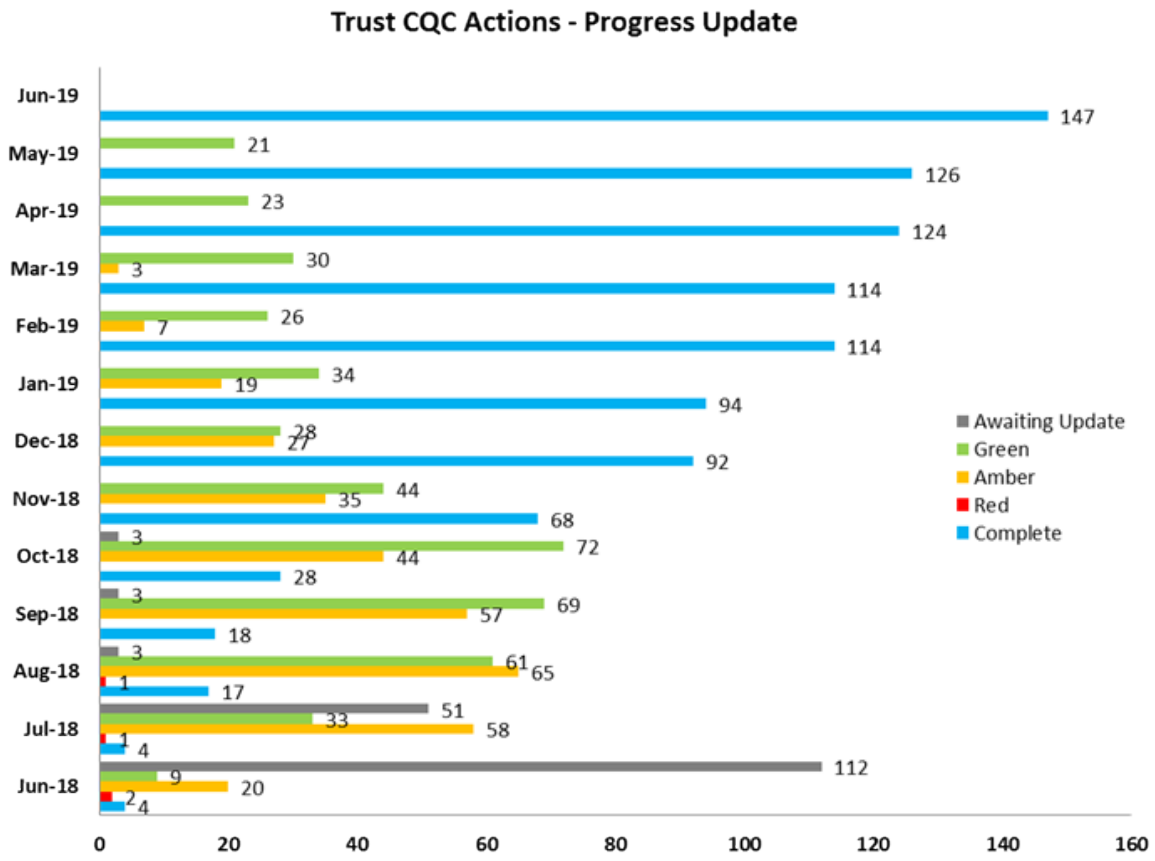
Progress against each of the priorities is reviewed in detail by the Trust's Quality Committee. All four areas reported that they were on plan at the end of May with respect to the key actions. Performance against the key indicators is summarised in the table below.

		Baseline	End of year target	Year to date progress
1. Improving sepsis care	% of patients screened for sepsis	84%	90%	Audit data for Q1 is not yet available
	% of patient receiving IV antibiotics within 1hr	80%	90%	
2. Reducing hospital acquired E.Coli BSI	Number of hospital onset E.Coli BSI cases	57	51	There were 6 cases in total across April and May*
3. Reducing inpatient falls**	Rate of falls per 1,000 bed days	3.8	-	The average falls rate was 3.9 across April and May in line with historical levels
4. Improving continuity of carer within maternity services	% of women on a continuity of carer pathway	9%	35%	May performance was 20%, above the plan trajectory of 17.5%

*The number of cases varies significantly month on month. **End of year target to be agreed following Q1 audit to assess level underreporting.

2. CQC Improvement Plan

As of the end of June 2019, all of the 147 actions from the CQC inspection which took place in 2017/18 have moved to completed (blue) status. The chart below shows the consistent month on month progress over the last year towards achieving this important goal.



3. Getting It Right First Time (GIRFT)

Getting It Right First Time (GIRFT) is a national programme seeking to improve the quality of care within the NHS by reducing unwarranted variation. By highlighting variation in the way services are delivered across the NHS and sharing best practice, it is expected that GIRFT will improve care and patient outcomes, whilst also improving efficiency

Chelsea and Westminster NHS Foundation Trust has taken part in 15 GIRFT visits to date across 13 specialties. We are considered to be an exemplar for the way the Trust has engaged with the programme and integrated it within its overall Improvement Programme:

- Each visit results in an improvement plan with progress monitored through the Trust's Improvement Board.
- GIRFT visits are followed by 'Deep Dives' with the Executive team to ensure maximum learning and traction.

The clinical and operational leads involved in the visits have highlighted two common benefits from the GIRFT approach:

- GIRFT has helped drive changes in clinical practice and better cross-site working. The process uses data to highlight variation in practice and outcomes. Having in-depth comparison data, as well as qualitative evidence from leads has been a useful driver for change. The GIRFT meetings have provided a forum for clinicians and operational leads to come together to review potential areas for improvement and discuss these.
- GIRFT has helped engage and empower clinicians. Both the actual GIRFT sessions and the Trust's internal 'pre-meets' are well attended by clinicians. All visits have been clinically-led with a focus on patient care and service quality.

Given the movement to work in partnership with other acute providers, and look at care and efficiencies as a system, trusts in North West London have agreed to share their data reports to gain a sector-wide data picture for each specialty.

4. Quality Improvement

The Trust's updated Quality Strategy for 2019-2022 is on the agenda for this meeting. It builds on our approach to quality improvement that has grown over a number of years and sets out the next steps on our 'Journey to Outstanding'.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 4 July 2019

PUBLIC SESSION

AGENDA ITEM NO.	2.3/Jul/19
REPORT NAME	Learning from Serious Incidents
AUTHOR	Alex Bolton, Head of Health Safety and Risk Stacey Humphries, Quality and Clinical Governance Assurance Manager
LEAD	Pippa Nightingale, Chief Nursing Officer
PURPOSE	This paper updates the Committee on the process compliance, key metrics and learning opportunities arising from Serious Incident investigation process.
SUMMARY OF REPORT	The Trust operates two levels of Serious Incident investigation: • External Serious Incidents: External SIs are reported on the Strategic Executive Information System (StEIS) in accordance with NHS England's Serious Incident Framework. Following investigation the reports are submitted to the Trust's commissioners for review and closure. • Internal Serious Incidents: Internal SIs are events that do not meet the definition of an external serious incident but where the opportunity for learning is so great that a comprehensive investigation is warranted. During the 12 month period to May 2019 the Trust declared 187 serious incidents (both internal and external); of these 96 were associated with CWH, 90 with WMUH, and 1 with a satellite site. Maternal, fetal, neonatal care; diagnosis/observation issues; and patient falls; were the most frequently declared SI categories during this 12 month period. Learning and implementation of improvement practice is supported by the maternity risk team, falls steering group and a deep dive into missed or delayed diagnosis undertaken by the Clinical Director for Patient Safety. During April and May 2019, 37 SIs were declared; of these 23 were internal and 14 were external SIs, investigation processes are being led by Divisional leads. During April and May 2019, 16 external SI investigations were completed and submitted to the Trust's commissioners. • 4 x Maternity/Obstetric incident • 7 x Slips/trips/falls • 1 x Treatment delay • 1 x Venous thromboembolism (VTE) • 1 x Abuse/alleged abuse of child patient by staff • 1 x Suspension of services • 1 x Medical device Root and contributory causes are identified as part of the serious incident investigation process; to support thematic review themes are to be codified within the Datix system for serious incidents completed since April 2019. The following primary themes were identified during this reporting period: • Documentation errors and omissions • Sub-optimal referral / appointment processes • Activity impacting resource availability • Acuity impacting resource availability • Lack of risk assessment (falls and VTE) • Lack of response following risk assessment (falls) Future reporting to the Committee will seek to identify themes relating to

	correctable causes across the profile of serious incidents investigated and seek to identify system wide learning opportunities.
KEY RISKS ASSOCIATED	• There is a reputational risk associated with the Never Event reported in April 2019. • Delayed delivery of action plans associated with serious incident investigations reduces risk reduction assurance offered by the SI investigation process.
FINANCIAL IMPLICATIONS	• Penalties and potential cost of litigation relating to serious incidents and never events.
QUALITY IMPLICATIONS	Serious Incident investigation provides clinical teams with a structured approach to care and service delivery evaluation and supports the identification of learning opportunities designed to reduce the risk of harm to patients, staff and the public.
EQUALITY & DIVERSITY IMPLICATIONS	N/A
LINK TO OBJECTIVES	• Delivering high quality patient centred care
DECISION/ ACTION	For noting.

Serious Incident Report

1. Introduction

This report provides the Patient Safety Group and Quality Committee with an update on Serious Incidents (SIs), including Never Events, reported by Chelsea and Westminster Hospital NHS Foundation Trust (CWFT).

The Trust operates two levels of Serious Incident investigation:

- **External Serious Incidents**: External SIs are reported on the Strategic Executive Information System (StEIS) in accordance with NHS England's Serious Incident Framework. Following investigation the reports are submitted to the Trust's commissioners for review and closure.
- **Internal Serious Incidents**: Internal SIs are events that do not meet the definition of an external serious incident but where the opportunity for learning is so great that a comprehensive investigation is warranted.

Potential serious incidents are identified by clinical teams with the support of the Quality and Clinical Governance Department (QCGD). All incidents are reviewed daily by the QCGD to ensure possible SIs are identified and escalated.

The Director of Quality Governance, Chief Nurse and/or Medical Director consider all potential serious incidents and confirm their status as internal or external.

2. Serious Incident Activity

During the 12 month period to May 2019 the Trust declared 187 serious incidents (both internal and external); of these 96 were associated with CWH, 90 with WMUH and 1 with a satellite site.

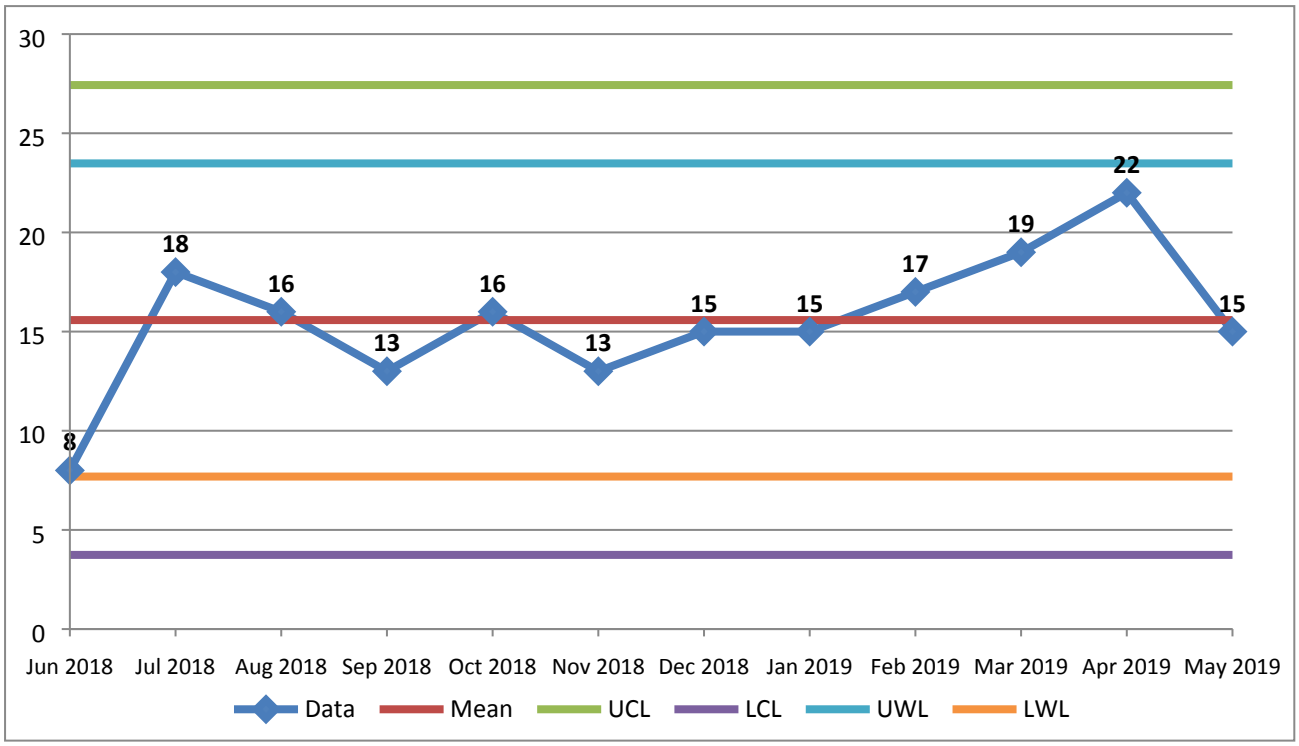


Fig 1: Internal and external SIs declared, June 2018-May 2019

An increase in serious incident identification from January 2019 has been observed; the increase in April 2019 is linked to the identification of a cluster of incidents that were declared as internal serious incidents within colorectal surgery, an in-depth investigation is currently taking place.

3. Chelsea and Westminster Hospital site

96 serious incidents were declared in the twelve month period to the end of May 2019; of these 40 were internal investigations and 56 were externally reported on StEIS.

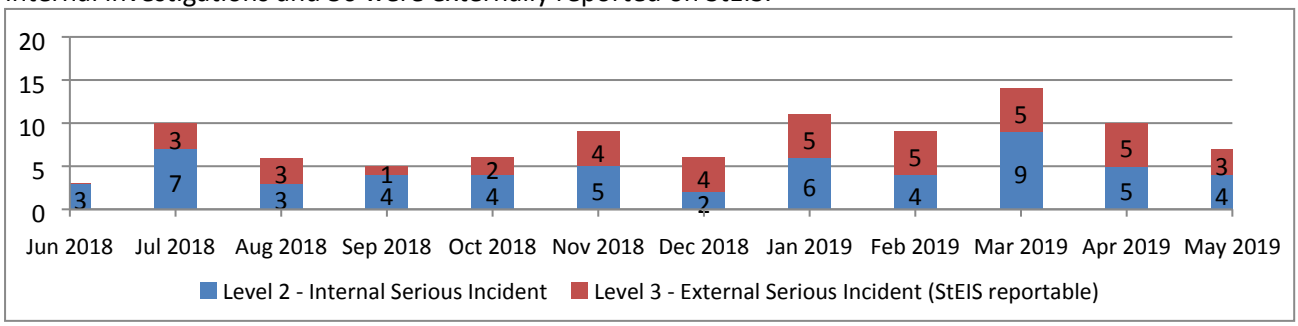


Fig 2: Internal and external SIs declared by CWH, June 2018 – May 2019

The majority of serious incidents are associated with the Division of Women's, Children's, HIV/GUM and Dermatology. This division demonstrates good engagement in the incident reporting and investigation process; the delivery of SI investigations and associated action plans are well supported by the Maternity risk team and linked Quality and Clinical Governance department leads.

	Level 2 Internal Serious Incident	Level 3 External Serious Incident	Total
Clinical Support Services	2	3	5
Corporate functions	1	1	2
Emergency and Integrated Care	14	10	24
Planned Care	10	9	19
Women's, Children's, HIV, GUM and Dermatology	29	17	46
Total	56	40	96

Tab 1: Internal and external SIs declared at CWH by Division, June 2018 – May 2019

Maternal, fetal, neonatal care; diagnosis/observation issues and patient falls are the most frequently declared SI categories at ChelWest; cascade of learning and implementation of improvement practice is supported by the maternity risk team, falls steering group and a deep dive into missed or delayed diagnosis being undertaken by the Clinical Director for Patient Safety.

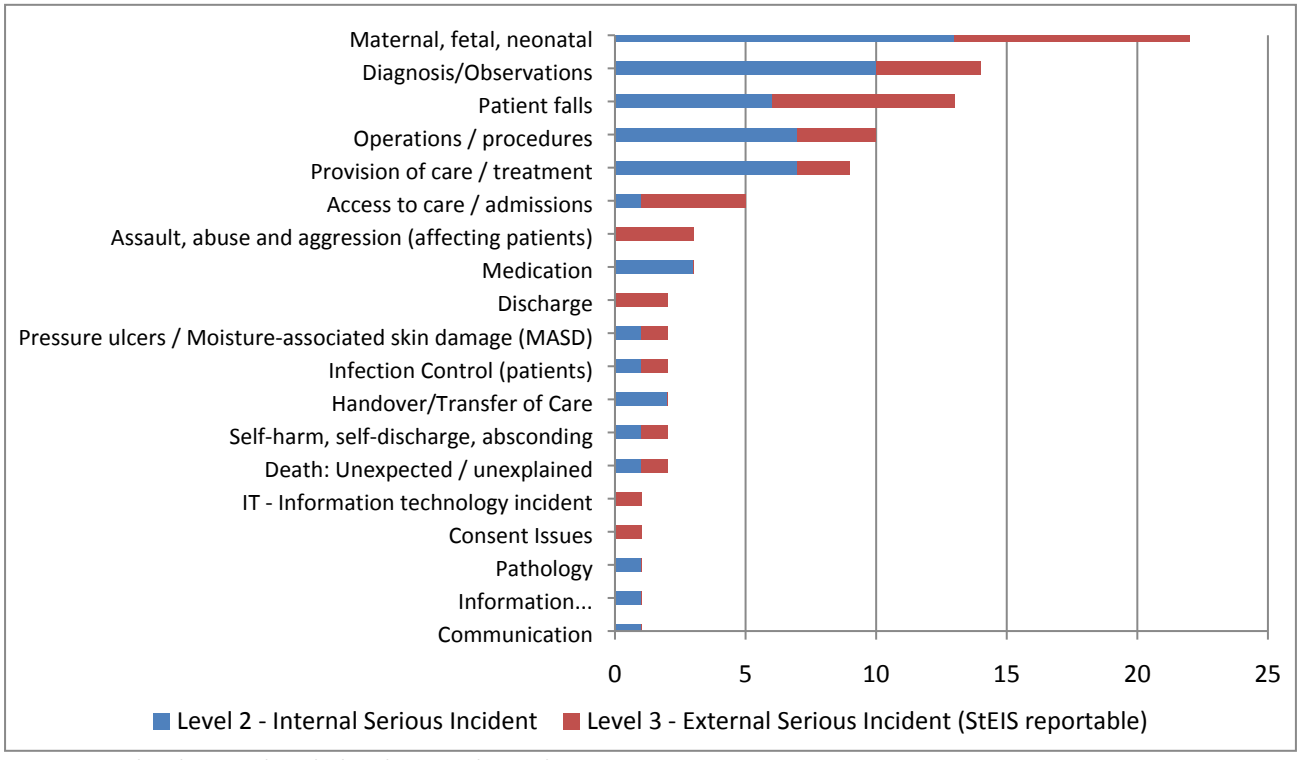


Fig 3: Internal and external SIs declared at CWH by incident category, June 2018 – May 2019

The exact location where serious incidents occur is monitored by the Quality and Clinical Governance Department to support the identification of themes and trends. This information is considered by the Patient Safety Group to ensure these areas are supported to investigate and respond to safety concerns.

	Level 2 Internal Serious Incident	Level 3 External Serious Incident	Total
Labour Ward, 3rd Floor, ChelWest	6	7	13
Accident and Emergency Main Area, Ground Floor, ChelWest	5	3	8
Acute Assessment Unit (AAU), 4th Floor, ChelWest	4	1	5
Eye Clinic, 1st Floor, ChelWest	1	4	5
Birth Centre, 3rd Floor, ChelWest	3	1	4
Ron Johnson Ward, 2nd Floor, ChelWest	2	1	3
Rainsford Mowlem Ward, 3rd Floor, ChelWest	1	2	3
Intensive Care Unit, 5th Floor, ChelWest	1	2	3
Neonatal Unit, 3rd Floor, ChelWest	2	1	3
David Erskine Ward, 4th Floor, ChelWest	2	1	3
Maternity Urgent Care Centre, 3rd Floor, ChelWest	2	1	3

Tab 2:Exact locations with highest associated Internal and external SIs declared at CWH, June 2018 – May 2019

Of the 96 Serious Incidents associated with the site during this reporting period 64 have been investigated and closed; the degree of harm that occurred as a direct result of the incident identified post investigation is outline below:

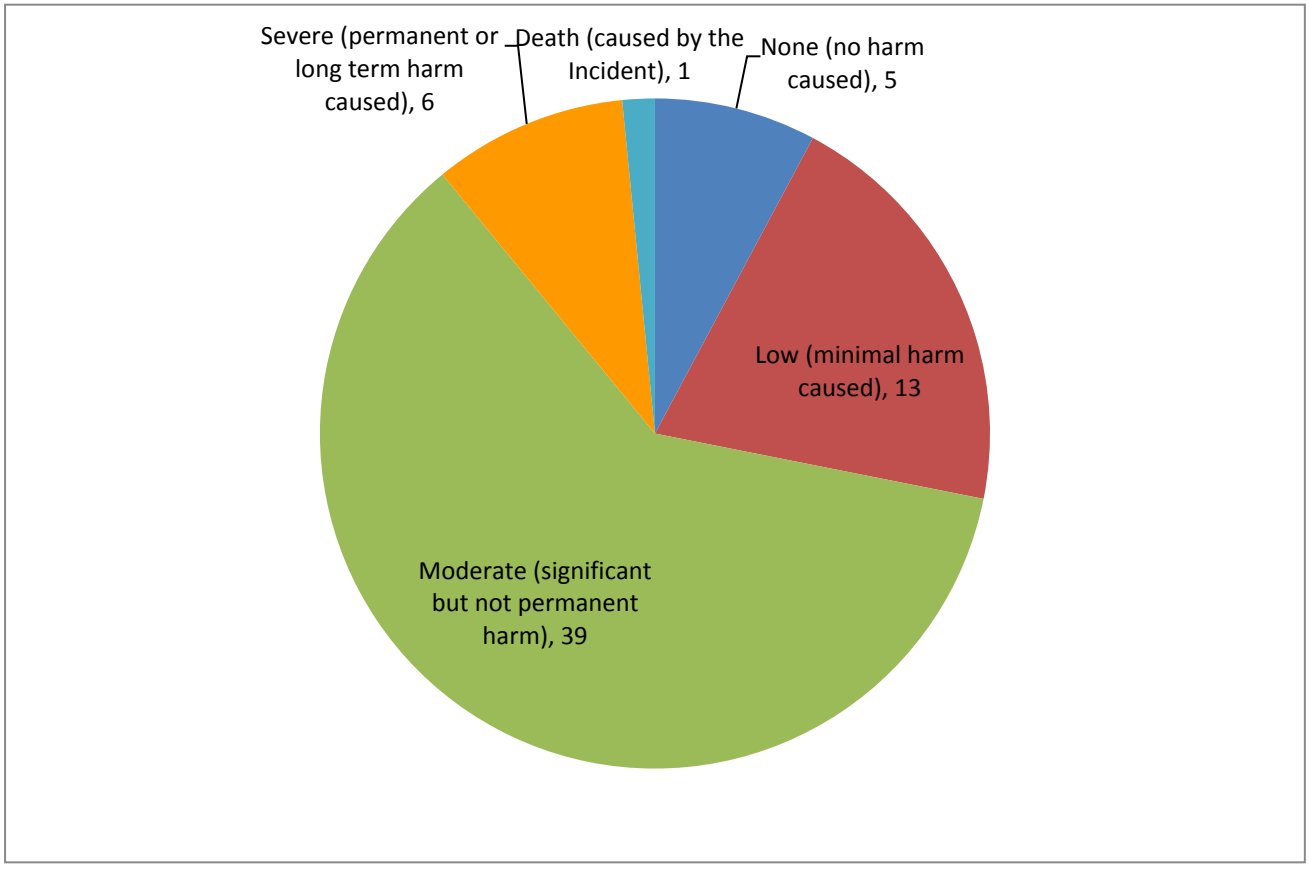


Fig 4:Closed Internal and external SIs declared at CWH by degree of harm, June 2018 – May 2019

4. West Middlesex University Hospital site

90 serious incidents were declared in the twelve month period to the end of May 2019; of these 46 were internal investigations and 44 were externally reported on StEIS.

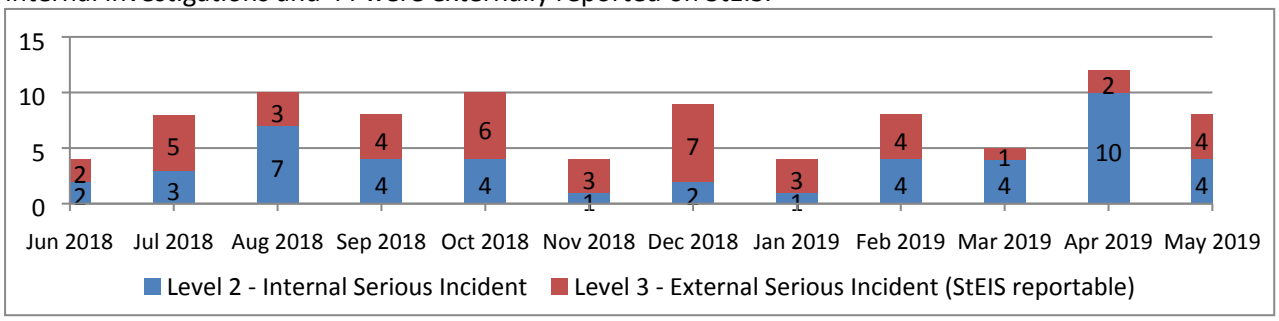


Fig 5: Internal and external SIs reported by WMUH, Jun 2018 – May 2019

Ten internal SI investigations were declared during April 2019 within the Planned Care Division at WMUH. Five of these investigations are associated with the specialty of colorectal surgery and an in-depth review is currently being undertaken.

	Level 2 Internal Serious Incident	Level 3 External Serious Incident	Total
Clinical Support Services	2	1	3
Emergency and Integrated Care	7	16	23
Planned Care	18	9	27
Women's, Children's, HIV, GUM and Dermatology	19	18	37
Total	46	44	90

Tab 3: Internal and external SIs declared at WMUH by Division, June 2018 – May 2019

The same highest level incident categories are observed at WestMid and ChelWest sites; it is noted that 13 serious incidents relating to patient falls occurred within this timeframe at ChelWest as compared to 10 at WestMid, however, all WestMid SIs were declared as externally reportable.

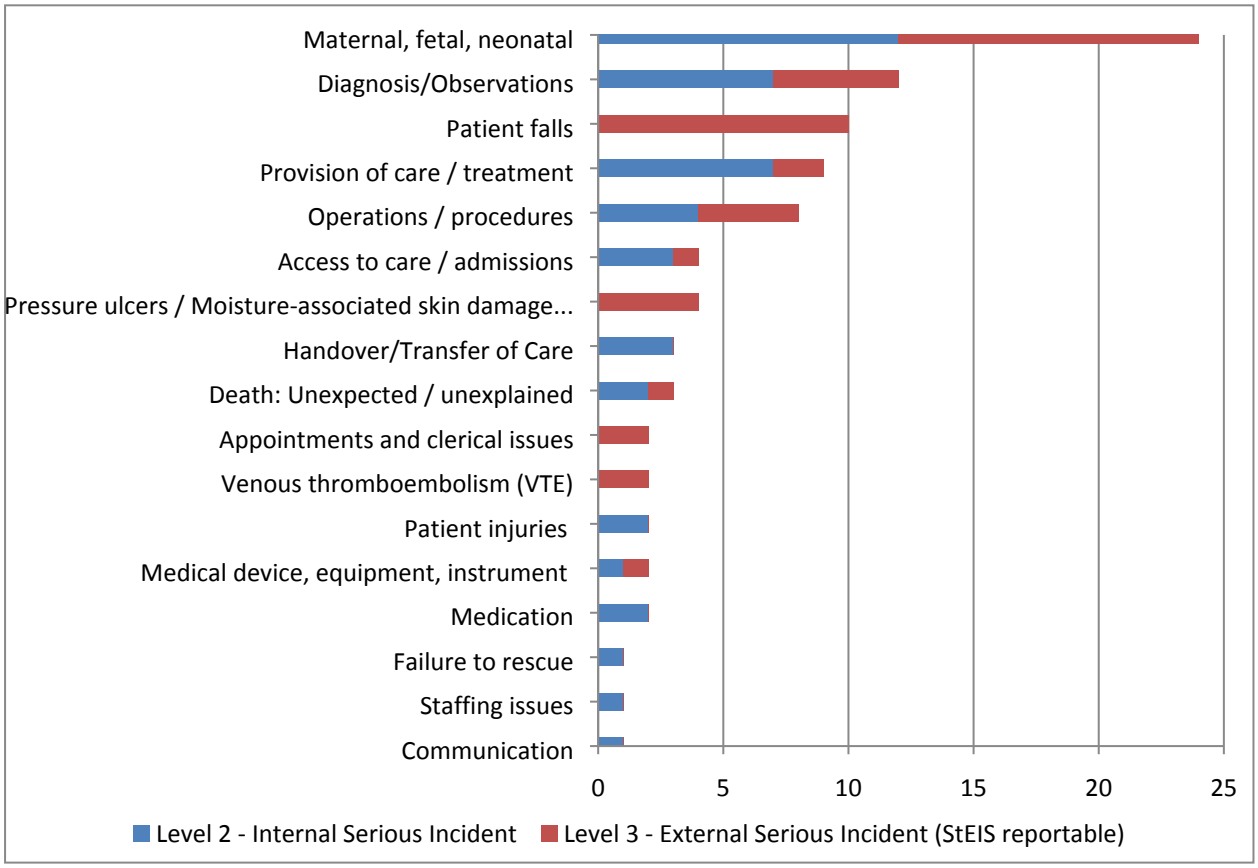


Fig 6: Internal and external SIs declared at WMUH by incident category, June 2018 – May 2019

The exact location where serious incidents occur is monitored by the Quality and Clinical Governance Department to support the identification of themes and trends. This information is considered by the Patient Safety Group to ensure these areas are supported to investigate and respond to safety concerns.

	Level 2 Internal Serious Incident	Level 3 External Serious Incident	Total
Labour Ward, QMMU, Ground Floor, WestMid	9	8	17
Syon 1 Ward, 2nd Floor, WestMid	4	3	7
OPD 4, WestMid	5	1	6
Accident and Emergency Paediatrics, Ground Floor, Main Site, WestMid	3	2	5
Accident and Emergency Main Area, Ground Floor, Main Site, WestMid	2	3	5
Clinical Imaging, Ground Floor, Main Site, WestMid	3	1	4
Crane Ward (Acute Care Of The Elderly), 1st Floor, Marjory Warren, WestMid	2	2	4
Syon 2 Ward, 2nd Floor, WestMid	0	3	3
Intensive Care Unit, 1st Floor, Main Site, WestMid	2	1	3
Theatre 5, 1st Floor, Main Site, WestMid	2	1	3

Tab 4:Exact locations with highest associated Internal and external SIs declared at WMUH, June 2018 – May 2019

Of the 90 Serious Incidents associated with the site during this reporting period 58 have been investigated and closed; the degree of harm that occurred as a direct result of the incident identified post investigation is outline below:

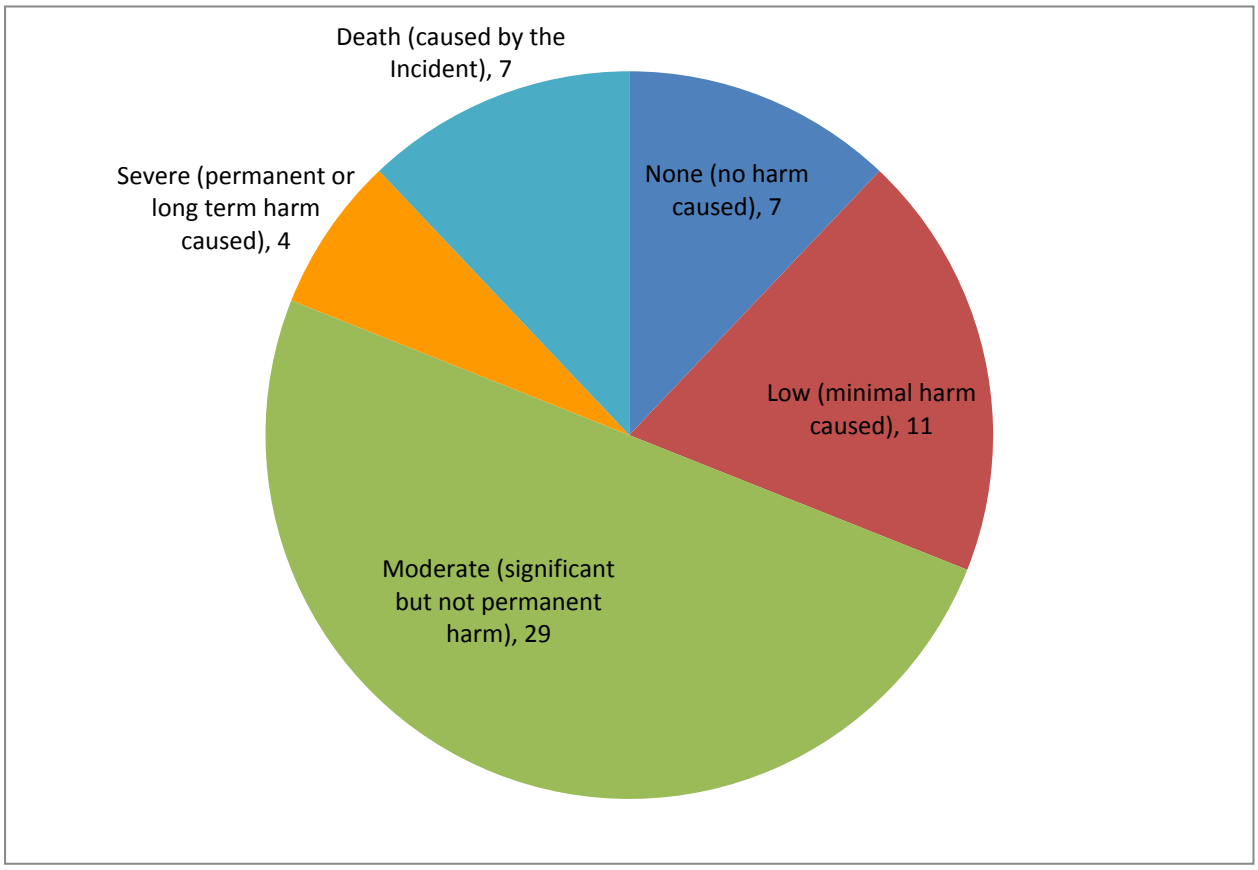


Fig 7: Closed Internal and external SIs declared at WMUH by degree of harm, June 2018 – May 2019

7 incidents are reported to have directly led to the death of a patient; a comparison of mortality review and serious incident investigation will be reported to the Mortality Surveillance Group in July 2019 to ensure that learning from each route is considered and degrees of harm are being accurately assessed.

5. Compliance with Serious Incident Framework timeframes (external SIs)

External SIs must be reported on StEIS no later than 2 working days after the incident is identified; following investigation the final SI report must be submitted to our commissioner within 60 working days of the initial StEIS notification.

- During April 2019 the Trust reported all SIs on StEIS and submitted all SI reports to the commissioners within timescale.
- Within May 2019 the Trust reported one SI on StEIS 3 working days post initial identification. Three SI investigations were not submitted to commissioners within the 60 day timeframe (two reports were submitted 2 days late, 1 report was submitted one day late).

Delays were experienced gathering and internally signing-off serious incident investigation within April. To support the delivery of investigations within required timescales the following actions have been taken:

- Incident Management Policy updated and cascaded to all clinical management teams.
- Divisional Serious Incident Panel terms of reference updated and cascaded to triumvirate leads. The Director of Quality Governance (or representative) will now attend all Divisional Panel meetings to support timely investigation completion.
- Attendance at root cause analysis training to be encouraged by Divisional triumvirate
- Serious Incident Report and Datix dashboard developments to support tracking, management and escalation.

Green: Indicates full compliance
Amber: Indicates partial compliance

	2019/20											
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
StEIS reporting												
No. of SIs reported on StEIS	7	7										
of which 'Never Events'	1	0										
No. reported on StEIS within agreed time scales	7	6										
Report submission to CCG												
No. of SI reports submitted to CCG	7	7										
No. submitted within the agreed time scales	7	4										

Tab 5: External SIs performance 2019/20

	2018/19											
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
StEIS reporting												
No. of SIs reported on StEIS	3	5	2	8	6	5	8	7	11	8	9	6
of which 'Never Events'	0	0	0	0	0	1	0	0	1	0	0	1
No. reported on StEIS within agreed time scales	3	5	2	8	6	5	8	7	9	7	8	6
No. of SI reports submitted to CCG	8	7	8	5	6	4	5	5	5	8	9	6
No. submitted within the agreed time scales	7	7	6	5	5	4	3	4	5	8	8	6

Tab 6: External SIs performance 2018/19

6. Serious Incident Action Plans

Serious Incident action plans are recorded within the Datix incident reporting system. This increases visibility of the actions arising from incidents and offers assurance to the Quality Committee that improvement actions are being delivered to reduce the risk of recurrence.

	Month action due for completion																		
	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Total
CSD	0	0	0	0	0	0	0	4	2	0	2	1	0	0	0	0	0	0	**9**
EIC	0	0	0	0	0	0	0	2	3	8	13	2	1	0	0	0	0	0	**29**
PCD	0	0	0	0	0	0	0	2	0	3	7	5	0	1	0	0	2	0	**20**
WCHGD	1	0	0	1	1	6	3	5	4	13	27	11	10	1	0	0	0	1	**84**
Total	**1**	**0**	**0**	**1**	**1**	**6**	**3**	**13**	**9**	**24**	**49**	**19**	**11**	**2**	**0**	**0**	**2**	**1**	**142**

Table 7: Open serious incidents actions by owning division and month due

There are currently 142 actions identified following serious incident investigation that remain open; of these 68 have passed their expected due date as outlined within the SI investigation. None delivery or lack of documentation / evidence of delivery of SI action limits the assurance offered by the serious incident investigation process.

Overdue serious incident actions are aligned to the following Divisions:

	Level 2 Internal Serious Incident	Level 3 External Serious Incident	Total
Clinical Support Services	2	4	**6**
Emergency and Integrated Care	3	10	**13**
Planned Care	0	5	**5**
Women's, Children's, HIV, GUM and Dermatology	12	32	**44**
Total	**17**	**51**	**68**

Table 8: Overdue serious incidents actions by owning division and SI level

7. 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 by the Trust since the 1st April 2019

Never Event Category	Surgical - Wrong site surgery
StEIS Reference	2019/8130
Incident description	The incident was reported on 10th April 2019 and occurred on the West Middlesex site. The incident involved a patient who was incorrectly booked for an ultra sound guided liver biopsy following a mix up of patients. The patient had no complications after the biopsy and has made a full recovery. The patient who should have been booked for the procedure has since had a liver biopsy.
Immediate actions taken	A face-to-face pre-assessment/consenting process has been introduced in advance of a liver biopsy appointment. Patients will have a pre-assessment appointment in the dedicated hepatology/liver clinic in the week of their liver biopsy to confirm the clinical indications, obtain provisional consent and to arrange pre-assessment blood tests.
SI Report deadline	9th July 2019

8. Monthly Serious Incident reporting activity

During April and May 2019, 37 SIs were declared; of these 23 were internal and 14 were external SIs.

Site	Level	Apr-19	May-19	YTD total
CWH	Internal Serious Incidents	5	4	9
	External Serious Incidents (StEIS reportable)	5	3	8
Chelsea and Westminster Hospital Total		**10**	**7**	**17**
WMUH	Internal Serious Incidents	10	4	14
	External Serious Incidents (StEIS reportable)	2	4	6
West Middlesex University Hospital Total		**12**	**8**	**20**
Grand Total		**22**	**15**	**37**

Tab 9: No. of serious incidents (internal and external) reported by each site in April and May 2019

The Healthcare Safety Investigation Branch (HSIB) is supporting the Trust's SI investigation process within maternity by undertaking investigations and identifying learning opportunities at a national level. The Trust's commissioners have requested that all cases referred to HSIB are reported on StEIS even if they do not meet the serious incident reporting criteria; this is expected to alter the organisations SI profile.

8.1. Categories

The most frequently identified incident type during this reporting period is 'Maternal, fetal, neonatal' care; 8 SIs were identified of which 2 were external and 6 internal, no themes within this category have been identified at this stage of the investigation. Cases within this category related to: unexpected Neonatal Death (WMUH site), post-partum haemorrhage (CWH site), 2 intrauterine death/still births (CWH site), and 3 unexpected admissions to SCBU/NICU (2WMUH site, 2 CHW site).

The figure below highlights the number of incidents reported by site, category and SI level (internal or external). CHW's most reported incident category is 'Maternal, fetal, neonatal' whilst WMUH's most reported category is 'Provision of care/treatment'.

Site Total	CWH	Incident Category	WMH	Site Total	Trust Total
5	1 4	Maternal, fetal, neonatal	2 1	3	8
1	1	Provision of care / treatment	4	4	5
1	1	Operations / procedures	2 1	3	4
1	1	Access to care / admissions	2	2	3
2	2	Assault, abuse and aggression (affecting patients)	0	0	2
0	0	Venous thromboembolism (VTE)	2	2	2
2	1 1	Patient falls	0	0	2
2	2	Handover/Transfer of Care	0	0	2
1	1	Death: Unexpected / unexplained	1	1	2
0	0	Patient injuries	1	1	1
1	1	Discharge	0	0	1
0	0	Diagnosis/Observations	1	1	1
0	0	Medication	1	1	1
0	0	Appointments and clerical issues	1	1	1
0	0	Medical device, equipment, instrument	1	1	1
1	1	Information Governance/Confidentiality	0	0	1
					37

Key: Internal SI; External SI

Fig8: Internal and external SIs declared by site and category, April 2019 - May 2019

8.2. Location

Within April and May 2019, Planned Care and Women's, Children's, HIV/GUM, Dermatology divisions both reported 14 serious incidents. Emergency and Integrated Care division reported 7 and Clinical Support Services and Corporate functions reported 1 each.

10 internal SIs were declared in Planned Care division; all occurring on the WMUH site. 5 of these cases are associated with the colorectal specialty and an in-depth review is currently being undertaken.

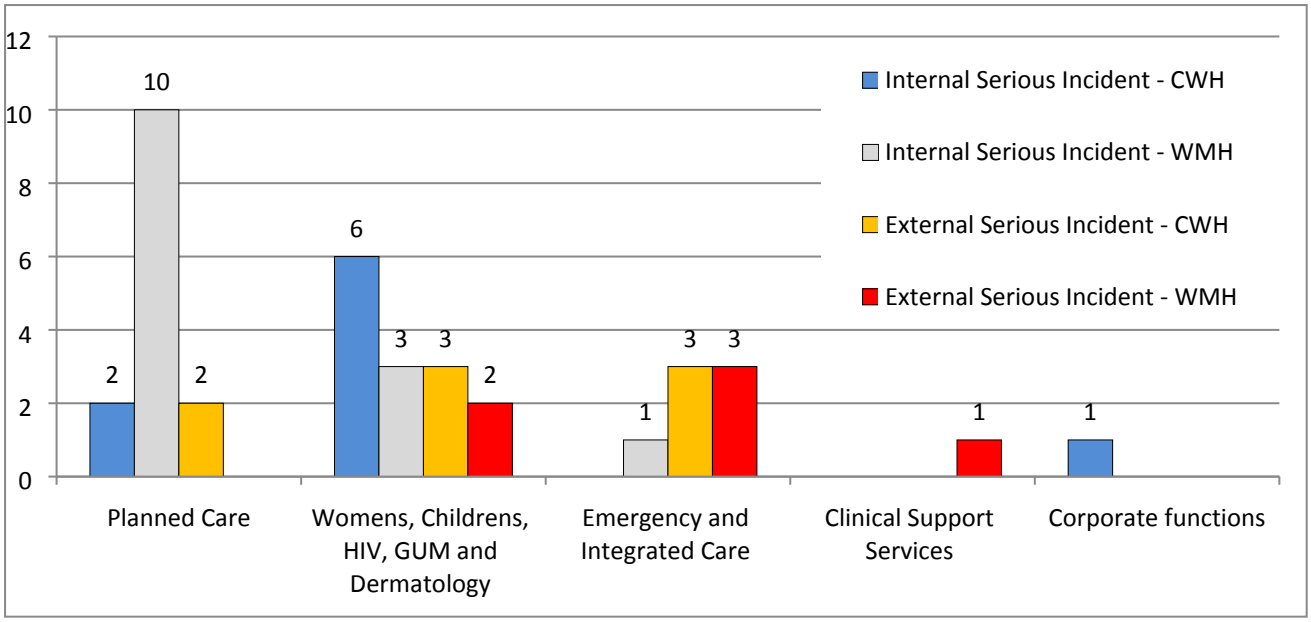


Fig 9: Internal and external SIs declared by Division, April 2019 - May 2019

The locations with the most reported SIs during April/May 2019 are Outpatients 4 (WMUH site), Labour ward (WMUH site), Maternity Urgent Care Centre (CWH site) and ITU (WMUH site).
There were 5 incidents reported in Outpatients 4 of which 4 of them are part of the in-depth colorectal review.

Location (exact)	Level 2 Internal Serious Incident	Level 3 External Serious Incident	Total
OPD 4, WestMid	4	1	5
Labour Ward, WestMid	2	1	3
Maternity Urgent Care Centre, ChelWest	2	0	2
Intensive Care Unit, WestMid	2	0	2

Tab 10: Degree of harm for Serious Incidents (internal and external) reported April/May 2019

8.3. Degree of harm

The degree of harm recorded should be directly related to the incident and not to the patients underlying medical condition or the potential harm that could have occurred. Degrees of harm have the potential to change following an investigation. Based on the information currently available the degree of harm associated with the SIs occurring within April and May 2019 is:

Degree of harm	Level 2 Internal Serious Incident	Level 3 External Serious Incident	Total
None (no harm caused)	4	0	4
Low (minimal harm caused)	3	3	6
Moderate (significant but not permanent harm)	13	2	15
Severe (permanent or long term harm caused)	2	4	6
Death (caused by the Incident)	1	5	6
Grand Total	**23**	**14**	**37**

Table 11: Degree of harm for serious incidents (internal and external) reported April/May 2019

27% of the SIs reported were graded as no or low harm, 41% were graded as moderate and 32% of the SIs declared were graded as severe harm or death.

Of the 6 severe harm incidents reported, 4 have been reported externally and 2 are part of an on-going internal review within the Colorectal specialty (WMUH site). The 4 external SIs include a cancer diagnosis delay (WMUH site), an ophthalmology treatment delay (CWH site), a child death in A&E (WMUH site) and a child death in NICU (CWH site).

Of the 6 incidents reported as having directly led to the death of a patient, 5 have been reported externally and 1 is an internal SI; the internal SI is an unexpected death in ITU (WMUH site). The 5 external SIs include 2 incidents of hospital acquired Venous thromboembolism (WMUH site), a child death in A&E (CWH site). The degree of harm will be confirmed by the SI investigation process.

8.4. Serious Incident Reports submitted to Commissioners (External)

Site	Division	Directorate	StEIS ref	StEIS Category	Page
WMUH	WCHGD	Maternity	2018/29485	Maternity/Obstetric: baby only	13
WMUH	WCHGD	Maternity	2019/719	Maternity/Obstetric: baby only	14
CWH	WCHGD	Maternity	2019/2408	Maternity/Obstetric: baby only	15
WMUH	EIC	Specialist Medicine	2019/1284	Slips/trips/falls	16
CWH	EIC	Specialist Medicine	2019/2011	Slips/trips/falls	17
CWH	EIC	Specialist Medicine	2019/1629	Slips/trips/falls	18
CWH	PCD	Surgery	2019/2405	Treatment delay	19
CWH	WCHGD	Maternity	2019/3247	Maternity/Obstetric: mother & baby	20
WMUH	EIC	Specialist Medicine	2019/4026	Slips/trips/falls	21
WMUH	EIC	Specialist Medicine	2019/3924	Slips/trips/falls	22
WMUH	PCD	Surgery	2019/4346	Slips/trips/falls	23
WMUH	EIC	Specialist Medicine	2019/10394	VTE	24
CWH	WCHGD	Paediatrics	2019/3728	Abuse/alleged abuse of child patient by staff	25
CWH	Corp	Clinical Systems & Information Technology	2019/3886	Major incident/ emergency preparedness, resilience and response/ suspension of services	26
CWH	WCHGD	Private Patients	2019/4761	Slips/trips/falls	27
CWH	WCHGD	Paediatrics	2019/4895	Medical equipment/ devices/disposables incident	28

Root and contributory causes are identified as part of the serious incident investigation process; to support thematic review themes are to be codified within the Datix system for serious incidents completed since April 2019. The following primary themes were identified during this reporting period:

- Documentation errors and omissions
- Sub-optimal referral / appointment processes
- Activity impacting resource availability
- Acuity impacting resource availability
- Lack of risk assessment (falls and VTE)
- Lack of response following risk assessment (falls)

Future reporting to the Committee will seek to identify themes relating to correctable causes across the profile of serious incidents investigated and seek to identify system wide learning opportunities.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 4 July 2019

PUBLIC SESSION

AGENDA ITEM NO.	2.4/Jul/19
REPORT NAME	Learning from Complaints Report
AUTHOR	Nathan Askew, Director of Nursing
LEAD	Pippa Nightingale, Chief Nursing Officer
PURPOSE	This paper provides the board with an update on the performance of the complaints team and also shares the common themes and trends in complaints made to the organisation. It provides an update on cases referred to the Parliamentary and Health Service Ombudsman. The Board is also presented with the annual complaints report for 2018-19.
SUMMARY OF REPORT	In May the Trust saw an increase in the number of formal complaints, which in turn led to a decline in 2 working day acknowledgement performance to 87%. The response rate for complaints closed in April reduced to 75% which was driven by a combination of increased workload and unplanned leave within the service. Performance with the PALS team saw a reduction in the number of concerns raised and an increase in performance of closure within 5 working days. 100 compliments were recorded in April which is an increase on previous months and 2 cases referred to the PHSO have been completed and not upheld.
KEY RISKS ASSOCIATED	A reputational risk of not meeting the Trust performance targets
FINANCIAL IMPLICATIONS	None
QUALITY IMPLICATIONS	Poor patient experience due to not meeting the required time frame for response
EQUALITY & DIVERSITY IMPLICATIONS	None

LINK TO OBJECTIVES	• Excel in providing high quality, efficient clinical services
DECISION/ ACTION	The Board is asked to note the content of this report.

Patient Experience Report

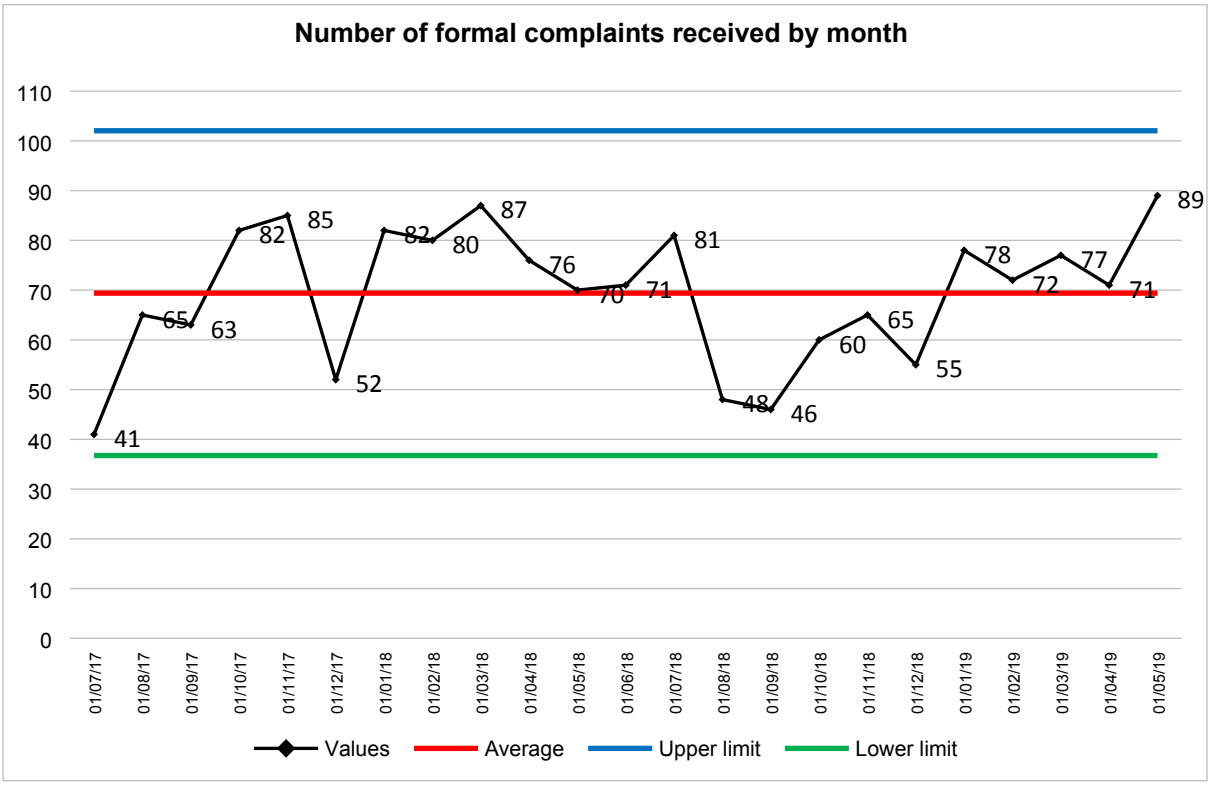
1. Introduction

This report provides an overview of formal complaints and informal concerns received and completed during May 2019. A review of complaints and concerns management is provided detailing performance in terms of acknowledgement and response to complaints/concerns and the delivery of improvement actions action arising during the investigation process.

The report aims to provide assurance that the Trust is responding to patient complaints in line with its procedures, Department of Health legislation, and service standards expected by the Parliamentary and Health Service Ombudsman.

2. Formal complaints received May 2019

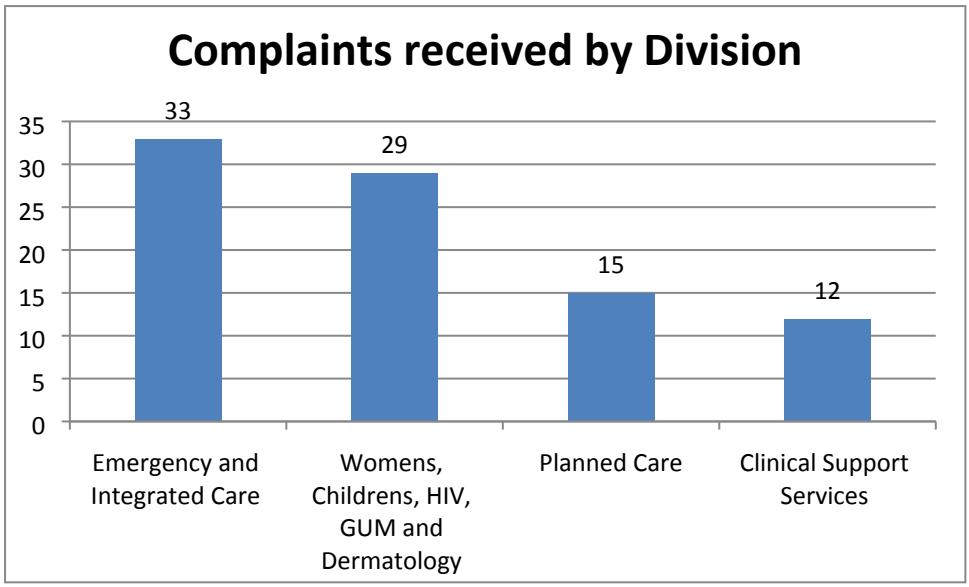
Eighty nine formal complaints were received in May 2019; this is a 27% increase compared to those received in May 2018 and a 25% increase from the previous month. The number of complaints received has continued to increase.



Formal complaints by month and year, July 2017 – May 2019

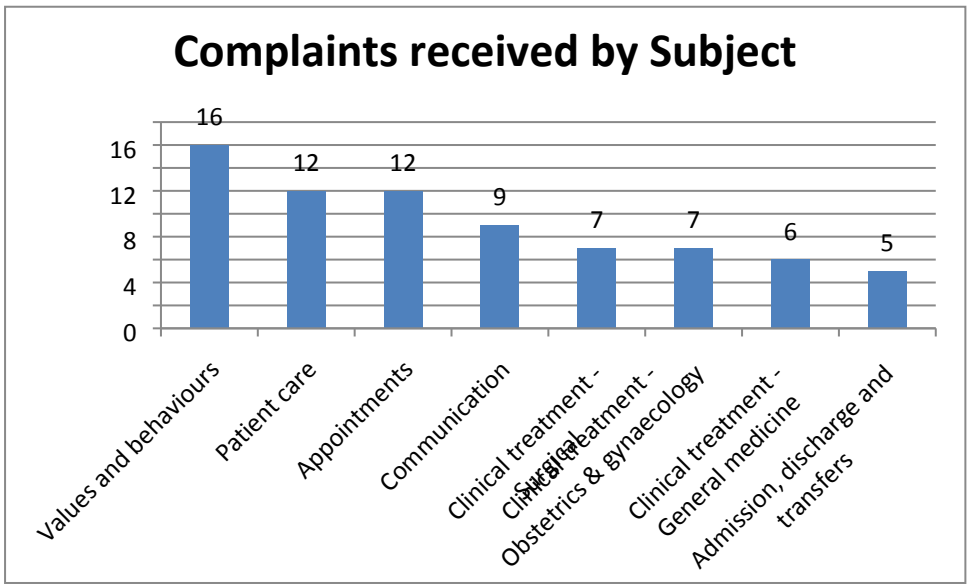
During May 2019, EIC Division received 33 complaints (37%) and WCH received 29 complaints (33%).

Fifty one complaints (57%) are linked to ChelWest site and thirty eight complaints (43%) to the West Middlesex site.



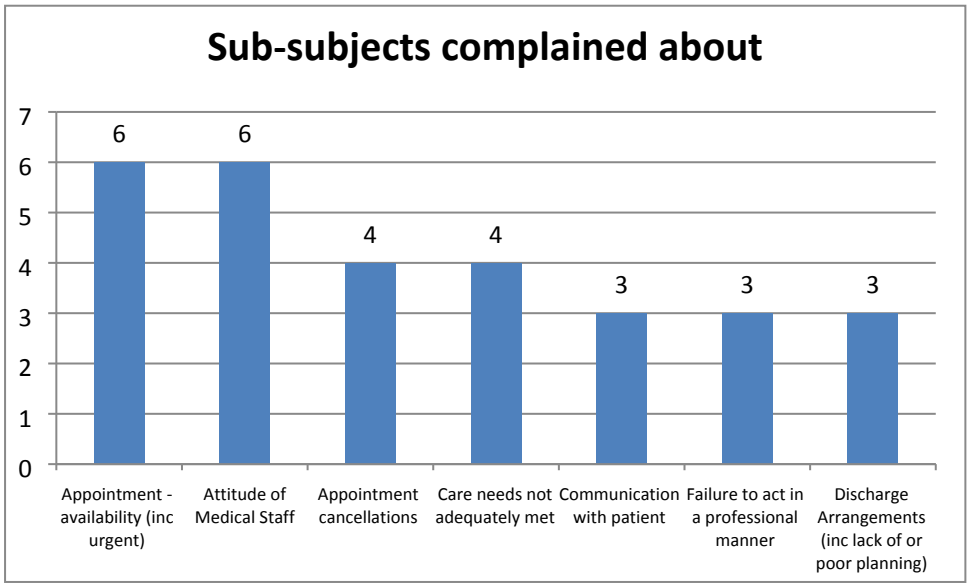
Formal complaints received in May 2019 by Division

Complaints are categorised by subject using the NHS Digital complaints categorisation system. Each complaint may raise several issues and all concerns expressed by patients are categorised within the record but only the primary issue is used within this report to monitor key trends.



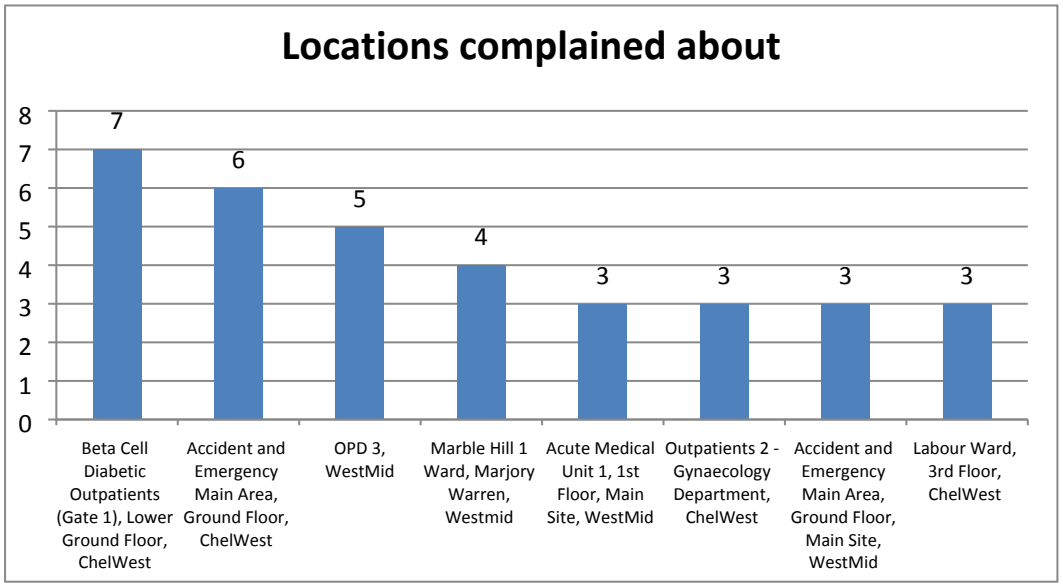
Top eight subjects complained about - complaints received in May 2019

Sub-category identification provides further detail regarding primary issues raised by patients.



Top primary complaint sub-categories, May 2019

During May 2019, Beta Cell Diabetic Outpatients, Chelwest and A&E Chelwest were identified as receiving the most complaints. High levels of complaints linked to individual locations may place significant burden on the investigation team, leads from these areas are encouraged to escalate capacity issues as soon as possible.



Top locations that received a complaint – May 2019

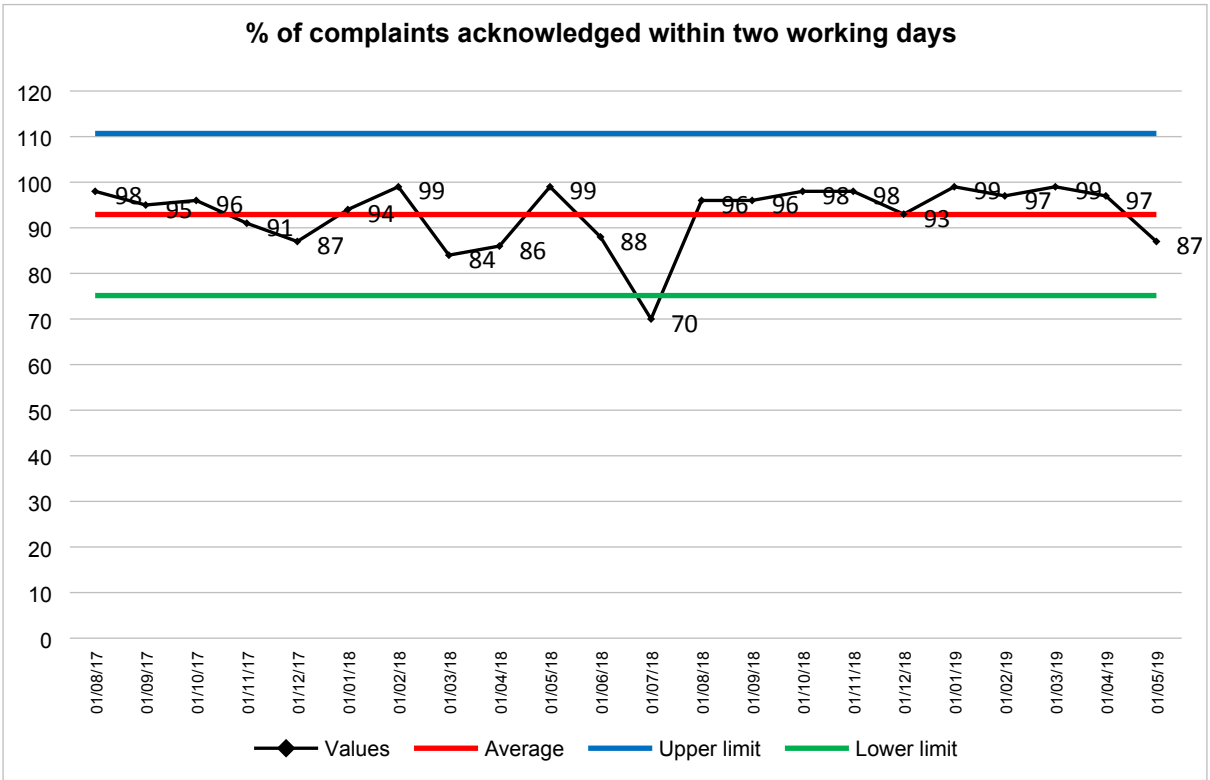
3. Complaints performance

Please see tables below regarding our performance in acknowledging and responding to complaints over a rolling 12 month period to support the identification of changes/trends.

The table shows the Trust's performance with acknowledging receipt of complaints within two working days.

	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19
Clinical Support Services	5	7	2	4	13	7	9	6	9	7	4	11
Corporate functions	4	3	1	2	1	1	5	7	2	2	3	0
Emergency and Integrated Care	27	26	22	19	24	21	14	26	20	32	23	29
Planned Care	20	22	9	9	10	19	15	21	20	18	21	13
Womens, Childrens, HIV, GUM and Dermatology	17	20	12	14	17	19	10	17	20	20	18	24
Total	73	78	46	48	65	67	53	77	71	79	69	77

Trust wide formal complaints performance; acknowledgement, June 2018-May 2019



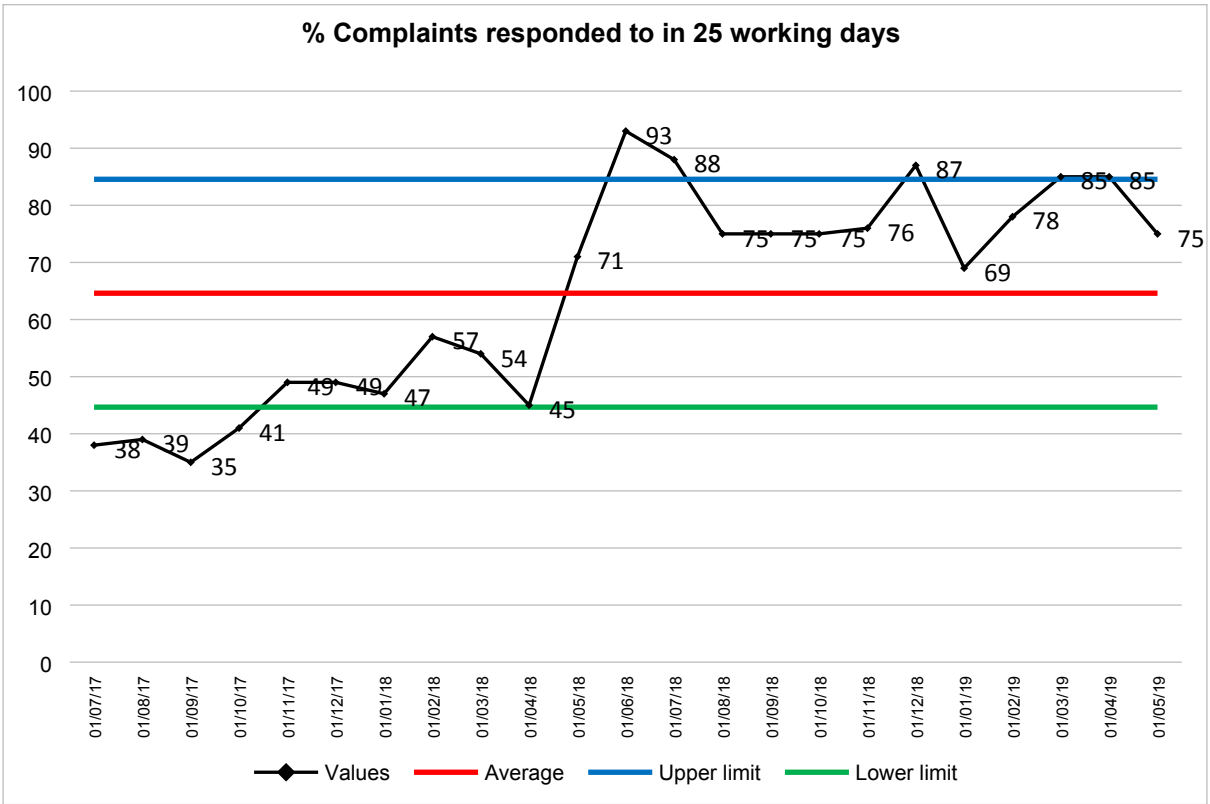
There has been a decline the % of complaints acknowledged within the two day timeframe, this correlates with the increase in work during May, the longest acknowledgement was four working days.

The table below shows the Trust's performance responding to complaints within 25 working days by month closed.

	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
No closed within timeframe	102	78	88	63	40	41	55	53	53	52	56	55	72
Total closed during month	72	84	77	47	30	30	73	60	60	67	66	65	96
% closed within timeframe	71%	93%	88%	75%	75%	75%	76%	87%	69%	78%	83%	85%	75%

Trust wide formal complaints performance; closure, April 2018 – May 2019

The percentage of complaints completed within 25 days has reduced during May due to a combination of factors including volume of work. The number of complaints closed during May increased by 48% on the previous month to 96; the number of new complaints received rose by 25% to 89, the team experienced delays with receiving investigation outcomes from investigators and there was an increase in unplanned leave during May within the complaints team. As well as the weekly complaint meetings with each division, the complaints team have introduced a phone call to the investigator, two weeks into the investigation to ensure that their investigation is on track.



Individual Divisional performance is included at Appendix 2 for information.

Breach analysis

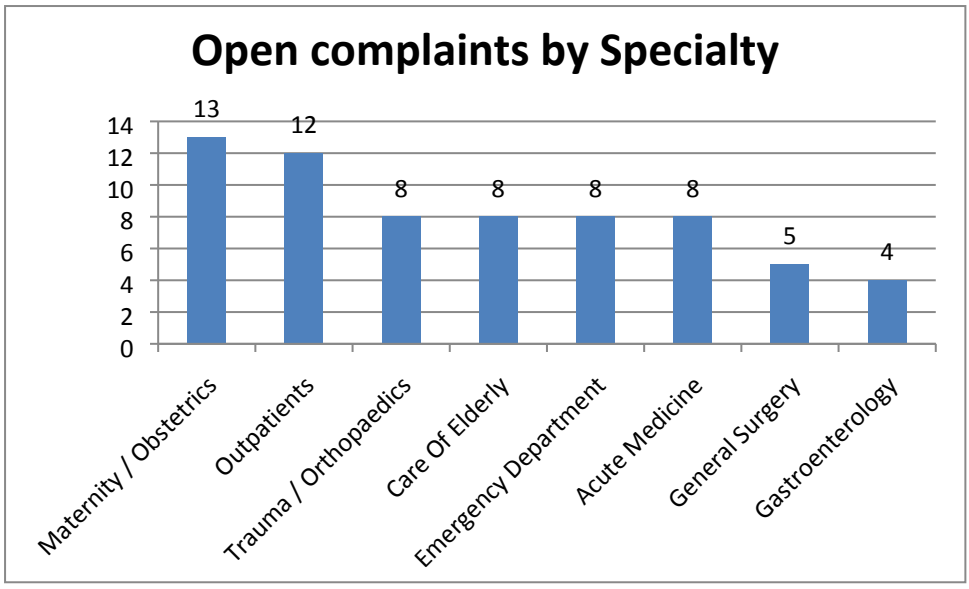
Appendix 3 contains the breach analysis report for May 2019 and includes a three month analysis. Breaches by 1 – 2 days have increased in May.

4. Formal complaints in progress

As at 20th June there are 114 open formal complaints awaiting response/closure across the organisation; at the previous report to committee there were 133 open complaints.

	Chelsea and Westminster Hospital	West Middlesex University Hospital	Total
Corporate functions	1	1	**2**
Emergency and Integrated Care	18	22	**40**
Planned Care	16	13	**29**
Clinical Support Services	10	4	**14**
Women's, Children's, HIV, GUM and Dermatology	20	9	**29**
Total	**65**	**49**	**114**

Tab 3: Open formal complaints as of 20th June 2019 by division and site

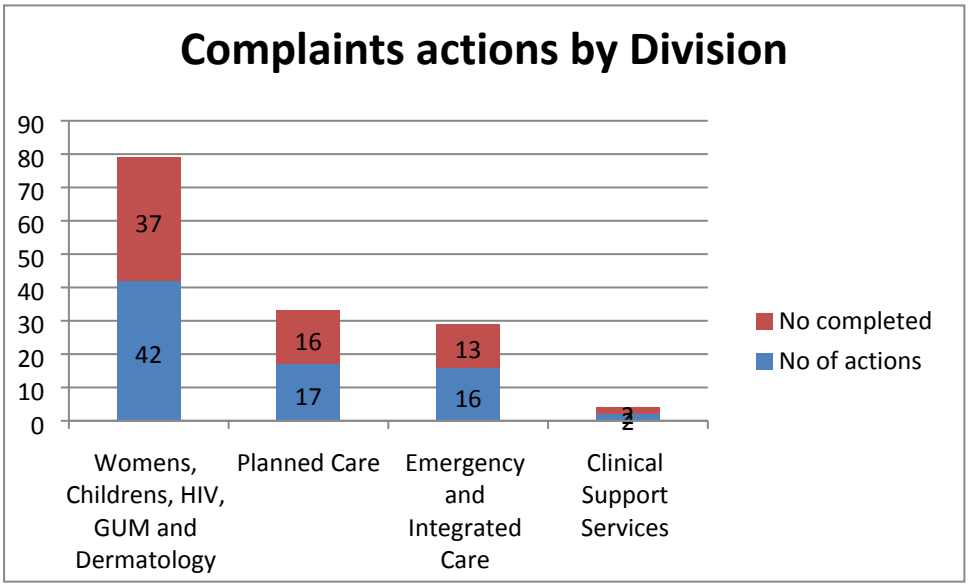


Open formal complaints as at 20th June 2019 by Specialty

5. Parliamentary and Health Service Ombudsman

Please see Appendix 5 for information about complaints currently with the PHSO and outstanding actions.

6. Complaint Actions

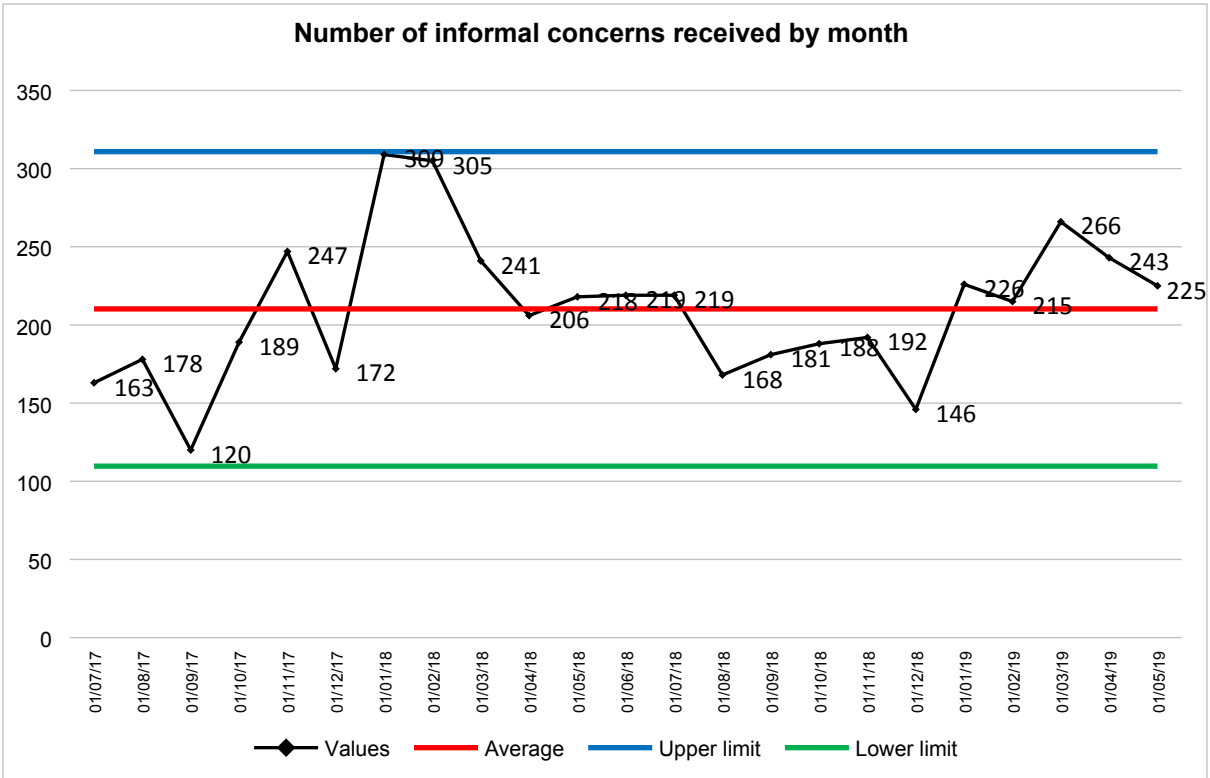


All complaints have a log completed of any actions agreed as a direct result of the complaint, these are recorded in Datix and tracked to completion. A tracker of outstanding actions is included in Appendix 4.

7. Learning from complaints appendix 1 and complaints trends analysis

8. Informal concerns

225 informal concerns were received during May 2019. Please see the chart below which provides monthly numbers of concerns received from patients and their families/representatives.



Informal concerns by month and year, June 2017 – May 2019

Concerns are categorised by subject using the same system as complaints, which assists with data analysis and monitoring. Each concern may raise several issues, all aspects of the concern are categorised within the Datix record but only the primary issue raised is used within this report to monitor key trends.

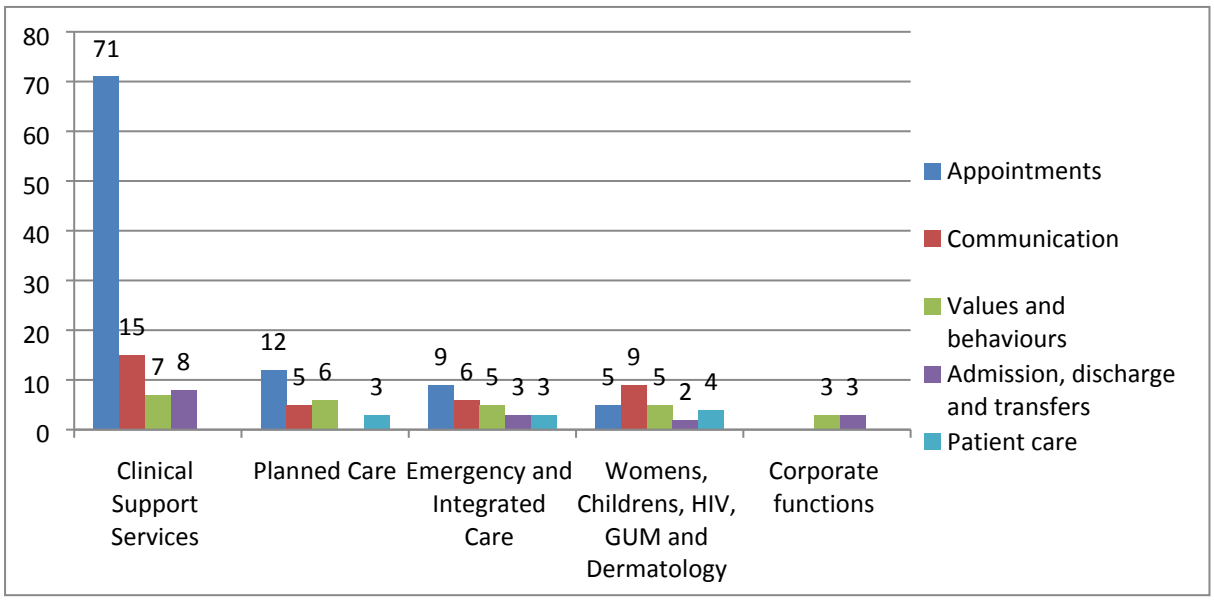


Fig 8: Informal concerns by primary subject and Division, May 2019

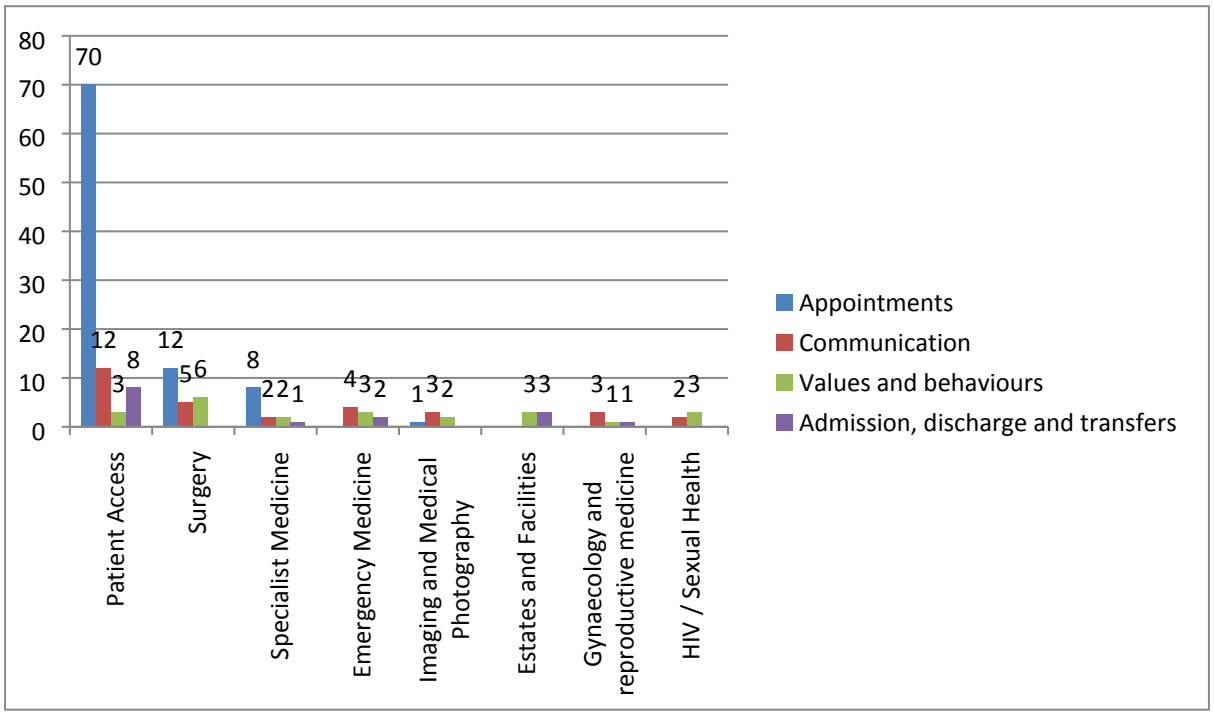


Fig 9: Informal concerns by Directorate and subject, May 2019

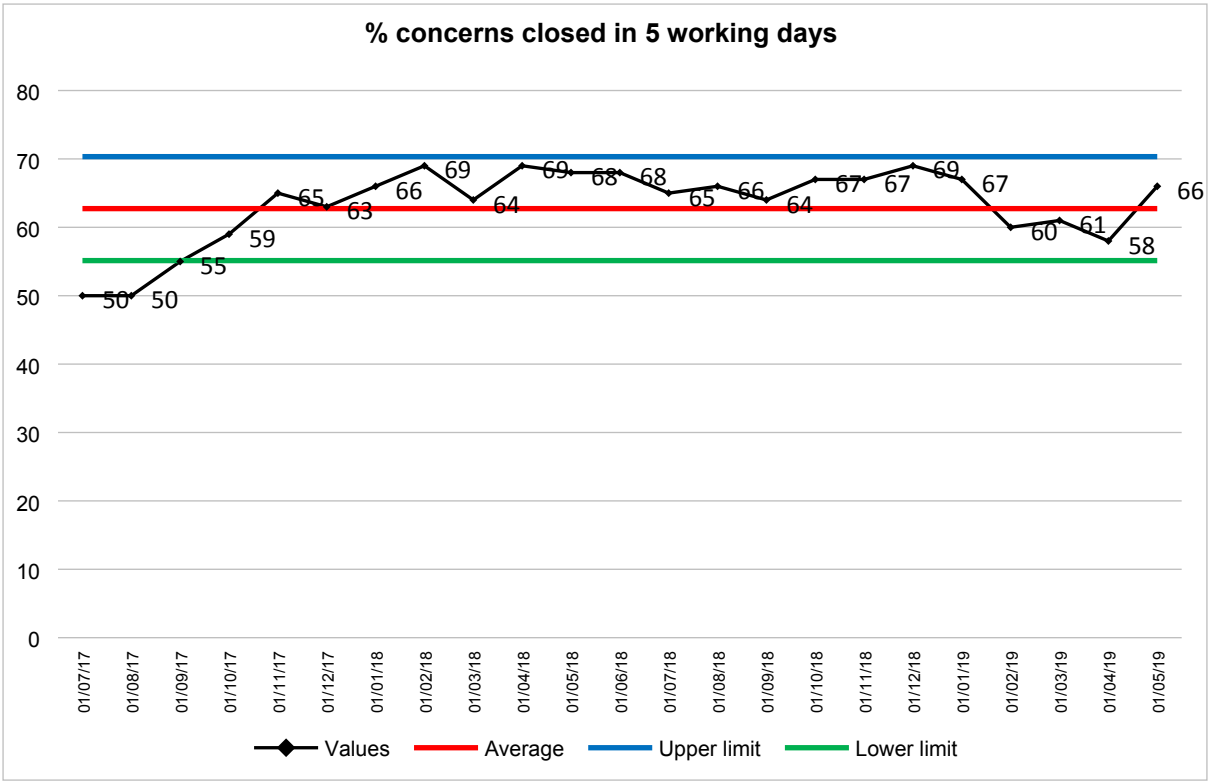
The Patient Access Directorate continues to receive a high number of concerns through PALS and both teams are working together to reduce the numbers of concerns received.

Informal concerns: Trust performance

66% of informal concerns were responded to within five working days by the PALS team during May 2019, which is a 14% increase in performance on last month.

	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May 19
Total received	218	219	219	168	182	207	192	146	226	215	266	243	225
No. closed within 5 working days	148	149	143	111	116	139	128	101	152	128	160	140	148
% closed within 5 working days	68%	68%	65%	66%	64%	67%	67%	69%	67%	60%	61%	58%	66%

Tab 4: Trust wide informal concerns performance, May 2018 – May 2019



8. Compliments

One hundred compliments were recorded by the PALS team from a patient or their family/representative within Datix during May 2019.

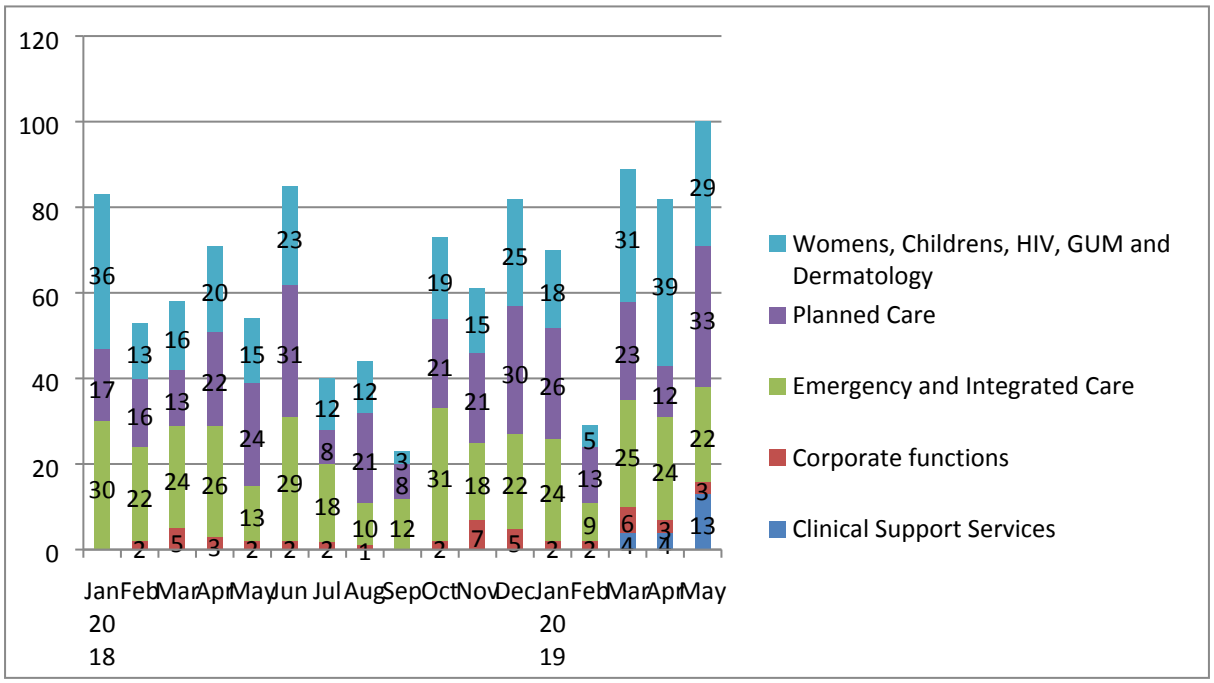


Fig 8: Compliments by month and year, July 2017 – May 2019

Below are some examples of compliments received during this period:

EIC Division:

I was seen by a wonderful, very professional and compassionate female doctor. That same doctor saw me prior to my operation and was also on duty on the Sunday to agree to my discharge. I am now in the care of Cardiology Consultant, Dr Raffi Kaprielian, who has been most thorough and caring. The Cardiac Catheter team was very professional and compassionate the entire day, from the nursing pre-operation team with registrar Dr Ameer Al-Bassam through to cardiac physiologist Allison Baker and her explanation of the recorder system. The process was amazing, quick and caring and I feel lucky to be hosting such an amazing piece of technology. Please would you pass on my thanks to all those involved with my care during this past year."

Planned Care Division:

I have recently been a patient at Chelwest and needed three operations. I was mainly in the David Evans ward and the care I received was absolutely fantastic. The doctors and nurses were marvellous and I owe my life to my incredible surgeon Mr C Kontovounisios. I have also had excellent follow up group meetings and exercises with the wonderful stoma nurses who have also advised and helped me right from my first diagnosis. I have great admiration for yourself, your colleagues and administration, and would be most grateful if you could pass my heartfelt thanks from both my wife and myself to all those who helped my recovery.

WCHGD Division:

I had a really great experience, and have genuinely come away feeling really positive, where previously I was feeling pretty down. Given I had previously used another sexual health clinic out of the area for the same issue, the difference was amazing.

The two nurses that seen me were polite, professional, really funny and understanding. I felt I was given all the time I needed, answered all my questions and were really proactive in sharing further information by text afterwards.

Given the number of patients that come through, it has really stuck with me how personable they were with me and would love if you could pass this on.

Clinical Support Services Division:

"I visited the hospital for a DEXA scan. I was looked after by a staff member named Corinne. She could not have been kinder or more helpful. When I walked into the room she greeted me warmly and then apologised for the low temperature and explained that it is fixed centrally. That immediately put me at my ease - I had been feeling cold and I felt that was acknowledged. Overall I felt like I was in very safe hands."

Corporate Division:

Thank you to our CEO Lesley for inviting her to take part in the Procession at the Westminster Abbey service.

9. Conclusion

The committee is asked to comment on the contents of this report.

Appendix 1 – Complaints vignettes

Emergency and Integrated Care

We received a complaint from someone who felt that they had not been properly sedated before a flexible sigmoidoscopy procedure. We explained that sedation is not routinely offered for this procedure. We can offer this but it needs to be requested when booking so that the person is on the appropriate list. We explained that the procedure can be uncomfortable due to the air in put into the bowel. The scopist was not aware of how uncomfortable the procedure was for the patient and apologised for this. We apologised that the equipment broke during the procedure which meant that this needed fixing during the procedure. We acknowledged that we should have scored the patient's pain higher than we did. The complaint has been discussed at the team meeting and the staff member has reflected on their practice.

Planned Care

A patient complained to us as they were unhappy with a delay in surgery and lack of care and communication following diagnosis of ACL rupture with meniscal tear. We explained that surgery could not be undertaken until a full range of movement had been gained in the patient's knee and inflammation had settled which eventually took place. We apologised that the patient suffered physical difficulties after the procedure. We apologised for the confusion in follow up appointment times. We also explained that physiotherapy assessment and the information provided has to be adapted to the type of surgery undertaken and we apologised that we did not share this in a clear way. We also apologised that the physio department did not respond in a timely way to a phone call and this system has been revised so that this does not happen again.

Women, Neonates, Children and Young People, HIV / GUM, Dermatology and Private Patients

We received a complaint from a mother who complained about silver nitrate treatment on her baby after an umbilical granuloma was diagnosed. We explained that there are several ways to treat an umbilical granuloma, including salt or leaving it to resolve itself. After treatment it was noted that the baby had broken skin and was referred to C&W burns unit for an expert opinion regarding skin healing. We apologised for our management of the case and have reviewed the procedure and written new guidance, that silver nitrate will now only be used for the most resistant granulomas.

Clinical Support Services

A patient contacted us as unhappy regarding the cancellation of appointment and the wrong interpreter was booked. We acknowledged the frustration caused and apologised that the wrong interpreter was booked and for the inconvenience that was caused. We also apologised that that the appointment had to be cancelled and that this was due to a member of staff's sickness.

Appendix 2 a) Complaints completed in May 2019 that breached

ID	Site	Division	Specialty (primary)	Complaint / Concern Lead	First received	Replied due	Replied done	no of days	Reason for breach
9936	Chelsea and Westminster Hospital	Clinical Support Services	Imaging	Millar, Aideen	27/02/2019	03/04/2019	13/05/2019	26	Re-opened - delay with investigation of re-opened complaint
11162	Chelsea and Westminster Hospital	Emergency and Integrated Care	Emergency Department	Travill, Charlotte	05/04/2019	15/05/2019	16/05/2019	26	Joint complaint with PC. Delay in receiving draft response after investigation.
10107	Chelsea and Westminster Hospital	Planned Care	Trauma / Orthopaedics	Brocklebank, Lyn	11/03/2019	15/04/2019	13/05/2019	26	Re-opened - delay with investigation of re-opened complaint
10394	Chelsea and Westminster Hospital	Planned Care	Bariatric	Pala, Vanessa (Inactive User)	11/03/2019	15/04/2019	07/05/2019	26	Re-opened - delay with investigation of re-opened complaint
9430	West Middlesex University Hospital	Womens, Childrens, HIV, GUM and Dermatology	Gynaecology	Sivas, Sally (Inactive User)	13/03/2019	01/05/2019	30/05/2019	26	Re-opened complaint. Prolonged wait to arrange LRM and then written response requested.
10999	West Middlesex University Hospital	Emergency and Integrated Care	Gastroenterology	Tana, Shiela	27/03/2019	03/05/2019	07/05/2019	28	Delay as DDN had queries on draft response.
11200	Chelsea and Westminster Hospital	Clinical Support Services	Outpatients	Linnard, Deirdre	04/04/2019	14/05/2019	16/05/2019	29	Went for sign off 13.5.19. Comments made by CEO, then signed on 16.5.19
11222	West Middlesex University Hospital	Planned Care	Trauma / Orthopaedics	Lightfoot-Boston, Nataliya	09/04/2019	17/05/2019	22/05/2019	30	Response went to sign on 14.5.19. Comments sent to division, delay in receiving revised response.

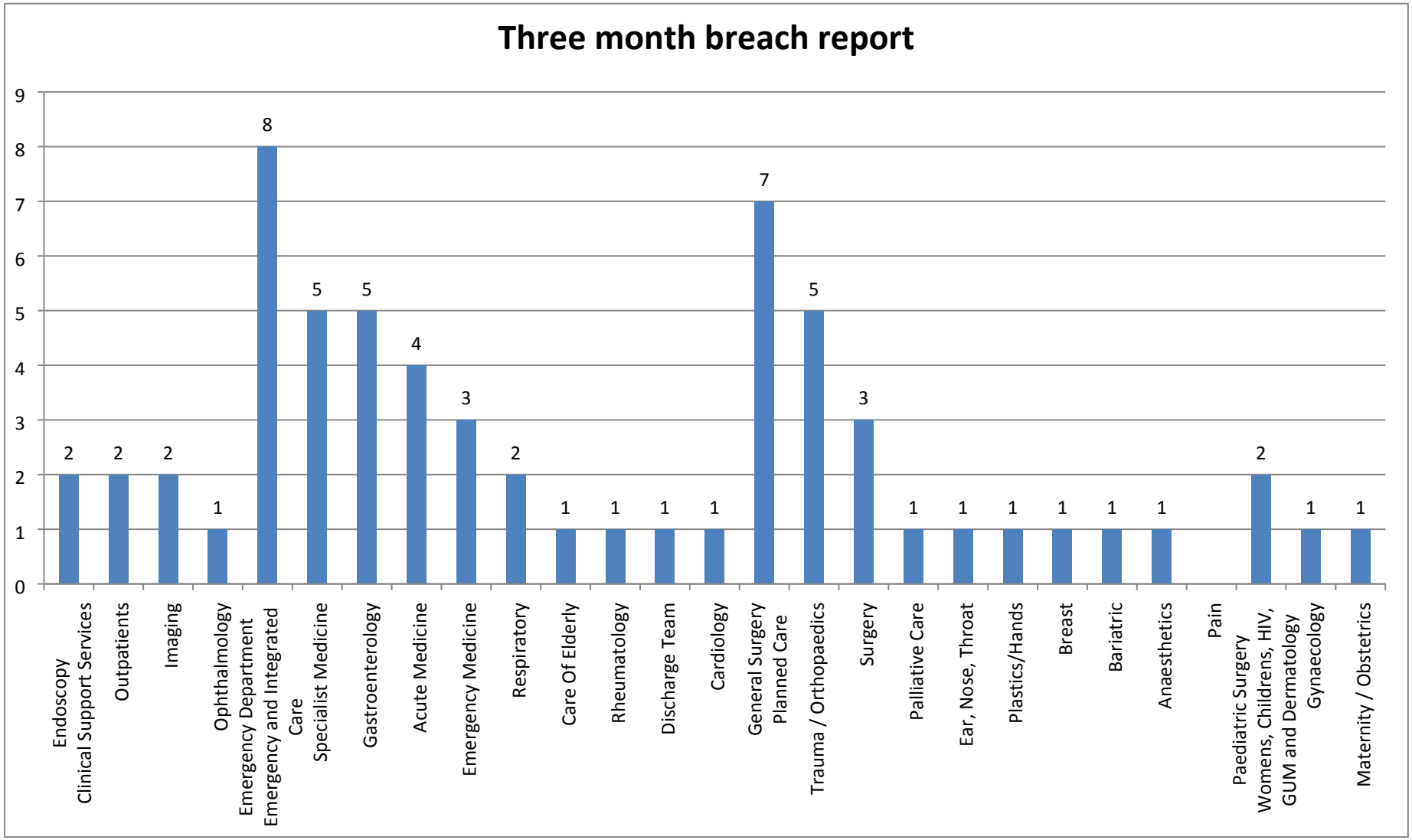
11312	Chelsea and Westminster Hospital	Emergency and Integrated Care	Acute Medicine	Purvis, Sarah	16/04/2019	24/05/2019	30/05/2019	31	Response required two sets of amendments prior to approval on 28/05. Signed off on 30/05
11112	Chelsea and Westminster Hospital	Womens, Childrens, HIV, GUM and Dermatology	Maternity / Obstetrics	Cochrane, Victoria	01/04/2019	09/05/2019	15/05/2019	31	Delay from Division with investigation and then required amending.
10878	Chelsea and Westminster Hospital	Emergency and Integrated Care	Emergency Department	Travill, Charlotte	15/03/2019	23/04/2019	01/05/2019	32	Delay with investigation - draft response received on 26/04 and to CEO on 30/04
11033	West Middlesex University Hospital	Emergency and Integrated Care	Emergency Department	Bhuva, Emma	28/03/2019	07/05/2019	14/05/2019	32	Delay with investigation - draft received on 08/05 and further amendments needed - sent to DON on 13/05
11190	West Middlesex University Hospital	Emergency and Integrated Care	Discharge Team	Turton, Richard	28/03/2019	07/05/2019	13/05/2019	32	Response received 29/04, HOC reviewed on 01/05, back with division to answer queries. Response sent back to 08/05- DDN approved 08/05 DON approved 08/05 - CEO signed response on 13/05
11297	Chelsea and Westminster Hospital	Emergency and Integrated Care	Emergency Department	Travill, Charlotte	15/04/2019	23/05/2019	30/05/2019	32	Response received on 15/05, DDN review on 21/05 - DON approved on 29/05 - 30/05 went to CEO for sign off
11031	Chelsea and Westminster Hospital	Planned Care	General Surgery	Evans, Caroline	26/03/2019	03/05/2019	10/05/2019	32	Delay with sending out due revisions to draft response by division.
10988	West Middlesex University Hospital	Emergency and Integrated Care	Cardiology	Taylor, Fiona	27/03/2019	03/05/2019	13/05/2019	33	Response received on 03/05- sent to DDN on 08/05 - DON approved- CEO signed off on 13/05
11161	Chelsea and Westminster Hospital	Emergency and Integrated Care	Rheumatology	Elliott, Elaine	29/03/2019	08/05/2019	16/05/2019	33	Response received on 08/05- sent to DDN for review on 09/05 and sent back to the team on14/05- DON approved on 14/05- CEO signed off 16/05

11129	Chelsea and Westminster Hospital	Emergency and Integrated Care	Gastroenterology	Elliott, Elaine	04/04/2019	14/05/2019	22/05/2019	33	Response received on 16/05 - DDN reviewed on 17/05- DON approved on 17/05- CEO signed on 22/05
11204	Chelsea and Westminster Hospital	Planned Care	Trauma / Orthopaedics	Brocklebank, Lyn	04/04/2019	14/05/2019	22/05/2019	33	Draft was received late. Comments received when it went for sign off.
11219	Chelsea and Westminster Hospital	Emergency and Integrated Care	Care Of Elderly	Paul, Cheryl	05/04/2019	15/05/2019	24/05/2019	34	Delay from division who were apparently not aware of this complaint despite many emails sent. Response drafted and DDN approved on 23/05- DON approved on 23/05
11245	Chelsea and Westminster Hospital	Planned Care	Anaesthetics	Pickering, Elspeth	11/04/2019	21/05/2019	30/05/2019	34	Delay with completion of investigation.
10910	Chelsea and Westminster Hospital	Clinical Support Services	Outpatients	Paul, Eleanor	15/03/2019	23/04/2019	07/05/2019	36	Draft received 16.4.19. Amendments sent to Div 3.5.19.
11012	West Middlesex University Hospital	Planned Care	General Surgery	Kaler, Jatinder	25/03/2019	01/05/2019	15/05/2019	36	Delay due to provision of consultant statements.
11208	West Middlesex University Hospital	Planned Care	Trauma / Orthopaedics	Lightfoot-Boston, Nataliya	08/04/2019	16/05/2019	29/05/2019	36	Response sent to DDN 9.5.19. DDN returned it on 17.5.19. comments from CEO finally sent 29.5.19
11092	West Middlesex University Hospital	Clinical Support Services	Endoscopy	Sidhu, Jaswinder	29/03/2019	08/05/2019	22/05/2019	37	Investigation response received 16.5.19. Amendments and final sign off
11233	West Middlesex University Hospital	Emergency and Integrated Care	Gastroenterology	Taylor, Fiona	09/04/2019	17/05/2019	31/05/2019	37	Draft response received on 24/05- DDN reviewed and sent back to team on 31/05 - DON approved on 31/05

11221	Chelsea and Westminster Hospital	Planned Care	Plastics/Hands	Mulder, Cecilia	04/04/2019	14/05/2019	28/05/2019	37	Delay in investigation, chased many times
11067	West Middlesex University Hospital	Planned Care	Ear, Nose, Throat	Kaler, Jatinder	28/03/2019	07/05/2019	22/05/2019	38	Complex complaint, investigation took longer. Response had many amendments
11063	Chelsea and Westminster Hospital	Womens, Childrens, HIV, GUM and Dermatology	Paediatric Surgery	Bramwells, Lorna	01/04/2019	09/05/2019	24/05/2019	38	CEO reviewed on due date. Comments received on 10.5.19. CEO requested to speak to DON. Discussion took place 24.5.19
10677	West Middlesex University Hospital	Planned Care	Trauma / Orthopaedics	Lightfoot-Boston, Nataliya	04/03/2019	08/04/2019	01/05/2019	41	Response had many comments, needed further investigation.
11214	West Middlesex University Hospital	Clinical Support Services	Endoscopy	Taylor, Fiona	28/03/2019	07/05/2019	28/05/2019	42	Resolved 2.5.19. Delay in producing closing letter.
10713	Chelsea and Westminster Hospital	Emergency and Integrated Care	Respiratory	Rosario, Laura	05/03/2019	19/04/2019	03/05/2019	42	Complex complaint - ended up having an LRM with the family and response sent.
9503	Chelsea and Westminster Hospital	Planned Care	Pain	Brocklebank, Lyn		03/05/2019	21/05/2019	42	Delay with investigation of re-opened complaint
10903	West Middlesex University Hospital	Emergency and Integrated Care	Acute Medicine	Govinden, Dharmen	21/03/2019	29/04/2019	22/05/2019	43	Delays in receiving information from nursing agency which then delayed approval and sign off of response.
10890	Chelsea and Westminster Hospital	Planned Care	Palliative Care	Pizzey, Alex	18/03/2019	24/04/2019	22/05/2019	46	Originally logged with EIC. Then transferred to PC which caused delay with investigation.
10905	Chelsea and Westminster Hospital	Clinical Support Services	Imaging	Millar, Aideen	15/03/2019	23/04/2019	22/05/2019	47	Delay due to authorisation of repayment.
10854	Chelsea and Westminster Hospital	Clinical Support Services	Ophthalmology	Paul, Eleanor	14/03/2019	18/04/2019	29/05/2019	53	First draft received 16.4.19. Complaint team drafted response from statements

10430	Chelsea and Westminster Hospital	Emergency and Integrated Care	Acute Medicine	Purvis, Sarah	13/02/2019	05/04/2019	01/05/2019	54	LRM held to discuss issues with family but no response drafted which caused a delay in closing complaint.
10759	West Middlesex University Hospital	Emergency and Integrated Care	Gastroenterology	Lee, Sarah	08/03/2019	12/04/2019	24/05/2019	54	Delay in receiving complaint response and then further delay as amendments needed to draft response.
10810	Chelsea and Westminster Hospital	Emergency and Integrated Care	Emergency Department	Rosario, Laura	05/03/2019	19/04/2019	22/05/2019	55	Delay with investigation - response received on 16/05 - sent to DDN on 16/05- DON on 17/05- CEO signed on 22/05
10706	Chelsea and Westminster Hospital	Emergency and Integrated Care	Respiratory	Stracey, Helen	04/03/2019	08/04/2019	22/05/2019	56	Delay from division - despite many chases. Finally received the response on 02/05 but still needed input from discharge- chased on many occasions and so did HOC. Reviewed by Nathan on 21/05.
10645	Chelsea and Westminster Hospital	Emergency and Integrated Care	Emergency Department	Travill, Charlotte	01/03/2019	05/04/2019	24/05/2019	59	Delay with investigation and then response was with CEO as she wanted to discuss with DON before signing off.
10483	West Middlesex University Hospital	Emergency and Integrated Care	Acute Medicine	Taylor, Fiona	15/02/2019	22/03/2019	29/05/2019	72	Complex complaint. Delay with Division's response to complaint despite chasing regularly.

Appendix 3 b) – Three month breach report



Appendix 4 – Action Tracker for May 2019

Linked record ID	Division	Directorate	Type	Action title	Responsibility ('To')	Due date
7966	Emergency and Integrated Care	Specialist Medicine	Staff Support - Wellbeing	1 Feedback to staff regarding importance of commencing MRSA treatment promptly	Callaway, Jane	03/10/2018
7910	Womens, Childrens, HIV, GUM and Dermatology	Gynaecology and reproductive medicine	Create/amend/review - Policy/Procedure/Protocol	Dedicated scanning sessions	Bhatia, Sunaina	31/08/2018
7910	Womens, Childrens, HIV, GUM and Dermatology	Gynaecology and reproductive medicine	Share learning (inc. feedback to staff involved)	Wider learning	Bhatia, Sunaina	24/08/2018
8467	Emergency and Integrated Care	Emergency Medicine	Share learning (inc. feedback to staff involved)	ED patient property management review	Scuse, Charlotte	31/08/2018
8260	Womens, Childrens, HIV, GUM and Dermatology	Gynaecology and reproductive medicine	Create/amend/review - proforma or information sheet	Update of Information Leaflets	Atkinson, Anna Dine	03/12/2018
9023	Emergency and Integrated Care	Emergency Medicine	Share learning (inc. feedback to staff involved)	Dependent patients are offered a drink/food regularly whilst in the discharge lounge	Paul, Cheryl	31/12/2018
11395	Planned Care	Surgery	Share learning (inc. feedback to staff involved)	CANNUALE CHECKS POST-OP	Flete, Mariza	21/05/2019
11580	Womens, Childrens, HIV, GUM and Dermatology	Private Patients	One-off training	Cannulation skills to be reassessed	Quartey, Evelyn	31/07/2019
11580	Womens, Childrens, HIV, GUM and Dermatology	Private Patients	Set up ongoing training	Extravasation awareness teaching sessions	Quartey, Evelyn	31/07/2019

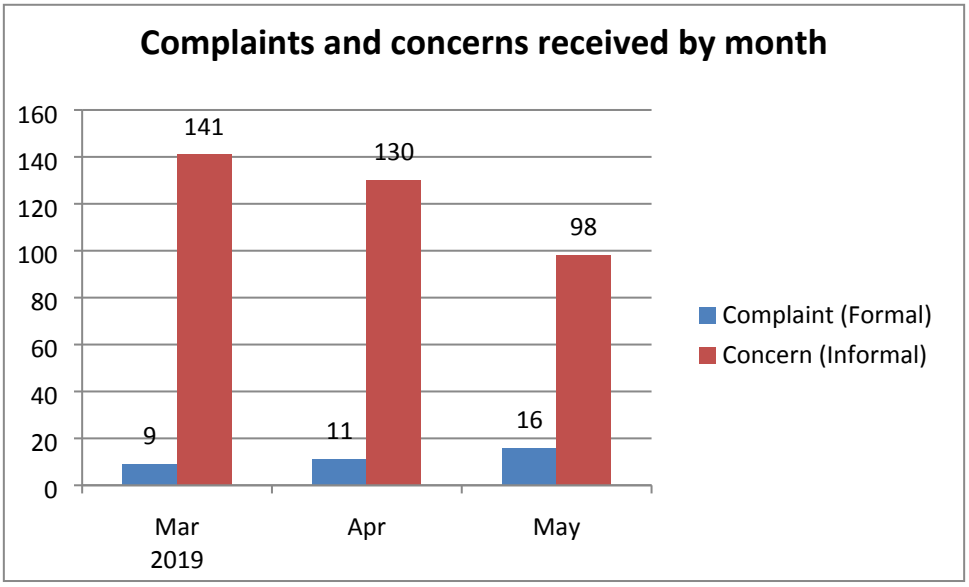
Appendix 5 – Cases with PHSO for investigation as at 20th June 2019

20-Jun				Parliamentary and Health Service Ombudsman			
ID	**PHSO Ref**	**Site**	**Division**	**Specialty**	**Date received and local resolution completed**	**PHSO commenced process**	**Summary and current status**
3841	C2031380	Chelsea and Westminster Hospital	**Womens, Childrens, HIV, GUM and Dermatology**	Maternity / Obstetrics	10/07/2017-07/09/2017	**25/10/2017**	Nursing staff failed to notice patient's diagnosis of Group B strep staff questioned whether antibiotics were given after birth. Baby picked up infection. Investigation underway.
2543	C2036397	Chelsea and Westminster Hospital	**Emergency and Integrated Care**	Care of the Elderly	22/02/2017 - 03/08/2017	**02/02/2018**	Patient's relative expressed concern regarding the clinical treatment and care the patient received and a fall they had during an inpatient stay in 2014, as well as the discharge arrangements. Investigation completed and awaiting provisional view (not upheld).
2090	C20164457	West Middlesex University Hospital	**Womens, Childrens, HIV, GUM and Dermatology**	Maternity / Obstetrics	1/01/2017 - 21/11/2017	**04/06/2018**	Patient experienced a fall whilst on ward – complaint regarding delays in referral for an X-ray. Investigation complete and draft report circulated.
4448	C2043353	Chelsea and Westminster Hospital	**Emergency and Integrated Care**	Diabetes/Endocrine	13/09/2017 - 17/07/2018	**16/08/2018**	Patient complained about discharge from the clinic without any information or medication. Patient has been having numerous issues with the prescribed medication which was either decreased or increased by the doctor without taking into account the patient's side effects and concerns. – PHSO have investigated and closed in 12/18 – awaiting copy of outcome letter.
5887	C2068835	West Middlesex University Hospital	**Emergency and Integrated Care**	Care of the Elderly	16/01/2018 - 09/11/2018	**28/12/2018**	Complaint received regarding nursing care, medication and subsequent discharge from hospital. On 9/4/19 - PHSO halted investigation for further local investigation. Further letter sent June 2019 – awaiting PHSO confirmation that they are progressing investigation.
6643	C2070950	Chelsea and Westminster Hospital	**Emergency and Integrated Care**	Oncology	06/03/2018 - 21/06/2018	**08/03/2019**	Complaint about failure to provide appropriate treatment for Hep C and discharge from oncology service. Investigation underway
8057	C20171436	West Middlesex University Hospital	**Emergency and Integrated Care**	Emergency Department	27/06/2018 - 28/09/2018	**08/03/2019**	Complaint regarding delayed diagnosis of lung mass after X-ray but was not taken further. Awaiting outcome of Imperial investigation and subsequent confirmation of investigation by PHSO
7991	C2072883	West Middlesex University Hospital	**Emergency and Integrated Care**	Palliative Care	21/06/2018 - 28/11/2018	**11/03/2019**	Complaint about fall on ward and whether this was adequately followed up as patient broke hip. Also discharged with cannula in arm. Information requested - awaiting confirmation that investigation has started.

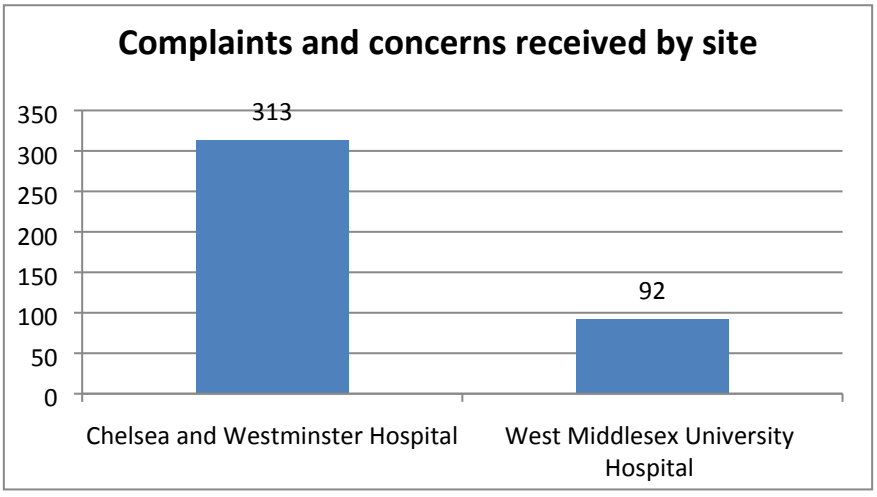
Patient and Public Engagement and Experience Group – Thursday 27th June 2019

Thematic analysis of complaints and concerns received 1st March – 31st May 2019 about appointments

The Patient Experience team received 405 complaints and concerns between 1st March and 31st May 2019 on the subject of appointments across all Divisions. 36 complaints and 369 concerns were received.

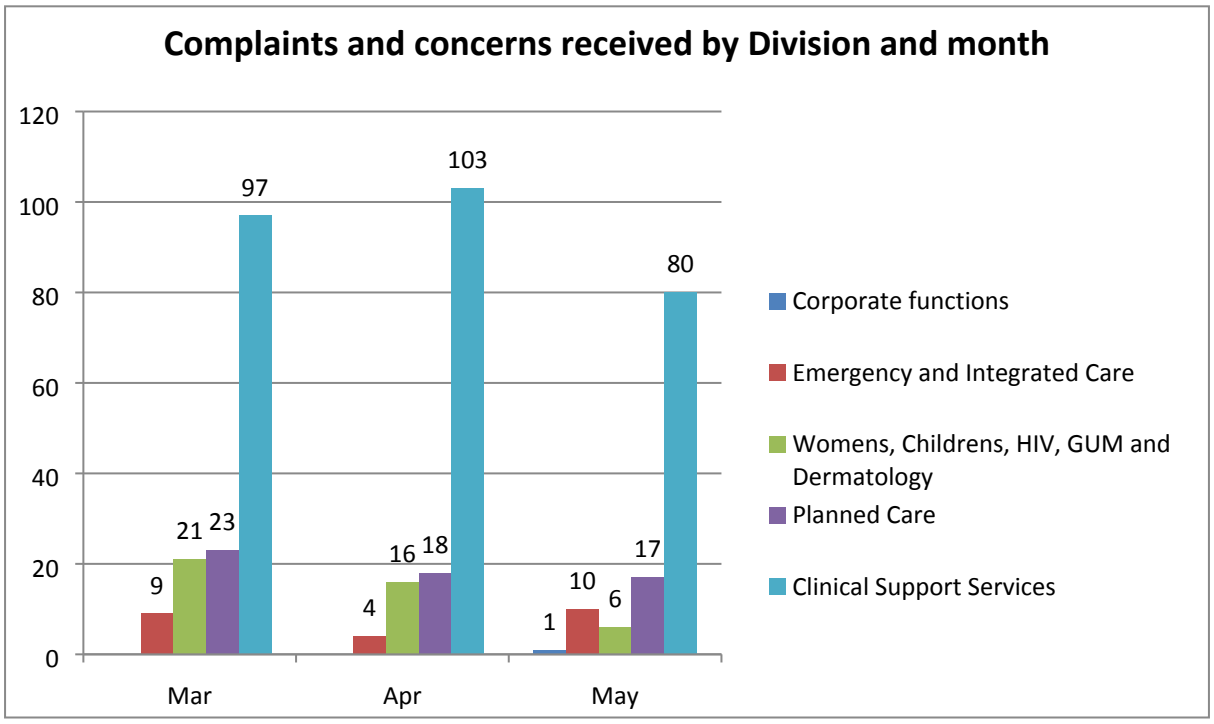


Concerns are responded to by our PALS team within a five working days, complaints will require a written response within at 25 working days and are investigated by the Division responsible. The majority of complaints and concerns received are for Chelsea and Westminster Hospital.



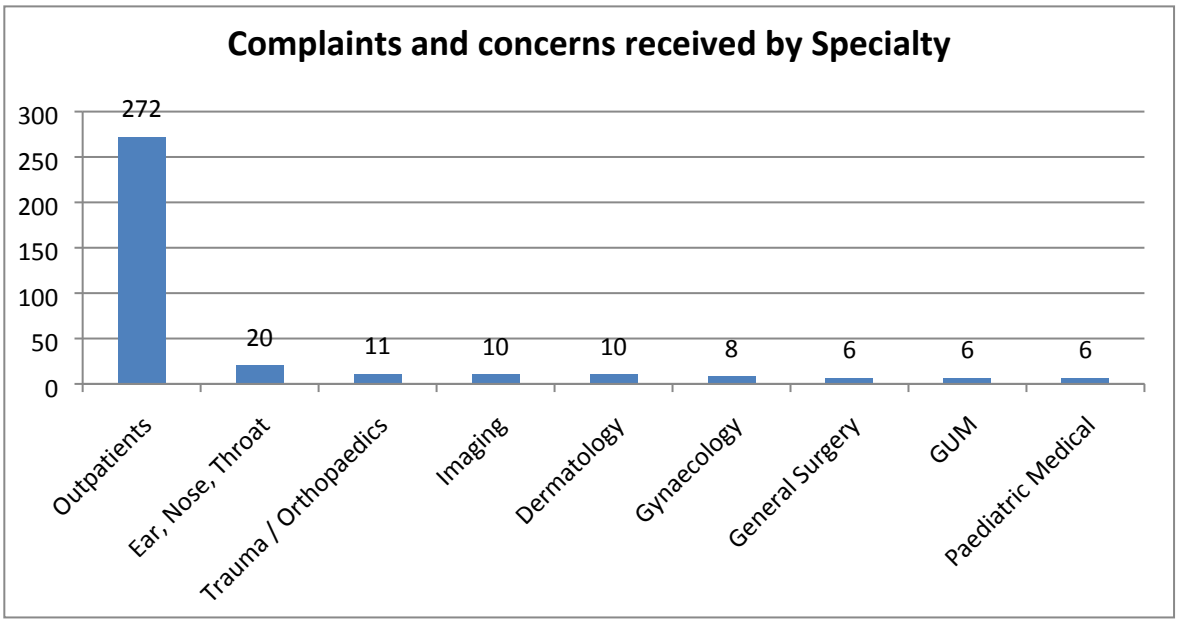
The PALS team at Chelsea and Westminster Hospital receive a greater volume of informal concerns than the team at West Middlesex Hospital. This is in keeping with the number of complaints and concerns received overall by the Trust, approximately two thirds are received at Chelwest and one third at West Middlesex.

Please see the chart below which shows the number of complaints and concerns by Division and month.

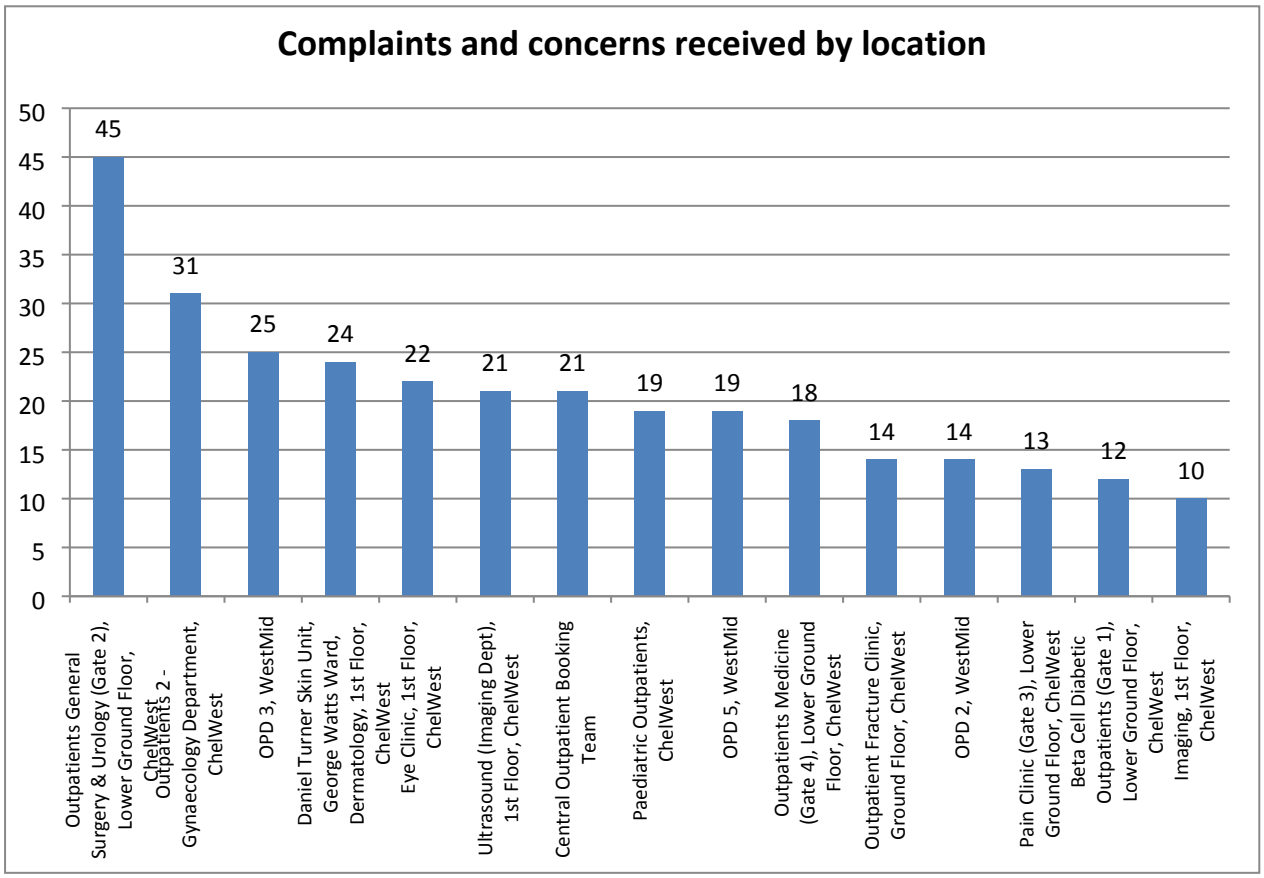


The Clinical Support Services Division operates the Patient Access Directorate, responsible for the provision of most appointment services for the Trusts 70% of the total complaints sit in this division. The other Divisions receive far fewer complaints and concerns about appointments.

The majority of concerns and complaints are about our outpatient clinics.

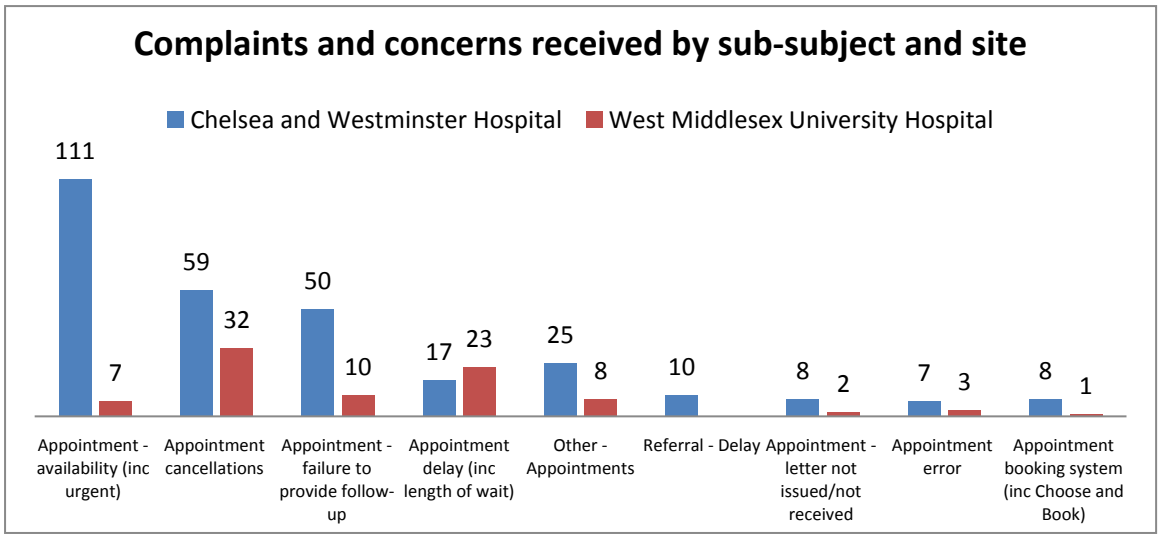


Complaints and concerns relating to individual locations at both sites were broken down to demonstrate the areas that receive the highest number of complaints.



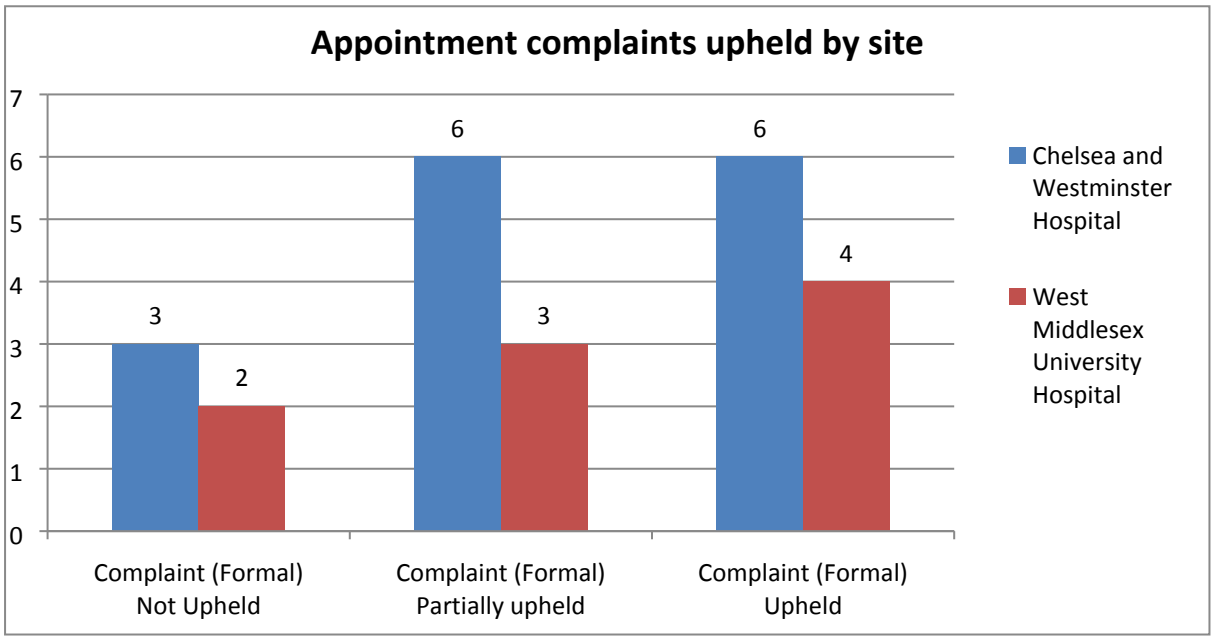
The top 3 locations which account for the most concerns and complaints regarding appointments are:

- General Surgery/Urology (CW)
- Gynaecology (CW)
- Outpatients 3 (ENT) (WM)



Within the category of appointments there is a clear theme regarding the lack of availability of appointments at the Chelsea and Westminster hospital. Appointment cancellations are the most complained about subject at West Middlesex Hospital.

We report an outcome of the investigation into formal complaints and of the 36 complaints received, 24 of these have been completed.



Following investigation 19 out of 24 complaints were either fully or partially upheld, demonstrating that a problem or failing had been identified and changes or learning were recommended. On further investigation, three complaints about our outpatient's speciality were upheld and the rest of the fully and partially upheld complaints were for individual specialities.

Examples of actions and learning include a mentoring system for new staff so that they buddy up with experienced call operators as part of their training and an increase in the number of call centre staff to assist with capacity at busy times and many complaint refer to not being able to get through on the phone.

This analysis suggests that there is a pressure on our outpatient services, specifically those at Chelsea and Westminster Hospital and that there have been issues with capacity and provision of appointments with a theme of cancelled appointments.

There have also been concerns with accessing the appointments phone numbers and that patients are ringing the PALS team for assistance with booking appointments if they are unable to get through to the appointment line.

To assist with reducing the number of calls, the Patient Access service have provided the PALS team with a list of essential mobile phone numbers to be used to access the team. The PALS team will be able to pass these numbers to patients for their use if they aren't able to immediately access the team themselves.

The Trust also continue to work on a longer term sustainable solution for the provision of appointments which includes a review of outpatient appointments for each service, reducing these where they are not required or do not add value to the patient journey. The need for a better booking system which will give more access and control to patients, preventing the need for so many changes to appointments.

It should be noted that while appointments remains the single most complained about subject for the patient experience team the trend is showing a decrease in the number of concerns each month.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 4 July 2019

PUBLIC SESSION

AGENDA ITEM NO.	2.5/Jul/19
REPORT NAME	NHSR 10 point plan submission, Year 2
AUTHOR	Clare Baker / Vicki Cochrane
LEAD	Pippa Nightingale, Chief Nursing Officer
PURPOSE	This is an assurance document of compliance with the 10 standards required for this year's NHSR maternity incentive scheme. The submission template requires sign off at executive board level and then will be inputted into the external NHSR portal. This submission is due by 15th August 2019.
SUMMARY OF REPORT	Maternity across the two sites will have met the 10 standards ahead of the submission date of 15/08/2019
KEY RISKS ASSOCIATED	Failure to sign off would mean non achievement of the 1.4 million reduction in CNST tariff for maternity.
FINANCIAL IMPLICATIONS	As above.
QUALITY IMPLICATIONS	The ten standards are driven by national quality recommendations including: Saving Babies Lives Care Bundle, NHSR early notification scheme, Safe workforce modelling, PMRT submissions and dataset submissions. These standards are embedded in our unit and is something we will strive to maintain.
EQUALITY & DIVERSITY IMPLICATIONS	Nil
LINK TO OBJECTIVES	• Excel in providing high quality, efficient clinical services • Improve population health outcomes and integrated care
DECISION/ ACTION	To agree that the requisite standards have been met and that the external submission can be made in August 2019.

NHSR Incentive scheme year two – maternity

C Baker – 21.06.19 update

This paper is to provide assurance and a progress update on the NHSR incentive scheme for year two.

Background:

This is a national incentive from NHSR with a monetary incentive of 1.4 million pounds if we are compliant with all safety actions.

We were successful in securing this for last year, and were in the minority which meant that we received an additional £400,000 incentive.

We have monitored this closely throughout the year and are hoping to maintain this.

As of 21.06.19 we are on track to maintain compliance until the submission date of 15.08.19. The below will be the submission externally on 15.08.19

Action No.	Maternity safety action	Action met by Aug 15th 2019? (Y/N)
1	Are you using the National Perinatal Mortality Review Tool to review and report perinatal deaths to the required standard?	Yes
2	Are you submitting data to the Maternity Services Data Set to the required standard?	Yes
3	Can you demonstrate that you have transitional care services to support the Avoiding Term Admissions Into Neonatal units Programme?	Yes
4	Can you demonstrate an effective system of medical workforce planning to the required standard?	Yes
5	Can you demonstrate an effective system of midwifery workforce planning to the required standard?	Yes
6	Can you demonstrate compliance with all four elements of the Saving Babies' Lives care bundle?	Yes
7	Can you demonstrate that you have a patient feedback mechanism for maternity services and that you regularly act on feedback?	Yes
8	Can you evidence that 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session within the last training year?	Yes
9	Can you demonstrate that the trust safety champions (obstetrician and midwife) are meeting bi-monthly with Board level champions to escalate locally identified issues?	Yes
10	Have you reported 100% of qualifying 2018/19 incidents under NHS Resolution's Early Notification scheme?	Yes

Safety Action 1

Are you using the National Perinatal Mortality Tool to review perinatal deaths to the required standard?

Cross site:

Intro: The datix module for morbidity and mortality is used to record cases of termination, stillbirth and neonatal death. There are weekly MDT meetings with consultant obstetrician and midwifery attendance (neonatal as required) to review cases using the national PMRT tool, this information is also recorded on the trust's datix system as described.

As part of this process themes are identified and the learning is shared with staff. Points of learning are also shared with patients and their families at their follow up Pregnancy aftercare Appointment with the Consultant and Bereavement midwife. In the last 12 months, the thematic reviews have been presented at maternity forum on: 18th May 2018 and 15th February 2019.

Sessions are attended by the MDT teams: obstetricians, midwives and anaesthetic doctors. Neonatal deaths are discussed within the multidisciplinary perinatal meeting with midwives, Obstetricians and Paediatricians. Cases with a CESDI outcome of 1 or greater are also discussed at Divisional level at the monthly Mortality Surveillance Group.

Sessions are attended by the MDT teams: obstetricians, midwives, nurses, anaesthetic doctors, ODP's, theatre staff.

In the last 6 months, the thematic reviews have been presented at each site:

Chelsea site, Clinical Governance: 14/12/18 and 28/03/19

West Middlesex, Maternity forum: 18/05/18 and 15/02/19

The trust has a monthly M and M meeting, where all bereavement cases are reviewed, this is done through the tracker on datix. Themes are identified and action plans devised as required.

M and M trust meeting minutes available on request.

The below is a summary of the thematic review for Quarter 4 across the two sites:

Theme identified	Recommendation	By Who	By When
Incorrect risk assessment at booking	1. Review of maternity antenatal notes and whether they are fit for purpose 2. Review of current guidance for risk assessment in line with NICE guidance 3. Imbedded system for consultant link advice and access to appointments	Senior MDT team: Leads: Natasha Singh, Claire Davidson	30.06.19
Women not being assessed for aspirin requirement	1. Review of current guidance necessitating aspirin prescription 2. Lead midwives to ensure that the guidance is being followed	Outpatient Matron	30.06.19
Symphysis fundal height measurements not performed at correct times/intervals (GAP) **Estimated fetal weights from scans were only correctly plotted some of the time (GAP)**	1. Audit data required to scope problem 2. Full implementation of GAP Charts 3. Audit to monitor compliance with GAP required 4. Additional support to be provided from the Lead Midwife of the GAP Programme to staff regarding the importance of plotting correctly.	Outpatient Matron	31.07.19
Follow up investigations-Incomplete	1. Training in Bereavement care and processes now being incorporated into mandatory study days for staff 2. Staff to be reminded of the need to request all items specified by Obs	Bereavement team	31.07.19

	team. Bereavement Midwife to support with this in the Intrapartum management plans for bereaved women where possible, Consultant input required as per local guidance.		
Women identified as having a learning difficulty did not receive the required support to aid with possible communication difficulties	1. Guideline on Management of Pregnant Women with Learning Difficulties to be introduced 2. Trigger in new antenatal notes to be added to check if a learning difficulty passport is required and create one if necessary. 3. Learning Difficulty Champion to relaunch information about patients with learning disabilities to re-educate staff on current guideline available.	Outpatient matron	31.08.19
Women identified in a previous pregnancy as being high risk did not receive specialist preconceptional counselling/management	1. Review of current process 2. Audit to review current advice provided by Obstetric doctors in relation to future pregnancies prior to discharge 3. High risk Mothers to be advised by community midwives post-delivery regarding the need to access preconceptional counselling should this be required in subsequent	Sunita Sharma	31.08.19

	pregnancy. 4. MDT to be re-educated on the need to reiterate the importance of preconceptional management		
One mother did not give birth in a setting appropriate to her and/or her baby's clinical needs	1. Midwives to be advised on how to manage unexpected deliveries on the A/N ward. To be incorporated into training in Bereavement care on mandatory study days for staff. 2. If delivery is imminent then an appropriate environment should be created. 3. Midwives must be re-educated regarding the need to place a bedpan in the toilet for women at risk of preterm delivery 4. Case to be presented at Maternity forum to remind staff about importance of care for women delivering on the A/N Ward.	Inpatient Matron	30.06.19
Lack of sensitive communication from sonographer with ongoing scans for surviving twin	1. Sonographers to be reminded of sensitivity in relation to breaking bad news. 2. Bereavement Guideline/Multiple Pregnancy Guideline to be updated to incorporate “Managing and Caring for multiple pregnancies	Bereavement team	30.06.19

	following confirmation of IUD of one or more fetuses "		
Partogram not used in labour	1. Partogram now integrated into guideline and in use-staff to be reminded of this at each team handover on LW 2. Bereavement Midwife to support intrapartum management plans for bereaved women where possible, consultant input required as per local guidance. 3. Audit to monitor consultant input into intrapartum management plans for bereaved mothers	Bereavement team	30.06.19
Placenta not sent for histology	1. Review of guidance and recirculation of criteria for sending placentas for histology 2. Consider a short period of safe storage of placenta's in intrapartum areas in case of deterioration of baby in initial 24 hour neonatal period. Storage fridge in place with robust system using the available log book for traceability.	Intrapartum matrons	30.06.19
Family members used for antenatal interpretation	1. Trust accessibility of information policy to be reviewed and maternity need to perform gap analysis of compliance 2. Audit of compliance with set standard	Risk team	31.07.19

	(ie booking and two antenatal contacts with interpreter) 3. Ensure effective systems in place to support telephone interpreting services 4. Remind staff of process of booking face to face interpreter		
DNA policy not followed	1. Audit of DNA follow up compliance in line with local policy 2. Review of current process 3. Implementation of fail safes as required 4. Future plans for cerner will greatly reduce risk, ensure adequate training in respect to this rollout 5. Multidisciplinary team to be re educated on DNA Policy	Outpatient matron Admin team	31.07.19

Safety Action 2

Are you submitting data to the MSDS to the required standard?

Data has been submitted as required:

1) MSDS v1.5 Jan submission req'd by end March. Must meet min 14 out of 19 criteria. ACHIEVED.

2) MSDS v1.5 submit Feb by end April ACHIEVED
MSDS v1.5 submit Mar by end May ACHIEVED

3) MSDS v2.0 submit April by end Jun ON TRACK

Safety Action 3

Can you demonstrate that you have transitional care services to support the ATAIN programme?

SOP for WMid live

SOP for CW written, needs uploading

Both sites currently undertaking monthly atain thematic reviews, findings being communicated to the MDT team.

Chelsea Quarter 4 review:

ATAIN Report

At Chelsea and Westminster Hospital, between the 01st January and 03rd March 2019, a total of 11 babies were admitted to the neonatal unit.

Between these dates there were 1127 infants born, which gives a total percentage of 0.98 % of babies admitted to the neonatal unit.

On review of the 11 cases, only one case had care that if changed might have made a difference to the outcome and admission to the neonatal unit.

The cases were reviewed using the attached framework and the focus is on the below 5 categories.

9 out of 11 babies were admitted shortly after birth from the labour ward or MLU. 1 baby was admitted to the unit for observation but there was no Badgernet admission episode. 1 baby was admitted at 2 hours of life from the postnatal ward.

Hypoglycaemia

Out of all 11 cases, IV fluids were started in 7 cases and an NG tube was sited in 1 case but not used.

None of the babies admitted were admitted for hypoglycaemia itself. Babies were admitted for other reasons and the risk of hypoglycaemia was managed accordingly.

Jaundice

Out of 11 babies admitted, only 1 baby received treatment for jaundice.

Sepsis

Out of 11 cases, 10 babies received antibiotics and treatment for suspected sepsis.

RDS

All babies were admitted – primarily for respiratory distress.

4 babies had a tension pneumothorax. 1 baby had evidence of congenital pneumonia. 1 baby had evidence of aspiration pneumonia. 1 baby was diagnosed with meconium aspiration syndrome. 4 babies had respiratory distress syndrome.

HIE

No babies admitted were treated for HIE.

WMid quarter 4 review:

West Middlesex Hospital ATAIN data (1st Jan 2019 – 3rd March 2019)

Total of 33 babies ≥37 weeks were admitted to SCBU

January - 15

February - 13

March – 5

3 of the 33 babies were transferred out for intensive care (2 HIE and 1 for respiratory distress)

5 were transferred for surgical opinion (1 was postnatal diagnosis of tracheo –oesophageal fistula)

1 for maternal reasons – mother unwell in ITU

2 – Congenital malformations (Cleft palate)

Reviewing all admissions – 5 were potentially avoidable – 4 admitted for respiratory distress and required no support, I from postnatal ward was hypothermic and admitted for observation

Hypoglycaemia:

No patient was admitted primarily for hypoglycaemia. 1 admitted for respiratory distress and sepsis required 12.5% dextrose for hypoglycaemia.

Respiratory distress:

17 of the 33 babies were admitted had respiratory distress. 1 needed intubation.

12 required some respiratory support in form of high flow oxygen/CPAP

4 needed no respiratory support.

1 had pneumothorax on X-ray, 2 had Meconium aspiration, 3 other changes on CXR treated for Pneumonia

Jaundice:

2 were admitted for Jaundice requiring double /triple phototherapy

Sepsis:

Babies who were had respiratory distress were started on IV antibiotics for suspected sepsis

1 with RDS had normal X-ray but high CRP of 162 as well has hypoglycaemia (the one above who required 12.5% dextrose)

HIE:

2 babies were transferred out for cooling

Item No	Link to ATAIN admission criteria (i.e.Respiratory, Jaundice, Hypoglycaemia, HIE, Observation, Poor feeding)	Recommendation identified following case review	Action plan to achieve compliance with recommendation (SMART)	Lead Responsible	Expected date for completion	RAG rating	*Compliance with CNST* Date when discussed at Trust Board
1	**Hypoglycaemia**	Implementation of a midwifery led PGD for glucogel to be used in a hypoglycaemic episode	Development and ratification of PGD and associated guideline by April 2019 Roll out of training programme to support the PGD in all clinical areas by May 2019	Anne O'Sullivan/ Katie Hodgkiss	31.05.19	A	07.03.19
2	**Jaundice**	Change in practice to enable early identification and treatment with infants with jaundice	Transcutaneous monitors available in maternity and ED departments to support initial investigations for jaundice	Inpatient matrons	30.04.19	G	07.03.19
3	**RDS**	Implementation of the national NEWT score across maternity services	Monthly audit of compliance with NEWT chart, to include escalation. Results to be published and feedback to staff	MQAS team	30.04.19	A	07.03.19
4	**HIE**	Roll out of relevant K2 MS training package modules to all areas of the Intrapartum clinical areas	K2MS training package modules allocated to roles, individual staff groups to undertake training and this will be monitored by the PDM team and reported in line with standard Trust mandatory training.	PDM teams	01.03.20	A	07.03.19
5	**Sepsis**	Implementation of the updated NICE guidance on sepsis across all areas of maternity services	Local guideline has been updated, changes to this need to be promoted and imbedded within practice. Monthly audit of compliance to be completed	MQAS team	31.07.19	A	07.03.19

Submission for ATAIN cross site Q4:

Item No	Link to ATAIN admission criteria (i.e.Respiratory, Jaundice, Hypoglycaemia, HIE, Observation, Poor feeding)	Recommendation identified following case review	Action plan to achieve compliance with recommendation (SMART)	Lead Responsible	Expected date for completion	RAG rating
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4	**HIE**	Roll out of relevant K2 MS training package modules to all areas of the Intrapartum clinical areas	K2MS training package modules allocated to roles, individual staff groups to undertake training and this will be monitored by the PDM team and reported in line with standard Trust mandatory training.	PDM teams	01.03.20	G
5	**Sepsis**	Implementation of the updated NICE guidance on sepsis across all areas of maternity services	Local guideline has been updated, changes to this need to be promoted and imbedded within practice. Monthly audit of compliance to be completed	MQAS team	31.07.19	G

Safety Action 4

Can you demonstrate an effective system of medical workforce planning to the required standard?

GMC action plan following report of lost training opportunities

Keith Duncan/ Clare Baker updated 21.06.19

The GMC produced a national report following a survey of trainees related to lost training opportunities. The results of this were shared with the college tutors and where this was found to be prevelant an action plan warranted.

2 comments were relayed from trainees that demonstrated training opportunities were lost, these were shared on 16/05/18:

'Insufficient number of senior staff available on the out of hour's rota to support juniors in their training and development. Often overwhelmed with work.'

'Maternity unit over subscribed and under resourced'

Following this the action plan in appendix 1 was formulated. This paper outlines an update of progress since this action plan was formulated.

Appendix 2 demonstrates the overall responses

Overleaf is an update of the action plan submitted initially following the publication of the GMC survey responses in 2018

Action	Progress	RAG rating
1. Advertisement of trust locum doctors and senior SpR to support the rota gaps	We have been successful in the appointment of a sub specialist trainee in maternal and fetal medicine and two new consultants in maternal and fetal medicine to produce robust training in USS in obs and gynae. The trainees had raised the scanning element as something that was difficult to achieve before. 2 SpR's are currently on long term leave which has further compromised the ability to eliminate lost training opportunities The caesarean section list has proved an issue with trainees; ie they miss training opportunities by being assigned to this. Careful job planning has allowed for much improved cover of these elective lists to support appropriate training.	
2. Appeal to TPD to ensure fairness in trainee allocation based on gaps in the hospitals across the region	Next regional meeting is to be held at CW hospital and our clinical director will attend to formally raise the concerns.	
3. MTI bid	Explored but given unsuccessful outcomes at WestMid decision made not to invest in this	
4. Review of deanery SpR numbers	Numbers are currently appropriate but long term sickness has reduced this by 2. Regional meeting will be used to discuss plan for supporting this defecit in staffing. Medical sickness is on the risk register and mitigation/action plans followed at board level	
5. Head of Midwifery to provide birth numbers	Birth numbers and ratios for projected year forward attached in Appendix 2	

Appendix 1

Date shared	Deadline for Trust response	Trainee Comment	Was the Trust already aware of this issue or concern?	What action has been taken by the Trust to investigate this issue?	From the investigation undertaken has the Trust corroborated this concern?	What further action (if any) will now be taken? *Please include timescales and person responsible*
16/05/2018	13/06/2018	Insufficient number of senior staff available on the out of hour's rota to support juniors in their training and development. Often overwhelmed with work.	No	We are acutely aware of rota gaps in particular seniors SPRs	Yes	Advertised for locum and trust doctors of senior SPR level to support junior doctors on rota. Extremely difficult to find appointable doctors. Repeated appeals to TPD to ensure fairness of trainee 'gaps' across the hospitals in the region (balance ST choice with service requirements which seems in line with new junior doctors contract). Plan to apply for MTI scheme.
16/05/2018	13/06/2018	maternity unit over subscribes and under resourced	Yes. Recurrent 'gaps' in the Specialist trainee rota are an on-going concern. Locums very difficult to secure (ad hoc or long term).	Review of Deanery SPR numbers against number who should be here- currently 8.5 instead of 11. In particular we had 2 weeks' notice of one senior trainee not coming to the unit! Head of Midwifery asked to provided info on delivery and midwifery numbers	Under resourcing of junior doctors: YES (gaps in allocations of trainees). Unit oversubscribed: NO (no change in delivery numbers or midwife numbers)	Unit have reported concerns to TPD and requested review of allocations with view to spreading 'gaps' across all hospitals in region. Head of Midwifery reports no change in ratio of midwife to delivery over last few years. Delivery number was down compared to forecast in this financial year (17/18). However very busy Sept/Oct 17 may have influenced this single trainee comment.

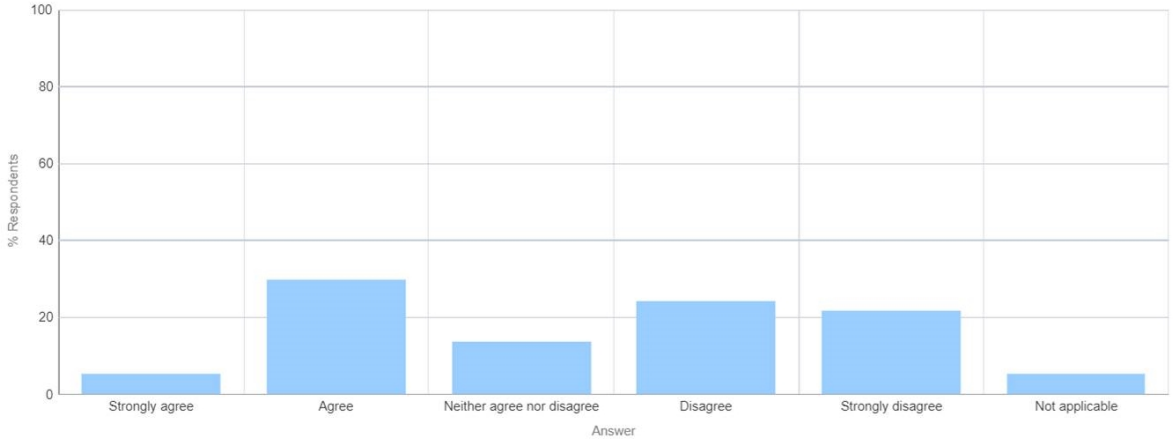
Appendix 2 GMC NTS 2018 data

All trainees across the trust:

Question items

Q: To what extent do you agree or disagree with the following statement?
In my current post, educational/training opportunities are RARELY lost due to gaps in the rota.

n Range: 36 to 40



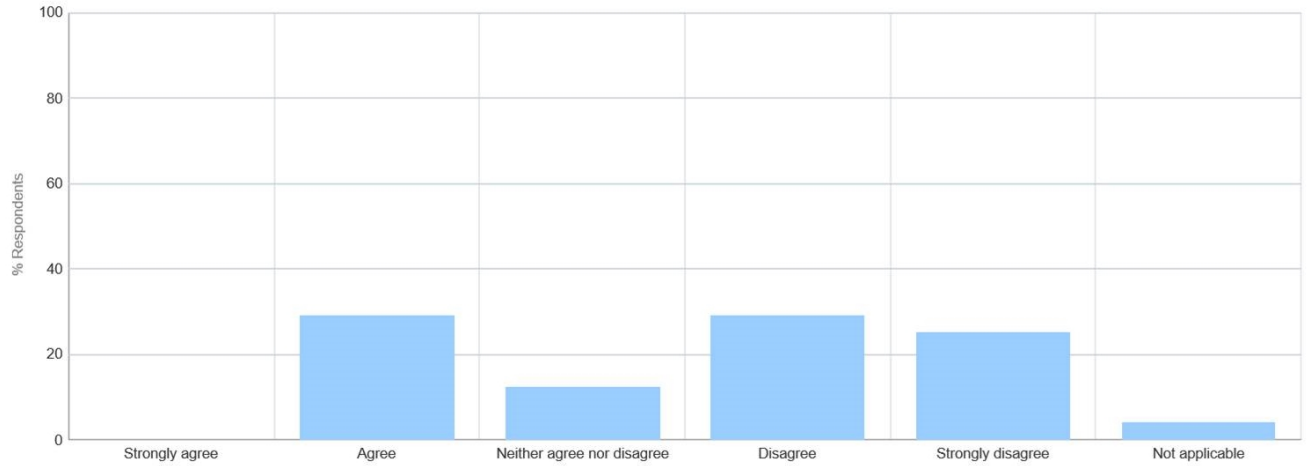
Answer	% Respondents
Strongly agree	5.41
Agree	29.73
Neither agree nor disagree	13.51
Disagree	24.32
Strongly disagree	21.62
Not applicable	5.41
Grand Total	100.00

Data by programme group (which also excludes FY1-FY2 docs):

Question items

Q: To what extent do you agree or disagree with the following statement?
In my current post, educational/training opportunities are RARELY lost due to gaps in the rota.

n Range: 21 to 25



Answer	% Respondents
Strongly agree	0.00
Agree	29.17
Neither agree nor disagree	12.50
Disagree	29.17
Strongly disagree	25.00
Not applicable	4.17
Grand Total	100.00

Appendix 3:

HoM information relating to birth numbers and midwifery workforce (provided by Clare Baker)

Chelsea site, as survey respondents were from this site

- In the financial year 2017/18 we have seen an increase in births, ending on 5723 births. We had not forecasted effectively for the last year and therefore staffing ratios had not been increased in line with this.
- For 18/19 we have projected 5750 births, and have created a more astute forecasting tool to monitor closely and make appropriate provisions for staffing.
- The births are being monitored on a daily basis, alongside the booking numbers that are coming through. We have capacity mapped the unit and agree that we can work to roughly a 521 birth capacity per month.
- Trusts across the sector have aimed to work between 1:27-1:29 ratio.
- For 17/18 we worked at a 1:30 ratio. We have budgeted for a 1:29 ratio with business planning to move towards a 1:28 ratio.
- The midwifery workforce modelling project is included in the NHSR submission to include the data behind the ratio calculations.

Appendix 3:

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- The midwifery workforce modelling project is included in the NHSR submission to include the data behind the ratio calculations.

Compliance with ACSA standards

We are compliant with the requisite anaesthetic standards:

1.2.4.6 **Where there are elective caesarean section lists there are dedicated obstetric, anaesthesia, theatre and midwifery staff**

2.6.5.1 **A duty anaesthetist is available for the obstetric unit 24 hours a day, where there is a 24 hour epidural service the anaesthetist is resident**

2.6.5.6 **The duty anaesthetist for obstetrics should participate in labour ward rounds**

Safety Action 5

Can you demonstrate an effective system of midwifery workforce planning to the required standard?

Background:

The financial year of 2018/19 has presented different challenges on each site in relation to birth numbers.

- For Chelsea, the birth plan was set at 5539 and the forecast birth number was 5544. However, the actual birth rate was 5723.
- For WMid, the birth plan was set at 4919 and the forecast birth number was 4642. The actual birth number was 4527.
-

With this in mind, a tabletop exercise was performed of acuity, keeping in mind the case mix of the women and the levels of intensity measured month on month. *Relative comparisons were made with NWL, which is working at 1:27-29 ratio*

Both sites reported a 1:30 ratio throughout 2018/19

With our realignment of establishment and budget we are working at the following ratios:

1:28 West Middlesex

1:29 Chelsea

Appendix 1 and Appendix 2 are the agreed establishments for 2018/2019

Transformation project:

We are moving forward with our transformation projects and met the 20% continuity of carer ask in March 2019. We have further plans due to start in the upcoming months with introductions of:

- High risk continuity team for labour ward
- Birth Centre 2nd continuity team
- Second caseloading team
- Consideration of cross site case loading team in a mutual patch of geography

Recruitment as of 21.06.19:

Chelsea:

Vacancy type	RM	RN
True Vacancy	12	0
Career Break	7	0
Mat leave	8	0

West Middlesex:

Vacancy type	RM	RN
True Vacancy	9	0
Career Break	0	0
Mat leave	16	0

Appendix 1:

Chelsea

		WTE Excluding Cover	Uplift %	WTE Including 22% Cover
Inpatients	Band 2	-	22%	-
	Band 3	17.17	22%	20.95
	Band 4	4.00	0%	4.00
	Band 5	1.00	0%	1.00
	Band 6	29.44	22%	35.92
	Band 7	2.00	0%	2.00
Inpatients Total		**53.61**	**11%**	**63.87**
Labour Ward	Band 2	-	22%	-
	Band 3	8.59	22%	10.48
	Band 4	-	22%	-
	Band 5	-	22%	-
	Band 6	29.83	22%	36.39
	Band 7	4.29	22%	5.24
Labour Ward Total		**42.71**	**22%**	**52.10**
Triage	Band 2	-	22%	-
	Band 3	4.29	22%	5.24
	Band 4	-	22%	-
	Band 5	-	22%	-
	Band 6	5.83	22%	7.11
	Band 7	4.29	22%	5.24
Triage Total		**14.41**	**22%**	**17.58**
Recovery (Simpson Unit)	Band 2	-	22%	-
	Band 3	1.00	22%	1.22
	Band 4	-	22%	-
	Band 5	4.29	22%	5.24
	Band 6	4.29	22%	5.24
	Band 7	1.00	0%	1.00
Recovery (Simpson Unit) Total		**10.59**	**18%**	**12.70**
Theatre	Band 2	-	22%	-
	Band 3	6.33	22%	7.72
	Band 4	1.00	0%	1.00
	Band 5	4.29	22%	5.24
	Band 6	6.84	22%	8.34
	Band 7	1.00	0%	1.00
Theatre Total		**19.46**	**15%**	**23.30**
Birth Centre	Band 2	-	22%	-
	Band 3	4.29	22%	5.24
	Band 4	-	22%	-
	Band 5	-	22%	-
	Band 6	8.48	22%	10.34
	Band 7	2.15	22%	2.62
Birth Centre Total		**14.92**	**22%**	**18.20**

Specialist Midwives	Band 2	-	0%	-
	Band 3	-	0%	-
	Band 4	1.00	0%	1.00
	Band 5	1.00	0%	1.00
	Band 6	2.60	0%	2.60
	Band 7	13.00	0%	13.00
Specialist Midwives Total		**17.60**	**0%**	**17.60**
Management	Band 2	-	0%	-
	Band 3	2.15	0%	2.15
	Band 4	-	0%	-
	Band 5	1.00	0%	1.00
	Band 6	2.00	0%	2.00
	Band 7	-	0%	-
	Band 8a	5.00	0%	5.00
	Band 8b	2.00	0%	2.00
	Band 8c	-	0%	-
	Band 8d	2.00	0%	2.00
Management Total		**14.15**		**14.15**
Consultant Midwives	Band 8C	3.00	0%	3.00
Consultant Midwives Total		**3.00**	**0%**	**3.00**
Pine (Community)	Band 2	-	0%	-
	Band 3	-	0%	-
	Band 4	-	0%	-
	Band 5	-	0%	-
	Band 6	7.80	0%	7.80
	Band 7	1.00	0%	1.00
Pine (Community) Total		**8.80**		**8.80**
Cherry (Community)	Band 2	-	0%	-
	Band 3	-	0%	-
	Band 4	-	0%	-
	Band 5	-	0%	-
	Band 6	6.00	0%	6.00
	Band 7	1.00	0%	1.00
Cherry (Community) Total		**7.00**	**0%**	**7.00**
Rose (Community)	Band 2	-	0%	-
	Band 3	-	0%	-
	Band 4	-	0%	-
	Band 5	-	0%	-
	Band 6	7.00	0%	7.00
	Band 7	1.00	0%	1.00
Rose (Community) Total		**8.00**		**8.00**
Juniper (Community)	Band 2	-	0%	-
	Band 3	0.60	0%	0.60
	Band 4	-	0%	-
	Band 5	-	0%	-
	Band 6	7.80	0%	7.80
	Band 7	1.00	0%	1.00
Juniper (Community) Total		**9.40**		**9.40**
Ante natal clinic	Band 2	1.00	0%	1.00

	Band 3	4.00	0%	4.00
	Band 4	-	0%	-
	Band 5	-	0%	-
	Band 6	12.00	0%	12.00
	Band 7	1.00	0%	1.00
Ante natal clinic Total		**18.00**		**18.00**
Caseloading Team (Sunflower Team)	Band 2	-	0%	-
	Band 3	-	0%	-
	Band 4	-	0%	-
	Band 5	-	0%	-
	Band 6	5.00	0%	5.00
	Band 7	1.00	0%	1.00
Caseloading Team (Sunflower Team) Total		**6.00**		**6.00**
Caseloading Team (Primose Team)	Band 2	-	0%	-
	Band 3	-	0%	-
	Band 4	-	0%	-
	Band 5	-	0%	-
	Band 6	5.00	0%	5.00
	Band 7	0.80	0%	0.80
Caseloading Team (Primose Team) Total		**5.80**		**5.80**
Practice Development Midwives	Band 2	-	0%	-
	Band 3	-	0%	-
	Band 4	-	0%	-
	Band 5	-	0%	-
	Band 6	-	0%	-
	Band 7	3.10	0%	3.10
Practice Development Midwives Total		**3.10**		**3.10**
		250.74		**282.79**

Appendix 2:

West Middlesex:

West Mid

		WTE Excluding Cover	Uplift %	WTE Including 22% Cover
Labour Ward	Band 2	8.59	22%	10.48
	Band 3	-	22%	-
	Band 4	-	22%	-
	Band 5	4.29	22%	5.24
	Band 6	22.77	22%	27.78
	Band 7	8.59	22%	10.48
Labour Ward Total		**44.24**	**22%**	**53.97**
Triage	Band 2	-	22%	-
	Band 3	-	22%	-
	Band 4	-	22%	-
	Band 5	-	22%	-
	Band 6	-	22%	-
	Band 7	-	22%	-
Total		**-**	**22%**	**-**
Natural Birth Centre (NBC)	Band 2	4.29	22%	5.24
	Band 3	-	22%	-
	Band 4	-	22%	-
	Band 5	-	22%	-
	Band 6	7.77	22%	9.48
	Band 7	0.82	22%	1.00
Total		**12.88**	**22%**	**15.71**
QMGF (Antenatal ward)	Band 2	4.29	22%	5.24
	Band 3	-	22%	-
	Band 4	-	22%	-
	Band 5	-	22%	-
	Band 6	12.23	22%	14.92
	Band 7	0.66	22%	0.80
Total		**17.18**	**22%**	**20.96**
QMTF (Postnatal ward)	Band 2	8.59	22%	10.48
	Band 3	-	22%	-
	Band 4	-	22%	-
	Band 5	-	22%	-
	Band 6	11.39	22%	13.89
	Band 7	2.15	22%	2.62
QMTF (Postnatal ward) Total		**22.12**	**22%**	**26.99**
Theatre	Band 2	-	22%	-
	Band 3	1.00	22%	1.22
	Band 4	-	22%	-

	Band 5	-	22%	-
	Band 6	1.00	22%	1.22
	Band 7	-	22%	-
Theatre Total		**2.00**	**22%**	**2.44**
Antenatal Clinic and DAU	Band 2	-	22%	-
	Band 3	4.00	22%	4.88
	Band 4	-	22%	-
	Band 5	-	22%	-
	Band 6	5.40	22%	6.59
	Band 7	2.00	22%	2.44
Antenatal Clinic and DAU Total		**11.40**	**22%**	**13.91**
Community Team A	Band 2	-	0%	-
	Band 3	1.00	0%	1.00
	Band 4	-	0%	-
	Band 5	-	0%	-
	Band 6	4.97	0%	4.97
	Band 7	0.99	0%	0.99
Community Team A Total		**6.96**	**0%**	**6.96**
Community Team B	Band 2	-	0%	-
	Band 3	1.00	0%	1.00
	Band 4	-	0%	-
	Band 5	-	0%	-
	Band 6	4.97	0%	4.97
	Band 7	0.99	0%	0.99
Community Team B Total		**6.96**	**0%**	**6.96**
Community Team C	Band 2	-	0%	-
	Band 3	1.00	0%	1.00
	Band 4	-	0%	-
	Band 5	-	0%	-
	Band 6	4.97	0%	4.97
	Band 7	0.99	0%	0.99
Community Team C Total		**6.96**	**0%**	**6.96**
Community Team D	Band 2	-	0%	-
	Band 3	0.50	0%	0.50
	Band 4	-	0%	-
	Band 5	-	0%	-
	Band 6	4.97	0%	4.97
	Band 7	0.99	0%	0.99
Community Team D Total		**6.46**	**0%**	**6.46**
Community Team E	Band 2	-	0%	-
	Band 3	-	0%	-
	Band 4	-	0%	-
	Band 5	-	0%	-
	Band 6	4.97	0%	4.97
	Band 7	0.99	0%	0.99
Community Team E Total		**5.96**	**0%**	**5.96**
Community Team G	Band 2	-	0%	-
	Band 3	-	0%	-
	Band 4	-	0%	-

	Band 5	-	0%	-
	Band 6	4.97	0%	4.97
	Band 7	0.99	0%	0.99
Community Team G Total		**5.96**	**0%**	**5.96**
Community Team K	Band 2	-	0%	-
	Band 3	-	0%	-
	Band 4	-	0%	-
	Band 5	-	0%	-
	Band 6	4.97	0%	4.97
	Band 7	0.99	0%	0.99
Community Team K Total		**5.96**	**0%**	**5.96**
Community Team YMAG	Band 2	-	0%	-
	Band 3	-	0%	-
	Band 4	-	0%	-
	Band 5	-	0%	-
	Band 6	0.99	0%	0.99
	Band 7	0.99	0%	0.99
Community Team YMAG Total		**1.99**	**0%**	**1.99**
Specialist Midwives	Band 2	-	0%	-
	Band 3	-	0%	-
	Band 4	-	0%	-
	Band 5	-	0%	-
	Band 6	3.00	0%	3.00
	Band 7	10.76	0%	10.76
Specialist Midwives Total		**13.76**	**0%**	**13.76**
Management	Band 2	-	0%	-
	Band 3	1.00	0%	1.00
	Band 4	-	0%	-
	Band 5	1.00	0%	1.00
	Band 6	-	0%	-
	Band 7	-	0%	-
	Band 8a	4.46	0%	4.46
	Band 8b	0.60	0%	0.60
	Band 8c	-	0%	-
	Band 8d	-	0%	-
Total		**7.06**	**0%**	**7.06**
Caseloading Team (Daisy)	Band 2	-	0%	-
	Band 3	-	0%	-
	Band 4	0.48	0%	0.48
	Band 5	-	0%	-
	Band 6	5.00	0%	5.00
	Band 7	1.00	0%	1.00
Specialist Midwives Total		**6.48**	**0%**	**6.48**
		184.36		208.52

Safety Action 6

Can you demonstrate compliance with all four elements of the Saving Babies' Lives care bundle?

March 2019 submitted to NHS England and shared with LMS as per instruction

Compliant in Q4 and therefore no action plan required, monitored through Women's Improvement Group which is a two weekly meeting chaired by the Director of Nursing, this is an MDT meeting.

100% compliant with all four elements for Q4 2018/19 and for Q1 2019/20 this will maintain.

Safety Action 7

Can you demonstrate that you have a patient feedback mechanism for maternity services and that you regularly act on feedback?

Minutes available for 25/09/2018, 22/01/2019, 07/05/2019 Cross site meeting; Maternity Voices Partnership

Safety Action 8

Can you evidence that 90% of each maternity unit staff group have attended an in-house multi professional emergencies training session within the last year?

Compliance with 90% MDT training for MOMS as of end June 2019.

The projected stats for August, which is the submission date of the paper is >90% for each discipline

	Total number of staff	Number of staff compliant	Compliance percentage
Midwives	380	364	96%
Nurses	31	29	94%
Obstetric Consultants	39	37	95%
Obstetric trainees	51	45	88%
Anaesthetic Consultants	27	26	96%
Anaesthetic trainees	16	14	88%
ODP	30	16	53%
MSW	93	92	99%
Total	667	623	93.4%

Safety Action 9

Can you demonstrate that the trust safety champions (obstetrician and midwife) are meeting bimonthly with board champions to escalate locally identified issues?

There are nominated Safety Champions both sites that include consultant obstetricians and the MQAS midwives to which the maternity board champion is invited.

The joint MQAS team has set meetings bimonthly and minutes are recorded. Below are the meetings from financial year 2018/19 which are held on alternate sites.

Date	Time	Hosting location
April 24th 2018	2-4	WM
June 2nd 2018	2-4	CW
November 6th 2018	2-4	WM
February 26th 2019	2-4	CW
April 9th 2019	2-4	WM
June 11th 2019	2-4	CW
August 13th 2019	2-4	WM
October 15th 2019	2-4	CW
December 10th 2019	2-4	WM

Safety Action 10

Have you reported 100% of qualifying 2018/2019 incidents under NHSR Early Notification Scheme?

All notifiable cases have been reported via the portal and this has been confirmed by the MQAS team

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 4 July 2019

PUBLIC SESSION

AGENDA ITEM NO.	2.6/Jul/19
REPORT NAME	Compliance with national safe staffing safeguards
AUTHOR	Cathy Hill, Assistant Director of Nursing
LEAD	Pippa Nightingale, Chief Nursing Officer / Zoe Penn, Chief Medical Officer
PURPOSE	The purpose of the paper is to provide assurance to the Board of the trusts compliance in providing safe staffing in all professional groups and demonstrating a benchmark against the national safe staffing guidance along with a declaration from the Chief Nurse and Chief Medical Officer providing assurance that safe staffing is currently in place across the organisation.
SUMMARY OF REPORT	This report sets out the national safe staffing guidance and safeguards and provides the trusts performance against the standards, the report demonstrates staffing metrics against key clinical outcomes and demonstrates compliances against the national nursing, pharmacy, Therapy and medical workforce recommendations with a workforce plan to achieve these.
KEY RISKS ASSOCIATED	Not demonstrating compliance with the national plan resulting in unsafe clinical care provision.
FINANCIAL IMPLICATIONS	Financial implications will be demonstrated in the workforce plan
QUALITY IMPLICATIONS	Inability to provide a safe clinical workforce
EQUALITY & DIVERSITY IMPLICATIONS	E&D implications are considered in the E&D plan which supports the workforce plan in recruitment of staff
LINK TO OBJECTIVES	• Excel in providing high quality, efficient clinical services • Deliver financial sustainability • Create an environment for learning, discovery and innovation
DECISION/ ACTION	For approval.

Annual Safe Staffing Review May 2019

1. Introduction

The purpose of this report is to inform the Trust Board of the latest position in relation to Nursing and Midwifery, Allied Health Professionals and Medical Staffing in line with expectations of the National Quality Board (2016) and the NHSI Developing Workforce Safeguards guidance (2018). It also provides assurance that the Chief Nurse and the Medical Director are satisfied that staffing is safe, effective and sustainable, which will be assessed by the Single Oversight Framework developed by NHSI.

2. 2016 National Quality Board Guidance

In 2016 The National Quality Board (NQB) updated it's guidance for provider trusts which set out revised responsibilities and accountabilities for Trust Boards to ensure safe sustainable and productive nursing and midwifery staffing levels through a triangulated approach of evidence based tools and data, professional judgment and outcomes (see figure 1). Nurses and midwives make up the largest proportion of the Trust workforce and determining the optimal level and mix of nurses required to deliver quality care, as cost effectively as possible, is key to the Trust objectives.

The NQB provides this set of expectations to help Trust Boards make decisions that support the delivery of high quality care for patients within the available staffing resource.

Figure 1: NQBs triangulated approach to staffing decisions

Safe, Effective, Caring, Responsive and Well-Led Care		
Measure and Improve - patient outcomes, people productivity and financial sustainability - - report investigate and act on incidents (including red flags) - - patient, carer and staff feedback -		
- Implementation Care Hours per Patient Day (CHPPD) - - develop local quality dashboard for safe sustainable staffing -		
Expectation 1	**Expectation 2**	**Expectation 3**
Right Staff 1.1 evidence-based workforce planning 1.2 professional judgement 1.3 compare staffing with peers	**Right Skills** 2.1 mandatory training, development and education 2.2 working as a multi-professional team 2.3 recruitment and retention	**Right Place and Time** 3.1 productive working and eliminating waste 3.2 efficient deployment and flexibility 3.3 efficient employment and minimising agency

The NQB guidance was adapted for midwifery to include Safer Childbirth (2016) standards, the acuity and dependency scoring Birthrate Plus (BR+) and Better Births (2016) recommendations which include increased continuity and caseloading, improvements in post-natal care and mental health initiatives. Nationally an updated Birthrate Plus tool will be released in Autumn 2019 to include the Better Births recommendations.

Compliance with NQB's guidance about having the right staff with the right skills in the right time and place is detailed below in Figure 2.

Figure 2 Compliance with NQB guidance.

Measure	Compliance	Evidence
Right Staff		
Evidence Based Workforce Planning	Compliant	NICE 1:8 guidance adult nursing (day shift) compliance (see Appendix 1). 22% uplift for leave, sickness and training Acuity & dependency monitoring with twice yearly staffing review (see Appendix 2). Birthrate Plus audit results (see Appendix 3). British Association of Perinatal Medicine Standards compliance (see Appendix 4).
Professional Judgement	Compliant	See risk rating of ward (see Appendix 1).
Comparing staffing with peers	Compliant	Implementation of Care Hours per patient Day via Model Hospital (see Appendices 1&5)
Right Skills		
Mandatory training, development & education	Compliant	90% compliant with mandatory training across the Trust
Working as a Multi-professional team; working in a collaborative environment and investing in new roles	Compliant	Each division led by a Triumvirate of Nursing/Midwifery, Medicine & Operational Management. Recent investment in new roles include frailty support staff, apprentice nursing associates, nursing degree apprentices, physicians assistants
Recruitment & retention	Compliant	For nursing & midwifery vacancy rate reduced by 4.4% and turnover reduced by 1.8% in last year (see figure 5).
Right Place & Time		
Productive working & eliminating waste		Comparison with Model Hospital benchmarks. Implementation of New Specialling Policy
Efficient deployment & flexibility	Compliant	E rostering and acuity & dependency scoring via Safecare in place to allow efficient deployment of staff according to patient dependency.
Efficient employment, minimising agency usage	Compliant	Vacancy rate lowest in London for Nursing & midwifery 8.3%, agency usage dropped from £13,443K in 17/18 to £8,738K in 18/19

3. 2016 Lord Carter of Cole: Operational Productivity and Performance in English NHS Acute Hospitals: Unwarranted Variations

In February 2016, Lord Carter of Coles published a report into the operational productivity & performance within the NHS in England. In this report Lord Carter described one of the obstacles to eliminating unwarranted variation in nursing and care staff distribution across and within the NHS

provider sector, as being due to the absence of a single means of consistently recording, reporting and monitoring staff deployment.

This led to the development of benchmarks and indicators to enable comparison across national benchmarks and peer trusts as well as specific specialities via the Model Hospital tool. The development of the Care Hours per Patient day (CHPPD) measure is in line with the second of Lord Carter's recommendations. CHPPD has since become the principal measure of nursing, midwifery and health care support staff deployment on in-patient wards. The Trust is required to submit monthly returns for safe staffing to NHSI and Trust Board. See Appendix 6 for more information about CHPPD.

4. 2018 NHSI Developing Workforce Safeguards Guidelines

In November 2018, NHSI published 'Developing Workforce Safeguards' guidance which included 14 recommendations about Safer Staffing. Compliance with the 14 recommendations are listed below in figure 3:

Figure 3: Trust compliance with Developing Workforce Safeguards guidance

Recommendation	Compliance	Evidence
1. Trust must formally ensure that NQBs 2016 guidance is embedded in their safe staffing governance	Compliant	See Figure 2 above
2. Trusts must ensure the three principles of safe staffing are used in their safe staffing processes: - Evidence Based Tools - Professional Judgement - Outcomes N.B. Yearly assessment will be implemented by NHSI to assess compliance with this recommendation	Compliant for Nursing Compliant for Midwifery Compliant for OT/Physio Partially compliant for pharmacy Partially compliant for Seven Day Standards: Medical Staffing Partially Compliant for Obstetric Staffing Partially Compliant for Paediatric Medical Staffing Compliant for Anaesthetic Staffing	See Appendix 1,2, 4 & 5. See Appendix 3: Birthrate Plus results & Midwifery Ratios See Sections 10 & 11 of the paper See Section 10 & 11 of the paper See Sections 13 See Section 14 See Section 15 See section 16

	Partially compliant for Physicians	See Section 17
3. NHSI will base their assessment on the annual governance statement, in which trusts will be required to confirm their staffing governance processes are safe and sustainable	Compliant	Current document
4. NHSI will review the annual governance statement through their usual regulatory arrangements and performance management processes, which complement quality outcomes, operational and finance performance measures	Compliant	See section 20 & Annual Quality Report
5. As part of this yearly assessment NHSI will also seek assurance through the Single Oversight Framework in which a providers performance is monitored against five themes of quality of care, finance and use of resources, operational performance, strategic change and leadership and improvement capacity	Compliant	
6. As part of the safe staffing review, the Director of Nursing and Medical Director must confirm in a statement to their Board that they are satisfied with the outcome of any assessment that staffing is safe, effective and sustainable.	Compliant	See Section 20 in this document
7. Trusts must have an effective workforce plan that is updated annually and signed off the by the Chief Executive and executive leaders. The board should discuss the workforce	Partially compliant	See section 19 Future Hospital Model – Appendix 7 24/7 Workforce Strategy – Appendix 8

plan in a public meeting		Annual workforce planning return – Appendix 12 (Separate attachment)
8. Board must ensure their organisation has an agreed local quality dashboard that cross-checks comparative data on staffing and skill mix with other efficiency and quality metrics such as the Model Hospital Dashboard. Trusts should report on this to their board each month	Compliant	See Appendices 1 & 5
9. An assessment or re-setting of the nursing establishment and skill mix (based on acuity & dependency data) and using an evidence based toolkit where available) must to reported to the board by ward or service area twice yearly, in accordance with the NQB guidance and NHSI resources. This must also be linked to professional judgement & outcomes.	Compliant Reviewed by Senior Corporate Nursing team in September 2017. Presented to Executive Teams in deep dives in May 18 & January 2019. Will be reviewed by full Trust Board in July 2019 via this paper.	See Appendices 1-5
10. There must be no local manipulation of the identified nursing resource from the evidence based figures embedded in the evidence based tool used, except in the context of rigorous independent research activity, as this may adversely affect the recommended establishment figures derived for the use of this tool	Compliant	Raw data for comparison available from Chief Nurse, Head of Therapies and Head of Pharmacy
11. As stated in CQCs well-led framework guidance (2018) and NQBs guidance, any service changes, including skill mix changes, must have a quality	Compliant	Recent QIAs reviewed by Chief Nursing Officer & Medical Director include: Therapies: changing skill mix

impact assessment (QIA) review.		& Dietetics: changing skill mix Both were rejected as on comparison with Model Hospital revealed staffing levels to be under average benchmark.
12. Any redesign or introduction of new roles (included but not limited to physicians associate, nursing associates and advanced clinics practitioners – ACPs) would be considered a service change and must have a full QIA	Compliant	QIA completed to proposal to change skills mix on medical wards to include Nursing Associates was approved
13. Given day to day operational challenges NHSI expect trusts to carry out business as usual dynamic staffing risk assessment including formal escalation processes. Any risk to safety, finance performance and staff experience must be clearly described in these risk assessments	Compliant	Daily review of Safecare at 9:30am bed meeting to support review of staffing across all areas. Matrons/ Lead Nurses use this alongside professional judgment to support movement of staff to ensure safe staffing levels. Safe care is repeated for the night shift. Staff complete risk assessment for 1:1 specials. Ward managers and matrons work clinically to cover shifts as required. Senior Nurse on each site in evenings & weekends and Senior Manager on call out of hours will also review staffing risk and move staff between areas/ book temporary staff to mitigate risk. Staffing flexed to manage workload in ITU, paediatrics neonates and maternity on a

		regular basis.
14. Should risks associated with staffing continue or increase and mitigations prove insufficient, the trust must escalate the issue (and where appropriate, implement business continuity plans) to the Board to maintain safety and care quality. Actions may include part or full closure of a service or reduced provisions; for example, wards, beds and teams, realignment or a return to the original skill mix	Complaint	Wards have been closed in the past year due to infection outbreaks in order to limit the spread of infection. The Maternity Unit on the Chelsea site was closed on one occasion in 2018/19 with a second attempted closure that other units were unable to facilitate. This was due to demands on the service over-whelming the ability to provide a safe service for labouring women. West Mid Maternity Unit was not closed at all during 2018/19. Such closures are escalated to the CCG, LAS, NHS01 as appropriate. Other wards/departments have not reached closure level, rather patients/staff have moved wards or sites, senior staff have been brought into clinical number and issues have been escalated through bed meetings.

5. Principles of Safe staffing

As stated previously, a triangulated approach to assessing the safety of staffing is advocated by the NQB guidance and reinforced through the NHSI Workforce Safeguards guidance. The principles of safe staffing are outlined below in Figure 4 and Trusts must ensure that all three components identified above are utilised within their safe staffing processes.

Figure 4. Principles of Safe Staffing

There are many things to consider in determining whether a ward has safe staffing or not. These include, but not exclusively, the following factors:

- Establishment levels
- Vacancy rates
- Patient acuity
- Skill mix (level of experience of nursing and midwifery staff)
- Mitigation (other roles, additional support, other professionals, variable pay rates)
- Level of bed occupancy
- CHPPD
- Leadership
- Team dynamics
- Ward systems, processes and layout.

It is important that all these are considered alongside over-arching professional judgement.

For example, wards with multiple side rooms make the visibility of patients more complex and staffing numbers are consequently higher on Ron Johnson and Chelsea Wing. Appendix 3 includes a risk rating of each ward taking into account staffing metrics, patient outcomes and experience to assist with developing that professional judgment around safe staffing levels. It details those wards requiring extra support and monitoring (highlighted in amber). A common them in these wards is the need to strengthen leadership, stabilise turnover and reduce sickness. These wards remain under watchful monitoring by the divisions along with support from the corporate nursing team as required. The Senior Link Mangers for these wards are an additional form of support available.

6. Safe Staffing Monthly Report for Nursing, Midwifery & Support Staff

As a consequence of NQB and NHSI guidance, the monthly safe staffing report for Nursing, Midwifery & Support Staff has changed. In addition to monitoring staffing fill rates and CHPPD it now includes more detailed staffing metrics including vacancy & turnover which gives insight into staff experience, quality indicators which includes Trust acquired pressure sores, falls with moderate or severe harm, medication incidents and patient experience data in the form of scores for the Family & Friends Test. This new format was implemented in April 2019 (see Appendix 5) and forms part of the Integrated Board Report. Red flags which are one of the recommended tools for highlighting omissions to care are detailed in Appendix 9 but currently require further embedding in the

organisation as current recording level shows significant under-reporting. Going forward maternity are planning to include red flag reporting in their daily escalation plans.

7. Staffing Annual Review for Nursing, Midwifery & Support Staff

Over the past year there has been significant focus on Nursing and Midwifery recruitment and retention (see figure 5).

Figure 5. Staffing Metrics comparing April 2019 to April 2018

	April 2018	April 2019	Change
Nursing & Midwifery WTE in post	2013.4	2155.7	+ 142.3
Support staff WTE in post	608.7	567.8	- 40.9
Vacancy rate: Nursing & Midwifery	12.7%	8.3%	- 4.4%
Vacancy Rate: Support Staff	14.5%	16.7%	+ 2.2%
Voluntary Turnover Rate: Nurses & Midwives	17.4%	15.6%	- 1.8%
Voluntary Turnover Rate: Support Staff	19%	11.5%	- 7.5%

7.1 Vacancy Rate for Nursing, Midwifery & Support Staff

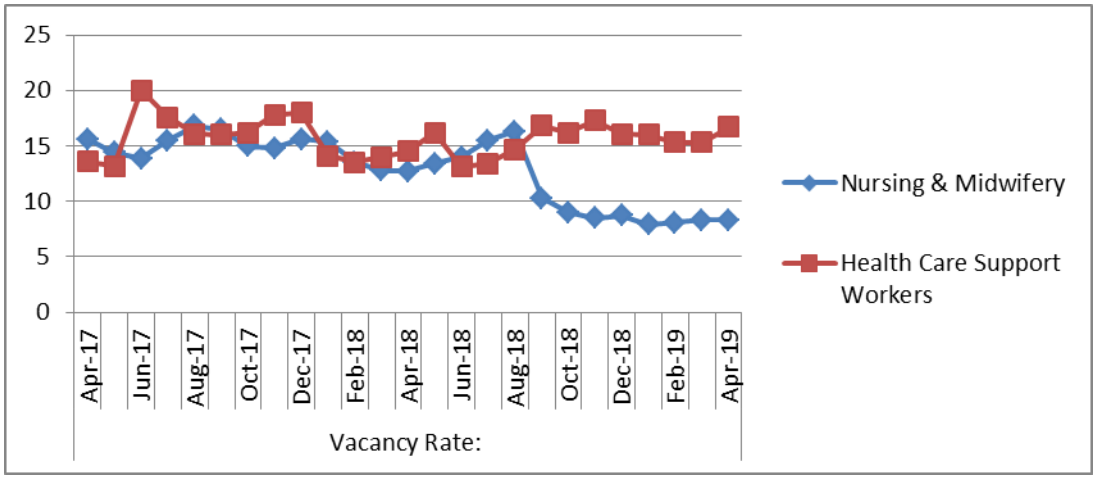
In accordance with the NQB guidance about having the right staff with the right skills in the right place and time, the Trust has gone to great lengths to stabilise the nursing workforce. Numbers of nurse and midwives in post has improved significantly over the last year reflective of the reduced vacancy rate in this area.

Due to the national shortage of nurses, the Trust has undertaken a number of overseas recruitment campaigns for nurses and has 12-16 nurses arriving every 3 weeks.

This provides up to 21 overseas nurses a month, a significant contribution toward the 38 nurses required each month to maintain a stable vacancy rate. Overseas nurse go through a rigorous selection process including English testing at an international standard (IELTS/OET), a computer based nursing theory test and a drug calculation test in their own country. On arrival in the UK they undertake a practice based assessment called an OSCE. They then join the preceptorship programme to give them enhanced support for the first twelve months following arrival to the trust. The Trust now has the lowest vacancy rate for nursing in London (see figure 6).

Vacancy rate remains higher for non-qualified roles, despite regular recruitment, and interviews are being planned every month to address this issue.

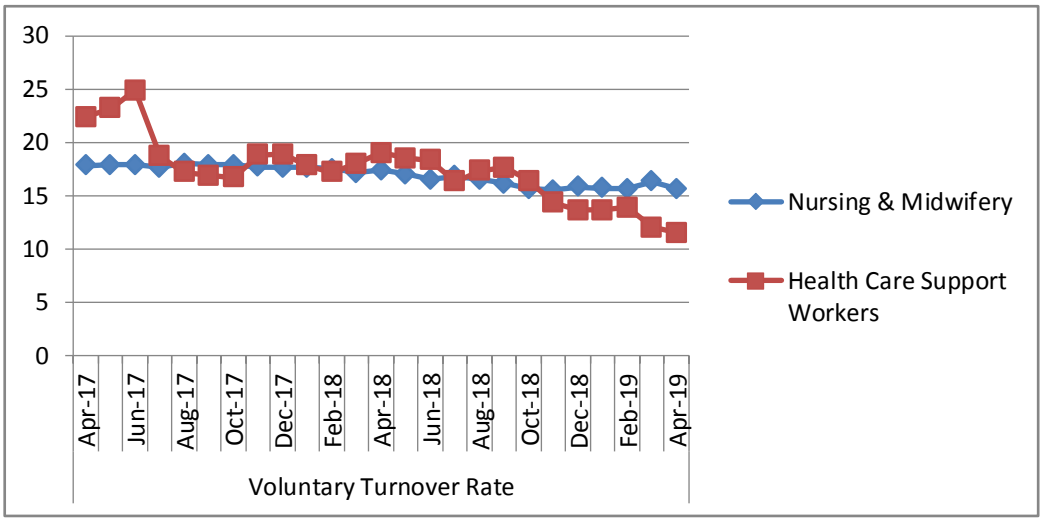
Figure 6. Vacancy rate April 17-April 19



7.2 Voluntary Turnover for Nursing, Midwifery & Support Staff

In relation to nursing and midwifery turnover, the Trust was offered support from NHSI in Autumn 2017 to assist with improving the position. At this point the Trust had the fourth highest turnover in the country and the second highest turnover in London. Since this point, turnover has reduced by 2.3% (see figure 7 below). However, other trusts have also improved their position and the Trust remains the third worst in London, turnover at the Chelsea Site sitting at 18.9% for Registered Nurses Midwives and Health Care Support Workers Support compared to an inner London average of 14-15% and at 8.3% at the West Middlesex Site. The Trust remains committed to reducing this turnover rate and has now expanded the retention action plan to include midwifery and health care support staff (see Appendix 10). Reduction of turnover will be set as the objectives for all Band 6s and above on the wards where this continues to be issue.

Figure 7: Voluntary turnover rate April 17-Apr



7.3 The Apprenticeship Opportunity

The Trust is committed to grow its own registered Nursing Workforce developing career progression from Band 2 to Band 7s utilising the apprenticeship system, particularly between Band 2-7s, see

Appendix 11, through the nursing associate and nurse degree apprenticeship routes. Functional skills in Literacy and Numeracy are now being offered through a local college in order to assist staff in meeting the entrance criteria of these programmes. However, release time can be costly and requires significant backfill funding.

8. Bi-annual Staffing Review

Bi-annual acuity & dependency reviews suggests a much healthier alignment of resources to requirement across the divisions than has previously been the case party through investment and devolvement of some of the specialling budget (see latest full year review in Appendix 2). The narrative around paediatric staffing shows excess staffing in relation to the acuity & dependency data, but is in compliance with the national paediatric and neonatal staffing guidance. Establishment is above acuity requirements on Ron Johnson and Chelsea due to the high number of side rooms which makes visibility of patients difficult. The small size of Annie Zunz ward (12 beds) makes it difficult to staff this ward more efficiently, therefore they have a small excess of staff compared to acuity levels. Recent investment in Planned Care means that the surgical wards at the West Middlesex site are more safely staffed and should move to a low risk in terms of staffing impact on quality once the vacancies have been recruited to. Recent devolvement of the specialling resource into the medical wards on both sites have improved the establishment significantly and these wards will continue to be observed to ensure that staffing is not compromising the quality of care being delivered. Staffing levels for Maternity, particularly at the Chelsea site remain under close observations following a recent increase in activity and additional temporary staff are being deployed to ensure that safe and quality care is delivered.

9. Resource Considerations for Nursing & Midwifery

The vacancy rate is now well controlled thanks to a pipeline of international nurses but with the slow uptake of apprenticeships and the associated cost of back-fill, overseas recruitment is likely to be an avenue that will continue to be required beyond 2020 and an approach advocated by NHSI.

Movement of staff across wards and departments occurs regular at both sites and sometimes between sites to ensure to ensure that areas remain safe. This includes the use of Matrons, Practice Development nurse and the Senior Nurse on Site, who are not usually ward based, to mitigate any risk to patients during staffing shortages. Staffing and patient acuity and dependency levels will continues to be monitored twice daily and should move from once to twice daily review by the Site Team to assistant with decision making about the deployment of staff.

A new specialling policy has been implemented that that ensures a full risk assessment of patients to decide if specialling or cohort nursing is required. Improved management of these patients have led to a 50% (£844K) reduction in specialling spend in 18/19 compared to 17/18.

The corporate nursing team chairs Challenge Boards for each division to review safe staffing data, efficient use of resources, quality and patient experience.

10. Workforce Review for Allied Health Professionals

Vacancy & turnover of Occupational Therapists and Physiotherapists are detailed below and demonstrate a significant vacancy at the West Middlesex Site. Retention on both sites is good (see figure 8 below), though there are some areas that require further focus. To this effect, a stay questionnaire is being carried out with the therapy teams in June and a retention action plan for therapies will be developed from there.

Figure 8: Voluntary turnover for Occupational Therapists & Physiotherapists

Occupational Therapists & Physiotherapists	Chelsea & Westminster Site	West Middlesex Site
In-patient Vacancy Rate	12%	25%
Out-patient Vacancy Rate	-2.7%	
Paediatric Therapy Vacancy Rate	-0.4%	
In-patient Voluntary Turnover	10.37%	6.85%
Out-patient Voluntary Turnover	6.6%	
Paediatric Voluntary Turnover Rate	9.69%	

In comparison to Model Hospital 17/18 data, staffing at the Trust shows that in comparison to Peer Trusts, the number of Occupational Therapists (OTs) and Physiotherapists is lower with a higher proportion of Physiotherapists than other therapists (see figures 9 & 10 below). However, it is important to note that proportions of staffing will vary with whether trust staff service out-patients and the community as well. Pharmacists is not separated out from other AHPs on Model Hospital so cross comparison is not possible for Pharmacy.

Figure 9: Trust FTE Therapies Compared to Model Hospital Medians

Specialty	Trust FTE	Peer Median FTE	National Median FTE
Occupational Therapy	36.4	77.7	54.7
Physiotherapy	111.6	154	105

Figure 10: AHP Workforce by Type

Specialty as a % of all AHPs	Trust FTE	Peer Median FTE	National Median FTE
Dietetics	8.9%	7.1%	6.4%
OTs	12.5%	14.9%	15.6%
Physiotherapy	38.3%	30.7%	29.6%
Radiography	35.1%	34.3%	37.8%
Speech & Language	0.9%	4.9%	4.1%
Other AHPs (including pharmacy)	4.3%	3.7%	4.8%

11.1 Safer Staffing review for Allied Health Professionals

Recommendations around safe staffing for Allied Health professionals are less prescriptive than for nursing and midwifery.

NHSI have recommended a Care Hours Per (Patient) Contact for therapists, to allow baseline assessments between trusts. However, this is dependent on e rostering and job planning being in place so time for patients contact can be adequately counted. This is still work in progress for the therapies team: e rostering is in place at West Middlesex site but has only just been launched at the Chelsea Site and staff need further training in its use. Once this is in place, clinical hours available will need to be collated against the number of patients seen to establish Care Hours per Contact.

11.2 Seven Day Standard for Therapists & Pharmacists

Seven Day Standards include recommendations for weekend staffing for both pharmacists and therapists. See figure 11 for compliance with these standards and show the trust to be largely compliant apart from pharmacy presence on admitting wards at the weekend at the West Middlesex Site.

Figure 11: Compliance with seven day standards by therapists:

Seven Day Standard	Compliance	Evidence/comments
Medicine reconciliation should take place within 24 hours of admission	Medicine reconciliation proves challenging at the weekend due to GP practices being closed. May 2019's midweek mini-audit conducted according to HEAG standards and collected on a Wednesday found that compliance was: Average score of 93 % for both sites. CW Site: 87 % WM: AMU & Surgical wards 100%	In 2019 The Royal Pharmaceutical Society through its Hospital Expert Advisory Group (HEAG) has developed a consensus on definitions for benchmarking metrics relevant to the delivery of pharmacy services and medicines use in acute hospitals. The Trust has now adopted this approach to measuring reconciliation, which suggests that medicines reconciliation compliance is carried out mid-week and therefore excludes newly admitted weekend patients as medicines reconciliation is not possible when GP surgeries are closed.
All emergency in-patients must be assessed for complex or on-going needs within 14 hours by a multi-professional team. The multi-professional team will vary by specialty but as a minimum would include	Partially compliant for Pharmacy. Compliant on both sites for therapies.	**Pharmacy** CW Pharmacist present on AAU on Saturday & Sunday. WM Pharmacist present on Saturdays but not Sundays. None for surgical wards on

nursing, pharmacy, physiotherapy and for medical patients, occupational therapy		either site **Therapies** CW 1 Physio covering T&O at weekends. 2 OTs covering ED/AAU weekends Expanding service shortly to cover medical rehab at weekends. WM 1 Physio covering T&O at weekends. 1 OTs covering ED/AAU weekends 1-2 OTs covering medical rehab at weekend

11.3 Core Standards for Intensive Care Units: Pharmacy & Therapies

The core standards for Intensive Care Units published in 2013 includes guidance for Pharmacy and Physiotherapy as detailed below in Figure 12. A review shows the Trust to be largely compliant.

Figure 12: Compliance with Core Standards for Intensive Care Units

Standard	Compliance	Comments
0.1wte 8a Specialist Clinical Pharmacist for each single level 3 bed and every two Level 2 beds and should be present at least 5 days a week attending ward rounds.	Compliant at Chelsea. Compliance at West Mid varies with numbers and dependencies of patients	CW 1wte x 8b WM 0.5wte 8a 0.5wte pharmacist for Clinical Trials available to assist at times
Physiotherapy should be available 24 hours a day if required, dependent on patient need	Compliant	
Suggested staffing levels are 1 WTE physiotherapist to 4 beds	Compliant with current bed base	
A senior clinical physiotherapist with suitable post registration experience and/or qualifications should lead the team.	Compliant	
Physiotherapy staffing should be adequate to provide both the respiratory	Compliant	

management and rehabilitation components of care.		

12. Staffing Review for Medical Workforce

Vacancy and voluntary turnover rated for the medical workforce have both improved in the last 12 months (see Figure 13 below)

Figure 13: Vacancy & Turnover Rate for Medical Workforce

Medical Workforce	April 2018	April 2019
Vacancy Rate	10.8%	8.4%
Voluntary Turnover	6.2%	3.3%

In comparison with Model Hospital 17/18 data medical staffing at the Trust shows a higher number of doctors in post but less on ESR than in other trusts (see Figure 14). This suggests that either the Trust ESR is inaccurate or that a significant proportion of the medical staff have joint appointments with split sessions across different Trusts or are placed on rotational posts. This does not allow a useful comparison in terms of actual clinical sessions available.

Figure 14: Medical Staff in Post Compared to Model Hospital Medians

Staff in Post (FTE)	Trust Value	Peer Median	National Median
Doctors FTE	503.1	451.9	226.1
Consultant & Senior Doctors FTE	245.6	220	125.1
Trust Grade Doctors	149.1	113.1	35.8
Doctors in Training	108.3	116.6	60.3
Doctors FTE (ESR)	335	465	192
Consultant & Senior Doctors FTE (ESR)	153	195	109
Trust Grade Doctors (ESR)	58.5	103.6	21.2
Doctors in Training (ESR)	124	128	58

13. Compliance with Seven Days Standards: Medical Staffing

Seven Day Clinical Standard 2 stipulates that all emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of admission to hospital. This guidance covers all specialties.

A comprehensive audit was carried out of 256 patients spanning a number of working weekdays and weekends across all wards within each division; over a period of 2-3 weeks in March 2019 and demonstrated an improved position of 87.5% compliance. This demonstrates a gradually improving position from 66% in March 2017, however the trust is not yet fully compliant with the 90% standard. There are processes, job plans and work patterns in place to meet this standard 15

consistently in Emergency & Integrated Care Divisions and Womens & Childrens on both sites. However, planned care remains non–compliant on both sites and an action plan will be developed to meet the standard in Division and as a Trust. This will need to align job plans and clinical practice with non-elective admissions.

14. Compliance with London Maternity Intrapartum Quality Standards

Compliance with maternity staffing guidance published in 2018 is detailed below for both obstetrics and anaesthetics and shows the Trust to be partially compliant. The West Middlesex Site is fully compliant with Steps 1 & 2 for Obstetric Staffing and the Chelsea Site is partially complaint with both steps. Partial compliance with Step 1 at Chelsea is due to the Consultant Obstetrician covering both Labour Ward and the Maternity Day Unit. However a business case has been submitted and approved to rectify this between the hours of 08:00-17:00. Further cover will be required to ensure compliance with this standard at the Chelsea Site between 17:00-22:00. This impacts upon the ability of the Chelsea Site to be compliant with Step 2. However, the Consultant Obstetrician is present for handover ward rounds at 08:00, 17:00 and 20:00 and there is a Labour Ward Consultant Led ward round at 08:00-20:00.

In relation to anaesthetic cover there is full compliance at the West Middlesex Site with further cover required at the Chelsea Site in relation to elective caesarean list cover. A business case is currently in development to improve compliance with this standard.

Figure 15: Compliance with London Maternity Intrapartum Quality Standards

Obstetric Staffing	Standard	Compliance
Step 1	The obstetric unit provides 7 day/week dedicated consultant presences 12 hours per day. The consultant should not have other duties during his time.	Compliant
Step 2	The obstetric unit provides 7 day/week dedicated consultant presence 14 hours per day, the timing of handover should ensure that the consultant covering the night duty is present for at least 2 hours at the beginning of the night duty and carries out a ward round even if on-call rather than present for the remainder of the night	Compliant at West Mid Partially complaint at Chelsea.
Anaesthetic Staffing	Standard	
	Obstetric units provide a minimum of 12 anaesthetist consultant sessions/week on delivery suite for emergency work, which are distributed in line with periods of increased workload.	Compliant both sites
	Obstetric units to have access 24 hours a day, 7 days a week to a supervising consultant obstetric anaesthetist who undertakes regular obstetric sessions.	Compliant both sites
	Obstetric units should have a competency assessed dedicated duty anaesthetist immediately available 24 hours a day, 7 days	Compliant both

	a week to provide labour analgesia and support complex deliveries.	sites
	There should be a named consultant obstetrician and named consultant obstetric anaesthetist with sole responsibility for each elective caesarean section list.	Compliant

15. Compliance with Royal College of Paediatrics and Child Health Requirements

Guidance published by the Royal College 'Facing the Future - Standards for Acute General Paediatric Services (2018) outlined 10 key requirements to deliver high quality, safe and sustainable acute general paediatric services. Compliance with standards related particularly to consultant staffing levels are compliant, though middle grade compliance is compromised by vacancies (see figure 16). Future workforce re-design will look to increase consultant posts & extend nursing roles to improve compliance with RCPCH standards.

Figure 16: Compliance with Royal College of Paediatrics & Child Health Requirements

Standard	Compliance
A consultant paediatrician is present and readily available in the hospital during times of peak activity seven days a week.	Compliant both sites CW: Consultant Paediatrician on site 24/7 WM: Consultant Paediatrician on Site 09.00-22.00 then on call from home
Every child who is admitted to a paediatric department with an acute medical problem is seen by a healthcare professional with the appropriate competencies to work on the tier 2 (middle grade) paediatric rota within 4 hours of admission.	Compliant both sites
Every child who is admitted to a paediatric department with an acute medical problem is seen by a consultant paediatrician within 14 hours of admission, with more immediate review as required according to illness severity or if a member of staff is concerned.	Consultant presence on sites allows for this (see Section 13), but further compliance could be achieved by structuring ward round differently to ensure overnight admissions are prioritised.
At least two medical handovers every 24 hours are led by a consultant paediatrician	Compliant both sites
Every child with an acute medical problem who is referred for a paediatric opinion is seen by, or has their case discussed with, a clinician with the necessary skills & competencies before they are discharged.	Compliant both sites
Throughout all the hours they are open, paediatric assessment units have access to the opinion of a Consultant Paediatrician	Compliant both sites, on call from home between 22.00-09.00 at the West Middlesex Site

All general paediatric inpatient units adopt an attending consultant system, most often in the form of the 'consultant of the week' system.	Compliant both sites
All general paediatric training rotas are made up of at least 10 wte posts, all of which are compliant with the UE & EU WTD	WM: Compliant CW: Rota designed for 10 people but rota currently running with 50% vacancy.
Specialist paediatricians are available for immediate telephone advice for acute problems for all specialties, and for all paediatricians	Compliant both sites
All children, children's social care, police & health teams have access to a paediatrician with child protection experience & skills (of at least 3 safeguarding competencies) who is available to provide immediate advice& subsequent assessment, if necessary for children under 18 years of age where there are child protection concerns. The requirement is for advice, clinical assessment & the timely provision of an appropriate medical opinion, supported by a written report.	Compliant both sites

16. Core Standards for Intensive Care Units: Guidance for Medical Staffing

As well as making recommendations for therapy and pharmacy staff the Core Standards for Intensive Care Units also makes recommendations for anaesthetic staff. The Trust is fully compliant with these recommendations (see figure 17 below).

Figure 17: Compliance with Core Standards for Intensive Care Units: Medical Staffing

Standard	Compliance	Comments
Care must be led by a Consultant in Intensive Care Medicine. A consultant in Intensive Care Medicine will have Daytime Direct Clinical Care Programmed Activities in Intensive Care medicine written into their job plan and will exclusively cover intensive care medicine and not a second speciality at the same time.	Compliant both sites	
Consultant work patterns should deliver continuity of care, working blocks of days at a time	Compliant both sites	Consultant of the week in place on both sites
In general the Consultant/Patient ratio should not exceed a range between 1:8-1:15 and the ICU resident patient ratio should not exceed 1:8	Compliant both sites	

There must be a designated Clinical Director and/or Lead Consultant for Intensive Care	Compliant both sites	Each site has a Lead Consultant for Intensive Care
A consultant in Intensive Care Medicine must be immediately available 24/7, be able to attend within 30 minutes and must undertake twice daily ward rounds	Compliant both sites	Consultant ward rounds in place twice daily seven day a week. Consultants on call from home overnight within 30 minutes drive from hospital.

17. Compliance with Royal College of Physicians on Safe Staffing

The Royal College of Physicians published guidance on safe medical staffing in 2018 recommending staffing levels for the medical take and ward cover. The Trust is partially compliant, see Figure 18 below. The Trust is currently in discussion with our HEE Lead Educational Provider about the allocation of these doctors to the organisation to enable compliance with tier 2 doctors' hours. The Executive and Trust Board will also consider resource for this tier of cover under business planning. It is worth noting the commitment the Trust has demonstrated with regard to the four hour standard across our emergency departments, such that the Chelsea & Westminster Hospital NHS Foundation Trust is one of the few Trusts in England able to demonstrate such compliance. It is also worth noting the Trusts improving compliance with AED standards for 14 hour review post acute admission and regular daily consultant - led review for inpatients.

Figure 18: Compliance with Guidance on Safe Medical Staffing

Standard	Compliance	Comments
Medical staffing for patients who present acutely to hospital with medical problems – the medical assessment and admission team. Consultant led care without an immediate presence in ED & AMU, but with consultant led ward rounds or partly consultant-delivered care, with consultant presence and early involvement of the ED & AMU	Compliant both sites	
Medical staffing of a 30 bedded ward by day, Monday to Friday – the medical ward team Tier 1 (71 hours/week, 2 clinicians, 2.2wte) Tier 2 (30 hours/week, 1 clinician needed most of day if ward round/half day if no formal ward round, 1wte) Tier 3 Consultant (20.5-24.5 hours on ward each week, most of day when formal ward round, 2.5 hours other days)	Partially compliant	Compliant both sites tier 1 & 2, Non-compliant tier 3

Medical staffing of a 30 bedded ward by day, weekends and BH – the weekend medical ward team Tier 1 (8 hours cover each day, 0.5wte) Tier 2 (2 hours each day) Tier 3 Consultant (2 hours presence)	Partially compliant	Compliant both sites tier 1 Compliant Chelsea tier 2 & 3 Non-compliant West Mid tier 2&3
Staffing for emergency medical care in the hospital by day & night – the medical team on call Tier 1 (1 clinician available thoughout each 16 hour period for every 100-120 beds, need 3 tier 1 posts for this) Tier 2 (most hospitals require a separate dedicated tier 2 medical registrar to provide on call cover of the wards for 12 hours during the period of greatest activity of the day, with another medical registrar leading the medical assessment and admission team, requires 2.4 tier 2 posts)	Partially compliant	Compliant both sites tier 1 Non-compliant after 18.00 for tier 2.

18. Quality Impact Assessment Process

As recommended by the NHSI Development of Workforce Safeguards document any changes to staffing skill mix now comes to a QIA panel which is chaired by the Chief Nurse & Medical Director. As part of this process proposed skills mix changes are benchmarked against national standards and Model Hospital data. A workforce review is underway to consider how nursing associates will be integrated into the trust and organisation and a quality impact assessment will be carried out for changes of the skill mix in the allocated areas. A quality impact assessment is also currently being developed for the introduction of the Physician Assistant role.

19. Workforce Plan

The annual workforce planning process at Chelsea & Westminster forms an integral part of the annual business planning cycle. Each Division is required to provide a detailed workforce plan aligned to finance, activity and quality plans. An assessment of workforce demand is linked to commissioning plans reflecting service changes, developments, CQUINS and cost improvement plans. These plans are discussed at public board and reviewed throughout the year.

Divisional plans are developed by appropriate service leads and clinicians, directed by the Divisional Director, and are subject to Executive Director Panel review prior to submission to Trust Board.

Throughout the course of the year, actual performance against the Operating Plan, including workforce numbers, costs and detailed workforce KPIs are reviewed through the Workforce Development Committee which reports to the People and OD Committee.

The impact of changes which may affect the supply of staff from Europe, changes to the NHS nursing and allied health professional entry routes to training and funding sources or any other national drivers are factored into planning and our Workforce Development Committee has a role in regularly reviewing the impact of such changes and ensuring that appropriate plans are put in place if required. The Trust has also introduced (as detailed in previous sections) a number of new roles and ways of working which are shaping our future workforce models.

In relation to the medical models, the Trust has undertaken detailed reviews of current establishments and plotted how future roles should be deployed by clinical service. These plans have been discussed at board sub-committee level and report into Board reporting.

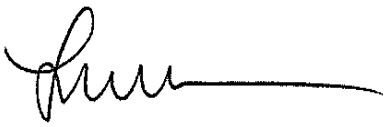
The Trust aims to build on our current workforce plan, increase its scope and range of vision. The Trust aims to develop plans that have 3+ year time horizon to align educational and development funding.

20. Safe Staffing Statement

Following a review of safe staffing levels within the Trust for Nursing and Midwifery, Therapies, Pharmacy and Medicine the Chief Nurse and Medical Director conclude the following:

"As Chief Nurse and Chief Medical Officer for the Trust we confirm that we are satisfied that we currently meet safe staffing standards and compliance with the National Workforce Safeguards Standards 2018. We recognise we currently have partial compliance with elements of the medical and therapy standards and have firm plans in place to meet full compliance in which our workforce plan will address the future workforce needed to gain full compliance over the next year."

Signed:



Pippa Nightingale
Chief Nursing Officer

Signed:

Zoe Penn
Medical Director

21. Recommendations

The Trust Board is requested to

- Note the information in the report.
- Note that that the Trust has higher than average turnover rate for nursing and midwifery and support collective action to address this, which will be monitored through POD Committee.

- Recognise the trusts declining vacancy rates
- Note that the Trust is compliant with national requirement and regulations for reporting as laid down by the National Quality Board and the NHSI Developing Workforce Safeguards for Nursing and Midwifery.
- Monitor the clinical outcomes and safe staffing through quality committee
- Monitor the delivery of the workforce plan through People and organisational development committee.

Appendix 1: Nursing & Midwifery Staffing Risk Assessments

Each ward areas has been reviewed taking patient outcomes, experience and staffing metrics into account and show the current position of each inpatient area in relation to safe staffing as determined by Chief Nurse, The Director of Nursing for Workforce, Divisional, Director of Nursing & Midwifery.

Risk ratings have been agreed as follows:

Risk rating	Description
Low	No specific staffing related quality concerns
Medium	This could mean: • Although not necessarily triggering on quality issues, nursing staff vacancies are thought to be affecting/possibly affecting the quality of care being provided. • High sickness rates • Turnover demonstrates that staff experience may be poor on the ward • Ward is under review/watchful observation by the Divisional Director of Nursing, Lead Nurse and Matron
High	Serious quality concerns where there are evident links to staffing levels

Emergency & Integrated Care

Ward	CHPPD Ave for 18/19	Model Hospital National Median	Ratio RN: pt Days	Ratio RN: pt Nights (includes Nurse in Charge)	Vacancy RN, HCA	Volunt Turnover RN	Pressure Ulcer 3,4 unstage-able 18/19	Falls with Moderate/ severe harm 18/19	Medication Incidents 18/19	FFT 18/19	Professional Safety Risk Assessment	Rationale for risk assessment	Comments/ mitigation
AAU	11.7	8.5	1:7	1:7	26%	16%			94	89.8%			
David Erskine	6.8	7.3	1:7	1:7	-4%	59%			48	85.5%		High turnover. Junior skill mix on ward.	Implementing training so ward will be able to take NIV: make work more interesting. Currently working to stabilise senior team
Edgar Horne	6.4	6.7	1:7	1:9.3	6%	28%		1	43	81.6%			No Band 6s currently but no quality related issues occurring, will watch closely
Nell Gwynne	7.6	7.3	1:6	1:8	-2%	38%	2	3	27	85.3%			
Rainsford Mowlem	6.3	7.3	1:7.2	1:9	-2%	19%		2	48	89.8%		Flexing up & down beds make this ward difficult to manage. Staff satisfaction on ward low, lots of internal transfers of staff off ward.	Reducing beds may help with some quality issues Currently working to strengthen senior team
AMU	9.2	8.5	1:7	1:7	8%	8%	1		27	95.6%			
Cardiology	6.4	7.9	1:6	1:6	17%	0%		1	13	93.6%			
Osterley 1	6.4	7.3	1:7.5	1:7.5	4%	15%			46	92.4%			
Osterley 2	6.8	7.3	1:6*	1:7.5	10%	0%			38	90.6%			
Lampton	5.6	7.3	1:7.25	1:9.7	4%	12%		1	4	95.3%			
Crane	6.1	6.7	1:7	1:9.3	17%	6%	1	2	9	85.6%			
Marble Hill 1	6.6	7.3	1:7	1:8.25	15%	16%	3		32	89.8%		Junior skill mix on ward. Complaints common on ward.	Currently working to strengthen senior team. Lead nurse attends board round on a daily basis
Marble Hill 2	6.5	7.3	1:7	1:9.3	15%	0%		1	6	88.6%			
Kew	7.0	6.7	1:7	1:9.3	8%	10%		3	24	79.2%			

Planned Care

Ward	CHPPD Ave for 18/19	CHPPD National Benchmark	Ratio RN: pt Days	Ratio RN: pt Nights (includes Nurse in Charge)	Vacancy RN, HCA	Volunt Turnover RN	Pressure Ulcer 3,4 unstage-able 18/19	Falls with Moderate/ severe harm 18/19	Medication Incidents 18/19	FFT 18/19	Professional Safety Risk Assessment	Rationale for risk assessment	Comments/mitigation
SMA	6.5	7.3	1:6*	1:9.3	18%	22%			27	90.4%		Vacancies high but have staff in pipeline	
Lord Wigram	6.5	7.0	1:7	1:9.3	7%	29%			20	92.1%			
David Evans	7.9	7.3	1:6	1:9.3	20%	24%		1	21	92.9%		Vacancies high but have staff in pipeline	
ITU CW	28.1	27.0	1:1 (L3) 1:2 (L2)	1:1 (L3) 1:2 (L2)	11%	20%	2		46				
Burns	19.4	N/A	1:2	1:5	12%	23%		1	18	96.7%			
Richmond	9.3	7.3	1:5.75*	1:7.7	7%	9%		1	14	95.7%			
Syon 1	6.3	7.3	1:6	1:7.5	16%	16%		2	16	91.4%		High number of staff internal transfers off ward. Complex ward with lots specialties. Leadership on wards needs strengthening	Team building events. Vacancies being recruited to
Syon 2	6.7	7.0	1:6	1:7.5	7%	26%	2		20	92.9%		Junior ward manager. Should move to green as vacancies recruited to. Staff in pipeline.	Vacancies being established to.
ITU WM	27.6	27.0	1:1 (L3) 1:2 (L2)	1:1 (L3) 1:2 (L2)	9%	16%	1		25				

Womens & Childrens, HIV, GUM, Dermatology & Private Patients

Ward	CHPPD Ave for 18/19	CHPPD National Benchmark	Ratio RN: pt Days	Ratio RN: pt Nights (includes Nurse in Charge)	Vacancy RN,RM, HCA	Volunt Turnover RN/RM	Pressure Ulcer 3,4 unstage-able 18/19	Falls with Mod/severe harm 18/19	Medication Incidents 18/19	Still births 18/19	FFT 18/19	Professional Safety Risk Assessment	Rationale for risk assessment	Comments/ mitigation
Ron Johnson	7.6	7.2	1:4.75*	1:6.33	22%	13%	1	2	59		96.3%			
Annie Zunz	8.2	8.0	1:6*	1:6	9%	28%			9		97.1%			
Chelsea Wing	18.7	7.3	1:5	1:7	18%	19%		1	14		92.5%			

`Paediatrics

Ward	CHPPD Ave for 18/19	CHPPD National Benchmark	Ratio RN: pt Days	Ratio RN: pt Nights	Vacancy RN,RM, HCA	Volunt Turnover RN/RM	Pressure Ulcer/Mois ture Lesion	Extravasation 18/19	Medication Incidents 18/19	Still births 18/19	FFT 18/19	Professional Safety Risk Assessment	Rationale for risk assessment	Comments/ mitigation
Jupiter	12.7	12.1	1:4	1:4*	24%	33%	4	3	8		95.9%			
Neptune	9.1	12.1	1:3	1:4*	12%	13%	1	2	16		96.5%			
Mercury	8.5	9.9	1:3	1:3*	16%	34%	1	3	44		94.3%		High staff turnover	Action plan in place to improve retention
Apollo	19.2	12.1	1:2	1:2	4%	13%	3		28		96.8%		High sickness, high acuity with fluctuating demand	Twice daily staffing review with bleep holder overseeing 24/7
NICU	13.0	27	1:4 SCBU 1:2 HDU 1:1.5 ITU	1:4 SCBU 1:2 HDU 1:1.5 ITU	17%	16%		6	63		98.5%		High vacancy at Band 6 level	Action plan in place to develop Band 5s into Band 6s
Starlight	8.7	12.1	1:3	1:4*	15%	0%	3	5	33		95.5%			
SCBU	8.6	12.1	1:4 Special Care 1:2 HDU	1:4* Special Care 1:2 HDU	13%	0%			11		100%			

Maternity

Ward	CHPPD Ave for 18/19	CHPPD National Benchmark	Midwifery Staffing Ratios	Midwifery Staffing Ratio Benchmark	Vacancy RN,RM, HCA	Volunt Turnover RN/RM	1:1 Care in Labour 18/19	Still births 18/19 per 1000 births	Post-partum Haemorrhage 18/19	Sepsis 18/19	Medication Incidents 18/19	FFT 18/19	Professional Safety Risk Assessment	Rationale for risk assessment	Comments/ mitigation
Maternity CW	10.8	14.9	1:30	1:30	10%	20%	97.9%	3.6	3.8% ≥1500mls 0.1% ≥4000mls	1.9%	71	100% **		Increased Activity. High turnover. High sickness	Daily staffing review, with uplift where required. Stabilisation of senior staff by appointment to senior posts.
Maternity WM	9.1	14.9	1:30	1:30	2%	10%	89.5%	3.1	4.4% ≥1500mls 0.1% ≥4000mls	0.6%	37	92.3%		High sickness High vacancy /maternity leave	Lines of agency implemented. Daily staffing review, with uplift where required. Recruitment to all vacancy/maternity leave posts & succession planning

*Includes Nurse in Charge

**Data only available for June - July 2018

Appendix 2:

Acuity & Dependency Review for 2018/2019 (audits carried out in July 18 & January 19) against actual staffing levels

Emergency & Integrated Care

Site	Ward	Average Acuity & Dependency Review July 18/Jan 19			Ward Establishment			Staffing required to meet acuity & dependency review		
					WTE	RN	HCA	WTE	RN	HCA
WM	**AMU**	77.1	53.9	23.1	79.6	58.6	21.0	2.5	4.7	-2.2
	Cardiology	21.5	15.8	5.7	24.2	21.6	2.6	2.7	5.8	-3.1
	Osterley 1	41.1	28.0	13.2	37.2	22.2	15.8	-3.9	-5.8	2.7
	Osterley 2	46.4	31.6	14.9	43.3	25.6	17.7	-3.1	-6.0	2.9
	Crane	39.9	27.1	12.8	34.0	20.1	13.9	-5.9	-7.0	1.1
	Lampton	40.9	27.8	13.1	34.6	18.9	15.7	-6.2	-8.8	2.6
	Marble Hill 1	43.6	29.6	14.0	44.3	24.0	20.3	0.7	-5.6	6.3
	Marble Hill 2	34.7	23.6	11.1	34.7	19.0	15.7	0.0	-4.6	4.6
	Kew	46.2	31.4	14.8	37.2	21.5	15.7	-8.9	-9.9	0.9
Chelsea	**AAU**	77.7	54.4	23.3	89.3	69.8	19.5	11.6	15.4	-3.8
	David Erskine	41.6	28.3	13.4	39.9	21.6	18.3	-1.7	-6.7	5.0
	Edgar Horne	39.6	27.0	12.7	37.3	19.0	18.3	-2.3	-8.0	5.7
	Nell Gwynne	35.8	24.3	11.5	37.3	19.0	18.3	1.5	-5.4	6.9
	Rainsford Molen	52.0	35.3	16.7	47.8	24.2	23.6	-4.2	-11.1	6.9
								-17.13	**-52.945**	**36.465**

Planned Care

Site	Ward	Average Acuity & Dependency Review July 18/Jan 19			Ward Establishment			Staffing required to meet acuity & dependency review		
					WTE	RN	HCA	WTE	RN	HCA
WM	**Richmond**	13.0	8.9	4.2						
	SAU	10.0	7.0	3.0	25.8	18.3	7.5			
	DSU	10.5	7.1	3.4	9.3	5.6	3.7			
	Total	33.5	22.9	10.6	35.3	23.8	11.5	1.8	0.9	0.9
	Syon 1	36.0	24.5	11.5	39.9	24.1	15.7	3.9	-0.4	4.2
	Syon 2	38.5	26.2	12.4	41.9	24.0	17.9	3.4	-2.2	5.6
Chelsea	**David Evans**	20.6	14.0	6.6	24.6	16.4	8.2	4.1	2.4	1.6
	SMA	35.2	24.2	10.9	33.2	20.1	13.1	-2.0	-4.1	2.2
	Lord Wigram	37.4	25.5	12.0	35.6	19.9	15.7	-1.8	-5.6	3.8
								9.35	**-8.9**	**18.2**

Womens & Childrens, HIV, GUM, Dermatology & Private Patients

Site	Ward	Average Acuity & Dependency Review July 18/Jan 19			Actual Staffing Levels			Staffing required to meet acuity & dependency review		
					WTE	RN	HCA	WTE	RN	HCA
WM	**Starlight**	34.35	22.8	11.6	31.24	31.24	0	-3.11	8.44	-11.6
Chelsea	**Jupiter**	15	9.95	5.1	16.5	13.9	2.5	1.5	3.95	-2.6
	Neptune	21.15	14	7.1	29	26.4	2.6	7.85	12.4	-4.5
	Mercury	38.6	25.6	13	36.2	33.6	2.6	-2.4	8	-10.4
	Apollo	15.75	10.45	5.3	28.8	26.2	2.6	13.05	15.75	-2.7
	Annie Zunz	10.75	7.3	3.45	15.29	10.78	4.51	4.54	3.48	1.06
	Ron Johnson	25.8	17.55	8.25	28.81	18.33	10.48	3.01	0.78	2.23
	Chelsea Wing	12.9	8.75	4.1	22.72	14.6	8.1	9.82	5.85	4
								34.26	**58.65**	**-24.51**

Appendix 3

Chelsea and Westminster NHS Foundation Trust - Birth Rate Plus table top acuity assessment for the West Middlesex and Chelsea and Westminster site March 2019

Audit data of acuity September 2018-December 2018

Chelsea and Westminster Site

Total Births 19/20 (Mothers)

5750

West Middlesex site

Total Births 19/20 (Mother)

4650

Clinical Case mix and ratio

	Category 1	Category 2	Category 3	Category 4	Category 5	Recommended Ratio	Current ratio
National	6.1	20.7	17.3	24.2	31.7	1:28	
CW	5	21	20	22	32	1:27	1:30 moving to 1:29
WM	7	26	15	22	30	1:28	1:30 moving to 1:29

Ratio in clinical areas CW site:

Clinical area	Ratio	WTE ratio Midwife posts recommended for 1:27 ratio	WTE Midwife Ratio posts current at 1:30 ratio	Ratio posts including MSW
homebirth	1:40	4	Included in community	0
Labour and inpatient wards and triage **(**band 7 coordinator excluded from ratio)	1:40 birth	120	108	10%
Birth centre	1:60	17	12.4	10%
Community and clinic	1:120	50.8	51.6 includes Coc team	25%
Total	1:27	191.8 (210.6)	172	(193)

Ratio WM Site

Clinical area	Ratio	WTE ratio Midwife posts recommended (total in ratio)	WTE Midwife Ratio posts current	Ratio posts including MSW
homebirth	1:40	4	Included in community	0
Labour and inpatient wards and triage (band 7 coordinator excluded from ratio)	1:45 birth	91	77.73	10%
Birth centre	1:60	14.8	10.5	10%
Community and clinic	1:120	38	58.76 (in coc team)	25%
Total	1:27	149 (163.9)	147	(163)

BR+ principles implemented

- No midwifery support roles nurses or MSW with some training can be included 0% in birth and antenatal settings, 10% in postnatal setting and 25% in community setting overall an average of 10% of support roles can be used in the ratio.
- Labour ward coordinator is excluded from the ratio (1 per shift)
- Specialist roles removed from the ratio

Appendix 4: Safe Staffing in Neonatal Nursing

Expectation 1: Right Staff

Evidence based workforce planning/professional judgement/comparison with peers

Neonatal Nursing is supported by the British Association of Perinatal Medicine Standards (2011) & The Toolkit for High Quality Neonatal Services DoH (2009).

	Chelsea Neonatal Intensive Care Level 3 Unit	**West Middlesex** Special Care Level 1 Unit
Definition	Babies > 22 + 6 weeks	Babies 32 + weeks Provision of invasive respiratory support for less than 12 hrs
Cot Configuration	37 cots ITU = 12 HDU = 9 SCBU = 16 Currently to 36 cots due to NICU development. (TC delivered in maternity)	SCBU = 16 + 5 transitional care Cots
A designated lead nurse/midwife is responsible for the clinical and professional leadership and management of the service, working with the lead consultant	Yes	Yes
A minimum of 70% (special care) and 80% (high dependency and intensive care) of the workforce establishment hold a current Nursing and Midwifery Council (NMC) registration.	Yes	Yes
A minimum of 70% of the registered nursing and midwifery workforce establishment hold an accredited post-registration qualification in specialised neonatal care **(qualified in specialty QIS)**	Yes 100% hold QIS ITU (band 7 & band 6)	Yes 100% hold QIS ITU (band 7 & band 6)
Units have a minimum of two registered nurses/midwives of which at least one is QIS	Yes	Yes

Special care 1:4 staff-to-baby ratio at all times by either an RN or non-registered staff (e.g. an assistant practitioner or nursery nurse who has undertaken accredited training to a minimum of National Vocational Qualification (NVQ) 3/Foundation Degree), working under the supervision of a registered nurse/ midwife (QIS).	Yes	Yes
High dependency care 1:2 staff-to-baby ratio is provided at all times (some babies may require a higher staff-to-baby ratio for a period of time). Staff who have completed accredited training in specialised neonatal care or who, while undertaking this training, are working under the supervision of a registered nurse/midwife (QIS).	Yes 100% hold QIS ITU (band 7 & band 6)	Yes 100% hold QIS ITU (band 7 & band 6)
Intensive care 1:1 staff- ratio is provided at all times (some babies may require a higher staff-to-baby ratio for a period of time). Staff who have completed accredited training in specialised neonatal care or who, while undertaking this training, are working under the supervision of a registered nurse/midwife (QIS).	Establishment at 1:1.5 Yes 100% hold QIS ITU (band 7 & band 6)	N/A Yes 100% hold QIS ITU (band 7 & band 6)
Neonatal nursing establishments in each unit are calculated against commissioned activity with an uplift of 25% to accommodate expected leave (annual, sick, maternity, paternity, mandatory training and continuous professional development (CPD)), based on an 80% occupancy level.	At 22%	At 22%
There is a nursing co-ordinator on every shift in addition to those providing direct clinical care.	Band 7 coordinator on each shift but will take admissions at times of high acuity and multiple admissions, Second band 7 will be in numbers. Band 8a Matron provides management of unit.	No Band 6 coordinator in day shift and counted within number as night shift. Band 7 0.6 wte management time Band 8a matron covers paeds & SCBU areas

Additional Roles	1 wte 8a ANP 1 wte B7 Surgical CNS 1 wte B7 Complex & Palliative Care 1 wte B7 discharge coordinator B7 & B6 (2 wte) Educator <u>Community Outreach Nurses</u> 1 wte band 7 x site role 2.4 wte band 6 1 wte band 5	1 wte Educator <u>Community Outreach Nurses</u> 2 wte band 6 0.7 wte band 5

Appendix 5: Safe Staffing & Patient Quality Indicator Report April 2019 - Chelsea Site

	Day		Night		CHPPD	CHPPD	Total	National Benchmark	Vacancy	Turnover		Inpatient fall with harm				Trust acquired pressure ulcer 3,4, unstageable		Medication incidents		FFT scores
	Average fill rate - registered	Average fill rate - care staff	Average fill rate - registered	Average fill rate - care staff	Reg	HCA				Qualified	Unqualified	Moderate		Severe						
												month	YTD	month	YTD	month	YTD	month	YTD	
Maternity	84.9%	87.6%	99.1%	93.7%	8.2	3.4	11.5	14.9	9.83%	19.96	17.46%							2	2	Not available
Annie Zunz	89.8%	89.6%	101.5%	93.3%	6.0	2.4	8.4	8.0	9.4%	28.18%	11.16%							3	3	96.9%
Apollo	92.5%	115.1%	88.7%	113.3%	17.7	4.5	22.1	12.1	3.85%	12.78%	0%							2	2	
Jupiter	105.3%	104.8%	97.6%	-	8.9	4.1	13.0	12.1	23.53%	32.6%	21.43%							5	5	94.6%
Mercury	73.3%	100.0%	67.3%	66.7%	7.8	1.4	9.2	9.9	15.8%	33.71%	0%							1	1	91.5%
Neptune	89.9%	96.7%	86.6%	0.0%	9.4	1.1	10.5	12.1	11.68%	12.92%	50%							1	1	96.0%
NICU	99.8%	-	98.3%	-	12.1	0.0	12.1	27	16.7%	15.97%	0%							2	2	96.6%
AAU	104.7%	74.7%	100.8%	99.6%	9.9	2.2	12.0	8.5	26%	16.12%	27.88%							8	8	85.5%
Nell Gwynne	103.8%	86.3%	107.6%	101.1%	4.0	3.5	7.5	7.3	-2.33%	37.75%	13.79%							5	5	84.8%
David Erskine	105.5%	108.0%	112.2%	114.4%	3.6	3.5	7.1	7.3	-4.18%	59.46%	14.57%									85.5%
Edgar Horne	99.5%	95.0%	102.1%	81.2%	3.4	3.2	6.7	6.7	6.29%	27.78%	0%							4	4	81.4%
Lord Wigram	94.9%	101.9%	105.6%	104.4%	3.8	2.7	6.5	7.0	6.76%	29.23%	7.14%							6	6	90.0%
St Mary Abbots	91.9%	93.3%	99.1%	97.8%	3.9	2.6	6.5	7.3	18.08%	21.95%	0%							1	1	97.8%
David Evans	95.1%	93.0%	106.1%	173.1%	5.7	2.6	8.3	7.3	19.71%	24.48%	0%	1	1					5	5	94.7%
Chelsea Wing	75.7%	89.3%	100.3%	88.4%	10.5	6.6	17.1	7.3	18.16%	18.82%	15.58%									93.2%
Burns Unit	100.0%	-	100.0%	-	20.9	0.0	20.9	N/A	11.82%	23.40%	28.32%									75.0%
Ron Johnson	89.2%	102.2%	100.0%	104.9%	4.7	2.6	7.3	7.6	21.52%	13.3%	22.22%							3	3	95.2%
ICU	100.0%	-	100.0%	-	24.3	0.0	24.3	27	11.07%	19.52%	0%							7	7	
Rainsford Mowlem	85.5%	0.0%	99.0%	93.4%	4.0	1.7	5.8	7.3	-1.99%	18.67%	0%							5	5	89.8%

Safe Staffing & Patient Quality Indicator Report April 2019 - West Middlesex Site

	Day		Night		CHPPD	CHPPD	CHPPD	National Benchmark Range	Vacancy	Voluntary Turnover		Inpatient fall with harm				Trust acquired pressure ulcer 3,4,unstageable		Medication incidents		FFT scores
	Average fill rate - registered	Average fill rate - care staff	Average fill rate - registered	Average fill rate - care staff	Reg	HCA	Total			Qualified	Un-qualified	Moderate		Severe						
												month	YTD	month	YTD	month	YTD	month	YTD	
Lampton	102.8%	100.8%	102.2%	100.0%	3.1	2.5	5.6	6-7.5	4.43%	12.21%	3.58%							1	1	96.9%
Richmond	98.4%	92.4%	98.2%	50.0%	7.5	3.3	10.8	7.3	6.92%	9.39%	0%							1	1	97.1%
Syon 1	100.6%	95.2%	102.2%	138.3%	3.8	2.7	6.5	7.3	15.95%	15.87%	0%							3	3	100.0%
Syon 2	100.2%	106.3%	99.5%	111.3%	3.5	2.8	6.3	7.0	6.68%	25.71%	23.96%							4	4	99.1%
Starlight	97.7%	72.7%	95.2%	-	8.2	0.2	8.4	12.1	15.30%	0%	0%							2	2	91.7%
Kew	81.3%	82.3%	100.0%	101.6%	3.1	2.7	5.8	6.7	7.52%	10.10%	4.15%							3	3	84.3%
Crane	98.7%	103.2%	100.0%	103.3%	3.1	2.6	5.7	6.7	16.69%	6.21%	7.81%							2	2	86.0%
Osterley 1	110.8%	130.2%	106.6%	138.3%	3.6	3.1	6.7	7.3	4.22%	15.10%	0%							10	10	94.7%
Osterley 2	109.5%	110.9%	112.4%	112.5%	3.9	3.5	7.4	7.3	10.21%	0%	6.67%							3	3	95.5%
MAU	101.0%	93.7%	95.3%	83.3%	6.8	2.8	9.6	8.5	7.74%	8.18%	0%							8	8	95.1%
CCU	97.7%	160.6%	100.3%	-	5.6	1.5	7.1	7.9	16.9%	0%	0%							1	1	92.9%
Maternity	92.7%	88.3%	98.5%	95.9%	6.1	1.7	7.8	14.9	1.95%	9.98%	14.21%									93.2%
Special C are Baby Unit	75.8%	82.4%	72.2%	91.9%	6.1	2.5	8.7	12.1	14.96%	0%	0%							3	3	100.0%
Marble Hill 1	94.3%	76.8%	92.6%	106.8%	3.9	3.0	6.9	7.3	14.79%	15.54%	35.99%							5	5	96.4%
Marble Hill 2	100.1%	101.8%	101.1%	100.0%	3.2	2.6	5.8	7.3	14.94%	0%	0%									99.2%
ITU	88.3%	29.9%	84.6%	-	29.6	0.5	30.1	27	9.48%	16.07%	0%							4	4	

Safe Staffing & Patient Quality Indicator Report April 2019.

The purpose of the safe staffing and patient quality indicator report is to provide a summary of overall Nursing & Midwifery staffing fill rates and Care Hours Per Patient Day (CHPPD). This is then benchmarked against the national range, and triangulated with staffing vacancy & turnover, associated quality indicators for the same month and patient experience for the previous quarter. Overall key concerns are areas where the staffing fill rate has fallen below 80% and to understand the impact this may have had on outcomes.

There were low fill rates on Mercury due to staff being moved to other wards where acuity was higher. Low fill rates for HCAs on nights on Richmond was due to staff bring diverted to the Day Surgery escalation area. There were low fill rates on Chelsea wing due to low patient numbers over the Easter period so staffing was reduced. Beds were reduced on Marble Hill 1 and frailty support workers were used to support unfilled HCA shifts resulting in a low fill rate for support staff. There were low fill rates on Starlight for support staff at night as staff were not required and the roster template is now being reviewed. Low fill rates on AAU for HCAs on days were risk assessed and judged to be safe. Low fill rates for RNs on SCBU were supplemented by Nursery Nurses caring for less dependent babies and deemed to be safe. There were increased fill rates over 120% on Osterley 1 and CCU due to patients with dementia who were at risk from falls and this risk was mitigated by increasing staffing levels for relevant shifts. Richmond ward shows a high CHPPD rate compared to the national average due to the bed census data being pulled at midnight, therefore not capturing day surgery patients.

In April there were no Trust acquired stage 3, 4 or unstageable pressure sores. There were 23 falls with moderate harm within the Trust and 1 fall with severe harm on David Evans ward. Family & friends test scores were highest on Syon 1 and SCBU and lowest in Burns (though patient numbers were low on Burns: 4 patients only responded).

Going forward, in line with recommendations by the National Quality Board (2016) and the Developing Workforce Safeguards (2018) guidance, on a bi-annual basis, actual CHPPD provided will be compared to CHPPD required, based on patient's acuity assessment as per the Shelford Safer Nursing Care tool. This will be presented to Board in association with other staffing and quality matrix. As part of this safe staffing review, on an annual basis, according to the 2018 guidance, the Director of Nursing & Medical Director must confirm in a statement to the Board that they are satisfied with the outcome of any assessment that staffing is safe effective and sustainable.

Appendix 6: Care Hours Per Patient Day (CHPPD)

What is CHPPD?

CHPPD is a measure of workforce deployment that can be used at a ward, division or aggregated to trust level.

CHPPD is most useful at ward level where Matrons and Divisional Nurses can consider the workforce deployment over time with comparable wards within a trust or at other trusts as part of a review of staff deployment and overall productivity.

This measure should be used alongside clinical quality and safety outcome measures to reduce unwarranted variation and support the delivery of high quality and efficient patient care.

How is CHPPD calculated?

CHPPD is calculated as follows:

The total number of hours worked by both registered nurses/midwives and non- registered support staff over a 24 hour period, divided by the number of patients in beds at 23:59 each day. This is then calculated and averaged across the month in question. At this Trust the staffing information is produced from health roster and the patient census data is pulled by the Information Department.

The 23:59 census is not entirely representative of the total and fluctuating daily care acuity, patient turnover or the peak bed occupancy on a given ward. However it does provide a reliable and consistent information collection point and a common basis on which productive comparisons can be made to measure, review and reduce variation at ward level within organisations and also within similar specialities across different trusts. At the Chelsea site the patient census data is pulled at 08:00, but will be move to 23:59 from June 2019 onwards. For the West Middlesex Site, the data is pulled at 23:59, the disadvantage of this timing meaning that day surgery patients are missed, which has the effect of falsely elevating CHPPD for the combined unit of Richmond and Day Surgery. That is, CHPPD counts the staffing for the 24 hours period but only the patients in beds at midnight. Each month this narrative accompanies the report submitted to Board and NHSI.

Which staff are included in CHPPD calculations?

In additional to registered nurses, midwives and non-registered care staff, in the future nursing associates and assistant practitioners will be reported in the staffing return. Therapies too can be included if the budget for the therapies sits within the ward establishment, and therefore the new frailty support staff within medicine can be included in the Safer Staffing calculations.

Appendix 7: Future Hospital and Medical Staffing

June 2017

Contents

1. Background

A perfect storm is brewing; There is a continued rise in non-elective demand with commensurate pressure in our Emergency Departments and Acute Medical Wards, increases in both the age and acuity of presenting patients, and a growing shortage of staff to respond to these demands.

We need to radically re-think the way we plan for the years ahead, evolve our current operating and staffing models and respond to the challenges of providing robust 24 hour / 7 day a week cover; maximising both saftey and efficiency.

One of the fundamental aspects of responding to these challenges is the need to redesign the medical workforce model for the Trust in order to reduce the temporary medical workforce spend and to minimise reliance on temporary medical workforce and to work towards the 'Future Hospital' model of care as set out by the RCP and Joint Medical Colleges.

- To seek out best international and national practice in medical cover and optimal medical practise
- To consider the use of new clinical workforce roles
- To provide senior clinical challenge to other clinicians in the use of workforce and in the consideration of new clinical pathways
- To consider the succession planning for c.80 SAS Drs (mainly at the WMUH site)
- To develop proposals for a 24/7 Consultant-Delivered Acute Medicine service
- To consider the seamless Medical Management journey from 1° to 2° and back to 1°care
- To substantially reduce the £12.5m spend on temporary medical workforce
- To establish the 'rota gaps' in the junior medical rosters
- To establish the sources of funding for junior medical posts (Trust versus Deanery)
- To take into account the proposed terms of the 'new' JHD contract
- To work closely with all specialities and grades and clinicians to ensure stakeholder 'buy in' to all proposals
- To work closely with the Director of HR and the Guardian of Safe working

2. Future Hospital Model

2.1 Basis of the Future Hospital Model

The Future Hospital Commission was established in 2012 by the Royal College of Physicians and the subsequent report from this Commission "Future hospital: caring for medical patients" was published in September 2013. This report sets out a vision for hospital services based around the current and future needs of patients. It focuses on the care of acutely ill medical patients, the organisation of medical services and the roles of physicians and doctors in training across medical specialities.

2.2 Key recommendations

The Commission recognised the need to create services providing:

- safe, effective and compassionate medical care for all who need it as hospital inpatients
- high-quality care sustainable 24 hours a day, 7 days a week
- continuity of care as the norm, with seamless care for all patients
- stable medical teams that deliver both high-quality patient care and an effective environment in which
- to educate and train the next generation of doctors
- effective relationships between medical and other health and social care teams
- an appropriate balance of specialist care and care coordinated expertly and holistically around patients' needs
- transfer of care arrangements that realistically allocate responsibility for further action when patients move from one care setting to another.

Hospital services in the practice the future should be designed around 11 core principles:

1. Fundamental standards of care must always be met.
2. Patient experience is valued as much as clinical effectiveness.
3. Responsibility for each patient's care is clear and communicated.
4. Patients have effective and timely access to care, including appointments, tests, treatment and moves out of hospital.
5. Patients do not move wards unless this is necessary for their clinical care.
6. Robust arrangements for transferring of care are in place
7. Good communication with and about patients is the norm.
8. Care is designed to facilitate self-care and health promotion.

9. Services are tailored to meet the needs of individual patients, including vulnerable patients.
10. All patients have a care plan that reflects their individual clinical and support needs.
11. Staff are supported to deliver safe, compassionate care, and committed to improving quality.

2.3 A New Model of Clinical Care

The RCP model describes a new model of clinical care for patients with hospital services that operate across the health economy instead of simply within the boundaries of the hospital walls. It describes the importance of seven day services for patients with services organised so that acutely ill patients have the same access to medical care and diagnostics across the week. This also includes seven day services in the community to allow integration so that patients can be discharged home as soon as clinically ready no matter what day of the week it is.

There is a focus on continuity of care as the norm – both by individual consultant physician and key members of the clinical team but also by provision of stable medical teams in all acute and ward settings. Any transfers of care will be prioritised by staff through direct contact and transfers into the community allow continuity with hospital physicians embedding this into follow up consultation and arrangements.

Specialist clinical care will be more co-ordinated – for patients with multiple and/or complex conditions where there is a input from a range of specialist teams there will be single names consultant responsible for coordinating care.

Early senior review is highlighted as an essential component of care including early senor review by specialist teams at the front door in order to prevent delays. There is a focus on the care of vulnerable patients including the frail elderly and those with dementia and mental health issues.

This model of care aligns closely with the seven day clinical standards as outlined by the Academy of Medical Royal colleges and also the Five Year Forward View in its description of co-ordinated patient focused care that is not limited by the artificial boundaries between in hospital and community care.

The model described focuses on three key components with the Medical Division crossing boundaries between the hospital and the community:

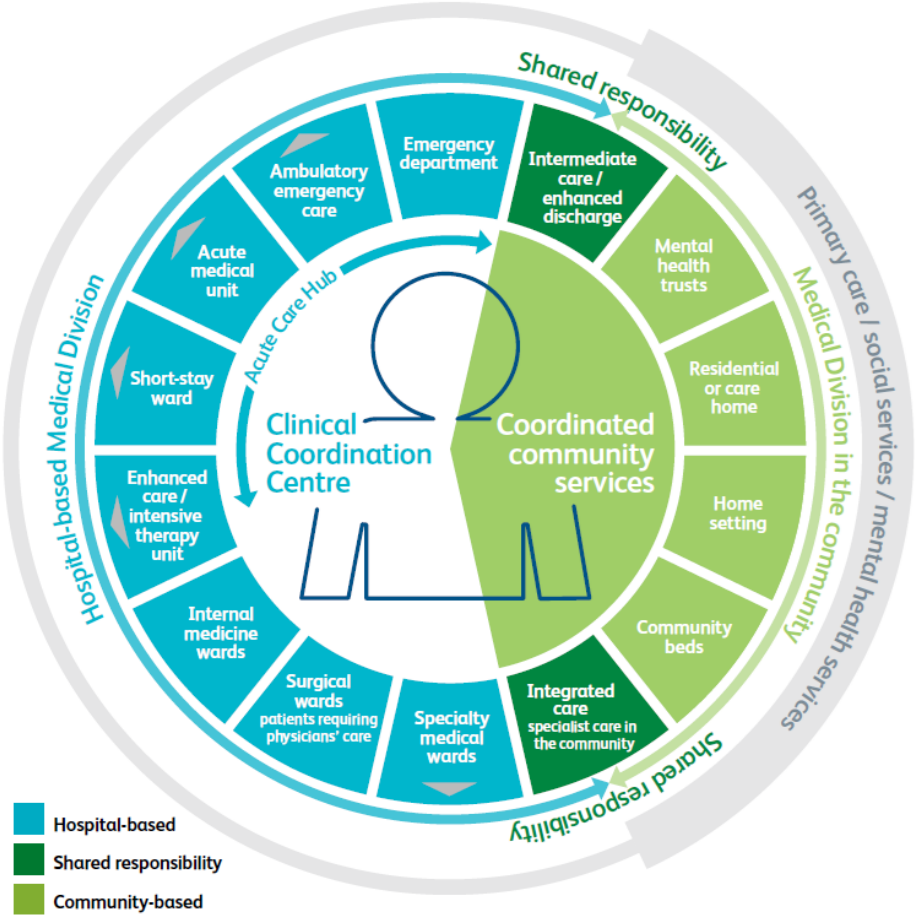
1. A clinical co-ordination centre

2. Acute care hub

3. Co-ordinated community care

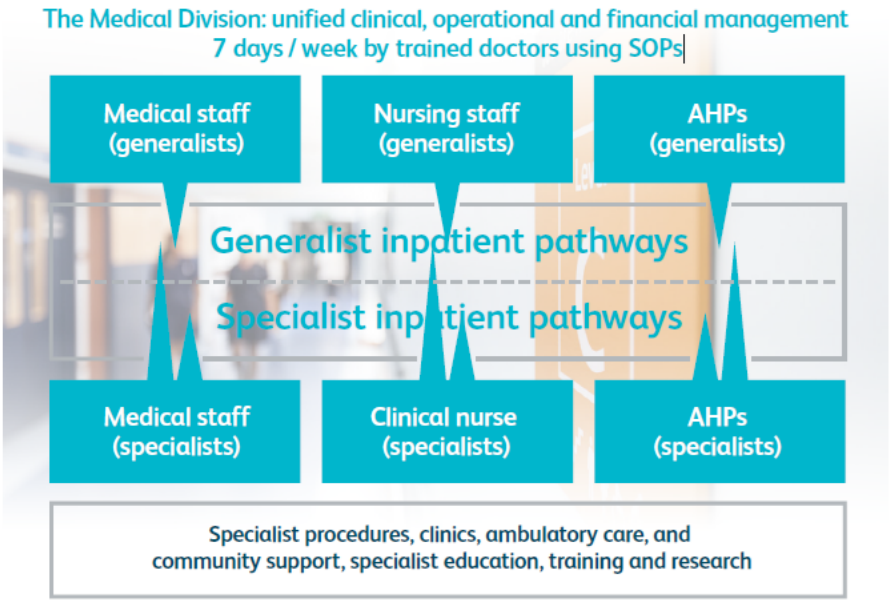
2.4 The Medical Division

The Medical Division is the core of the model – spanning the hospital and community settings to ensure continuity of care. The Medical Division will be responsible for all medical services across the hospital – from the emergency department to intensive care beds through general and specialist wards. The medical teams across the Division will work together to meet the needs of patients, including those with complex conditions and multiple co-morbidities. The Division works closely with partners across health and social care in the local health economy to ensure continuity of care for patients and that care is delivered in a collaborative, patient centred approach. The model is described as being led by the chief of medicine – a senior doctor who ensures that the working practices within the division facilitate this. Clinicians are expected to sped a proportion of their time in the community.



The Medical Division remit: circle of patient-centred care. Directional arrows (in the hospital-based Medical Division) denote areas of the future hospital where patients may be referred on to tertiary specialist care.

One important aspect of the Medical Division is unified clinical care for patients with both generalist and specialist inpatient pathways.



Generalist and specialist care in the future hospital. Generalist care includes acute medicine, internal medicine, enhanced care and intensive care. Specialist components of care will be delivered by a specialist team who may also contribute to generalist care. AHP = allied health professional; SOP = standardised operating procedure.

3. New models of medical staffing

3.1 Initial areas of focus

Acute medicine model

Divisional responsibility: Emergency and Integrated Care
Background:

Currently the acute take is managed by a combination of acute medical consultants and those from a variety of medical specialities. This has the advantages of exposing medical speciality consultants to the acute take, however this leads to significant variation in performance. Also this reduces the amount of time that the medical speciality consultants spend on elective work as well as their capacity for reviewing inpatients.

The expansion of acute medical consultant numbers would allow for a more uniform approach to the acute medical take by releasing medical speciality consultants from the majority of their take duties. Their released capacity can therefore be utilised for elective work and allow for more timely speciality reviews for existing inpatients. As part of this speciality review capacity an inreach service into the acute medical unit can be established to allow more timely discharges and improved flow.

Additionally the development of ANPs (advanced nurse practitioners) at the trust could be used to support the acute medical unit. This would give increased continuity as the junior doctors rotate through the unit and stability of medical care in order to reduce variation.

Requirements:

- Total of 9 WTE acute medical consultants (currently 6 WTE in post)
- Scoping the development of an ANP workforce
- Agreement on terms of an inreach service from medical specialities
- Job planning of medical speciality consultants with the release of the majority of their take duties

Currently undertaken work:

- Advert for further consultants has just closed and several strong applicants
- Initial discussions with medical speciality consultants regarding inreach service

This model could be implemented in the short term with an appropriate expansion of WTE consultant cover as above.

Advantages	Disadvantages
More consistent approach to care and reducing variation	Medical speciality consultants lose majority of contact with medical take so could lose touch with the pressures of the medical take and the unit
Improve flow through unit with increased discharges	Younger consultants may want to continue to manage the acute take to increase their own knowledge and skills
Improved training for junior doctors – especially in relation to acute medical trainees	
More coherent team	
Development of an inreach service to provide more timely reviews	
Acute medical consultants have a broader range of skills – for example practical skills	
Easier to do sessional blocks of time as an acute medical consultant and less disruption with elective work	

Expansion of orthogeriatrics

Divisional responsibility: Emergency and Integrated Care and Planned Care

Background:

There is a general move towards the admitted patients, both elective and non-elective, being even more elderly year-on-year. The vast majority of adult patients within the hospital are greater than 65 years old and many have complex comorbidities. It has been shown that orthogeriatricians improve outcomes for

patients with fractured neck of femur in particular[1]. An expanded service caring for this cohort and other elderly patients admitted under orthopaedics could reduce the variation in care and improve outcomes. creasing medical input into the care of surgical patients, as resources allow, could bolster the care of these patients.

In addition, elective services are usually run to a pathway. It is only when a small number of patients deviate from this pathway that medical input is required. The variation in elective orthopaedic patient length of stay is usually due to the speed of rehabilitation. The physiotherapist is best placed to access progress, fitness for home and understanding the rehabilitation potential within the community setting. The proposal is that the post-operative period is managed in the elective orthopaedic patients by an enhanced scope physiotherapist including EDD, Community referrals, Discharge Summaries. Medical input is provided by the senior orthopaedic team (Consultant, Registrars) for the operative part and by Orthogeriatrics if the patient deteriorates or deviates from the expected pathway.

Requirements:

- Additional 2 WTE consultant geriatricians with a subspecialty interest in orthogeriatrics
- Reallocation of junior medical staff from orthopaedics to a dedicated orthogeriatric team
- Development of physiotherapy led elective pathways
- Development of enhanced physiotherapist role

Currently undertaken work:

- Engagement with orthopaedics and elderly care medicine service directors

Advantages	Disadvantages
Dedicated orthogeriatric teams have been shown to improve outcomes for patients and reduce variation in care	Requirement of development of enhanced physiotherapy roles – need to develop training and ongoing CPD

[1] Orthogeriatric care: improving patient outcomes https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4928624/

[1] Orthogeriatric care models and outcomes in hip fracture patients: a systematic review and meta-analysis https://www.ncbi.nlm.nih.gov/pubmed/23912859

Reduced length of stay for this cohort of patients	
Improved training and supervision of junior doctors	
Reduction in bank and agency expenditure in unfilled orthopaedic junior doctor slots	
Improved training for orthopaedic trainees by freeing up time for clinics and operating lists	

Carousel model of outpatient clinics

Divisional responsibility: Planned Care

Background:

In the outpatient setting the most expensive resource is the Consultant or the registrar. Currently the efficiency of a clinic, especially in surgical specialities where the consultation is shorter, is affected by the time for the patient to enter the room, get undressed, redress and leave. This, particularly in elderly patients, can be substantial percentage of the consultation. The proposal is for a hub and spoke model where the patients are taken into a clinic room by a nurse/HCA, who would get them appropriately undressed before the consultant comes into the room. After the consultation the consultant would move to the next room where the next patient has been prepared. This has been shown to increase the number of new patients through a clinic by over 50% or more.

Requirements:

- Supporting HCA development to provide the patient facing infrastructure
- New outpatient template

Currently undertaken work:

- Scoping discussions with orthopaedic consultants

Advantages	Disadvantages
Improved outpatient efficiency with increased numbers of patients seen per clinic session	Potential for negative impact on patient experience if supporting HCAs are not appropriately skilled
	Limited numbers of clinic rooms and would require better scheduling to make sure rooms are available
	Resource for more HCA/Nursing staff in OP but increased productivity would greatly outweigh the additional cost.

3.2 Short term projects

MTI Doctor Recruitment

This scheme allows doctors to enter the UK for two years to work and would be used to allow doctors to complete a two year training programme. People who enter under this scheme cannot return to work for five years post completion. Initially this scheme would be used to recruit doctors to carry out UK medical training, for example core medical training. However it could be expanded to provide higher medical training or fellowships in specific areas. There is currently provision for CMT trainees to be trained under this scheme, sponsored by the Royal College of Physicians, Edinburgh. There are ongoing discussions about widening this to include core surgical training with sponsorship by the Royal College of Surgeons, Edinburgh.

Currently there are two separate strands of interest ongoing for recruitment to this scheme for the trust – from countries who have made expressions of interest directly and countries who have done so via the Royal College of Physicians Edinburgh:

Overseas recruitment

- South Korea
- India
- Abu Dhabi
- Egypt
- Iceland

Royal College of Physicians, Edinburgh:

- Mauritius
- Singapore
- Malaysia
- Jordanian military

As well as being an opportunity to bolster rotas and train more doctors this scheme is also an opportunity to develop an international reputation as a centre of excellence for training as well as showcase some of the internationally renowned medical care carried out at the trust.

Surgical Registrar Cover at Night

Currently there are 2 surgical SHOs at night (1 from general surgery & 1 from T&O/plastics). They are supported at night by 3 non-resident registrars (General surgery, T&O and plastics). A number of patients are reviewed over night by the SHOs, who could be FY2s and kept in awaiting a more senior review in the morning or they are waking the registrars to ask advice.

The proposal is to spend some of the SHO money that is currently funding trust grade/locums to fund fellow posts to bolster the overnight registrar cover to allow them to be resident. They would all be supported by a single SHO as well as the FY1 and support worker already as part of hospital at night. This would lead to more senior decision makers at night and lead to decreased admissions, decreased length of stay and improved patient experience. Also the increased registrar cover would allow more time for education and training during the daytime.

Sources of these registrars would be possible in 2 models:

A: Overseas fellowships

B: Registrars undertaking research – to provide night time cover only (current model in Cardiology)

Extended role pharmacists

Pharmacists are a professional group whose skills are knowledge can often be underutilised. One example of innovative practice would be training pharmacists to give IV drugs on wards which would support nursing staff and improve times for medication administration.

Imbedding pharmacists within the team can be extremely successful; the input by pharmacists into the bay based teams on AAU has proved successful. Encouraging pharmacists to attend ward round with the team can lead to improved education as well as allowing medicines reconciliation and medicines review almost in real times.

3.3 Medium term projects

Extended nursing roles – Advanced practitioners

There are already numerous examples of nurses with specialist or expanded roles within the trust and the knowledge and expertise developed can be harnessed in other areas to improve the clinical teams.

Enhanced role practitioners have been utilised in other trusts with such staff working at the level of an F2/CT1 doctor and being involved in activities such as clerking and assessing acutely unwell patients. All patients are reviewed by a registrar in the same way as an F2/CT1 review would be.

Advanced practitioners are embedded as part of the clinical teams at Heart of England Foundation Trust. Usually nurses, staff members undertake a Masters degree course and work at a junior registrar level initially but often progressing to working at a registrar level. They have been extensively used in AAU, ED and also in critical care and feedback has been extremely positive.

Within each division there will be different needs. For example within planned care surgical nurses with enhanced roles can be used to support surgeons in theatre, for example acting as assistants during laparoscopic surgery when there may not be a trainee present to assist. Acute surgical nurses could be developed with the ability to organise investigations, book patients onto the theatre list and supporting the wider team. This could have benefits for improved training – other areas of the country have used such initiatives to increase dedicated training time with the development of dedicated training lists for junior surgeons.

Surgical Patients under Medicine at Chelsea and Westminster

One major consideration for the trust is the care of surgical patients. With surgical assessment units on each site now in operation there is a broader opportunity to discuss how best to care for these patients. Increasing medical input into the care of surgical patients, as resources allow, could bolster the care of these patients.

A possible model for this would be for all emergency admissions in adults (minus obstetrics & gynaecology and psychiatry) to be admitted under medicine with the surgical teams providing specialist input pre and post operatively as well as the operative expertise.

Advantages	Disadvantages
Better patient outcomes	Would require a significant increase in consultants Elderly Care Consultants

	(or general medicine consultants) who are hard to find
Would require a complete restructure of junior staff within the hospitals with the movement of juniors to medical specialities. This would: **1. Allow increased junior doctors supervision – an issue as highlighted by recent LETB visits** **2. Allow larger teams and therefore more resilience for loss to on-calls/holiday/etc**	May be too radical for deanery.
Potential for future as well as present best practice tariffs	Could lead to an increase in admissions rather than treatment and ambulation for minor surgical conditions
Easier placements of patients onto wards as fewer teams covering different areas.	Could potentially add delays to definitive surgical care
Allow surgical teams to concentrate on their specialist area with less time devoted to looking after ward patients	
Allow more consistent cross-specialist working.	
Valuable training opportunities for junior medical and surgical staff	

4.Appendix: Examples of new models of staffing by division

	Emergency and Integrated Care	Planned Care	Women's and Children's, HIV, GUM
Medical Staff	MTI doctors – first cohort of CMT trainees commencing March 2017 CESR doctors – initially for emergency medicine but the principle can be expanded to other areas Ability to have a second medical SHO on nights at West Middlesex with the expansion of the workforce	Higher/specialist orthopaedic trainees to undertake specific fellowships Other surgical specialities – more broad based and aligned to current training requirements e.g. Core Surgical Training	Fellowships in areas such as HIV medicine and GUM for which the trust is know as centre of excellence for
Nursing Staff	Advanced Practitioners – development of such practitioners who undertake a masters qualification mirroring work done in several areas including Birmingham Heartlands Hospital and Derby Hospitals where they widely work in acute areas including AMU and the emergency department (such practitioners could work in other areas across the other divisions with development of the appropriate roles) Development of more nurse led discharge pathways	Surgical nurses with enhanced roles to help support in surgery – e.g. assistants. Acute surgical nurses –to help organising investigations, putting onto the theatre list and supporting the wider team Development of more nurse led discharge pathways Improved access to specialist nurses	Need for a nurse led results clinical in gynaecology highlighted as an area for development and innovation Development of more nurse led discharge pathways Improved access to specialist nurses

	Improved access to specialist nurses		
Pharmacists	Extended role pharmacists – for example giving medications on wards(including IV drugs) as part of role. Extension of the above – on AAU becoming part of the mini-teams (e.g. ABC) to provide consistency for the whole week. Improving medicines reconciliation and medicines management by incorporating pharmacists into all ward round.	Extended role pharmacists – for example giving IV drugs as part of role. Improving medicines reconciliation and medicines management by incorporating pharmacists into ward round.	Extended role pharmacists – for example giving IV drugs as part of role. Improving medicines reconciliation and medicines management by incorporating pharmacists into ward round.
Therapists	Increased Respiratory clinics led by physiotherapists for specific and specialist areas with support from the medical teams in their development	Enhanced role physiotherapists in orthopaedics and plastics – in particular with hand trauma. Streamlining and screening processes to enable them to take role/responsibilities for individual areas of practice – e.g. therapy led clinics for musculoskeletal issues Physiotherapists to replace junior doctors in the discharge process of orthopaedic patients (including discharge summaries).	
HCAs	Enhanced HCA roles – these roles have been used to support the teams	Enhanced HCA roles	Enhanced HCA roles

	working at night with great success. Further development of such roles and an increase in the number of HCAs with expanded skill sets would allow rotation of these HCAs through both day and night shifts which is likely to lead to improved retention and allow their skills to be used during the "day job".		
Allied Health Care Professionals	Discharge Co-ordinators Physicians Associates – 1st cohort initially being trained at the trust	Discharge Co-ordinators Physicians Associates	Discharge Co-ordinators Physicians Associates

Table 1: Examples of new models of staffing within different professional groups and within the divisions. Although not exhaustive this table does highlight some of the opportunities for development and innovation

Appendix 8 24/ 7 Clinical Services Strategy September 2018

1. Strategic Objectives and Drivers for Change.

In NW London there is currently significant pressure on the whole health and social system. Both the NHS and local government need to find ways of providing care for an ageing population and managing increasing demand with fewer resources. Over the next five years, the growth in volume and complexity of activity will out-strip funding increases and current capacity. To tackle this challenge, clinicians across NW London have been working together for several years to improve the care we provide in primary care, local services and in our hospitals.

One of the cornerstones of the new model of care outlined in the Shaping a Healthier Future strategy and Sustainability and Transformation plan is to treat more people closer to home. In part, this means reducing length of stay so that patients only stay in hospital for as long as their condition requires.

NW London is a national Seven Day Services first wave delivery site, and a leader in the move towards a seven day NHS. The Trust actively participates in this work prioritising the standards which will improve care and reduce length of stay:

- all emergency admissions assessed by suitable consultant **within 14 hours** of admission to hospital (National Clinical Standard 2); and
- on-going review by a suitable member of the MDT **every 24 hours** for patients on general wards, or **every 12 hours** on high acuity wards (National Clinical Standard 8).

The ambition is to deliver these clinical standards, and at the same time,to improve patient care within our hospitals and contribute to realising the length of stay bed reduction opportunity outlined in the Sustainability and Transformation plan. This has to be financially deliverable balancing carefully the anticipated savings and cost.

This cannot be done without the right skill mix and workforce. We continue to work with Health Education England North West London to develop the workforce to support high quality clinical services every day of the week, as well as developing our hospital model for the future.

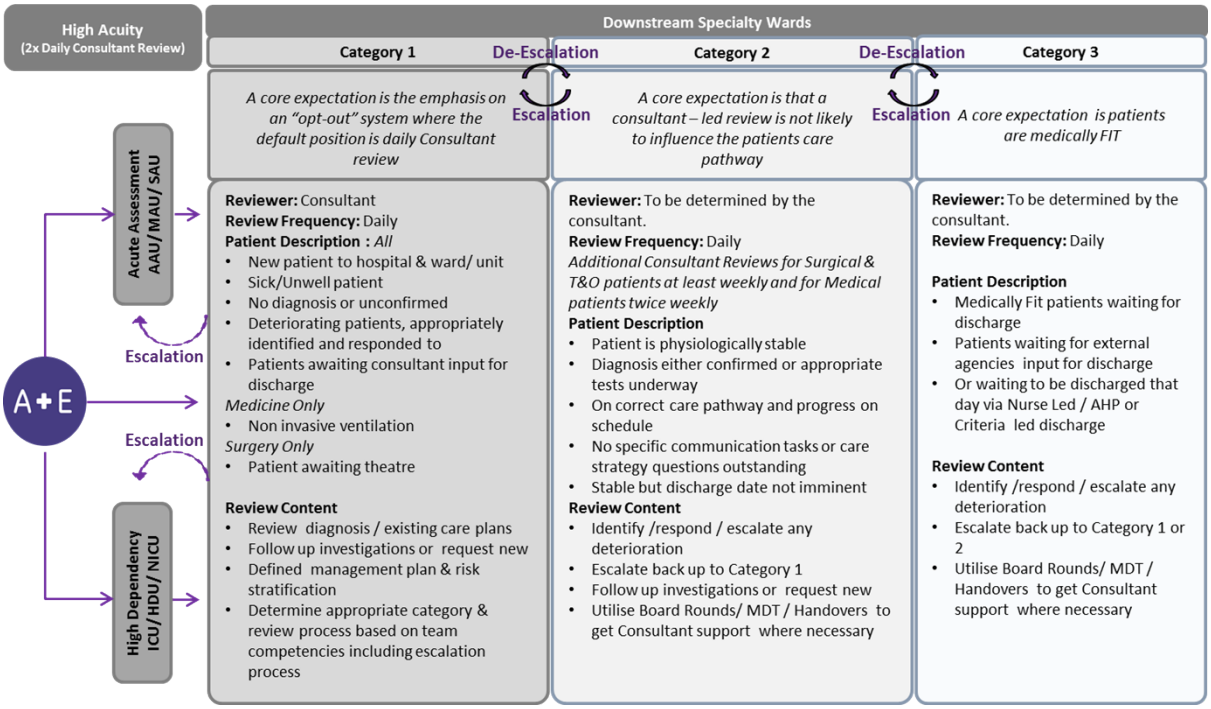
NWL workstreams directed to these aims are:

- Inpatient categorisation
- Therapies (including discharge to assess)
- Frailty
- Imaging

2. NWL Proposed Patient Categorisation.

NW London Collaboration of CCGs, with the clinicians from all NW London acute trusts and Health Education England NW London, have developed a new "inpatient model of care" that meets the seven day services acute care standards by effectively targeting our workforce towards the right cohorts of patients. This work focused on the outcomes we are aiming to achieve for patients. It identified & defined a series of 3 categories of patients that require different approaches to daily review, as shown in the below diagram.

Figure 1: Patient categorisation



In order to deliver this model, the clinical implementation group designed possible implementation options that acknowledge the different models of care in surgery and medicine and suggested some possible solutions for weekend cover.

NWL Pilots.

To generate some much needed evidence relating to best value implementation of a seven day service and shed light on skills and workforce needs of the sector, NW London is piloting a number of models in different acute organisations in NW London

whilst undertaking an evaluation of the impact on patient, staff and organisation outcomes.

Wave 1 of the pilots took place from October to December 2016. The aim of the pilot studies was to develop the full benefit case (including financial & clinical) of moving towards a seven day inpatient emergency service with increased consultant and MDT input.

The evidence generated will help inform rapid development and refinement of the model. High impact interventions were to be further trialled in Wave 2 pilots from March to July 2017.

The evidence-base generated from the pilots will be used to support the NW London implementation of seven day services and at the same time inform the national discourse. Recommendations will be provided on the best value implementation options for acute trusts in NW London and on the skill mix and workforce requirements for implementation.

NWL recognised that there is significant amount of work already underway in acute trusts to ensure that our hospitals are safe, high quality and sustainable. The NWL pilot workstreams link-in with existing local and national initiatives, such as the SAFER Patient Flow Bundle and Red and Green days to deliver better flow through our hospitals, reduce length of stay and improved patient care.

3. Local Pilot outcomes

The Trust carried out two wave 1 pilots on Frailty, both of which had good outcomes.

At West Middlesex, a roaming frailty team based on AAU saw patients aged 75 years and over who were newly admitted, these patients had 7 day input from therapists and frailty nurses.
The pilot cost £25,000 for 6 weeks and delivered an 9.8% reduction in the 28 day readmission rate (from 26.1% to 16.3%).

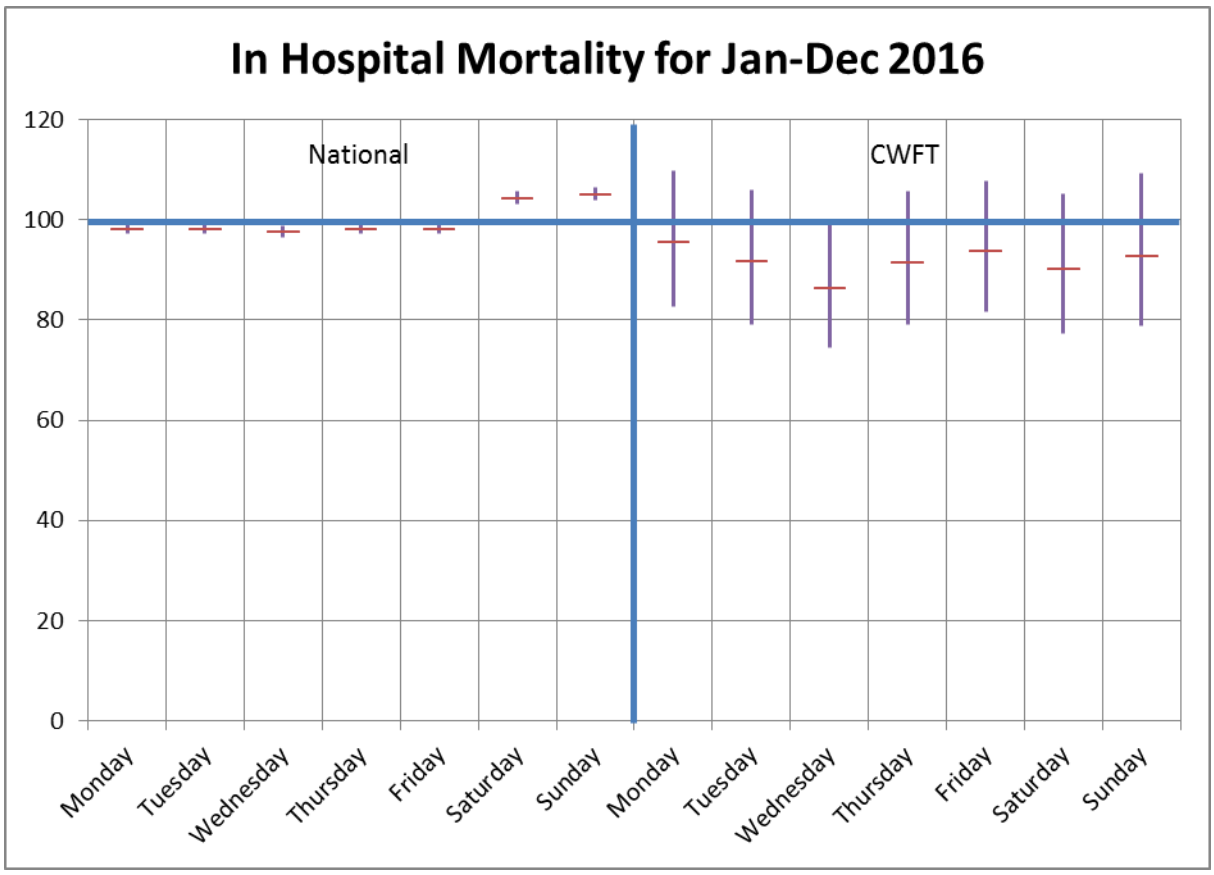
At Chelsea and Westminster there was a static frailty team with 12 beds seeing patients aged 75 years and over who were newly admitted. They had 7 day consultant cover and therapy.
The pilot cost £25,000, the same as the West Middlesex model, but saw 11% reduction in the length of stay. There was 15% reduction in the 7 day readmission rate whilst the 28 day readmission rate remained the same.

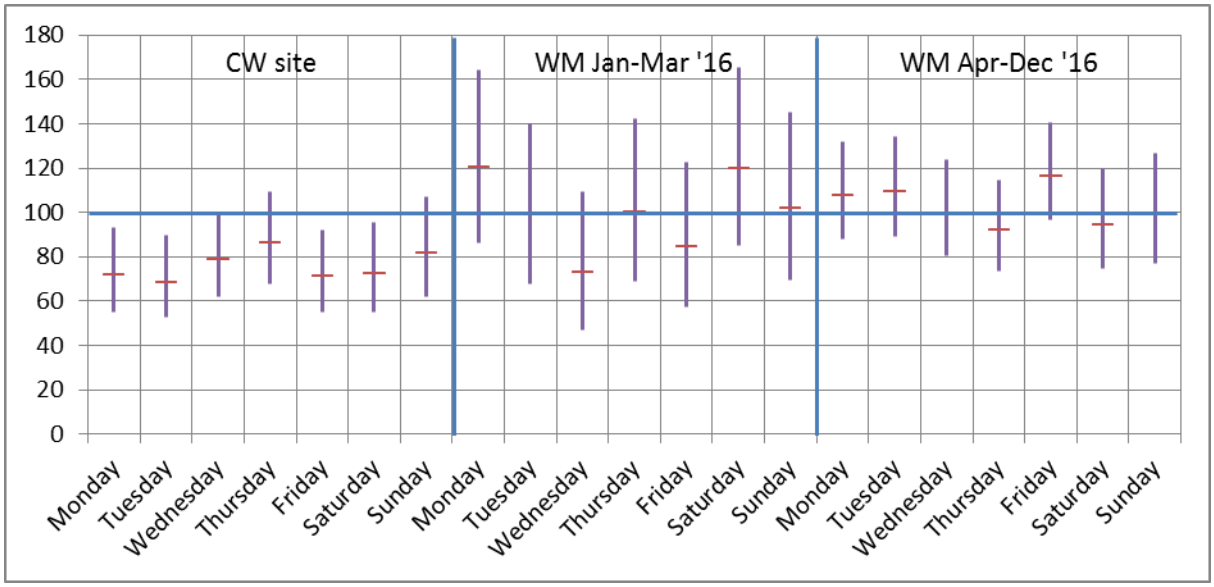
Based on the above data the frailty team are working to adopt the model that was piloted at Chelsea and Westminster on the West Middlesex site.

4. Our Local data

4.1 Mortality

The main driver for the seven day program is the variation in mortality that is experienced nationally depending on the day of admission to hospital. This pattern, whilst prevalent nationally, does not occur to a statistically significant level at either of the trusts sites (see chart values and confidence intervals below).





These charts show:

- A clear adverse variation in weekend mortality at a national level
- On an aggregate FT basis and on the CW site it shows that there is no statistically significant difference between days. The data for West Midd is inconclusive with variations across days (in respective periods) but no discernible weekend effect.

The recognition and appropriate response to deteriorating patients is a Trust priority; we have triangulated learning on this topic from a number sources as charted below. There are several common themes across both sites relating to people and processes:

	ChelWest	WestMid
Key day type (cardiac arrest attended by resus)	Weekdays 20:00-07:59 (43%)	Weekday 08:00-19:59 (41%)
Mortality review	• Assessment, investigation or diagnosis • Treatment and management plan • Escalation • Operation / invasive procedure • Medication / iv fluids / electrolytes / oxygen	• Escalation • Treatment and management plans • Assessment, investigation or diagnosis • Clinical monitoring • Medication / iv fluids / electrolytes / oxygen
Deteriorating	• Staffing availability	• Bed pressures

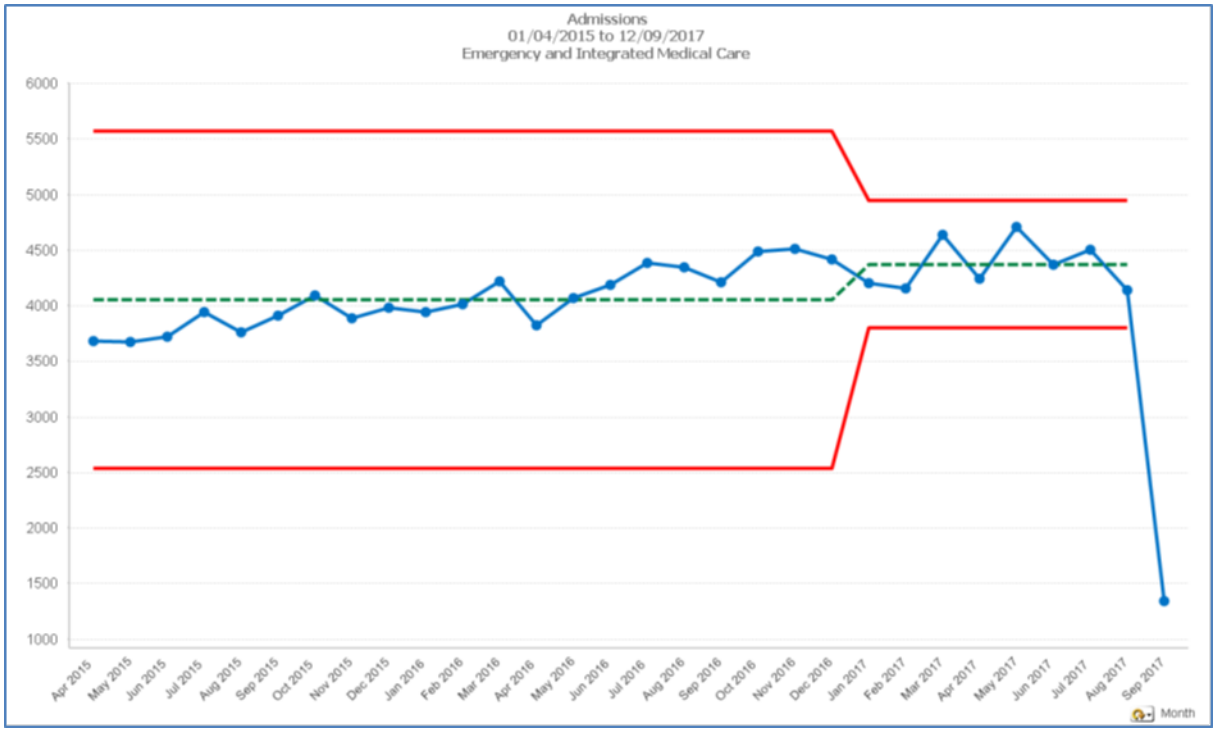
patients	• Senior staffing oversight • Reliance on locum / agency • Observations (incorrect/incomplete) • Escalating concerns • Responding to escalated concerns • Patient management plans • Handover between specialties • Quality of investigation / actions	• Teaching / training • Recognising deteriorating patients • Escalating concerns • Responding to escalated concerns • CCOT availability / involvement • Lack of ITU involvement in decision making within wards • Teamwork and leadership • Quality of investigation / actions
Safe working	• Workload exceeding capacity • Staffing levels below agreed template • Scheduling of dues outside hours	• Workload exceeding capacity • Staffing levels below agreed template • Emergency situation occurring end of day • Ward round issues (long or starting late)

4.2 Admissions

The variation in numbers of admissions to elective and non-elective care has a significant impact on the ability of the Trust to align its workforce to the patients needs.

The following section demonstrates the variation charted using statistical process control charts to demonstrate the trends.

4.2.1 By Division and Site – EIC (both sites and each site separately)


Admissions
01/04/2015 to 12/09/2017
Emergency and Integrated Medical Care
6000
5500
5000
4500
4000
3500
3000
2500
2000
1500
1000
Apr 2015
May 2015
Jun 2015
Jul 2015
Aug 2015
Sep 2015
Oct 2015
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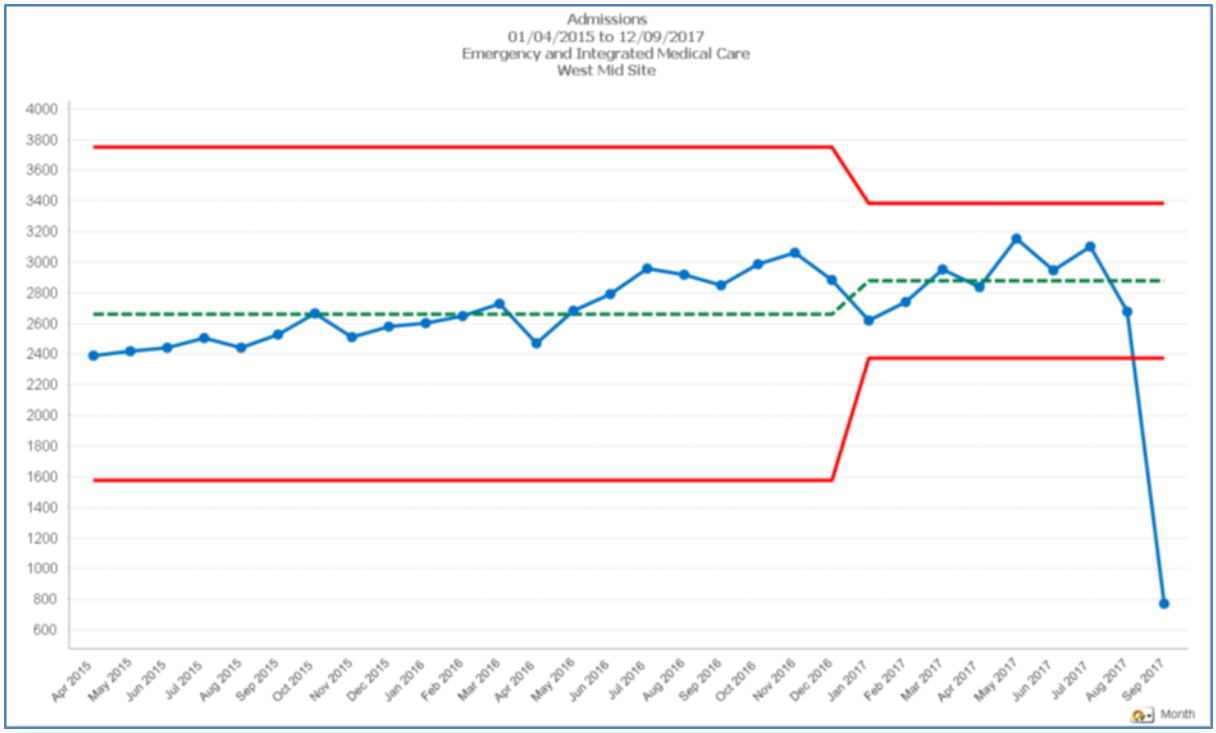
Sep 2017
Month


Admissions
01/04/2015 to 12/09/2017
Emergency and Integrated Medical Care
West Mid Site
4000
3800
3600
3400
3200
3000
2800
2600
2400
2200
2000
1800
1600
1400
1200
1000
800
600
Apr 2015
May 2015
Jun 2015
Jul 2015
Aug 2015
Sep 2015
Oct 2015
Nov 2015
Dec 2015
Jan 2016
Feb 2016
Mar 2016
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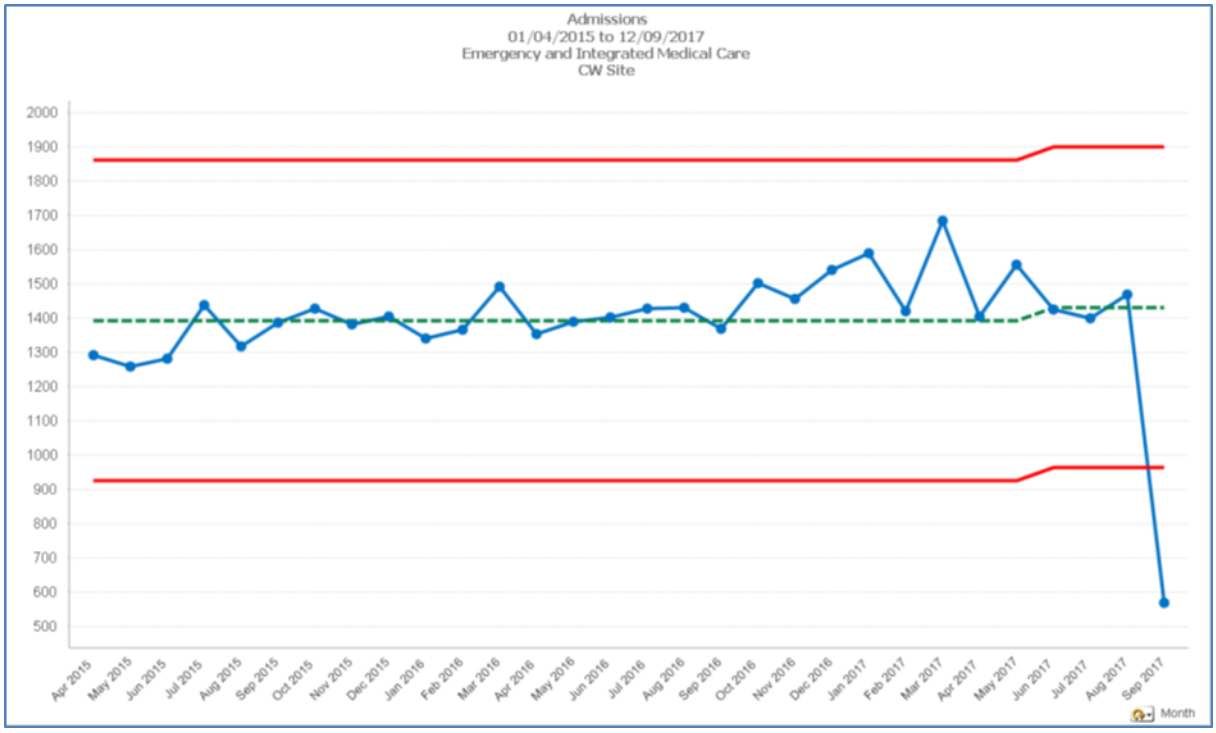
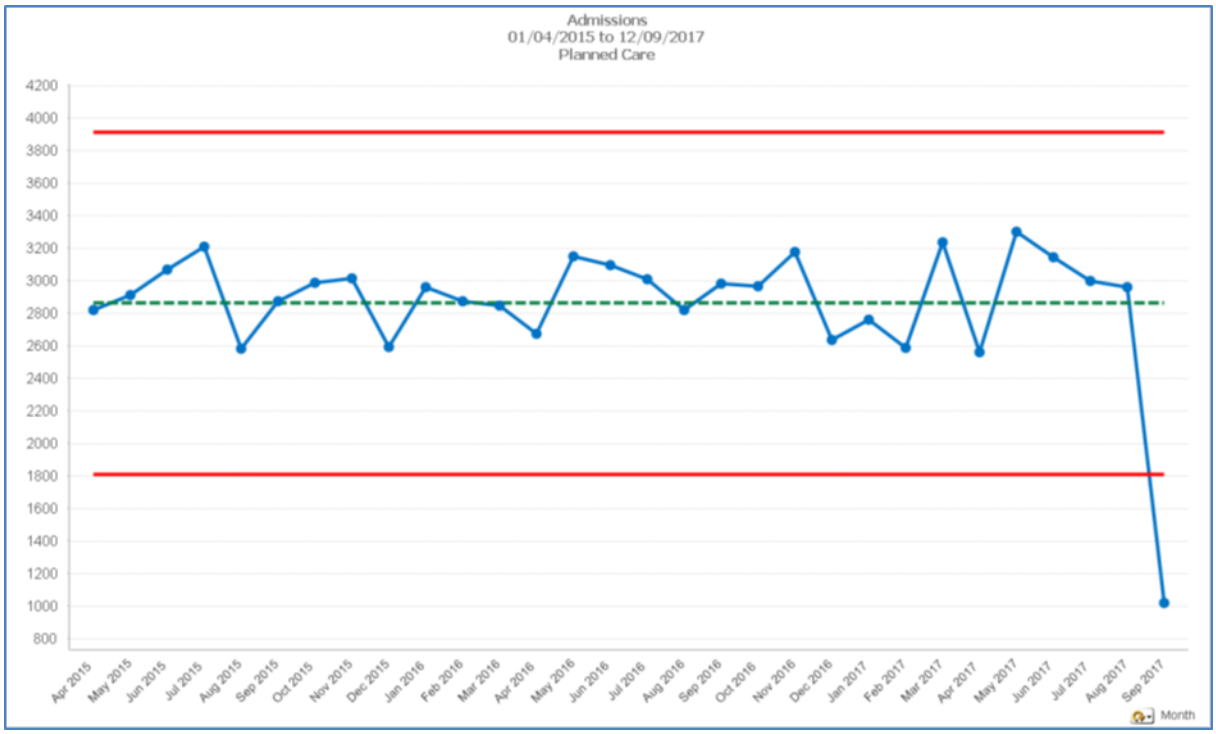
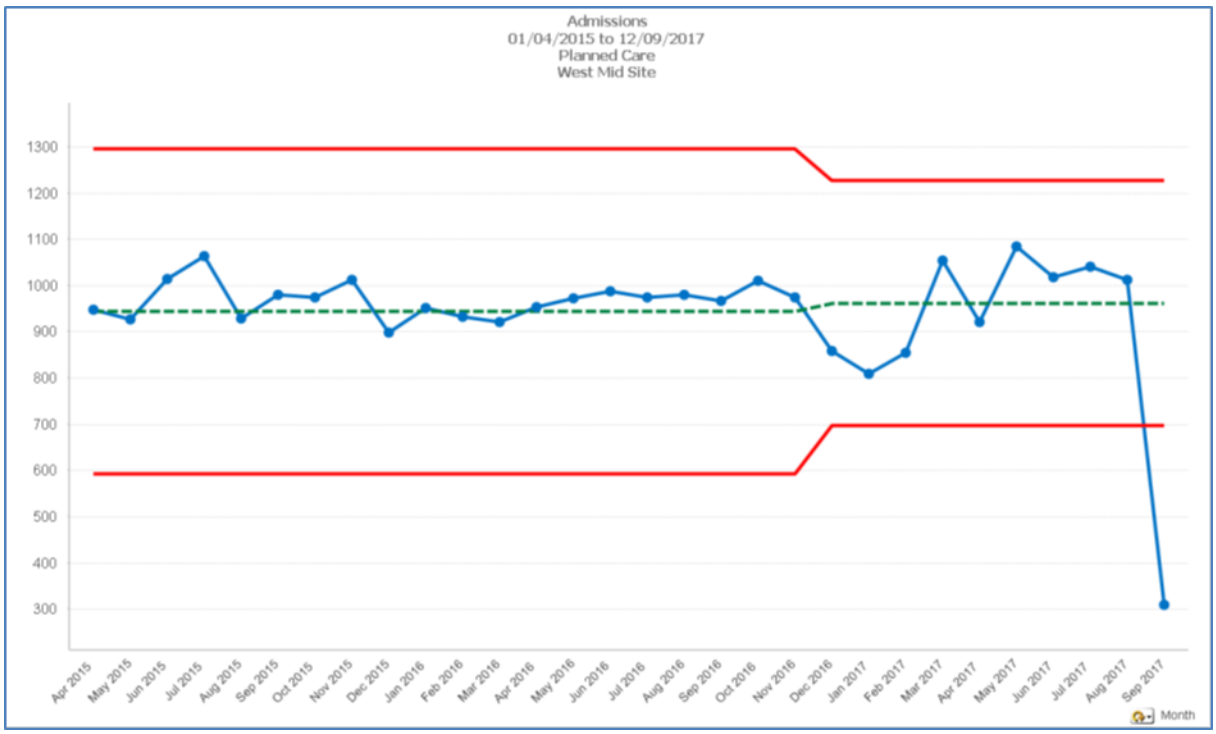


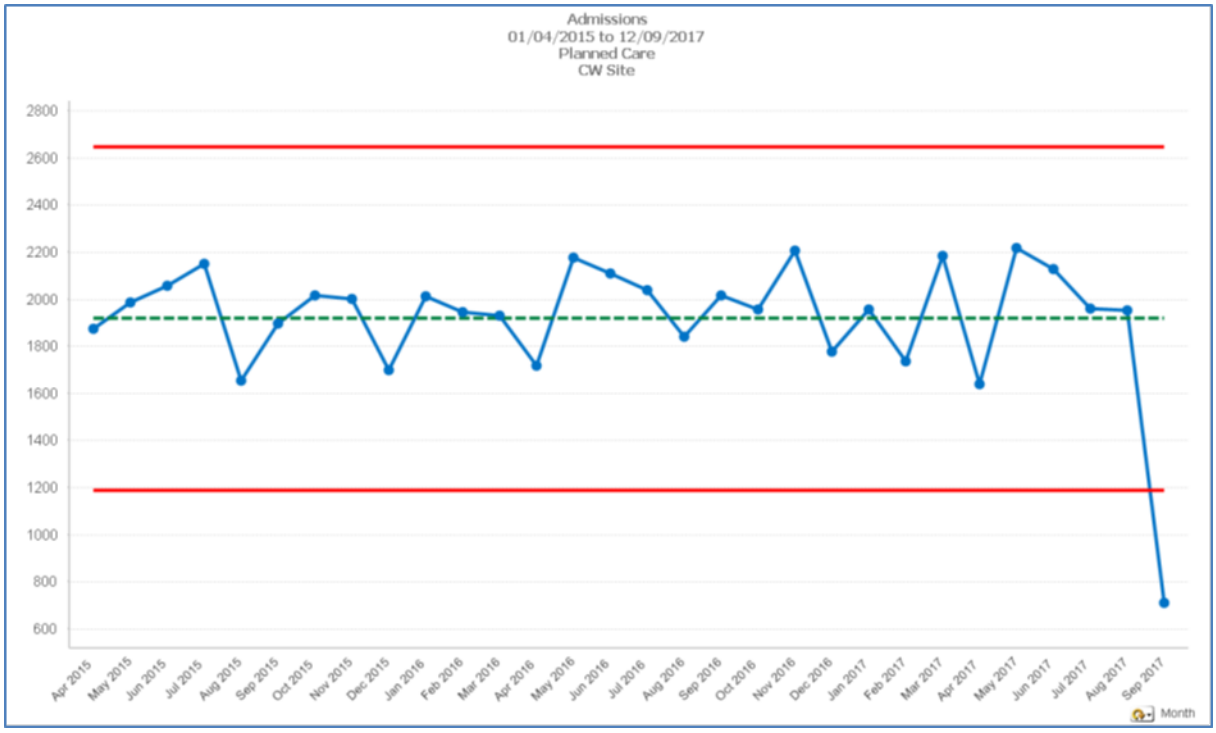
Admissions in EIC continue to increase month after month, with both sites experiencing above average monthly admissions.

We expect that this will continue to rise over the coming months based upon the step change upwards.

4.2.2 By Division and Site – Planned Care (both sites and each site separately)







The picture in planned care is similar to that of EIC, admissions on the WM site continue to rise but have become a little more predictable, whereas on the Chelsea site the variation remains wide.

This means that we cannot fully predict future trends on admissions, but they will be above average judging on the last quarter.

5. Local priorities.

Similar to the whole of NWL sector, the population of patients at the Trust is increasingly older and patients are admitted requiring higher acuity care. Older patients are a higher proportion of patients at the West Middlesex site than at the Chelsea and Westminster site. Utilising this information and the data above the Trust has developed its local priorities.

The key elements of our Trust clinical strategy which require a 7 day service are:

- To provide excellent urgent and emergency care across both our hospital sites
- To provide planned care such as outpatients and elective surgery in a way that is safe, effective and efficient.
- To provide the right hospital and out of hospital support to an ageing population in a way that will help them stay well and not require hospital treatment, as well as patients with long term conditions

- To make sure that our team have the right skills and experience through multi professional training.

These are aligned with the National standards lists above. This links to our organisation being responsive to our patients.

The Trust is focusing on the following themes of work:

- Frailty
- Care of the Deteriorating patients
- SAFER care bundle
- Model hospital (workforce for the future)
- Hospital at Night

6. Improvements in Patient Care

6.1 24/7 Hospital Programme Board
The aim of this programme board is to join together all the relevant workstreams below and ensure that the Trust reduces variations in care over a 24 hour period and ensure safe effective care continues in to the night. As noted in section 4, the periods of the day where challenges occur vary according to site.
The first step is to review the current resources against the 'heat map' and look to redistribute resource accordingly. In parallel, we need to ascertain the tasks required and who is currently undertaking them.

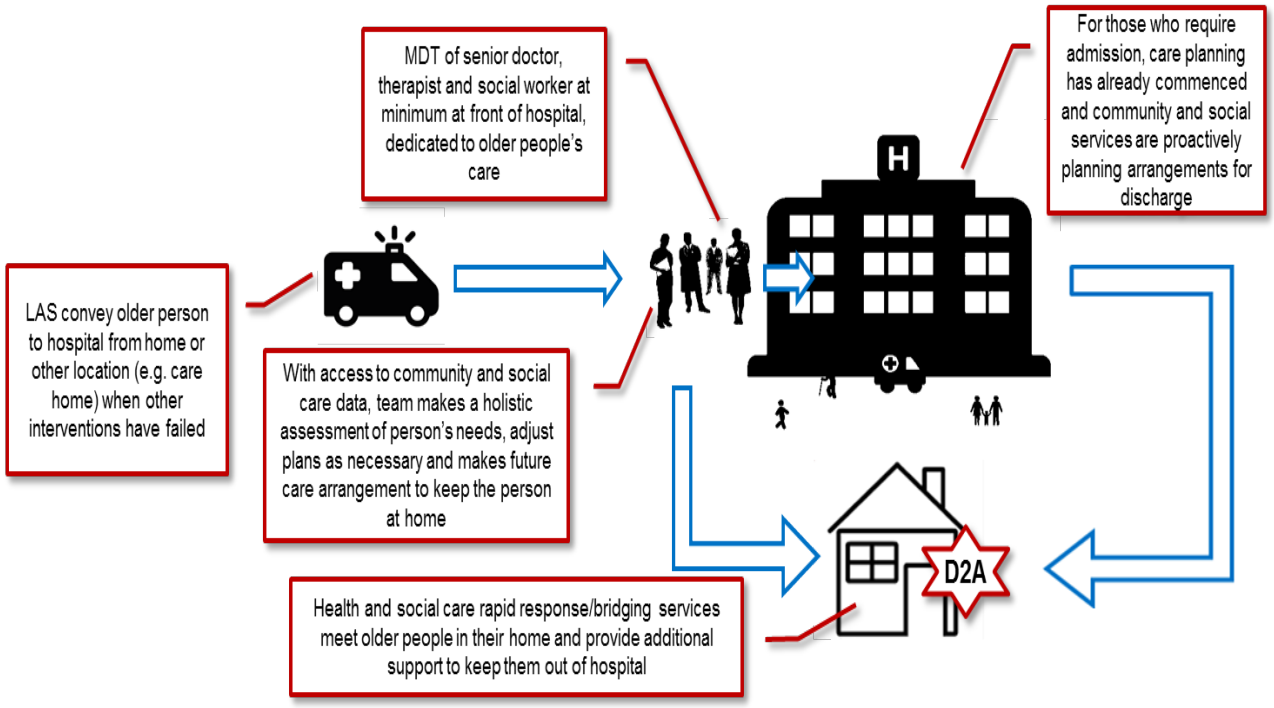
This will enable us to assess whether the clinical teams have the right skillsets matched to the demand from our patients.

The programme board is to identify any resource gap and make proposals to address any found to the Executive Management Board.

6.2 Frailty
The primary aim is to maintain patients in the normal place of residence where possible. Secondly,when they do need to attend or be admitted to an acute setting, the aim is that they return to that place of residence as soon as possible.
The Trust has piloted as part of the phase 1 pilots mentioned in section 3, a roaming team on AAU and a static ward based team. Both of the pilots showed evidence of significant reduction in length of stay with no associated increase in readmission rate. This was a combination of increased therapy support and consultant leadership.

The Care of the Elderly team are developing the model of care as an on-going model of care. This new model will be based initially at West Middlesex where the larger proportion of the older population present to the Trust.

The team will continue to link with community partners to ensure a seamless pathway in line with the NWL vision, which has been signed off by the medical directors in the sector.



6.3 Care of the deteriorating patient

The Trust has key themes to address to improve response to patients, and this links very closely with the model for the hospital at night and ensuring that we have the correct number of, skillsets in, our first responders 24/7. The early warnings scores and escalation and response to them are key to the care of patients. To support this, elements of rapid response such as sepsis boxes and PGD's are being developed. We are continuing to develop IT systems such as ThinkVitals to support staff interpretation of observations and the hospital-wide visibility of acutely unwell patients.

In addition, there is a drive to improve awareness of the need to identify, escalate and respond to deterioration. There are continued audits undertaken to improve

compliance. Training and education is being targeted to support individuals or areas where there are continued concerns.

6.4 SAFER care Bundle

The Trust focus in this area is predominantly handover and Red to green days.

Handover links closely with the Hospital at Night workstream as this is one element of multi-disciplinary handover that is well recognised to improve care. This type of multidisciplinary handover is increasingly being utilised during other times of the day with electronic whiteboards supporting visibility and monitoring.

As a communication tool, the SBAR tool needs evaluating against the current structure of handover to see if this would add value.

Red to green days are currently being prioritised at the West Middlesex site with continued roll out on to Chelsea site. This tool assists wards to increase the number of days that we actively add value to the patients in our beds. When correctly utilised in the daily rhythm of the hospital, it can increase flow, reduce length of stay and reduce overcrowding in A&E, which in turn can improve outcomes, morbidity and mortality.

6.5 Model Hospital

We need to radically re-think the way we plan for the years ahead, evolve our current operating and staffing models and respond to the challenges of providing robust 24 hour / 7 day a week cover; maximising both safety and efficiency.

One of the fundamental aspects of responding to these challenges is the need to redesign the medical workforce model to minimise reliance on temporary medical workforce which will reduce the temporary medical workforce spend. The aim is to deliver the 'Future Hospital' model of care as set out by the RCP and Joint Medical Colleges.

The key principles of the redesign need to be:

-To seek out best international and national practice in medical cover and optimal medical practise
- To consider the use of new clinical workforce roles
- To provide senior clinical challenge to other clinicians in the use of workforce and in the consideration of new clinical pathways
- To consider the succession planning for c.80 SAS Drs (mainly at the WMUH site)
- To develop proposals for a 24/7 Consultant-Delivered Acute Medicine service
- To consider the seamless Medical Management journey from 1° to 2° and back to 1°care
- To substantially reduce the £12.5m spend on temporary medical workforce
- To establish the 'rota gaps' in the junior medical rosters
- To establish the sources of funding for junior medical posts (Trust versus Deanery)

- To take into account the terms of the 'new' JHD contract
- To work closely with all specialities and grades and clinicians to ensure stakeholder 'buy in' to all proposals
- To work closely with the Director of HR and the Guardian of Safe working

The RCP model describes a new model of clinical care for patients with hospital services that operate across the health economy instead of simply within the boundaries of the hospital walls. It describes the importance of seven day services for patients with services organised so that acutely ill patients have the same access to medical care and diagnostics across the week. This also includes seven day services in the community to allow integration so that patients can be discharged home as soon as clinically ready no matter what day of the week it is.

There is a focus on continuity of care as the norm – both by individual consultant physician and key members of the clinical team but also by provision of stable medical teams in all acute and ward settings. Any transfers of care will be prioritised by staff through direct contact and transfers into the community allow continuity with hospital physicians embedding this into follow up consultation and arrangements.

Specialist clinical care will be more co-ordinated – for patients with multiple and/or complex conditions where there is a input from a range of specialist teams there will be a single named consultant responsible for coordinating care.

Early senior review is highlighted as an essential component of care including early senior review by specialist teams at the front door in order to prevent delays. There is a focus on the care of vulnerable patients including the frail elderly and those with dementia and mental health issues.

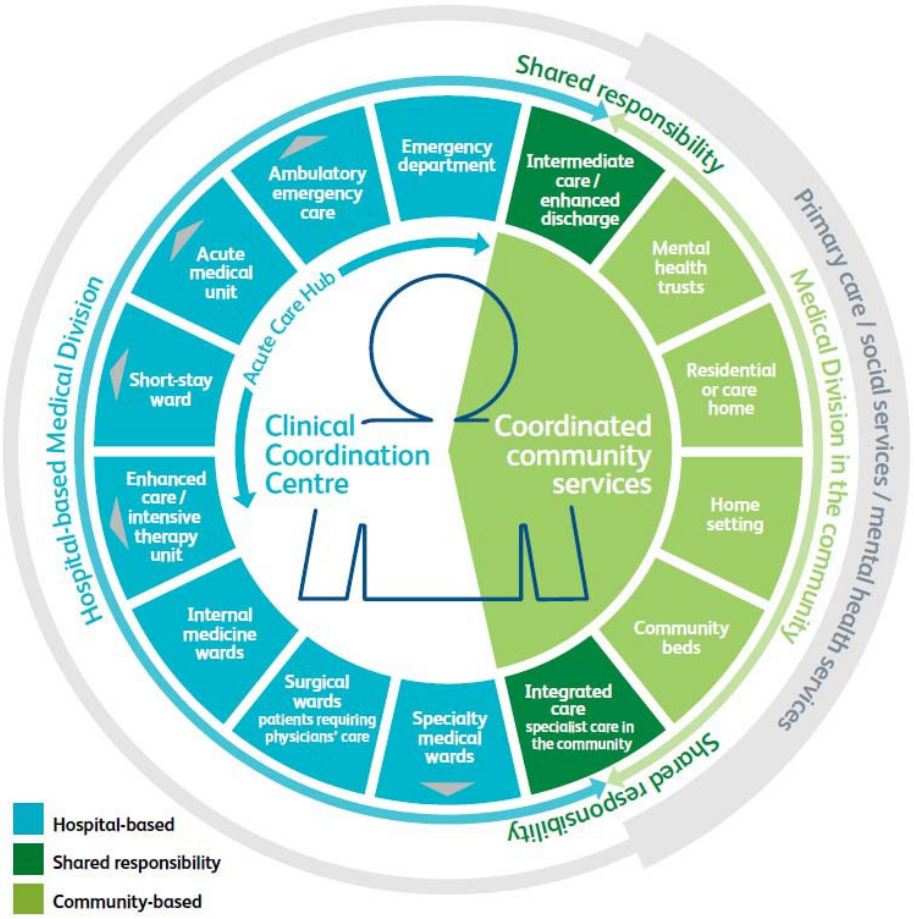
The model of care aligns closely with the seven day clinical standards as outlined by the Academy of Medical Royal Colleges and also the Five Year Forward View in its description of co-ordinated patient focused care that is not limited by the artificial boundaries between in hospital and community care.

The model described focuses on three key components with the Medical Division crossing boundaries between the hospital and the community:

1. A clinical co-ordination centre
2. Acute care hub
3. Co-ordinated community care

The ‘Medical Division’ (equivalent to our EIC division) is the core of the model – spanning the hospital and community settings to ensure continuity of care. The Division will be responsible for all medical services across the hospital – from the emergency department to intensive care beds through general and specialist wards. The medical teams across the Division will work together to meet the needs of

patients, including those with complex conditions and multiple co-morbidities. The Division works closely with partners in the local health economy across health and social care to ensure continuity of care for patients and that care is delivered in a collaborative, patient-centred approach. The model is described as being led by the 'chief of medicine' – a senior doctor who ensures that the working practices within the division facilitate this. Clinicians are expected to spend a proportion of their time in the community.



The Medical Division remit: circle of patient-centred care. Directional arrows (in the hospital-based Medical Division) denote areas of the future hospital where patients may be referred on to tertiary specialist care.

7. Economic case

7.1 Local analysis on investment

Meeting the priority 7 day standards is part of the National contract. Against the standard, the Trust is approximately 70% compliant.The main compliance challenge being standard 8 (On-going review by a suitable member of the MDT every 24 hours

for patients on general wards, or every 12 hours on high acuity wards) .
The NWL early adopter work showed that to meet the standards without utilising the patient categorisation model, delineated in section 2, would require the following investments as a minimum:

1. **47.0 WTE additional consultants across both sites to meet the on-going review standard[2,3] - £5,640k –** these additional consultants would be needed to ensure we have consultant rotas for all specialities of admission that would allow for on-going review.
2. **6.0 WTE additional consultants across both sites AAU and SAU - £720k** – additional consultant are needed in these areas to ensure patients receive their designated twice daily review.
3. **Outsourcing radiology – £60k –** to ensure that all radiology work is reported in a timely way. The cost of this approach is estimated at £60k. The more immediate reporting of urgent results should impact positively on length of stay. The net effect of this has not yet been calculated; however it could be estimated through a small scale trial.
4. **Additional Radiographer to meet demand – £110k –** To meet the access requirements the radiology department will need to deploy an additional radiographer. It is envisaged that the additional access to diagnostics will have a positive impact on length of stay. The net effect of this has not yet been calculated; however it could be estimated through a small scale trial.

Whilst these potential investments cases warranted further discussion, it is recommended the first is not pursued for the following reasons:

- The **main driver** for the seven day standards, variation in mortality across the week, **is not a quality driver for the trust**.
- Even if the trust did chose to spend the money in this way, **the recruitment of 47 additional consultants is not believed to be feasible** given the rates of availability to consultant workforce – and certainly not if rolled out on a sector, regional or national scale.

- Given the Trust's Quality Strategy if this **level of investment** were to be made it would be better placed in **other schemes with a more direct impact** on quality outcomes, patient experience and improved productivity (such as sepsis, enhanced recovery, dementia training, and key areas of the CQC preparation plan).

[2] Note this does not include the women's and children's division, only planned care and EMIC.

[3] Without running the new clinical model and developing an understanding of the levels of patients in each category, it is not possible to estimate the reduction in the requirement of additional consultants.

It has been agreed therefore that the Trust would await for the outcomes of the wave 2 NWL pilots and develop individual cases for investment as a more sophisticated way of addressing the Trust challenges.

The Trust has focussed on the evidence of local audits and sought to best align a return on investment alongside meeting the standards with the new clinical model. This indicates the following investments (2-4 above):

- **6.0 WTE additional consultants across both sites AAU and SAU - £720k** – additional consultant are needed in these areas to ensure patients receive their designated twice daily review.
- **Outsourcing radiology – £60k –** to ensure that all radiology work is reported in a timely way. The cost of this approach is estimated at £60k. The more immediate reporting of urgent results should impact positively on length of stay. The net effect of this has not yet been calculated; however it could be estimated through a small scale trial.
- **Additional Radiographer to meet demand – £110k –** To meet the access requirements the radiology department will need to deploy an additional radiographer. It is envisaged that the additional access to diagnostics will have a positive impact on length of stay. The net effect of this has not yet been calculated; however it could be estimated through a small scale trial.

The total cost of these initiatives that would be required to meet the standards is £890k per annum.

As part of the seven day services program, fully funded pilots have been running across North West London.
Evidence from these pilots suggests that the following additional resources would be beneficial to improving patient experience, reducing length of stay, and increasing staff satisfaction.

- **Discharge co-ordinators – £178k –** the current discharge co-ordinator model, whilst successful, is overstretching, leading to partially ineffective practice amongst the staff group. By increasing the number, the effectiveness of this staff group would increase, allowing more efficient discharge. The efficiency gains from this investment are yet to be modelled, however rely on reducing the length of stay for patients, particularly those with complex discharge needs.
- **Therapies input – £653k –** this additional resource would be deployed for care of the elderly patients and surgical wards. A pilot on the new frailty ward showed an 11% reduction in length of stay with seven day therapy input and consultant review. This would save approximately 7,500 bed days (≈23 beds) across both sites if this continued were therapies and consultant review to be rolled out for care of the elderly patients alone. A 13% reduction in length of stay was seen at St Mary's hospital with 7 day therapy input and increase ortho-geriatricain

presence. Rough estimated indicate that this shame would deliver a net financial saving to the trust of between £100-300k[4].

- **Paediatric nurses – £22k –** this additional cover would ensure a 24/7 shift pattern amongst the paediatric nursing staff, allowing for better continuity of care for patients, and reducing the necessary handovers by 1 per day. It is expected this would lead to more efficient working for the paediatric nursing staff as a result.

The total of these provisional estimates in entirety is therefore **c.£1.8m.**

These proposals are provisional at this stage. It is suggested that these figures provide indicative quantum's only; full business cases for investment would need to be brought once the pilots have been completed and further detailed financial assessments completed.

7.2 Benefits to flow

In combining this work with existing flow initiatives in the trust, it is anticipated that the new model of care would improve consultant cover and MDT input, resulting in quicker and better decision making and more effective treatment. As an outcome, patients will get better quicker, and be discharged sooner.

In addition, increased consultant availability will result in better leadership of the care team, and more focussed care, in turn leading to quicker treatment and recovery and reduced length of stay.

7.3 Clinical outcomes

The report from Sir Bruce Keogh highlighted the problem of diluted services and poorer outcomes at the weekend. The new model of care aims to tackle this issue by delivering high quality care, every day of the week. This will be measured by indicators such as mortality, length of stay, emergency readmission rate, UTI/catheter, pressure ulcer, falls, VTE and HDU/ICU admission rates.

A series of process and input measures have also designed to monitor the process and resource changes as a result of the new model.

7.4 Patient experience

The national report into seven day working highlighted that patients' experiences of care are particularly affected at weekends. The experiential aspect of a seven day service is valued as much as clinical effectiveness. Good communication with and about patients should be the norm. The project aims to improve experience by

[4] This is based on an approximate £40k cost per bed, which only accounts for removing nursing staff from the trust cost. All other costs remain.

empowering patients to prevent and recover from ill health through effective communication and shared decision-making.

The quality of care and communication for patients, their families and carers can be inadequate without the right levels of expertise, staffing and attention to individual patient's needs. Through this project, we can ensure senior decision makers are present to communicate with patients, their families and carers.

8. Workforce

In order to develop a sustainable seven day service, a robust model for workforce development is required. No one-size model of seven day service provision will fit all local conditions. The Trust already has recruitment and retention challenges in both junior doctors and nursing staff. There are however some common local workforce issues pertaining to provision of seven day services, such as:

- Rota and shift planning for doctors (senior and junior), therapists and other members of the clinical team;
- Ensuring the right balance between training and service provision;
- Leadership development, particularly for clinicians;
- Staff deployment and skill-mix; and
- Staff pay and terms & conditions.

When done appropriately, evidence has shown the provision of seven day services by organisations does not require seven day working by individuals. Indeed, in many cases seven day services have reportedly had a positive impact on individuals' work-life balance, offering greater certainty in planning ahead and flexibility in time off.

A full in-depth analysis of the workforce over a 24 hour period has been undertaken and in addition to the What? we have also looked at the How? i.e. Handover between teams and shifts. Continuity is key in our pursuit of providing excellent patient care and ensuring a robust handover exists.

Recent interventions were undertaken in immediate response to issues highlighted through analysis of the recent patient safety triangulation report and an externally reported serious incident relating to a deteriorating patient.

These interventions include:

- Band 3 clinical support workers site team uplift (CW site 2 per night), (WM site 1 per night).
- Addition of 1 x Bd 7 senior nurse (8pm- 8am) to H@N team at WM site (August – October 2017).
- Continuation of additional SHO WM site ED 24/7
- New Acute Medicine rota

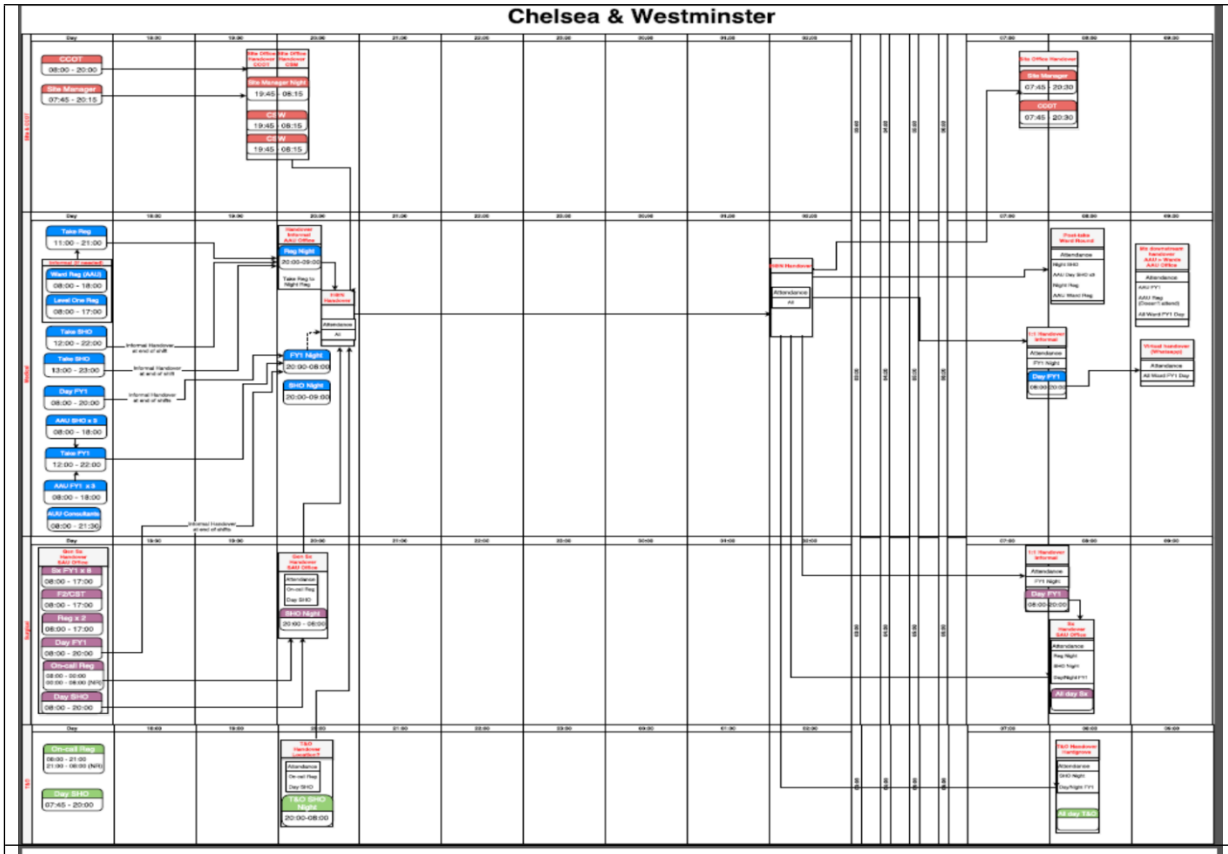
- 2 x WM site ED consultants start October 2017 and January 2018 (to reach 6.6 WTE of a 9.0 establishment)
- AAU/AMU Consultant recruitment is ongoing with recently succesful interview (start date tbc).
- Expansion of discharge team (completes by Oct 2017) with proven Discharge2 Assess pathway established.

Further initiatives for imminent consideration are:

- Respiratory – 2 x cross-site consultant posts (EIC)
- Critical Care Outreach Team short term uplift business case (Planned Care)
- Winter planning 2018/19 due to Exec Management Board - 20 Sept 2017
- Therapies 7 day pilot completed, business case for consideration (due end of August 2017).
- Resuscitation team review of function and role as first responder.
- Establishment of a resident surgical middle grade rota at CW site (Planned Care).

The following charts (Embedded PDF files are included to facilitate detailed review) provide a graphical representation of the staff allocation and handover patterns for the Clincial site team, critical care outreach team, and junior medical staff in general medical, general surgical and T&O specialties. These are demonstrated for each main acute hospital site across the 24/7.

The subsequent more simple Gantt charts demonstrate the staff numbers by hour of the day.



CW - PDF.pdf

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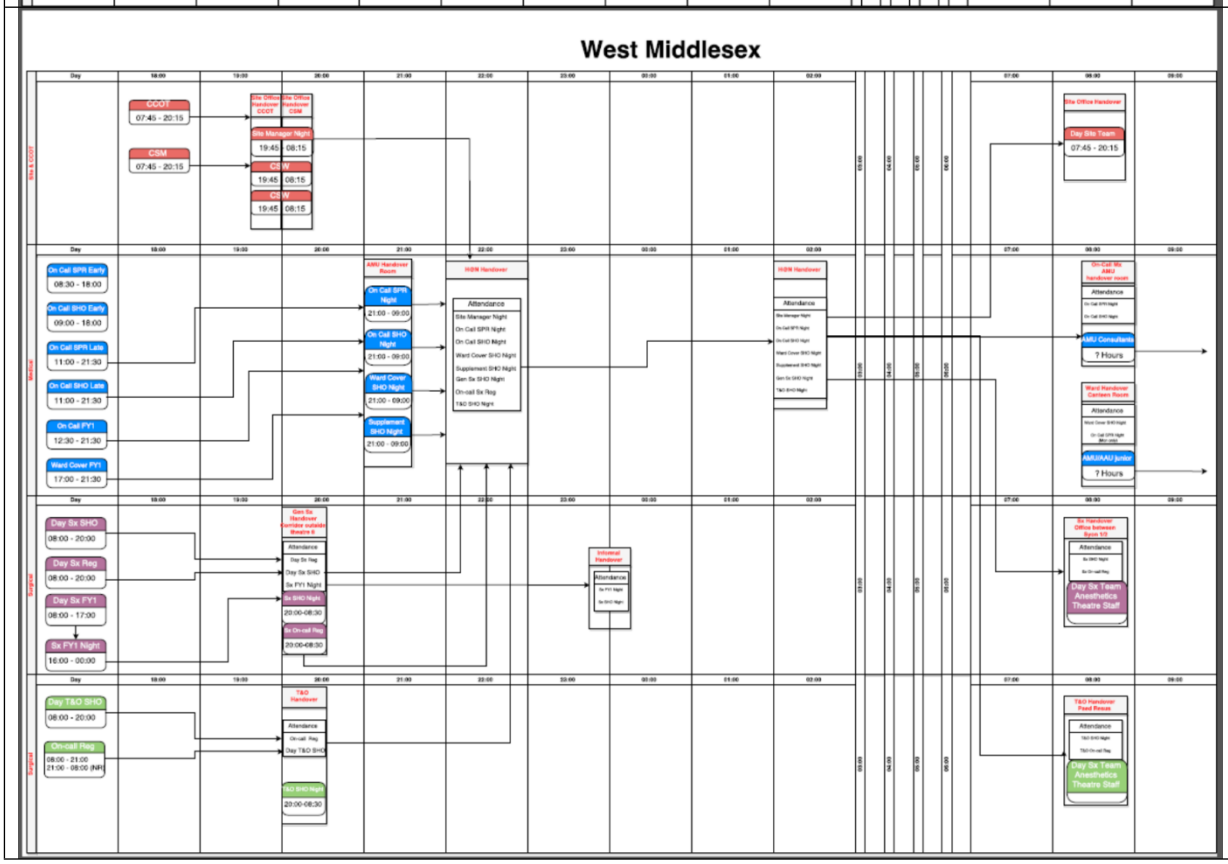

WM - PDF.pdf

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These charts demonstrate that the number of staff available over a 24hr period at Chelsea is larger than it is at West Mid. It is notable that there are more shifts at night at West Mid than at Chelsea by a difference of two shifts. This relates inpart to the additional SHO added in recent months but also relates to the presence of surgical middle grade at night.

The H@N team at Chelsea have a greater opportunity to provide robust multidisciplinary handover as there are more shifts that finish later into the twilight

hours than at West Mid. The West Mid shift patterns only overlap for an hour at the start and end of each shift.

Furthermore, qualitative assessments have identified that there is poor adherence to standard operating procedures for Hospital at Night on both sites. Anecdotally, handovers can vary in their timing, attendance, length and quality. Bleep filtering may not always occur. Better understanding of and adherence to the processes will deliver some inherent improvement in the delivery of care through matrix working.

Recommendations :

- Better continuity, robust handover, support and the provision of excellent patient care can be delivered by adopting the Chelsea model of workforce planning.
- Establish adherence to procedures and improve behaviours at handover.
- Ensure that there is regular data collection to demonstrate activity required of the staff in the H@N team (see metrics below).
- It is recommended that the recent interventions delineated above are retained whilst their impact is monitored further.

9. Metrics

Category		Value metric	Quantify/Estimate impact of intervention
OUTCOMES	Patient flow	Length of stay	Reduce length of stay by 15% for the 65+ cohort in downstream wards. Wave 1 pilots have shown it is possible to achieve a 9% to 16% reduction in LOS.
		Proportion of “long stay patients” on ward	Reducing the proportion of “long stay” patients on ward” (“Stranded patient” metric from SAFER Patient Flow Bundle could be used for this purpose). Wave 1 pilots have shown it is possible to achieve a 60% to 300% increase in discharge of long stay patients.
		Time of discharge	Achieve and exceed SAFER Patient Flow Bundle best practice recommendation of 33% of discharges by midday. Wave 1 pilots have shown it is possible to shift discharge times to earlier in the day. One pilot site demonstrated 20% more discharges before midday.
		Day of discharge	Achieve even distribution of discharges across the week. Wave 1 pilots have shown it is possible to shift discharges to earlier in the week.
		Bed day savings	Measure bed days saved and impact on occupancy or realising the bed saving opportunity articulated in the STP and ImBC. Wave 1 pilots have shown significant bed day savings.

	Clinical outcomes	Mortality	Reduce the "weekend effect" - reduce the mortality rate for patients admitted to hospital for treatment at the weekend compared to those admitted on a weekday.
		Readmission rate	Reduce 7 and 28 day readmission rates by 10% 65+ cohort in downstream wards. Wave 1 pilots have shown it is possible to reduce the readmission rate by 14%.
		Management of patient deterioration	Measure the management of patient deterioration. The number of NEWS calls can be used as a proxy measure.
	Patient Experience	Patient satisfaction	Monitor "friends and family test" results on ward. Wave 1 pilots have shown a reduction in patient anxiety when doctors and therapists conducted patient reviews on weekends.
	Workforce	Staff satisfaction	Measure improved staff satisfaction. Wave 1 pilots have shown that a fair and efficient rota can significantly improve staff satisfaction and team efficiency.
PROCESS MEASURES			Acuity logs for site Number of tasks channelled through H@N Work diaries/activity logs which demonstrate task allocation and complexity against competency Incidents reported Serious Incidents reported

10. Risks

Delivery Risks/Issues scored 12 +			
No	**Risk/Issue**	**Mitigation – latest progress**	**Score**
1 NWL	Within the context of system-wide workforce challenges, there is a risk that even once new models of care have been developed and evidenced, we will be unable to practically deliver these within the existing workforce.	Lessons learned are being collected as a part of pilots to highlight areas of workforce and skill shortages. NW London is working closely with HEENWL on plans to address skills gap.	**16**
2 NWL	There is a risk that the evaluation shows little to no impact on outcomes, or that no clear evidence is generated.	Full evaluation report for Wave 1 pilots was published in March 2017, which provides some much needed evidence to guide the sector wide implementation.	**15**
3 CWFT	There is a risk that the pilot results are not applicable to all Trusts.	Robust evaluation of the pilot against Trust current practice to ensure it applies to our hospitals and the benefits will be realised.	**12**
4 CWFT	There is a risk that the optimal solution will need significant investment which will only be possible over 5 years	Clear prioritisation and monitoring of deliverable benefit.	**-**

11. Conclusion.

The data informs us that we do not have a significant challenge in regards to mortality over the weekend compared to other days of the week, however the triangulation report does show us that we have areas that could be improved, particularly deterioration of patients under our care. We do have variation in quality of care over a 24 hour period, when challenges to expected standards might become more prevalent.

The workstreams need to address the relevant issues aligned to this strategy through the 24/7 programme board.

A clear operational action plan to address any recommendations is to be developed so that we can improve upon any highlighted area of concern and continue to review all reports pertaining to patient safety, efficiency and experience.

Whilst immediate interventions have been undertaken, continuous monitoring is required to demonstrate whether they have achieved the expected outcomes.

Appendix 9: Red Flags Monitoring

Ward	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Totals	Types
Lord Wigram	1	1	1										3	7
Kew		1	1			1	2						5	7,6,6,6,7
Chelsea Wing		1											1	6
SMA		1											1	7
Richmond			1										1	7
Rainsford Mowlem			3	1		1							5	7,7,7,6,6
David Evans			2		1								3	1,1,2
Osterley 1				1						1			2	
Mars				1					1					
Ron Johnson							1							
Nightingale								2		2			2	7,6
Apollo								1					1	7
CCU									1				1	6
David Erskine												1	1	7

Red Flags: Adult In-patients

1. Unplanned omission in providing in medication
2. Delay in providing pain relief for more than 30 minutes.
3. Vital signs not assessed or recorded as outlined in care plan
4. Missed intentional rounding on patients to ensure their fundamental care needs as met as outlined in the care plan including pain assessment, personal needs and patient positioning
5. Less than 2 RN's present on the ward during the shift
6. Shortfall in RN time of 8 hours or 25% (whichever reached first)compared with the actual requirement of the shift
7. Agency staffing levels whereby more than 33% of RN time is covered by agency staff

Red Flags: Maternity

8. A delay of 60 minutes or more in washing or suturing a mother
9. A missed medication during an admission
10. A delay of more than 30 minutes to provide pain relief
11. A woman doesn't receive one-to one care and support during established labour
12. Delay in referral to other services where necessary
13. Agency staffing levels whereby more than 33% of RN time is covered by agency staff

Appendix 10: Retention Action Plan

Action Plan Title: Improving Nursing, Midwifery & Support Worker Retention

Prepared by	Date	Executive Sponsor	
Catherine Hill	17/05/19	Vanessa Sloane	
Action Plan Information			
Aim	Reduce Nursing & Midwifery Turnover by 2% by May 2020		
Rationale	Trust Nursing Retention Rate is 81.8% compared to Peer Median of 84.5% and National Median of 87.5% Trust Health Care Support Workers Retention Rate is 79% compared to Peer Median of 79.5% and National Median is 83.5% (Data Source Model Hospital)		
Start Date	May 2019	**Projected End Date**	May 2020
Objectives			
Reduce Nursing & Midwifery Turnover Rate by 2% by May 2020			
-	Improving Training & Career Development Opportunities		
-	Enhancing Support from Management		
-	Reviewing Workload & Staffing Levels		
-	Encouraging Staff Reaching Pensionable Age to Stay in Work		

Scope – IN	Scope - OUT	
Nursing, Midwifery & Support Worker Retention	Staff salary – Subject to Agenda for Change	

Expected Benefits (think patients, staff, organisation, finances):				
What is the benefit?	*Rationale*			
High quality patient centred care	More consistent staff, better trained and familiar with trust environment			
Better care at lower cost	Reduction in agency spend due to reduced vacancies			
Being an employee of choice	Implementing action plan will make the Trust an employer of choice			

Work Streams Description	Lead	Start Date	Measure of Success	Data Source	
Improving training & career development opportunities					Progress
-Publish & publicise career pathway for nursing & support worker roles, increasing publicity about nursing career options and nursing degree and nursing associate apprenticeships through presentations at preceptorship programmes/Excellence in Care Course -Finalise & publicise Maternity Support Workers competency framework to develop to career progression from Band 2 to band 3 on both sites	Cathy Hill Practice Development Midwives	May 2019	% of leavers who had less than one years service reduced from 24.22% by 2% for Band 5s	35% staff felt career progression opportunities were not clear within the Trust (Stay Questionnaire 2019)	
-Better sign-posting and publicity of career clinics and vacancy noticeboards -Open door sessions in maternity to discuss concerns, challenges and	Aibhin Burke	May 2019	% of leavers who	35% staff felt career	

development.	Practice Development Midwives		had less than one years service reduced from 24.22% by 2% for Band 5s	progression opportunities were not clear within the Trust (Stay Questionnaire 2019)	
-Procure Level 3 Apprenticeship for Health Care Support Workers which becomes essential criteria for Band 3 support worker job descriptions, offering training in venepuncture and catheterisation during this training programme -Implement the MSW/HCA competency assessment and training document enabling all MSW's to become Band 3s- supporting development and career pathway	Christine Catlin	Sept 2019	Improve retention rate for HCAs from 79% to 81%	43% Band 2/3s who said their training needs were not being met identified venepuncture, catheterisation and cannulation as desirable skills (Stay Questionnaire HCAs 2018).	
-Review and look to increase specialty courses to develop staff in line with HEE mandate to meet the 10 year plan and STP Priorities -Maternity procuring RCM Leadership and development courses, to support MSc requests, breech training, HDU and Human factors training, hypno-birthing training and mindfulness.	Divisional Nurses	Sept 2019	% of leavers who had less than two years' service reduced from 44% to 42%	31% staff felt they would like more training, speciality courses & management courses being the most popular. (Stay Questionnaire 2019) Leaving to undertake further education/training was fourth highest reason why people left the Trust in 2018. (Exit Survey 2018)	

Enhance Support from Management					
-Invest in our leaders by offering Band 6-8a development programmes which address issues highlighted. -Away day for the Maternity matron- HR/Finance/Insights/team development -Perfect day- All 8as above working clinically alongside the team	Christine Catlin/David Bushby	Oct 2019	Improve scores on leavers survey by 50% (to half way between current score/ national norm score	Poor support/not being listened to was second highest reason that made people think about leaving Trust (Stay Questionnaire 2019). 51 (national norm 73%) leavers given regular & constructive feedback (Leavers Survey Q3 2018). 73% (national norm 86%) leavers said they felt valued/recognised within my ward/team (Leavers Survey Q3 2018) 69% (national norm 78%) said managers explained what was expected of them. Leavers Survey 2018	
-Show Ella & Abi film to all ward Band 6-8a to promote positive behaviours at work	David Bushby/Cathy Hill	Oct 2019	75% Band 6-8as in ward/ department leadership roles undertake training within 12 months		
-Continue to provide pastoral support to newly qualified and rotation programme nurses by employing Band 7 Recruitment & Retention Nurse -PDM preceptorship and specific preceptorship days -In maternity implementing Caring for you RCM program & SN management open door weekly	Cathy Hill	On-going	Reduce Band 5-7 leavers within 12 months from 23.81% (Apr 17-Mar 2018) to 21.81% (Apr 19-Apr 2020)		
-Ensure rotation nurses/Midwives are allocated a mentor and have PDRs before transfer to another clinical area	Divisional Nurses	Oct 2019	Reduce Band 5-7 leavers within 12 months from 23.81% (Apr 17-Mar 2018) to 21.81% (Apr 19-		

			Apr 2020)		
Reviewing Workload & Staffing levels					
-Review staffing levels through bi-annual acuity review and prioritise investment	Pippa Nightingale & Senior Nursing & Midwifery Leadership Team	Sept 2019	Reduce Band 5-7 leavers within 12 months from 23.81% (Apr 17-Mar 2018) to 21.81% (Apr 19-Apr 2020)	Staffing levels were the primary reason for making staff think about leaving the Trust (Stay Questionnaire 2019). Improving staffing levels was identified as the primary way in which the Trust could improve the working lives and retention of staff (Stay Questionnaire 2019). Work-life balance was the 3rd highest reason (after relocation & reason unknown) for staff leaving the Trust (Exit Questionnaire 2018)	
Encourage Staff Reaching Pensionable Age to Stay in Work					
-Provide information on Retire and Return at Retirement Advice Clinics and encourage Nursing & Midwifery Staff to book a slot in careers advice clinics to explore opportunities available	Cathy Hill Jamie Coates	April 2019	Increase nursing staff >55 in	Retirement is 6th highest reason why	

			workforce. Dec 18 10.17% substantive workforce over 55. 19.15% of Bank workforce over 55 (Trust Workforce Information 2018)	people leave the Trust (Trust Workforce Information 2018).	
-Seek retirees agreement to keep them on bank and complete relevant documentation on leavers form	Divisional Nurses	April 2019	Increase nursing staff >55 in workforce.		
Data Sources					
Exit Questionnaire (2018) Trust Workforce Information (2018) Joiners Survey All Staff: Quarter 3 2018/19 Leavers Survey All Staff: Quarter 3 2018/19 Stay Questionnaire for Nurses & HCAs (January 2019) Stay Questionnaire for HCAs (July-December 2018)					

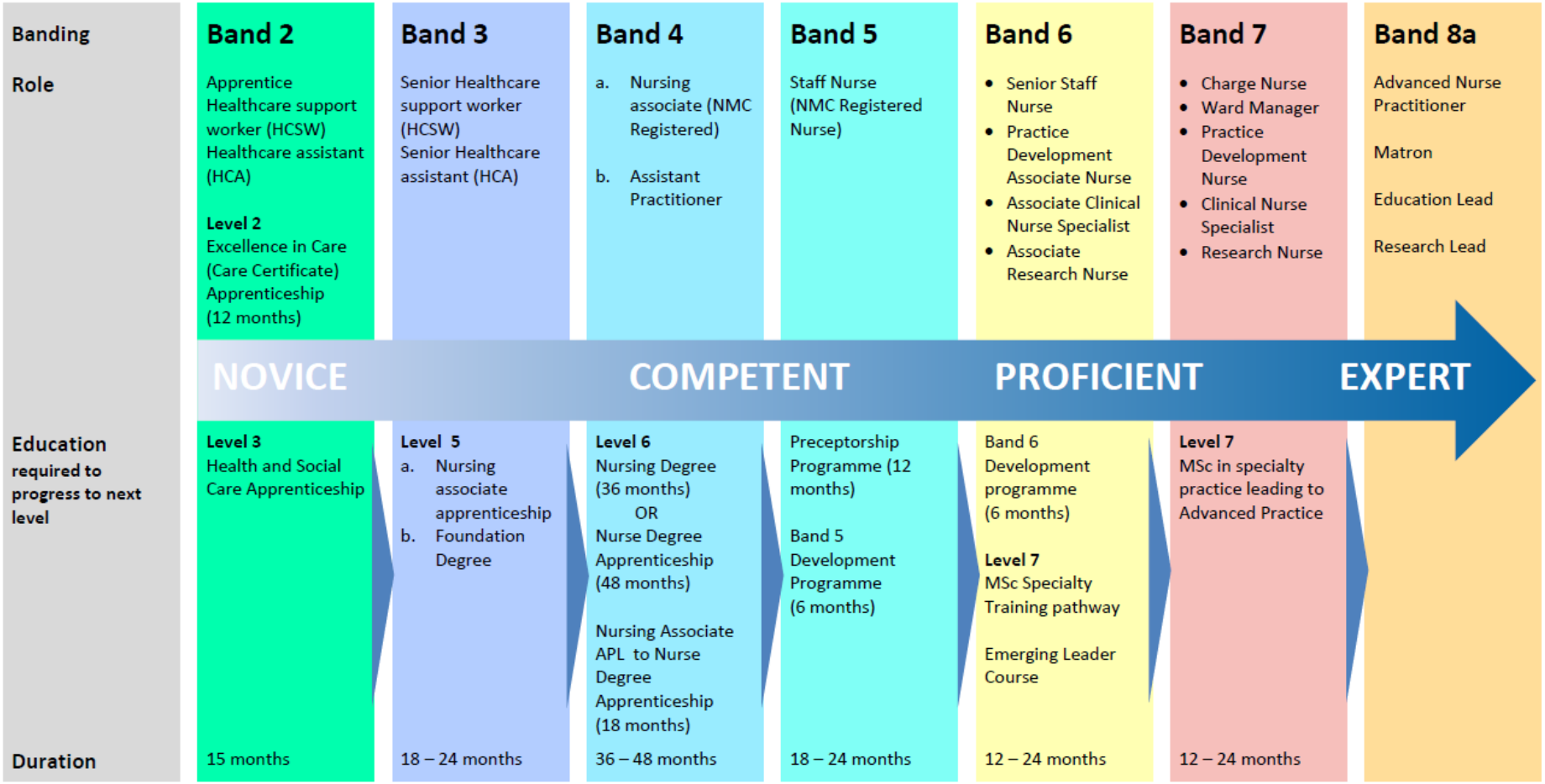
Key Milestones:							
Milestone	Start Out	Define & Scope	Measure & Understand	Design & Plan	Pilot & Implement	Sustain & Share	Evaluation & Next Steps
Target Completion Date	April 2019	April 2019	Mar-Apr 2019	Mar-Apr 2019	Apr-Oct 2019	Oct 2019-Apr 2020	Apr 2020

Team:	**Role:**	
Vanessa Sloane	Director of Nursing	
Christine Catlin	Assistant Director Organisational Development	
Cathy Hill	Assistant Director of Nursing	
Edwin de la Cruz	Head of Nursing Practice Development and Education	
Lucy Shadalow	Communications	
Aibhin Burke	Lead Nurse Recruitment & Retention	
Victoria Cochrane	Head of Midwifery	
Governance Arrangements		
The four work streams will report to Recruitment & Retention Meeting Monthly chaired by Director/Assistant Director of Nursing Recruitment & Retention Meeting reports into Workforce Development Committee chaired by HR Director Workforce Development Committee reports into People & Organisational Development Committee chaired by a Non-Exec Director.		
Communication		
Staff Engagement Plan: -Undertake analysis of ESR data in relation to why staff leave organisations. -Undertake leavers survey -Undertake joiners survey to assess how staff find organisation 3 months into post -Undertake retention questionnaire exploring why staff stay at trust and what could be done to improve retention -Consult Senior Nurses through Senior Nurse Meeting & Recruitment & Retention Meeting -Hold focus group sessions with Band 5s & HCAs		

Risk to Project Success Mitigation	Risk Score	Mitigation of Risk	Risk Score following	
Lack of suitable leadership courses for Band 6s/7s to address issues raised	4 x 4	Review and develop suitable leadership courses for Band 6s & 7s	2 x 2	
Lack of Dedicated Comms Support for Project effecting success of various initiatives	4 x 4	Support from Comms to be identified to assist with leadership of project and to attend monthly Recruitment & Retention meetings	4 x 2	
Difficulty in Achieving Culture Change	4 x 4	Achieving by role models/expectation setting from senior colleagues in organisation. Objectives set in PDR in relation to ; -Constructive feedback -Support from manager -Turnover rate -Trust PROUD values	3 x 3	
Lack of funding to address any deficits in staffing levels	4 x 4	Consider devolving specialling budget to address staffing short-falls.	4 x 2	

Appendix 11: Nursing Career Pathways

Nursing Career Pathways



Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 4 July 2019

PUBLIC SESSION

AGENDA ITEM NO.	2.7/Jul/19
REPORT NAME	Quality Strategy 2019-2022
AUTHOR	Victoria Lyon, Head of Improvement
LEAD	Pippa Nightingale, Chief Nursing Officer
PURPOSE	To articulate our ambitions for quality for the next three years. To set out what outstanding quality of care means to us as an organisation. To provide a framework to ensure we deliver outstanding, sustainable care.
SUMMARY OF REPORT	The quality strategy sets out our vision and values over the next three years as part of our journey to outstanding. The strategy outlines six ambitions to allow us to deliver on the 'quadruple aim' – to achieve outstanding, sustainable services, whilst improving the health of our population and increasing staff experience and well-being. These ambitions are: 1. Provide outstanding high quality, safe and patient centred-care 2. Coproduce quality improvements with our staff, service users, patients and communities 3. Deliver our quality priorities supported by a systematic improvement method 4. Work in partnership to accelerate innovation and quality improvement 5. Develop improvement capabilities and capacity 6. Sustain and strengthen a culture of continuous improvement The report also sets out the Trust's quality architecture and governance/ assurance framework.
KEY RISKS ASSOCIATED	None
FINANCIAL IMPLICATIONS	None
QUALITY IMPLICATIONS	As per report

EQUALITY & DIVERSITY IMPLICATIONS	Equality and Diversity implications have been considered as part of the development of the strategy. Equity of care is outlined as an ambition and patient engagement is highlighted for seldom heard groups.
LINK TO OBJECTIVES	• Deliver high-quality patient-centred care • Be the employer of choice • Deliver better care at lower cost
DECISION/ ACTION	For review and sign off.

Quality strategy 2019 to 2022

Version 1.4

Date 26/06/2019

proud to care

Quality strategy - 2019 to 2022

1. Introduction

Our systematic approach to quality improvement has grown over a number of years. The 2015-2018 quality strategy provided a framework immediately following our two hospital sites integrating into one Trust, to build, standardise and innovate in order to deliver high quality, safe and effective care, and the very best patient experience.

A robust quality programme was launched during this period, with initiatives including the implementation of quality priorities and measures, perfect days, Schwartz rounds, our ward/department accreditation system, quality rounds, executive-led quality deep dives, Getting It Right First Time and other peer reviews, which all contribute to the delivery of the quality agenda.

The most recent Care Quality Commission visit in 2017/18 rated the Trust as “Good” overall, with “Outstanding” for use of resources. This strategy builds on the successes of the previous three years and sets out the next steps on our ‘Journey to Outstanding’.

The external context that shapes this journey has also changed with an increased expectation of individual organisations working together as systems to deliver safe and effective care against a backdrop of rising demand, constrained funding growth and increasing patient expectations. This is dependent on improving population health, making the very most of the funding we receive, and attracting, retaining and developing our staff. Our Quality Strategy reflects this ‘Quadruple Aim’ for delivering high quality of care.

In this document we have set out our ambitions for quality in a way that is designed to be meaningful to our staff, patients, carers, commissioners and other stakeholders. We set out what outstanding means to us and provide and overarching framework to:

- Ensure we meet the needs of our patients, carers and communities
- Deliver outstanding care
- Work in partnerships to improve the health of the population
- Grow and strengthen our culture of continuous quality improvement and improve staff experience and well-being
- Deliver quality and value to achieve sustainability for the health service

1.1. Our Trust

Chelsea and Westminster NHS Foundation Trust is one of the top ranked and top performing hospital Trusts in the UK. We employ more than 6,000 staff over our two main hospital sites— Chelsea and Westminster Hospital (C&W) and West Middlesex University Hospital (WMUH)—and across 12 community-based clinics within North West London.

We pride ourselves on providing outstanding care to a community of over 1.5 million people. Both hospitals have major A&E departments, treating over 300,000 patients each year. The Trust is the second largest maternity service in England, delivering over 11,000 babies every year. Our specialist care includes the world-renowned burns service, which is the leading centre in London and the South East, we run Chelsea Children's Hospital with paediatric inpatient and outpatient services, and our specialist HIV and award winning sexual health care services.

In partnership with CW+ our hospital charity we build and enhance clinical facilities to create an outstanding care environment for our patients and for our staff. We are growing our existing portfolio of innovation projects and our reputation in this field, to become a national leader for innovation within the NHS.

We aspire to provide locally-based and accessible services enhanced by world-class clinical expertise. Our excellent financial and operational performance is a source of great pride to us—it is nationally recognised and sees us simultaneously achieving our financial plan while continuing to be one of the best performers against the national access standards for accident and emergency (A&E), referral to treatment (RTT) and cancer.

Through the Health and Care Partnership (HCP) in both North West and South West London we work as a wider health system to drive improvements to care, and to deliver integrated care in Hammersmith and Fulham, Hounslow and West London and beyond.

1.2. Our vision and values

Our vision and strategic priorities

The vision for Chelsea Westminster over the next 5 years is to *Extend Clinical Excellence for Our Patients*. We wish to strengthen our position as a major health provider in North West London (and beyond), our position as a major university teaching hospital, driving internationally recognised research and development; and to establish ourselves as one of the NHS's primary centres for innovation. Alongside this, in the light of the NHS Long Term Plan and the North West London Partnership, the Trust is also playing a leading role in supporting the development of Integrated Care Systems and improving population health.

Alongside our culture and values, the foundation for the delivery of this vision is the provision of the very highest quality of care and outcomes for all of our patients, every time. Our ambition to be one of the leading foundation trusts in the country and to develop our *Journey to Outstanding* will see us provide innovative, efficient and fully integrated healthcare pathways. Our strategic priorities are to:

- **Strategic priority 1: Deliver high-quality, patient-centred care**
  Patients, their friends, family and carers will be treated with unfailing kindness and respect by every member of staff in every department and their experience and quality of care will be second to none.

- **Strategic priority 2: Be the employer of choice**
  We will provide every member of staff with the support information, facilities and environment they need to develop in their roles and careers. We will recruit and retain the people we need to deliver high quality services to our patients.

- **Strategic priority 3: Delivering better care at lower cost**
  We will look to continuously improve the quality of care and patient experience through the most efficient use of available resources (financial and human, including staff, partners, stakeholders, volunteers and friends).

Our Clinical Services Strategy (Figure 1) outlines the drivers for the organisation and our ambition of providing the best experience and outstanding care.

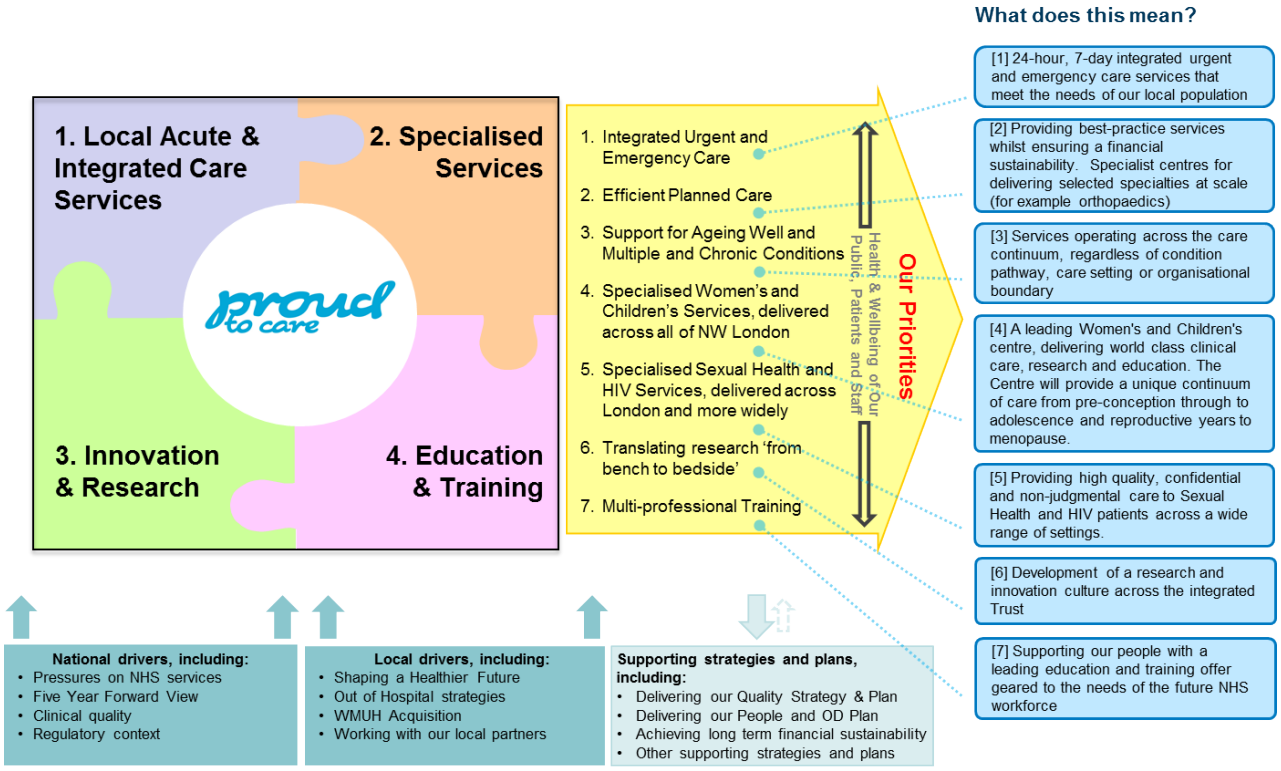


Figure 1 – Clinical Services Strategy

Our values

Our PROUD values underpin everything we do, and have helped deliver high-quality care as well as unite our staff and services at both our hospitals and clinics throughout London.

Our values are firmly embedded in our organisational culture and continue to demonstrate the standard of care and experience our patients and members of the public should expect from any of our staff and services.

- **P**utting patients first
- **R**esponsive to patients and staff
- **O**pen and honest
- **U**nfailingly kind
- **D**etermined to develop

1.3. Developing our Quality Strategy

What quality means to us

To inform our 2019-22 quality strategy, we listened and engaged with our staff, patients/ members of the public and our stakeholders. They said:

Chelsea and Westminster Hospital NHS
Foundation Trust

"I am proud of the high quality world class service we provide at Chelsea and Westminster NHS Foundation Trust. As CEO my overarching priority is to ensure that high quality care is considered in all that we do for our patients and staff."

-Lesley Watts, Chief Executive Officer

"Quality within the pharmacy department for me means ensuring patients get the safest, evidence-based and best use of out of their medicines, where there is continual learning and improvement at all levels."

-Sheena Patel - Lead Pharmacist

"Continued commitment to providing high quality care"

– Council of Governors

"Quality and safety is at the heart of what we do at Chelsea and Westminster NHS Foundation Trust, we strive to constantly improve the quality of our services never satisfied and constantly driving improvements to ensure we provide a fists class service to or patients, users, community and staff."

-Pippa Nightingale, Chief Nurse

"Striving to improve, every single time."

-Tom, Lead Orthopaedic practitioner

"Highest standard of care based on evidence based practice"

-Emily, PDC Nurse

"Quality is the best possible outcome (measured clinically), using the optimal resource (measured by finance), while maintaining a feeling of hope and improved wellbeing (Patient)"

-Juliet Brown, NW London CCGs

"Quality to me means delivering the best most effective care for our patients"

-Virginia Massaro, Deputy Finance Director

"For me, providing a quality service is about patients being happy with the outcome"

-Paul Harniess, Head of Contracts

"Providing all patients, patient-centred care, ensuring everyone is treated with utmost respect, regardless of their culture, background, race, gender, age."

-Rabs, student nurse

"Providing patients, visitors & staff with a 'fit for purpose' environment which is safe and clean to enable our clinicians to provide the best care for the people we serve"

-Paul MacGregor, Associate Director of Estates and Facilities

"Absolute assurance that we are providing the best care possible in line with required standards to our patients, at all times."

-Nicola Whiteley, Senior Sister Outpatients

"Providing high quality, safe, holistic care to everyone in a friendly and welcoming environment and being inclusive of individual's needs"

-Holly, student nurse

"Quality is being looked after in the best way possible"

-Patient

"Quality is putting me in the middle and listening to my care needs"

-Patient

"Patient pathway maximised to improve patient care & experience"

-Barry Crane, Physiotherapist

"Systematic internal quality assurance processes"

-London Borough of Hounslow

"Empathy, kindness"

-Patient

The development of the strategy was also informed by local and regional drivers that include:

- **NHS long Term plan** – a progression from the five year forward view, mentioned in the Clinical Services Strategy, which articulates the need to continue to improve care and build on successes, with clear focuses on, among others, cancer, mental health and long term conditions e.g. Diabetes, cardiac and respiratory failure.

- **North West London** – has one of the largest financial challenges in the country. Clinical Commissioning Groups are looking to come together into a single model and commission services in a more uniform and joined up way. The Trust is committed to support delivery of system plans and integrated care and ensuring the London Quality Standards as well as local plans are met. This is emphasised in an emerging partnership with Imperial College Healthcare NHS Trust and a joint ambition to deliver high quality and standardised services across the whole population. The Trust plays a leadership role in delivering system-wide quality priorities, for example in maternity and in population health improvement.

- **Shared Commitment to Quality** – an associated document to the 5 year forward view this document has supported the creation of both our quality and nursing and midwifery strategies. It clearly articulates the 'quality challenge' and what we must to improve quality alongside finance, and long-term health and well-being.

- **Leading Change, Adding Value** – this 2016 document from NHS England outlined a series of 10 commitments for Nursing and Allied Health Professional. This strategy goes beyond the professions outlined in this document; however the intent and ambition of the commitments work across all areas.

2. Our quality ambitions

1. Provide outstanding high quality, safe and patient-centred care

What does it mean to be outstanding?

Providing consistent outstanding care to patients, with clinical outcomes in the top quartile for trusts.

Meeting and exceeding the set standards for person-centred, effective and safe care, so that we get it right first time for every patient.

Encouraging a just culture of openness and transparency where safety incidents are reported, reviewed and learned from and timely improvements are made to continuously progress quality of care provided.

How will we achieve this?

We will:

- Sustain and strengthen our grip and focus on quality, which we have grown as a Trust over a number of years. This includes our quality programme of ward/ department accreditation scheme, quality rounds, senior leaders, Getting It Right First Time and other peer reviews, quality rounds, executive deep dives and other initiatives.
- Grow improvement leaders and role model leadership behaviours to sustain and strengthen our safety culture.
- Meet the key quality targets both locally and nationally.
- Focus on the needs of our patients and communities, being unfailingly kind and involving service users as equal partners in the planning of their care.

2. Coproduction of quality improvements with our staff, service users, patient and communities

What does it mean to be outstanding?

The voice of the patient is present in all parts of our organisation.

Patients, their families and carers, together with staff and the wider community are partners in the design, development and delivery of services.

Care is personalised, so that people feel listened to, respected and cared for.

Care is equitable, and we make a conscious effort to hear from and understand the needs of our seldom heard groups.

Patients become more empowered and self-caring.

The Trust has launched an innovative project called Postnatal Care: Developing a Living Library to promote a human-centred model of care, supported by The Health Foundation. The project aims to create a bespoke 'Living Library' model to enhance postnatal care, adapting learning from Sweden. The team works in partnership with NIHR CLAHRC North West London and the Qulturum, Improvement and Patient Safety Hub, Jönköping County, Sweden.

The Living Library concept lends 'people' rather than 'books'. The 'books' are the people who have lived similar experiences, who are 'loaned' to 'readers'. This 15-month project will co-design a library with service users to initially support women who may benefit from this—for example, mothers or babies who have received care in an intensive care unit, first time mothers who delivered by emergency Caesarean or who had sign... care (such as language, hearing, mobility or learning) difficu...

"Postnatal care is the Cinderella of NHS maternity services, so we are very delighted to coproduce changes and innovative in this area." - Dr Sunita Sharma, Obstetrician

How will we achieve this?

We will:

- Undertake meaningful patient and public engagement to flexibly use the 'Ladder of Engagement' to involve, collaborate and coproduce quality improvements with our services users, patients and communities.
- Continuously seek to better patient experience – from our art and environment programme, to our review of FFT scores, complaints and other patient experience measures.
- Listen to our patients; ensuring we hear from voices representative of our diverse patient populations – including seldom heard groups, using a variety of proactive methods including digital and online.

Figure 2.

3. Quality priorities delivered and supported by a systematic improvement method

What does it mean to be outstanding?

We annually set ambitious quality priorities in partnership with our patients and stakeholders – specific to our Trust, meaningful to our local populations, and review these through our robust assurance framework.

This approached is mirrored from board to ward so that we have alignment in all our quality goals – see Figure 3.

We use a quality improvement method as a systematic approach to improvement, anchored in improvement science so that clinicians, managers and senior leaders to work together, and decision making and problem solving takes place as close to the issues being experienced as possible.

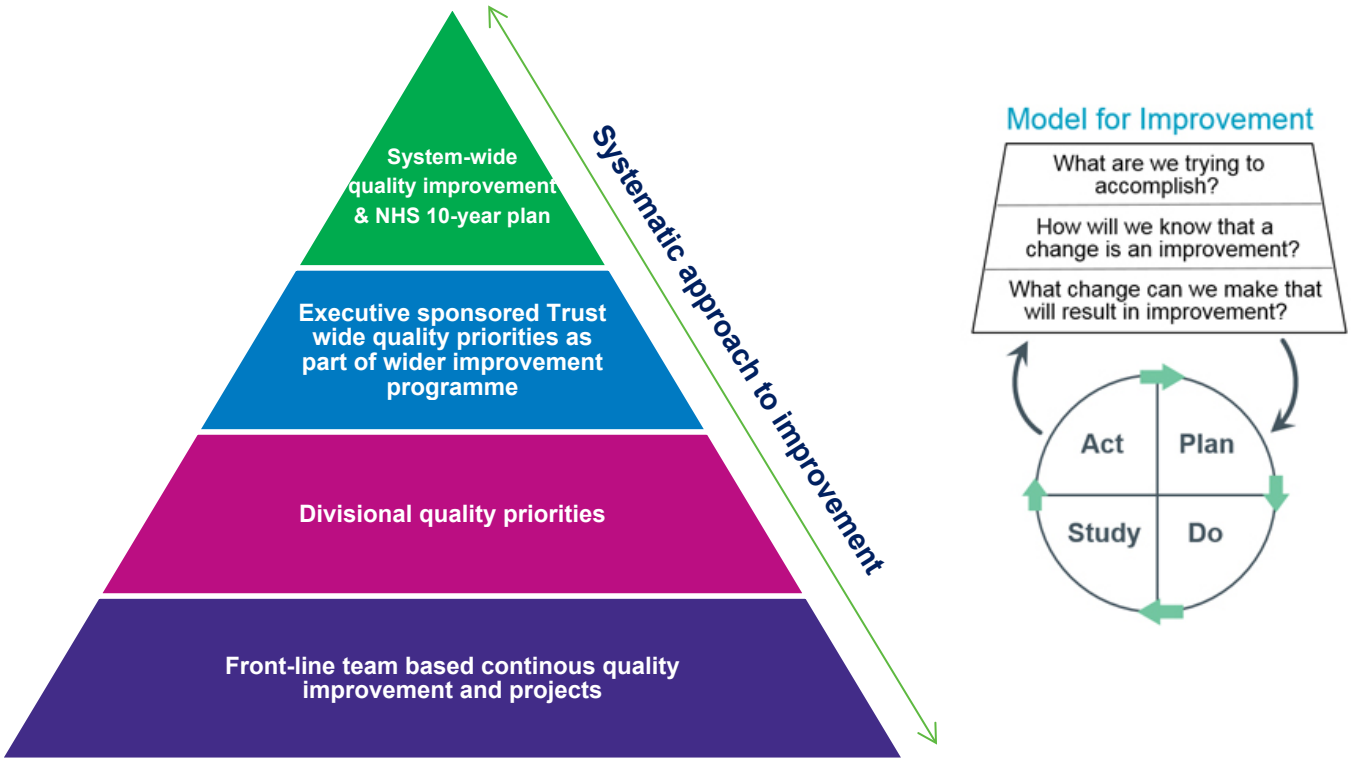


Figure 3.

How will we achieve this?

- We will set annual quality priorities based on Trust-wide areas for improvement, coproduced with clinicians and service users, and communicated widely.
- Each division will set their own aligned quality priorities, using benchmarking data to set a baseline and establishing clear measures to ensure we continue to improve.
- We will use the 'Model for Improvement' as our systematic approach incorporating a clear aim, well defined measures and space to think far and wide about change ideas; followed by rapid tests of change using multiple PDSA cycles.
- Use national data, such as Getting It Right First Time to seek out unwarranted variation and accelerate improvements in care.
- We will set up a programme of work each year to focus on the quality priorities and deliver improvements.

4. Work in partnership to accelerate innovation and quality improvement

What does it mean to be outstanding?

The Trust becomes a leader in healthcare innovation; we create a world-class clinical environment focused on patient experience and safety.

We improve health and wellbeing across our population, in line with the quadruple aim, taking a proactive, preventative approach to improving population health.

Patients benefit from the latest estates infrastructure, technology, research, and innovations.

We address our challenges in sustainability and deliver value by implementing new ideas, services and systems.

Clinicians and other partners work together to drive quality improvements.

How will we achieve this?

We will:

- Work as a system to learn from others and to make sustainable improvements to care.
- Champion cross-boundary and more integrated care pathways to put patients in the centre of their care.
- Work with CW+ Innovation to identify new, innovative and scalable solutions to address our challenges and to improve patient care.

- Accelerate our research and development; invest in estates and the clinical environment to pioneer new ways to deliver high quality care.

5. Develop improvement capabilities and capacity within the organisation

What does it mean to be outstanding?

Our people are our greatest asset; we grow, nurture and support our staff to have the skills, knowledge and tools they need to improve the care they deliver to patients.

Front-line staff, who know their local challenges best, become skilled and empowered to test solutions to improve care.

The Trust has a quality improvement community who support each other deliver quality.

We rapidly build momentum with our quality improvement as more staff are trained and get involved with projects.

How will we achieve this?

We will:

- Create opportunities for cross-department working and cross-pollination of ideas through live improvement work/ projects and training sessions.
- We will expand on our tiered approach to improvement education, training and coaching to build organisational capability and capacity.
- Ensure that staff experience joy at work and that we are the employer of choice.

Figure 4.

Tier 1: All staff	Offer staff an awareness of our improvement approach, including the fundamental steps of an improvement project using a combination of eLearning, and face to face sessions as staff gain more interest.
Tier 2: Leaders at all levels	Completion of Emerging and Established Leaders Programmes, and purpose designed improvement training.
Tier 3: Improvement experts and coaches	Utilise prior knowledge and experience to support and develop others as they embark on their improvement journey delivered through an Improvement Coaching Hub.

6. Sustain and strengthen a culture of continuous quality improvement

What does it mean to be outstanding?

All staff, patients and communities to be enthused, empowered and enabled to take part in continuous improvement.

Leaders across the organisation role model our Trust PROUD values.

We share learning, celebrate success, and are open and honest. Mistakes are seen as a learning opportunity not as failure.

New ideas and learnings are shared systematically and this contributes towards quality improvement and collaboration across the Trust.

How will we achieve this?

We will:

- Ensure all staff have the opportunity to be involved with quality improvement through projects, perfect days, quality rounds, Schwartz rounds and the ward and department accreditation scheme.
- Continue our grip on quality through our embedded quality approach, including executive led deep dives, senior leader links with wards and quality 'temperature checks'.
- Celebrate our quality improvement success; using our QI hub and other communications approaches to share best practice, learning and recognition of staff through Excellence awards and PROUD awards.
- Grow our ChelWest improvement community to enthuse, empower and enable colleagues to get involved with quality improvement.

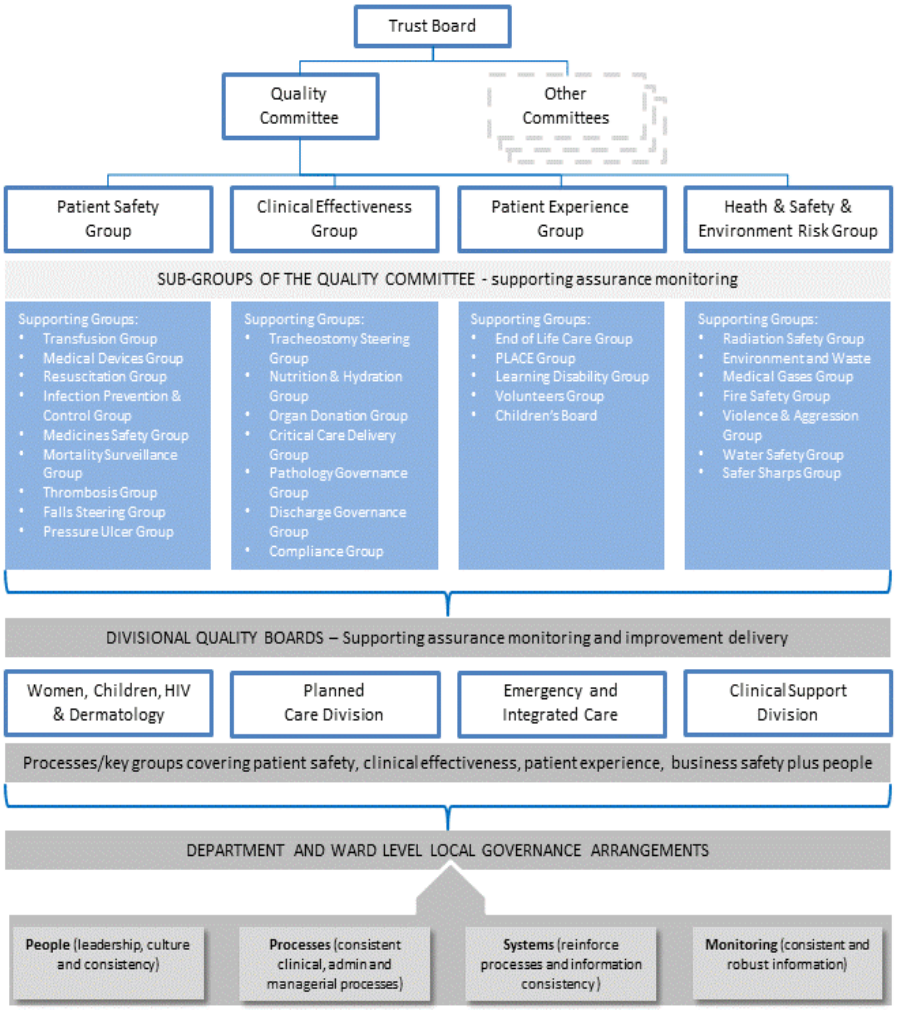
3. Quality architecture

Our quality strategy is supported with a robust quality architecture, using our existing and embedded quality assurance framework and governance processes.

Quality improvement will be supported through the Trust's governance arrangements, which provide two-way 'ward to board' assurance, reporting and feedback across all areas.

The Quality Committee is the Board Committee with responsibility for seeking assurance on the delivery of the Quality Strategy; assurance and monitoring evidence is shared with the Committee through the following governance structure.

Figure 5.



The organisations quality ambitions will be supported through the following key quality governance initiatives.

Performance Data	Clinical Effectiveness	Quality Priorities	Patient Safety	Patient Experience
National KPIs (inc Quality regulator)	National Audit	Trust wide Priority Workstreams	Leadership Temperature checks	NMQR (Back to the floor Friday)
Local Trust wide KPIs	Local Audit	Divisional Priorities and Deep Dives	Ward Accreditation	Perfect Days
Clinical Outcomes strategy	Reporting Culture / SI Process	QIA process (CIP)	Learning from… Thematic Review	Schwartz Round
Guideline / Policy and procedure Governance	'Freedom to speak up'	Quality improvement workstreams	Clinical Governance half days	Grand rounds

3.1. Enabling strategies

The Trust quality strategy is supported by and links to a number of other strategies within the organisation, these include:

- **Nursing and Midwifery Strategy** – the strategy centres on 5 commitments. The first of these 'We will provide safe, high-quality care for every patient, every time' sets out the ambition to provide high quality care along with the resulting changes and outputs, such as a culture of learning and establishing quality dashboards. Other professional groups have also developed bespoke strategies to drive Quality and the wider Trust strategic priorities such as **Therapies Strategy**,

- **Journey to outstanding and beyond – The improvement framework** – sets out how we will work to help deliver the quadruple aim of quality improvement, as we continue on our journey to outstanding and beyond.

- **People Strategy** – as outlined above the Trust values of 'Proud to Care' are a core part of how staff working in the organisation delivers and support patient care. We acknowledge that in order to allow staff to deliver the quality of care they strive for our people strategy needs to empower, support and educate in order to achieve this.

- **Estates Strategy** – our staff and patients are linked through the environment within which they interact. Our estates strategy looks to support the staff and patients on site by creating the right estate and environment for best patient experience and care.

- **Innovation Strategy** – innovation and research are central elements to the Trusts Clinical Services Strategy. We believe that in the changing landscape of healthcare the adoption and scaling of innovative and new ideas and technology is central to how we will deliver the highest quality of care to our patients.

- **Volunteering Strategy** – the Trust and Trust Board are firmly committed to volunteering as a strategy for supporting the delivery of services to the population we serve. We acknowledge that we serve a large and diverse population and that volunteers are a key component of how we ensure that we are delivering the best quality care to every patient at every opportunity.

- **Patient and Public Engagement Strategy** – how the Trust works with and supports the population is a key enabler to delivery of not only the Trusts ambitions but those of the system as a whole. We want to work in partnership in order to ensure that the quality of care patients receive is co designed and monitored.

Appendices

Appendix A.

2019/20 quality priorities

Our Trust Quality Priorities for 2019/20 are aligned to the Trust's Quality Strategy and the three quality domains (patient safety, clinical effectiveness and patient experience). They have been informed by:

- Engagement and feedback from our Council of Governors Quality Subcommittee that includes external stakeholders (e.g. commissioners and Healthwatch)
- Engagement and feedback from our Board's Quality Committee
- Divisional review of incident reporting and feedback from complaints

For 2019/20 these are:

Improving sepsis care

a. Why we have chosen this as a Quality Priority

Sepsis is recognised as a common cause of serious illness and death. It is estimated that there are 123,000 cases in England each year and 46,000 deaths. Sepsis also has long term impacts on patient morbidity and quality of life. In addition to the impact on patients, sepsis is associated with high healthcare costs, the UK Sepsis Trust estimates that improved care could lead to savings to the NHS of £170 million.

Timely identification and appropriate antimicrobial therapy has been shown to be effective in reducing transition to septic shock and therefore reducing mortality.

b. What we aim to achieve during 2019/20

We will:

- Improve screening of sepsis in our emergency departments and inpatient settings so that at least 90% patients who meet the relevant criteria are screened.
- Improve the timely commencement of appropriate antimicrobial therapy for patients found to have sepsis so that at least 90% of receive IV antibiotics within 1 hour.

2. Reducing hospital acquired E.Coli bloodstream infection

a. Why we have chosen this as a Quality Priority

Reducing hospital acquired E.Coli bloodstream infection (BSI) was set as a Trust Quality Priority in 2018/19. As well as improving safety, reducing avoidable E.coli BSIs is expected to result in fewer readmissions, shorter length of stays, improved patient experience and reduced antimicrobial prescribing.

b. What we aim to achieve during 2019/20

We will reduce the number of hospital onset E. Coli BSIs by 10%

3. Reducing inpatient falls

a. Why we have chosen this as a Quality Priority

Reducing inpatient falls was set as a two year quality priority in 2018/19. Research from NHS Improvement shows that a multifactorial assessment and intervention can reduce falls by around 25%. The Trust has begun the process of implementing this multifactorial assessment and care bundle ("Safer Steps") across our two hospital sites and in 2018/19 launched new risk assessment documentation, falls care plans and training for staff in the reduction in falls as well as safety equipment, such as bed rails, crash mats and patients non slip socks. The second year as a quality priority will build on this, embedding it into practice in order to drive a reduction in inpatient falls.

b. What we aim to achieve during 2019/20

We will:

- Increase in the percentage of eligible patients with a fully completed 'Safer Steps' care plans in place, leading to a reduction in the number of inpatient falls.
- Introduce the NHS Improvement falls underreporting tool. This is a validated tool used to estimate whether the reported falls rate truly reflects the number of patients actually falling on wards. By introducing this tool, we will be able to better understand our data and more accurately assess whether our interventions are having an impact.

4. Improving continuity of carer within maternity services

a. Why we have chosen this as a Quality Priority

Chelsea and Westminster provides the fourth busiest maternity service in the UK and our staff will support the delivery of over 10,000 babies in 2019/20. Better Births, the report of the National Maternity Review, set out a vision for maternity services in England which are safe and personalised; that put the needs of the woman, her baby and family at the heart of care; with staff who are supported to deliver high quality care which is continuously improving. Women should have continuity of the person looking after them during their

maternity journey, before, during and after the birth. This continuity of care and relationship between care giver and receiver has been proven to lead to better outcomes and safety for the woman and baby, as well as offering a more positive and personal experience; and was the single biggest request of women of their services that was heard during the Review.

b. What we aim to achieve during 2019/20

The trust will introduce continuity of care midwifery teams linked to a named consultant and increase the number of women receiving midwifery continuity of carer.

Appendix B. Our Journey to Outstanding infographic

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 4 July 2019

PUBLIC SESSION

AGENDA ITEM NO.	2.8/Jul/19
REPORT NAME	Patient and Public Engagement and Experience Strategy 2019-22
AUTHOR	Nathan Askew, Director of Nursing
LEAD	Pippa Nightingale, Chief Nursing Officer
PURPOSE	This paper introduces the board to the patient and public engagement and experience strategy.
SUMMARY OF REPORT	The Trust is required to ensure that patients and the public are involved and engaged in all aspects of business under the Health and Social Care Act (2012) and as set out in the NHS Long Term Plan (2018). This Strategy describes 6 key aims which will be undertaken to improve the engagement and involvement of patients and the public: 1. Individual care and treatment 2. Research 3. Service delivery, development and transformation 4. Strategy 5. Assurance 6. Meeting our statutory and regulatory obligations The strategy describes 8 key objectives which link to the aims of the strategy. In addition the experience of patients will be involved through a focus on the patient experience priorities within this strategy.
KEY RISKS ASSOCIATED	A reputational risk of not fully engaging with patients and the public
FINANCIAL IMPLICATIONS	None
QUALITY IMPLICATIONS	Poor patient experience due to not having adequate involvement of patient sand the public
EQUALITY & DIVERSITY IMPLICATIONS	None
LINK TO OBJECTIVES	• Excel in providing high quality, efficient clinical services

DECISION/ ACTION	The Board is asked to note the content of this report and to approve the strategy.

NHS
Chelsea and Westminster Hospital
NHS Foundation Trust

Trust Patient and Public Engagement and Experience Strategy 2019-2022

proud to care

Trust Patient and Public Engagement and Experience Strategy 2019-2022

1.0 Introduction and background

1.1 In June 2015, the Trust launched an ambitious three-year Patient and Public Engagement and Experience (PPEE) Strategy, which was developed with staff and patient-public stakeholders. Over the last three years the PPEE Group has overseen the implementation of its objectives, which are noted in the annual report 2019.

1.2 This new three-year strategy (2019 – 2022) is a refresh of the previous strategy - it does not start from a 'blank sheet'. It reflects our trust PROUD values and a commitment to continuously strengthen patient and public engagement across the organisation.

1.3 The voice of patients must continue to be ever-present in all parts of our organisation. Patients, their families and carers, together with staff and the wider community, should be partners in the design, development and delivery of services. The support and contributions of patient-public stakeholders continues to be important, as we work together to find ways to provide high quality care and services in different ways, but with constrained resources.

1.4 The Strategy has been developed by the Patient and Public Engagement and Experience Team and through engagement with staff and volunteers, patient and public governors and Foundation Trust members and our local Healthwatch bodies.

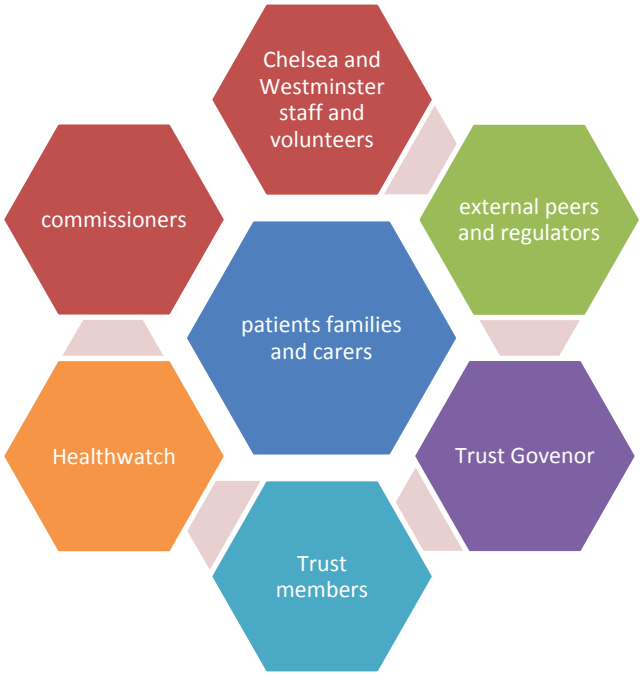
1.5 This document describes:-

- Who our strategy is for
- The framework for our strategy and;
- Our aims
- The current drivers and Trust's priorities - these will continue to inform and be central to the strategy
- Our objectives – informed by the same Trust's priorities
- An implementation plan for the first year

2.0 Who does our strategy apply to and who is it for?

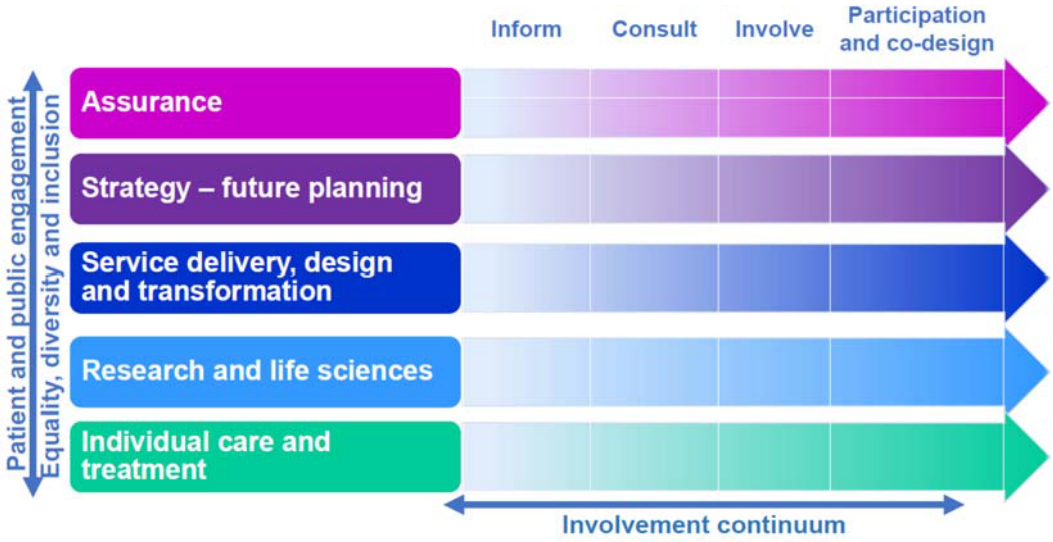
2.1 The scope and the framework of this strategy encompasses **all trust sites, hospital and community services for adults, children and young people and maternity**. It applies to all patient- facing clinical and non-clinical services, and to departments whose roles may not be patient-facing, but whose work contributes to patients' experiences, such as education and workforce.

2.2 The Trust has a wide range of patient and public stakeholders and is committed to strengthening these. Our patient and public stakeholders' interests may be as current or future service users or as people who can help us to understand views and experiences of service users. Stakeholders also include local partners who influence the way we work, for example our commissioners or other local health and care providers. The diagram below reflects the stakeholders to whom this strategy applies. The extent to which each is involved depends on the purpose of patient and public engagement at the time.



3.0 The framework for our strategy and its aims

3.1 The framework for our strategy describes the five broad areas of activity (left hand column) in which the voices of patient-public stakeholders should be present and the 'involvement continuum' (along the top), which describes the 'level' or 'intensity' of involvement. Many engagement processes will touch some or all of the involvement continuum, depending on the purpose of engagement. Wherever there is opportunity, services will aim to 'co-design' their work with patient-public participants.



3.2 Co-design - What does it mean to be outstanding?

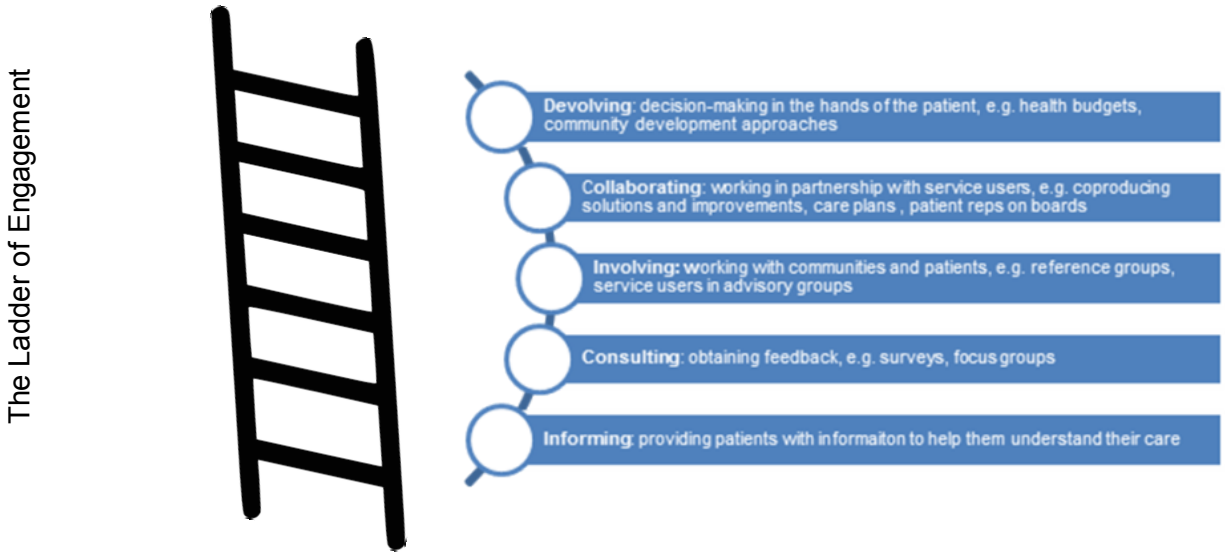
- The voice of the patient is present in all parts of our organisation.
- Patients, their families and carers, together with staff and the wider community are partners in the design, development and delivery of services.
- Care is personalised, so that people feel listened to, respected and cared for.
- Care is equitable, and we make a conscious effort to hear from and understand the needs of our seldom heard groups.

- Patients become more empowered and self-caring.

To achieve this we will:

We will:

- Undertake meaningful patient and public engagement to flexibly use the 'Ladder of Engagement' to involve, collaborate and coproduce improvements to quality with our services users, patients and communities.
- Continuously seek to better patient experience – from our art and environment programme, to our review of FFT scores, complaints and other patient experience measures.
- Listen to our patients; ensuring we hear from voices representative of our diverse patient populations – including seldom heard groups, using a variety of proactive methods including digital and online.



3.3 Our approach to patient and public engagement must also take into consideration the **Equalities Act 2010** and the Trust ambition to ensure equality, diversity and inclusion are at the heart of all we do by:

- Providing Inclusive healthcare to our patients
- Pledging to be an inclusive workplace
- Our promise to work place equality

3.4 This strategy has six aims which are:

1. Individual care and treatment

Patients will feel supported by the full range of Trust services. Services will involve patients and carers in decisions about their care at all stages of the patient journey, whether in our hospitals or services and facilities in the community and patients' homes, and the Trust will actively encourage feedback on how all services perform

2. Research

NIHR funded research taking place at Chelsea and Westminster NHS Foundation Trust will be designed, carried out and disseminated with a patient and public centred focus – patients will be involved at all stages including the design of studies to improve patient experience and to help disseminate results in a patient friendly way.

3. Service delivery, development and transformation

The Trust will actively seek the views and involvement of patients, their carers and our Foundation Trust members. Their views will play a central role in monitoring and driving improvements in the quality, safety and efficiency of our services.

4. Strategy

Patients, our Governors, Foundation Trust members, the local community and our stakeholders will have a greater opportunity to inform the development of Trust planning and strategic development.

5. Assurance

The Trust Board of Directors and our Council of Governors will actively seek demonstrable evidence that Trust services are listening to, learning from and acting upon the views of patients, carers and stakeholders regarding the design, quality, safety and efficiency of the care and services we provide.

6. Meeting our statutory and regulatory obligations

The Trust will continue to meet its statutory and regulatory obligations in respect to:-

- the involvement of patients and the public, under section 242 (duty to involve) of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012);
- Healthwatch
- Local authorities' health overview and scrutiny committees

4.0 National policy and strategic partnerships that influence our objectives

4.1 The NHS Long term plan (2019) heralded a new relationship with patients and the wider community, noting the *'need to engage with communities and citizens in new ways, involving them directly in decisions about the future of health and care services'*.

Much of the participation described in the NHS Long term plan points to empowerment and involvement of individuals and communities in health prevention and self-management of care. In addition, it highlights a need to develop opportunities for health-related volunteering and making it easier for the voluntary sector to work alongside the NHS. The development of volunteering at the Trust is addressed through the **Volunteer Services Strategy**. This strategy provides a framework for the involvement of patient- public stakeholders in the development and design of services, which may well include these approaches.

The national maternity strategy **Better Births** also describes the vision to work with service users setting out the requirement to have maternity voice partnerships MVPs to undertake co-design of services with a focus on reaching the views and voices of seldom herd groups.

5.0 The Trust's priorities that inform our objectives

5.1 The PPEE strategy will continue to support the implementation of the Trust's organisational strategy, which describes three priorities and a number of strategic objectives together with a number of important enablers, such as digital and workforce. We are committed to incorporating appropriate levels of patient and public engagement in these activities.

5.2 In particular, the implementation of the Trust's **Digital Strategy** and the development of digital solutions to create efficiencies and support improvements in care and service delivery will be underpinned by strong patient and public engagement.

Strategic Priority	Description
Deliver high quality patient centred care	Patients, their friends, family and carers will be treated with unfailing kindness and respect by every member of staff in every department and their experience and quality of care will be second to none.
Be the employer of choice	We will provide every member of staff with the support, information, facilities and environment they need to develop in their roles and careers. We will recruit and retain people we need to deliver high quality services to our patients and other service users.
Delivering better care at lower cost	We will look to continuously improve the quality of care and patient experience through the most efficient use of available resources

5.3 The Trusts strategic ambitions and the priorities highlighted in the diagram above together with our on-going commitment to continually strengthening patient and public engagement in our organisation, are the key drivers behind the strategy's objectives.

6.0 Our objectives for the next 3 years

6.1 In addition to the Trust's priorities, the strategy's objectives have also been influenced by our determination to:

- Further embed patient and public engagement in our approaches to service and quality improvement, in particular the significant transformation plans relating to the development of the Trust's **Electronic Patient Record (EPR).**
- Improve our use of existing sources of **patient experience data** to inform continuous improvement.
- Maximise the opportunity to align 'Trust-wide **patient experience priorities**' with on-going or future service improvement or transformation activities.
- Make greater use of existing methods of patient and public engagement, as well as **developing new ways to create dialogue** through **online and digital engagement** to inform service design**,** for example using social media and online platforms to reach wider audiences, not just as a tool for 'communication' but for 'participation' too.
- Continue to develop the knowledge and skills of staff to undertake good patient and public engagement.
- Continue to build on the Foundation Trust (FT) membership development activities of the 2015-18 strategy and maximise the opportunity to involve our governors and the wider FT membership.
- Support patient and public engagement when working together with health and social care partners.

6.2 The objectives of this strategy are detailed below and each contributes to the delivery of two or more aims, as indicated by the coloured boxes below, which also relate to the framework.

Given the organisations priorities and the legal duty to involve, the majority of patient and public engagement activities will be centred at on aims relating to *'individual care and treatment'* and '*service delivery, development and transformation'*.

Objective 1

Our strategy will ensure that the patient voice is always at the centre of service re-design projects and implementation of quality improvement projects that directly affect the patient experience

Links to the following aims of this strategy:				
Individual care and treatment	Service delivery and quality improvement			

Objective 2

We will develop and implement engagement plans to support a strategic approach to patient and public engagement across the Trust's digital transformation agenda, including:-

- Digital Strategy
- Electronic Patient Record
- the development of the and other patient-facing digital developments, as necessary.

The plans will ensure the participation of a range of people who use our services, including adults, children and young people, their families and carers who use out services to ensure digital solutions meet the needs of our diverse patient populations.

Links to the following aims of this strategy:				
Individual care and treatment	Service delivery and quality improvement			

Objective 3

The Quality Improvement and Patient and Public Experience Teams will work with colleagues to embed patient and public engagement in transformation and service improvement activities. We will adapt the existing quality improvement Hub to provide tools that correspond with the Trust approach to 'improvement'.

Links to the following aims of this strategy:				
Individual care and treatment	Service delivery and quality improvement			

Objective 4

Acute and community services will use the findings of the Trust's patient surveys and other sources of patient experience feedback to identify areas for service improvement and redesign and also drive and track the progress of improvements against the Trust's patient experience priorities, which are reviewed annually.

Links to the following aims of this strategy:				
Individual care and treatment	Service delivery and quality improvement	Assurance		

Objective 5

The patient and public experience team and Quality Improvement Team will support and develop staff training resources to support colleagues across the Trust to understand and apply the key components of effective patient and public engagement and this will include:-

a) A Trust staff training and development event
b) Working with colleagues to embed PPEE into existing courses and;
c) develop a range of PPEE resources to complement current courses

Links to the following aims of this strategy:				
Individual care and treatment	Service delivery and quality improvement			

Objective 6

NIHR-funded research activities across the Trust will continue to implement a Patient and Public Engagement and Experience strategy and share best practice on approaches to involving patients in the development and delivery of clinical research through involvement in the PPEE Group.

Links to the following aims of this strategy:				
Individual care and treatment			Research	

Objective 7

We will continue to work with Foundation Trust Governors to implement the Foundation Trust Membership Development and Engagement Plan.

Links to the following aims of this strategy:				
	Service delivery and quality improvement			Strategy – future planning

Objective 8

We will continue to work with health and social care partners to identify opportunities for and support a strategic approach to patient and public engagement**.**

Links to the following aims of this strategy:				
	Service delivery and quality improvement			Strategy – future planning

7.0 Implementing the strategy

7.1 As the vast majority of objectives relate to existing or planned Trust activities and Quality improvement programmes, each programme will need to develop appropriate patient and public engagement plans, which in turn will support the implementation of this strategy.

7.2 Appendix A includes a copy of the 2019-20 Patient Experience priorities – these will be reviewed annually, as noted in objective 4.

7.3 Appendix B includes a copy of the Foundation Trust Membership Engagement Plan

8.0 Who is responsible for putting our strategy into action and how will we report our progress

8.1 Everyone in the Trust is responsible for supporting patient and public engagement and the activities relating to the implementation of this strategy. There are many patient and public activities that take place across the Trust, which are too numerous to list in this strategy, which together with our policy, provides a framework for Trust staff.

8.2 The role of the PPEE Team is to programme manage the implementation of the strategy, but it is also responsible for delivering a small number of objectives too, which will require contributions from a range of departments.

8.3 The following teams are sources of advice and expertise:

- PPEE Team
- Communications Team
- Company secretary and associated teams

8.4 The Trust Patient and Public Engagement and Experience Group will be responsible for overseeing progress. It will be chaired by the Director of Nursing. The Group may commission 'working groups' to support the implementation of particular objectives.

8.5 The Council of Governors will continue to contribute to the implementation of the Membership Development and Engagement Plan. Progress will also be reported to the PPEE Group.

8.6 To monitor progress of the patient and public engagement strategy, as before an annual report will be presented to the Executive Management Board and the Board of Directors.

8.0 Reviewing the strategy to ensure it continues to support our Trust priorities

8.1 To ensure this three year strategy continues to support the Trust's priorities, it will be reviewed annually by the PPEE Group, which may propose revisions to existing or the development of new objectives. Any substantive changes will be approved by the Trust Management Executive.

Patient Experience Priorities 2019-20

Actively seek and listen to feedback from our patients	Improve the experience of our services for patients	Address inequality in the experience of our services	Resolve issues and learn from poor experience
Friends and Family Test	**Promote sleep and rest**	**Understand inequalities**	**Complaints**
30% response rate 90% recommendation score in all areas	Ensure that the ward environment is conducive to sleep and rest	Analyse the national survey data by protected characteristics to ascertain any inequalities in experience	90% Compliance with 25 working days response times
National Surveys	**Protected meal times**	**Data Collection**	**PALS**
Participate in the inpatients, children and young people, maternity, ED and cancer national surveys	Ensure that patients have a period of rest and are not routinely interrupted during meal times	Improve compliance with demographic collection for all patients	Work to early resolution of issues wherever possible
Local Surveys	**Volunteers**	**Information access**	**Learning & Assurance**
Support wards and departments to develop local surveys specific to their needs	Expand the support offered by volunteers to all areas of the organisation, enhancing the patient and staff experience	Develop systems which reduce barriers to patients accessing information leaflets	Develop systems of learning across the organisation and demonstrate changes have been implemented

Foundation Trust Membership Engagement Plan

	Actions	Success criteria	Target Date	Lead	Progress
Develop plans to ensure the constitution of the Foundation Trust membership is representative of the population served by the Trust					
1. To build and maintain a representative membership	a) To conduct targeted recruitment campaigns e.g. membership recruitment at local community roadshows	To recruit new members and measure the diversity of new recruits to assess the effectiveness and whether to take part in future roadshows	01.04.2020	Membership office	
	b) To continue recruiting new members via the fundraising patient mailing programme and to advertise membership in each issue of the Trust magazine	Continue to monitor the number of members recruited through this method	Ongoing	Membership office	

	Actions	Success criteria	Target Date	Lead	Progress
	c) To produce a new membership leaflet and revisit discussions with the Friends/Voluntary team about displaying leaflets internally. To consider displaying leaflets on stands and also at PALs, Sexual Health clinics	Measure how effective this method is by including 'internal leaflet' as an option when asking members how they heard about Trust membership, on the online application form	Ongoing	Membership office	
Develop mechanisms that maximise the involvement of members in Trust activities					
2. To improve involvement of members	a) To design an involvement survey to better understand the service areas that our members are interested in	To achieve the return rate of 5%	31/03/2019	Membership office / PPE team	
	b) To work with the PPE team to provide more opportunities for members to be involved in Trust activities i.e. taking part in PLACE assessment visits	Gain feedback from members towards the end of the year on how satisfied they feel about their level of involvement	31/03/2019	Membership office / PPE team	
Continue to build stronger relationships between the Trust and its stakeholders including Governors, Foundation Trust Members, community voluntary sector, local Healthwatch and Overview & Scrutiny Committees					
3. To improve communications and engagement with members	a) To continue sending the Trust magazine to members	Measure the open rate of the monthly newsletter over the 12 month period and include questions about the magazine and newsletter in the involvement survey	31/03/2019	Communications team / Membership office	
	b) To continue to send ad hoc email communications to members and revisit the welcome letters sent to all new members	Gain feedback from members towards the end of the year on how well the Trust communicates information	31/03/2019	Membership office	

	Actions	Success criteria	Target Date	Lead	Progress
	c) To work with the PPE team to identify the various patient forums available and to improve links with community and patient groups by attending forums to engage with members	Monitor the number of governors who attend to describe their role in representing patient and public interests and promote membership	31/03/2019	Membership office / PPE team / Governors	
	d) To support staff governors to raise their profile and to foster greater levels of engagement between staff members and governors	Increased awareness of staff governors and improvement in staff participation in 2019 elections	Ongoing	Staff Governors / Membership office	
4. To improve the data stored on members	a) To ensure that the personal information that we store on members are up to date by asking members to provide their personal information in the involvement survey	Increased number of members with complete personal information	31/03/2019	Membership office	
	b) To consider making demographic questions on the online membership application form mandatory, but also include a 'rather not say' option	Reduced numbers in the unknown category	31/03/2019	Membership office	

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 4 July 2019

PUBLIC SESSION

AGENDA ITEM NO.	2.9/Jul/19
REPORT NAME	Integrated Performance Report – May 2019
AUTHOR	Robert Hodgkiss, Chief Operating Officer
LEAD	Robert Hodgkiss, Chief Operating Officer
PURPOSE	To report the combined Trust's performance for May 2019 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 May 2019. **Regulatory performance** – The Trust continued to deliver a high level of performance in its UEC standards. Growth in attendances to A&E has continued in line with the growth seen in 2018/19, with a 5% increase in attendances. 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 did not meet the target in May. Work to improve the 62 day GP referral to first treatment performance is on-going, with action plans in place.
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 any Diagnostic Waiting time issues in the weeks to come, especially around Cystoscopy and Radiology Waiting Times at the Chelsea Site.
QUALITY IMPLICATIONS	As outlined above.
EQUALITY & DIVERSITY IMPLICATIONS	None
LINK TO OBJECTIVES	Improve patient safety and clinical effectiveness Improve the patient experience

DECISION/ ACTION	The Board is asked to note the performance for May 2019 and to note that whilst some indicators were not delivered in the month, the overall YTD compliance remained good.

TRUST PERFORMANCE & QUALITY REPORT

May 2019

NHSI Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Mar-19	Apr-19	May-19	2019-2020	Mar-19	Apr-19	May-19	2019-2020	Mar-19	Apr-19	May-19	2019-2020 Q1	2019-2020	Trend charts	
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	96.3%	95.5%			95.5%	93.5%			95.9%	94.4%					-
RTT	18 weeks RTT - Incomplete (Target: >92%)	93.6%	93.7%	94.6%	94.2%	92.2%	92.6%	92.7%	92.6%	92.9%	93.2%	93.7%	93.5%	93.5%		-
Cancer	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	96.6%	96.1%	96.8%	96.4%	97.7%	97.8%	98.0%	97.9%	97.3%	97.1%	97.6%	97.3%	97.3%		-
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	n/a	100%	96.3%	99.0%	97.7%	100%	96.3%	99.0%	97.7%	97.7%		-
(Please note that all Cancer indicators show interim, unvalidated positions for the latest month (May-19) in this report	31 days diagnosis to first treatment (Target: >96%)	100%	96.7%	93.1%	95.0%	98.4%	100%	100%	100%	99.0%	98.3%	96.4%	97.4%	97.4%		-
	31 days subsequent cancer treatment - Drug (Target: >98%)	100%	n/a	n/a	n/a	100%	100%	100%	100%	100%	100%	100%	100%	100%		-
	31 days subsequent cancer treatment - Surgery (Target: >94%)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		-
	31 days subsequent cancer treatment - Radiotherapy (Target: >94%)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a		-
	62 days GP referral to first treatment (Target: >85%)	83.3%	75.3%	63.6%	70.6%	96.0%	88.3%	86.2%	87.2%	91.5%	81.6%	77.5%	79.7%	79.7%		!
	62 days NHS screening service referral to first treatment (Target: >90%)	n/a	n/a	n/a	n/a	90.9%	100%	n/a	100%	90.9%	100%	n/a	100%	100%		-
Patient Safety	Clostridium difficile infections (Year End Target: 26)	1	1	2	3	0	0	1	1	1	1	3	4	4		!
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 times – Types 1 & 3 Depts
The A&E target was achieved on both hospital sites in May at 95.7%, with West Middlesex site seeing a 5% growth in attendances compared to May 2018. This continues to be the highest performance in London and within the top 5 performing Trusts nationally.

Cancer
All cancer indicators with the exception of the 62 day GP referral to first treatment were compliant in May 2019. Work to improve the 62 day GP referral to first treatment performance is on-going, with action plans in place.

RTT
The RTT standard was delivered in May with further improvements from April

Clostridium Difficile infections
There were 2 cases of healthcare associated, hospital on-set and 1 case of community on-set, healthcare associated Clostridium Difficile in May 2019. The Trust is showing 4 cases year to date against a target of 26.

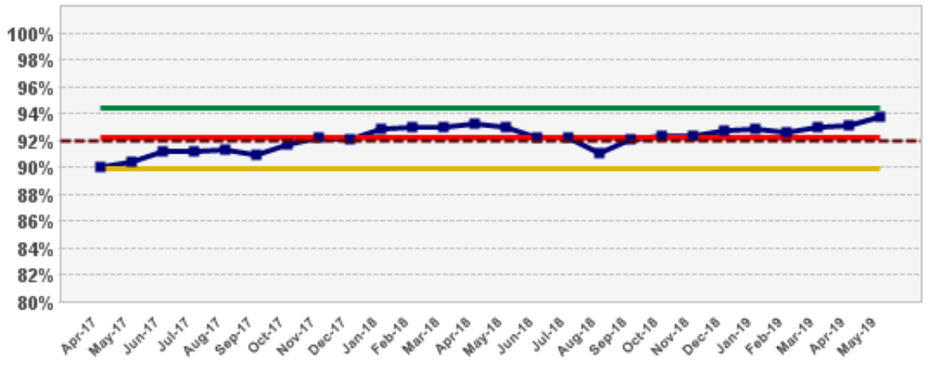
Self-certification against compliance for access to healthcare for people with Learning Disability
The Trust continues to be compliant against this indicator.

SELECTED BOARD REPORT NHSI INDICATORS

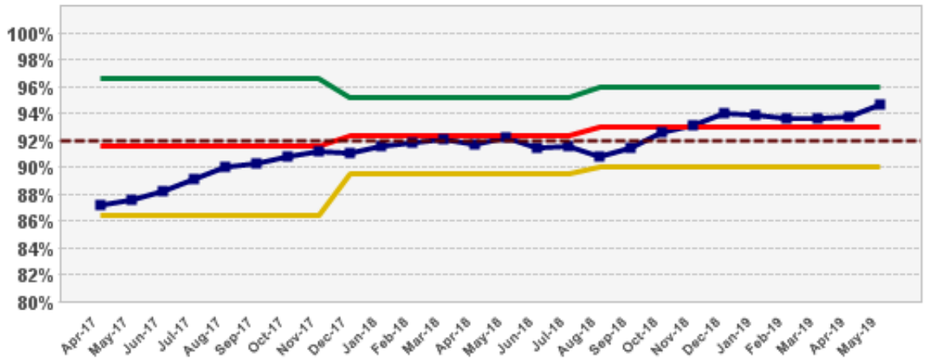
Statistical Process Control Charts for the 26 months April 2017 to May 2019

RTT Incomplete pathways

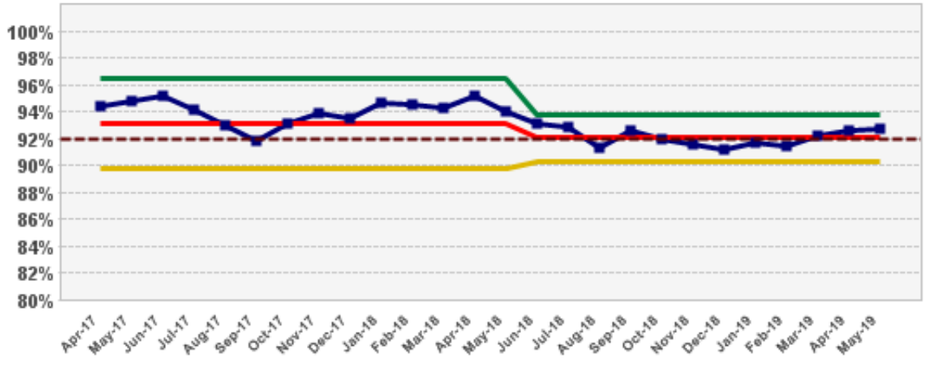
Trust Total



Chelsea and Westminster

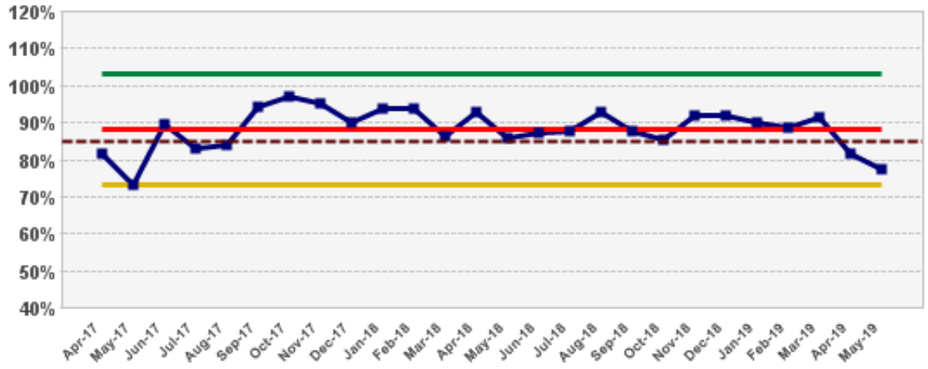


West Middlesex

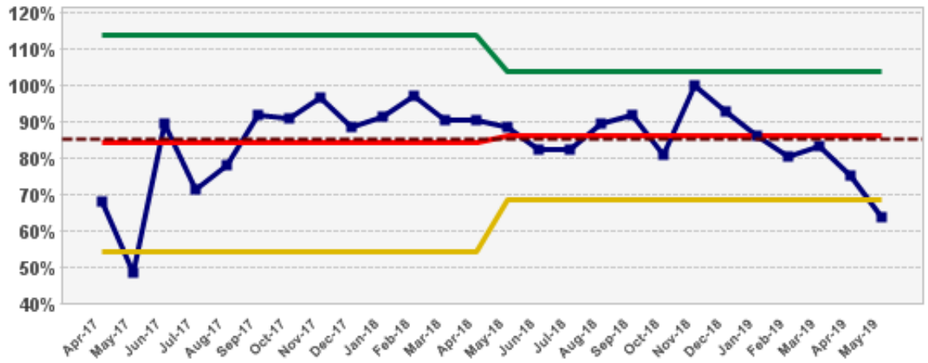


Cancer: 62 day standard

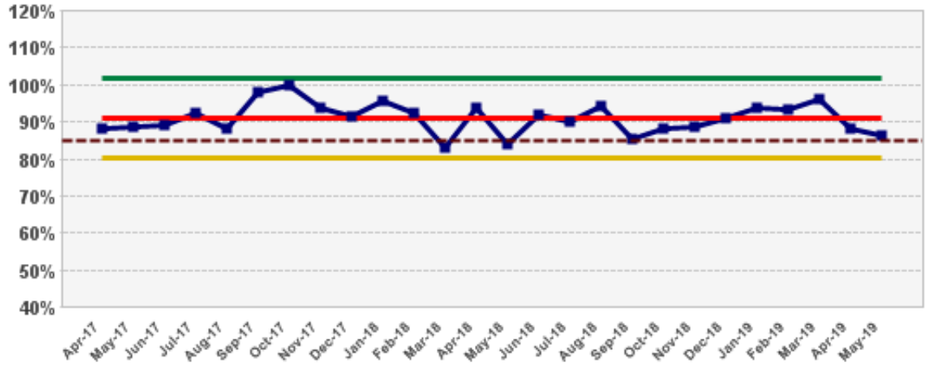
Trust Total



Chelsea and Westminster



West Middlesex



Safety Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Mar-19	Apr-19	May-19	2019-2020	Mar-19	Apr-19	May-19	2019-2020	Mar-19	Apr-19	May-19	2019-2020 Q1	2019-2020	Trend charts	
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0		-
	Hand hygiene compliance (Target: >90%)	96.5%	96.2%	96.8%	96.5%	92.7%	94.0%		94.0%	94.9%	95.2%	96.8%	95.8%	95.8%		-
Incidents	Number of serious incidents	5	5	3	8	1	2	4	6	6	7	7	14	14		-
	Incident reporting rate per 100 admissions (Target: >8.5)	7.5	7.9	7.5	7.7	8.8	9.1	8.6	8.8	8.1	8.4	8.0	8.2	8.2		!
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions (Target: 0)	0.00	0.03	0.01	0.02	0.02	0.05	0.00	0.02	0.01	0.04	0.01	0.02	0.02		!
	Medication-related (NRLS reportable) safety incidents per 1,000 FCE bed days (Target: >=4.2)	4.49	5.07	5.02	5.05	4.14	4.06	5.18	4.62	4.33	4.56	5.10	4.84	4.84		-
	Medication-related (NRLS reportable) safety incidents % with harm (Target: <=2%)	0.0%	0.0%	0.0%	0.0%	0.0%	1.9%	0.0%	0.8%	0.0%	0.8%	0.0%	0.4%	0.4%		-
	Never Events (Target: 0)	0	0	0	0	1	1	0	1	1	1	0	1	1		-
Harm	Safety Thermometer - Harm Score (Target: >90%)	94.5%	90.0%	89.9%	89.9%	97.3%	95.9%	96.3%	96.1%	96.3%	95.0%	93.8%	94.2%	94.2%		-
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	0	0	0	0	0	0	0	0	0	0	0	0	0		-
	NEWS compliance %	98.3%	98.5%	97.7%	98.0%	98.4%	95.8%	99.0%	97.3%	98.4%	97.2%	98.2%	97.7%	97.7%		-
	Safeguarding adults - number of referrals	34	44	32	76	18	30	39	69	52	74	71	145	145		-
	Safeguarding children - number of referrals	9	115	11	126	78	87	89	176	87	202	100	302	302		-
Mortality	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	0.80	0.77	0.77	0.77	0.80	0.77	0.77	0.77	0.80	0.77	0.77	0.77	0.77		-
	Number of hospital deaths - Adult	36	28	31	59	53	73	50	123	89	101	81	182	182		-
	Number of hospital deaths - Paediatric	0	0	0	0	0	0	0	0	0	0	0	0	0		-
	Number of hospital deaths - Neonatal	3	0	1	1	3	3	0	3	6	3	1	4	4		-
	Number of deaths in A&E - Adult	1	4	2	6	1	3	5	8	2	7	7	14	14		-
	Number of deaths in A&E - Paediatric	0	1	0	1	0	0	0	0	0	1	0	1	1		-
	Number of deaths in A&E - Neonatal	0	0	0	0	0	0	0	0	0	0	0	0	0		-

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

Trust Commentary

MRSA Bacteraemia
0 cases of hospital acquired MRSA bacteraemia in May 2019.

Number of serious incidents
7 Serious Incidents were reported during May 19: 3 at Chelsea and Westminster and 4 at West Middlesex
The SI report prepared for the Board contains further detail regarding SIs, including the learning from completed investigations.

Incident reporting rate per 100 admissions
Overall, the incident reporting rate decreased during May 19 with a rate of 8.0 compared to 8.4 in April 19.
The West Middlesex site exceeded the 8.5 target rate with a rate of 8.6 and the Chelsea & Westminster site fell below the expected target with a rate of 7.5
The 2019/2020 year to date position is below the expected target rate, and is currently 8.2.
We continue to encourage reporting across all staff groups, with a focus on the reporting of no harm or near miss incidents.

Trust Commentary Continued

Rate of patient safety incidents resulting in severe harm or death per 100 admissions
There were 3 incidents reported with severe harm in May 19. No incidents were reported as death caused by the incident.
2 incidents are currently being investigated as serious incidents and 1 incident is awaiting SI confirmation by the Exec team.
The overall rate of patient safety incidents resulting in severe harm or death for 2019-2020 is currently 0.02, which is above the target rate of 0.

Medication-related safety incidents
A total of 166 medication incidents were reported in May 19. Chelsea & Westminster site reported 88, West Middlesex site reported 76 and Community nursing/clinics reported 2 incidents.
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.

Medication-related (reported) safety incidents per 1,000 FCE Bed Days
The Trust has achieved an overall reporting rate of medication-related incidents involving patients (NRLS reportable) of 5.10 per 1,000 FCE bed days in May 2019. This is above both the Trust target of 4.2 and the national median of 4.0 (as per the latest Model Hospital data). The number of reported medication-related incidents per 1,000 FCE bed days for WM site is 5.18 highlighting an increase in the reporting rate from April (4.05). CW site continue to be above the target. The overall increase in reporting continues to be sustained following the Medication Safety Awareness week that took place earlier in the year.

Never events
No Never Events were reported during May 19.

Safety Thermometer – Harm Score
The overall harm score decreased slightly by 1.2% in May 19 when compared to that of the previous month.
The score for the West Middlesex site was 96.3% and the score for the Chelsea and Westminster site was 89.9%.
The 2019/20 year to date position is above the expected target score, and is currently 94.2%.

Incidence of newly acquired category 3 & 4 pressure ulcers
Preventing Hospital Acquired Pressure Ulcers remains high priority for both sites.
There were no hospital-acquired grade 3 or 4 pressure ulcers reported on either site during May 2019.

NEWS compliance %
Compliance across the 2 sites remains over 95% with West Middlesex achieving 99% compliance for May. Monthly audits continue with action plans for any area not achieving over 95%.

Safeguarding children – number of referrals
There were 61 referrals from paediatric ED to Children's Social Care in May 2019.

Patient Experience Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Mar-19	Apr-19	May-19	2019-2020	Mar-19	Apr-19	May-19	2019-2020	Mar-19	Apr-19	May-19	2019-2020 Q1	2019-2020	Trend charts	
Friends and Family	FFT: Inpatient recommend % (Target: >90%)	93.7%	94.1%	96.3%	95.2%	95.8%	95.8%	95.6%	95.7%	94.9%	95.1%	95.9%	95.5%	95.5%		-
	FFT: Inpatient not recommend % (Target: <10%)	3.0%	1.8%	1.4%	1.6%	1.0%	2.0%	1.1%	1.6%	1.9%	1.9%	1.2%	1.6%	1.6%		-
	FFT: Inpatient response rate (Target: >30%)	29.6%	32.5%	32.0%	32.2%	20.0%	21.6%	20.5%	21.0%	23.4%	25.1%	24.0%	24.5%	24.5%		!
	FFT: A&E recommend % (Target: >90%)	89.7%	90.3%	91.4%	90.8%	92.8%	88.8%	90.6%	89.8%	90.6%	90.0%	91.2%	90.6%	90.6%		-
	FFT: A&E not recommend % (Target: <10%)	6.3%	6.3%	6.0%	6.1%	2.7%	6.5%	7.0%	6.8%	5.3%	6.3%	6.2%	6.3%	6.3%		-
	FFT: A&E response rate (Target: >30%)	19.6%	18.6%	19.9%	19.2%	31.1%	18.6%	19.1%	18.8%	21.8%	18.6%	19.7%	19.1%	19.1%		!
	FFT: Maternity recommend % (Target: >90%)	93.1%	92.9%	92.6%	92.7%	98.4%	91.1%	92.8%	92.0%	93.7%	92.7%	92.6%	92.7%	92.7%		-
	FFT: Maternity not recommend % (Target: <10%)	3.7%	4.3%	5.3%	4.8%	1.6%	5.4%	5.8%	5.6%	3.4%	4.4%	5.3%	4.8%	4.8%		-
	FFT: Maternity response rate (Target: >30%)	19.1%	20.5%	20.9%	20.7%	18.8%	14.7%	17.8%	16.2%	19.1%	19.8%	20.4%	20.1%	20.1%		!
Experience	Breach of same sex accommodation (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0		-
Complaints	Complaints formal: Number of complaints received	46	57	61	118	36	30	39	69	82	87	100	187	187		-
	Complaints formal: Number responded to < 25 days	26	31	28	59	18	17	13	30	44	48	41	89	89		-
	Complaints (informal) through PALS	210	197	174	371	57	42	60	102	267	239	234	473	473		-
	Complaints sent through to the Ombudsman	0	0	0	0	2	3	1	4	2	3	1	4	4		-
	Complaints upheld by the Ombudsman (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0		-

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

Trust Commentary

Friends and family test – Inpatients
Recommendation rate continues to improve. This is the first time we have crossed the 95% recommendation rate. The IT issues with data collections on tables from patients continue at the WM site; both sites will be utilising the support of Ward Clerks to enter the FFT data directly into the portal, by passing the need for handheld tablets. The challenge around dealing with paper surveys and tablet computers still sees the response rate below target.

Friends and family test – A&E
Recommendation rate has increased by 1.2% compared to April 2019. Both ED departments continue with a static response rate which is below the Trust target of 30% but above the national average. Focused work is on-going with the ED teams to identify how this can be improved.

Friends and family test – Maternity
Recommendation rate has reduced for the second month running. The CW maternity response rate has increased whereas the WMUH response rate has reduced and requires attention. It should be noted that this is in line with the trend represented in inpatients. Focused work is on-going with the Maternity teams to identify how this can be improved. Response rate has been at this approximate level for recent quarters.

Breach of the same sex accommodation
There continues to have been no same sex accommodation breaches.

Complaints formal: Number responded to < 25 days
There has been a drop in this response rate for the month of May, primarily due to vacancies within the team and high levels of team sickness. The vacant posts now recruited to a 1 new staff member has already joined the team with another to start next month, so this response time is expected to rise for next month.

Efficiency & Productivity Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Mar-19	Apr-19	May-19	2019-2020	Mar-19	Apr-19	May-19	2019-2020	Mar-19	Apr-19	May-19	2019-2020 Q1	2019-2020	Trend charts	
Admitted Patient Care	Average length of stay - elective (Target: <2.9)	3.45	2.97	3.40	3.20	2.90	2.87	3.49	3.22	3.32	2.95	3.42	3.21	3.21		-
	Average length of stay - non-elective (Target: <3.95)	4.23	3.86	3.80	3.83	2.96	2.93	2.82	2.87	3.49	3.31	3.22	3.27	3.27		-
	Emergency care pathway - average LoS (Target: <4.5)	5.11	4.23	4.32	4.27	3.38	3.14	3.16	3.15	3.99	3.52	3.56	3.54	3.54		-
	Emergency care pathway - discharges	230	221	225	446	422	418	424	842	653	639	649	1289	1289		-
	Emergency re-admissions within 30 days of discharge (Target: <7.6%)	3.97%	3.71%	3.02%	3.35%	10.92%	10.57%	9.96%	10.25%	7.28%	7.05%	6.39%	6.71%	6.71%		!
	Non-elective long-stayers	463	406	420	826	414	398	362	760	877	804	782	1586	1586		-
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	82.7%	85.0%	84.8%	84.9%	84.5%	95.0%	84.8%	89.6%	83.4%	88.8%	84.8%	86.6%	86.6%		-
	Operations canc on the day for non-clinical reasons: actuals	6	14	5	19	14	10	7	17	20	24	12	36	36		-
	Operations canc on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.20%	0.49%	0.16%	0.32%	1.10%	0.76%	0.47%	0.61%	0.47%	0.57%	0.26%	0.41%	0.41%		-
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	0	2	0	2	10	5	2	7	10	7	2	9	9		!
	Theatre active time (Target: >70%)	70.5%	69.3%	71.3%	70.3%	75.1%	75.2%	77.8%	76.5%	72.0%	71.2%	73.4%	72.3%	72.3%		!
	Theatre booking conversion rates (Target: >80%)	85.0%	85.2%	84.6%	84.9%	0.1%	0.0%	0.1%	0.1%	62.1%	63.9%	63.1%	63.5%	63.5%		!
Outpatients	First to follow-up ratio (Target: <1.5)	1.55	1.50	1.50	1.50	1.43	1.40	1.33	1.37	1.47	1.43	1.38	1.41	1.41		-
	Average wait to first outpatient attendance (Target: <6 wks)	6.6	6.8	6.9	6.8	5.7	6.1	6.2	6.2	6.2	6.5	6.6	6.5	6.5		!
	DNA rate: first appointment	10.3%	9.6%	11.1%	10.4%	12.2%	12.4%	10.8%	11.6%	11.2%	10.8%	11.0%	10.9%	10.9%		-
	DNA rate: follow-up appointment	8.7%	8.9%	10.4%	9.6%	10.8%	10.7%	10.3%	10.5%	9.4%	9.5%	10.3%	9.9%	9.9%		-

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Trust Commentary

Average length of stay – elective
Chelsea & Westminster: 1 patient in each of Plastic Surgery, Craniofacial and Urology staying over 30 days each has caused an increase across the board.
West Middlesex: Length of Stay is higher than average as 3 Colorectal patients had complications post-operatively with a total length of stay of 137 days.

Procedures carried out as Daycases – basket of 25 procedures
Chelsea & Westminster: 0.2% off target due to late notice list cancellations.
West Middlesex was slightly under target by 0.2% due to patient cancellations.

Operations cancelled on the day for non-clinical reasons: % of total elective admissions
Chelsea & Westminster: Dropped from 14 in April to 5 in May.
West Middlesex: Cancellations on the day are within target for May 2019.

Theatres:
The new Theatres Dataset will be rolled out from next month and will be updates from April

Clinical Effectiveness Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Mar-19	Apr-19	May-19	2019-2020	Mar-19	Apr-19	May-19	2019-2020	Mar-19	Apr-19	May-19	2019-2020 Q1	2019-2020	Trend charts	
Best Practice	Dementia screening case finding (Target: >90%)	83.5%	80.9%	71.2%	76.0%	90.2%	89.0%	90.1%	89.6%	86.3%	84.4%	79.8%	82.1%	82.1%		!
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	100.0%	90.0%	93.8%	92.3%	100.0%	100.0%	77.3%	83.3%	100.0%	94.4%	84.2%	87.5%	87.5%		-
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	100.0%	100.0%	94.4%	97.6%	80.8%	95.0%	71.4%	85.3%	88.4%	97.7%	84.4%	92.1%	92.1%		-
VTE	VTE: Hospital acquired	0	0	1	1	0	1	0	1	0	1	1	2	2		-
	VTE risk assessment (Target: >95%)	94.0%	93.4%	93.1%	93.2%	49.7%	48.3%	56.4%	52.4%	75.9%	74.0%	77.6%	75.8%	75.8%		!
TB Care	TB: Number of active cases identified and notified	2	6	3	9	3	7	12	19	5	13	15	28	28		-

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Trust Commentary

Dementia screening case finding
Chelsea & Westminster – 70.8%, dementia case manager is now in post and screening is on course for June.
West Middlesex – 90.1% Managers of ward clerks being met with to discuss daily printing of list of patients waiting to be screened to be discussed at board round.

#NoF Time to Theatre <36hrs for medically fit patients
Chelsea & Westminster: Of the 25 #NoF patients in May 2019, 9 were medically unfit for surgery. 1 of the patients was medically fit but was delayed due to theatre capacity and anaesthetist availability. 2 of the 25 patients were not assessed by a Geriatrician within 72 hours of admission due to the bank holidays.
West Middlesex: 5 out of 26 medically fit patients failed to have surgery within 36 hours. The first patient opted not to have surgery but then changed their mind. The second patient did not meet the 36 hours due to there being no list on bank holiday Monday. The remaining 3 patients were due to other clinical priorities on the day.

VTE Hospital acquired
C&W site: Clinicians are encouraged to report hospital associated VTE events via Datix for root cause analysis investigation. 1 hospital associated VTE event reported in May under current investigation.
WMUH site: Potential hospital associated VTE events identified and reported on Datix by responsible teams.
The VTE team are delivering urgent actions in response to the contributory factors identified in recent VTE-related serious incidents, with progress circulated and discussed with Executive team, NHS England/Improvement and coroners.

VTE risk assessment
C&W site: Performance has slightly declined compared to previous month (national target of ≥95% not achieved). Weekly and monthly VTE performance reports continue to be circulated to all divisions for dissemination and action, with inclusion in divisional quality reports. List of patients will outstanding assessments are circulated to medical teams for action.

WMUH site: On the Acute Medical Unit, the VTE risk assessment form is pre-printed in the medical and clerking booklet to allow medical staff to complete when clerking admitted patients (change in documentation process). Manual data collection process is in place for reporting of completion rates. Snapshot audit confirms 72% completion of VTE risk assessments on admission. Paper VTE risk assessment form included in surgical care pathway booklets/day case surgery to allow medical staff to complete, with manual data collection and reporting. Lesley Watts (EMB 15/05/19) to review and confirm resources to support WMUH data collection for accurate and timely performance reporting on completion rates, with feedback to VTE leads. Various education sessions delivered on 'learning from failure' and shared learning on hospital associated VTE events/serious incidents

TB: Number of active cases identified and notified
There were three cases notified. This is for Chelsea & Westminster only as per London TB Register. The TB Service also manages TB cases at the Royal Brompton Hospital.

Stroke
4 patients were unfortunately not admitted to the stroke unit in a timely manner which led to the decrease in performance on the WM site (some of which were for clinical reasons). The team is currently undertaking a root cause analysis on the breaches to improve processes and mitigate performance drop in June.

Access Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Mar-19	Apr-19	May-19	2019-2020	Mar-19	Apr-19	May-19	2019-2020	Mar-19	Apr-19	May-19	2019-2020 Q1	2019-2020	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%)	98.15%	98.44%	98.07%	98.29%	99.80%	98.65%	99.88%	99.24%	99.41%	98.57%	99.23%	98.87%	98.87%		!
	Diagnostic waiting times >6 weeks: breach actuals	29	61	54	115	10	74	6	80	39	135	60	195	195		-
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	8.7%	8.9%	8.8%	8.9%	8.6%	8.0%	7.9%	7.9%	8.7%	8.6%	8.5%	8.5%	8.5%		!
	A&E time to treatment - Median (Target: <60')	01:19	01:13	01:15	01:14	01:01	00:52	00:51	00:51	01:13	01:07	01:07	01:07	01:07		!
	London Ambulance Service - patient handover 30' breaches	18	16	30	46	15	22	34	56	33	38	64	102	102		-
	London Ambulance Service - patient handover 60' breaches	1	1	1	2	1	0	0	0	2	1	1	2	2		!
Choose and Book (available to Mar-19 only for issues)	Choose and book: appointment availability (average of daily harvest of unused slots)	2886	2254	2464	2361	0	0	0	0	2886	2254	2464	2361	2361		-
	Choose and book: capacity issue rate (ASI)															-
	Choose and book: system issue rate	145	131	143	137											-

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Maternity Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Mar-19	Apr-19	May-19	2019-2020	Mar-19	Apr-19	May-19	2019-2020	Mar-19	Apr-19	May-19	2019-2020 Q1	2019-2020	Trend charts	
Birth indicators	Total number of NHS births	491	500	518	1018	364	388	399	787	855	888	917	1805	1805		-
	Total caesarean section rate (C&W Target: <27%; WM Target: <29%)	39.9%	32.7%	36.9%	34.8%	36.3%	31.4%	30.4%	30.9%	38.4%	32.2%	34.0%	33.1%	33.1%		!
	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%)	98.1%	97.5%	97.3%	97.4%	95.8%	98.2%	95.2%	96.7%	97.1%	97.8%	96.3%	97.1%	97.1%		-
Safety	Admissions of full-term babies to NICU	11	18	16	34	n/a	n/a	n/a	n/a	11	18	16	34	34		-

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

Birth rate
The birth rate has seen a slight increase on both sites in recent months (CW 518 & WM 399) and this is being managed well by the team. It is being reviewed carefully to ensure that the rate does not rise above safe levels in relation to capacity, particularly on the Chelsea site.

CW site:
There were a total of 187 (36.8%) caesarean births. Year to date 34.8%
There were a total of 104 elective C/S at the CW site.
44 births (42.3%) were for previous Caesarean birth, 9 (8.7%) for breech presentation, 9 (8.7%) for maternal clinical indicators and 18 (17.3%) were for maternal choice, 1 (1.0%) were for foetal distress, 3 (2.9%) were for multiple pregnancy, Failure to Progress 2 (1.9%), 18 (17.3%) other.

A total of 83 women had an emergency C/S.
The main reasons for this was for failure to progress in labour 33 (41.0%) and foetal distress 34 (41.0%). 4 (4.8%) case was for breech presentation, 5 (6.0%) for previous C/S and 1 (1.2%) were for maternal clinical indication. 2 (2.4%) was for unsuccessful instrumental deliveries and 3 (3.6%) other

WM site
There were a total of 124 (31.1%) caesarean births. Year to date 31.3%
There were a total of 50 elective C/S at the WM site
24 (48.0%) cases were for previous C/S. 7 cases (14.0%) were for breech and 4 (8.0%) for maternal request, 4 (8.0%) failed to progress/IOL, 1(2.0%) foetal distress, Maternal clinical indication 4 (8.0%), 4 (8.0%) were for multiple pregnancy, 2 (4.0%) unspecified other reasons.

There were a total of 74 Emergency Caesarean births at the WM site
12 (16.2%) was for failed progress in labour, 15 (20.3%) were for foetal distress, Maternal clinical indication 12 (16.2%), 8 (10.8%) was for Breech presentation, 5 (6.8%) were for previous section, 9 (12.2%) Abnormal CTG, 4 (5.4%) were for multiple pregnancy and 9 (12.2%) unspecified other reasons.

The ‘birth after caesarean section’ pathway is being reviewed on both sites and appropriate women are being encouraged to aim for a vaginal birth. Maternity continues to support ‘maternal request for caesarean section’ after women have followed the pathway for counselling. This pathway is currently being reviewed on the Chelsea site.

NICU Admission
In May there were 16 admissions to NICU on the Chelsea site. The data for WM is not contained within the dashboard- this will be amended for next 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	Mar-19	Apr-19	May-19	2019-2020	YTD breaches	Mar-19	Apr-19	May-19	2019-2020	YTD breaches	Mar-19	Apr-19	May-19	2019-2020 Q1	2019-2020	YTD breaches	Trend charts	
62 day Cancer referrals by site of tumour	Breast	n/a	n/a	n/a	n/a		100%	100%	91.7%	94.4%	1	100%	100%	91.7%	94.4%	94.4%	1		-
	Colorectal / Lower GI	100%	100%	100%	100%	0	100%	100%	80.0%	87.0%	1.5	100%	100%	82.4%	89.7%	89.7%	1.5		-
	Gynaecological	n/a	100%	0.0%	50.0%	0.5	100%	100%	100%	100%	0	100%	100%	66.7%	87.5%	87.5%	0.5		-
	Haematological	n/a	100%	100%	100%	0	100%	100%	0.0%	50.0%	1	100%	100%	60.0%	77.8%	77.8%	1		-
	Head and neck	n/a	100%	n/a	100%	0	100%	100%	100%	100%	0	100%	100%	100%	100%	100%	0		-
	Lung	n/a	100%	n/a	100%	0	66.7%	n/a	n/a	n/a		66.7%	100%	n/a	100%	100%	0		-
	Sarcoma	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			-
	Skin	100%	96.6%	100%	97.8%	0.5	100%	88.9%	100%	96.0%	0.5	100%	94.7%	100%	97.1%	97.1%	1		-
	Upper gastrointestinal	n/a	50.0%	66.7%	57.1%	1.5	50.0%	100%	100%	100%	0	50.0%	66.7%	75.0%	70.0%	70.0%	1.5		!
	Urological	53.3%	52.8%	32.0%	44.3%	17	100%	76.5%	80.0%	77.8%	6	73.1%	64.3%	53.3%	60.0%	60.0%	23		!
	Urological (Testicular)	100%	100%	n/a	100%	0	100%	100%	n/a	100%	0	100%	100%	n/a	100%	100%	0		-
	Site not stated	n/a	n/a	57.1%	57.1%	1.5	n/a	100%	75.0%	80.0%	0.5	n/a	100%	63.6%	66.7%	66.7%	2		-

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

There were 17 breaches of the standard: 11 at Chelsea with 6 at West Middlesex. This was from a total of 71 treatments.
Split by Tumour site the breaches and treatment numbers were as follows:

Tumour Site	Chelsea and Westminster		West Middlesex	
	Breaches	Treatments	Breaches	Treatments
Breast	-	-	1	12
Colorectal / Lower GI	0	1	1.5	7.5
Gynaecological	0.5	0.5	0	1
Haematological	0	1.5	1	1
Head and Neck	-	-	0	0.5
Lung	-	-		
Not yet coded	1.5	3.5	0.5	2
Skin	0	8	0	8
Upper Gastrointestinal	0.5	1.5	0	0.5
Urological	8.5	12.5	2	10
Totals	**11**	**28.5**	**6**	**42.5**

Safe Staffing & Patient Quality Indicator Report – Chelsea Site

April 2019

Ward	Day		Night		CHPPD	CHPPD	CHPPD	National Benchmark	Vacancy	Voluntary Turnover		Inpatient fall with harm				Trust acquired pressure ulcer 3,4,unstageable		Medication incidents		FF scores 2018/19 Q4
	Average fill rate - registered	Average fill rate - care staff	Average fill rate - registered	Average fill rate - care staff	Reg	HCA	Total			Qualified	Un-qualified	Moderate		Severe						
												month	YTD	month	YTD	month	YTD	month	YTD	
Maternity	84.90%	87.60%	99.10%	93.70%	8.2	3.4	11.5	7 – 17.5	9.83%	19.96	17.46%							2	2	Not available
Annie Zunz	89.80%	89.60%	101.50%	93.30%	6	2.4	8.4	6.5 - 8	9.40%	28.18%	11.16%							3	3	96.90%
Apollo	92.50%	115.10%	88.70%	113.30%	17.7	4.5	22.1		3.85%	12.78%	0%							2	2	
Jupiter	105.30%	104.80%	97.60%	-	8.9	4.1	13	8.5 – 13.5	23.53%	32.60%	21.43%							5	5	94.60%
Mercury	73.30%	100.00%	67.30%	66.70%	7.8	1.4	9.2	8.5 – 13.5	15.80%	33.71%	0%							1	1	91.50%
Neptune	89.90%	96.70%	86.60%	0.00%	9.4	1.1	10.5	8.5 – 13.5	11.68%	12.92%	50%							1	1	96.00%
NICU	99.80%	-	98.30%	-	12.1	0	12.1		16.70%	15.97%	0%							2	2	96.60%
AAU	104.70%	74.70%	100.80%	99.60%	9.9	2.2	12	7 - 9	26%	16.12%	27.88%							8	8	85.50%
Nell Gwynne	103.80%	86.30%	107.60%	101.10%	4	3.5	7.5	6 – 8	-2.33%	37.75%	13.79%							5	5	84.80%
David Erskine	105.50%	108.00%	112.20%	114.40%	3.6	3.5	7.1	6 – 7.5	-4.18%	59.46%	14.57%	5	5							85.50%
Edgar Horne	99.50%	95.00%	102.10%	81.20%	3.4	3.2	6.7	6 – 7.5	6.29%	27.78%	0%							4	4	81.40%
Lord Wigram	94.90%	101.90%	105.60%	104.40%	3.8	2.7	6.5	6.5 – 7.5	6.76%	29.23%	7.14%							6	6	90.00%
St Mary Abbots	91.90%	93.30%	99.10%	97.80%	3.9	2.6	6.5	6 – 7.5	18.08%	21.95%	0%							1	1	97.80%
David Evans	95.10%	93.00%	106.10%	173.10%	5.7	2.6	8.3	6 – 7.5	19.71%	24.48%	0%	1	1	1	1			5	5	94.70%
Chelsea Wing	75.70%	89.30%	100.30%	88.40%	10.5	6.6	17.1		18.16%	18.82%	15.58%									93.20%
Burns Unit	100.00%	-	100.00%	-	20.9	0	20.9		11.82%	23.40%	28.32%									75.00%
Ron Johnson	89.20%	102.20%	100.00%	104.90%	4.7	2.6	7.3	6 – 7.5	21.52%	13.30%	22.22%	2	2					3	3	95.20%
ICU	100.00%	-	100.00%	-	24.3	0	24.3	17.5 - 25	11.07%	19.52%	0%							7	7	
Rainsford Mowlem	85.50%	0.00%	99.00%	93.40%	4	1.7	5.8	6 - 8	-1.99%	18.67%	0%	3	3					5	5	89.80%

Safe Staffing & Patient Quality Indicator Report – West Middlesex Site

April 2019

Ward	Day		Night		CHPPD	CHPPD	CHPPD	National Benchmark	Vacancy	Voluntary Turnover		Inpatient fall with harm				Trust acquired pressure ulcer 3,4,unstageable		Medication incidents		FF scores 2018/19 Q4
	Average fill rate - registered	Average fill rate - care staff	Average fill rate - registered	Average fill rate - care staff	Reg	HCA	Total			Qualified	Un-qualified	Moderate		Severe						
												month	YTD	month	YTD	month	YTD	month	YTD	
Maternity	92.7%	88.3%	98.5%	95.9%	6.1	1.7	7.8	7-17.5	1.95%	9.98%	14.21%									93.2%
Lampton	102.8%	100.8%	102.2%	100.0%	3.1	2.5	5.6	6-7.5	4.43%	12.21%	3.58%	4	4					1	1	96.9%
Richmond	98.4%	92.4%	98.2%	50.0%	7.5	3.3	10.8	6-7.5	6.92%	9.39%	0.00%							1	1	97.1%
Syon 1	100.6%	95.2%	102.2%	138.3%	3.8	2.7	6.5	6-7.5	15.95%	15.87%	0.00%							3	3	100.0%
Syon 2	100.2%	106.3%	99.5%	111.3%	3.5	2.8	6.3	6-7.5	6.68%	25.71%	23.96%	1	1					4	4	99.1%
Starlight	97.7%	72.7%	95.2%	-	8.2	0.2	8.4	8.5-13.5	15.30%	0.00%	0.00%							2	2	91.7%
Kew	81.3%	82.3%	100.0%	101.6%	3.1	2.7	5.8	6-8	7.52%	10.10%	4.15%	2	2					3	3	84.3%
Crane	98.7%	103.2%	100.0%	103.3%	3.1	2.6	5.7	6-7.5	16.69%	6.21%	7.81%							2	2	86.0%
Osterley 1	110.8%	130.2%	106.6%	138.3%	3.6	3.1	6.7	6-7.5	4.22%	15.10%	0.00%							10	10	94.7%
Osterley 2	109.5%	110.9%	112.4%	112.5%	3.9	3.5	7.4	6-7.5	10.21%	0.00%	6.67%	1	1					3	3	95.5%
MAU	101.0%	93.7%	95.3%	83.3%	6.8	2.8	9.6	7-9	7.74%	8.18%	0.00%	1	1					8	8	95.1%
CCU	97.7%	160.6%	100.3%	-	5.6	1.5	7.1	6.5-10	16.90%	0.00%	0.00%							1	1	92.9%
Special Care Baby Unit	75.8%	82.4%	72.2%	91.9%	6.1	2.5	8.7		14.96%	0.00%	0.00%							3	3	100.0%
Marble Hill 1	94.3%	76.8%	92.6%	106.8%	3.9	3.0	6.9	6-8	14.79%	15.54%	35.99%	1	1					5	5	96.4%
Marble Hill 2	100.1%	101.8%	101.1%	100.0%	3.2	2.6	5.8	5.5-7	14.94%	0.00%	0.00%	2	2							99.2%
ITU	88.3%	29.9%	84.6%	-	29.6	0.5	30.1	17.5-25	9.48%	16.07%	0.00%							4	4	

Safe Staffing & Patient Quality Indicator Report

April 2019

The purpose of the safe staffing and patient quality indicator report is to provide a summary of overall Nursing & Midwifery staffing fill rates and Care Hours per Patient Day (CHPPD). This is then benchmarked against the national range, and triangulated with staffing vacancy & turnover, associated quality indicators for the same month and patient experience for the previous quarter. Overall key concerns are areas where the staffing fill rate has fallen below 80% and to understand the impact this may have had on outcomes.

There were low fill rates on Mercury due to staff being moved to other wards where acuity was higher. Low fill rates for HCAs on nights on Richmond was due to staff bring diverted to the Day Surgery escalation area. There were low fill rates on Chelsea wing due to low patient numbers over the Easter period so staffing was reduced. Beds were reduced on Marble Hill 1 and frailty support workers were used to support unfilled HCA shifts resulting in a low fill rate for support staff. There were low fill rates on Starlight for support staff at night as staff were not required and the roster template is now being reviewed. Low fill rates on AAU for HCAs on days were risk assessed and judged to be safe. Low fill rates for RNs on SCBU were supplemented by Nursery Nurses caring for less dependent babies and deemed to be safe. There were increased fill rates over 120% on Osterley 1 and CCU due to patients with dementia who were at risk from falls and this risk was mitigated by increasing staffing levels for relevant shifts. Richmond ward shows a high CHPPD rate compared to the national average due to the bed census data being pulled at midnight, therefore not capturing day surgery patients.

In April there were no Trust acquired stage 3, 4 or unstageable pressure sores. There were 23 falls with moderate harm within the Trust and 1 fall with severe harm on David Evans ward. Family & friends test scores were highest on Syon 1 and SCBU and lowest in Burns (though patient numbers were low on Burns: 4 patients only responded).

Going forward, in line with recommendations by the National Quality Board (2016) and the Developing Workforce Safeguards (2018) guidance, on a bi-annual basis, actual CHPPD provided will be compared to CHPPD required, based on patient's acuity assessment as per the Shelford Safer Nursing Care tool. This will be presented to Board in association with other staffing and quality matrix. As part of this safe staffing review, on an annual basis, according to the 2018 guidance, the Director of Nursing & Medical Director must confirm in a statement to the Board that they are satisfied with the outcome of any assessment that staffing is safe effective and sustainable.

CQUIN Dashboard

May 2019

National CQUINs (CCG commissioning)

No.	Description of Indicator	Responsible Executive (role)	Forecast RAG Rating
CCG1a	Antimicrobial Resistance - lower urinary tract infections in older people	Deputy Medical Director	
CCG1b	Antimicrobial Resistance - antibiotic prophylaxis in colorectal surgery	Deputy Medical Director	
CCG2	Staff Flu Vaccinations	Chief Nurse	
CCG3a	Alcohol and Tobacco - Screening	Deputy Medical Director	
CCG3b	Alcohol and Tobacco - Tobacco Brief Advice	Deputy Medical Director	
CCG3c	Alcohol and Tobacco - Alcohol Brief Advice	Deputy Medical Director	
CCG7	Three high impact actions to prevent hospital falls	Chief Nurse	
CCG11a	Same Day Emergency Care (SDEC) - Pulmonary Embolus	Chief Operating Officer	
CCG11b	Same Day Emergency Care (SDEC) - Tachycardia with Atrial Fibrillation	Chief Operating Officer	
CCG11c	Same Day Emergency Care (SDEC) - Community Acquired Pneumonia	Chief Operating Officer	

National CQUINs (NHSE Specialised Commissioning)

No.	Description of Indicator	Responsible Executive (role)	Forecast RAG Rating
PSS1	Medicines Optimisation and Stewardship	Medical Director	
SDS1	Secondary Dental Services	Chief Operating Officer	

2019/20 CQUIN Schemes Overview

Nationally, CQUIN scheme content has been reduced in comparison with 2018/19, as has the associated funding. It has been agreed with Specialised Commissioning that the 'Medicines Optimisation and Stewardship' indicator will be our sole focus in 19/20. Agreement in principle has been reached with CCG Commissioners that payment will reflect 100% achievement for the year, but with our commitment that each indicator will be delivered on a 'reasonable endeavours' basis and, where possible, quarterly evidence submitted in the normal way. This is the same as the approach agreed for 18/19.

2019/20 National Indicators (CCG commissioning)

The key change to note from 18/19 is that CQUIN funding has been reduced from 2.5% of contract value, to 1.25%. The number of indicators has been limited to 5 accordingly. The forecast RAG rating for each indicator relates only to expected delivery of the specified milestones, not financial performance.

2019/20 National Indicators (NHSE Specialised Commissioning)

The key change to note from 18/19 is that CQUIN funding has been reduced from 2% of contract value, to 0.75%. The number of indicators has been reduced accordingly. The forecast RAG rating for each scheme reflects both expected delivery of the milestones and the associated financial performance.

2018/19 CQUIN Outcomes

Final outcomes for 18/19 schemes will be confirmed shortly.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 4 July 2019

PUBLIC SESSION

AGENDA ITEM NO.	2.9.2/Jul/19
REPORT NAME	People performance report
AUTHOR	Natasha Elvidge, Associate Director of HR; Resourcing
LEAD	Thomas Simons, Director of Human Resources & Organisational Development
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 2 – May 2019

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

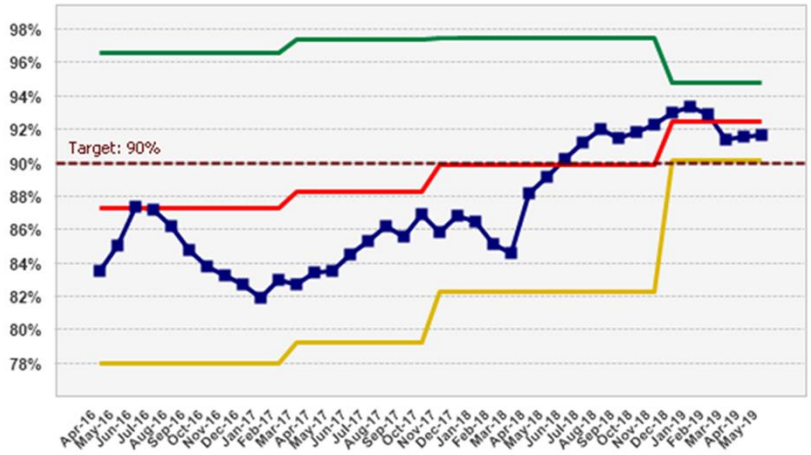
Statistical Process Control – April 2016 to May 2019

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

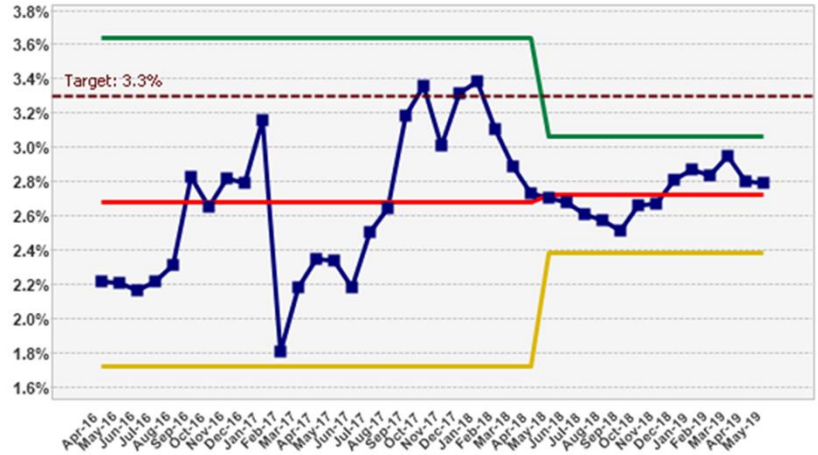
WORKFORCE INDICATORS

Statistical Process Control Charts for the 38 months April 2016 to May 2019

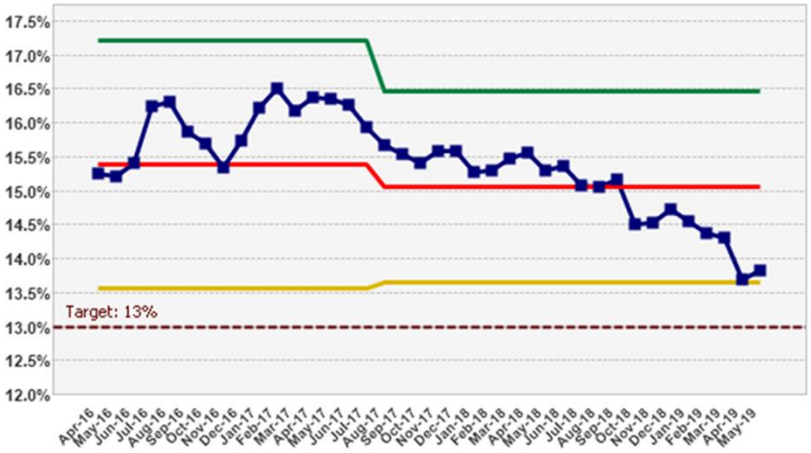
Mandatory Training compliance



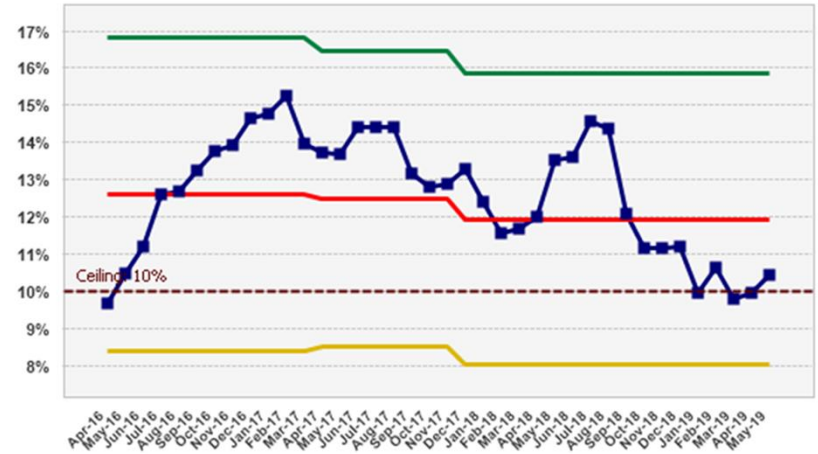
Sickness absence



Staff turnover rate



Vacancy rate



People and Organisational Development Workforce Performance Report May 2019
Key Performance Indicators

Chelsea and Westminster Hospital NHS Foundation Trust

Item	Units	This Month Last Year	Last Month	This Month	Ceiling	RAG Status			Trend
						Red	Amber	Green	
1. Workforce Information									
1.1 Establishment	No.		6,277.26	6,314.75					↑
1.2 Whole time equivalent	No.	5402.57	5652.11	5655.36					↑
1.3 Headcount	No.	5878	6129	6136					↑
1.4 Overpayments	**No.**								↔
2. HR Indicators									
2.1 Sickness absence	**%**	**2.70%**	**2.80%**	**2.79%**	**<3.3%**				↓
2.2 Long Term Sickness absence	**%**	**1.28%**	**1.51%**	**1.57%**					↑
2.3 Short Term Sickness absence	**%**	**1.42%**	**1.29%**	**1.22%**					↓
2.4 Gross Turnover	**%**	**19.48%**	**18.24%**	**18.10%**	**<17%**				↓
2.5 Voluntary Turnover	**%**	**15.29%**	**13.72%**	**13.80%**	**<13%**				↑
3. Employee Relations									
3.1 Live Employment Relations Cases	**No.**		**159**	**171**					↑
3.2 Formal Warnings	**No.**		**1**	**1**					↔
3.3 Dismissals	**No.**		**2**	**2**					↔
4. Temporary Staffing Usage									
4.1 Total Temporary Staff Shifts Filled	**No.**		**13544**	**13933**					↑
4.2 Bank Shifts Filled	**No.**		**11776**	**12109**					↑
4.3 Agency Shifts Filled	**No.**		**1768**	**1824**					↑
5. Vacancy									
5.1 Trust Vacancy Rate	**%**	**13.53%**	**9.96%**	**10.40%**	**<10%**				↑
5.2 Corporate	**%**	**11.69%**	**6.14%**	**10.30%**	**<10%**				↑
5.3 Emergency & Integrated Care	**%**	**16.15%**	**8.93%**	**8.68%**	**<10%**				↓
5.4 Planned Care	**%**	**13.80%**	**10.05%**	**11.10%**	**<10%**				↑
5.5 Women's, Children and Sexual Health	**%**	**11.33%**	**10.43%**	**10.70%**	**<10%**				↑
5.6 Clinical Support	**%**		**13.30%**	**12.30%**	**<10%**				↓
6. Recruitment (Non-medical)									
6.1 Offers Made	**No.**		**162**	**163**					↑
6.2 Pre-employment checks (days)	**No.**		**19.7**	**19.5**	**<20**				↓
6.3 Time to recruit (weeks)	**No.**		**8.40**	**8.50**	**<9**				↑
7. PDRs Undertaken (AfC Staff over 12 months)									
7.1 Trust PDRs Rate (AFC Staff)	**%**	**89.89%**	**85.93%**	**84.20%**	**≥90%**				↓
7.2 Corporate	**%**	**94.46%**	**80.54%**	**78.70%**	**≥90%**				↓
7.3 Emergency & Integrated Care	**%**	**88.30%**	**85.55%**	**85.50%**	**≥90%**				↓
7.4 Planned Care	**%**	**90.12%**	**89.81%**	**87.60%**	**≥90%**				↓
7.5 Women's, Children and Sexual Health	**%**	**89.52%**	**84.73%**	**82.90%**	**≥90%**				↓
7.6 Clinical Support	**%**		**88.37%**	**84.70%**	**≥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 May 2019
Key Performance Indicators

Chelsea and Westminster Hospital NHS Foundation Trust

April 19 SICKNESS

Division	Sickness Abs.	RAG Status Ceiling <3%	Available WTE	Abs. WTE	Episodes	Long Term (WTE Lost)	% Long Term	Prev. Month	% +/-
Corporate	1.72%		17241.59	295.73	63	194.00	1.13%	2.04%	-0.32%
Emergency & Integrated Care	2.22%		46774.87	1039.86	219	603.20	1.29%	2.33%	-0.11%
Planned Care	2.99%		30119.12	900.64	185	544.18	1.81%	2.90%	0.09%
Women's, Children and Sexual Health	3.73%		49318.93	1839.84	331	1064.64	2.16%	3.42%	0.31%
Clinical Support	2.52%		26624.14	671.36	161	258.80	0.97%	2.87%	-0.35%
Trust	2.79%		170078.65	4747.43	959	2664.82	1.57%	2.84%	-0.05%

May 19 Core Training

Course	Last Month	This Month	Ceiling	RAG Status	Trend
Theory Adult BLS	73%	76%	<90%		↑
Practical Adult BLS	86%	87%	<90%		↑
Conflict Resolution	97%	96%	<90%		↓
Equality, Diversity and Human Rights	94%	94%	<90%		↔
Fire	90%	88%	<90%		↓
Health & Safety	96%	96%	<90%		↔
Infection Control (Hand Hygiene)	95%	95%	<90%		↔
Infection Control - Level 2	86%	93%	<90%		↑
Information Governance	94%	91%	<95%		↓
Moving & Handling - Inanimate Loads	94%	94%	<90%		↔
Patient Handling (M&H L2)	89%	89%	<90%		↔
Safeguarding Adults Level 1	95%	95%	<90%		↔
Safeguarding Children Level 1	95%	95%	<90%		↔
Safeguarding Children Level 2	94%	93%	<90%		↓
Safeguarding Children Level 3	92%	91%	<90%		↓

May 19 Vacancy / Bank and Agency Ratio on "Fill Rate"

Division	Budgeted WTE	Staff in Post (WTE)	Vacancy (WTE)	Bank Usage (WTE)	Agency Usage (WTE)	**Total WTE Used	Budget minus Used WTE	RAG Status
Corporate	636.77	571.20	65.57	25.98	10.00	598.18	38.59	
Emergency & Integrated Care	1710.68	1562.19	148.49	226.83	43.57	1799.82	-89.14	
Planned Care	1117.85	994.11	123.74	142.81	29.20	1146.97	-29.12	
Women's, Children and Sexual Health	1818.86	1624.24	194.62	191.46	54.79	1795.55	23.31	
Clinical Support	1030.59	903.62	126.97	140.34	41.52	1059.42	-28.83	
TRUST	6314.75	5655.36	659.39	727.42	179.08	6399.94	-85.19	

May 19 Voluntary Turnover

Division	Turnover	Prev Month	% + / -
Corporate	15.13%	14.36%	0.77%
Emergency & Integrated Care	14.60%	14.73%	-0.13%
Planned Care	11.58%	11.23%	0.35%
Women's, Children and Sexual Health	14.71%	14.54%	0.17%
Clinical Support	12.60%	12.62%	-0.02%
TRUST	13.83%	13.70%	0.1%

Key to Sickness Figures

Sickness Absence = Calendar days sickness as percentage of total available working days for past 3 months

Episodes = number of incidences of reported sickness

A Long Term Episode is greater than 27 days

**Total WTE Used Adjusted to account for staff currently on maternity leave

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

People and Organisation Development Workforce Performance Report
May 2019

Establishment, Staff in Post and Vacancies:

There has been a slight increase in the vacancy rate for May, 10.44% against the Trust 10% ceiling. The Trust had 58wte leavers and 68wte starters in Month 2 with the difference being adjustments to existing staff contractual hours (7wte). The increase in the vacancy rate is due in part to an increase in establishment (37.49 wte) , the creation of the new Division and subsequent adjustments / movements and delayed reconciliation process for months 1 and 2. It is expected the establishment will become less volatile in Month 3.

The qualified nursing rate is 8.02% which equates to 188.4wte. There were 15 new starters in Month 2, 12 of which were international nurses. The Clinical Support Division has the highest vacancy rate at 12.9%. Other additional clinical staff is reporting the highest vacancy rate of 15.8% which is an increase in May of 7.9% due to a national change in staff coding of apprentices which has decreased the FTE in post by 16.41.

In May, 163 offers have been made, 244 advertised vacancies , 169 have agreed start dates and 556 posts in the recruitment pipeline.

A business case is being developed to implement a Talent Acquisition model for both Medical and AHP's which will aim to attract and retain staff to the Trust.

Sickness Absence: (March)

The sickness absence rate is 2.79% in May from 2.80% in April. The highest Division is Women's & Children's at 3.73% (up 0.31%)and unqualified staff are reporting the highest at 4.40% (down 0.4%). The ER Team continue to work with managers to support staff through sickness absence and there are currently 55 long term and 48 short term absences cases being managed by the ER team.

A Health & Wellbeing staff group has been established and a number of initiatives are being planned to support staff and a Health and Wellbeing week will be held in July to raise awareness of what the Trust currently offers.

Staff Turnover Rate:

The voluntary turnover rates is currently 13.8% a 0.13% increase from the previous month. There has been an increase in turnover rates across all staff groups with the exception of admin & clerical and unqualified nursing.

The Trust continues to implement retention initiatives such as retire and return process, stay surveys, internal move process and career conversations.

Temporary Staffing:

Temporary staffing usage has increased this month. In May 13,933 temporary staffing requests were filled in comparison to 13,544 in April, however, the temporary spend for the month decreased as bank shifts were used to replace agency usage. In addition, our temporary staffing fill rate has increased by 0.3% to 90.1% this month.

The main drivers for this have been vacancy 60.0%, workload 24.3%, sickness 7.0%, specialising 6.2% and others 2.5%.
Weekly pay review meetings have been established to ensure there is tighter control over pay spend.

Mandatory Training Compliance :

The trusts mandatory training compliance rates have remained static at 92% in May which remains above our ceiling rate of 90% for the eleventh consecutive month. Infection control level 2 has increased by 7% this month however, information governance has fallen for the 2nd successive month. The IG Team will be increasing their communications to the trust and to support the new module on Learning Chelwest.

PDR:

The PDR rate saw a decrease in May of 1.7% to 84.20%. All Divisions services are provided with monthly management reports detailing completion rates and plans are in place to support managers and staff to plan and complete PDPs as part of the reporting cycle thereby further increasing completion rates.

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People and Organisation Development Workforce Performance Report
May 2019

PDR's Completed Since 1st April 2019 (19/20 Financial Year)					
Division	**Band Group**	**%**	**Division**	**Band Group**	**%**
COR	Band 2-5	1.35%	**CSD**	Band 2-5	1.89%
	Band 6-8a	9.71%		Band 6-8a	3.09%
	Band 8b +	10.14%		Band 8b +	50.00%
Corporate		**6.86%**	**Clinical Support**		**3.65%**
PDC	Band 2-5	10.76%	**EIC**	Band 2-5	10.76%
	Band 6-8a	6.83%		Band 6-8a	6.83%
	Band 8b +	7.69%		Band 8b +	7.69%
Planed Care		**8.90%**	**EIC Emergency & Integrated Care**		**8.90%**
WCH	Band 2-5	3.13%			
	Band 6-8a	1.67%			
	Band 8b +	6.25%			
WCH Women's, Children's & SH		**2.35%**			

Band 2-5	Band 6-8a	Band 8b +		
8.70%	5.83%	14.49%	**Trust Total**	**7.64%**

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 4 July 2019

PUBLIC SESSION

AGENDA ITEM NO.	3.1/Jul/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 the implementation of Phase 2 of the Cerner electronic patient record which will see a range of clinical and administrative functionality go live. The programme is on track for an Autumn 2019 delivery.
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 is asked to note the progress being made.

Electronic Patient Record Programme Update

Trust Board

Thursday 4th July 2019

Recap – Programme Overview

- The purpose of the EPR Programme is to implement an enterprise-wide Electronic Patient Record. The deployment will take place in three phases:
  - **Phase 1 and 1b**
    - West Middlesex Hospital – went live May 2018 with Patient Administration System, Emergency Department and Theatres
    - Followed by Phase 1b - implementation of Emergency Care Data Set, pilot of electronic operation note, proof of concept for voice recognition
  - **Phase 2**
    - Chelsea and Westminster Hospital – planned for autumn 2019
      - Patient Administration System
      - Emergency Department
      - Theatres
      - Order Communications
      - E-Prescribing and medicines administration
      - Medical device integration
      - Critical Care
  - **Phase 3**
    - To support delivery of aspects of clinical functionality not delivered to WMUH as part of phases above
      - Implementation of Order Communications
      - Roll out of clinical documentation for doctors, nurses and therapists
      - E-Prescribing and medicines administration
      - Reporting functionality not in scope above
    - Additional aspects not in original scope e g Maternity, GUM, Clinical analytics

External Assurance

- A series of Gateway Reviews have been undertaken by Ernst & Young (EY) to provide an external assessment on progress
- The purpose of the Gateways is to ensure that there is a good understanding of the risks being carried forwards into the next stage of the Programme
- The following progress has been made with the Gateways for Phase 2:
  - **Gateway 1** – rated the programme as Amber and was reviewed at the last Trust Board meeting
  - **Gateway 2** – rated the programme as Amber and was reviewed at the last meeting of the Finance and Investment Committee
  - **Gateway 3** – scheduled to report in September will focus on organisational readiness
  - **Gateway 4** - the pre-go live gateway in advance of the decision to commence the cut over to the new system

Gateway 3 Evaluation Criteria

- **Organisational Readiness**
  - Review progress with the development of the operational and clinical planning to support the system go live
  - Assess the progress being made with training – to include booking progress and feedback on the quality of the training being delivered
  - Evaluate the progress being made with the clinical risk assessment associated with the implementation of the system
- **Data Migration Progress**
  - Evaluate progress being made with the series of trial loads of data. The aim will be to ensure that there is confidence in the process of extracting data from the legacy system, transforming it and then loading it in to Cerner.
  - Review the programme of work to address data quality issues to support the data migration work.
- **Testing Progress**
  - Integration Testing Progress

Programme Update

- The programme remains on track for the Autumn go live
- Key area of focus is on organisational readiness and embedding ownership of the programme within the Clinical Divisions
- Learning from Phase 1 has led to an Administration Readiness Group being set up
- All four divisions now have in place:
  - Divisional Implementation Steering Groups and weekly operational meetings
  - Have identified a cohort of champions
  - Gap analysis review (Lastword) and operational mitigation
  - Data quality cleansing
  - Proactively supporting the delivery of the training strategy including buddying with staff at West Middlesex

- Key risk – impact of a no deal Brexit on 31st October

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 4 July 2019

PUBLIC SESSION

AGENDA ITEM NO.	4.1/Jul/19
REPORT NAME	Guardian of Safe Working hours Quarterly Report Q4 2018-19
AUTHOR	Dr Rashmi Kaushal, Consultant
LEAD	Zoe Penn, Chief Medical Officer
PURPOSE	To provide an up- date on the implementation of the New Junior Doctor Contract and feedback from the Exception Reporting Process Jan-March 2019.
SUMMARY OF REPORT	A review of all exception reports submitted with presentation of themes and processes to improve patient safety by improving junior doctor working conditions.
KEY RISKS ASSOCIATED	Patient Safety.
FINANCIAL IMPLICATIONS	In accordance with the New Contract, Junior doctors are entitled to be remunerated for additional hours worked to maintain patient safety. This process needs to be agreed with the supervising consultant and can be a financial payment or agreed Time off in lieu. Where there are recurring problems, changes should be made to working conditions to avoid a breach safe working hours after discussion with the supervising consultant. A failure of the supervising consultant to engage with the process will result in financial payment to the junior doctor and a fine levied against the consultant in question.
QUALITY IMPLICATIONS	Patient safety, Clinical supervision and safe working conditions for Junior doctors
EQUALITY & DIVERSITY IMPLICATIONS	None
LINK TO OBJECTIVES	• Excel in providing high quality, efficient clinical supervision of Junior Doctors • Improve patient safety • Deliver financial sustainability • Create an environment for learning, discovery and innovation
DECISION/ ACTION	For noting.

Guardian of Safe Working Hours Report

Quarter 4 of 2018-19

1. Executive Summary

The key findings of the Exception Reporting process are:

- There continues to be a downward trend in the Exception Reports submitted for both sites. A total of 320 reports were submitted for Q4 2017-18 compared to 277 for Q4 2018-19 despite the Trust experiencing an exceptionally busy winter period and a growing number of rota gaps.

- The reduction in Exception Reporting is multifactorial and can be attributed to a combination of: The completion of a second cycle of Job schedule reviews to ensure that all posts and work schedules are complaint with the new T&C's. Escalation of anticipated rota gaps in good time to enable recruitment of Junior Clinical Fellows or long term locums prior to real gaps emerging. Improving resources in areas where staffing was deemed to be sub optimal.

- Most Exceptions submitted were as a result of reduced staffing levels and increased work load. Active measures are in place to fill all existing and anticipated rota gaps

- Exception Reporting is at the forefront of all Junior Doctor Induction programmes.

- The GMC and BMA have interviewed junior doctors on both sites at FY1, FY2, CMT and SPR grades and have confirmed that there is no evidence to suggest that doctors have been bullied or are afraid to submit exception reports. This finding has been supported by the feedback from confidential forums that have been set up by the Education Fellows as requested by the DME's.

- Guardian Fines: No fines have been levied for this Quarter.

- Red Flag Areas: There are no Red Flag areas identified.

- Amber Flags: ENT at WMUH site is an area that is generating a large number of reports by SPR grades due to out of hours cover provided to Northwick Park Hospital. This rota is set up at Northwick Park and has not been amenable to the Job Schedule review process. This has been escalated to divisional managers for review.

2. Rota Gaps

- Rota Gaps continue to be a national problem with a further 20% increase beyond the 20-30% deficit prior to the implementation of the New Terms and Conditions in 2016.

- The Trust has a total of 31 gaps across both sites. Most rota gaps are filled with locum doctors recruited through our Bank or agency arrangements in the main

- The Trust has responded by ensuring that existing gaps have been filled promptly to ensure patient safety and maintain desired standards of clinical care.

- Long term gaps have been filled by Junior Clinical Fellow Posts. There has been active succession planning of such posts to ensure that these junior doctors rotate through varied specialities, have designated Educational Supervisors and are included in the Trust Appraisal process.

3. Job Scheduling Reviews

- The third quarter of 2018 focussed on a thorough review of all training post job schedules to ensure that departments could share resources efficiently in the climate of rota gaps and also to accommodate zero days. This activity has been combined with a review of all rotas to ensure that optimal staffing levels are maintained.

- ENT WMUH is the only department and rota that have not been amenable to change due to the complex out of hour's rotas for SPR's. Resolving this will improve out of hours working for SPR's employed by the Trust and also save significant sums of money currently claimed from the Exception Reporting process.

4. Junior Doctor Forum

- The Junior Doctor Forum has evolved significantly during Q4 with an emphasis on reciprocal communication stream between senior consultants, management and junior doctors. This has enabled open discussion of the Trust wide vision and strategy which has opened channels to enable enthusiastic and innovative trainees to develop professionally with direct guidance and support from senior consultants and management leads.

- Many consultants and managers have volunteered themselves to attend forums and

    - Provide career direction for junior doctors

    - Promote Trust values and culture

    - Ensure availability of practical leadership

    - Optimising utilisation of all available human, financial and technical resources.

- Interactive Presentations for this Quarter include:

    - Appraisal Revalidation : Dr Jackie Durbridge

    - Patient Safety: Dr Peta Longstaff

    - Personality Insights: Christine Catlin

    - Staff Well- being: GOSW

The forum is looking forward to meeting Mr Jason Smith who will be sharing guidance on Professional Behaviour and Team work and also Dr Zul Mirza who will be sharing experience about Working under pressure.

5. Rest, Health and Well Being:

The Trust aims to be at the forefront of delivering the BMA's Fatigue and Facilities Charter. This is to ensure that all staff members have access to sufficient rest and catering facilities in order for them to continue to work safely and efficiently while providing the highest standard of care for our patients. The charter is divided specifically into the following categories:

Rostering and Rota design: All our training posts are complaint

Induction and training:
Basic education should be provided on sleep and working nights.
Regular screening should be offered to shift workers for primary sleep disorders.
Staff should be made aware of the importance of taking their breaks
Information should be provided about the location of rest facilities and how to access them.
Recognise the importance of rest in reducing human error

Common Room or Mess Area:

Provide an easily accessible mess/lounge with appropriate rest areas 24 hours a day, seven days a week
Staff must have access to a kitchen (with sink, hotplate, microwave, toaster, fridge, freezer, kettle, coffee machine and supply of tea, coffee, milk and bread)
There must be easy access to changing facilities and showers and storage areas including lockers for doctors to store belongings.
Both Doctors Mess areas are now in need for refurbishment.

Catering facility:
Must be open 365 days a year and provide adequate, varied, efficiently served and freshly prepared meals, offering healthy eating and vegetarian options, and options for a range of cultural and dietary requirements. We currently have

- Vending outlets (Feast Point offering CQUIN compliant cold beverages and food with heating facilities in WMUH; Tossed –offering a selection of healthy , high protein salads, wraps, fresh fruit juices and smoothies in CW)
- Soft beverages and confectionary vending machines- CW and WMUH
- Costa Café- offering hot and cold beverages, in line with CQUIN guidelines, patisseries, sandwiches, wraps, Panini's , soups, salads – in both CW and WMUH
- Marks and Spencer at WMUH site

Travel:

Provide sufficient parking, with a short and safe route to and from the hospital, and reserved spaces for doctors expected to travel after dark. This includes those who are non-resident on-call overnight. Rest areas must be made available for staff who feel too fatigued after a shift to make their journey home.

Rota Gaps

Site	Department	Gaps for Quarter 3 of 2018	Anticipated Quarter4 2018/2019	Solutions
C&W	HIV & GUM	1 GP VTS at Dean Street		Filled with Trust SHO Post
C&W	Paediatrics	2.6 SHO and 1 SPR		Gaps remain unfilled
C&W	General Surgery	SPR: 2.4	**There will be 2 SPR gaps from Jan 2019 and 4.2 SPR gaps from April 2019**. There are 6 SPR's allocated by the deanery for a rota that requires 8 in order to be compliant. Mr Efthimiou and Bonanomi are now sharing an SPR where previously there were 2 SPR posts.	RSO posts will be covering until posts can be filled. .
C&W	O&G	1 SPR gap since resignation post CCST	Deanery allocation to be released on Jan 8th 2019	On call shifts have been covered by locum until August 2019
C&W	O&G	1 gap ST3-7	Deanery allocation to be released on Jan 8th 2019	On call shifts have been covered by locum until August 2019
C&W	O&G	0.5 gap ST3-7maternity leave	Deanery allocation to be released on Jan 8th 2019	On call shifts have been covered by locum until August 2019
C&W	O&G	1 ST3-7 Unable to do on call shifts for medical reasons	Deanery allocation to be released on Jan 8th 2019	On call shifts have been covered by locum
C&W	AAU	ACCS AM gap continues until August 2018 FY2 CMT		Short term , locum until April 2018 only Locum cover Locum cover
C&W	COTE	1 CMT1		Intermittent locum cover only
C&W	Anaesthetics	ST3 on modified duties		Covered by locum shifts

Site	Department	Gaps for Quarter 3 2018	Anticipated Quarter 4 2018/ 2019	Solutions
WM	AAU	0.4 SPR		Locum cover when possible
WM	AAU	1 FY2	2 FY2(August 2018 – April 2019)	Gone to recruitment
WM	ENDO	1 FY2 1 JCF		Currently filled ad hoc by Junior Clinical fellow who also covers 2 bays on MH2 ward
WM	Respiratory	1 SPR has been relocated to Royal Brompton	2 SPR gaps1 (1 SPR due to start acting up as a consultant from January)	Work load absorbed by existing team There will be no Respiratory SPR's from Jan 2019, this has been escalated to divisional leads
WM	Respiratory	1 CT1 (Post shifted by the Deanery to COTE) FY2 is only 80% FT		Work load absorbed by existing team
WM	COTE		FY2 gap (April to August 2019)	
WM	COTE		CMT gap (Feb to August 2019)	
WM	COTE	1 GPVTS only 60% FT 1 GPVTS only 80% FT and now on maternity leave	2 GPVTS gap (Feb to August 2019)	Work load absorbed by existing team
WM	COTE	1 SPR on maternity leave since Oct 2019	2 SPR gaps (1 COE SPR is due to start acting up as a consultant from January 2019	
WM	Urology	1/1 for SHO, adverts will be out this week		
WM	General Surgery	SPR: 2/10 1/10 for SHO		(long term locum> 6 Work absorbed by remaining team
WM	T&O		Feb 14th 1 out of our 8 SHOs	Out to recruitment

6. **Exception Reporting:** The Exception Reporting data has been broken down to demonstrate a monthly analysis.

January 2019: A total of 128 reports were submitted. No Fines Levied

Division	C&W: 61	WMUH: 67
Emergency & Integrated Care	A&E: 1 AMU: 6 Anaesthetics: 1 COTE: 9 Gastroenterology 28 Neurology: 5 Respiratory:6	Gastroenterology 10 Respiratory 5 Ortho-geriatrics 3
Planned Care	General surgery: 3 T&O: 2	Breast: 4 ENT:43

February 2019: A total of 106 reports were submitted. No Fines Levied

Division	C&W: 35	WMUH: 71
Emergency & Integrated Care	AMU:10 Gastroenterology 4 Respiratory: 3	Gastroenterology: 31 Respiratory: 6
Planned Care	General surgery: 6 Urology: 12	Breast:3 ENT: 31

March 2019: A total of 42 reports were submitted. No Fines Levied

Division	C&W: 8	WMUH: 34
Emergency & Integrated Care	Gastroenterology: 3	Gastroenterology: 9 Respiratory: 3
Planned Care	General surgery: 3 T&O: 1 Urology: 1	ENT: 19 General surgery: 3 Urology: 13

Department	No of reports	Grade	Payment	Fines	Themes	Trends
WMUH ENT	93	SPR	£7,547.17		Cross site out of hours cover for Northwick Park.	Escalated To Faizal Mohommed_Hossen, HR and Jason Smith For Divisional Job Schedule review
WMUH Breast	7	FY1	£181.80		Job Scheduling outcomes have been successful	Improving Trends;
WMUH Orthogeriatrics	3	FY2, FY1	£50.37		Job Scheduling outcomes have been successful	Improving Trends;
C&W Gastroenterology	35	FY1 and Senior Trainee	£934.07		Job Scheduling outcomes have been successful.	Improving Trends;
WMUH Gastroenterology	50	FY1	£1077.67		SPR Gap in the rota; Job Scheduling outcomes have been successful	Improving Trends;
C&W COTE	9	FY1	£241.30		CMT Gap in rota;Job Scheduling outcomes have been successful	Improving Trends;
WMUH Respiratory	14	FY1, FY2, CMT	£355.60		SPR Gap in the Rota; Job Scheduling outcomes have been successful	Improving Trends;
C&W Respiratory	9	FY1	£200.01		Job Scheduling outcomes have been successful	Resolved
C&W AMU	16	FY1	£578.60		Work load and Rota gap	Resolved for now
C&W Genarl Surgery	12	FY1	£184.14		Job Scheduling outcomes have been successful	Improving Trends;
C&W Neurology	5	SPR	£112.81		Trainee in difficulty	Resolved
WMUH General surgery	3	FY1	£98.42		Improving Trends;	Resolved
C&W T&O	3	FY1	£107.22		Job Scheduling outcomes have been successful	Resolved
All other daeparments	0		£0			Resolved

Appendix 1-Exception Reporting Analysis:

Table # 1 (Page 6) Displays the costs for each speciality and also the on- going efforts to resolve the issues. It is RAG rated for convenience. The amber speciality in need of scrutiny is ENT where out of hours cover at different Trusts have resulted in Exception Reports being submitted and paid for at employing Trust..

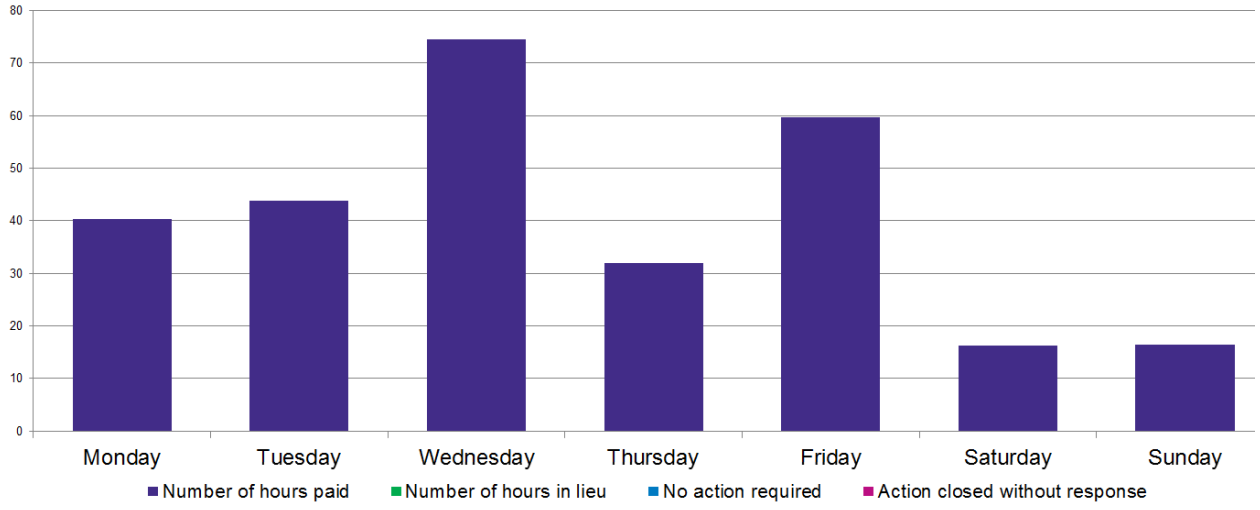
Graph and Table #2 presents the variation of exception reports throughout the week. Nearly all additional hours have been reimbursed with financial payment. Short staffing levels and busy wards have not enabled many juniors to secure TOIL.

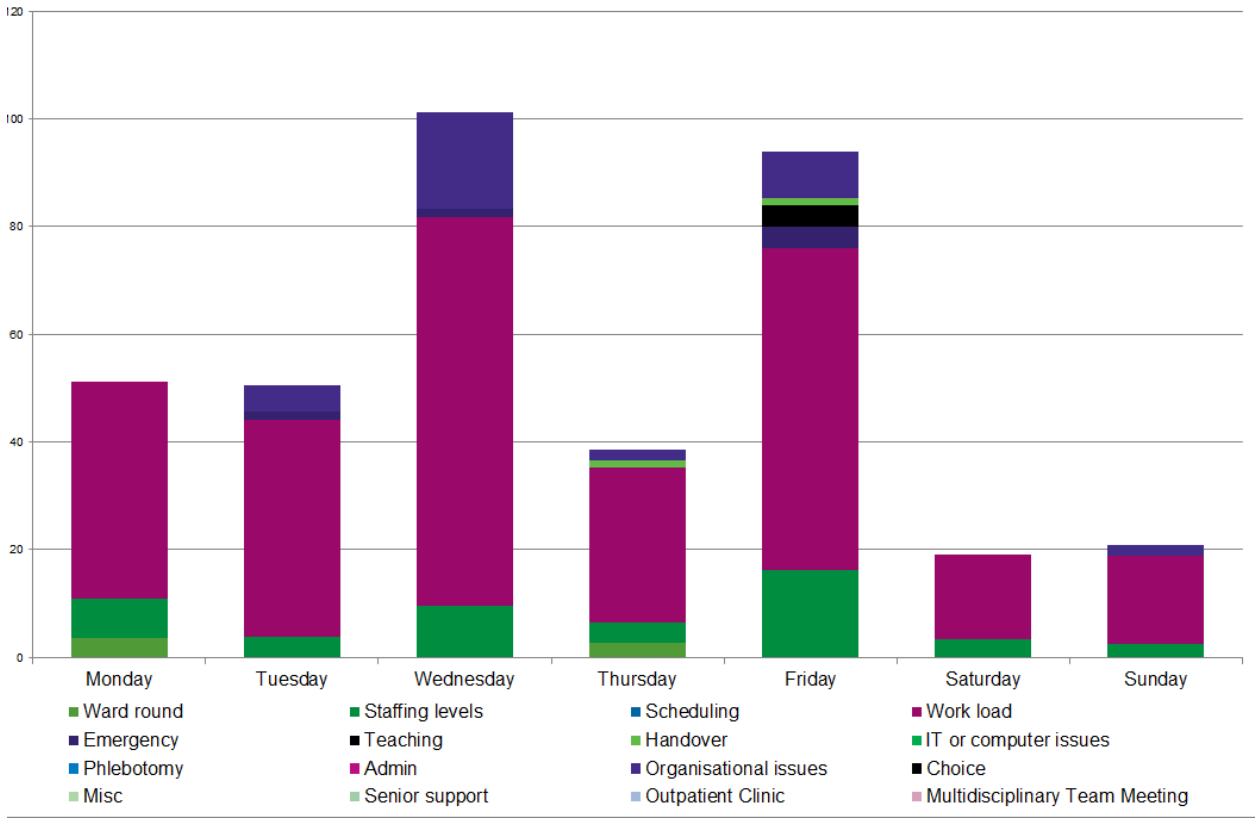
Graph and Table #3 presents the split of themes at the C&W site. The dominant themes remain “Work load”, “staffing levels” and “ward rounds”. We can also deduce that the average number of hours of individual exceptions is similar across the themes.

Graph # 4 presents the split of themes at the WMUH site.

Graph and Table # 5 compares each speciality across both sites. There has been a significant improvement in the responding to exception reports by clinical and educational supervisors.

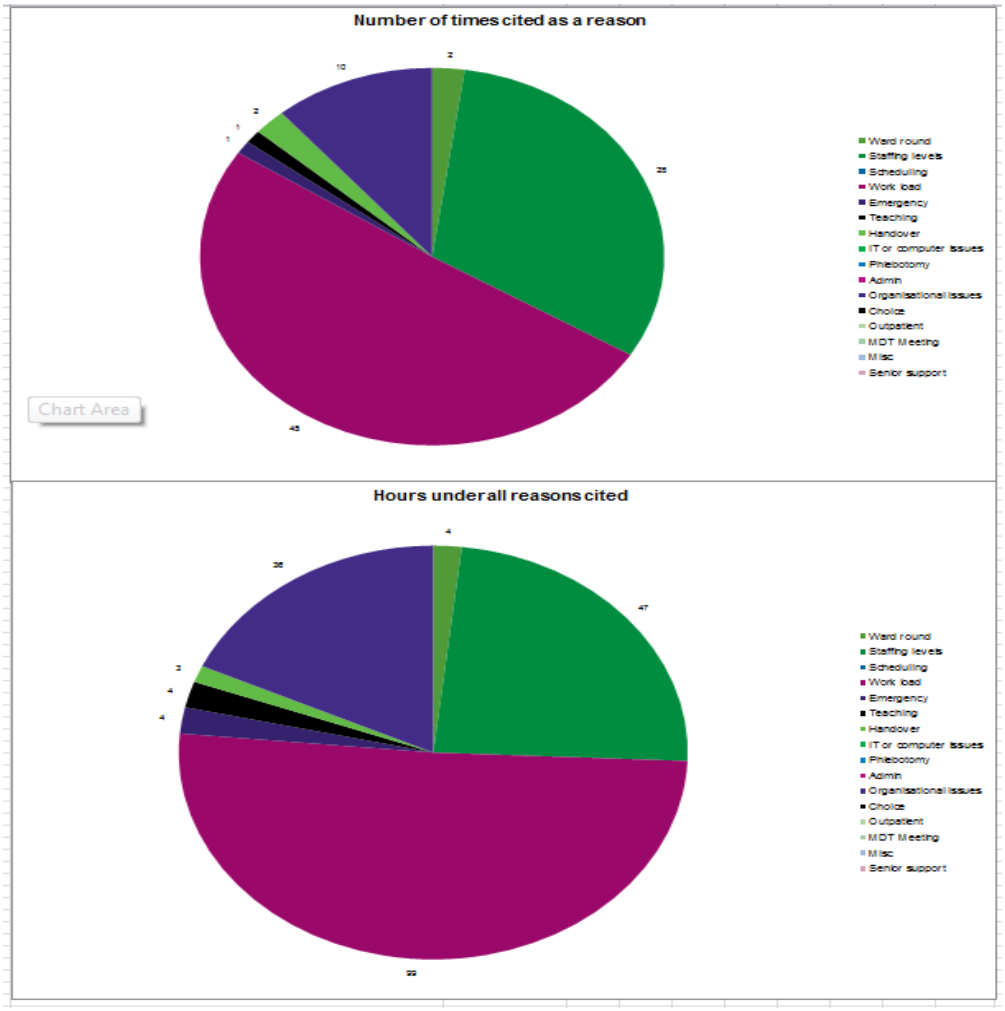
Graph and Table #2 presents the variation of exception reports throughout the week and observed themes





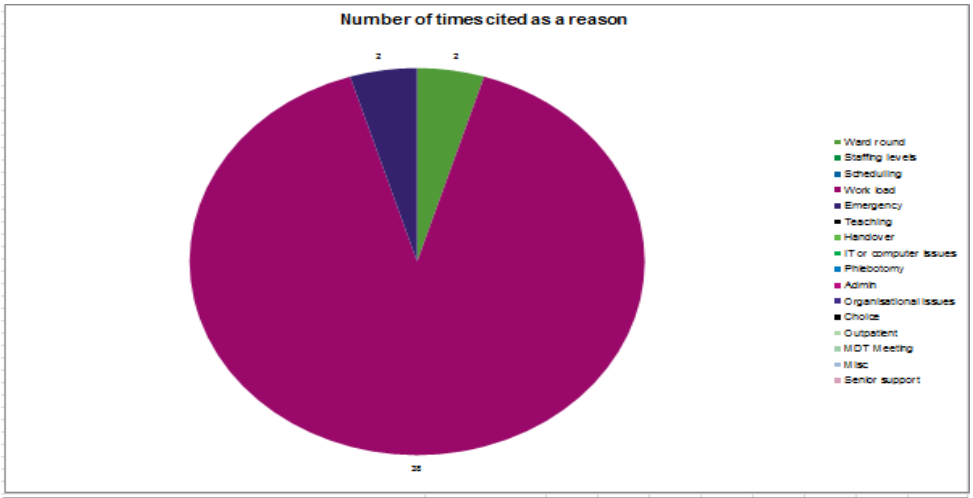
Graph and Table #3 - Overview of Exception Themes – CW

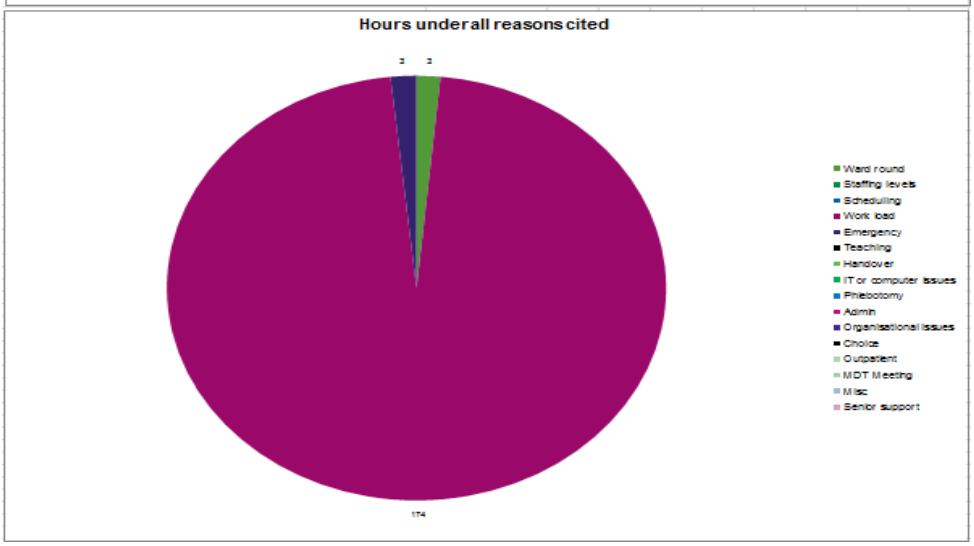
Long Theme	Short Theme	Count	Percent	Hours	Percent
Ward Round issues e.g. long or starting late	Ward round	2	2%	3.5	2%
Staffing Level below agreed template for team or type of cover	Staffing levels	28	31%	46.7	24%
Scheduling of duties outside normal working hours (N.B. this includes late handovers)	Scheduling	0	0%	0.0	0%
Work Load exceeding the capacity of a full team	Work load	45	51%	99.5	51%
Emergency situation occurring at close of day or after normal working hours required doctors continued presence	Emergency	1	1%	4.0	2%
Teaching - either resulting in late stay; or missed at request of consultant	Teaching	1	1%	4.0	2%
Handover - doctor stayed as they felt handing over tasks to another team was unsafe or inappropriate (must qualify)	Handover	2	2%	2.6	1%
IT or computer issues as the main cause of the exception (please qualify)	IT or computer issues	0	0%	0.0	0%
Phlebotomy issues as the main cause of the exception (please qualify)	Phlebotomy	0	0%	0.0	0%
Admin tasks taking up excessive time e.g TTA's, DOLS forms, completing theatre booking forms, making lists etc (please specify)	Admin	0	0%	0.0	0%
Organisational issues as the main cause of the exception (please qualify) e.g. becoming aware a new patient is under your care late in the day; high volume of outliers; high volume of new patients (please specify)	Organisational issues	10	11%	35.5	18%
Choice - doctor chose to come in early / stay late - not directed by seniors	Choice	0	0%	0.0	0%
Outpatient Clinic	Outpatient	0	0%	0.0	0%
Multidisciplinary Team Meeting	MDT Meeting	0	0%	0.0	0%
Miscellaneous reason for staying late	Misc	0	0%	0.0	0%
Lack of Senior Support as the main cause of the exception (please qualify)	Senior support	0	0%	0.0	0%



Graph and Table #4 - Overview of Exception Themes

Long Theme	Short Theme	Count	Percent	Hours	Percent
Ward Round issues e.g. long or starting late	Ward round	2	5%	2.8	2%
Staffing Level below agreed template for team or type of cover	Staffing levels	0	0%	0.0	0%
Scheduling of duties outside normal working hours (N.B. this includes late handovers)	Scheduling	0	0%	0.0	0%
Work Load exceeding the capacity of a full team	Work load	38	90%	174.0	97%
Emergency situation occurring at close of day or after normal working hours required doctors continued presence	Emergency	2	5%	3.0	2%
Teaching - either resulting in late stay; or missed at request of consultant	Teaching	0	0%	0.0	0%
Handover - doctor stayed as they felt handing over tasks to another team was unsafe or inappropriate (must qualify)	Handover	0	0%	0.0	0%
IT or computer issues as the main cause of the exception (please qualify)	IT or computer issues	0	0%	0.0	0%
Phlebotomy issues as the main cause of the exception (please qualify)	Phlebotomy	0	0%	0.0	0%
Admin tasks taking up excessive time e.g TTA's, DOLS forms, completing theatre booking forms, making lists etc (please specify)	Admin	0	0%	0.0	0%
Organisational issues as the main cause of the exception (please qualify) e.g. becoming aware a new patient is under your care late in the day; high volume of outliers; high volume of new patients (please specify)	Organisational issues	0	0%	0.0	0%
Choice - doctor chose to come in early / stay late - not directed by seniors	Choice	0	0%	0.0	0%
Outpatient Clinic	Outpatient	0	0%	0.0	0%
Multidisciplinary Team Meeting	MDT Meeting	0	0%	0.0	0%
Miscellaneous reason for staying late	Misc	0	0%	0.0	0%
Lack of Senior Support as the main cause of the exception (please qualify)	Senior support	0	0%	0.0	0%





Graph and Table #5 - Overview of Exceptions per Site and Speciality

Site	Speciality at time of exception report	Number of exception reports	Open	Percent	Number of staff on rota	Hours	In lieu	Paid
WMUH	Breast	3	0	0%	0	5.5	0.0	5.5
WMUH	Colo Rectal	4	0	0%	0	5.3	0.0	5.3
WMUH	COTE	1	0	0%	0	2.5	0.0	2.5
WMUH	ENT	5	0	0%	0	9.3	0.0	9.3
WMUH	Orthogeriatrics	6	0	0%	1	6.3	0.0	6.3
WMUH	Respiratory	9	0	0%	0	23.3	0.0	23.3
WMUH	urology	12	0	0%	1	125.5	0.0	125.5
Chelsea	AMU	6	0	0%	0	8.0	0.0	8.0
Chelsea	Breast	2	0	0%	0	6.5	0.0	6.5
Chelsea	COTE	12	0	0%	0	33.3	0.0	33.3
Chelsea	Gastroenterology	25	0	0%	0	43.2	0.0	43.2
Chelsea	General surgery	1	0	0%	7	1.3	0.0	1.3
Chelsea	Paediatrics	2	0	0%	0	2.8	0.0	2.8
Chelsea	urology	1	0	0%	2	10.5	0.0	10.5
WMUH	**Total (of reporting specialities)**	**13**	0	0%	**0**	0.0	0.0	0.0
CW	**Total (of reporting specialities)**	**49**	**0**	**0%**	**9**	**105.5**	**0.0**	**105.5**