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

Room A, West Middlesex

2 May 2019 11:00 - 2 May 2019 13:30

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting (PUBLIC SESSION)
Location: Room A, West Middlesex Hospital
Date: Thursday, 2 May 2019
Time: 11.00 – 13.30

Agenda

	1.0	**GENERAL BUSINESS**		
11.00	1.1	Welcome and apologies for absence	Verbal	Chairman
11.03	1.2	Declarations of Interest	Report	Chairman
11.05	1.3	Minutes of the previous meeting held on 7 March 2019	Report	Chairman
11.10	1.4	Matters arising and Board action log	Report	Chairman
11.15	1.5	Chairman's Report	Report	Chairman
11.20	1.6	Chief Executive's Report	Report	Chief Executive Officer
	2.0	**QUALITY/PATIENT EXPERIENCE AND TRUST PERFORMANCE**		
11.25	2.1	Patient/Staff Experience Story	Verbal	Chief Nursing Officer
11.45	2.2	Quality Improvement update	Report	Director of Improvement
11.55	2.3	Learning from Serious Incidents	Report	Chief Nursing Officer
12.05	2.4	Mortality Surveillance Q4 Report	Report	Chief Medical Officer
12.15	2.5	Integrated Performance Report including: 2.5.1 People performance report	Report Report	Chief Operating Officer Director of HR & OD
	3.0	**PEOPLE**		
12.30	3.1	2018 National staff survey results	Report	Director of HR & OD
	4.0	**STRATEGY**		
12.40	4.1	2019/20 Operational Plan	Report	Chief Financial Officer
12.50	4.2	EPR Programme update	Report	Chief Information Officer
	5.0	**GOVERNANCE**		

13.00	5.1	End year report on use of the Company Seal	Report	Company Secretary
	6.0	**ITEMS FOR INFORMATION**		
13.10	6.1	Questions from members of the public	Verbal	Chairman
13.10	6.2	Any other business	Verbal	Chairman
13.30	6.3	Date of next meeting – 4 July 2019		

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	
		April 2018	Ongoing	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 recruitment and trainee progress	April 2018	Ongoing	

		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	March 2019	
		Chair of Trustees, Age Concern Windsor	Jan 2018	March 2019	
		Shareholder in HP Inc	April 2002	March 2019	
		Shareholder in HP Enterprise	Nov 2015	March 2019	
		Shareholder in DXC Services	April 2017	March 2019	
		Shareholder in Microfocus Plc	Sept 2017	March 2019	
Eliza Hermann	Non-executive Director	Board Trustee: Campaign to Protect Rural England – Hertfordshire Branch (2013 – present)	2013	March 2019	
		Committee Member, Friends of the Hertfordshire Way (2013 – present)	2013	March 2019	
		Close personal friend – Chairman on Central & North West London NHS Foundation Trust	April 2018	March 2019	
Jeremy Jensen	Non-executive Director	Directorships held in the following:			
		Stemcor Global Holding Limited;	April 2018	March 2019	
		Frigoglass S.A.I.C;	April 2018	31/03/2019	
		Hospital Topco Limited (Holding Company of BMI Healthcare Group)	Jan 2019	Ongoing	
		Owner of JMJM Jensen Consulting	Jan 2019	March 2019	
		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	March 2019	
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	01/01/2018	Ongoing	

		(39556)			
		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	31/03/2019	
		Shareholder in GlaxoSmithKline PLC	01/04/2018	31/03/2019	
		Shareholder in Celgene	01/04/2018	31/03/2019	
		Shareholder in Gilead	01/04/2018	31/03/2019	
		Shareholder in Exploristics	01/04/2018	31/03/2019	
		Shareholder in Official Community	01/04/2018	31/03/2019	
		Shareholder in Park & Bridge	01/04/2018	31/03/2019	
		Shareholder in Captive Health	01/04/2018	31/03/2019	
		Shareholder in Cambrex	01/04/2018	31/03/2019	
		Shareholder in Illumina	01/04/2018	31/03/2019	
		Shareholder in Vertex	01/04/2018	31/03/2019	
		Shareholder in MPX bioceuticals, some of whom have an interest in NHS contracts/work	01/04/2018	31/03/2019	
		Director and shareholder: One Touch Telecare Ltd	01/04/2018	31/03/2019	
		Trustee of CW+ Charity	01/04/2018	31/03/2019	
Lesley Watts	Chief Executive Officer	Trustee of CW+ Charity	01/04/2018	31/03/2019	
		Husband—consultant cardiology at Luton and Dunstable hospital	01/04/2018	31/03/2019	
		Daughter—member of staff at Chelsea Westminster Hospital	01/04/2018	31/03/2019	
		Son—Director of MTC building constructor	01/04/2018	31/03/2019	
Sandra Easton	Chief Financial Officer	Sphere (Systems Powering Healthcare) Director representing the Trust	01/04/2018	31/03/2019	
		Treasurer—Dartford Gymnastics Club	01/04/2018	31/03/2019	
		Chair—HfMA Sustainability	01/04/2018	31/03/2019	
		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.	01/04/2018	31/03/2019	
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	01/04/2018	31/03/2019	
Chris Chaney	Chief Executive Officer CW+	Nothing to declare	01/04/2018	31/03/2019	
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	01/01/2019	31/03/2019	

Minutes of the Board of Directors (Public Session)
Held at 11.00 on 07 March 2019, Boardroom Chelsea and Westminster Hospital

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

1.0	GENERAL BUSINESS
1.1	**Welcome and apologies for absence** The Chairman welcomed Board Members, and those in attendance, to the meeting. Apologies were received from Zoe Penn.
1.2	**Declarations of Interest** It was noted that Jeremy Jensen is no longer a non-executive director to the Board of Patisserie Holdings PLC as of 28 February. **Action: Declarations of Interest accordingly.** THH declared that he is no longer advisor to United Health Group.
1.3	**Minutes of the previous meeting held on 10 January 2019** The minutes of the previous meeting were approved as a true and accurate record of the meeting.
1.4	**Matters arising and Board action log** The action log was noted. 1.6 It was noted that the reference to the sequence of committee review of ambulatory care should be addressed to ensure the correct route to Board

	2.3 To be reworded to reflect that the Quality Committee considers serious incident reporting monthly 2.4.2 Reports should no longer refer to staff as 'workforce' but 'people' 5.1 The Governors have again asked for a membership strategy and executive ownership and understanding of membership **Action: Executive ownership of membership strategy to be discussed at Cabinet specifically whether it should sit with the volunteer lead, Director of HR or Director of Communication.**
1.5	**Chairman's Report** The Chairman apologised for the absence of a written report. The Chairman welcomed TS to the Board giving a brief biography and noting he would not officially commence in post until March 2019. The Chairman also welcomed IE to the Board and gave a brief biography noting that he is on secondment from NHSE. The Chairman commented on the current instability in the NHS as a result of which he had indicated to the vice chair and to the lead governor that, if invited, he would be happy to extend his term beyond 1 February 2020. JJ would lead discussion with the Governors. The Chairman also reported: • David Sloman (DS) had asked to meet; preparation is underway for him to attend Board in May which would provide an opportunity to put forward what the Trust wants for London; the Board would be updated pre May Board of non-executive directors' discussion. • The Vice Chancellor of the University was to visit the Trust to encourage the improving strength of relationship • A newly established NHS Assembly would guide those who run the NHS; it was anticipated it would meet three times a year and would include Trust Chairs and Presidents of the Royal Colleges • A meeting would take place with Ian Dodge, National Director of Strategy and Innovation NHSE within the next few weeks and would discuss primary care partnerships, how to move forward with GPs and the STP. • A meeting of Chairs, non-executive directors, Chief Executives and DS took place where the current legislative proposals and integration required further to the NHS plan was discussed; it was apparent that a considerable amount of work would be required to turn the long-term plan from an aspiration to actual delivery **The Chief Executive's Report** LW praised the infection control and Comms teams for their input in achieving the flu vaccination rate and the commitment of all staff; it was noted that all junior doctors had been vaccinated. LW noted: • The PROUD awards particularly recognising the hard work of the IT team • The Team Brief was now used as a developmental tool with attendance and interest increasing • The new financial year was going to present a period of great change • Executive Directors are leading various pieces of work at what is a very busy time looking at activity and financial performance to provide the best integrated care for patients • RH is leading Chief Operating Officer's project for NWL

	• TA continued with the comprehensive work on Brexit
2.0	**QUALITY/PATIENT EXPERIENCE AND TRUST PERFORMANCE**
2.1	**Patient/staff experience story** The Board welcomed Joanna, Amy and Vicky. Joanna explained to the Board that she was happy with the care provide for both her antenatal care and delivery of her first baby at the Trust but that she felt much more in control of the birth of her second baby as she was cared for by one midwife providing continuity of care. Joanna had through continuity of care was so valuable as it enabled her to build up a personal relationship with the team including regular meetings, social media updates with all options for care made available to her through what she described as a wonderful birthing experience. Although her designated midwife was due to be on annual leave for her due date Joanna commented that because of the relationship with the team she remained confident in the care provided. Joanna commented that she wanted to have a home birth and felt confident in her choice informing the Board that it would result in a significant cost saving for the Trust. Vicky explained how the Trust had piloted the continuity of care model with a named midwife for the mother providing continuity of care working in a team of 6 midwives. Appointments and follow up could take place at home reducing the need for long clinics. Amy also explained that some mothers are able to go home within three hours of delivery and the birth centre can be utilised as an out- patient setting rather than attend hospital. In response to SG and NK noting the potential increase in demand on the service Amy commented that at the time the pilot was introduced she was thinking of leaving the Trust she now feels completely fulfilled in her work and that she has an opportunity to provide high quality care to women. Vicky commented that over the past 12 months there had only been two days of sickness in the team. PN informed the Board that the popularity of the method of working was clear from a recent recruitment which had resulted in 39 applicants. The Board thanked Joanna, Amy and Vicky for their informative presentation.
2.2	**Quality Improvement update** IE presented the Improvement Programme update noting that: • The Trust was driving quality and through that financial efficiency with the expectation of £27.5 million financial efficiency for the year. • With regard to the Getting It Right First Time programme (GIRFT), there had been three visits since the last meeting including general surgery where good practice was noted but recommended more patient involvement to enhance recovery. • Considerable work had been undertaken regarding Care Quality Commission (CQC) inspection 'should do' actions; there were now only seven amber actions • Improvement show cases are planned for April to celebrate the on-going quality improvement work and to involve staff in the next stage of the journey In response to EH, IE explained that the improvement show cases provide examples from each division on the work undertaken on quality improvement, to celebrate it and learn how to take it forward. THH referred IE to Julian Hartley and Baroness Dido Harding's online examples and suggested consideration of inviting others to the Trust to talk about their successes. In response to JJ raising that the CIP programme could benefit, IE explained that he had been in discussion with CC about the part technology and innovation plays in strategy including project design and choices

	made contributing significantly to operational efficiency. It was reported that the Trust is actively involved in using the Model Hospital especially as part of the deep dives, business planning and benchmarking but it was necessary to ensure a systematic approach in doing so particularly in consideration of the Model Hospital's limitation regarding benchmarking making triangulation and internal validation essential. In response to EH's challenge as to whether there is a good balance in discussions between efficiency and productivity and quality of care, LW commented that if any of the deep dives were taken as an example it could be seen that quality of care was at its heart. The Board thanked IE for the report.
2.3	**Serious Incidents Report** PN introduced the report, key highlights that there was a higher number of SI's on the WM site which the Quality Committee had challenged and a trends analysis of the cases was being performed that will be presented to Quality Committee. With regard to falls with harm, the Trust was trying to understand the difference between sites, and was looking at the demography, staffing and care provided. It was noted that grade 3&4 hospital acquired pressure ulcers were well below the national average. In response to NG, PN confirmed that whilst working with HSIB which undertook external reviews the Trust continued to undertake its own 72 hour reviews to ensure immediate learning takes place. Discussion took place around continuity of care and the impact it had on clinical outcomes, as the national evidence is supportive that providing continuity of carer improves clinical outcomes and reduced stillbirth. PN also informed the Board that Imperial College was acting as an evaluation partner for the continuity of care pilot. **Action: PN to take report further on HSIB to the Quality Committee.**
2.4	**Health and Safety Matters** PN presented the report which was taken as read. In response to JJ raising the WM incident of physical assault PN confirmed that appropriate action had been taken and Tina Benson was to meet with the hospital director of west London Mental health trust to discuss the concerns the trust has in mental health patients leaving lakeside and entering WM site unaccompanied. SG noted there had been a 21% increase in reporting of incidents of abuse on the Chelsea site but that it was good to see there had been a reduction on the West Middlesex site. PN informed the Board that measures were in place with A&E having 24/7 security and noted that six of the reported incidents involved one in-patient. LW commented that staff were encouraged to report incidents however it was the reporting and talking about what had happened that was more important than simply the numbers. The Board noted the report.
2.5	**Mortality surveillance Q3 report** RC introduced the report which was taken as read.

	AR commented that it was a robust piece of work and apparent that a lot had been learnt by engagement with staff. EH informed the Board that in addition to looking at mortality according to site it was also been reviewed by speciality to ensure that any outliers were not masked. NK commented on patients with learning disability and was informed by RC that the Learning and Disability team would undertake a review. SG sought clarification of reference to a Grade 3 pressure ulcer and was informed by RC that where there is concern, formal review is undertaken; PN confirmed that in this instance it was externally acquired. The Board noted the report.
2.6	**Integrated Performance Report including**: RH presented the report noting that with regard to A&E, the Trust's performance was rated as fourth in the country. RH reported that the Trust is compliant with RTT and cancer services. It was reported there was in excess of 30,000 patients attending via A&E in January and February had seen 13% greater activity; GP referral patterns were changing with patients 'voting with their feet'. Cancer services had seen in excess of a 50% increase in referrals within the main specialties. Diagnostics were 97.2% compliant therefore overall the Trust gave a strong performance for the month. RH informed the Board that the Trust had been asked to pilot the new A&E standards and would do so at the West Middlesex site. In response to SG query regarding medicine safety incidents, RH confirmed that they were routinely kept under review by the Chief Pharmacist and it was noted that whilst the Trust was very strict on reporting it was possible West Middlesex was lower than Chelsea because of the difference in reporting systems. THH commented that he had discussed with the Chair of the Quality Committee, LW and PN the importance of complaints in maintaining the Trust's well-led status going forward; specifically it was noted that the number of complaints had increased and those completed within 25 days had reduced. **Action: Complaint report to Board July 2019.** **Finance:** SE reported that at Month10 there was a year to date surplus on a control total basis of approximately £22 million. It was noted that there had been a revaluation of the estate in M9 which showed a decreased valuation. SE reported that improvement continued be seen in moving away from agency provision. The cash balance continued to improve. The Board thanked SE and the teams for the work undertaken. **Workforce:** SE reported the highest levels to date of statutory and mandatory training. It was noted there had been a slight increase in turnover in the past month but overall it continued on course; the vacancy rate was below the 10% target and the nursing vacancy rate at 7.9% for qualified nursing staff, one of the lowest in London.
2.7	**NHSR Maternity 10 Point Plan**

	PN presented the paper which briefed the board of the action plan and progress to meet compliance with the NHSR maternity safety 10 point plan which has to be met by August 2019. This also included the Avoidable term admissions to the neonatal unit (ATAIN) action plan which lays out the trust plan of work to reduce the number of babies that could be avoid an admission to the neonatal unit and have care close to their mothers in the postnatal setting.. PN drew attention to Item 3 showing as red noting that considerable work had taken place on the transitional care clinical pathway with more work underway to align the admission criteria and clinical pathways; it was anticipated the work will be complete in June 2019. **Action: PN to report to Board the progress made against the 10 Point Plan - July 2019.**
3.0	**STRATEGY**
3.1	**Business Planning 2019/20** SE reported that there were seven key elements based on the draft submission made to NHSE which would be taken to the April Board Strategy meeting. SE highlighted: 1 Strategic Priorities: namely Acute Hospital Services Population Health and Research, Discovery and Innovation. 2 Activity Planning: summarising where the Trust is around planning of activity and assumptions on growth 3 Operational Performance: is intended that all four constitutional standards will be achieved 5 Quality Planning: there had been feedback from the Board on the focus of the quality priorities 6 Workforce Planning: it was noted that further consideration was needed on how to deliver on reducing turnover and LW commented that this was particularly important in consideration of Brexit. 7 Control Total: SE explained that NHSE expects the Trust to break even and took the Board through Table 2 of the presentation highlighting that a significant amount of the shift was non recurrent items. SE responded to THH that this matter had been tabled rather than a presentation because it was a work in progress. It would also be taken to the Governors. The Board noted the presentation.
3.2	**Cancer changes from long term plan** TA presented the report highlighting the key points of the NHS 10 year Plan relating to diagnosing cancers earlier and the introduction of the Faster Diagnostic Standard. TA commented that the focus was on greater awareness of symptoms and working with GPs to achieve an accelerated treatment and referral pathway. A Lancashire trust had developed a public/patient card entitled "Let's Talk Cancer" which it was suggested could be adopted by the Trust. Other improvements were also discussed with the aim of achieving time to diagnosis or ruling out of cancer to 28 days for all tumour streams which would create a lot of work for all areas but particularly administration. In response to EH, TA confirmed that an appropriate time to update the Quality Committee on detailed implementation would be September. **Action: TA to provide an update on implementation to Quality Committee September 2019.**
4.0	**GOVERNANCE**
4.1	**Risk Assurance Framework report**

	PN introduced the report noting that a new risk for Brexit had been added; SE commented that there was a full risk register around Brexit. PN reported that the Audit Committee had reviewed the RAF in depth and noted some issues regarding dates for completion and the need for review of some of the standards. In response to NG, PN confirmed that key risks around IT had been removed but this would be taken up with the IT team and placed on the register. JJ noted that phishing should also be addressed. RB responded to THH that the need for increasing bed capacity had been mitigated by developing ambulatory care but would be reviewed as necessary. The Board noted the report.
4.2	**Equality and Diversity Material** PN presented the Annual report specifically noting the Trust's commitment to ensure staff are protected from modern slavery. With regard to patient equality it was noted that the demographic had changed. In response to ND it was confirmed that the same process is applied to each site for registering whether a patient has a learning disability. Discussion took place with EG and EH noting there were a number of incorrect data entries it was agreed that once these had been changed the report was approved and would be loaded onto the trust website. **Action: Inaccuracies of data in report to be addressed by PN.**
4.3	**Guardian of Safe Working report** RC introduced the report noting it is a statutory report that had also been taken to the People and Organisational Development Committee. It was specifically noted that the Trust is one of the best performing and looked to as a leader in the field with its positive engagement with the junior medical staff. Brief discussion took place around the percentage of doctors that it was anticipated did not go on to further training which LW suggested could be formally addressed to the Deanery. NG and EH commented on the excellent work of Rashmi Kaushal in preparing the report.
4.4	**Audit and Risk Committee review of effectiveness including Terms of Reference** The Board noted the report.
4.5	**Revised SFIs and SOD** SE presented the revised documents noting they had been taken to the Audit Committee. In response to NG's query regarding para 6.3.3, SE clarified that there was no ceiling for the Committee where the Board had to write off debt but it had been agreed with the Audit and Risk

	Committee Chair that if there were any concerns the matter would be brought to the Board. Regarding para 7.8.7 and in response to SG, SE clarified that contracts with a total value in excess of £25,000 would as with all contracts, go through the procurement department. SE reported that para 7.9.3 had not been debated as it as standard practice and in line with other organisations. SE also confirmed that whilst salaries in excess of £150,000 were reported to the Secretary of State it was not necessary to seek permission to award such salaries.
5.0	**ITEMS FOR INFORMATION**
5.1	**Questions from members of the public** Kush Kanodia, Governor, commented the proposal for disability parking was due to come to May Board; THH suggested this should be addressed by TS and be deferred to July. **Action: TS to update Board on proposal for disability parking in July 2019.**
5.2	**Any other business** PN reported that two wards had been awarded Macmillan gold standards - the first in the country for in-patient areas.
5.3	**Date of next meeting** – 2 May 2019

Meeting closed at 13.25

Trust Board Public – 7 March 2019 Action Log

Meeting Date	Minute number	Subject matter	Action	Lead	Outcome/latest update on action status
07.03.19		Declarations of Interest	Action: Update THH interest on the Directors' Register of Interests.	VD	Complete.
	1.4	Matters arising and Board action log	Action: Executive ownership of membership strategy to be discussed at Cabinet specifically whether it should sit with the volunteer lead, Director of HR or Director of Communication.	SMM/Execs	Verbal update.
	2.3	Serious Incidents Report	Action: PN to take report further on HSIB to the Quality Committee.	PN	Verbal update.
	2.6	Integrated Performance Report	Action: Complaint report to Board July 2019.	PN	This is on the forward plan for July Board.
	2.7	NHSR Maternity 10 Point Plan	Action: PN to report to Board the progress made against the 10 Point Plan - July 2019.	PN	This is on the forward plan for July Board.
	4.2	Equality and Diversity Material	Action: Inaccuracies of data in report to be addressed by PN.	PN	Complete.
	5.1	Questions from members of the public – Disability parking	Action: TS to update Board on proposal for disability parking in July 2019.	TS	This is on the forward plan for July Board.
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.	JM/ZP	To be scheduled as part of forward planning.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 2 May 2019

PUBLIC SESSION

AGENDA ITEM NO.	1.5/May/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
April 2019

1.0 2017/2018 Outcome

We have now completed a very successful year. I will leave the detail to the CEO's report. The Council of Governors will know of our strong financial performance, the strengthening of our balance sheet, the improvement of quality of care evidenced by our recent CQC report. Good progress being achieved on our people strategy and the successful implementation of a new Cerner system. All of our staff have worked tirelessly to achieve this laudable result against a background of ever-increasing demand and in the absence of financial investment in the centre to enable us.

As the year closes, I am delighted to welcome to our Board, Ian Eaves our new Director of Improvement and Thomas Simons our new Director of People.

2.0 Non-Executive Director Appointments

If Council supports the recommendation of its nominations and remuneration committee, we will move to commence the search for a successor for Liz Shanahan. We are particularly committed to broadening the diversity of our non-executive directors' team to better reflect the diversity of our staff and of our patients. It goes without saying that at the end of the day we must and will appoint the most suitable candidate.

3.0 Governor Inductions and Informal Lunches

I have enjoyed spending time over the last months with our newer Governors. We are fortunate indeed to have been joined such excellent new colleagues. We have organized the annual cycle of informal Chair and Governor lunches and I very much enjoyed the first held last month where governors were particularly keen to stress that the Trust should play a role as a systems leader in the reshaping of North West London.

4.0 The National Picture

The publication of the long-term plan and the appointment of a new leader for the NHS in London, Sir David Sloman, has been followed by the CEO and myself. Further upping our level of engagement with the 'centre'. I am delighted to have been appointed to the new NHS Assembly which will provide oversight and input into the implementation of the long-term plan. As one of two NHS Chairs on the assembly it gives us a further voice in observing and contributing to the evolving new NHS system. I have also had a one on one meeting with Sir David Sloman and the Board will be having a special meeting with him in May to understand better his vision for the NHS in London and to share with him some of our early thoughts about how we can act as a leader in the inevitable system changes.

On Monday 8 April, Lesley and I met with the new Chair of Imperial Health Trust, Paula Vennells. Paula is the former CEO of the Post Office and a NED of Morrisons. It was an excellent first meeting and we discussed our mutual enthusiasm for greater collaboration in the interest of our patients.

Sir Thomas Hughes-Hallett
Chairman

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 2 May 2019

PUBLIC SESSION

AGENDA ITEM NO.	1.6/May/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 – March team brief 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
April 2019

1.0 Performance

In March the Trust saw a continued high level of activity across its range of services specifically in non-elective demand and A&E attendances which is up 4.2% on the same period last year. Despite this the Trust has seen 95.8% of patients within 4 hours which was the only Trust in London to deliver the standard and one of very few nationally. This is an exceptional achievement for all the staff involved considering the London and national picture.

The Referral to Treatment (RTT) incomplete target was sustained in March with a further improvement on February and the West Middlesex site delivering the 92% standard for the first time since October.

Additionally, the Trust reports on-going compliance against all the Cancer standards and our 6 week wait Diagnostic position remains compliant.

2.0 Flu Vaccination update

The Trust exceeded the NHSE target of 75% with 81% of our staff being vaccinated. A review of the process and lessons learnt session has been undertaken to plan for 2019 Flu vaccination programme.

3.0 Divisional updates / staffing updates

Tina Benson has taken up a new role as Director of Digital Operations / Deputy Chief Operating Officer, and Mark Titcomb has picked up the baton as Hospital Director for West Middlesex Hospital. Helen Kelsall has joined the Trust as Divisional Director of Nursing for Emergency and Integrated Medicine and the role of Divisional Director of Operations for the same division is being recruited to currently.

4.0 Staff Achievements and Awards

Awards

Chelsea and Westminster Hospital NHS Foundation Trust and Digital Innovator Patchwork won a prestigious award for digital transformation at the HSJ Partnership Awards 2019 (March 20), which showcases the most effective partnerships in healthcare.

The partnership were named winners in the Medical Software, Systems and Technology category for an pioneering digital solution which provides NHS temporary staff (locums) with the ability to easily book bank shifts via an app.

The Trust was also highly commended in the Workforce Innovation category and shortlisted for the Best Educational Programme for the NHS.

February PROUD Award Winners

Emergency and Integrated Care Division: Lucy Brash, Ward Manager, Rainsford Mowlem Ward, CW

Planned Care Division: Carolyn Baker, Health Care Assistance Ward Syon 2, WMUH

Women and Children's Health Division: Clare Baker, Acting Deputy Head of Midwifery, CW

Corporate (R&D): Serah Duro, Chelsea and Westminster Hospital, Clinical Trials Assistant

March PROUD Award Winners

Emergency and Integrated Care Division: Clinical Site Team, cross site

Planned Care Division: Hand clinic led by Mr Eckersley, CW

Planned Care Division: Ambulatory Day Case Centre Team, CW

Women and Children's Health Division: Evelyn Quartey, Senior Sister, Chelsea Wing, CW

Corporate Division: Charles Petre, Volunteer, Transport and Discharge Lounge

5.0 Communications and Engagement

Team Briefing

Presentations for February included an inquest case study, knee replacements, surgery/colorectal publication.

Presentations for March included Veteran Aware, frailty and EU exit.

Media coverage February and March

February

Positive coverage in Digital Health. Chelsea and Westminster Hospital NHS Foundation Trust cited as being one of several Trusts who have signed strategic research agreement (SRA) with AI company Sensyne Health.

Informative news article on lip protection in The Times featuring Nicola Clayton, dermatologist at Chelsea and Westminster Hospital and spokeswoman for the British Association of Dermatologists.

Dr Henry Chuen Choy Lim, GP at West Middlesex University Hospital quoted in a Vice Magazine's feature on crash diets and fad eating in Asian culture.

Positive news articles on the launch of the new digital postnatal discharge system (Lumeon):

- Building Better Healthcare
- Digital Health Age
- Health Tech Newspaper

March

Coverage for March included:

Chelsea and Westminster ranked the fifth best hospital in the UK and named as one of the top 100 hospitals globally by Newsweek

Forbes - The Entrepreneur Medics Helping To Tackle The NHS Staffing Crisis

Tech Target - Postnatal care pathway moves to dashboards at UK hospital

Healthcare leader - The value of realising the full potential of volunteers in the NHS

The Art Newspaper - From Veronese to Isaac Julien - art therapy at a leading London hospital

As well as extensive coverage of the launch of the Robotic Process Automation Centre of Excellence announcement:

- Robot workers from Automation Anywhere to serve NHS
- Chelsea and Westminster Hospital NHS Foundation Trust launches automation centre of excellence
- NHS Trust launches Robotic Process Automation Centre of Excellence
- NHS strikes robotic deal to automate back office functions
- Robot workers from softbank-funded start-up employed in NHS back office
- NHS goes RPA with digital robot trail at Chelsea and Westminster trust
- Chelsea and Westminster launches RPA centre of excellence
- NHS Trust launches Robotic Process Automation Centre of Excellence
- NHS launches automation centre of excellence

Website

Launch of revamped maternity services section

The launch of the new maternity services section of the website on 29 March saw a 60% increase in visitors to this area of the website compared to the previous year.

Overall summary

The Trust website had 126,000 visits in February and 132,000 visits in March. Three quarters of visitors were new and one quarter were returning visitors.

The top sections were 56 Dean St, 10 Hammersmith Broadway and John Hunter clinics, travel directions and contact info, and our clinical services. 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

Topics for February included the digital postnatal discharge system, volunteering, Medication Safety Awareness Week.

Topics for March included Veteran Aware, HSJ Partnership Awards, Palliative Care Team Gold Standards Framework Award, Dr Zul Mirza's work on organ donation in the BAME community.

Engagement rates across all social media platforms increased in March with over 1000 engagements extra per day.

6.0 Strategic Partnerships Update

Partnership Working

Alongside more formal engagement in Borough based Integrated Care development and the wider Health & Care Partnership – which is subject to a full report on the main agenda – the Trust continues to be an active and leading partner in joint work with other providers to drive service improvements for patients. Recent activity includes:

- Workshop with Hounslow & Richmond Community Health (HRCH) on the West Middlesex site to prioritise urgent care service improvement projects
- The Emergency & Integrated Care Division away day which hosted speakers from Central North West London (CNWL) to review Community Independence Service; and HRCH to review actions an impact of the Hounslow Integrated Care Programme
- Workshop with RBKC and Westminster adult social care commissioners and public health leads to develop year 2 of our health improvement programme. Priority areas include the evolution of Big Bites Pearly Whites, Alcohol & Smoking support services and Mental Health & Dementia, Exercise and Obesity management and action on youth violence. The Borough team have confirmed extension of funding for Clinical Innovation Fellow and associate service provision costs.

Joint Transformation Programme with Imperial College Healthcare Trust (ICHT)

The Joint Executive priority programme to jointly review the potential for greater alignment / consolidation continues. We have identified three specific areas, HIV, ophthalmology and dermatology, where challenges associated with scale and / or differential outcomes strongly suggest that a joined up approach to the planning and delivery of services could deliver better care and improved value. A more formal proposal is being developed which would include some specific deliverables, a process which could be replicated for other specialities and/or scaled across a wider catchment and supporting governance which will be brought to Executive Management Board and full Board for approval.

Healthier Hearts & Minds (NWL Cardio-Respiratory Services)

The programme supporting the NWL business case to retain and provide cardio-respiratory services has met its key initial milestone and submitted the pre consultation business case response to NHSE England. There is a separate report to Board including the full submission and we remain engaged in dialogue with both the NHSE Specialised Services team and the CEO of NHS England (London).

7.0 EU Exit (Brexit) planning

With the EU Exit deal extension agreed until the 31st of October daily and weekly sitreps to NHS England have been suspended. We are awaiting further advice and guidance from NHS England on the planning parameters for the next few months.

However, as a Trust we must continue with our Business Continuity planning as part of this process the Emergency Planning Response and Recovery team will coordinate the completion of service impact assessments (SIAs) at a department level. Over the next few weeks KPMG will be conducting 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.

8.0 Finance

The Trust is reporting a year end surplus of £26.9m (subject to audit) which is £0.08m favourable to plan. This is after receipt of additional Provider Sustainability Funding (PSF) in relation to an increase in the Trusts planned surplus agreed at month 6 with NHSI.

We invested £51m on capital in 2018/19, 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 in West Middlesex.

Lesley Watts

Chief Executive Officer

April 2019

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

Emergency and Integrated Care

Our division continues to be at the centre of the current winter surge in patient numbers and during February this trend continued, with a record number of patients being seen at both A&E departments. Once again this month both hospitals are performing really well and our patient feedback continues to improve, due to the great efforts of all our staff. This time of year also sees a focus on our forthcoming quality improvement work which is based around falls, improved frailty pathways and delivering better support to our patients with dementia. We are always looking for more quality initiatives, so if you have an idea please contact your manager or the EIC improvement team who will help to develop it. Finally, we'd like to congratulate all of our recent PROUD award winners and both of our trauma teams for their excellent mid-year peer reviews.

Planned Care

Our commitment to quality and safety remains a focus. Plans are underway to increase the ambulatory offer for our surgical patients with a number of pathways in development, meaning some of these patients no longer require admission for their care. During February, our amazing clinical and operational team maintained the elective work despite the increase demand for emergency beds. Thanks to all of you - especially in Theatres, Day Surgery and the wards - who work hard to ensure our patients are managed safely through their pathways. We continue to prepare for Cerner implementation with many of our team having attended the first 'Road to Cerner' event.

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

We are continuing to prepare for Cerner at the Chelsea site this autumn and are particularly trying to ensure high clinical engagement. Although February was a challenging month, teams across the division have been working hard to help deliver the ED, RTT and cancer targets. We're supporting the Trust's work to develop a joint proposal with Imperial Healthcare NHS Trust and Imperial College to take on Royal Brompton activity, especially paediatrics. We are continuing to work closely with Imperial to repatriate inpatient HIV patients to our Chelsea site. We'd also like to congratulate our clinical team who provide the Sexual Health London eService, as they recently received a gold accreditation grading.

Clinical Support Services

Many people from across the Trust attended our EU Exit Business Continuity table top exercise at the start of February, along with external partners. It helped us understand the questions and concerns that are being raised and we have now included these in our business continuity planning. This month's team brief will include an update from the EU Exit Tactical Team so you are aware of all the work that we have been doing. Our management team also went on an away day, working together to further develop the business plans, identify opportunities for improvement and discuss ideas for efficiency projects, as well as taking part in various team building activities.

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

- Planned Care: **Aine Lennon, Moriah Culhane and Andrea Louise Coronia,** Nurses - Lord Wigram Ward, Chelsea
- Emergency and Integrated Care: **Sanjay Krishnamoorthy**, Consultant, Chelsea
- Women and Children**: Postnatal Digital Project Team**, Chelsea
  Corporate: **Harry Bannister**, Resuscitation Officer, Chelsea

Visit the intranet to nominate a team or individual.

Mandatory and statutory training
The Trust has achieved 93% compliance for the 5th reporting period with all divisions now reaching 93% or above. Current compliance figures (at 28 February 2019) are as follows:

Division	Compliance
Corporate	**94%**
Emergency and Integrated Care	**92%**
Planned Care	**93%**
Women, Neonatal, Children, Young People, HIV/Sexual Health	**93%**
Overall compliance	**93%**

Information Governance is due to submit the Trust compliance level at the end of March as part of its national annual submission, so please ensure if you've lapsed or are due to lapse soon that you schedule in the time to complete the online training. The Trust is aiming for at least 95% compliance on this topic.

Preparing for EU exit
The Department of Health and Social Care is leading the response to EU Exit across the healthcare sector. They are also working closely with NHS England and NHS Improvement to best prepare the NHS. We want to ensure that all of you are supported to stay within our Trust so our dedicated EU Exit Tactical Team will be providing guidance and updates across our internal communication channels, including a dedicated page on the intranet, messages on the bulletin and this month's Team Brief presentation.

Recruitment and retention
The Nursing Associate is a new nursing support role launched nationally to bridge the gap between Health Care Support Workers and Registered Nurses. In addition to delivering fundamental patient care, this staff group will also perform a range of extended clinical skills, administer oral and some injectable medicines, oversee care of a bay of patients and be involved in evaluating the quality of care delivered. The two year training programme is fully funded by the Trust. Please view the intranet for more information and contact cathy.hill@chelwest.nhs.uk with any queries.

Westminster Abbey anniversary event – staff ballot
This year marks 300 years since the inception of Westminster Hospital - which later became Chelsea and Westminster Hospital. On Thursday 23 May we will be celebrating this important anniversary with a special service at Westminster Abbey. We have a limited amount of tickets available for current staff so a ballot will be launched next week for staff to apply for a ticket. Priority will be given to long serving staff and those who work at Chelsea and Westminster Hospital. We are planning a very special event to celebrate 100 years of West Mid which will take place next year. Look out for information about the ballot and how to apply in our communications next week.

NHS Providers

Summary of board papers – statutory bodies

NHS England/NHS Improvement joint board meeting – 28 February 2019

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

Chief executive update

- From the 1 April NHS England (NHSE) teams within and NHS Improvement (NHSI) will begin merging together. Following this, there will be further changes in summer with a view to complete the restructure by the autumn.
- It is expected that in late April/early May the long term plan implementation framework will be published. This will set out a five year programme of change.

2018/19 finance and operational performance report

- The England-wide rollout of the NHS app is progressing. The app is currently enabled in over 1,500 GP practices and on track to be close to one third by the end of March. An intensive rollout period is scheduled from April – July 2019.
- The NHS has now recruited 110 doctors from overseas through the extended national programme and pilots. There is a further pipeline of doctors undergoing interviews and language assessments.
- During 2019/20 it is expected that primary care networks will establish themselves, laying the foundation for transformation. More information on PCNs can be found in the NHS Providers on the day briefing.
- A second wave of community perinatal mental health funding has been distributed to a further 35 Sustainability and Transformation Partnership (STP)-led sites, which gives expectant and new mothers experiencing mental health difficulties access to specialist perinatal mental health community services in every part of the country by April 2019.
- NHSE and NHSI are working with all systems across England to either set out a development path for an STP to become an Integrated Care System (ICS) or to support the further development and strengthening of ICSs.

Workforce implementation plan update

- The board noted some of the key themes from engagement on the workforce implementation plan:
  - Making the NHS a better place to work is a key theme.
  - There is an emphasis on flexible working and health and wellbeing.
  - There is a need to look at different generational leads.

- Importance of portfolio careers.
- Importance of the right leadership culture at all levels of the service.
- Importance of central bodies exhibiting the leadership they want to see.
- Nursing challenges have been identified as needing urgent action.

- An interim report is expected to be published later this year and will aim to set out a more detailed vision and will recommend some practical actions.

Establishing Integrated Care Systems by April 2021

- NHSE/I confirmed that support will be provided to STPs and ICSs for the following areas:
  - Boost out of hospital care to improve the link between primary and community services.
  - Re-design and reduce pressure on emergency hospital services.
  - Support people to get more control over their health.
  - Increase population health and local partnerships with local authority funded services.
  - Agree a long term plan implementation framework to establish priority areas for each system.
  - Deploy differentiated national support offers.
  - Reinforce system based behaviours within NHSE and NHSI.
- A maturity matrix system to assess STP/ICS progress will be developed. This index will:
  - Set out the system priorities for development and the corresponding regional/national support.
  - Establish the freedoms and flexibilities that correspond to a level of maturity.
  - Establish a clear set of entry criteria for achieving ICS status.
- To share best practise and learning, a development offer needs to be created and the key elements of this will include:
  - Assessing population health management maturity.
  - Creating a national learning network for health and care professionals.
  - Delivering an accelerator programme that provides hands on support to a small number of STPs.
  - Designing national consistent integrated models of care.
- NHSE and NHSI will also work to reinforce this approach systematically at a corporate level by:
  - Constructing a new ICS accountability and performance framework.
  - Ensuring financial flows support and incentivise system based collaborative working.
  - Developing an integration index to better measure and reflect system ambitions.
  - Developing a single population health dashboard.
  - Agreeing nationally consistent ICS governance structures.
  - Proposing legislative changes that would further support this direction of travel.

Health Education England board meeting – 19 March 2019

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

Performance report

- NHSE and Health Education England (HEE) are working collaboratively to deliver an effective transition and education programme for international GPs.
- There is a risk that the 1,000 physician associates (PA) target in primary care will not be met due to in part the lack of employment posts being developed. NHSE, NHSI, and HEE are working collaboratively to incentivise PAs into primary care.
- A programme aimed to support the increase in nurse training by 25% by 2021 includes a funding levers work stream.
- The development of a national Urgent and Emergency Care Workforce Strategy is underway, in partnership with NHSE and NHSI.
- The quarter three position shows 14,566 apprenticeship starts against a plan of 15,403 (94.6%).
- HEE is recruiting two patients' safety fellows in partnership with the Academic Health Science Network Patient Safety Collaborative.

HEE Mandate and Business Plan Update 2019-20

- HEE is working jointly with NHSI and The Department of Health and Social Care (DHSC) to develop its mandate for 2019/20 onwards. A draft is expected to be shared across HEE and NHSI's Boards in April.

HEE proposed budgets for 2019/20

- The workforce development budget will continue at £84.2m in 2018/19, supplemented with an additional £30m that is targeted at nursing development for those providers that take on trainee nursing associates.
- Discussions are ongoing with NHSE about their contribution to the growing cost of GP training.
- Due to the Leadership Academy transferring to NHSI in April 2019, HEE will lose both the allocation and planned expenditure of its current 2018/19 levels.

Care Quality Commission board meeting – 20 March 2019

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

Chief Executive's report

- A detailed paper on enforcement priorities will be presented to the executive team in April.

Chief Inspector of Hospital's report

- Since the publication of the report '*sexual safety on mental health wards*' in September 2018 the CQC has undertaken the following actions:
  - The establishment of an Arms Length Body oversight committee. The committee meets every other month and is attended by NHSI, NHSE, HEE, Royal College of Nursing and the Royal College of Physicians.
  - A brief guide has been co-produced with inspectors to support them implement the report's recommendations.

Recent publications

- Following the publication of the '*State of care in independent ambulances*' report the CQC will continue to work with the DHSC to close gaps in the regulation whereby services outside the CQC's remit are providing poor care.

Upcoming publications

- CQC will publish their legal scheme confirming the fees they will charge providers in 2019/20, along with their response to the consultation on these fees. These will aim to be published in week commencing 18 March and will be accompanied by supporting documents, including a regulatory impact assessment and an independent summary of the feedback received to the consultation.
- The '*independent doctors and clinics providing primary medical services – learning from good practice*' report enabled the CQC to understand the common issues identified in inspections, identify good quality practice, and look to improvements that could be found on follow-up inspections.

Healthwatch England update

- The CQC has secured £504,000 from NHSE to run an engagement exercise with the public on the long term plans that are being developed on a regional basis. This engagement exercise, that will take place in every part of England, presents the first opportunity to work in a co-ordinated way.
- NHS Digital has announced a plan to review the data for hospital readmissions and make it more meaningful. A review is being set up to look at how they can record and include other key data, such as the reason why someone is readmitted, as well as making the data definitions more consistent.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 2 May 2019

PUBLIC SESSION

AGENDA ITEM NO.	2.2/May/19
REPORT NAME	Improvement Programme update
AUTHOR	Victoria Lyon, Head of Improvement
LEAD	Iain Eaves, Director of Improvement
PURPOSE	To report on the progress of the Improvement Programme
SUMMARY OF REPORT	**Cost Improvement Programme (CIP)** The Trust achieved a full year outturn of £25.2m against the 2018/19 CIP target of £25.1m. £13m (52%) of the 2019/20 CIP target of £25.1m has been identified (as at 5th April). **Quality improvement** All CQC "should do" actions have now either been completed or have moved to a green RAG rating.
KEY RISKS ASSOCIATED	Failure to continue to deliver high quality patient care Failure to deliver 2019/20 improvement and efficiency targets
FINANCIAL IMPLICATIONS	These are regularly considered as part of the risk assessment and review process of Cost Improvement Schemes through the divisional structures and Improvement Board.
QUALITY IMPLICATIONS	These are considered as part of the embedded Quality Impact Assessment process of the Improvement Programme.
EQUALITY & DIVERSITY IMPLICATIONS	Equality and Diversity implications have been considered as part of the embedded Quality Impact Assessment process of the Improvement Programme, which is led by the Chief Nurse and Medical Director.
LINK TO OBJECTIVES	• Deliver high-quality patient-centred care • Deliver better care at lower cost
DECISION/ ACTION	For assurance.

1. Financial Improvement

The Trust achieved a full year outturn of £25.2m against the cost improvement programme (CIP) target of £25.1m.

The Trust has a CIP target of £25.1m for 2019/20, which is split by division using the same methodology as in 2018/19:

- Clinical Divisions have been set targets of 5.7% of addressable spend
- Corporate departments have been set a higher target of 10% of addressable spend

The 2019/20 Improvement Programme is focused on the areas of greatest opportunity including bed and theatre productivity, outpatient transformation, workforce, procurement and private patients. As of 5th April 2019, the Trust had identified £13m (52%) of the 2019/20 CIP target of £25.1m. £800k of run rate schemes have also been identified (these are not included in the CIP figures).

2. Quality Improvement

a.) CQC improvement update

As of April 2019, all "should do" actions from the CQC inspection which took place in 2017/18 have either been completed (123) or moved to green status (24). The improvement team will continue to monitor the CQC actions and support the continuous quality improvement, working with the care quality programme.

b.) Quality Improvement and Innovation Events

Two Quality Improvement and Innovation events were held on 9th and 10th April respectively at the West Middlesex site and Chelsea and Westminster sites. The events aimed to:

- Highlight and celebrate quality improvement work taking place across the Trust
- Encourage staff to actively engage with quality improvement and enabling them by:
    - Facilitating networking and promoting the sharing of ideas and inspiration amongst colleagues
    - Raising awareness of how to access support
- Engage staff in shaping the evolving improvement support offer

Over 140 staff attended the two events:

- 94% said they planned to share their improvement ideas with colleagues and to take what they had experienced back to their teams.
- 90% said they were more likely to try an improvement in their area following the events.
- 90% said they now know where to go for improvement help and support.
- 78% said they shared ideas at the events with colleagues that they might not have otherwise met.

The improvement team will shortly be launching a digital improvement hub as a one stop shop for staff to access quality improvement advice and support, register and get involved with projects

c.) Getting It Right First Time (GIRFT)

Getting It Right First Time (GIRFT) is a national programme, helping to improve the quality of care and the efficiency of care delivery. The Trust GIRFT Action Group meets monthly, with the national GIRFT team joining quarterly.

The Trust completed an Intensive and Critical Care GIRFT visit in March. At the time of writing, one further GIRFT review date has been confirmed in June for Hospital Dentistry, with dates for Cardiology, Radiology, Breast Surgery and Anaesthetics and Perioperative Medicine pending.

The Trust has also agreed to take part in a trial run to test the newly formed metrics for the GIRFT Acute and General Medicine project.

3. 2019/20 Quality Priorities

The Trust Quality Priorities for 2019/20 are aligned to the Quality Strategy and the three quality domains (patient safety, clinical effectiveness and patient experience). As in previous years, 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

Our ambition for 2019/20 is for teams to continue to develop transferrable and sustainable knowledge and skills in order to carry on the journeys of improvement within the organisation and across wider healthcare. Within that context, we have set the following priorities for 2019/20:

1. Improving sepsis care
2. Reducing hospital acquired E.Coli bloodstream infection
3. Reducing inpatient falls
4. Improving continuity of care within maternity services

Each priority has an Executive lead and a quarterly report will be provided to the relevant subgroup of the Trust's Quality Committee i.e. Clinical Effectiveness Group, Patient Safety Group or Patient Experience Group and, subsequently, to the Quality Committee itself.

Further detail on each of the priorities is set out within the 2019/20 Operational Plan (agenda item 4.1)

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 2 May 2019

PUBLIC SESSION

AGENDA ITEM NO.	2.3/May/19
REPORT NAME	Learning from Serious Incidents
AUTHOR	Stacey Humphries, Quality and Clinical Governance Assurance Manager
LEADS	Pippa Nightingale, Chief Nursing Officer
PURPOSE	To provide assurance that serious incidents are being reported and investigated in a timely manner and that lessons learned are shared.
SUMMARY OF REPORT	This report provides the organisation with an update on Serious Incidents (SIs), including Never Events, reported by Chelsea and Westminster Hospital NHS Foundation Trust (CWFT) between 1st April 2018 and 31st March 2019. Comparable data is included for both sites. • A total of 78 SI's were reported in 2018/19. CWH reported 34 and WMH reported 44. • There is a 125% increase in the number of Slips/trips/falls incidents reported 2018/19 compared to the previous financial year. (2017/18 = 8, 2018/19 = 18). • There is a 57% reduction in the number of pressure ulcers SI's reported in 2018/19 compared to 2017/18. (2017/18 = 14, 2018/19 = 6).
KEY RISKS ASSOCIATED	• There is a reputational risk associated with the Never Event reported in March 2019.
FINANCIAL IMPLICATIONS	• Penalties and potential cost of litigation relating to serious incidents and never events.
QUALITY IMPLICATIONS	• The reduction in hospital acquired pressure ulcers continues
EQUALITY & DIVERSITY IMPLICATIONS	N/A
LINK TO OBJECTIVES	Objective 1:Deliver high quality patient centred care Objective 2: Be the employer of choice Objective 3: Deliver better care at lower cost
DECISION/ ACTION	The Trust Board is asked to note and comment on the report.

SERIOUS INCIDENTS REPORT

1.0 Introduction

This report provides the organisation with an update of all Serious Incidents (SIs) including Never Events reported by Chelsea and Westminster Hospital NHS Foundation Trust (CWFT) since 1st April 2018. Reporting of serious incidents follows the guidance provided by the framework for SI and Never Events reporting that came into force from April 1st 2015. All incidents are reviewed daily by the Quality and Clinical Governance Team, across both acute and community sites, to ensure possible SIs are identified, discussed, escalated and reported as required. All complaints that have a patient safety concern are reviewed, discussed, escalated and reported as required. In addition as part of the mortality review process any deaths that have a CESDI grade of 1 or above are considered and reviewed as potential serious incidents.

2.0 Never Events

'Never Events' are defined as '*serious largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers*'.

There have been 3 Never Events reported since the 1st April 2018. The first Never Event was reported in September 2018 (Retained foreign object post-procedure, StEIS reference 2018/22293). The incident involved a 36 year old patient who had a spontaneous vaginal delivery at 38 weeks with an episiotomy due to suspected fetal compromise delivery. The episiotomy was sutured in the labour ward room under epidural analgesia. The retained vaginal swab was found after attending an appointment with her GP. Patient has been reviewed, is systemically well and has been given a course of oral antibiotics. The Trust was informed of the retained swab by the GP.

The second Never Event was reported in December 2018 (Unintentional connection of a patient requiring oxygen to an air flowmeter, StEIS reference 2018/28691). The incident involved a 77 year old patient who was brought to ED following a cardiac arrest. On arrival at ED, patient had a return of spontaneous circulation, however, deteriorated and had a second cardiac arrest. CPR was stopped as it was agreed nil improvements had been noted. On detaching monitors it was noticed the patient's Maple C water circuit was attached to the air-port rather than the oxygen port.

The third Never Event was reported in March 2019 (Surgical - Wrong site surgery, StEIS reference 2019/6422). This patient had a complex colorectal procedure and during the course of the procedure had her ureteric JJ stent changed. (Long term JJ stent due to ureteric stricture). On review of the x-rays the following day, the team identified that the stent had been placed on the wrong side. The patient was taken back to theatre and a cystoscopy was performed. Left JJ stent was removed and a right JJ stent inserted under x ray guidance.

3.0 SIs submitted to CWHHE and reported on STEIS

Table 1 outlines the SI investigations that have been completed and submitted to the CWHHE Collaborative (Commissioners) in March 2019. There were 6 reports submitted.

STEIS No.	Date of incident	STEIS Category	External Deadline	Date report submitted	Site
2018/29545	11/12/2018	Abuse/alleged abuse of adult patient by staff	12/03/2019	11/03/2019	CW
2018/29768	21/08/2018	Diagnostic incident including	14/03/2019	14/03/2019	CW
2018/30378	22/07/2018	Surgical/invasive procedure incident	21/03/2019	19/03/2019	WM
2019/300	02/01/2019	Maternity/Obstetric incident: mother only	01/04/2019	19/03/2019	WM
2018/30508	12/09/2018	Diagnostic incident including	25/03/2019	19/03/2019	WM
2019/90	11/10/2018	Treatment delay	27/03/2019	26/03/2019	CW

Table 1 – Serious incident reports submitted to CWHHE in March 2019

Table 2 shows the number of incidents reported on StEIS (Strategic Executive Information System), across the Trust, in March 2019.

STEIS Category	WM	C&W	Total
Maternity/Obstetric incident: baby only		1	1
Slips/trips/falls		3	3
Surgical/invasive procedure incident	1		1
Treatment delay		1	1
Total	**1**	**5**	**6**

Table 2 – Serious incidents reported in March 2019 by StEIS category

The number of SI's reported in March 2019 (6) is lower compared to the previous month; February (9). During both months the Trust reported against the slips/trips/falls category (4 incidents reported in February and 3 incidents reported in March) and Maternity/Obstetric incident: baby only.

Charts 1 and 2 show the number of incidents by StEIS category and month reported on each site during this financial year 2018/19. WM has reported 10 more SI's than the CW site.

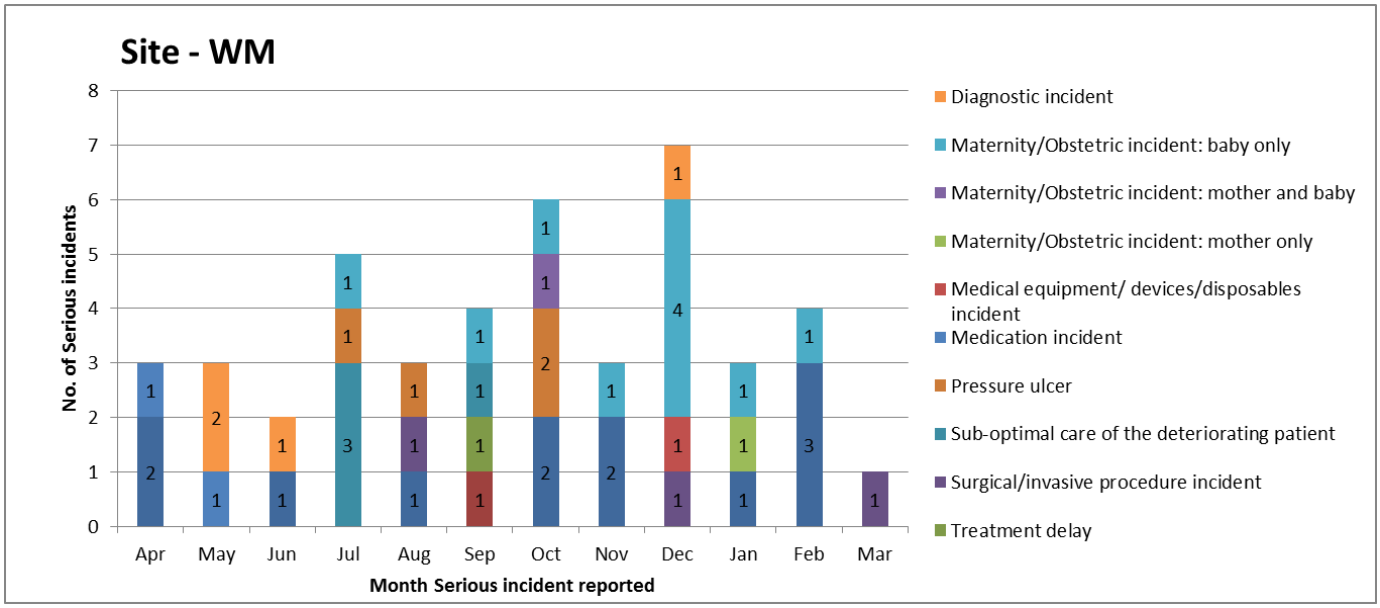


Chart 1 – Serious incidents reported at WM by category (YTD 2018/19 = 44)

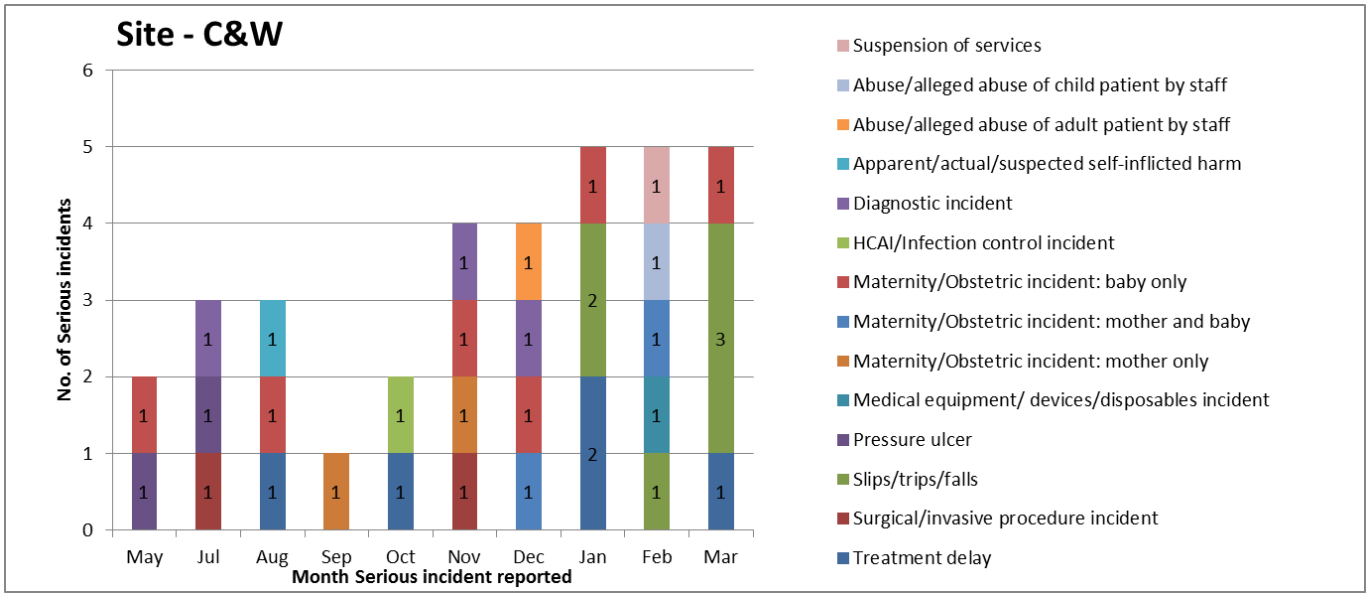


Chart 2 - Serious incidents reported at C&W by category (YTD 2018/19 = 34)

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

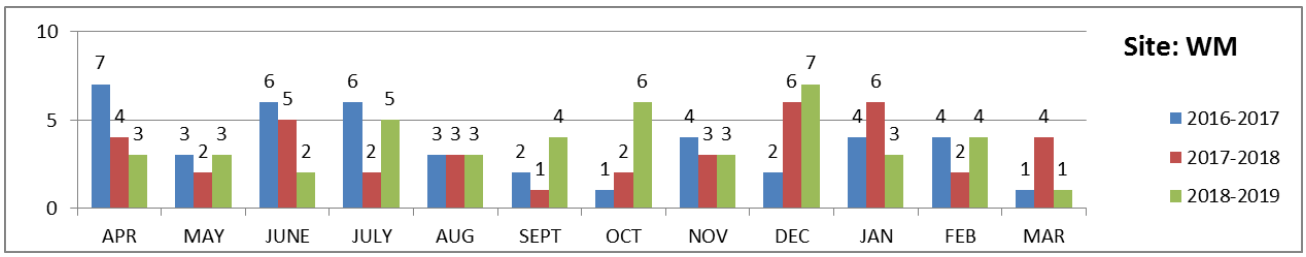


Chart 3 – No. of serious incidents reported by WM site in 2016/17, 2017/18 & 2018/19

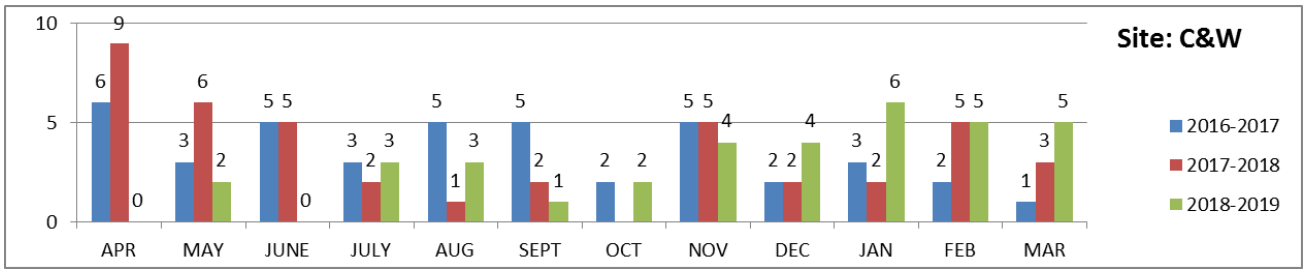


Chart 4 – No. of serious incidents reported by C&W site in 2016/17, 2017/18 & 2018/19

3.1 SI's by Clinical Division and Ward/Department

Chart 5 displays the number of SI's reported by each division, split by site, since 1st April 2018.

During 2018/19 Emergency and Integrated Care Division reported 24 SIs (C&W 8, WM 16). Women's, Children's, HIV, GUM and Dermatology Division reported 32 SIs (C&W 15, WM 17), Planed Care Division reported 16 SI's (C&W 7, WM 9), Clinical Support Services Division reported 5 SI's (C&W 3, WM 2), and the Corporate Division reported 1 SI.

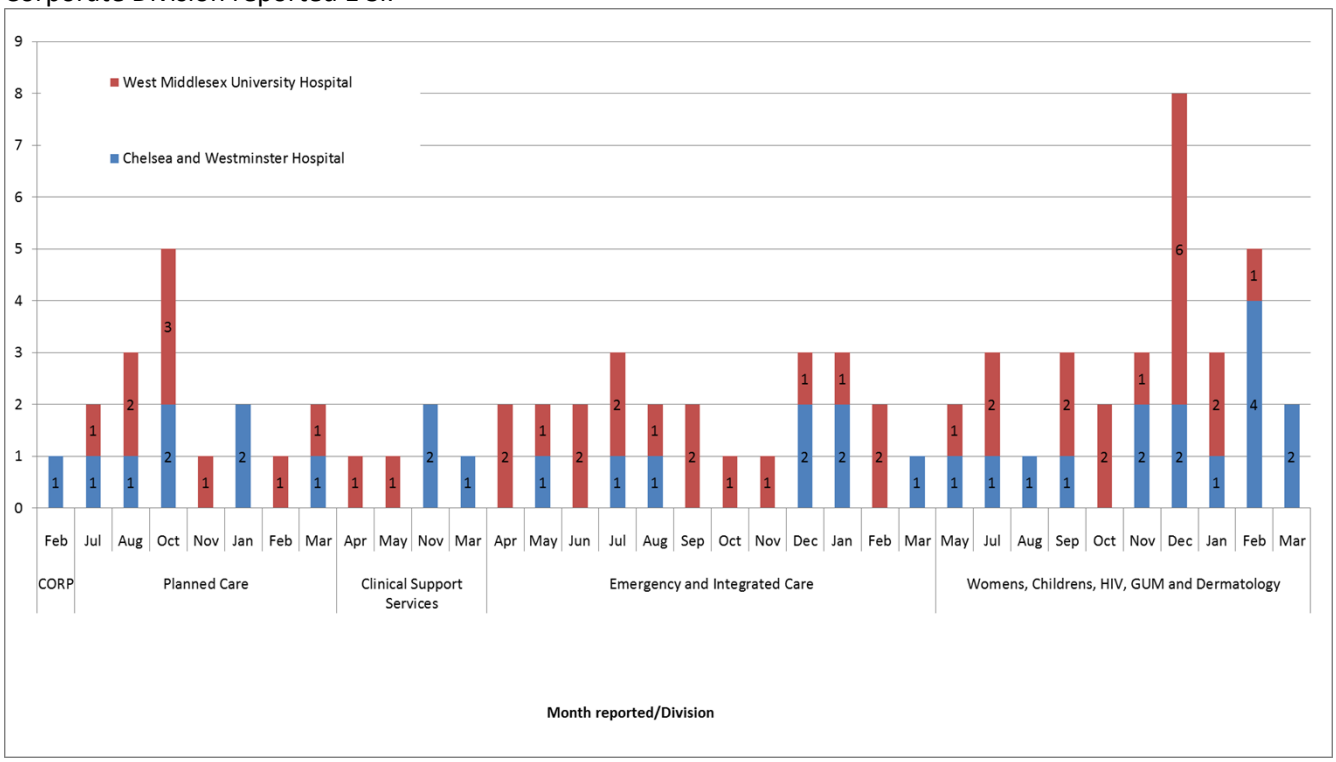


Chart 5 – No. of serious incidents reported by division and site during 2018/19

Charts 6 and 7 display the total number of SI's reported by each ward/department. On both sites the Labour wards have reported the highest number of SI's. The second most reporting location on the C&W site is the eye clinic and on the WM site, Gynaecology clinic, Syon wards and A&E have all reported 3 SI's each.

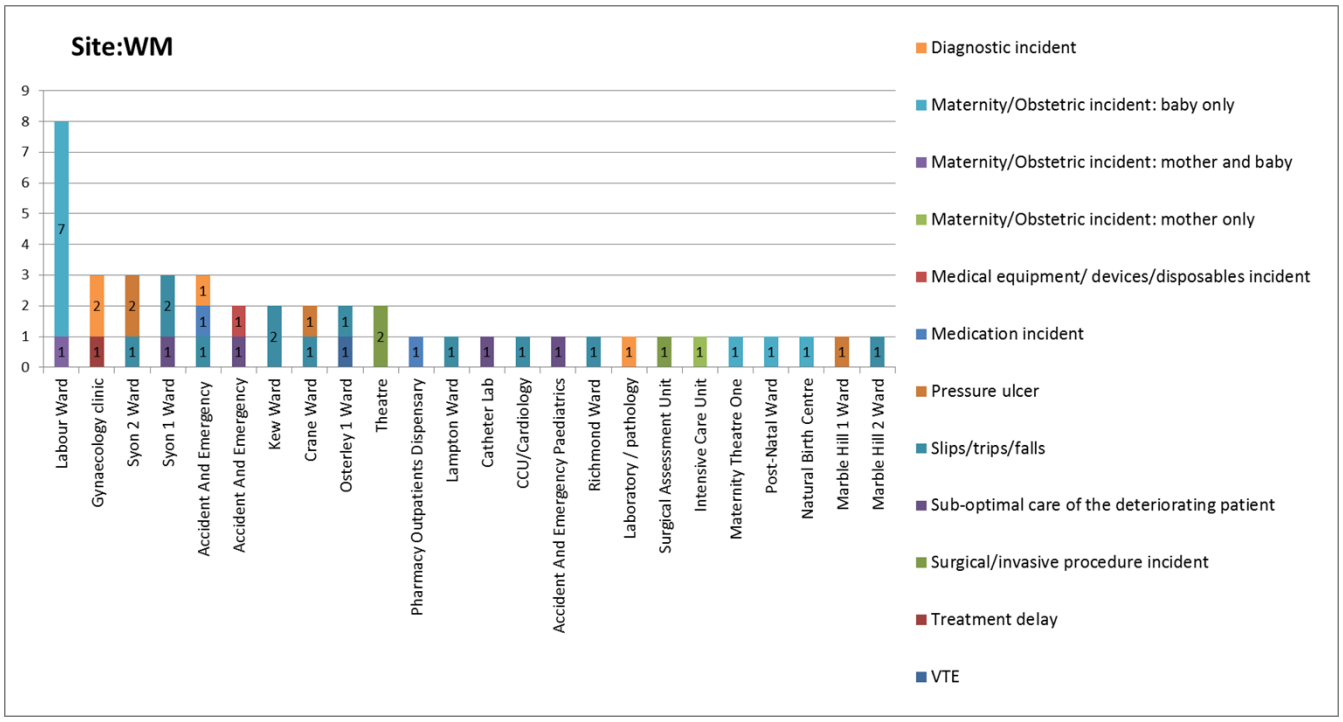


Chart 6 – No. of incidents reported by StEIS category and location exact WM 2018/19

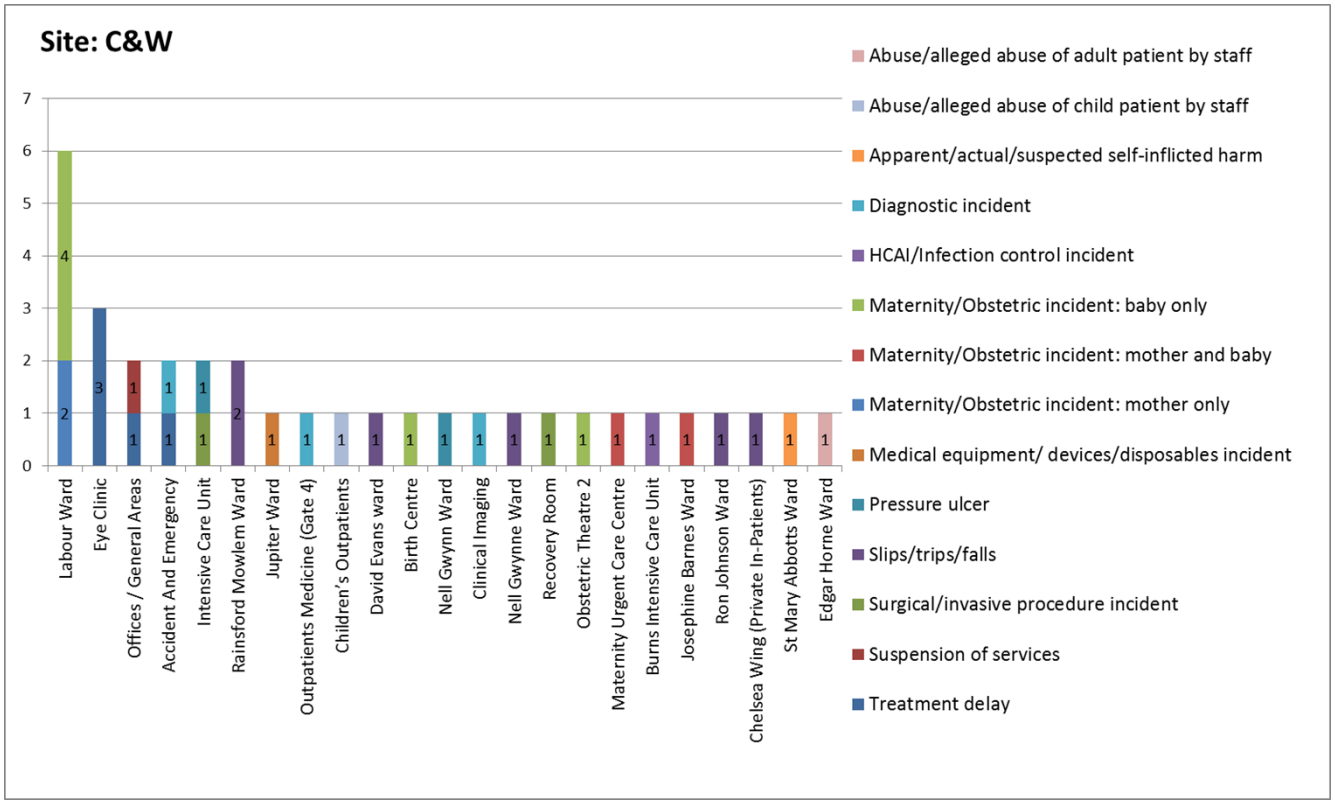


Chart 7 – No. of incidents reported by StEIS category and location exact, C&W 2018/19

3.2 Hospital Acquired Pressure Ulcers

Hospital Acquired Pressure Ulcers (HAPUs) remain high profile for both C&W and WM sites. The reduction in HAPU remains a priority for both sites and is being monitored by the Trust Wide Pressure Ulcer working group. The end year position for 2018/19 year to date is 6 compared to 14 for the same time period in 2017/18. This is a very positive reflection that the interventions put in place are working.

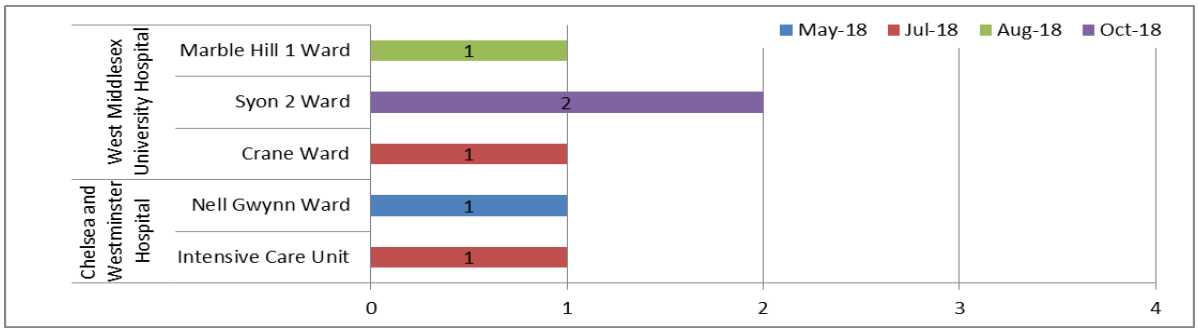
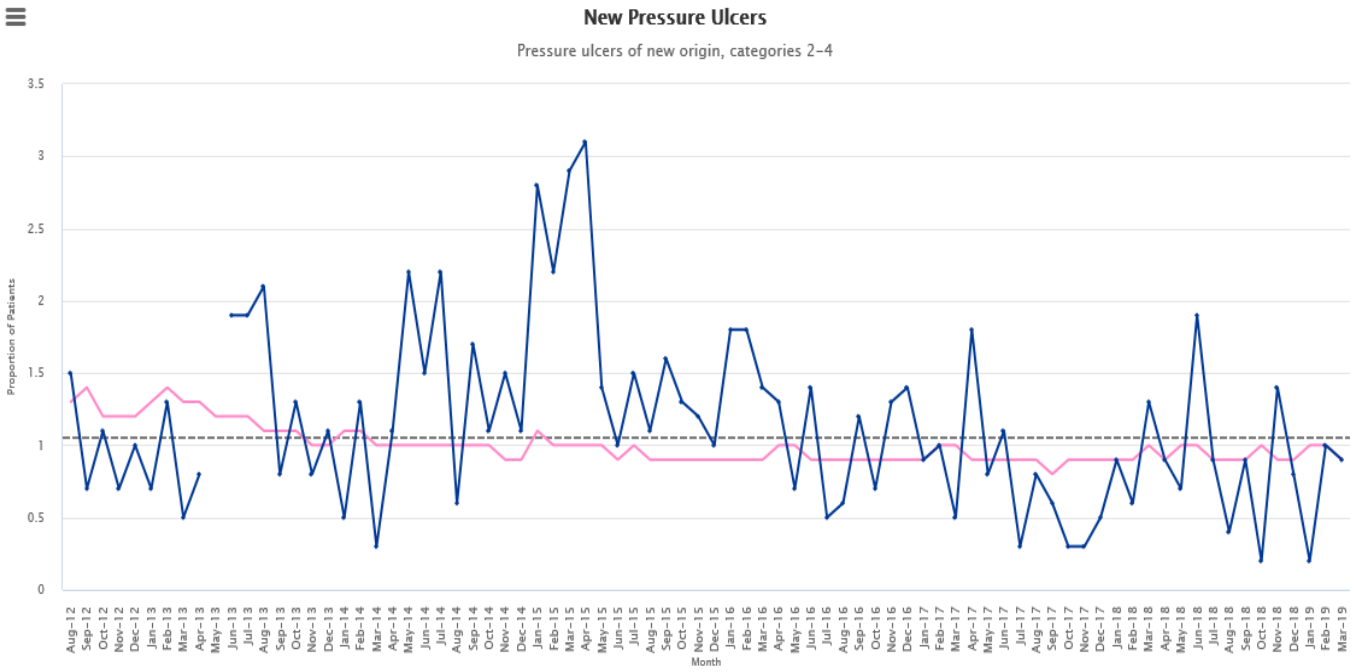


Chart 8 - Pressure Ulcers by Location (exact) (2018/2019) YTD total =6

3.2.1 Safety Thermometer Data

The national safety thermometer data provides a benchmark for hospital acquired grade 2, 3 and 4 pressure ulcers. The nationally reported data for Chelsea and Westminster Hospital NHS Foundation Trust is as a combined organisation and is showing a favourable position just below the national average. National data is published up to March 2019.



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

3.3 Patient Falls

Since the 1st of April 2018, the Trust has reported 18 patient falls meeting the serious incident criteria. Disappointingly the 2018/19 position is 18 compared to 8 in 2017/18. 12 falls have happened on the WM site, and 6 falls have happened on the CW site. Learning from the SIs will be shared and reviewed at the falls steering group. In addition the falls steering group is reviewing all incidents of falls, not just the serious incidents and the Director of Nursing (WM) is undertaking a review of falls on the WM site.

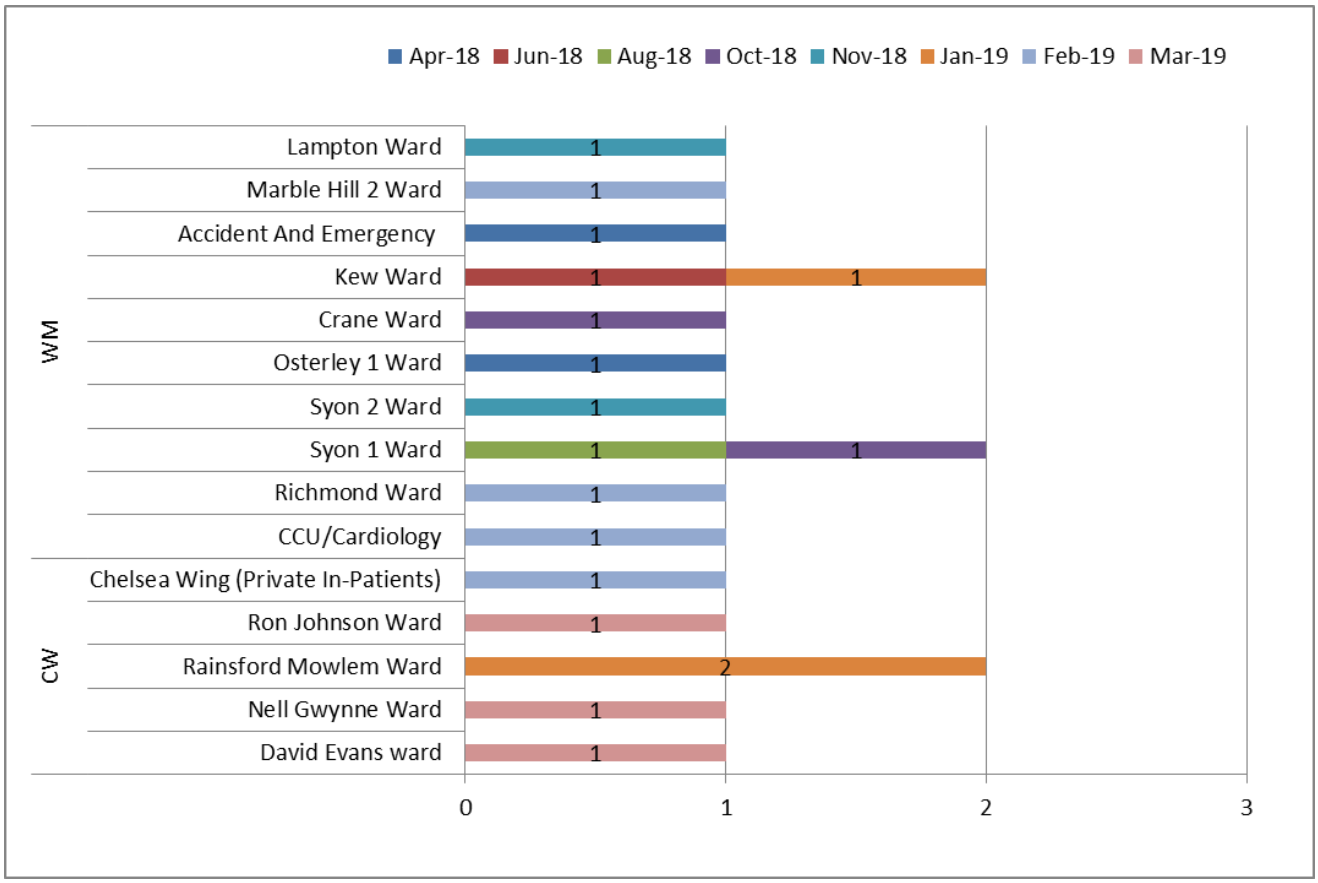


Chart 9 - Patient Falls by Location (exact) (Apr 2018–March 2019) YTD total =18

3.4 Top 10 reported SI categories

Chart 10 highlights the top 10 reported serious incidents by StEIS category. During 2018/19 maternity/obstetric incident: baby only and slips/trips/falls are the most reported SI categories.

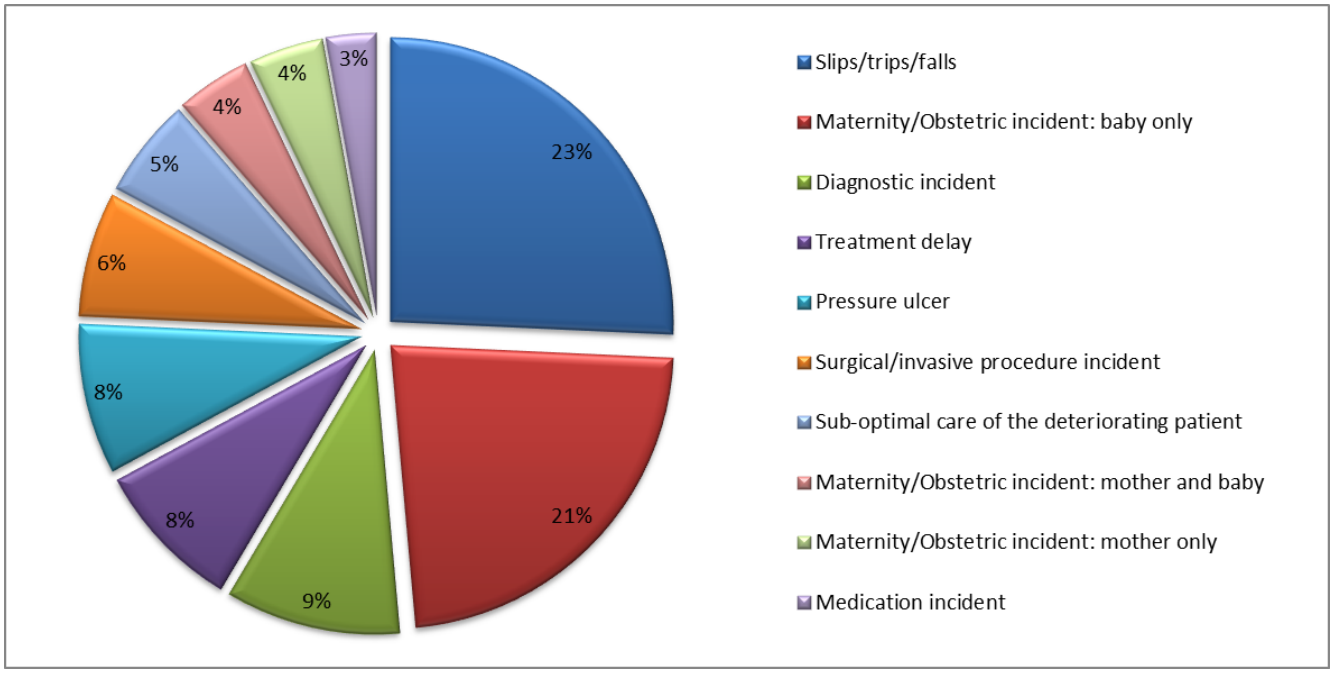


Chart 10 – Top 10 reported serious incidents (April 2018 – March 2019)

3.5 SI's under investigation

Table 3 provides an overview of the SI's currently under investigation by site (22). The seven maternity incidents highlighted grey are being investigated by the Healthcare Safety Investigation Branch (HSIB). The investigation reports will not be submitted to the Commissioners by the CCG due date, however will be submitted to them once the HSIB report is received. Current timescales for HSIB investigations is 6 months.

STEIS No.	Date of incident	Clinical Division	Incident Type (STEIS Category)	Hospital Site	CCG Due date
2019/719	06/01/2019	W&C,HGD	Maternity/Obstetric incident: baby only	WM	26/04/2019
2019/2408	26/01/2019	W&C,HGD	Maternity/Obstetric incident: baby only	CW	29/04/2019
2019/2405	29/01/2019	PC	Treatment delay	CW	29/04/2019
2019/3728	05/02/2019	W&C,HGD	Abuse/alleged abuse of child patient by staff	CW	14/05/2019
2019/3886	04/02/2019	CORP	Suspension of services	CW	15/05/2019
2019/3924	15/02/2019	EIC	Slips/trips/falls	WM	16/05/2019
2019/4026	16/02/2019	EIC	Slips/trips/falls	WM	17/05/2019
2019/4346	14/02/2019	PC	Slips/trips/falls	WM	21/05/2019
2019/4761	18/02/2019	W&C,HGD	Slips/trips/falls	CW	28/05/2019
2019/4895	10/02/2019	W&C,HGD	Medical equipment/ devices/disposables incident	CW	29/05/2019
2019/5373	05/03/2019	PC	Slips/trips/falls	CW	05/06/2019
2019/6422	29/01/2019	PC	Surgical/invasive procedure incident	WM	18/06/2019
2019/6585	20/03/2019	EIC	Slips/trips/falls	CW	19/06/2019
2019/7024	18/03/2019	CSS	Treatment delay	CW	25/06/2019
2019/7183	21/03/2019	W&C,HGD	Slips/trips/falls	CW	26/06/2019
2018/29176	*02/12/2018*	*W&C,HGD*	*Maternity/Obstetric incident: baby only*	*WM*	*07/06/2019*
2018/29348	*06/12/2018*	*W&C,HGD*	*Maternity/Obstetric incident: mother and baby*	*CW*	*11/07/2019*
2018/29760	*12/12/2018*	*W&C,HGD*	*Maternity/Obstetric incident: baby only*	*WM*	*17/06/2019*
2018/30645	*23/12/2018*	*W&C,HGD*	*Maternity/Obstetric incident: baby only*	*CW*	*01/07/2019*
2019/3247	*06/02/2019*	*W&C,HGD*	*Maternity/Obstetric incident: mother and baby*	*CW*	*08/05/2019*
2019/3591	*08/02/2019*	*W&C,HGD*	*Maternity/Obstetric incident: baby only*	*WM*	*13/05/2019*
2019/6881	*22/03/2019*	*W&C,HGD*	*Maternity/Obstetric incident: baby only*	*CW*	*24/06/2019*

Table 3 – Serious incidents currently under investigation

4.0 SI Action Plans

All action plans are recorded on DATIX on submission of the SI investigation reports to CWHHE. This increases visibility of the volume of actions due. The Quality and Clinical Governance team work with the Divisions to highlight the deadlines and in obtaining evidence for closure.

There are 33 actions overdue at the time of writing this report. The divisions are asked to review these actions in advance of the Quality Committee so verbal update on progress can be provided.

	Month due for completion													
	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	Total
CSS	0	0	0	3	3	0	0	0	0	0	0	0	0	**6**
EIC	0	0	1	4	5	20	0	0	0	0	0	0	0	**30**
PC	0	0	2	6	6	4	0	0	0	0	0	0	1	**19**
W&C,HGD	1	4	2	10	18	7	4	0	2	0	0	0	0	**48**
Total	**1**	**4**	**5**	**23**	**32**	**31**	**4**	**0**	**2**	**0**	**0**	**0**	**1**	**103**

Table 4 – Open serious incidents actions by owning division and month due

Table 5 highlights the type of actions that are overdue. Divisions are encouraged to note realistic time scales for completing actions included within SI action plans.

StIES category/ Action type	CSS	EIC	PC	W&C,HGD	Total
Abuse/alleged abuse of adult patient by staff		1			1
Staff Support - Wellbeing		1			1
Diagnostic incident including delay	2	1		5	8
Create/amend/review - Policy/Procedure/Protocol	1	1		3	5
Duty of Candour - Patient/NOK notification				1	1
Share learning (inc. feedback to staff involved)	1			1	2
HCAI/Infection control incident			2		2
Buy new equipment			1		1
Share learning (inc. feedback to staff involved)			1		1
Maternity/Obstetric incident: baby only				1	1
Share learning (inc. feedback to staff involved)				1	1
Maternity/Obstetric incident: mother and baby				1	1
Audit				1	1
Maternity/Obstetric incident: mother only				2	2
Set up on-going training				1	1
Share learning (inc. feedback to staff involved)				1	1
Slips/trips/falls			5		5
Audit			1		1
Recruitment			1		1
Set up on-going training			1		1
Share learning (inc. feedback to staff involved)			2		2
Sub-optimal care of the deteriorating patient		1		1	2
Create/amend/review - Policy/Procedure/Protocol				1	1
Set up on-going training		1			1
Surgical/invasive procedure incident	1			6	7
Create/amend/review - Policy/Procedure/Protocol				1	1
Create/amend/review - proforma or information sheet				1	1
Duty of Candour - Patient/NOK notification	1			1	2
One-off training				1	1
Share learning (inc. feedback to staff involved)				2	2
Treatment delay			1	1	2
Duty of Candour - Patient/NOK notification			1		1
Share learning (inc. feedback to staff involved)				1	1
VTE		2			2
One-off training		1			1
Share learning (inc. feedback to staff involved)		1			1
Grand Total	**3**	**5**	**8**	**17**	**33**

Table 5 – Overdue serious incidents actions by StEIS category/action type and owning division

5.0 Comparison to previous years

Table 6 shows the total number of Serious Incidents for 2016/2017, 2017/18 and the current position for 2018/19. Tables 7, 8 and 9 provide a breakdown of incident categories the Trust has reported against.

During 2018/2019 the number of reported serious incidents is 78 which is slightly lower compared to the same reporting period last year and the year before (2016/17 = 84, 2017/2018 = 82). The reduction can be attributed to a reduction in the following categories: Pressure Ulcers, Alleged abuse, Treatment Delay and sub optimal care.

Year	Site	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
2016-2017	**WM**	7	3	6	6	3	2	1	4	2	4	4	1	**43**
	CW	6	3	5	3	5	5	2	5	2	3	1	1	**41**
		13	**6**	**11**	**9**	**8**	**7**	**3**	**9**	**4**	**7**	**5**	**2**	**84**
2017-2018	**WM**	4	2	5	2	3	1	2	3	6	6	2	4	40
	CW	9	6	5	2	1	2	0	5	2	2	5	3	42
		13	**8**	**10**	**4**	**4**	**3**	**2**	**8**	**8**	**8**	**7**	**7**	**82**
2018-2019	**WM**	3	3	2	5	3	4	6	3	7	3	4	1	44
	CW	0	2	0	3	3	1	2	4	4	5	5	5	34
		3	**5**	**2**	**8**	**6**	**5**	**8**	**7**	**11**	**8**	**9**	**6**	**78**

Table 6 – No. of reported serious incidents by year/month reported and site

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

Table 7 – Total no. of reported serious incidents in 2016/2017 by StEIS category and month

Incident Category	A	M	J	J	A	S	O	N	D	J	F	M	YTD
Pressure ulcer	6	1	2					2	1		2		14
Diagnostic incident	2		1	2	2	1		1	2	1		1	13
Maternity/Obstetric incident: baby only		2	1					2		3	2	1	11
Slips/trips/falls					1		2	1	1	1	1	1	8
Sub-optimal care of the deteriorating patient	2	1	1	2					1				7
Treatment delay	1	2	1					1		1	1		7
Abuse/alleged abuse of adult patient by staff			1		1				2			2	6
Surgical/invasive procedure incident	1	1				1				1	1		5
Maternity/Obstetric incident: mother only			1					1		1		1	4
Maternity/Obstetric incident: mother and baby						1			1				2
Blood product/ transfusion incident			1										1
Environmental incident		1											1
Unauthorised absence												1	1
Medication incident			1										1
Disruptive/ aggressive/ violent behaviour	1												1
Grand Total	13	8	10	4	4	3	2	8	8	8	7	7	82

Table 8 – Total no. of reported serious incidents in 2017/2018 by StEIS category and month

Incident Category	A	M	J	J	A	S	O	N	D	J	F	M	YTD
Slips/trips/falls	2		1		1		2	2		3	4	3	18
Maternity/Obstetric incident: baby only		1		1	1	1	1	2	5	2	1	1	16
Diagnostic incident		2	1	1				1	2				7
Pressure ulcer		1		2	1		2						6
Treatment delay					1	1	1			2		1	6
Surgical/invasive procedure incident				1	1			1	1			1	5
Sub-optimal care of the deteriorating patient				3		1							4
Maternity/Obstetric incident: mother and baby							1		1		1		3
Maternity/Obstetric incident: mother only						1		1		1			3
Medical equipment/ devices/disposables incident									1		1		2
Medication incident	1	1											2
Apparent/actual/suspected self-inflicted harm					1								1
VTE						1							1
Abuse/alleged abuse of child patient by staff											1		1
Suspension of services											1		1
Abuse/alleged abuse of adult patient by staff									1				1
HCAI/Infection control incident							1						1
Grand Total	3	5	2	8	6	5	8	7	11	8	9	6	78

Table 9 – Total no. of reported serious incidents in 2018/2019 by StEIS category and month

5.2 2018/2019 Site comparison – External Serious Incident reporting

There is a significant change in the number of SI's each site has reported since the 1st April 2018 compared to 2017/18. The number of incidents reported by WM has increased from 40 to 44 and the number reported by C&W has decreased from 42 to 34.

C&W have reported fewer pressure ulcers, treatment delays and diagnostic incidents. WM have reported fewer diagnostic incidents and sub-optimal care incidents.

During 2018/19 C&W's most reported incidents include maternity/obstetric incidents: baby only (6) and slips/trips/falls (6). WM's most reported incidents include slips/trips/falls (12) and maternity/obstetric incidents: baby only (10).

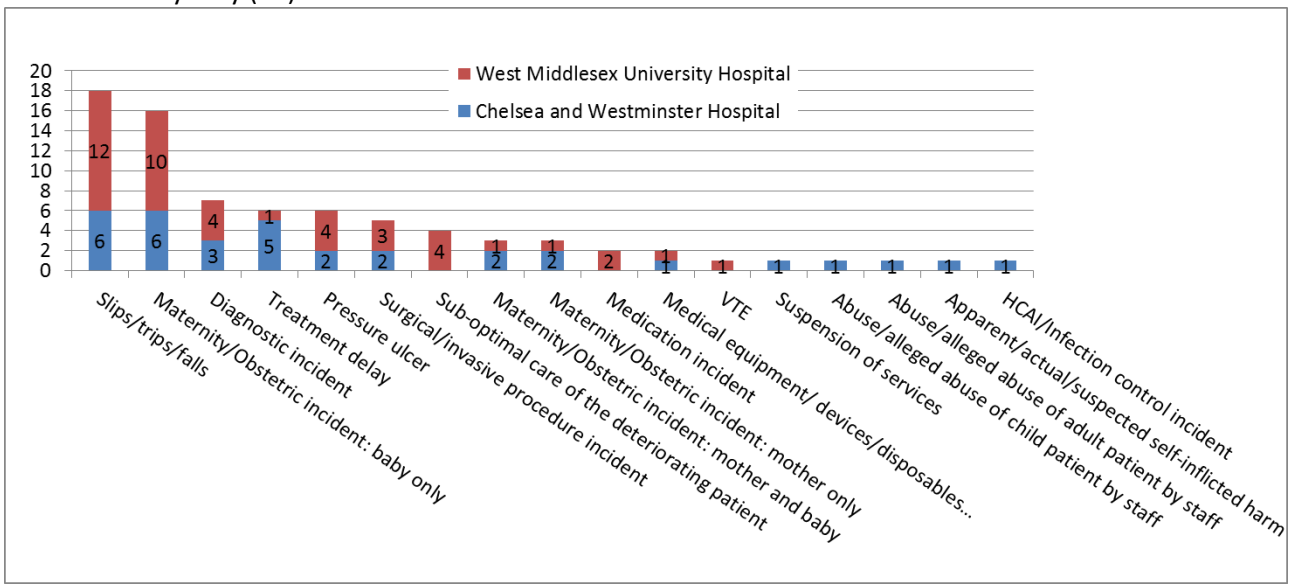


Chart 11 –No. of reported serious incidents in 2018/2019 by incident category and site

5.3 2018/2019 Site comparison –Incident levels

WM have reported a higher number of external SI's and C&W have reported a higher number of internal SI's. All level 2 and 3 incidents are endorsed by the Chief Nurse and/or Medical Director and are discussed at the Executive Quality and Safety Group.

Current Incident level	CWH	WMUH
Level 1 - Not a serious incident	7898	7200
Level 2 - Internal Serious Incident	56	38
Level 3 - External Serious Incident (StEIS reportable)	34	44
Grand Total	**7988**	**7282**

Table 10 –No. of patient safety incidents reported since 1st April 2018 by incident level and site

6.0 Serious Incidents De-escalations

The Trusts requested de-escalations for three SI's reported in 2018/2019:

- 2018/20712 - Maternity/obstetric incident: baby only - Declined
- 2018/28461 - Surgical/invasive procedure incident) - Declined
- 2018/29545 - Abuse/alleged abuse of adult patient by staff - Granted

The commissioners declined to grant the de-escalation request for the first two SI's due to the organisational learning that was identified following the investigations. The third de-escalation request was granted as the incident no longer met the criteria for a serious incident.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 2 May 2019

PUBLIC SESSION

AGENDA ITEM NO.	2.4/May/19
REPORT NAME	Mortality Surveillance – Q4 2018/19
AUTHOR	Alex Bolton, Head of Health Safety and Risk
LEAD	Roger Chin, Deputy Medical Director
PURPOSE	This paper updates the Committee on the process compliance and key metrics from mortality review.
SUMMARY OF REPORT	The Trust wide Hospital Standardised Mortality Ratio (HSMR) relative risk of mortality, as calculated by the Dr Fosters 'Healthcare Intelligence indicator', between January 2018 and December 2018 was 73.5 (69.0 – 78.3); this is below the expected range. Ten months of low relative risk, where the upper confidence limit fell below the national benchmark, were experienced during the twelve month period to end of December 2018. This indicates a continuing trend for improving patient outcomes and reducing relative risk of mortality within the Trust. Mortality case review is undertaken following all in-hospital deaths (adult, child, neonatal, stillbirth, late fetal loss). The outcome of the Trust's mortality review process, review completion rates and sub-optimal care trends / themes are overseen by the Mortality Surveillance Group (MSG). The group also scrutinises mortality analysis drawn from a range of sources to support understanding and to steer improvement action; a copy of the mortality analysis report scrutinised on a monthly basis by the MSG is attached in Appendix A for information. The Trust aims to review 80% of all mortality cases within 2 months of death. 327 cases for review were identified within Q4 2018/19, of these 114 open reviews are still within their 2 month review timeframe. 50% of cases within Q4 that should have been reviewed at time of report production have been reviewed and closed. 9 cases of suboptimal care have been identified within Q4 to date. Identified sub-optimal care cases have been discussed at local specialty Morbidity and Mortality (M&M) meetings and themes have been identified at MSG. Key themes to this financial year include: Recognition, escalation and response to deteriorating patients, Delays in assessment, investigations or diagnosis, Establishment and sharing ceilings of care discussions, Handover between clinical teams and Medication errors.
KEY RISKS ASSOCIATED	Lack of full engagement with process of recording mortality reviews within the centralised database impacting quality of output and potential missed opportunities to learn / improve. Lack of full divisional representation at the Mortality Surveillance Group impacting the recognition and response to mortality review learning.
FINANCIAL IMPLICATIONS	Limited direct costs but financial implication associated with the allocation of time to undertake reviews, manage governance process, and provide training.
QUALITY IMPLICATIONS	Mortality case review following in-hospital death provides clinical teams with the opportunity to review expectations, outcomes and learning in an open manner. Effective use of mortality learning from internal and external sources provides enhanced opportunities to reduce in-hospital mortality and improve clinical outcomes / service delivery.
EQUALITY & DIVERSITY IMPLICATIONS	N/A
LINK TO OBJECTIVES	Deliver high quality patient centred care
DECISION/ ACTION	The Committee is asked to note and comment on this report

Mortality Surveillance – Q4 2018/19

1. Background

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

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

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

2. Relative risk of mortality

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

The Trust wide HSMR relative risk of mortality, as calculated by the Dr Fosters 'Healthcare Intelligence indicator', between January 2018 and December 2018 was 73.5 (69.0 – 78.3); this is below the expected range.

Ten months of low relative risk, where the upper confidence limit fell below the national benchmark, were experienced during the twelve month period to end of December 2018. This indicates a continuing trend for improving patient outcomes and reducing relative risk of mortality within the Trust.

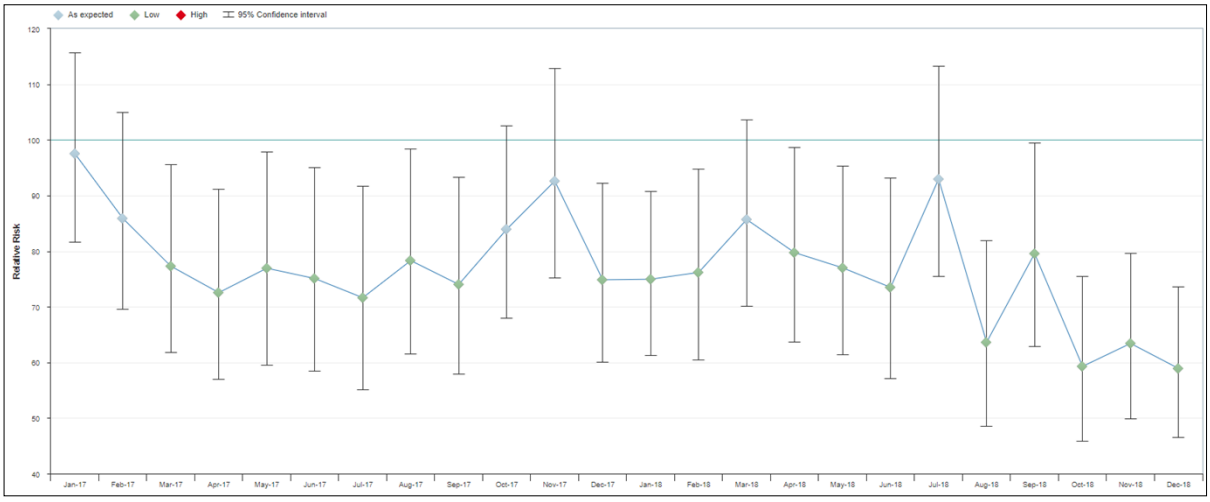


Fig 1: Trust HSMR 24-month trend (January 2017 to December 2018)

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.

3. Diagnostic & procedure groups

The overall relative risk of mortality on both sites is within the expected range, however, the Mortality Surveillance Group seeks further assurance by examining increases in relative risk associated with procedure and diagnostics groups. Where higher than expected relative risk linked to a diagnostic or procedure group is identified a clinical coding review is undertaken and where indicated comment from clinical team is sought. Following clinical coding review no patient safety concerns have been raised with individual procedure or diagnostic groups during this reporting period. A copy of the monthly mortality report considered at the Mortality Surveillance Group in April 2019 is included in appendix A for information.

4. Crude rate

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

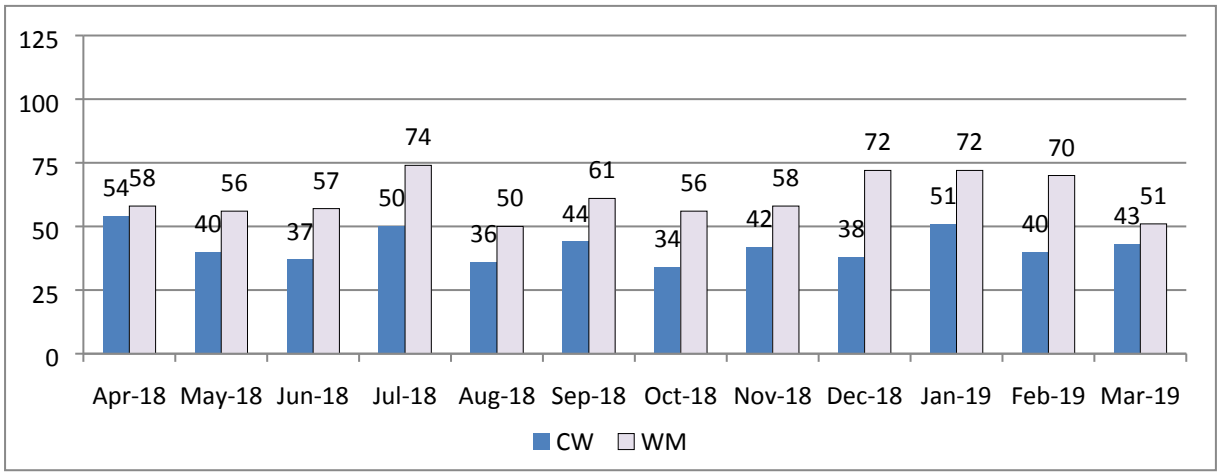


Fig 2: Total mortality cases logged to Datix by site and month, April 2018 – March 2018

5. Review completion rates

5.1. Closure target

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

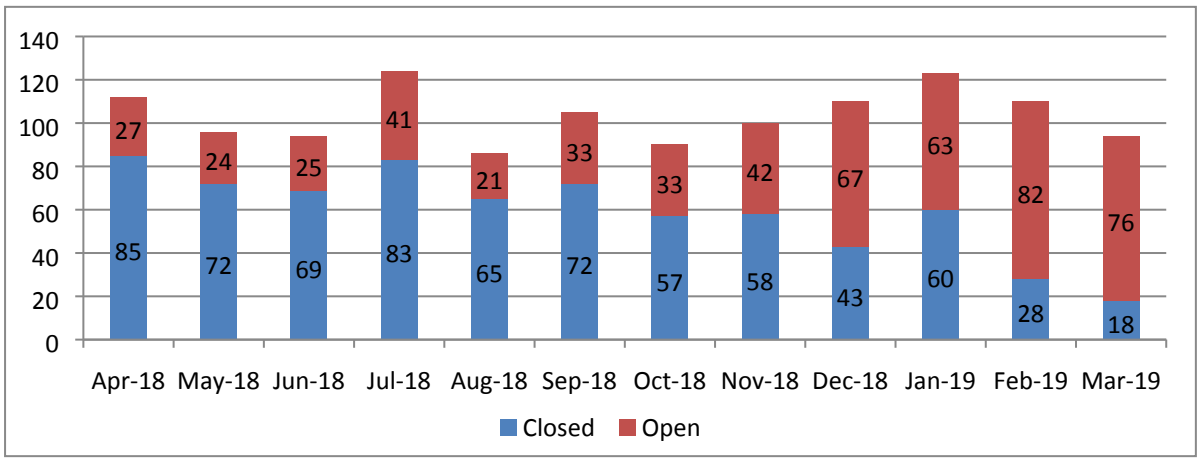


Fig 3: Open and Closed mortality cases by month, January 2018 – December 2018

1244 mortality cases (adult/ child/ neonatal deaths, stillbirths, late fetal losses) were identified for review during this 12 month period. Clinical teams aim to close cases within two months of death; this report was compiled on 15th April 2019, at time of writing 114 open cases within Q4 are still within their review timeframe.

63% of cases occurring during 2018/19 have been reviewed by the named consultant (or nominated colleague) and closed following specialty M&M/MDT discussion and agreement (excluding those still within review timeframe within percentage calculation).

	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Total
Closed	225	220	158	106	**709**
Open	77	95	142	221	**535**
Total	302	315	300	327	**1244**
% Closed	**75%**	**70%**	**53%**	**50%**	**63%**

Table 1: Cases by financial quarter, April 2018-March 2019
Percentage calculation excludes 114 cases in Q4 that remain within the two month review timeframe as of 15/04/2019

	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Total
EIC	74%	73%	54%	50%	**64%**
PCD	72%	51%	37%	55%	**53%**
WCHGD	83%	70%	74%	22%	**70%**
Total	**75%**	**70%**	**53%**	**50%**	**63%**

Table 2: Percentage of closed cases by division and fin. quarter, April 2018-March 2019
Percentage calculation excludes 114 cases in Q4 that remain within the two month review timeframe as of 15/04/2019

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

- Mortality Surveillance Group monitoring and promoting review process
- Effectiveness of review arrangements in specialties with low review closure levels being assessed by clinical teams / service directors.
- Guidance to specialty teams regarding establishment of effective M&Ms/MDTs
- Guidance for Divisional / Specialty mortality review practice provided by the Heads of Quality and Clinical Governance

6. Sub-optimal care

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

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

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

48 cases of suboptimal care were identified via the mortality review process between April 2018 and March 2019:

- **43 CESDI grade 1**: Unavoidable death, suboptimal care, but different management would not have made a difference to the outcome
- **4 CESDI grade 2**: Suboptimal care, but different care MIGHT have affected the outcome (possibly avoidable death)
- **1 CESDI grade 3:** Suboptimal care, different care WOULD REASONABLY BE EXPECTED to have affected the outcome (probable avoidable death)

CESDI grades for closed cases occurring in Q4 2018/19

	CESDI grade 0	CESDI grade 1	CESDI grade 2	CESDI grade 3	Total
EIC	79	8	0	0	87
PCD	16	1	0	0	17
WCHGD	2	0	0	0	2
Total	**97**	**9**	**0**	**0**	**106**

CESDI grades for closed cases occurring in Q3 2018/19

	CESDI grade 0	CESDI grade 1	CESDI grade 2	CESDI grade 3	
EIC	118	4	0	0	122
PCD	19	0	0	0	19
WCHGD	14	2	1	0	17
Total	**151**	**6**	**1**	**0**	**158**

When reviewing deaths the aligned specialty considers the patient's full episode of care e.g. the mortality review aims to identify sub-optimal care that occurs prior to the reviewing specialty taking on the management of that patient. This ensures that opportunities to improve the services offered by the organisation are identified across the full pathway rather than being limited to leading solely from the care provided directly by the specialty that was responsible for the patient at the time of death.

NICU, Anaesthetics / ITU and Acute Medicine have identified the most opportunities for improvement via the mortality review process; the sub-optimal care identified may have occurred within previous specialties involved in that patient's care rather than the specialty undertaking the review therefore this should not be considered a measure of specialty safety. The identification of sub-optimal care provides assurance to the committee that specialties are engaging in the mortality review process.

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

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

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

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

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

- Trust wide planning for the implementation of medical examiners and development of bereavement services
- Review of inter hospital transfer policy
- Review of approach to major haemorrhage process
- Development of registrars with ultrasound competency required to place central lines; action overseen by Clinical Effectiveness Group
- Improvement plan relating to the management of VTE risk assessment and prophylaxis
- Action plan to address national learning from the Learning and Disabilities Mortality Review programme, completed July 2018
- Introduction of treatment and escalation plans to support end of life care decision making, completed May 2018

7. Challenges

The MSG is updated on the development of the national mortality review framework and external influencers; significant developments in the external processes supporting national learning from death are noted:

- Redesign of child death review process and introduction of external review database to collate learning on a national level; increased Trust action to review and collate information.
- Introduction of the perinatal mortality review tool (PRMT) and introduction of external review database; PMRT processes embedded within paediatrics and maternity. Processes for supporting internal and external learning from death linked to increase in administrative burden.
- Introduction of medical examiners within Acute Trusts planned for 2019/20; Medical Examiners are Senior Trust clinicians whose role is to examine the notes of all deaths, agree the Death Certificate with the team, liaise with the Coroner, and have a direct discussion with family re cause of death/concerns. The introduction of this role is anticipated to affect the process by which the Trust offers bereavement services and undertakes some aspects of mortality review.

8. Conclusion

The outcome of mortality review is providing a rich source of learning that is supporting the organisations improvement objectives. A step change in the relative risk of mortality has been experienced since March 2017 and has continued within Q4 2018/19; this is an indicator of improving outcomes and safety.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 2 May 2019

PUBLIC SESSION

AGENDA ITEM NO.	2.5/May/19
REPORT NAME	Integrated Performance Report – March 2019
AUTHOR	Robert Hodgkiss, Chief Operating Officer
LEAD	Robert Hodgkiss, Chief Operating Officer
PURPOSE	To report the combined Trust's performance for March 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 March 2019. **Regulatory performance** – The A&E Waiting Time figure for March is showing 95.9% against the 95% standard and. This represented the best performance amongst London Trusts. For the full year 18/19 the Trust delivered 94.9%. The RTT incomplete target was for the Trust in March currently stands at 92.9%. This maintains the performance against this metric, which has passed each month but one in the last 12 months. For the full year 18/19 the Trust delivered 92.4%. 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 is currently meeting the target in March. Each month in 2018/19 to date has exceeded the national target. All Cancer metrics surpassed national targets in the month. For the full year 18/19 the Trust delivered 89.3% against the 62 day treatment standard of 85%. The Diagnostic wait metric returned 99.41%. This represents the sixth consecutive month the Trust has achieved the standard. For the full year 18/19 the Trust delivered 99.01% against the target of 99.0%.
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
FINANCIAL IMPLICATIONS	Accounts still being finalised for M12 and Year End

QUALITY IMPLICATIONS	As outlined above.
EQUALITY & DIVERSITY IMPLICATIONS	None
LINK TO OBJECTIVES	Improve patient safety and clinical effectiveness Improve the patient experience Ensure financial and environmental sustainability
DECISION/ ACTION	The Board is asked to note the performance for March 2019 and to note that whilst some indicators were not delivered in the month, the overall YTD compliance remained good.

TRUST PERFORMANCE & QUALITY REPORT

March 2019

NHSI Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Jan-19	Feb-19	Mar-19	2018-2019	Jan-19	Feb-19	Mar-19	2018-2019	Jan-19	Feb-19	Mar-19	2018-2019 Q4	2018-2019	Trend charts	
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	94.3%	92.6%	96.3%	95.3%	94.1%	93.3%	95.5%	94.6%	94.2%	93.0%	95.9%	94.4%	94.9%		-
RTT	18 weeks RTT - Admitted (Target: >90%)	80.4%	80.9%	80.0%	77.4%	70.6%	70.2%	69.9%	76.1%	76.5%	76.1%	75.7%	76.1%	76.8%		!
	18 weeks RTT - Non-Admitted (Target: >95%)	94.9%	95.0%	95.1%	94.3%	84.0%	85.7%	81.3%	85.5%	90.4%	91.2%	89.8%	90.4%	90.9%		!
	18 weeks RTT - Incomplete (Target: >92%)	93.9%	93.6%	93.6%	92.5%	91.7%	91.4%	92.2%	92.4%	92.8%	92.6%	92.9%	92.8%	92.4%		-
Cancer (Please note that all Cancer indicators show interim, unvalidated positions for the latest month (Mar-19) in this report)	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	96.8%	96.7%	96.5%	96.8%	92.3%	98.2%	97.5%	92.4%	94.0%	97.6%	97.1%	96.3%	94.2%		-
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	n/a	94.9%	98.2%	100%	93.7%	94.9%	98.2%	100%	98.0%	93.7%		-
	31 days diagnosis to first treatment (Target: >96%)	96.9%	100%	100%	96.4%	97.5%	100%	98.5%	98.9%	97.2%	100%	99.0%	98.8%	97.9%		-
	31 days subsequent cancer treatment - Drug (Target: >98%)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		-
	31 days subsequent cancer treatment - Surgery (Target: >94%)	66.7%	100%	100%	93.5%	87.5%	100%	100%	98.6%	81.8%	100%	100%	91.3%	97.1%		-
	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%)	86.4%	80.4%	84.1%	87.0%	93.6%	93.5%	93.6%	90.7%	90.1%	88.6%	90.2%	89.6%	89.3%		-
	62 days NHS screening service referral to first treatment (Target: >90%)	n/a	n/a	n/a	n/a	100%	100%	91.7%	91.6%	100%	100%	91.7%	94.1%	91.6%		-
Patient Safety	Clostridium difficile infections (Year End Target: 15)	0	0	1	8	1	0	0	7	1	0	1	2	15		-
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 - % patients waiting <4 hours from attendance to discharge

After 4 months of not meeting the 95% target for this metric, The Trust was able to perform at 95.9% in March. This was despite a 4.5% increase in activity on the same month in 2018. This ranked the Trust first in London and 10th in England.

Although there was a slight drop in daily attendances compared to February, March still produced the third highest average daily attendance numbers in the 2018/2019 reporting period.

18 week RTT Incomplete pathways

The Trust is in a position to report the passing of the standard of 95% of patients waiting under 18 weeks on an elective pathway. Both Sites were able to meet this target.

Cancer Indicators

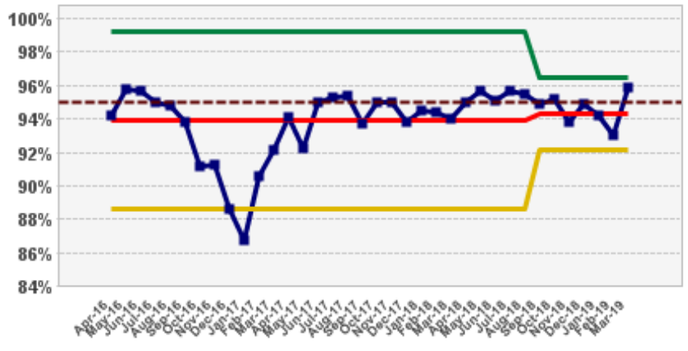
For the second month all Cancer Indicators were compliant against national target

SELECTED BOARD REPORT NHSI INDICATORS

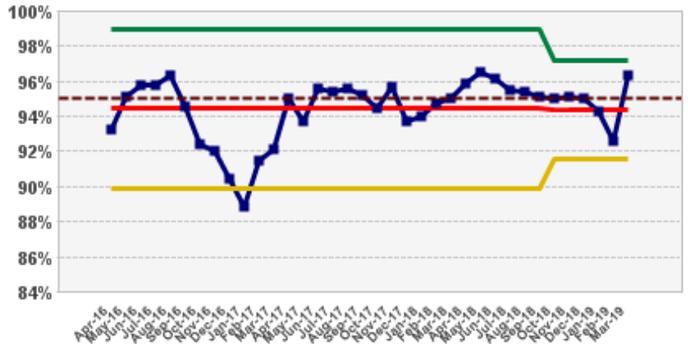
Statistical Process Control Charts for the 36 months April 2016 to March 2019

A&E 4 hours waiting time

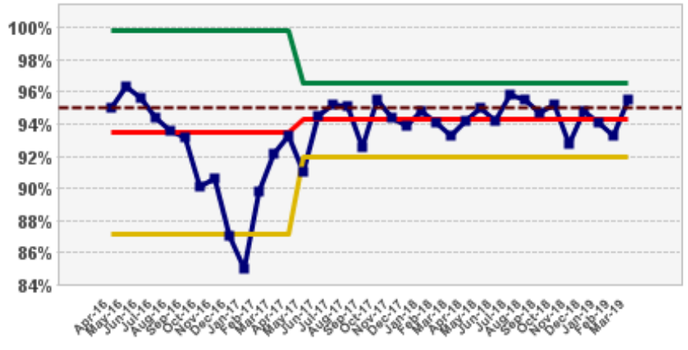
Trust Total



Chelsea and Westminster

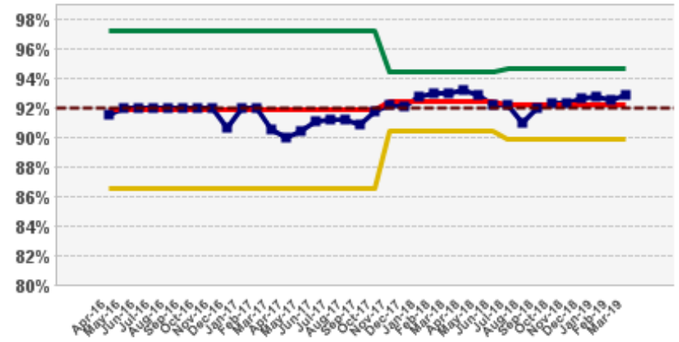


West Middlesex



RTT Incomplete pathways

Trust Total



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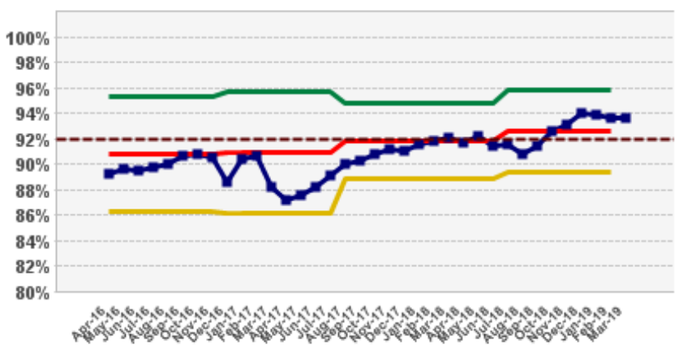
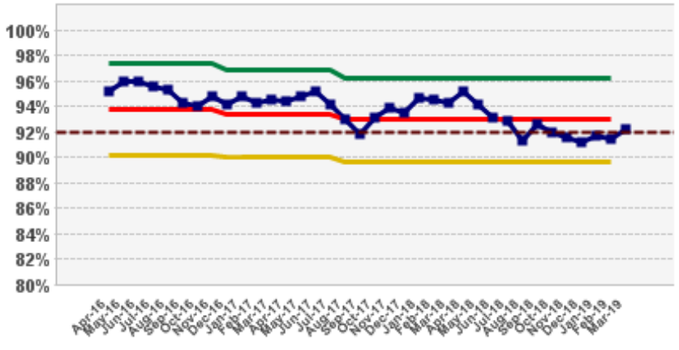
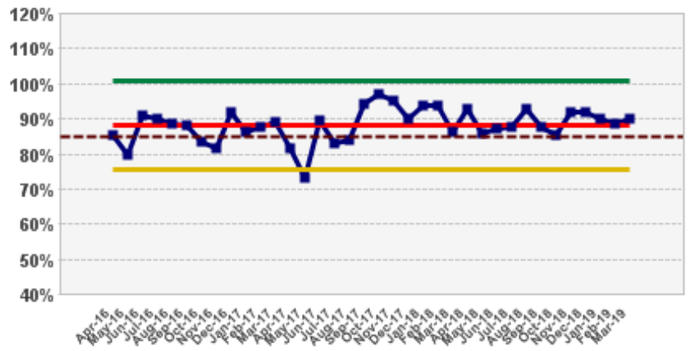


West Middlesex



Cancer: 62 day standard

Trust Total



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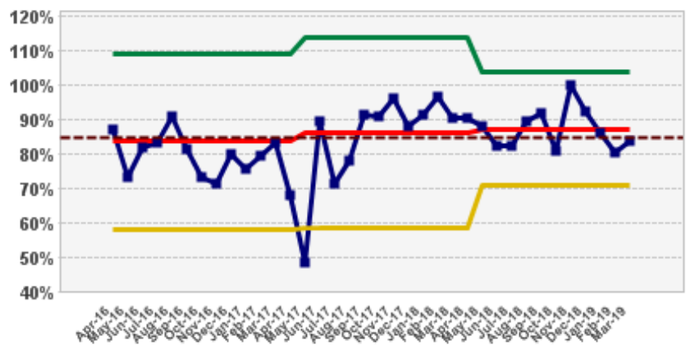
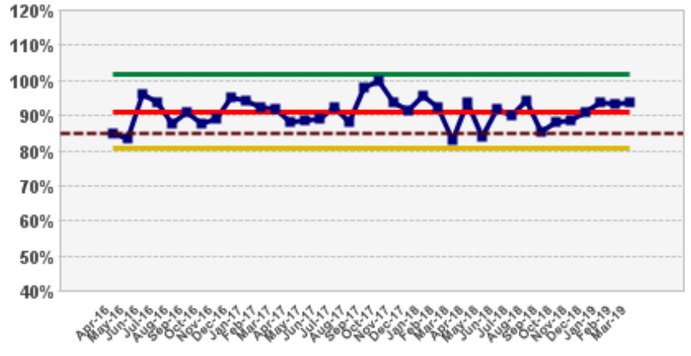


West Middlesex



Safety Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Jan-19	Feb-19	Mar-19	2018-2019	Jan-19	Feb-19	Mar-19	2018-2019	Jan-19	Feb-19	Mar-19	2018-2019 Q4	2018-2019	Trend charts	
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	0	0	0	1	1	0	0	2	1	0	0	1	3		-
	Hand hygiene compliance (Target: >90%)	96.1%	96.4%	96.5%	96.5%	96.7%	82.0%	92.7%	90.0%	96.3%	92.4%	94.9%	94.5%	94.5%		-
Incidents	Number of serious incidents	5	5	5	34	3	4	1	44	8	9	6	23	78		-
	Incident reporting rate per 100 admissions (Target: >8.5)	8.5	8.1	7.4	8.2	8.4	9.5	9.1	9.1	8.5	8.7	8.2	8.5	8.6		-
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions (Target: 0)	0.00	0.03	0.00	0.02	0.02	0.07	0.02	0.02	0.01	0.05	0.01	0.02	0.02		!
	Medication-related (NRLS reportable) safety incidents per 100,000 FCE bed days (Target: >=280)	426.97	491.38	442.48	490.00	196.82	302.19	414.24	261.88	315.17	397.95	429.47	379.83	378.45		-
	Medication-related (NRLS reportable) safety incidents % with harm (Target: <=12%)	12.9%	9.2%	9.2%	12.5%	25.9%	7.7%	15.4%	13.3%	16.9%	8.7%	12.0%	12.3%	12.8%		-
	Never Events (Target: 0)	0	0	0	1	0	0	1	2	0	0	1	1	3		-
Harm	Safety Thermometer - Harm Score (Target: >90%)	96.7%	95.8%	94.5%	96.0%	97.5%	97.9%	97.3%	95.6%	97.2%	97.1%	96.3%	96.9%	95.7%		-
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	0	0	0	2	0	1	0	5	0	1	0	1	7		-
	NEWS compliance %	98.2%	97.0%	98.3%	97.5%	99.1%	97.5%	98.4%	98.2%	98.7%	97.2%	98.4%	98.1%	97.8%		-
	Safeguarding adults - number of referrals	35	25	35	297	28	12	18	168	63	37	53	153	465		-
	Safeguarding children - number of referrals	26	24	9	322	86	70	78	821	112	94	87	293	1143		-
Mortality	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80		-
	Number of hospital deaths - Adult	41	33	36	393	54	65	53	636	95	98	89	282	1029		-
	Number of hospital deaths - Paediatric	0	1	0	8	0	0	0	0	0	1	0	1	8		-
	Number of hospital deaths - Neonatal	2	3	3	24	0	2	3	10	2	5	6	13	34		-
	Number of deaths in A&E - Adult	1	1	1	18	9	4	1	64	10	5	2	17	82		-
	Number of deaths in A&E - Paediatric	0	0	0	0	0	0	0	3	0	0	0	0	3		-
	Number of deaths in A&E - Neonatal	0	0	0	1	0	0	0	0	0	0	0	0	1		-

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

Trust commentary

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

The Trust has achieved an overall reporting rate of medication-related incidents involving patients (NRLS reportable) of 417/100,000 FCE bed days in March 2019. This is higher than the Trust target of 280/100,000. There were 419 and 414 medication-related incidents per 100,000 FCE bed days at CW and WM sites respectively.

Compared to February, there has been a 4.5% increase in the number of incidents reported across the Trust, particularly at WM site where the incident reporting rate has increased by 20.3%. This increase in reporting has been sustained since the Medication Safety Awareness week took place in the first week of February.

Medication-related (reported) safety incidents % with harm

The Trust had 12% of medication-related safety incidents with harm in March 2019. This figure is higher than the previous month (7.9%) and higher than the Carter Dashboard National Benchmark (10.3%). The year to date figure is 12.8%.

There were 13 incidents across the Trust, 5 at CW site and 8 at WM site; all were of low harm.

Prevalent incident themes are as follows: Chelsea Site: prescribing errors (2); West Middlesex Site: omitted medication doses (3)

Trust commentary continued

Number of serious incidents

6 Serious Incidents were reported during March 19 compared to 9 reported in February 19.

5 SIs occurred on the Chelsea site: 3 x Slips/trips/falls, 1 x Treatment Delay & 1 x Maternity/Obstetric incident baby only

1 SI occurred on the West Middlesex site: 1 x Surgical/invasive procedure

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

Incident reporting rate per 100 admissions

Overall, the incident reporting rate decreased during March 19 with a rate of 8.2 compared to 8.7 in February 19.

West Middlesex site exceeded the 8.5 target rate with a rate of 9.1. Chelsea site fell below the expected target with a rate of 7.4.

The 2018/2019 overall position was 8.6, which is above the expected target rate of 8.5. We continue to encourage reporting across all staff groups, with a focus on the reporting of no harm or near miss incidents.

Rate of patient safety incidents resulting in severe harm or death

There were 4 incidents reported with severe harm. These 4 incidents are currently being investigated as serious incidents.

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

The Trust has achieved an overall reporting rate of medication-related incidents involving patients (NRLS reportable) of 413/100,000 FCE bed days in February 2019. This is higher than the Trust target of 280/100,000. There were 480 and 330 medication-related incidents per 100,000 FCE bed days at Chelsea and West Middlesex sites respectively.

Compared to January, there has been a 9.6% increase at CW site and a 43% increase at WM site in reporting of medication-related incidents. The increase in the reporting rate at both sites particularly at the West Middlesex site is a positive result and follows on from the success of the Medication Safety Awareness Week that took place in the first week of February.

Medication-related (reported) safety incidents % with harm

The Trust had 7.9% of medication-related safety incidents with harm in February 2019. This figure is lower than the previous month (18%) and below the Carter Dashboard National Benchmark (10.3%). The year to date figure is 12.9%. The WM site rate for medication-related incidents with harm in February is 5.6%. This has decreased from 29% in January portraying a safer and open reporting culture at WM site, given the increase in the reporting rate of incidents without harm.

Overall there were 9 incidents across the Trust that caused low harm; 7at the Chelsea site and 2 at West Middlesex.

Never Events

There was 1 never event reported in March 2019. This involved wrong-site surgery and is currently awaiting investigation completion.

Safety Thermometer – Harm Score

The overall harm score for March 2019 was 96.3%. This represents a slight decrease of 0.8% when compared to that of the previous month.

Both sites scored above the expected target of >90%. The score for the West Middlesex site was 97.3% with the score for Chelsea being 94.5%.

The 2018/2019 overall position was 95.7%, which is above the expected target score.

Incidents of newly acquired category 3 & 4 pressure ulcers

Preventing Trust-Acquired Pressure Ulcers remains high priority for both sites.

There were no Trust-acquired grade 3 or 4 pressure ulcers confirmed on either site during March 2019.

Throughout 2018/2019, there were 5 x Category 3 and 2 x Category 4 confirmed Trust-Acquired Pressure Ulcers.

Patient Experience Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Jan-19	Feb-19	Mar-19	2018-2019	Jan-19	Feb-19	Mar-19	2018-2019	Jan-19	Feb-19	Mar-19	2018-2019 Q4	2018-2019	Trend charts	
Friends and Family	FFT: Inpatient recommend % (Target: >90%)	93.6%	90.7%	93.7%	92.3%	95.1%	96.3%	95.8%	92.5%	94.6%	93.5%	94.9%	94.4%	92.4%		-
	FFT: Inpatient not recommend % (Target: <10%)	2.3%	4.5%	3.0%	3.7%	0.7%	1.8%	1.0%	3.0%	1.2%	3.2%	1.9%	2.0%	3.3%		-
	FFT: Inpatient response rate (Target: >30%)	25.2%	27.5%	29.6%	36.2%	24.6%	15.1%	20.0%	32.9%	24.8%	19.6%	23.4%	22.7%	34.1%		!
	FFT: A&E recommend % (Target: >90%)	89.5%	88.8%	89.7%	90.3%	92.5%	91.2%	92.8%	90.0%	90.6%	89.4%	90.6%	90.2%	90.2%		!
	FFT: A&E not recommend % (Target: <10%)	6.7%	7.0%	6.3%	6.0%	4.4%	5.3%	2.7%	5.5%	5.9%	6.6%	5.3%	5.9%	5.9%		-
	FFT: A&E response rate (Target: >30%)	20.7%	19.5%	19.6%	20.7%	45.5%	23.7%	31.1%	23.4%	25.9%	20.3%	21.8%	22.7%	21.3%		!
	FFT: Maternity recommend % (Target: >90%)	93.0%	92.8%	93.1%	91.7%	93.1%	100.0%	98.4%	95.6%	93.0%	93.6%	93.7%	93.4%	92.3%		-
	FFT: Maternity not recommend % (Target: <10%)	4.3%	4.5%	3.7%	5.0%	5.6%	0.0%	1.6%	2.6%	4.5%	4.0%	3.4%	4.0%	4.7%		-
	FFT: Maternity response rate (Target: >30%)	22.0%	22.0%	19.1%	21.7%	19.1%	18.4%	18.8%	22.4%	21.7%	21.6%	19.1%	20.8%	21.8%		!
Experience	Breach of same sex accommodation (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0		-
Complaints	Complaints formal: Number of complaints received	54	47	53	517	30	29	37	358	84	76	90	250	875		-
	Complaints formal: Number responded to < 25 days	43	35	22	375	21	20	14	239	64	55	36	155	614		-
	Complaints (informal) through PALS	183	191	215	1826	50	34	58	682	233	225	273	731	2508		-
	Complaints sent through to the Ombudsman	0	0	0	5	3	0	2	6	3	0	2	5	11		-
	Complaints upheld by the Ombudsman (Target: 0)	0	0	0	0	0	0	0	1	0	0	0	0	1		-

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

Trust commentary

Friends and Family Test
The Recommendation score in all areas continues to be above the Trust 90% target. There has been a challenge in response rate in all areas. The Inpatient tests at the Chelsea site are steadily improving as staff have become more familiar with the data collection through electronic tablets. At the West Middlesex site there is continued support with data entry to help improve the scores. Maternity and ED need continued support to improve the compliance but ED at WM have achieved over the target.

Same sex accommodation
There have been no same sex accommodation breaches

Complaints
99% of complaints were acknowledged within 2 working days and 85% of complaints have been responded to within 25 working days.

Ombudsman
No new cases were upheld by the ombudsman service.

Efficiency & Productivity Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Jan-19	Feb-19	Mar-19	2018-2019	Jan-19	Feb-19	Mar-19	2018-2019	Jan-19	Feb-19	Mar-19	2018-2019 Q4	2018-2019	Trend charts	
Admitted Patient Care	Average length of stay - elective (Target: <2.9)	4.36	3.54	3.44	3.86	3.82	6.78	2.96	3.35	4.23	4.35	3.33	3.95	3.74		-
	Average length of stay - non-elective (Target: <3.95)	3.98	3.98	4.23	3.95	3.06	3.12	2.97	3.08	3.44	3.50	3.49	3.48	3.45		!
	Emergency care pathway - average LoS (Target: <4.5)	4.72	4.67	5.10	4.54	3.34	3.53	3.39	3.51	3.84	3.96	4.00	3.93	3.88		!
	Emergency care pathway - discharges	243	226	231	2657	430	374	421	4706	674	600	652	1927	7363		-
	Emergency re-admissions within 30 days of discharge (Target: <7.6%)	4.10%	4.27%	3.97%	3.91%	10.44%	9.24%	10.59%	10.20%	7.10%	6.57%	7.11%	6.93%	6.90%		!
	Non-elective long-stayers	442	426	456	5105	357	298	326	3682	799	724	782	2305	8787		-
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	87.2%	87.5%	82.6%	84.3%	87.1%	81.5%	85.2%	85.8%	87.2%	85.5%	83.6%	85.5%	84.8%		-
	Operations canc on the day for non-clinical reasons: actuals	0	0	0	0	20	20	14	162	20	20	14	54	162		-
	Operations canc on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.00%	0.00%	0.00%	0.00%	1.55%	1.54%	1.12%	1.03%	0.46%	0.48%	0.33%	0.42%	0.33%		-
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	2	1	0	11	1	9	4	22	3	10	4	17	33		!
	Theatre active time (Target: >70%)	72.1%	72.2%	70.4%	72.2%	73.5%	75.2%	75.1%	75.8%	72.5%	73.2%	72.0%	72.6%	73.4%		!
	Theatre booking conversion rates (Target: >80%)	84.0%	85.2%	85.0%	85.5%	47.9%	49.6%	50.1%	51.4%	67.4%	68.2%	69.2%	68.2%	69.6%		!
Outpatients	First to follow-up ratio (Target: <1.5)	1.53	1.51	1.56	1.52	1.47	1.44	1.45	1.44	1.49	1.46	1.48	1.48	1.46		!
	Average wait to first outpatient attendance (Target: <6 wks)	7.1	7.0	6.6	6.8	7.1	6.0	5.6	6.2	7.1	6.5	6.2	6.6	6.5		!
	DNA rate: first appointment	11.7%	11.0%	10.1%	11.8%	13.2%	12.4%	11.9%	12.3%	12.4%	11.6%	10.9%	11.7%	12.0%		-
	DNA rate: follow-up appointment	10.1%	9.7%	8.6%	10.7%	11.8%	11.5%	10.9%	11.8%	10.7%	10.3%	9.4%	10.1%	11.1%		-

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Trust commentary

Elective average length of stay

This showed a slight drop at the Chelsea Site from the previous reporting month and a more sizeable drop form the month prior to that.. Data Quality issues at West Middlesex in February have been addressed for patients discharged in March leading to a sizeable decrease in patient bed days.

Operations cancelled on the day for non-clinical reasons

Due to Server issues with the Chelsea and Westminster Theatre system, no cancelled operations have been brought through. The Trust's network partners, Sphere, are currently investigating. At West Middlesex, there was a drop in numbers from the previous 2 months, with all but 23 patients re-booked within the 28 day target.

Outpatient DNA rates

DNA rates fell again for both sites and for both New and Follow Up appointments. The drop in DNA rate for New patients has also led to a concomitant drop in the wait for new attendance

Clinical Effectiveness Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Jan-19	Feb-19	Mar-19	2018-2019	Jan-19	Feb-19	Mar-19	2018-2019	Jan-19	Feb-19	Mar-19	2018-2019 Q4	2018-2019	Trend charts	
Best Practice	Dementia screening case finding (Target: >90%)	84.4%	97.0%	82.2%	87.7%	90.2%	90.1%	87.3%	88.2%	86.6%	93.8%	84.4%	88.4%	87.9%		-
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	93.8%	93.3%	100.0%	94.2%	90.5%	100.0%	100.0%	91.3%	91.9%	97.3%	100.0%	96.1%	92.8%		-
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	100.0%	100.0%	100.0%	97.1%	90.0%	80.0%	80.8%	91.9%	95.5%	88.6%	88.4%	90.0%	94.3%		-
VTE	VTE: Hospital acquired	0	0	0	5	1	0	0	10	1	0	0	1	15		-
	VTE risk assessment (Target: >95%)	92.9%	92.7%	93.9%	93.7%	44.5%	46.7%	49.7%	53.7%	72.9%	74.3%	75.9%	74.4%	75.8%		!
TB Care	TB: Number of active cases identified and notified	3	3	2	32	9	4	3	62	12	7	5	24	94		-
	TB: % of treatments completed within 12 months (Target: >85%)															-

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Trust commentary

Dementia screening diagnostic assessment

The Development of an “Older Adults Team “ should address the poor compliance shown in March going forward. The aim is to have this running by June. In the meantime performance will continue to be monitored with the expectation that the target will be met in the coming months.

#NoF: Time to Theatre for medically fit patients

March showed 100% compliance on both sites with the 36 hour target for patients presenting with a fractured neck of femur. Of the 33 cases, 29 were deemed medically fit and had no delay. A further 4, all at the Chelsea site were medically unfit at the 36 hour mark and are excluded from the denominator above.

The reasons for medically unfit: two patients were awaiting an orthopaedic diagnosis or investigation; 1 was awaiting a medical review or stabilisation with the 4th patient delayed to theatre whilst awaiting reversal of a DOAC (Anti-coagulants)

VTE Hospital-acquired

Chelsea Site:	Clinicians are encouraged to report hospital associated VTE events via Datix for root cause analysis investigation.
West Middlesex Site:	Potential hospital associated VTE events identified and reported on Datix by responsible teams

VTE Risk assessments completed

Chelsea Site:	Performance has slightly improved compared to previous month but 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. Lists of patients will outstanding assessments are circulated to medical teams for action.
West Middlesex Site:	On the Acute Medical Unit, the VTE risk assessment has changed with a paper VTE risk assessment form printed in the medical and surgical clerking booklet to encourage completion. Currently there are challenges with data collection by the administration team and reporting on completion rates

Access Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Jan-19	Feb-19	Mar-19	2018-2019	Jan-19	Feb-19	Mar-19	2018-2019	Jan-19	Feb-19	Mar-19	2018-2019 Q4	2018-2019	Trend charts	
RTT waits	RTT Incompletes 52 week Patients at month end	0	0	0	0	0	0	0	0	0	0	0	0	0		-
	Diagnostic waiting times <6 weeks: % (Target: >99%)	98.61%	98.77%	98.15%	98.87%	99.76%	99.80%	99.80%	99.08%	99.27%	99.45%	99.41%	99.37%	99.01%		!
	Diagnostic waiting times >6 weeks: breach actuals	49	29	29	349	11	9	10	515	60	38	39	137	864		-
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	9.1%	9.1%	8.7%	9.0%	8.5%	7.7%	8.6%	8.2%	8.9%	8.6%	8.6%	8.7%	8.7%		!
	A&E time to treatment - Median (Target: <60')	01:14	01:23	01:19	01:09	00:55	01:04	01:01	00:51	01:08	01:17	01:13	01:12	01:04		!
	London Ambulance Service - patient handover 30' breaches	29	51	18	237	34	39	15	519	63	90	33	186	756		-
	London Ambulance Service - patient handover 60' breaches	1	8	1	15	0	0	1	5	1	8	2	11	20		!
Choose and Book (available to Jan-19 only for issues)	Choose and book: appointment availability (average of daily harvest of unused slots)	3661	2674	2886	2299	0	0	0	0	3661	2674	2886	3098	2299		-
	Choose and book: capacity issue rate (ASI)															-
	Choose and book: system issue rate	154	157	145	136											-

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Trust commentary

RTT Incompletes waiting 52 weeks at month end

The Trust was once again able to report no patients waiting greater than 52 weeks for their treatment at month-end

Diagnostic Waiting Times

The Trust has again reached the 99% target of patients waiting under 6 weeks for a diagnostic test at month end. This represents the second Quarter in succession where the Trust has met the national target for each month in the quarter.

Cystoscopy at the Chelsea site was a challenge in March with a number of breaches also reported in Radiology (Dexa scans)

London Ambulance Service – patient handover

It should be noted that due to technical issues at the LAS Portal, waiting time breaches are only available up to the 24th March. This issue has affected all London Trusts.

Maternity Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Jan-19	Feb-19	Mar-19	2018-2019	Jan-19	Feb-19	Mar-19	2018-2019	Jan-19	Feb-19	Mar-19	2018-2019 Q4	2018-2019	Trend charts	
Birth indicators	Total number of NHS births	484	469	491	5832	383	349	364	4590	867	818	855	2540	10422		-
	Total caesarean section rate (C&W Target: <27%; WM Target: <29%)	35.7%	32.6%	39.9%	34.5%	28.2%	30.9%	36.3%	30.2%	32.4%	31.9%	38.4%	34.2%	32.6%		!
	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%)	94.9%	96.5%	98.1%	97.2%	96.6%	98.0%	95.8%	97.3%	95.7%	97.1%	97.1%	96.6%	97.3%		-
Safety	Admissions of full-term babies to NICU	10	16	11	172	n/a	n/a	n/a	n/a	10	16	11	37	172		-

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

Trust commentary

In March there were a total of 481 mothers delivering 491 babies at the Chelsea site, this was 11 births above plan. The West Middlesex site had 355 mothers delivering 364 babies. This equates to a Trust figure of 836 deliveries. 52 below plan.

Caesarean Births

Chelsea Site

There were a total of 192 (39.9%) caesarean births in March. The final year rate is 34.5%

There were a total of 117 elective C/S at the CW site.

54 births (46.2%) were for previous Caesarean birth, 10 (8.5%) for breech presentation, 12 (10.3%) for maternal clinical indicators and 20 (17.1%) were for maternal choice, 1 (0.9%) were for fetal distress, 3 (2.6%) were for multiple pregnancy, Failure to Progress 1 (0.9%), 4 (3.4%) for unsuccessful VBAC and 12 (10.3%) other.

A total of 75 women had an emergency C/S.

The main reasons for this was for failure to progress in labour 29 (38.7%) and fetal distress 30 (40.0%). 5 (6.7%) case was for breech presentation, 2 (2.7%) for previous C/S and 1 (1.3%) were for maternal clinical indication. 5 (6.7%) was for unsuccessful instrumental deliveries. 1 (1.3%) were for multiple pregnancy and 2 (2.7%) other

West Middlesex Site

There were a total of 129 (36.3%) caesarean births. The final year rate is 30.2%

There were a total of 58 elective C/S at the WM site:

27 (46.6%) cases were for previous C/S. 7 cases (12.1%) were for breech and 5 (8.6%) for maternal request, 4 (6.9%) failed to progress/IOL, 1(1.7%) fetal distress, Maternal clinical indication 2 (3.4%), 4 (6.9%) were for multiple pregnancy, 8 (13.8%) unspecified other reasons.

There were a total of 71 Emergency Caesarean births at the WM site: 8 (11.3%) was for failed progress in labour, 23 (32.4%) were for fetal distress, Maternal clinical indication 8 (11.3%), 3 (4.2%) was for Breech presentation, 1 (1.4%) were for previous section, 6 (8.6%) Abnormal CTG, 22 (31.0%) unspecified other reasons

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The service continues to support women who are choosing a maternal request elective caesarean section but in order to facilitate this women are required to follow a pathway and this involves being seen in the birth choice clinic. This clinic is run by experienced consultant midwives who guide the woman in her choice. There is a current review of ‘Birth after Caesarean section’ guideline and pathway in order to support increased uptake of vaginal birth after Caesarean. There was a good Caesarean section divisional plan throughout November and December which led to excellent planning for elective surgery, as well as balancing the need for emergency procedures. The service is planning for the refurbishment of the CW site and this will involve a weekly plan to ensure safe delivery of care throughout this period.

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	Jan-19	Feb-19	Mar-19	2018-2019	YTD breaches	Jan-19	Feb-19	Mar-19	2018-2019	YTD breaches	Jan-19	Feb-19	Mar-19	2018-2019 Q4	2018-2019	YTD breaches	Trend charts	
62 day Cancer referrals by site of tumour	Breast	n/a	n/a	n/a	n/a		100%	83.3%	100%	98.1%	2	100%	83.3%	100%	95.5%	98.1%	2		-
	Colorectal / Lower GI	100%	83.3%	100%	92.7%	3	75.0%	100%	100%	90.8%	4	88.9%	88.9%	100%	92.5%	91.7%	7		-
	Gynaecological	100%	100%	100%	90.0%	1.5	100%	100%	100%	89.7%	2	100%	100%	100%	100%	89.9%	3.5		-
	Haematological	n/a	100%	n/a	100%	0	100%	100%	100%	88.0%	3	100%	100%	100%	100%	91.0%	3		-
	Head and neck	n/a	n/a	n/a	91.7%	0.5	100%	100%	100%	77.4%	3.5	100%	100%	100%	100%	81.4%	4		-
	Lung	100%	100%	100%	85.0%	1.5	n/a	n/a	60.0%	75.9%	3.5	100%	100%	66.7%	86.7%	79.6%	5		-
	Sarcoma	n/a	n/a	n/a	100%	0	n/a	0.0%	n/a	0.0%	0.5	n/a	0.0%	n/a	0.0%	50.0%	0.5		-
	Skin	100%	100%	100%	97.4%	2	100%	100%	100%	99.1%	0.5	100%	100%	100%	100%	98.1%	2.5		-
	Upper gastrointestinal	0.0%	0.0%	n/a	80.0%	3	100%	100%	33.3%	89.3%	1.5	50.0%	75.0%	33.3%	55.6%	84.5%	4.5		!
	Urological	70.6%	64.3%	58.8%	73.5%	22	88.9%	93.3%	92.9%	84.5%	19.5	76.9%	84.1%	74.2%	79.2%	80.1%	41.5		!
	Urological (Testicular)	n/a	n/a	n/a	100%	0	n/a	n/a	n/a	100%	0	n/a	n/a	n/a	n/a	100%	0		-
	Site not stated	n/a	0.0%	100%	60.0%	1	n/a	100%	100%	100%	0	n/a	50.0%	100%	90.0%	88.9%	1		-

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

Trust commentary

There were 6 breaches of the standard: 3.5 at Chelsea with 2.5 at West Middlesex. This was from a total of 59 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			0	9
Colorectal / Lower GI	0	5.5	0	3
Gynaecological	0	0.5	0	4
Haematological			0	1
Head and Neck			0	3
Lung	0	0.5	1	2.5
Not yet coded	0	0.5	0	3.5
Skin	0	6.5	0	3.5
Upper Gastrointestinal			1	1.5
Urological	3.5	8.5	0.5	6
Totals	**3.5**	**22**	**2.5**	**37**

CQUIN Dashboard

March 2019

National CQUINs (CCG commissioning)

No.	Description of goal	Responsible Executive (role)	Forecast RAG Rating
A.1	Improvement of health and wellbeing of NHS staff	Chief Financial Officer	
A.2	Healthy food for NHS staff, visitors and patients	Deputy Chief Executive	
A.3	Improving the uptake of flu vaccinations for front line staff within Providers	Chief Financial Officer	
B.1	Sepsis (screening) - ED & Inpatient	Medical Director	
B.2	Sepsis (antibiotic administration and review) - ED & Inpatient	Medical Director	
B.3	Anti-microbial Resistance - review	Medical Director	
B.4	Anti-microbial Resistance - reduction in antibiotic consumption	Medical Director	
C.1	Improving services for people with mental health needs who present to A&E	Chief Operating Officer	
D.1	Offering Advice and guidance for GPs	Chief Operating Officer	
E.1	Preventing ill health through harmful behaviours - alcohol and tobacco consumptic	Deputy Chief Executive	
F.1	STP Local Engagement	Chief Financial Officer	

National CQUINs (NHSE Specialised Services commissioning)

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

2018/19 CQUIN Scheme Overview

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

2018/19 National and Local Schemes (CCG commissioning)

Payment for the full year was made at 100% in accordance with the agreement reached with Commissioners. However, final quarter evidence will nonetheless be submitted at the end of April. Scheme leads will aim to meet the requirements set out for those schemes within existing resources, but will otherwise prioritise which aspects to work on in line with the agreement with Commissioners to deliver through 'reasonable endeavours'. The forecast RAG rating for each scheme relates only to expected delivery of the specified milestones, not financial performance. The requirements of the Local Scheme relating to Trust engagement with STP planning and development work are expected to be met in full. With regard to 'Improvement of health and wellbeing of NHS staff', the targets for improving scores for key survey questions have so far proven to be challenging for most providers, and the Trust didn't achieve the 17/18 target.

2018/19 National Schemes (NHSE Specialised Services commissioning)

The Q1, Q2 and Q3 results, based on assessment by Specialised Commissioning, were confirmed as 100%. Final quarter evidence will be submitted at the end of April. The Trust continues to expect good overall results for the full year, and in line with last year's achievement in the case of the 2 year schemes. The Neonatal Community Outreach scheme is now being implemented in line with the approach agreed with the Commissioner and approved by the Executive board. The forecast RAG rating for each scheme reflects both expected delivery of the milestones and the associated financial performance.

2019/20 CQUIN

The Trust is still in the process of agreeing CQUIN commitments and delivery approach for the new contract year.

Nursing Metrics Dashboard

Safe Nursing and Midwifery Staffing

Chelsea and Westminster Hospital Site

Ward Name	Average fill rate				CHPPD			National bench mark
	Day		Night					
	Reg Nurses	Care staff	Reg Nurses	Care staff	Reg	HCA	Total	
Maternity	94.1%	87.1%	103.3%	90.3%	7.2	3.0	10.1	7 – 17.5
Annie Zunz	98.8%	78.1%	96.2%	100.0%	5.1	2.1	7.1	6.5 - 8
Apollo	95.8%	103.6%	93.7%	72.7%	15.4	2.9	18.3	
Jupiter	114.1%	74.4%	117.1%	-	9.8	2.1	11.9	8.5 – 13.5
Mercury	83.3%	92.9%	78.6%	32.1%	7.1	0.8	7.9	8.5 – 13.5
Neptune	94.5%	103.6%	92.9%	0.0%	8.7	1.1	9.7	8.5 – 13.5
NICU	99.5%	-	97.9%	-	12.1	0.0	12.1	
AAU	104.9%	68.3%	99.7%	100.0%	9.4	2.0	11.3	7 - 9
Nell Gwynne	93.7%	86.8%	133.3%	101.2%	4.0	3.4	7.4	6 – 8
David Erskine	97.4%	91.9%	100.0%	101.1%	3.1	2.8	5.9	6 – 7.5
Edgar Horne	95.0%	90.5%	107.1%	84.8%	3.1	2.9	6.1	6 – 7.5
Lord Wigram	97.9%	98.0%	103.6%	100.0%	3.9	2.6	6.5	6.5 – 7.5
St Mary Abbots	94.1%	82.5%	99.1%	97.5%	3.9	2.4	6.3	6 – 7.5
David Evans	88.8%	85.4%	102.6%	163.1%	4.9	2.2	7.0	6 – 7.5
Chelsea Wing	86.7%	91.8%	101.8%	94.8%	9.7	5.8	15.4	
Burns Unit	113.2%	96.6%	116.2%	100.0%	17.6	2.2	19.8	
Ron Johnson	92.1%	108.6%	100.0%	117.9%	4.5	2.8	7.3	6 – 7.5
ICU	99.0%	-	99.0%	-	24.0	0.0	24.0	17.5 - 25
Rainsford Mowlem	93.2%	91.9%	98.2%	100.0%	3.0	2.8	5.8	6 - 8

West Middlesex University Hospital Site

Ward Name	Average fill rate				CHPPD			National bench mark
	Day		Night					
	Reg Nurses	Care staff	Reg Nurses	Care staff	Reg	HCA	Total	
Maternity	94.9%	91.1%	95.3%	96.1%	6.7	1.9	8.7	7 – 17.5
Lampton	101.5%	102.7%	100.0%	105.4%	3.0	2.5	5.5	6 – 7.5
Richmond	93.9%	125.7%	76.3%	120.0%	6.3	4.9	11.2	6 – 7.5
Syon 1	106.8%	109.4%	104.7%	132.7%	3.9	2.4	6.3	6 – 7.5
Syon 2	96.8%	112.0%	100.1%	149.8%	3.4	2.5	5.9	6 – 7.5
Starlight	102.0%	-	112.2%	-	9.0	0.0	9.0	8.5 – 13.5
Kew	76.1%	76.7%	100.0%	108.9%	2.9	2.6	5.6	6 - 8
Crane	100.0%	114.2%	101.2%	126.8%	3.2	3.0	6.2	6 – 7.5
Osterley 1	121.5%	115.8%	111.7%	128.6%	3.9	2.8	6.7	6 – 7.5
Osterley 2	103.4%	96.5%	103.6%	98.2%	3.6	3.0	6.7	6 – 7.5
MAU	95.5%	87.8%	92.2%	96.4%	5.7	2.5	8.3	7 - 9
CCU	97.7%	111.3%	100.3%	-	5.1	0.9	6.1	6.5 - 10
Special Care Baby Unit	96.7%	100.0%	91.9%	100.0%	9.1	3.4	12.4	
Marble Hill 1	99.8%	91.6%	102.6%	101.2%	3.5	2.8	6.2	6 - 8
Marble Hill 2	107.0%	122.8%	109.5%	148.2%	3.4	3.3	6.7	5.5 - 7
ITU	109.4%	0.0%	106.7%	-	24.6	0.0	24.6	17.5 - 25

Summary for March 2019

Increased fill rate for Registered Nurses on Jupiter due to amount of children requiring RMNs. Low fill rate of HCAs due to change in skill mix on ward.
Higher fill rates on Edgar Horne due to high RMN usage. A number of patients at risk of falls and absconding required specialling on David Erskine, Osterley 1, Marble Hill 1 & 2, Syon 1 & 2. Additional HCAs booked on CCU for escorting patients for diagnostics/treatment. Fill rates on Richmond low due to staff being shared with surgical escalation ward.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 2 May 2019

PUBLIC SESSION

AGENDA ITEM NO.	2.5.1/May/19
REPORT NAME	People KPI Dashboard
AUTHOR	Natasha Elvidge, Associate Director of HR; Resourcing
LEAD	Thomas Simons, Director of Human Resources & Organisational Development
PURPOSE	The people 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 12 – March 2019

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

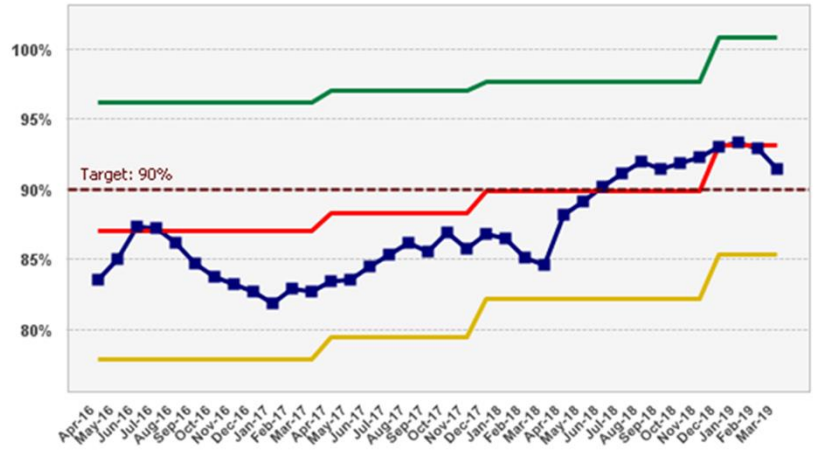
Statistical Process Control – April 2016 to Mar 2019

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

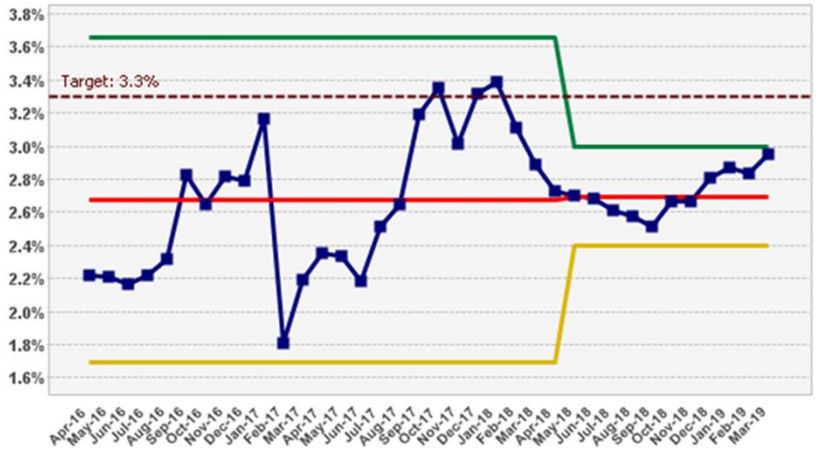
WORKFORCE INDICATORS

Statistical Process Control Charts for the 36 months April 2016 to March 2019

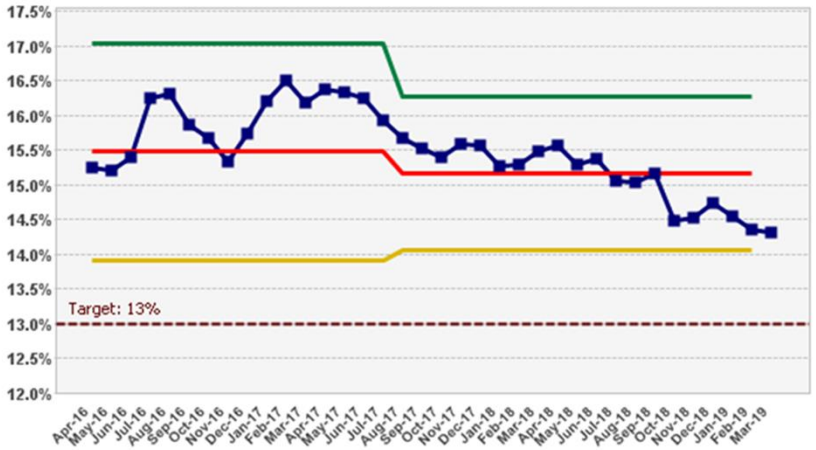
Mandatory Training compliance



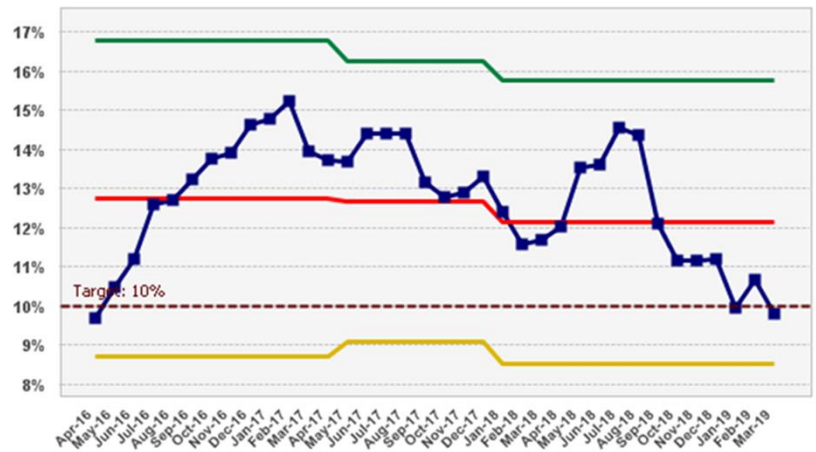
Sickness absence



Staff turnover rate



Vacancy rate



People and Organisational Development Workforce Performance Report March 2019
Key Performance Indicators

Chelsea and Westminster Hospital NHS Foundation Trust

Item	Units	This Month Last Year	Last Month	This Month	Target	RAG Status			Trend
						Red	Amber	Green	
1. Workforce Information									
1.1 Establishment	No.		6,296.99	6,304.77					↑
1.2 Whole time equivalent	No.	5404.93	5640.47	5686.07					↑
1.3 Headcount	No.	5879	6116	6177					↑
1.4 Overpayments	No.								↔
2. HR Indicators									
2.1 Sickness absence	%	2.89%	2.84%	2.95%	<3.3%				↑
2.2 Long Term Sickness absence	%	1.48%	1.15%	1.43%					↑
2.3 Short Term Sickness absence	%	1.41%	1.69%	1.52%					↓
2.4 Gross Turnover	%	19.51%	19.51%	19.07%	<17%				↓
2.5 Voluntary Turnover	%	15.48%	15.48%	14.30%	<13%				↓
3. Employee Relations									
3.1 Live Employment Relations Cases	No.		136	154					↑
3.2 Formal Warnings	No.		1	1					↔
3.3 Dismissals	No.		1	1					↔
4. Temporary Staffing Usage									
4.1 Total Temporary Staff Shifts Filled	No.		14678	16576					↑
4.2 Bank Shifts Filled	No.		12325	14000					↑
4.3 Agency Shifts Filled	No.		2353	2576					↑
5. Vacancy									
5.1 Trust Vacancy Rate	%	11.69%	10.43%	9.81%	<10%				↓
5.2 Corporate	%	10.52%	12.45%	7.47%	<10%				↓
5.3 Emergency & Integrated Care	%	13.99%	9.13%	8.86%	<10%				↓
5.4 Planned Care	%	10.97%	12.23%	11.80%	<10%				↓
5.5 Women's, Children and Sexual Health	%	10.77%	9.01%	9.30%	<10%				↑
6. Recruitment (Non-medical)									
6.1 Offers Made	No.		150	147					↓
6.2 Pre-employment checks (days)	No.		20.2	22.1	<20				↑
6.3 Time to recruit (weeks)	No.		9.56	9.46	<9				↓
7. PDRs Undertaken (AfC Staff over 12 months)									
7.1 Trust PDRs Rate (AFC Staff)	%	88.41%	85.37%	87.73%	≥90%				↑
7.2 Corporate	%	90.28%	71.27%	79.70%	≥90%				↑
7.3 Emergency & Integrated Care	%	89.05%	89.88%	88.98%	≥90%				↓
7.4 Planned Care	%	88.95%	85.74%	90.66%	≥90%				↑
7.5 Women's, Children and Sexual Health	%	86.59%	85.93%	86.34%	≥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 March 2019
Key Performance Indicators

Chelsea and Westminster Hospital NHS Foundation Trust

February 19 SICKNESS

Division	Sickness Abs.	RAG Status Target <3%	Available FTE	Abs. FTE	Episodes	Long Term (FTE Lost)	% Long Term	Prev. Month	% +/-
Corporate	2.01%		15686.24	315.82	68	112.92	0.72%	2.38%	-0.37%
Emergency & Integrated Care	2.56%		45227.72	1159.67	245	524.86	1.16%	1.99%	0.57%
Planned Care	3.17%		50697.49	1607.52	300	775.05	1.53%	2.73%	0.44%
Women's, Children and Sexual Health	3.39%		47608.04	1613.80	302	862.30	1.81%	3.32%	0.07%
Trust	**2.95%**		**159219.49**	**4696.81**	**915**	**2275.13**	**1.43%**	**2.84%**	**0.11%**

March 19 Core Training

Course	Last Month	This Month	Target	RAG Status	Trend
Basic Life Support	87%	86%	<90%		↓
Conflict Resolution	96%	97%	<90%		↑
Equality, Diversity and Human Rights	94%	94%	<90%		↔
Fire	91%	91%	<90%		↔
Health & Safety	96%	96%	<90%		↔
Infection Control (Hand Hygiene)	94%	95%	<90%		↑
Information Governance	95%	96%	<95%		↑
Moving & Handling - Inanimate Loads	93%	94%	<90%		↑
Patient Handling (M&H L2)	89%	89%	<90%		↔
Safeguarding Adults Level 1	94%	95%	<90%		↑
Safeguarding Children Level 1	95%	95%	<90%		↔
Safeguarding Children Level 2	92%	93%	<90%		↑
Safeguarding Children Level 3	87%	86%	<90%		↓

March 19 Vacancy / Bank and Agency Ratio on "Fill Rate"

Division	Budgeted FTE	Staff in Post (FTE)	Vacancy (FTE)	Bank Usage (FTE)	Agency Usage (FTE)	Total FTE Used	Budget minus Used FTE	RAG Status
Corporate	620.63	574.29	46.34	28.88	12.00	615.17	5.46	
Emergency & Integrated Care	1768.31	1611.60	156.71	295.17	72.84	1979.61	-211.30	
Planned Care	2058.03	1815.09	242.94	251.21	45.80	2112.10	-54.07	
Women's, Children and Sexual Health	1857.80	1685.09	172.71	212.70	58.19	1955.98	-98.18	
TRUST	**6304.77**	**5686.07**	**618.70**	**787.96**	**188.83**	**6662.86**	**-358.09**	

March 19 Voluntary Turnover

Division	Turnover	Prev Month	% + / -
Corporate	16.13%	16.42%	-0.29%
Emergency & Integrated Care	14.90%	14.65%	0.25%
Planned Care	12.71%	12.92%	-0.21%
Women's, Children and Sexual Health	14.84%	14.97%	-0.13%
TRUST	**14.30%**	**14.37%**	**-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

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

People and Organisation Development Workforce Performance Report March 2019

Vacancy Rate:

There continues to be a decline in the vacancy rate for March with the vacancy rate now reported at 9.81% against the Trust 10% target. There was an increase of establishment of 7.08wte which pertains to nursing staff; however, there was an overall increase in staff in post by 45.60wte which offset the increase in establishment. The trust had 109.97wte leavers and 121.77wte of starters with the difference being adjustments to existing staff (33.8wte).
The qualified nursing rate is 8.26% which equates to 195.12wte. There were 24 new starters in Month 12, 16 of which were international nurses. A regular pipeline of 16 international nurses per month will ensure a regular supply of nurses from overseas.

Despite the decline in the vacancy rate there has been a marked increase in Temporary Staffing usage, 13% more than in February which equates to 328wte above budgeted establishment. The increase is due to additional patient activity (demand) which affected principally nursing staff due increase acuity levels and increased sickness levels.

Sickness Absence: (February)

The trust's sickness rate is currently 2.95%. Our sickness ceiling (3.3%) has not been breached during the last 12 months peaking this month at 2.95%. Long-term sickness has increased 0.28% to 1.43% and has had an impact on the trust's temporary staffing usage. The three most common reasons for sickness were cold, cough and flu, gastrointestinal problems and musculoskeletal problems.

The staff group consistently reporting the highest level of sickness is Nursing and Midwifery unqualified staff whilst medical and dental staff are consistently reporting the lowest level of sickness.

The Women's, Children & Sexual Health Division had the highest sickness rate in February at 3.39% and Emergency & Integrated Care had the lowest sickness rate 2.56% of the clinical divisions.

The HR team are working closely with managers to support staff through sickness in line with Trust policy and there are currently 83 live cases being formally managed. The Trust is also reviewing its Health & Wellbeing offering to see what additional interventions can be put in place to support staffs Health & Wellbeing

Staff Turnover Rate:

The voluntary turnover rate is currently 14.30% a decrease of 0.07% lower than last month. The voluntary turnover rate suggests that approximately 1 in 6 members of staff have left the trust over the past 12 months. This has seen a downward trend with a reduction of 0.80% in the year.

The turnover rate has decreased due to an increase wte in staff numbers during the "rolling 12 month period" and a small decrease in leavers in month. This has been reflected within our decreased vacancy rate.

As part of the NHSI Retention Support programme the Trust has developed a retention action plan which focuses on four main themes being improving training/career development opportunities, enhancing support form managers, encouraging staff reaching pensionable age to stay at work and improving benefits. This has resulted in a reduction in the Nursing turnover rate of 2%.

Mandatory Training Compliance :

Our compliance rate stands at 91% against our ceiling of 90%. Compliance has remained above the Trust target of 90% for the previous 9 months.

The addition of 2 new topics caused the overall compliance to drop by 2% as expected - Theory Adult Basic life Support and Infection Control Level 2.The split of theory and practical BLS reflects the focus for the refresher training for staff, concentrating more on the practical aspects at the classroom sessions and requiring annual eLearning to meet the National Resus Council requirements.

Information Governance has increased by 3% since last month due to the IG team are contacting lapsed staff directly to encourage their completion. The Trust was able to submit its highest return for the IG toolkit, reaching 96% compliance.

People and Organisation Development Workforce Performance Report
March 2019

PDR's Completed Since 1st April 2018 (18/19 Financial Year)					
Division	**Band Group**	**%**	**Division**	**Band Group**	**%**
COR	Band 2-5	74.07%	**PDC**	Band 2-5	88.70%
	Band 6-8a	81.44%		Band 6-8a	93.56%
	Band 8b +	85.71%		Band 8b +	100.00%
Corporate		**79.70%**	**PDC Planned Care**		**90.66%**
EIC	Band 2-5	90.14%	**WCH**	Band 2-5	82.42%
	Band 6-8a	87.35%		Band 6-8a	88.89%
	Band 8b +	94.44%		Band 8b +	100.00%
EIC Emergency & Integrated Care		**88.98%**	**WCH Women's, Children's & SH**		**86.34%**
Band 2-5	**Band 6-8a**	**Band 8b +**			
86.50%	88.77%	91.91%	**Trust Total**		**87.73%**

PDRs:

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

At Month 12 / March, we are marginally behind target for the completion of PDRs by our banding windows. The divisions have produced plans to achieve their PDR targets and greater focus and attention to the completion of PDRs within the banding windows have resulted in a 28% increase over the last three months. This PDR target and progress against divisional plans is continues to be monitored at the Workforce Development Committee meeting.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 2 May 2019

PUBLIC SESSION

AGENDA ITEM NO.	3.1/May/19
REPORT NAME	National Staff Survey Results 2018
AUTHOR	Nicole Porter-Garthford, Associate Director of HR
LEAD	Thomas Simons, Director of Human Resources & Organisational Development
PURPOSE	The overall purpose of this report is to provide a summary of the Trust results for the NHS National Staff Survey 2018 and to highlight the areas of good practice as well as the areas that require focus. This report summarises the overall results and looks at any key differences between the two main hospital sites as well as outlining the results by divisions.
SUMMARY OF REPORT	The National NHS Staff Survey results for 2018 were officially published on the 26th February 2019.This year the response rate was 41% which was a marked increase from the previous year when the Trust response rate was 32%. However the response rate is still slightly below the national average. This year a number of changes have been made to the benchmark report to improve its usability and provide historical trends. The main change of note is that the 32 Key Findings have been replaced by 10 themes which are scored on a 0-10 point scale. The main conclusion from the report is that the results of the 2018 Staff Survey have not moved significantly in the majority of the 10 themes with the exception of Health and Wellbeing which has seen a decrease from 6.1 last year to 5.8 this year. The overall results show that the Trust results are above average on 5 of these, average for 1 of them and below average for the other 4 However it is important to review the individual question responses to check if the overall themes reflect where focus may be required or if there are further areas that may also need to be explored. Some of the key highlights of the report are:- • The Trust continues to be above average for staff engagement and there has been a 10% increase in the number of staff answering positively for both of staff FFT questions since 2016. • The Trust scores very favourably in terms of Quality of Care with just over 92% of our staff stating that they feel their role makes a difference to patients/ service users-this score is just below best result for Acute Trusts. • The scores are also very favourable in terms of safety culture • Staff have also scored the quality of their appraisal favourably in comparison to other Acute Trusts Areas for focus:-

	• The Trust is below average for Equality, diversity and inclusion, Health and Wellbeing, Violence and Bullying and Harassment • The Trust scores below the average for all 4 of the questions relating to Equality, diversity and inclusion. The overall score is particularly low in the EIC division. • Under Health and Wellbeing the Trust has seen a significant increase (6%) in the percentage of staff who reported they have experienced a work related MSK issue in the last 12 months. 38% of staff also stated they have suffered from work related stress in the last year. • Violence and bullying and harassment from patients and their relatives remain a concern with 35% of staff stating they have experienced this bullying and harassment on one or more occasions and 16% of staff stating that they have been subject to physical violence. • The results show that 25% of respondents have answered that they would look for a job at another organisation in the next 12 months.
KEY RISKS ASSOCIATED	A failure to address the concerns raised in the Staff Survey will have a negative effect of the workfare and potentially led to increased turnover and abseentism.
FINANCIAL IMPLICATIONS	There is a financial impact where staff report a poor experience in the workplace and this can lead to poor patient outcomes, negatively affect the quality of the services provided and have an impact on staff health and wellbeing (notably abseentism) as well as turnover.
QUALITY IMPLICATIONS	
EQUALITY & DIVERSITY IMPLICATIONS	
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 discussion.

The NHS National Staff Survey Results 2018

1. Purpose

The overall purpose of this report is to provide a summary of the Trust results for the NHS National Staff Survey 2018 and to highlight the areas of good practice as well as the areas that require focus. This report summarises the overall results and identifies any key differences between the two main hospital sites as well as outlining the results by divisions.

2. Introduction

The NHS National Staff Survey is a requirement set by NHS England for all NHS Trusts in England and an important tool for the Trust to gain feedback from employees about their experience of working for the Trust. The Survey is conducted on an annual basis in the autumn of each year with the results then published in the following February / March. This year the Staff Survey results for 2018 were officially published on the 26th February 2019.

The results for Chelsea and Westminster Hospital NHS Foundation Trust ("the Trust") are benchmarked against other Acute NHS providers in England of which there were 89 in total in 2018. The Staff Survey also provides the data for 4 of the 9 Workforce Race Equality Standard (WRES) indicators that the Trust is required to report on each year and from 2019 and will also form the basis for 6 of the 10 Workforce Disability Equality Standard (WDES) indicators.

The Trust uses Capita as its survey provider meaning that alongside the national benchmark and directorate reports that are published on the staff survey website, the Trust receives reports by site, divisions and departments. The Capita reports also outline the responses to the additional questions that the Trust opted to include as part of the Survey. As such, the Trust receives verbatim responses given in the free text section of the Staff Survey that can be used for thematic analysis.

The benchmark report (appendix 1.0) outlines the Trust results by both the 10 themes and by the individual questions that make up these themes as well as the remaining questions in the survey. It also provides a breakdown of the response rates by various protected characteristics, staff groups and length of service. There is also a directorate report available which shows the overall themes both by division and hospital site. Unlike in previous years the WRES indicator results are not outlined in the main report but are available to download from the website alongside the results for the WDES metrics.

3. Response rate

In 2018, a total of 5664 staff within the Trust was eligible to receive the Staff Survey and of these, 2325 staff responded, giving the Trust a response rate of 41%. This was a marked increase from the previous year when the Trust response rate was 32%. However, the Trust is still below the average response rate for Acute Trusts (44%) and below the national average for all providers at 46%.

4. New NHS National Staff Survey reporting in 2018

During the past year the Staff Survey coordination centre undertook a review of the outputs that are produced in reporting the results of the Survey. This showed that there were concerns particularly in relation to the format of the reports and the perceived inconsistency

in the scale and presentation of the Key Findings (in that some of these are presented as a sliding scale and others as percentages). As a result of this a number of changes have been made to the report to improve its usability and provide historical trends.

The main changes are:

- The 32 Key Findings have been replaced by 10 themes which are scored on a 0-10 point scale. These scores are reported as mean scores and a higher theme score always indicates a more favourable result

These themes are:

- ✓ Equality, Diversity and Inclusion
- ✓ Health and Wellbeing
- ✓ Immediate Managers
- ✓ Morale
- ✓ Quality of appraisals
- ✓ Quality of care
- ✓ Safe environment-bullying and harassment
- ✓ Safe environment-violence
- ✓ Safety Culture
- ✓ Staff Engagement

- These themes are based on the responses to specific sets of questions in the survey (further details are included later in this report)
- The report also now contains question level data for **all** questions so that users are not just relying solely on summary indicator results
  The report is more visual with bar charts and graphs to illustrate the response rates.
- The report shows not only the Trust score and the average score but also the best and worse scores within the comparison group
- The report compares the findings for the last 5 years (where possible[1])

5. Staff Survey results

5.1 Overview

The 2018 Staff Survey results have not changed in the majority of the 10 themes with the exception of Health and Wellbeing which has seen a statistically significant decrease from 6.1 last year to 5.8 this year. However, even without meaningful changes to the majority of the themes, the response rate has increased this year which enhances the validity of these results.

Key messages

- The Trust continues to be above average for staff engagement and there has been a 10% increase in the number of staff answering positively for both of staff FFT questions since 2016. The Trust is the third best acute in London.
- The Trust scores favourably in terms of Quality of Care with just over 92% of our staff stating that they feel their role makes a difference to patients/ service users-this score is just below best result for Acute Trusts

[1] For Chelsea and Westminster Hospital it is only possible to go back to 2016 which is the first year the Trust carried out the survey as a merged organisation. It should also be noted that as some questions has changed this year comparisons are not available for some of these.

- The scores are also very favourable in terms of safety culture
- Staff have also scored the quality of their appraisal favourably in comparison to other Acute Trusts
- The Trust is below average for Equality, diversity and inclusion, Health and Wellbeing, Violence and Bullying and Harassment
- The Trust scores below the average for all 4 of the questions relating to Equality, diversity and inclusion. The overall score is particularly low in the EIC division.
- Under Health and Wellbeing the Trust has seen a significant increase (6%) in the percentage of staff who reported they have experienced a work related MSK issue in the last 12 months. 38% of staff also stated they have suffered from work related stress in the last year.
- Violence and bullying and harassment from patients and their relatives remain a concern with 35% of staff stating they have experienced this bullying and harassment on one or more occasions and 16% of staff stating that they have been subject to physical violence. This is particularly an issue at our West Middlesex site.
- The results show that 25% of respondents have answered that they would look for a job at another organisation in the next 12 months.

5.2 Themes and Question responses

A summary of the 10 overall themes reported in the survey shows the Trust results are above average on 5 of these, average for 1 of them and below average for the other 4. However, one of the concerns about how the Staff Survey reports have been presented in previous years is that solely relying on the overall indicators/themes can mask underlying issues with the responses to specific questions. This year the reports contain the responses for each individual question that make up these themes, allowing the Trust to identify more accurately where action is required.

5.2.1 Areas where the Trust is above average

- Staff Engagement

  (This is based on three areas of staff engagement:-

  1. *Motivation*-based on whether staff looks forward to going to work, whether they are enthusiastic about their job and whether time passes quickly when working.
  2. *Ability to contribute to improvements*-based on whether staff feel there are frequent opportunities to show their initiative, whether staff feel they are able to make suggestions to improve the work of their team and whether staff feel able to make improvements happen.
  3. *Recommendation of the organisation as a place to work / receive treatment*-based on the question as to whether staff feel the organisation has care of patients as its top priority, whether staff would recommend the organisation as a place to work and whether staff would be happy with the standard of care provided if a friend or relative needed treatment)

There are 9 individual questions that make up this theme and for all 9 of these questions the Trust scores are above average. There are only a couple of the questions where there has been a slight decrease in the scores for this year and for these the changes are not statistically significant.

One of the key highlights in this section is the continued improvement in the Staff Friends and Family test questions relating to staff recommending the organisation as a place to work or receive treatment. The report identifies that there has been a 10% point increase in the number of staff answering positively for both of these questions since 2016 which has helped the organisation move from being below average for staff engagement to above average for the last 2 years. This metric is visible as part of our CQC monitoring and model hospital dashboards.

- Immediate Managers

  (based on questions asking about support received from immediate managers, managers giving clear feedback, managers asking staff opinions before making changes that affect work, managers taking a positive interest in health and wellbeing, staff feeling their manager values their work and managers supporting staff to receive the training identified in their appraisal).

The Trust is above average for 5 of 6 of the individual questions that contribute to the overall score meaning that staff has generally reported a positive experience in terms of their interactions with their immediate managers. The results show that 70% of staff is satisfied with the level of support they receive from their managers and 74% of staff believe their manager values their work.

The one underpinning question where the Trust is below average is where it asks staff if their manager supported them in being able to access the training, learning or development (identified in their appraisal) where only 50% of staff answered positively to this question (compared to a national average of 54% and the best Trust score of 66%).

- Quality of appraisals

  (based on questions relating to whether staff feel their appraisal has helped them to improve how they do their job, whether the appraisal has helped staff to agree clear objectives, whether staff feel their work is valued by the organisation and whether the Trust values were discussed at the appraisal.)

The Trust scores favourably against our peers in other Acute Trusts and the responses are above average for all 4 of the individual questions that contribute to the overall score. There has been a positive improvement in staff reporting that they have had an appraisal in the last year, moving from 81.6% in 2017 to 87.7% this year.

Whilst it is important to recognise improvement in this area there is still significant focus required as the national median numbers are low. For example, only 31% of staff state that they believe their appraisal helped them to improve how they did their job (compared to a national average of 23% and the best score of 35%). Furthermore, only 42% of staff felt their appraisal helped them to agree objectives for their work and only 46% of staff responded that the Trusts values were discussed as part of their appraisal.

- Quality of care

  (based on questions relating to whether staff are satisfied with the quality of care they give, whether they feel their role makes a difference to patients and whether staff feel they are able to deliver the care they aspire to.)

For this theme the Trust is above average for all 3 of the individual questions with just over 92% of our staff stating that they feel their role makes a difference to patients/service users. The response to this question is not only above the average but the result also compares very favourably with the best result for Acute Trusts with the Trust scoring 92.1% compared to the best in class at 92.9%.

- Safety Culture

  (based on questions relating to how the organisation treats staff who are involved in errors or near misses, if staff feel the organisation takes action to ensure these errors do not happens again, if staff feel they are given feedback about changes made in response to reported errors, whether staff feel secure in raising concerns about unsafe clinical practice, whether staff feel confident the organisation would address any concerns and if staff feel the organisation acts on concerns raised by patients/ service users.)

For this theme the Trust is above average for all 6 of the individual questions that contribute to the overall score and for a number of questions the Trust is well above the average, particularly in relation to whether staff feels the organisation would act on concerns raised by patients and service users.

However, for 2 of the questions there has been a slight reduction from last year's results. These 2 questions are, whether staff would feel secure raising concerns about unsafe clinical practice where the 2017 score was 74.9% and in 2018 this has decreased to 72.7% of staff; and if staffs are confident that the Trust would address their concerns, where the 2017 result was 64.5% and in 2018 decreased to 62.6%.

5.2.2 Areas where the Trust is average

The one area in which the Trust is average with other Acute Trusts is:-

- Morale
  (based on questions relating to staff feeling involved in deciding on changes that affect their work area, staff feeling they receive the respect they deserve, if staff feel they have unrealistic time pressures, if staff feel they have a choice in deciding how to do their work, whether relationships at work are strained , if staff feel they are encouraged at work by their manager, if staff are thinking of leaving the organisation, whether staff would look for a job in the next 12 months and if they would leave if they found another role).

The majority of the questions that make up this theme are new questions or questions that have been re-introduced in this year and therefore it is not possible to compare this to previous years. Overall the result for this theme are positive but a review of the questions shows that the Trust is actually only above average on only 4 of the 9 questions. This includes staff feeling they receive the respect they deserve at work and staff feeling their immediate manager encourages them at work.

The questions where the Trust scores are below average include staff feeling they have unrealistic time pressures, staff feeling that relationships at work are strained and staff who have stated they will probably look for another job at a new organisation within the next 12 months. This result is a particular concern as it identifies that 25% of current Trust staff could potentially look to leave the organisation within the next year. The best score for Acute Trusts nationally for the question is 14%.

5.2.3 Areas where the Trust is below average

- Equality and Diversity
  (based on questions relating to whether staff feel the organisation acts fairly in terms of career progression regardless of protected characteristics, staff experience of discrimination from either other staff or the public and whether the organisation has made adjustments to enable staff to carry out their duties).

A review of the individual questions that make up this theme shows that in all 4 of the questions the Trust is showing as below average, and for 3 out of the 4 questions the Trusts score is also worse in comparison to the previous year.

There is one question where the Trust has seen a minor improvement (staff experiencing discrimination from their manager or other colleagues) which has reduced this year, but this is marginal and still remains above the number given in 2016.

Respondents to the survey who answer that they have experienced discrimination are asked for the grounds on which they experienced this discrimination. The results show that for these staff, 65.7% state this was on the basis of ethnicity, 22% say this was on the basis of their gender, 17.2% state this was based on their age, 5.4% say this was based on religion, 4.2% say this was based on sexual orientation and 3% say this was based on disability. For the other 20.6% this has been classed as "other".

A key concern, particularly in light of the Trusts work over the last 2 years to improve the experience of disabled staff is the reduction in the number of staff who have stated they

believe the Trust has implemented adequate adjustments to enable them to carry out their work. Further details about the Trust WDES scores are included later in this report.

- Health and Wellbeing
  (based on questions relating to opportunities for flexible working patterns, whether staff feel the organisation takes positive action on health and wellbeing, staff experiencing MSK issues, staff feeling unwell as a result of work related stress and staff coming to work despite not feeling well enough).

The scores in this section show that for 3 out of the 5 questions the Trust scores above average, although for the question relating to work related stress this is by less than 1% and shows that 38% of our staff stated they have felt unwell as a result of work related stress in the last year. Furthermore, for the question asking staff if they feel the Trust takes positive action on health and wellbeing the Trust is above average but still only 29% of staff have answered positively to this question. This is against the best Acute Trust score of nearly 47%. The Trust score has also decreased by almost 4% in this area (although this is reflective of the decrease nationally for Acute Trusts).

There are 2 questions where the Trust is below average and it is the worsening of these scores that has led to health and wellbeing being the one theme where there has been a significant change to the score this year. The first of these is staff stating they have experienced musculoskeletal problems as a result of work related activities. For this question, the Trust has seen a significant increase in the percentage of staff who selected yes to this question, going from 25.4% last year up by just over 6% points this year to 31.6%. The Trust is not unique in seeing an increase in the number of staff answering yes to this question as the results show an increase for all Acute Trusts nationally. The other question where the Trust compares poorly is in the number of staff who have reported that they have come to work despite not feeling well enough to do so where there has been a 2% increase from 2017.

- Safe Environment –bullying and harassment
  (based on questions relating to staff personally experiencing harassment, bullying or abuse from either patients, managers or other colleagues).

Whilst overall the Trust is below average for this theme, based on the 3 questions that are asked the Trust scores more favourably or average on 2 of these questions. This does not mean that this should not be an area of concern. However, the results do show that 20% of the Trust staff feels they have experienced bullying, harassment or abuse from colleagues in the last year and 13% feel they have experienced this from managers.

The question that affects the overall score negatively and places the Trust below average is the one which asks staff if they have personally experienced bullying and harassment from service user/patients, where 35% of staff have answered that they have experienced this on one or more occasion, putting the Trust at almost 7% worse than the average and only 2% away from the worse score for Acute Trusts. This appears to be an area we could make rapid progress in improving the experience for our staff.

- Safe Environment-violence
  (based on questions relating to staff personally experiencing physical violence from either patients, managers or other colleagues)

Within this theme the Trust is worse than the average for all 3 of the questions (although it should be noted that the margins for some of these questions is quite narrow, in particular relating to staff experiencing physical violence from their managers where the best score is 0% and the worst 1.6%).

There has been a positive reduction in comparison to last year's result to the question which asks staff if they have experienced physical violence from their managers where there has been a decrease from 1.5% to 1.1%. However, this score still means that based on the overall response rate, approximately 62 staff across the organisation have answered yes to this question. 16% of staff has reported that they have been subject to physical violence by patients/ service users, their relatives or other members of the public.

6. Results by Hospital site

The directorate report shows some notable differences between Chelsea and Westminster Hospital and West Middlesex University Hospital in the overall theme results.

For Chelsea and Westminster Hospital the results are the same as the Trust results for 6 of the 10 themes, more positive for 3 of the themes and less positive for 1 of the themes. For West Middlesex University Hospital the results are the same for 4 of the 10 themes, more positive in 1 area and less positive for the other 5 themes. The staff engagement score is the same for both sites.

One of the key areas of concern is the difference in relation to Safe Environment-violence. As is detailed earlier in this report the margins for the scores in this area are small, however as a Trust we are slightly below average overall (9.3 against an average of 9.4). When the two sites are compared however it shows that for Chelsea and Westminster Hospital the score is in line with the average at 9.4 whereas for the West Middlesex site this is 9.0. This score means that not only is the site below average in comparison to other Acute Trusts but would mean if the hospital was reported separately it would be below the worst in the sector. The scores for Safe Environment –bullying and harassment are also very different on each site with the scores for Chelsea and Westminster Hospital being in line with the Trust average of 7.7 (with the average for Acute Trusts being 7.9), but for the West Middlesex site the score is 7.3. Other areas where the West Middlesex University Hospital scores are below the Trust average are equality, diversity and inclusion, health and wellbeing and quality of care.

The 1 area where the scores are more positive at West Middlesex University Hospital than at Chelsea and Westminster Hospital is in the quality of appraisals where the Trust average is 6.0 and at the West Middlesex University Hospital the score is 6.2 (compared to 5.9 at Chelsea and Westminster Hospital).

7. Divisional Results

The overall results by division show that in the main the clinical divisions are reflective of the overall Trust results although there are some differences in the results for corporate services.

Although the Trust now has 4 clinical divisions, at the time the Staff Survey was launched this was on the basis of 3 clinical divisions, Emergency and Integrated Care (EIC), Planned Care (PDC) and Women's, Neonatal, Children and Young People & HIV/ GUM and Dermatology (WCH). Therefore this summary is based on 3 clinical divisions plus corporate services. However as the Trust has also received departmental reports for a number of the areas that make up the new Clinical Support (CSS) division, it will be possible to review these are part of the action planning process.

7.1 Emergency and Integrated Care (EIC)

For EIC the main area of concern remains Safe Environment –violence and this is something that has been a concern over the last couple of years. The divisional scores in this area are

significantly below the Trust average of 9.3, particularly on the West Middlesex site where the score is 8.2 but also on the Chelsea and Westminster site where the score for this theme is 8.7. This means that for both sites the score is lower than the worst score for Acute Trusts.

Another area of concern where the division is significantly below the Trust average is Safe Environment-bullying and harassment where the Trust average is 7.6 but for EIC this is 7.2 on the Chelsea and Westminster site and 7 on the West Middlesex site. For this theme the score for West Middlesex Hospital is below the worst score for Acute Trusts.

Other areas where the division is below the Trust average include Equality, diversity and inclusion (both hospital sites), Health and wellbeing (Chelsea and Westminster site), Morale (Chelsea and Westminster site), Quality of care (West Middlesex site), and Quality of appraisals (Chelsea and Westminster site).

7.2 Planned Care PDC

In PDC the areas of concern are broadly in line with the overall results for the Trust. As with EIC, Safe Environment –bullying and harassment is a concern but for PDC this is particularly on the Chelsea and Westminster site where the score is 7.4, which is below the Trust average of 7.7 and below the national average of 7.9. The score in this area for the West Middlesex site is slightly below the Trust average at 7.6.

The scores for Safe Environment –violence are in line with the Trust average at the Chelsea and Westminster site and slightly better than the Trust average on the West Middlesex site.

Another specific area of concern for PDC is Health and Wellbeing where the scores for both sites are below the Trust average. This is a particular concern on the West Middlesex site where the score is 5.4 against the national average of 5.9 and a Trust average of 5.8.

Other areas where the division is below the Trust average include Morale (West Middlesex site), Quality of appraisals (West Middlesex site) and Safety culture (West Middlesex site).

7.3 Women's, Neonatal, Children and Young People & HIV/ GUM and Dermatology (WCH)

For WCH a notable area of concern is Health and wellbeing at the West Middlesex site where the overall score is 5.2, which is in line with the worst score for Acute Trusts. The score in this theme is also slightly below the Trust average of 5.8 at the Chelsea and Westminster site where this is 5.7.

A number of the areas where the scores for WCH are below the Trust average are at the West Middlesex site and these include Immediate Managers, where the score is below the worst for Acute Trusts, Morale, Quality of appraisals, Quality of care and Safe Environment – bullying and harassment (where the score is again below the worst for Acute Trusts). The score for Safe Environment –bullying and harassment is also lower than the Trust average at the Chelsea and Westminster site.

7.4 Corporate Services

For Corporate Services the overall results are in the main above the Trust average and for a number of the themes the scores are also above the national average for Acute Trusts. The only 2 areas where the scores are worse in corporate services than the Trust average, is in Morale and Quality of care and for both of these this is at the Chelsea and Westminster site.

As there are so many services that contribute to the scores for corporate services, a more thorough review of individual departmental results is required in order to establish any particular concerns or areas of good practice for these services.

8. WRES & WDES

8.1 Workforce Race Equality Standard (WRES)

The Workforce Race Equality Standard is a set of indicators that all NHS organisations are required to report on that relate to race equality in the workplace. There are 9 indicators overall and 4 of these are based on responses given to specific question in the Staff Survey. For each of these indicators the Trust is required to compare the data for White and BAME (Black, Asian and Minority Ethic) staff.

Appendix 2 details the scores for the WRES indicators in 2018 in comparison to the median for all Acute Trust as well as the 2017 results.

For indicators 6 and 8 (which ask staff experiencing bullying and harassment from other staff and about discrimination from other staff / managers) the scores for BAME staff have seen improvements reductions in both and that the Trust result are now better than the median for Acute Trusts. However, the results show that the scores for BAME staff have worsened for 2 of the indicators:

- **Indicator 5** - the percentage of staff who have stated they have experienced bullying, harassment or abuse from patients, relatives or the public in the last 12 months where the increase for BAME staff has been over 5% since last year. On this indicator the score for White staff actually remains higher in this area and this has also worsened since last year although by a lesser extent that for BAME staff. The Trust is also worse than the median for Acute Trusts for this indicator for BAME staff.

- **Indicator 7** - the percentage of staff believing the Trust provides equal opportunities for career progression or promotion which has decreased by 1% since last year. This indicator has also worsened for White staff this year by around 0.5%. However a key message based on this indicator is that the number of BAME staff who answered yes to this question is still over 14% lower than the number of white staff who answered the same. The Trust is better than the median for Acute Trusts for this indicator for BAME staff.

8.2 Workforce Disability Equality Standard (WDES)

The Workforce Disability Equality Standard (WDES) is now mandated by the NHS Standard Contract and will apply to all NHS Trusts and Foundation Trusts from April 2019. The Trust will be expected to report on its first set of WDES metrics in August 2019 at which time the expectation is also that an action plan to address key issues will have been drafted.

The WDES is made up of 10 metrics, 6 of which are drawn from responses to questions in the Staff Survey each year.

Appendix 3 details the scores for the WDES indicators in 2018.

This year the Survey coordination centre amended the question in the survey to establish if staff felt they have a disability. Therefore, instead of asking the question if the respondent had a disability, the question was changed to ask if staff had any physical or mental health

conditions, disabilities or illnesses that have lasted or are expected to last for 12 months or more. In 2018 11.9% of those who responded to this question answered “yes”, which equates to around 230 staff in the organisation.

The initial review of the WDES scores shows that for all of the metrics, disabled staff reports a more negative experience that their non-disabled peers and the staff engagement score for disabled staff is below the Trust average.

Areas of particular note in relation to these results are the metric asking staff if they feel the organisation values their work where the difference between disabled staff and non-disabled staff is almost 15% points. The results for the question asking staff if they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties show the difference is over 11% points.

9. Action and Next steps

As a result of the 2016 staff survey findings the Trust implemented a two year Staff Experience Action plan in order to address the key areas for improvement. This plan was broken down into eight areas of focus, with a number of specific actions within each of these and well as divisional and departmental pledges. These areas are:-

- Better information on staff engagement
- Dignity and respect in the workplace
- Promote staff security
- Promote Equality and Diversity
- Promote Health and Wellbeing
- Promote fair and reflective practices for reporting incidents and feedback
- Performance Development Reviews (Appraisals)
- Improving processes for recognition

The Action Plan was reviewed in 2017 following the results from the survey and some adjustments and additions were made to this. A copy of the Staff Experience Plan with an updated on the actions is included under **Appendix 4** of this report.

An overall action plan to address the areas of concern that affect the Trust, particularly Health and Wellbeing , Equality, diversity and Inclusion and the two relating to Safe Environment will be developed in line with the overall priority setting process for workforce in 2019.

Divisions will also be asked to review their results in more detail and to develop some specific actions to address areas that particularly affect staff in these areas. These action plans will be submitted for review at the People and OD committee in April 2019.

Corporate services will also be asked to review their individual departmental reports to identify any areas that required focus and develop plans accordingly.

The staff survey results will be communicated via the Team Brief in April and via other Trust communication channels.

Nicole Porter-Garthford
Associate Director of HR
March 2019

Appendix 1

Chelsea and Westminster Hospital NHS Foundation Trust Benchmark Report:-

http://nhsstaffsurveys2018.com/files/NHS_staff_survey_2018_RQM_full.pdf

Chelsea and Westminster Hospital NHS Foundation Trust Directorate Report:-
http://nhsstaffsurveys2018.com/files/NHS_staff_survey_2018_RQM_directorate.pdf

Appendix 2

WRES Results

WRES Indicator	2018	2017	Median for Acute Trusts in 2018
Indicator 5 The percentage of staff experiencing bullying, harassment or abuse from patients, relatives or the public in the last 12 months.	White Staff :- 40.5% BAME Staff :- 37.8%	White Staff :- 38.2% BAME Staff :- 32.2%	White Staff :- 28.2% BAME Staff :- 29.8%
Indicator 6 The percentage of staff experiencing bullying, harassment or abuse from staff in the last 12 months.	White Staff :- 25.6% BAME Staff :- 27.6%	White Staff :- 24.4% BAME Staff :- 28.3%	White Staff :- 26.4% BAME Staff :- 28.6%
Indicator 7 The percentage of staff believing the Trust provides equal opportunities for career progression or promotion.	White Staff :- 88.6% BAME Staff :- 74.2%	White Staff :- 89.1% BAME Staff :- 75.2%	White Staff :- 86.5% BAME Staff :- 72.3%
Indicator 8 In the last 12 months have you personally experienced discrimination from any of the following:-Manager/ team leader/ other colleagues.	White Staff :- 6.6% BAME Staff :- 11.6%	White Staff :- 7% BAME Staff :- 13.3%	White Staff :- 6.6% BAME Staff :- 14.6%

Appendix 3

WDES Results

WDES Indicator	2018
Indicator 4a a) The percentage of disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from either:- I) Patients/service users their relatives or other members of the public ii) Managers iii) Their colleagues	 Disabled Staff:-46.7% Non-disabled staff:-40.8% Disabled Staff:-16.8% Non-disabled staff:-12.5% Disabled Staff:-29.8% Non-disabled staff:-20.4%
Indicator 4b The percentage of disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work they or a colleague reported it.	Disabled Staff:-51% Non-disabled staff:-53.3%
Indicator 5 The percentage of disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.	Disabled Staff:-77.5% Non-disabled staff:-83.4%
Indicator 6 The percentage of disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	Disabled Staff:-35.5% Non-disabled staff:-24.2%

Indicator 7 The percentage of disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which the organisation values their work.	Disabled Staff:-38.1% Non-disabled staff:-52.9%
Indicator 8 *(this indicator only applies to disabled staff)* The percentage of disabled staff saying that their employer has made adequate adjustments to enable them to carry out their work.	Disabled Staff:-72.3%
Indicator 9 The staff engagement score for disabled staff, compared to non-disabled staff and the overall engagement score for the organisation	Disabled Staff:-6.9 Non-disabled staff:-7.4 Trust Average:- 7.3

Appendix 4

Staff Experience Plan 2017-2019

This document sets out the priorities for the staff experience action plan based on the results of the Trusts National Staff Survey results and also incorporates our actions in line with the current WRES indicators.

Priorities for 2018-19 have been reviewed in line with the 2017 NHS staff survey and actions have been updated or additional actions have been included accordingly.

Area of Focus	Action (s)	Owner	Timeframe	Progress	Benchmark - Staff Survey 2016 Score	Benchmark - Staff Survey 2017 Score[i]
Better information on staff engagement	Launch quarterly Staff Engagement Survey	Nicole Porter-Garthford		A decision was taken to not look to launch this survey at this time and instead focus on creating a better system for reviewing the information we already receive on staff engagement through the staff FFT and the joiners and leavers survey	Overall level of staff engagement: 3.79 Staff recommendation of the organisation as a place to work or receive treatment: 3.77	Overall level of staff engagement: 3.93 Staff recommendation of the organisation as a place to work or receive treatment: 3.96

	Implement a formal process to review staff FFT results and starters and leavers survey and develop actions as appropriate	Nicole Porter-Garthford	July 2018	Completed		
Dignity and respect in the workplace	Develop a dignity and respect at work policy with our trade union partners	Nicole Porter-Garthford	August 2018	Completed	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months: 27%	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months: 25%
	Develop a respect at work service staffed by trained respect at work champions, to provide confidential advice to people who experience inappropriate behaviour from colleagues	Nicole Porter-Garthford	July 2018	On hold-following discussions with staff side it was agree not to progress with this at this time	WRES Indicator: White Staff : 27% BME Staff: 28%	WRES Indicator: White Staff : 24% BME Staff: 28%
	Plan to embed the PROUD values across the Trust.	Christine Catlin	Sept 2017	Completed		
	Review all relevant current training to managers on the informal management of low level conflict between staff	Nicole Porter-Garthford/ Christine Catlin	October 2017	Completed-a proposal has now been drafted to roll out further		

	and devise new training intervention as appropriate			training in this area and improve the internal mediation service		
	Formal training for managers in 'holding difficult discussions with staff' to be rolled out across the Trust	Nicole Porter-Garthford/ Vikki Burley	October 2018	Partially completed-the ER team have received the training and the plan was that they would roll this out across the Trust-however we are currently considering using the external facilitator to deliver more sessions-a business case is being developed		

	Launch training for managers in application of employee relations policies.	Nicole Porter-Garthford	April 2017	Completed		
Promote staff security	Working group to review staff security especially at WMUH and produce recommended actions	Nicole Porter-Garthford/ Toni Shepherd	October 2017	Completed-a security action plan has been developed and is being progressed	Percentage of staff experiencing physical violence from patients etc in last 12 months- 16%	Percentage of staff experiencing physical violence from patients etc in last 12 months -16%
	To complete the actions identified in the Staff Security action plan which includes:- • Training for frontline staff • Review security presence in ED at WMUH with a view to introducing a third security guard • Improved communication on the red/ yellow card system • Review of visitors policy	Nicole Porter-Garthford/ Toni Shepherd	November 2018	A staff safety action group is currently meeting monthly to monitor progress against these actions	Percentage of staff experiencing harassment, bullying or abuse from patients etc last 12 months 36% WRES Indicator: White Staff : 40% BME Staff: 36%	Percentage of staff experiencing harassment, bullying or abuse from patients etc last 12 months 34% WRES Indicator: White Staff : 38% BME Staff: 32%

Promote workforce equality and diversity	Publish equality and diversity workforce information report and workforce equality plan	Nicole Porter-Garthford/ Harry Sarsah	Sept 2017	Completed	Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion: 80% WRES Indicator: White Staff : 88% BME Staff: 74% WRES data: Relative likelihood of staff entering the disciplinary process -BME staff are 2.84 times more likely to enter into this process Percentage of staff experiencing discrimination at work in the last 12 months -19%	Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion: 83% WRES Indicator: White Staff : 89% BME Staff: 75% Percentage of staff
	To complete the actions identified in the Workforce Equality Action Plan (the majority of which form part of the overall Staff Experience Plan):- • Fair processes for addressing workplace conflict • Improved data collection • Recruitment and promotions • Dignity and Respect at work • Staff Networks and Focus groups (staff with disabilities, LGBT, BME and Women's Network)	Nicole Porter-Garthford/ Harry Sarsah	December 2018	In progress-the majority of actions in this plan are cross references with other areas in this action plan-the Equality and Diversity Action plan is likely to be reviewed following a WRES review from Roger Kline		
	Achieve year on year increases in the	Natasha Elvidge	August 2018	On-going		

	proportion of staff with known status for disability, religious belief and sexual Orientation (this will be monitored as part of the 2018 Annual Report)				WRES Indicator: White Staff : 6% BME Staff: 12%	experiencing discrimination at work in the last 12 months -18% WRES Indicator: White Staff : 6% BME Staff: 12%
	Adoption of NHS Equality Delivery System for workforce equality starting with bullying and flexible working	Nicole Porter-Garthford/Harry Sarsah	July 2018	Stakeholder groups held and write up completed.		
	Review support provided to people with disabilities. Issue management guidance to managers on supporting people with disabilities and long term health conditions.	Nicole Porter-Garthford/Harry Sarsah	July 2018	Completed		
	The Trust is now taking part in the pan London work "Improving Equalities Outcomes" to review the issue of the fact a disproportionate	Nicole Porter-Garthford/Harry Sarsah	April 2019	In progress-the Trust is actively participating in this work and has provided data each		

	number of staff from a BME backgrounds enter the disciplinary process. The aim of this is to be to identify, implement and evaluate models of better practice, improve understanding of the mechanisms and causes of this disproportionality, and provide evidence based models of better practice which Trusts can use to reduce or eliminate the gap over time.			quarter. There is also an internal group meeting each quarter to review the disciplinary cases.		
	Launch recruitment & selection training for managers	Natasha Elvidge		Completed		
Promote health and well-being	Re-establish the Health and Wellbeing group and ensure appropriate representation from across the organisation.	Nicole Porter-Garthford / Anna-Marie Mitchell/Bethan Davies	Sept 2017	Completed- established as the PROUD Action group	Percentage of staff feeling unwell due to work related stress in the last 12 months: 39%	Percentage of staff feeling unwell due to work related stress in the last 12 months: 39%

	Finalise health and wellbeing strategy	Nicole Porter-Garthford / Anna-Marie Mitchell	June 2018	First stage completed –the initial health and wellbeing strategy has been developed in line with the Trusts Healthy Workplace Charter accreditation.	Organisation and management interest in and action on health and Wellbeing: 3.58	Organisation and management interest in and action on health and Wellbeing: 3.68
	Review and implementation of new prevention of stress at work policy	Nicole Porter-Garthford / Anna-Marie Mitchell	June 2018	In progress-policy currently in draft		
	Restructure occupational health service with changed operating model.	Anna-Marie Mitchell	March 2019	In progress-the consultation is currently live		
	Two health and well-being days per site per year	Anna-Marie Mitchell	June 2017	Completed		
	Review and revise publicity of health & well-	Nicole Porter-Garthford / Anna-	Sept 2017	Completed-further work		

	being and OH services	Marie Mitchell		being done in conjunction with the work of the Health and Wellbeing committee		
Promote fair, reflective process for reporting incidents and feedback	Revise and re-launch raising concerns (whistleblowing) and grievance policies: poster campaign, team brief sessions, legal presentation	Nicole Porter-Garthford	July 2017	Completed	Fairness and effectiveness of procedures for reporting errors, near misses and incidents: 3.72 Staff confidence and security in reporting unsafe clinical practice: 3.68	Fairness and effectiveness of procedures for reporting errors, near misses and incidents: 3.82 Staff confidence and security in reporting unsafe clinical practice: 3.78
Performance and development review	Embed our new performance and development review process, achieve 90% compliance and review operation / user experience –this will need to continue in 2018 to achieve the 90% compliance rate.	Christine Catlin	September 2018	Completed (although process will need to be reviewed in light of the AFC contract refresh)	Percentage of staff appraised in last 12 months: 81%	Percentage of staff appraised in last 12 months: 81%

Improve processes for staff recognition	Devise long service award scheme	Christine Catlin	March 2018	Completed-long service awards held for those with over 25 years' service and divisional events now being arranged for those with 10, 15 and 20 years' service	Recognition and value of staff by managers and the organisation: 3.42	Recognition and value of staff by managers and the organisation: 3.51
	Devise an integrated people recognition scheme which combines annual and monthly awards with instant recognition	Christine Catlin	Dec 2017	Completed		

[i] Key
Green-increase in score in 2017
Blue-no change in score 2017
Red-decrease in score in 2017

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 2 May 2019

PUBLIC SESSION

AGENDA ITEM NO.	4.1/May/19
REPORT NAME	2019/20 Operational Plan
AUTHOR	Virginia Massaro, Deputy Director of Finance
LEAD	Sandra Easton, Chief Financial Officer
PURPOSE	To note the final operational and financial plan for 2019/20.
SUMMARY OF REPORT	• The final operational plan was submitted on 4th April. • This operational plan outlines the Trust's strategic, activity, workforce, quality and financial plans for 2019/20 and alignment to North West London STP. • The Trust's financial plan is an overall surplus of £21.5m and £16.8m on a control total basis (including PSF and MRET) and therefore the Trust has accepted the control total of the same value. • The capital plan for 2019/20 is £37.1m and 2019/20 closing cash plan is £88.4m.
KEY RISKS ASSOCIATED:	• Delivery of significant CIP target of 6% of addressable expenditure • Commissioner affordability • Impact of the EPR roll out on income reporting at the CW site • Continuing increase in demand for loss-making emergency care
FINANCIAL IMPLICATIONS	See above
QUALITY IMPLICATIONS	None noted
EQUALITY & DIVERSITY IMPLICATIONS	None noted
LINK TO OBJECTIVES	• Excel in providing high quality clinical services • Deliver financial sustainability
DECISION/ ACTION	The Trust Board is asked to: • Note the final financial plan for 2019/20 of £21.5m overall surplus and £16.8m surplus on a control total basis and acceptance of the control total • Note the Operating plan narrative that was submitted to NHS Improvement on 4th April 2019

Chelsea & Westminster Hospital NHS Foundation Trust

Final Operational Plan 2019/20

1. Introduction

This operational plan outlines the Trust's Strategic, Activity, Workforce, Quality and Financial plans for 2019/20 and alignment to North West London STP.

As outlined in the finance section (section 7.2), the Trust has accepted the control total (excluding PSF & MRET funding) of breakeven in 2019/20 or £16.8m surplus (including PSF and MRET). The Trust's financial plan is a £16.8m surplus on a control total basis.

2. 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 STP, the Trust is also planning on playing a leading role in supporting the development of Integrated Care Systems and improving population health (see section 8).

To achieve the vision of *Extending Clinical Excellence for our Patients* our priorities are proposed as:

1) Extending excellence across **Acute Hospital Services**: We have successfully demonstrated that we have an ability to deliver high quality, low cost, hospital care. The Strategy should look to grow and expand this model.
2) Establish excellent services for **Population Health**: We believe that the NHS Long Term Plan and existing STP (Health and Care Partnership) strategies will incentivise population health management as the setting where we can deliver the best care at lowest cost. The Strategy should look to explore this and the role we should play in the wider health system.
3) Achieving excellence in Clinical, Operational and Financial performance driven by a process of ***Research, Discovery and Innovation:*** We believe that the sentinel features of our organisation are our culture and the values that underpin it; and the capabilities and development of our people. The Strategy should build on this and – in partnership with CW+ - seek to establish the Trust as one of the primary centres for innovation in the NHS.

Strategy	Strategic Themes	Supporting Programmes	Enabling Strategies
Acute Hospital Care	Women's & Children's Services	NWL Healthier Hearts & Lungs (proposals to re-provide RBH cardio-respiratory academic and clinical services)	HR/Workforce & OD Communications & Engagement Innovation Research

	Critical Care (ITU/NICU)	Supporting the critically ill and deteriorating patient	Quality Digital Estate Volunteering Commercial Finance & LTFM
	Redesigning Urgent & Emergency Care	Ambulatory Care Innovate UK Testbed	
	Digital	EPR Global Digital Exemplar	
	Reconfiguration of acute hospital services in NWL	STP/Health & Care strategic initiatives inc Joint Transformation Programme	
Population Health	Population Health	Hounslow Integrated Care Establishing WMUH Health Campus (inc integrated care hub) STP/Health & Care strategic initiatives	
Research Discovery Innovation	Improvement Innovation R&D	Future Care at Lower Cost (Use of Resource/SLR) Improvement Programme CW+ Innovation Programme Commercialising/Franchising (e.g. Sexual Health e-testing, Sensyne, CW Consulting) Building Research Capability	

To support delivery and consistency across all services provided by the Trust we plan to:

- Retain the Trust Strategic Objectives, which are recognised across the organisation and appear in Divisional, Directorate and Ward/ Department plans and in individual objectives:
    - Deliver high quality patient centred care
    - Be the Employer of Choice
    - Deliver Better Care at Lower Cost

Retain our focus and *Grip* on current performance levels across quality, access and finances as well as our forward strategy and *Growth*. The achievement of current goals and the continued provision of excellent services to patients are key to maintaining our credibility and reputation.

3. Activity Planning

3.1. Approach to activity planning

The Trust is developing a realistic and aligned activity plan with North West London (NWL) commissioners and the NWL STP that underpins the 2019/20 contract figures and activity planning. The building blocks of the 2019/20 activity plan are:

- 2018/19 outturn based at month 1-6 freeze data, multiplied by two and then adjusted for seasonality and known non-recurrent items and the full year effect of in-year changes. This includes some corrections to month 1-6 data at the West Middlesex site, to correct data quality issues following the Cerner implementation in May 2018.
- 2019/20 growth rates have been agreed with local CCGs within the STP. For NWL STP there has been a sector-wide agreement to net off growth and QIPP levels, with a shared aim to manage demand collectively and share the risk of demand growth between providers and commissioners. This will require a significant step change in demand management and represents a significant risk to the Trust due to the high levels of growth, particularly in non-elective activity, seen in the last few years.
- Commissioner QIPP schemes have been included based on identified schemes from local CCGs and NHS England and have been agreed with local CCGs within the STP.
- Activity plans have also been adjusted for changes in Sexual Health activity, to align with the 2nd year of the 5 year contract with the London Collaborative Local Authority commissioners, which has a reducing baseline over the 5 year contract period, as activity is expected to transfer to the e-service model.

The Trust and commissioners have agreed the approach to the contract construction overall and within this how material unplanned in-year variations will be managed.

4. Operational Performance

In line with the standards outlined in the Long Term plan, we will aim to maintain our performance against the 95% 4 hour A&E standard. Our strong performance in 2018/19 was, in part, supported by the introduction of Ambulatory Emergency Care (AEC) Units on both of our hospital sites. 2019/20 will see the further development of additional pathways to either reduce admissions or facilitate earlier discharge. The AEC is a key component of our plans to respond to the continued increase in non-elective attendances/admission.

The Trust will strive to continue to deliver the referral-to-treatment standard of 92% of patients at any given time waiting less than 18 weeks. Whilst we are currently meeting this standard as an organisation, we have recovery trajectories in place for key services that are not yet achieving 92% at a specialty level. Over the past 12 months no patient has waited longer than 52 weeks from referral to treatment, and the Trust aims to maintain this record. This is particularly impressive achievement given the replacement PAS at our West Middlesex site and a key challenge for 2019/20 will be the introduction of the replacement PAS in October 2019 across the Chelsea site.

The Trust will aim to continue to deliver on the cancer waiting time standards, all of which are currently being met.

5. Quality Planning

5.1. *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). As in previous years, 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

Our ambition for 2019/20 is for teams to continue to develop transferrable and sustainable knowledge and skills in order to carry on the journeys of improvement within the organisation and across wider healthcare. Within that context, we have set the following priorities for 2019/20:

1. Improving sepsis care
2. Reducing hospital acquired E.Coli bloodstream infection
3. Reducing inpatient falls
4. Improving continuity of care within maternity services

Details of each of these priorities, including the actions planned and how we will monitor our progress throughout the year, are presented below. A quarterly report will be provided to the relevant subgroup of the Trust's Quality Committee i.e. Clinical Effectiveness Group, Patient Safety Group or Patient Experience Group and, subsequently, to the Quality Committee itself.

1. Improving sepsis care

Sepsis is recognised as a common cause of serious illness and death. It also has long term impacts on patients' morbidity and quality of life. Timely identification and appropriate antimicrobial therapy has been shown to be effective in reducing transition to septic shock and therefore reducing mortality.

In 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. Audits conducted between April and November 2018 showed that this was only happening in 84% of cases.
- 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. Audits conducted between April and November 2018 showed that this was only happening in 80% of cases.

2. Reducing hospital acquired E.Coli bloodstream infection

As well as improving safety, reducing avoidable E.coli blood stream infection (BSI) is expected to result in fewer readmissions, shorter length of stays, improved patient experience and reduced antimicrobial prescribing. Our work during 2018/19 reveals a complex picture in terms of the primary focus for hospital onset BSIs, however, there are modifiable risk factors that relate to the use of devices (cannulae and catheters) which increase the risk of infection.

In 2019/20 we will reduce the number of hospital onset E. Coli BSIs by 10% by:

- Reducing our use of devices (cannulae and catheters) which increase the risk of infection

- Improving adherence to best practice with respect to the use of devices; and
- Standardisation around products that are associated with a lower risk of infection

We will also continue to engage with and support our commissioners and community colleagues who are leading on the work to reduce community onset infection, actively contributing to the local BSI steering group.

3. Reducing inpatient falls

Reducing inpatient falls was set as a two year quality priority in 2018/19. Research from NHSI shows that a multifactorial assessment and intervention can reduce falls by around 25%

In 2019/20 we will:

- Increase in the percentage of eligible patients with a fully completed 'Safer Steps' care plan in place from 31% to 70% leading to a reduction in the number of inpatient falls.
- Introduce the NHSI 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.

The above work will be completed on all adult wards across both sites. However, we recognise that certain wards have a higher number of falls than others. We will therefore also complete more focused work with these wards to reduce the number of falls.

4. *Improving continuity of care within maternity services*

Continuity of care and the 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. As of January 2019 less than 10% of women who give birth at Chelsea and Westminster were booked onto a continuity of carer pathway. 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 to 30% by March 2020. As a result, we will improve the experience of mothers and increase the rate recommending the Trust to be at or above the national average.

5.2. *Embedding Quality Improvement*

The Trust's quality priorities are set within an overall improvement framework that will guide our "Journey to outstanding and beyond". Continually improving healthcare is a team effort, where that team includes staff, patients, carers, families and the local communities we serve. Our ambition is for improvement to be an everyday narrative used in all activities, from part of daily huddles on our wards and departments, through to senior management. In addition to formalised education and training, staff will be able to access to support and advice through the development of our 'improvement community' as well as 'improvement hubs' at both hospital sites. We will use the model for improvement to help teams accelerate and embed improvement in our day-to-day work as well as deliver on the specific quality priorities set out above.

6. Workforce Planning

6.1. *Workforce Planning*

The Trust has developed a People and Organisational Development Strategy which sets out what we will do to establish ourselves as an employee of choice. The strategy is underpinned by the following six strategic themes:

- Attraction and on-boarding
- Engagement, culture and leadership
- Health and wellbeing
- Designing a workforce for the future
- Workforce productivity

The above themes play an integral role in our workforce planning to ensure that we have a workforce that meets the needs of our services and that staff are equipped with the necessary skills and resources to deliver excellent patient care now and in the future.

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.

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.

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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.

6.2. *Managing agency and locum use*

Our underpinning strategy to manage agency and locum use is focussed on managing both demand and supply. The approach to manage the demand for temporary staffing is to focus on the drivers of demand, which include sickness absence, vacancies and turnover through a range of actions which are reported monthly to Workforce Development committee.

Direct actions to manage demand for agency include increased efficiency and effectiveness of rostering, use of Patchwork, increased numbers on our internal bank and tighter controls in approval processes for agency and locum use.

Actions to manage supply include improving the ratio of bank fill vs. agency by external and internal marketing campaigns, incentive payments and through close collaborative working with PAN London groups to ensure adherence to Local London rates and continue to explore the possibility of a collaborative bank.

Description of workforce challenge	Impact on workforce	Initiatives
Shortage of supply of qualified Nurses	**Increase use of Temporary Staffing, Low Morale**	**There are a number of are in place including;** • **Overseas recruitment** • **Targeted recruitment campaigns**

		• **Guaranteed job scheme for student nurses** • **Capital Nurse Rotation Programme** • **Nursing Associates and Degree Apprenticeship Nurses** **These initiatives have resulted in a significant decrease on our vacancy rate (currently at 8.5%) and will continue in 2019/20**
Reduction in training posts for medical staff in certain specialities	**Gaps in Rotas resulting in increased use of locums**	**Overseas recruitment campaigns now include medical staffing. The Trust is working with a number of Royal Colleges to recruit staff through the MTI scheme.** **In addition a new ways of working group has been established to explore new the introduction of new roles such as physician's assistants and how these could reduce the need for locums.**
Retention of Staff	**Low morale, Lack of Engagement, Increase in recruitment and temporary staffing cost**	**The Trust is working with the NHSI Retention Support programme and has seen a reduction in turnover of 2.6% since it began in Oct 2017. There are four areas of focus as follows:-** • **Improving training & Development opportunities** • **Enhancing Support from Managers** • **Encouraging staff reaching pensionable age to stay in work** • **Improving our benefits** **In addition in 2019/20 the Nursing retention programme will be expanded to cover other staff groups. Unqualified nursing and Allied Health Professionals have been identified as the next focus area. In addition the retention work will be complimented by a refreshed approach to apprenticeship training.**

6.3. *Productivity*

As part of our Improvement programme the Trust is renewing the emphasis on productivity, innovation and transformation, partly driven by the need to manage workforce costs in the context of growth and meeting our financial plan.

As well as local innovation and transformation projects, we will:

- Roll out Healthroster to all staff Groups
- Implement E-Job planning
- Implement Robotic and AI solutions
- Implement a robust Talent management and succession planning process
- Increase the uptake of the Apprenticeship levy

6.4. *Risks*

Workforce and Organisational Development risks are reported on the risk register and are monitored and scrutinised monthly through the People and OD committee. Currently 27 staffing risks are being managed, with no extreme risks identified. The highest scoring risk relating to staffing identified relates to Brexit. A Trust Brexit Committee has been established which meets fortnightly. All staff have been written to by the CEO and sessions have been run by the Trusts solicitors for staff to attend. A Brexit Workforce Plan has been produced which is monitored via the Trust Brexit Committee. The number of EU leavers is being monitored through the Workforce Development Committee.

7. Financial planning

7.1. Financial Plan Summary

The Trust's financial forecast and plan for 2019/20 is built up from the Trust's long term planning model and updated following revised planning guidance and reflect the Trust priorities on quality investments, activity assumptions, workforce changes and service developments.

The Trust is planning an £21.5m overall surplus in 2019/20, with an adjusted position (on a control basis) of £16.8m surplus and the planned risk rating is 1. This will generate an EBITDA of £50.6m (7.4%) from total operating income of £685.9m. The planned closing cash balance for 2019/20 is £88.4m and the capital plan is £37.1m.

Table 1 – 2019/20 Summary Financial Plan

	2018/19 Forecast Outturn	2019/20 Plan
	£m	£m
Operating Revenue	697.7	685.9
Employee Expenses	-361.2	-363.7
Other Operating Expenses	-289.6	-283.9
Non-Operating Income & Expenditure	-15.9	-16.8
Surplus/(Deficit)	**31.0**	**21.5**
Net Surplus %	4.4%	3.1%
Remove capital donations/grants	-4.2	-4.7
Surplus/(deficit) on a Control Total Basis	**26.8**	**16.8**
EBITDA	60.1	50.6
EBITDA Margin %	**8.7%**	**7.4%**
Recurrent EBITDA	6.5	21.4
Recurrent EBITDA Margin %	**0.9%**	**3.1%**
Use of Resources Rating	1	1
Closing Cash Balance	100.2	88.4

7.2. Control Totals

The Trust has accepted the control total (excluding PSF & MRET funding) of breakeven in 2019/20. However, the Trust's financial plan includes a significant CIP target of £25.1m, which is very challenging at c6% of addressable expenditure and therefore represents a significant risk to the Trust's overall plan.

The Trust has planned for the provider sustainability fund (PSF) of £10.5m and the MRET funding of £6.4m.

There are a number of risks to the Trust's financial plan:

- Delivery of significant CIP target of 6% of addressable expenditure
- Commissioner affordability – the plan is dependent on actual activity remaining in line with our planning assumptions and therefore appropriate payment in line with contract mechanisms. There is also a risk around overall affordability within the North West London sector as per the sector's STP plans and current gap to the sector control total.
- Continuing increase in demand for loss-making emergency care and impact of the NWL risk share agreement on over and under performance against the 2018/19 baseline.
- Impact of the phase 2 EPR roll out at the Chelsea and Westminster site on data quality and therefore on income reporting.
- Any impact of Brexit.

7.3. Contracting

The Trust has agreed contract values with NWL CCGs and NHS England for 2019/20 and is due to sign contracts by the end of March. The activity planning assumptions have been reviewed and triangulated across the NWL STP to try to ensure alignment between providers and commissioners.

7.4. Efficiency savings for 2019/20

The Trust's CIP programme for 2019/20 is £25.1m, which is c6% of addressable spend and is significantly higher than the CIP requirement in the tariff uplift due to the Trust's underlying deficit position.

The Trust has used a number of benchmarks to identify CIP opportunities within both corporate and clinical services, and is working with the wider North West London STP to identify savings and opportunities.

Corporate directorates have been allocated a higher CIP target than clinical divisions, to continue the Trust's focus to reduce back-office and support services costs and make best use of the Trust's estate. Corporate savings include reductions soft services contract following a tendering process in 2018/19 across the Fulham Road Collaborative, car park efficiencies, restructures in some areas and review of non-pay contracts.

For clinical services, the Trust is focussing on a number of cross divisional themes, as well as local smaller schemes. The Trust-wide themes include theatre productivity, bed productivity, medicines optimisation, outpatient productivity, temporary staffing, diagnostics demand management, increasing commercial and private income and procurement and are all the continuation and further stretch of the 2018/19 themes. Opportunities for further improvement have been identified using

external benchmarking, such as Model Hospital, Carter and GIRFT specialty reviews, as well as internal benchmarking across sites and outputs from the internal specialty deep dives.

The Trust is working in partnership with the North West London STP to identify further savings and opportunities to support the internal opportunities. There are a number of established work-streams, including procurement, corporate/ back-office and outpatient transformation programmes, all of which have already commenced.

The Trust has a mature approach to managing the financial efficiency agenda, with bi-weekly Improvement Board, which are chaired by the Chief Nurse and Chief Financial Officer. The Improvement Programme aligns both financial and quality improvements, with the quadruple aim of:

- Improving the individual experience of care
- Improving the health of populations
- Reducing the cost of healthcare
- Improving the experience of care givers

The Improvement Programme is supported by a Director of Improvement and an improvement team, which includes a PMO structure, as well as a wider matrix team of Clinical Improvement Fellows and Service Improvement and Efficiency teams within clinical divisions.

7.5. Agency Rules

The Trust is forecasting to achieve its agency cap in 2018/19 and is planning to stay within the agency cap in 2019/20. As outlined in the workforce section of this plan, the Trust is continuing with programmes, both local, sector and London-wide to reduce reliance on agency staff.

7.6. Capital planning

The capital plan for 2019/20 is £37.1m, with the breakdown by asset category in the table below. The PDC funding of £1.9m is agreed and in place and external donated income of £5.0m has also been agreed with the Trust's charity CW+ to fund capital developments relating to the NICU and ITU capital scheme.

Table 2 – 2019/20 Capital Programme by Asset Category

Category	2019/20 Capital Plan £m
Estates	26.0
Information Technology	7.9
Medical Equipment	3.0
Non-Medical Equipment	0.2
Grand Total	**37.1**

The capital programme has been developed with the key executive leads and has been signed off by the Trust Board. A process has been undertaken to prioritise bids and business cases submitted by the

clinical and corporate areas, to ensure they are in line with the Trust's objectives, key risks and clinical and quality priorities.

Capital schemes include replacement of medical equipment and buildings maintenance, as well as supporting a number of strategic developments which are linked to quality, productivity and efficiency schemes. These include:

- Completion of the roll out of the new Cerner EPR system and continuation of the IT strategy, including the replacement of Lastword at the Chelsea and Westminster site
- NICU and ITU redevelopment
- A series of refurbishments to Emergency & Urgent Care areas (including Resus in ED) which link to service improvement and efficiency; and to longer term redesign of integrated care pathways
- Refurbishment of the Treatment Centre at the Chelsea and Westminster site (year 1 of a wider Theatre Productivity Programme) and:
- Fire safety works.

8. Alignment with Local STP Plan

The STP is rebranding locally as the North West London Health and Care Partnership. As the Long Term Plan indicates as the STP footprints are a key planning and delivery framework, it is vital that our local partnerships function well. The Trust is embedded in these relationships and in governance and decision making. The Chief Executive chairs the NWL Provider Board and the Medical Director and other Directors are key members of other supporting work streams.

Over the last year the refreshed NWL Health and Care Partnership has redeveloped its main ambitions around the triple aim of:

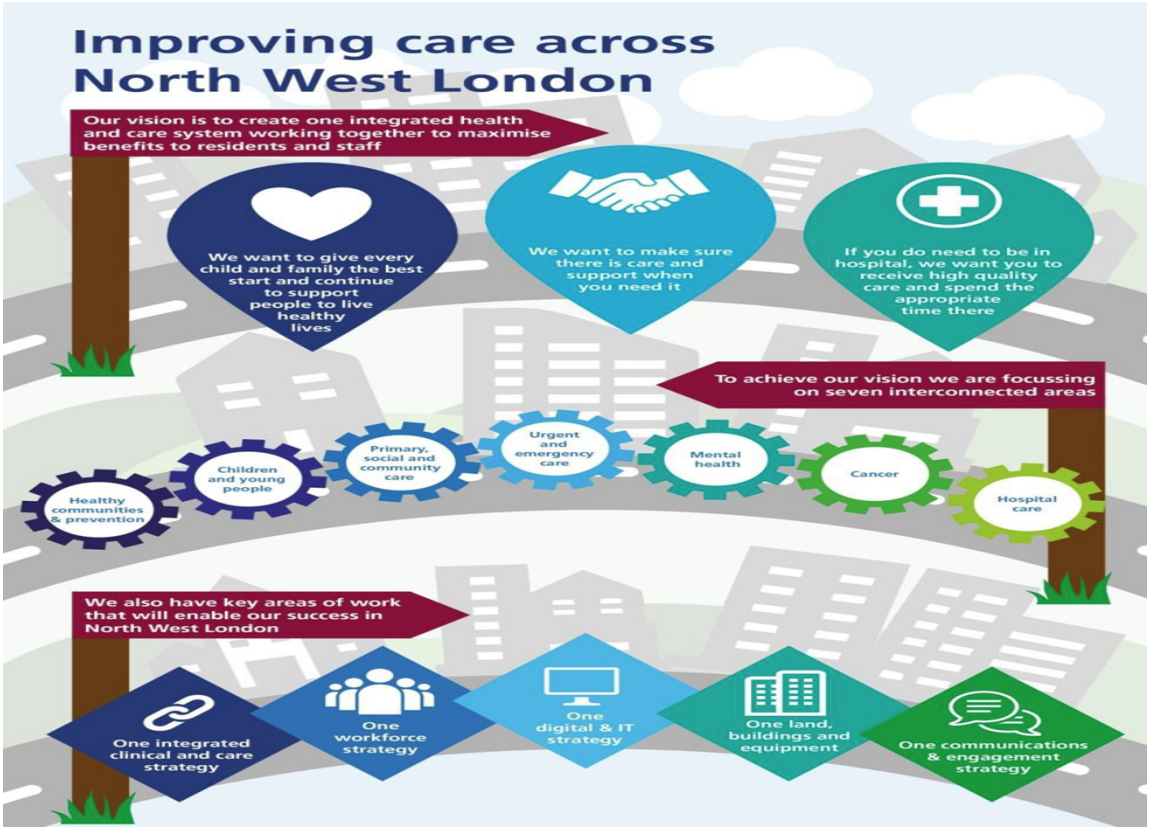
- Giving every child and family the best start and supporting people to live healthy lives
- Ensuring support and care when needed
- If someone needs to be in hospital making sure they spend the appropriate time there

The Trust has been engaged in the NWL priority setting set out in *Developing Our Integrated Care System.*, This was reviewed by Board alongside developmental/relational programmes such as refreshed Clinical Strategy, system wide finance and contracting. The table below aligns initial issues/impact for the Trust against the NWL key programmes:

NWL Programme	Issues/Impact for CWFT
Deliver key landmark programmes of an integrated care system:	
• the next phase of hospital and community estate development NB: SOC1 programme has not been supported by DH through any release of capital and other long term plans are required to support estate deficit in NWL	The Trust recognises that in the short to medium term CWFT Estate development will need to be self-financing.
• integrated diabetes care	Trust is already engaged in both current provision and dialogue on NWL model of care, and reasonably placed to develop

• outpatients transformation • Ambulatory care.	models at both CW and WM sites (and in communities). Supports our operating model of standardisation Trust already engaged in specialty based programmes (e.g. Dermatology) and has further plans to be taken forward in 2019/20 Business Planning Already identified as a Trust priority. Both CW and WM sites have developed estate and workforce capacity. Testbed initiative provides opportunity for Trust to lead way and establish a 'test and scale model'
Develop GP Federated Networks and Primary Care at Scale	CWFT will support and lead development of ICS in NWL. The Board is clear that for optimum leverage for benefits for the NWL population that the planned Primary Care at scale should not be solely aligned with existing CCG/Borough boundaries and that a stated ambition will be to consolidate across NWL. This is in line with the Neighbourhood, Place, System structures envisioned by Long Term Plan In this context local development may be the logical first step and CWFT will: - Work with CCGs, GP Networks and other local stakeholders to lay the foundations for integrated care - Work with CCGs and GP Networks to NWL wide priority programmes to allow provider Trusts to standardise across care for the entire NWL population

The Trust has redeveloped its strategic priorities (section 2) to ensure it takes account of the environment of the Long Term Plan and our local STP; and manages the opportunities this provides. We are planning to use the 7 key 'inter-connected areas' themes identified in NWL wide planning (see picture below) as a checklist to ensure that business planning and engagement/ involvement is proportionate and fit for purpose.



9. Memberships & Elections

Membership and elections

9.1. Governor elections and appointments

The Trust held an election in October/November 2018 to fill a significant number of vacancies on the Council of Governors. There were: 7 patient vacancies; 1 public governor vacancy in the London Borough of Ealing; 1 public governor vacancy in the London Borough of Hammersmith and Fulham; 2 public governor vacancies in the London Borough of Hounslow; 1 public governor vacancy in the London Borough of Wandsworth; and 2 staff governor vacancies. All of the vacancies were contested demonstrating the engagement of our Members. Engagement with the election process was supported by a range of social media messages, including short videos with current Governors explaining the import of the role. Newly elected and re-elected governors started their terms on 1 December 2018.

Further elections will be held in 2019/20 to address vacancies that have arisen due to unexpected resignations and planned end of terms. During 2018/19, the Council also welcomed new appointed Governors from Imperial College and London Borough of Hammersmith and Fulham.

9.2. Governor induction, recruitment and training

New Governors have all been invited to attend an introductory meeting with the Chair and CEO and to induction with the Company Secretary and Board Governance Manager. New Governors are also asked if they wish to have a 'buddy' from the existing Governor cadre as well as being offered the opportunity to attend 'GovernWell' training courses run by NHS Providers. Courses available include

Core Skills, Member and Public Engagement, NHS Finances & Business skills. A number of our governors attended the training courses during 2018/19 and courses will continue to be offered opportunities to governors during 2019/20. In November 2018, the Council held its annual away day which provided time for strategic discussion as well as a period of self-evaluation and reflection. The latter was supported by a bespoke session provided by Governwell on the role of a Governor and how best to deliver the 'holding to account' function. Council was fortunate to be able to invite newly elected Governors to attend the day as observers before their formal term starting.

Looking ahead, and as part of an agreed programme to enhance Board and Governor engagement, quarterly training sessions for Governors will be offered, covering quality, finance, workforce and performance, and a biannual Strategy and Representation Meeting is being established to provide time for more informal discussion on emerging strategic developments. Finally, all Governors are required to undertake common Trust statutory and mandatory training, which equips them with core skills and enables them to take part in activities such as ward accreditation.

1.3 Governor engagement

Governors have engaged with members and the general public in 2018/19 in a variety of ways including an Open Day to celebrate the 70th anniversary of the NHS, the Annual Members' Meeting, annual Christmas events at both hospital sites, 'Your Health' events and regular 'Meet a Governor' sessions. Meet a Governor sessions are held at both hospital sites and afford governors an opportunity to have direct contact with patients and members of the community gaining invaluable feedback on their experiences of services provided by the Trust. The Membership and Engagement Committee champions the 'Meet a Governor' sessions and will continue to consider how best to reach members during 2019/20. Individual Governors continue to engage with their own local communities and provide valuable feedback from e.g. local Healthwatch or local authority meetings attended.

Membership recruitment continued during 2018/19 via 'Meet a Governor' sessions, at engagement events and through the Trust website. These activities will continue through 2019/20 with a continuing focus on recruiting members in areas where our membership does not reflect the makeup of the local constituency population. Governors will also continue to work closely with the Trust's communications team to make sure engagement with members forms part of the overall Trust communications plan. In addition, Governors serve on a variety of Trust groups, such as the Falls Steering Group, Cancer Board and End of Life Steering Group which provide valuable sources of intelligence on member issues and concerns.

Finally during 2018, the Trust Chairman held 121 discussions with every Governor to help evaluate Council performance, opportunities for improvement, very much structured around the Trust's PROUD values. The anonymised themes from these discussions informed the November Council away day and stimulated discussion about future ways of working which will be implemented during 2019/20.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 2 May 2019

PUBLIC SESSION

AGENDA ITEM NO.	4.2/May/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. Progress with the upgrade to the network infrastructure and the roll out of new devices need to run the electronic patient records is also covered. There is an update on progress with the Testbed.
KEY RISKS ASSOCIATED	The key risk is failure to successfully embed the EPR
FINANCIAL IMPLICATIONS	There are no additional financial implications beyond those set out in the EPR Full Business Case that the Trust Board approved.
QUALITY IMPLICATIONS	Failure to successfully embed the EPR would have significant implications for patient safety
EQUALITY & DIVERSITY IMPLICATIONS	None
LINK TO OBJECTIVES	• Excel in providing high quality, efficient clinical services • Improve population health outcomes and integrated care • Deliver financial sustainability • Create an environment for learning, discovery and innovation •
DECISION/ ACTION	The Trust Board are asked to note the progress being made.

Electronic Patient Record Programme Update

Trust Board

Thursday 2 May 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 – is just being finalised and will be considered at the next Finance and Investment Committee
- Two further Gateways are scheduled including the pre-go live gateway in advance of the decision to commence the cut over to the new system
- Key risks that are being managed are – training and testing.

Phase 2

- The programme remains on track for the Autumn go live
- Key areas of focus are on:
  - **Organisational readiness**
    - Clinical division mobilisation to deliver the programme
    - Developing and delivering the training strategy
    - User engagement - familiarisation sessions and initiatives like the Road to Cerner event
  - **System readiness**
    - Data migration – test cycles have been successful so far
    - Clinical safety case are an exemplar providing strong assurance that we are mitigating any clinical risks
  - **Technical readiness**
    - Upgrading the network and deploying new devices (see below)
    - Legacy viewer (for Lastword data) delivered

Network Upgrade

- The network connects every process, department and function of the Trust and is essential to providing care
- The project is bringing together the West Middlesex and Chelsea networks into a single managed entity
- It will upgrade out of date network hardware as well as replace existing firewalls, web filtering software, network management software and install a new Wi Fi network

Upgrade in Numbers

Before	After
Core Uplink Speed 1GB	Core Uplink Speed 10GB
Edge Speed 100mbs	Edge Speed 1GB
	103 Communications Cabinets upgraded
	257 switches replaced (12,336 ports)
	600 Wi Fi access points replaced
8 Firewalls (2 different suppliers)	4 Firewalls (all same supplier)
2 separate web filtering products	Single web filtering software
Uninterrupted power supplies (UPS) with limitations	UPS's replaced and management software installed to alert and alarm power issues
	Unified network management platform
	Tools to analyse network and application performance

Cerner is a real time system

- Information needs to be entered at the bedside
- Approx. 400 carts will be deployed across West Middlesex and Chelsea sites

PCs are being upgraded

- Larger screen size
- Dual screens; one for reading the electronic record and one for entering data into it

Before – single 15” screen and PC

After – 23” All in One PC + dual screen

Testbed Update

- Giving more information and control to patients as part of the NWL strategy is happening as Heart Failure patients have their care plans live on Patient's Know Best
- Low risk chest pain and pre-eclampsia pathways are mapped
- Successful Q2 review with Innovate UK and NHSE
- Delay to integration across all partners but recovery plan being delivered. This will allow patients to enter their own blood pressure, weight, urine dip results etc., and book a next appointment when needed.

Board of Directors Meeting, 1 May 2019

PUBLIC SESSION

AGENDA ITEM NO.	5.1/May/19
REPORT NAME	End year report on use of the Company Seal 2018/19
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Sheila Murphy, Interim Company Secretary
PURPOSE	The Trust's Constitution requires that a report is presented to the Board at least biannually on the use of the Company Seal.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	NA
LINK TO OBJECTIVES	NA
DECISION/ ACTION	For information.

Report on use of the Company Seal 2018/19

1. The Constitution, at Annex 7 (Standing Orders), Section 11 refers to the sealing of documents. This section states:

Custody of Seal and Sealing of Documents

11.1. **Custody of Seal** – the common seal of the Trust shall be kept by the Company Secretary in a secure place.

11.2. **Sealing of documents** - where it is necessary that a document shall be sealed, the seal of the Trust shall be affixed in the presence of two Executive Directors or one Executive Director and either the Chairman or Company Secretary, duly authorised by a resolution of the Board of Directors (or of a Committee thereof where the Board of Directors has delegated its powers) and shall be attested by them.

11.3. **Register of sealing** - an entry of every sealing shall be made and numbered consecutively in a book provided for that purpose, and shall be signed by the persons who shall have approved and authorised the document and those who attested the seal. A report of all sealing shall be made to the Board of Directors at least bi-annually. The report shall detail the seal number, the description of the document and date of sealing.

11.4. The seal should be used to execute deeds (e.g. conveyances of land) or where otherwise required by law.

2. During the period 1 October 2018 – 30 March 2019, the seal was affixed to the following documents:

Seal Number	Description of the document	Date of sealing	Affixed and attested by
197	(1) Bywest Limited (2) WH Smith Hospitals Limited (3) Chelsea and Westminster Hospital NSH foundation Trust underlease relating to retail space forming part of West Middlesex University Hospital site, Isleworth, Middlesex (2 copies)	11.12.2019	Sandra Easton Chief Financial Officer Robert Hodgkiss Chief Operating Officer
198	Chelsea and Westminster Hospital NHS Foundation Trust and ISS Mediclean Limited lease relating to premises on the ground and lower ground floor of Chelsea and Westminster Hospital, 369 Fulham Road, London SW10 9NH (1 copy)	06.02.2019	Sandra Easton Chief Financial Officer Pippa Nightingale Chief Nursing Officer
199	Chelsea and Westminster Hospital NHS Foundation Trust and ISS Mediclean Limited licence to carry out works relating to premises on the ground and lower ground floor of Chelsea and Westminster Hospital, 369 Fulham Road, London SW10 9NH	06.02.2019	Sandra Easton Chief Financial Officer

	(1 copy)		Pippa Nightingale Chief Nursing Officer
200	(1) The Royal Brompton and Harefield NHS Foundation Trust and (2) Chelsea and Westminster Hospital NHS Foundaiton Trust and (3) ISS Mediclean Ltd Agreement for the performance of catering services and retail operations from various Trust locations (1 copy)	06.02.2019	Sandra Easton Chief Financial Officer Pippa Nightingale Chief Nursing Officer
201	Contract between Chelsea and Westminster Hospital NHS Foundation Trust and JCA Engineering Ltd (company registered number 04433957) (1 copy)	28.03.2019	Sandra Easton Chief Financial Officer Lesley Watts Chief Executive Officer